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THE PSYCHO-SOCIAL BENEFITS OF RELIGIOUS PRACTISE

By Professor Patricia Casey

Executive summary

THE POSITIVE link between religious practise and personal and societal well-being is of increasing interest to researchers. This link is increasingly being reported by the media. For example, the cover story of the *Time* magazine issue of February 23, 2009 was entitled, 'How faith can heal'.

The growing body of evidence testifying to a correlative, or even a causative relationship between religious practise and well-being has led to a re-evaluation on the part of some psychiatrists of the proper role of religion in patient care. For example, it is increasingly argued that if a patient is religious this should be taken into account by his or her psychiatrist and it should be seen as a potentially positive force in his or her life that has a role to play in the healing process. At the very least, it is contrary to the evidence not to take it into account, and it is worse to simply dismiss it.

But if religious practise has strong personal benefits, then it obviously has societal benefits as well. If religion is practised by a large number of people across a population, then its benefits will accrue to society as a whole.

This is an important message at a time when religion is often criticised as a socially divisive force which is mainly repressive and authoritarian in its effects. Religion can be this, especially when it is imposed. But when it is accepted and lived out voluntarily, the contrary is much more likely to be the case. This message deserves to be more widely known.

The following is a summary of the ways in which religious practise can benefit individual believers and society. The summary will touch on only a representative sample of the studies listed in this report.

Religious practise reduces the risk of suicide

In one study, 584 suicide victims and 4,279 deaths from natural causes were compared. After adjusting for age, sex, race, marital status and frequency of social contact, the odds of never having participated in religious activities was significantly greater among the suicide victims. In other words, religious practise reduces the chances of a person committing suicide.

Religious practise reduces the risk of depression

A large Canadian study involving 70,000 adults found that those who attended Church services regularly had fewer depressive symptoms than average. Interestingly, those who described themselves as 'spiritual', rather than 'religious', had more depressive symptoms. Both effects were true regardless of age, sex and other variables.

Religious practise helps cope with bereavement effects

One recent study examined 135 relatives and close friends of those who died in a palliative care centre at one, nine and 14 months after a bereavement. People with no spiritual beliefs did not resolve their grief over the period of the study, those with strong beliefs did so progressively, and those with low levels of belief showed no change for the first nine months, but they began to resolve their grief after that point.

Religious practise, risk-taking and sexual behaviour among teenagers

One major study involving over 2,000 young people aged between 11-18 showed church attendance and involvement in a church-based youth group reduced risk-taking behaviours such as smoking, alcohol use, marijuana use, truancy and depression, even when controlling for confounders such as socio-economic status and self-esteem.

Regarding sexual activity, church attendance and youth involvement reduced sexual activity. Furthermore, the risk-taking behaviour that often occurs in early adulthood was less marked in the religious cohort. Self-esteem was also higher among those attending church.

A survey of 1,100 American adults aged over 18 found that those who were religious had a lower number of sexual partners than those who were not.

Religious practise adds to life expectancy

A meta-analysis of all studies relating to religious involvement and longevity was carried out in the year 2000. A total of 126,000 people were involved. It found that active religious involvement increased the chances of living longer than the average by 29%, and participation in public religious practises, such as church attendance, increased the chance of living longer by 43%.

Marriage and religious practise

The greatest amount of marital stability is found among couples who practise the same religion. Marriages in which neither spouse is religious are the least stable. Marriages between couples who practise different religions, or where one is religious and the other is not, fall in between these two poles.

Marital stability among religious believers is explained partly by religious injunctions against divorce, but it also may be explained by the fact that religious believers attach less importance to personal autonomy and more importance to commitment.

Prayer and patient recovery

A number of studies have been conducted to test the effect of prayer on patient recovery. These have compared groups of patients who were being prayed for, but didn't know it, and another group who were not being prayed for. None of the patients knew they were part of these studies.

Measures such as mortality, duration of fever and length of stay in hospital were shorter in the prayer group than in the non-prayer group.

However, these studies are not conclusive. They only indicate that there may be some positive effect from prayer because other studies, for example involving cardiac patients, have shown no effect.