

The Effects of Religiosity on the Health and Well-Being of the Aged:

An Annotated Bibliography

A. Former Student

Robert M. Lewis

Sociology/Anthropology 3318

October 20, 2005

The Effects of Religiosity on the Health and Well-Being of the Aged

I am interested in the relation of the health and well-being of the aged as they are effected by the degree to and the way in which religion is important in their lives. As you can see below this is an issue which has seen a fair degree of research, though there are different views on what exactly the effects of religion is on the heal and well-being of the aged.

Atchley, R. C. (1997). The subjective importance of being religious and its effect on health and morale 14 years later. *Journal of Aging Studies, 11*, 131-141.

Robert C. Atchley examines the effects of subjective religiousness on health and well-being among longitudinal panel participants over a period of fourteen years. His findings show that religiosity appeared to have no impact on later-life health – insofar as it can be characterized by the medical-model representation of general physical health. He further explains how his findings are at odds with numerous studies conducted by, among others, Koenig and Levin, who have found correlations between religion and the health of the aged and he argues this is a result of their failure to employ the multiple regression techniques that would eliminate spurious correlations. While he doesn't necessarily diminish the importance of religiosity in relation to the health of the elderly, he does however, feel it should be measured in combination with a host of other contributing factors.

Koenig, H. G. (1994). Religion and hope for the disabled elder. In J.S. Levin (Ed.), *Religion in aging and health: Theoretical foundations and methodological frontiers* (pp. 18-51). Thousand Oaks, CA: Sage.

Harold G. Koenig, a psychiatrist, along with Jeffrey Levin (see below), is one of the foremost experts on the relationship that exists between religion and mental health in

later life. Here, he begins with a narrative that exemplifies the significant role of religion in the lives of many in the elderly population, especially those suffering with disabilities. Religion allows for a community of believers and a system of rituals that offer the disabled elder a source of comfort and hope. Koenig specifies the aspects of Judeo-Christian traditions in particular, that enable a believer to cope or even transcend seemingly dismal circumstances, namely by providing provisions of hope for healing and change as well as by providing role models for suffering. This, he believes, has definite implications for future health care.

Koenig, H. G. (1995). Religion and health in later life. In M. A. Kimble; S. H. McFadden, J. W. Ellor, & J. J. Seeber (Eds.), *Aging, spirituality, and religion: A handbook* (pp. 9-29). Minneapolis, MN: Fortress.

In this theoretical paper Koenig (see above), introduces the use of a “biopsychosocial-spiritual” model when examining the connection between health and religiosity which would enable an integration of all aspects of a study subject’s world. He also describes a number of influences that religion may have on aged well-being and suggests a positive correlation – one that needs to be further explored and promoted. Although he acknowledges the tendency for some studies to be confounded by external factors and poor conceptualization, he still supports an association between religious involvement and mental and physical health (although he believes a stronger correlation exists with mental health).

Levin, J. S. (1994). Investigating the epidemiologic effects of religious experience: Findings, explanations, and barriers. In J.S. Levin (Ed.), *Religion in aging and health: Theoretical foundations and methodological frontiers* (pp. 3-17). Thousand Oaks, CA: Sage.

Jeffrey S. Levin, a social epidemiologist, is author to more than 60 journal articles and chapters and was one of the first scientists to explore the effects of religiosity on the well-being of the elderly. Here, he looks at the current trend in empirical research which is to examine the effects of religious experience, which he notes is broadly defined, on physical health. He points out how the majority of findings suggest a salutary affect, regardless of controls for things such as behavior, heredity, psychosocial effects and psychodynamics of belief systems. Levin points out how these findings continue to survive barriers by some senior scientists who diminish the importance of religion in social research and he asserts his intention to persist in trying to establish an acceptable program of research.

Levin, J. S. (1995). Religion and psychological well-being. In M. A. Kimble, S. H. McFadden, J. W. Ellor, & J. J. Seeber (Eds.), *Aging, spirituality, and religion: A handbook* (pp. 30-48). Minneapolis, MN: Fortress.

In this article Jeffrey S. Levin (see above) is concerned primarily with the role of religion in the physical and mental health of the aged and in this section he explores psychological effects of the elderly whose declining health may limit church attendance. He notes a paradox that occurs when an increase in private religiosity may actually contribute to a decrease in levels of well-being. He then continues on to unpack the conceptual issues related to later-life mental health, highlighting the factors that contribute to “successful” aging and the role of religion in that success. He also examines

the state of religious research, its constraints and empirically divided results, and proposes a future movement that would involve a well-defined theoretical model – something he suggests has been lacking in previous studies.

McFadden, S. H. (1995). Religion and well-being in aging persons in an aging society. *Journal of Social issues*, 51(2), 161-175.

Susan H. McFadden, a founding member of the Forum on Religion, Spirituality and Aging of the American Society of Aging, explores the salutary effect of religion on the well-being of the aged. She examines some of the many studies conducted to isolate the positive effects of religiosity on physical and mental health and alludes to the implications this may have for health services and long-term care facilities. While she acknowledges the lack of clearly defined empirical evidence supporting either the negative or positive affects of religion on late-life well-being, she stresses the importance of continued research in this field.

Mitchell, J. & Weatherly, D. (2000). Beyond church attendance: Religiosity and mental health among rural older adults. *Journal of Cross-Cultural Gerontology*, 15, 37-54.

Jim Mitchell and Dave Weatherly, study the importance of church attendance and participation with regard to the health and functional ability of the aged. Using a random sample survey of 2,178 rural elderly in eastern North Carolina, their multivariate results show how beliefs and practices are a significant dimension in the lives of rural elderly in particular, and the failure to participate in church-related activities due to physical incapacity leads to poorer mental health, even depression. They explain how their findings, reflecting those of other similar studies, support the need for further

investigation into the benefits of religious intervention in treatment regimens and care facilities.

Moberg, D. O. (1995). Applications of research methods. In M. A. Kimble, S. H. McFadden, J. W. Ellor, & J. J. Seeber (Eds.), *Aging, spirituality, and religion: A handbook* (pp. 541-557). Minneapolis, MN: Fortress.

David O. Moberg provides an overview of the various methods that have been employed by social researchers to examine the relationships between religion and well-being. He marks the genesis with G. Stanley Hall's survey on aging and highlights the benefits and challenges of the numerous other approaches that have existed up to and including the present. He suggests future directions for research and the need for researchers to employ a triangular method that would incorporate different disciplines and theoretical models - doing so, he believes, would reveal a significant impact of religion on aging.

Pargament, K. I.; Koenig, H. G.; Tarakeshwar, N.; & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients. *Archives of Internal Medicine*, *161*(15), 1881-1885.

Kenneth I. Pargament, Nalini Tarakeshwar and Harold G. Koenig examine the impact of religious struggle with an illness on mortality. In this article, they attempt to diverge from the many studies that find only positive effects of religion on later-life health and investigate the religious struggle-mortality connection.. The paper reports of on the results of a two-year longitudinal study of 596 inpatient visitors 55 years of age or older to a university medical center and a Veterans Affairs Medical Center both in Durham, North Carolina. They find a greater risk of mortality among study subjects who exhibit a religious struggle with their illness – possibly due to higher levels of emotional distress

and feelings of spiritual abandonment and social isolation. They also explain how this is perhaps the first empirical study to explore such a connection and its implications for clerical involvement in order to reduce such struggles with illness requires further research.

Pargament, K. I.; Van Haitsma, K.; & Ensing, D. S. (1995). Religion and coping. In M. A. Kimble, S. H. McFadden, J. W. Ellor, & J. J. Seeber (Eds.), *Aging, spirituality, and religion: A handbook* (pp. 47-67). Minneapolis, MN: Fortress.

Kenneth I. Pargament, Kimberly S. Van Haitsma, and David S. Ensing provide a conceptual framework for the current trend toward viewing religion as a helpful part of the coping process. While also making allowances for the reverse argument, they specify the ways in which religion is utilized to reduce stress and anxiety during times of death, illness and changes in environment, such as how it can be viewed as a source of social comfort during uncertain times. They also speculate on why it may be viewed as having negative effects, such as in cases where religious traditions are imposed on the aged.

Shkolnik, T.; Weiner, C.; Malik, L.; & Festinger, Y. (2001). The effect of Jewish religiosity of elderly Israelis on their life satisfaction, health, function and activity. *Journal of Cross-Cultural Gerontology, 16*, 201-219.

Tamar Shkolnik, Chava Weiner, Lea Malik and Yoel Festinger, are all nurses involved in gerontological work, focus on status and life satisfaction among the Israeli aged as experienced by either the traditionally or religiously observant. Using a structured questionnaire method, they interviewed a non-random sample of 60 elderly males (aged 68-75) and measured the differences between those who identified themselves as traditionally observant (characterized by a less rigid faith based approach) and those that

claimed to be among the religiously observant (those directed by the Torah and daily ritual activity). Their study, admittedly small in scope, comprising of mainly traditionally observant, found a direct correlation between degree of religiosity and life satisfaction. They explain how their findings warrant continued assessment of the part played by religious faith in providing a greater quality of life.

Traphagan, J. W. (2000). Reproducing elder male power through ritual performance in Japan. *Journal of Cross-Cultural Gerontology, 15*, 81-97.

John W. Traphagan, an anthropologist, explains the importance of cultural diversity when attempting to study the effects of religious belief and practice on the health of the elderly. He explains how religious traditions in Japan, which stand in marked contrast to the biblically-based institutional religions of the west, also contribute to the status and subsequent well-being of the aged by asserting gerontocratic power among male elders in particular. As part of his ethnographic research for his doctorate, he examines how the *matsuri*, or Shinto shrine festival, elevates the position of the elder male by having him lead the ritually important procession. This example is used by Traphagan to epitomize the importance of diverging from the numerous studies and findings that single out the effects of western, doctrinal belief systems on later-life health.

Williams, D. R. (1994). The measurement of religion in epidemiologic studies: Problems and prospects. In J.S. Levin (Ed.), *Religion in aging and health: Theoretical foundations and methodological frontiers* (pp. 125-148). Thousand Oaks, CA: Sage.

David R. Williams is specifically concerned with the consequences of religiosity for socio-economic and racial differences in health. Here, he examines the methodological challenges in establishing causal factors when researching the effects of religion on

health due to the nature of cross-sectional studies and possible selection bias. He also stresses the importance of a contextually-specific, multidimensional, cross-cultural approach when attempting to measure religious-health-elderly associations, thereby allowing for the incorporation of non-institutional religious affiliations within the field of study. He also suggests the existence of a curvilinear relationship between religion and mental health – that the nonreligious and very religious enjoy the most positive outcomes.