Associations of Religious Involvement and Mortality: A Critical Review

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In Partial Fulfillment of the Requirements for PYCH 4650 Aging, Death and Dying
The relationship between religious faith and longevity is disputed

- Jarvis and Northcott argue that religious faith can increase risk of morbidity (1987).
- Hummer found that religious involvement is inversely related to longevity except for patients with cancer and heart disease (1999).
- Begiella et al. found that religious involvement is associated with longer survival but believes that “It would be misleading to declare a beneficial effect of religious attendance on survival” (2005).
Social factors are the largest beneficial contributor of religious attendance to health

- Routine religious involvement has a positive effect on adolescents’ healthy behaviors, self-efficacy of those behaviors, and self-care abilities (Callaghan, 2009).

- Attending movies and concerts, visiting relatives, volunteering, etc. has the same inverse relationship to mortality as religious attendance (Rogers, 1996).

- Social factors influence health outcomes (Angerer, 2000; Berkman, 1979).

- Social support in religious settings increases physical activity (Kanu et al., 2008; Kim and Sobal, 2004).
Koenig challenged preconceptions

- Church attendance is unrelated to social support (1997).
- Private prayer and Bible reading is positively correlated with social support and negatively correlated with physical health (1997).
Religious attendance is associated with longevity, but the activities themselves are not the cause of longevity.

### Table 1

**Hypotheses Tested and Summary of Strength of Evidence for Them**

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Mediated model&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Independent model&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Church/service attendance protects against death.</td>
<td>Persuasive</td>
<td>Persuasive</td>
</tr>
<tr>
<td>2. Religion or spirituality protects against cardiovascular disease.</td>
<td>Some</td>
<td>Some</td>
</tr>
<tr>
<td>3. Religion or spirituality protects against cancer mortality.</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td>4. Deeply religious people are protected against death.</td>
<td>Consistent failures</td>
<td>Consistent failures</td>
</tr>
<tr>
<td>5. Religion or spirituality protects against disability.</td>
<td>Inadequate</td>
<td>Consistent failures</td>
</tr>
<tr>
<td>6. Religion or spirituality slows the progression of cancer.</td>
<td>Consistent failures</td>
<td>Consistent failures</td>
</tr>
<tr>
<td>7. People who use religion to cope with difficulties live longer.</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td>8. Religion or spirituality improves recovery from acute illness.</td>
<td>Consistent failures</td>
<td>Consistent failures</td>
</tr>
<tr>
<td>9. Being prayed for improves physical recovery from acute illness.</td>
<td>Some</td>
<td>Some</td>
</tr>
</tbody>
</table>

<sup>a</sup> Studies include adjustment for the demographic confounders of age, gender, ethnicity, education, poor health, and disability.

<sup>b</sup> Studies include adjustment both for the demographic confounders of age, gender, ethnicity, education, poor health, and disability and for established risk factors including aspects of a healthy lifestyle (e.g., smoking, alcohol, physical activity, diet), social support/integration, and depression.

Significant variance among studies persists

- The following are primary causes of variance among studies:
  - Overstatement of conclusions without nuance
  - Challenges in developing reliable and valid measures of religiousness
  - Confounding variables not well identified and controlled
  - Sampling bias in study groups
Conclusion: Consistent, unconfounded evidence is needed before a definite conclusion can be reached.

“Our reputation for longevity is based on several factors: hard work, simple food, lack of stress, and the inability to count correctly.”
Key References


