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The Psychological and Physical Benefits of Spiritual/Religious Practices

By Ellen Idler

Through a discussion of current research and related observations, Idler highlights many of the positive benefits that religious and spiritual practices can have on one's health and well-being. Starting at an early age, the choices one makes based on spiritual beliefs and values directly relate to the creation of certain lifestyle habits, such as diet, alcohol use, and sexual practices. Moreover, the benefit of a religious community made up of a variety of individuals from many generations also provides a strong sense of support and connection. The overall effect of such practices on one's health and well-being is found to be positive throughout one's lifetime.

Meditating, yoga, fasting, walking a prayer circle, making a pilgrimage, taking the sacraments, singing with a choir, going on a weekend retreat, listening to the words of inspired speakers like Dr. Martin Luther King Jr., dancing in a group at a wedding, lighting Advent or Hanukkah candles, saying daily prayers, or contemplating a sunset or a mountaintop view are all spiritual and religious practices undertaken by many of us in our daily lives, at special seasons of the year, or maybe just once in a lifetime. Some practices begin early in life and stretch back to our childhoods, while others may be sought out in adolescence and young adulthood, representing new paths.

What all of these practices have in common, however, is the way in which they integrate different aspects of our human experience – our emotions with our intellect or our minds with our bodies – while also connecting us with others who share similar beliefs. We seek out these experiences, which are special and set us distinctly apart from our mundane and ordinary daily lives. These experiences lift us up out of our narrow selves and give us a glimpse – if only temporary – of another way to view things as a part, however small, of a larger picture. Spiritual and religious practices that help us integrate the body, mind, and spirit, also provide psychological and physical benefits, as research from the past two decades has shown.

There are a number of ways in which religion and spirituality have an impact on health and well-being. Beginning with adolescence, we find that rituals or rites of passage practiced by many of the major world religions play an important role in assisting individuals in successfully passing from one phase of life into the next. Most of these transitions – baptisms, circumcisions, confirmations, coming-of-age rituals, and marriages – occur early in life. However, what makes these religious traditions relevant to health, especially in adolescence and early adulthood, is that they provide rules for living. For example, some religions have very particular rules about diet and alcohol use, and most faiths have beliefs about maintaining the purity of the body as the vessel of the soul. In general, religious faiths discourage self-indulgent behaviors and promote "moderation in all things," if not actual asceticism. Many spiritual and religious practices, in fact, involve the temporary and intermittent, or in some cases, lifelong denial of behaviors that are considered pleasurable by most people, such as drinking, eating meat, or having sex.

Researchers from the University of Michigan analyzed data from an annual survey of high school seniors from 135 schools in 48 states in a study called *Monitoring the Future* (Wallace and Forman, 1998). Their research findings show that religious involvement has a large impact on the lifestyles of these students, especially in late adolescence: Students who say that religion is important in their lives and attend religious services frequently, have lower rates of cigarette smoking, alcohol use, and marijuana use, higher rates of seat belt use, eating fruits, vegetables, and breakfast, and lower rates of carrying weapons, getting into fights, and driving while drinking. This is one of the few studies that has examined religiousness, spirituality, and health-related practices in adolescence. More importantly, these findings demonstrate the origins of a healthy adult lifestyle. Not smoking in adolescence, for example, dramatically reduces the likelihood that one will ever smoke; it also reduces the exposure to related risk factors that cause heart disease, cancer, and stroke, which all are major causes of death in our society.

Another study of adults in Alameda County, California also has shown that people who attend religious services are less likely to smoke cigarettes in the first place; however, if those who attend *did* smoke at the start of the study, they were more likely than those who didn't attend services to *quit* smoking during the period of the study (Strawbridge et al., 1997). Moreover, findings from this study show that those who attend religious services have lower mortality rates overall. It is not surprising that people who are members of religious groups, and thus, are less likely to smoke, drink heavily, have casual sex with multiple partners, or get into fistfights, also have a longer life expectancy. In sum, there is ample evidence from well-designed population studies that religious and spiritual practices correlate negatively to some known health risk factors.

However, lifestyle factors are not the only mechanism that illustrates the relationship between spirituality and health and well-being. Another very important aspect of religious faith, especially as we move from adolescence to adulthood, is that religious congregations become social circles that provide support and reduce stress in people's lives. In 1979, a published landmark study revolutionized our understanding of the impact of the social environment on health (Berkman and Syme, 1979). In a 9-year

study of nearly 7,000 adults, Lisa Berkman and S. Leonard Syme found that the most socially isolated people with the fewest social ties to others were at the highest risk of mortality. This finding persisted even when they adjusted for the health status of the respondents at the beginning of the study, as well as certain risky behaviors such as smoking and obesity, physical activity or the lack of it, and use of health services. One of the types of social ties these researchers included, along with family relationships, friendships, and community groups, was membership in a church or temple. Several later studies in Michigan, Georgia, and North Carolina also confirm the importance of social ties in general, including membership or attendance at religious services (House, Landis, and Umberson, 1988).

Social groups are of benefit not only because they provide rules for living, but also because social groups nurture, care for, and support their members. “Support” can be anything from helping out with tasks around the home when someone is sick to assisting someone in finding a new job, a dentist, or a day care provider; or it could mean having someone to confide in and share feelings with. Religious congregations are excellent at providing social support for their members. A Duke University survey found that regular attendees at religious services report larger social networks overall, more frequent telephone and in-person contact, and a stronger feeling of support from all of the members of their social circles (Ellison and George, 1998). Religious congregations are unique social institutions in that their membership cuts across the entire life course; no other social institution regularly brings together the very old and the very young and everyone in between.

Additionally, religious congregations offer rich social resources with a strong sense of ethics. A core belief of each of the world’s religious traditions is that of concern for others less fortunate and the deliberate turning of attention away from ourselves and toward others who are in need. A study by Christopher Ellison, a researcher at the University of Texas, used data from a national survey of black Americans that underscores this observation (Ellison, 1992). Ellison posed the question “are religious people nice people?” and collected and analyzed interview data. Ellison’s study was unique because he asked the *interviewers* their opinions about the interview itself; interviewers rated the respondents based on how much they had enjoyed interviewing them, how friendly the respondents were, and how open and engaged they were during the interview. The results made it clear that religiously devoted individuals were evaluated in more positive terms compared to other respondents; people who prayed and read the Bible often, and those who saw religion as important in their daily lives were found to be more enjoyable to interview, more open, friendly, and less suspicious than the nonreligious members of the sample. This study demonstrates the pro-social, engaged attitudes of the religiously involved, and suggests that these friendly attitudes probably carry over to other relationships in life, not just those with survey interviewers who knock on the door.

Spiritual and religious practices also offer us a transcendent time that the early twentieth century French sociologist Emile Durkheim called “sacred time.” The experience of sacred time provides a time apart from the “profane time” that we live most of our lives in. A daily period of meditation, a weekly practice of lighting Sabbath candles, or

attending worship services, or an annual retreat in an isolated, quiet place of solitude – all of these are examples of setting time apart from the rush of our everyday lives. Periods of rest and respite from work and the demands of daily life serve to reduce stress, a fundamental cause of chronic diseases that is still the primary causes of death in Western society. Transcendent spiritual and religious experiences have a positive, healing, restorative effect, especially if they are "built in," so to speak, to one's daily, weekly, seasonal, and annual cycles of living.

Religiousness and spirituality have a cumulative effect on health across the life course that we may see most clearly only later in life. Studies of mortality rates among Seventh Day Adventists, for example, show that the earlier the age at entry into the religious practice, the lower the mortality rate from cardiovascular disease (Fønnebø, 1992). Prevention of smoking, learning and practicing good dietary habits, getting regular exercise, setting time aside for rest and contemplation, being of service to others, and other important life commitments associated with religiousness and spirituality can be established in adolescence that reduce the risk for both chronic and infectious diseases over the entire life course. Thus, the cumulative effects of good health practices and social support facilitated by religious and spiritual practice during one's lifetime can result in being physically *and* emotionally healthy.

But spiritual and religious practices are not, and should not be, seen solely as a means to an end when trying to achieve a healthier lifestyle. Spiritual and religious practices have their own *intrinsic value* and are sufficient as ends unto themselves. If there are side benefits or unintended consequences of those practices, while an interesting subject of study, it is not a sufficient reason for individuals to engage in such practices. Spirituality and religion center around matters of *ultimate concern* that are of more importance than the health of our physical bodies and our day-to-day well-being. However, if such practices contribute positively to living healthier, happier lives, and it does appear they do, it is important that we know about it and that research is undertaken to explore such relationships.

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