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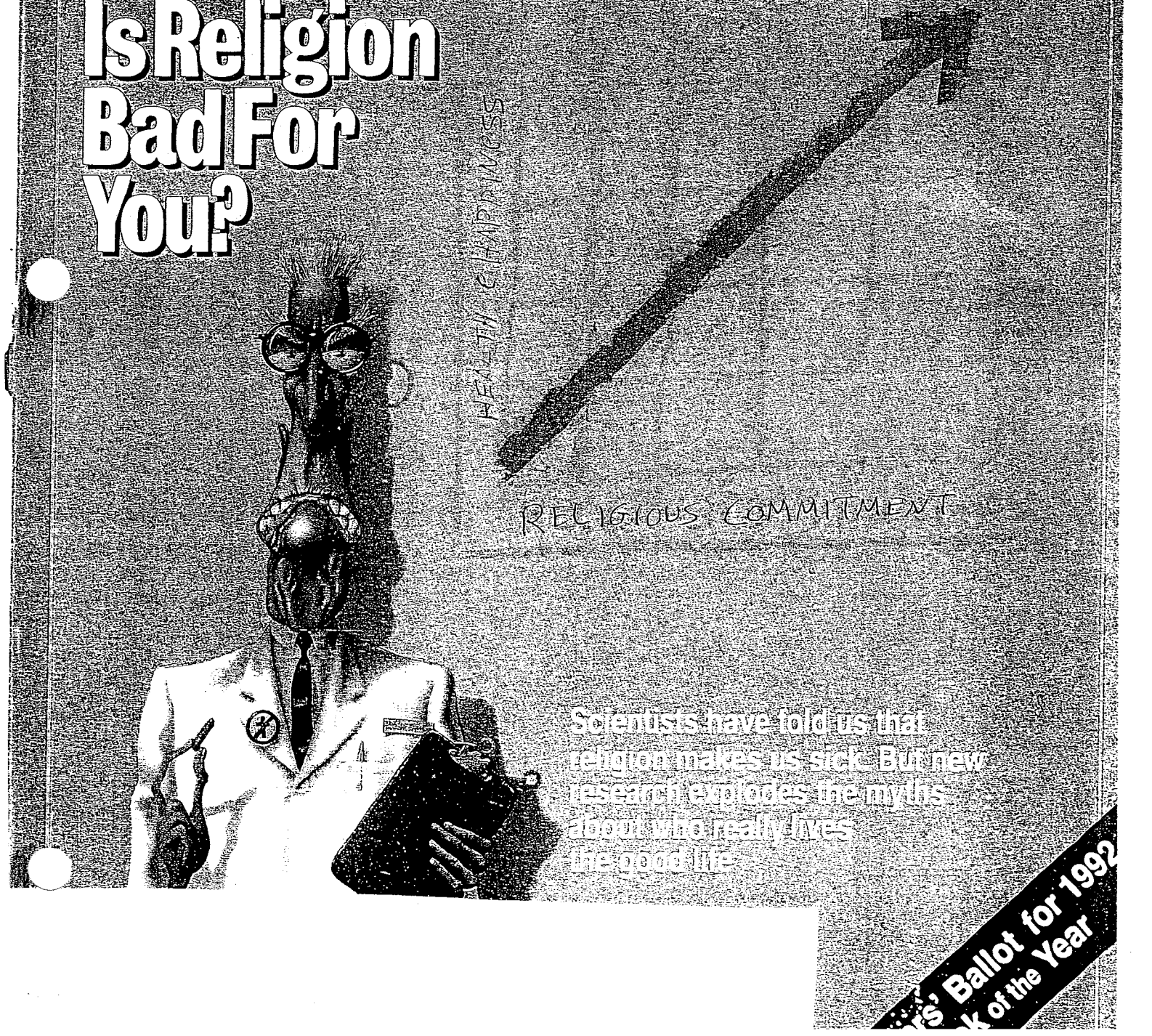
Charles Colson's verdict on the church

Is Religion Bad For Your Health?



Scientists have told us that religion makes us sick. But new research refutes the myths about who really lives the good life.

Readers' Ballot for 1992 Book of the Year

For decades, scientists told us that religion makes us sick. Senior government researcher David Larson shatters the myth.

INTERVIEW BY
CHRISTOPHER A. HALL

Are religious people mentally and physically healthy? Or is religion a sign of neurosis, an ineffective coping mechanism employed by immature persons? The prevailing wisdom in the scientific community leans heavily toward a negative evaluation of the effects of religion on mental and physical health. Recently, however, a small group of researchers has begun to disprove that.

David Larson

One of the leading religion-health researchers is David B. Larson, a senior government researcher in Washington, D.C., who for ten years worked with the National Institute of Mental Health. Larson, who is a Christian with evangelical roots, is also senior research consultant for the National Institute for Healthcare Research, a private, nonprofit institute devoted to producing and utilizing research to show the benefits of religious and family commitments. They do their work primarily through "systematic reviews," where all relevant research data on a particular subject are collected and quantitatively analyzed to factor out biases and unwarranted conclusions. Larson contends that too often research on religion and health has been skewed by a bias against religious belief. Larson, who has published more than 130 articles, speaks and writes with passion and conviction that religion positively affects crucial social issues such as family life, volunteerism, divorce, suicide, substance abuse, and stress.

Is there openness among research scientists and medical professionals toward the value of religious beliefs?

There is increased interest, perhaps because research colleagues and I have published in the best scientific journals demonstrating marked neglect of this important area—which indicates prejudice.

Why is there prejudice?

Scientists affiliated with universities have avoided studying the effect of religion on health because their promotion is linked to researching issues that will advance them, make them nationally renowned. Sadly, the promotion review process frequently boils down to academic correctness. The empirical study of religion and health, unless the research demonstrates religion to be harmful, is not "academically correct."

I call the study of religion and health an antitenure variable. It produces reluctance to study religion scientifically, even among evangelical scientists. That so few are studying this surprises me. Evangelical scientists should be saying, "Let's look and see if Proverbs is correct. Let's investigate whether religious people live longer and demonstrate higher levels of well-being."

We need people with courage and passion, people willing to take risks. We've taken a critical first step by clearly demonstrating the lack of interest in objective research on religion and health within the scientific community.

What did your initial research show?

It demonstrated that men who went to church and liked it had much lower blood pressures than men who didn't go to church and didn't care about religion.

A second research project focused on the study of religion in the best psychiatric journals. During my training as a psychiatrist, for example, I had been told repeatedly that religion was clinically harmful. I decided to investigate the psychiatric journals for empirical evidence to see if they supported the harmful effect of religion. I actually believed the evidence would indicate religion was harmful, but I found almost no empirical data supporting the idea. What the data showed was that religion was highly beneficial—beneficial in more than 80 percent of the cases found in the psychiatric research. We discovered the exact opposite of what was commonly taught to psychiatrists and what still pervades the mental-health culture shaped by clinicians.

What examples of positive benefits did you discover?

Church attendance, prayer, and the social support available in church were frequently found to be significant positive factors in helping patients with mental or physical health problems. Denominational affiliation had little clinical effect. Our studies indicate, for example, that people with the potential for mental-health problems improve or will be protected if they are religiously committed. Religion seems to reduce the potential of stress to turn into mental problems. People experiencing stress who are not religious have a much greater potential to experience mental-health problems.

We've observed empirically that if people are experiencing a crisis, faith in God promotes their ability to cope. When one understands the research, one can say that foxhole Christianity seems to be quite acceptable to God. Even if a person has attended church for the first time that week, his or her mental-health status may improve.

Religion also appears to prevent problems. This is especially meaningful in light of our social ills. In a review my colleagues and I published, 19 out of 20 studies demonstrate the role of religious commitment in preventing alcoholism. Sixteen out of 16 studies indicate that if a person is religious, the probability of suicide is significantly lower. Religious commitment was as-

sociated with lowered rates of mental disorder, drug use, and premarital sex.

Yet researchers continue to ignore these very positive social and clinical effects. They don't include this data when they hold their scientific conferences. Why? Because of a bias against these kinds of results and because people in the research community who are afraid to speak up.

Can this change?

Academic fields are open to publishing quantitative results. Other researchers like myself are beginning to publish their results. We're saying, "You can't continue to ignore these results. You can't leave the religious variable—what we are calling the 'R' word—out of the picture." Like sex in the late 1800s, religion has become taboo in the late 1900s.

Earlier you mentioned the beneficial effect of religion on blood pressure. Can you elaborate?

Sure. People who attend church have much lower blood-pressure levels than people who don't. This finding was demonstrated after other factors such as weight, smoking, habits, and age had been controlled. It's important to note that these differences in blood pressure are clinically significant differences.

What might account for these results?

Most clinical researchers think the benefits might be related to the "naturally protective effect" of religion. That is, religion limits risk-taking behaviors such as smoking and drug taking, but also promotes health-related behaviors such as exercise, resting, prayer, and meditation—taking care of the "temple of God." Religious people appear to cultivate healthy habits. It's interesting to note, though, that in a study we published we found that even for a risk-taking behavior like smoking, religious commitment was beneficial. Smokers who went to church had blood-pressure levels the same and even lower than did nonsmokers who did not go to church.

You have investigated the possible correlation between religious belief and recovery from medical illnesses. Is there a link between them?

The data reveal that the willingness to receive social support from a caring community such as the church is enormously helpful in recovery. Christianity emphasizes that one begins with brokenness and dependence. It emphasizes that past societal rejects who have broken themselves before God are far greater in the kingdom of our Lord than successful, affluent leaders who refuse to wash feet.

JIM WHITMER

Religious people who live out their faith are more likely to say they are enjoying life, that they like their work, their marriage, their family.

Your research has indicated that the early-life religious experiences of alcoholics and narcotics addicts might be correlated to their later abuse of alcohol or other drugs.

Early-life disjunction between belief and practice appears to be a central factor—that is, parents who do not practice what they preach. Many addicts come from homes where one parent was religious and the other wasn't, or where Judeo-Christian values were stressed, yet divorce occurred. In other religious homes, children were physically or emotionally abused. These kinds of disjunctions seem to be carried over into the lives of the adult children.

Tell us about your research on hip fractures among the elderly.

An elderly person who breaks a hip and doesn't learn to effectively walk again may become ill and bedridden. We found that religion lowered post-hip fracture depression resulting in an increased ability to walk and in leaving the hospital much sooner.

How is religious faith related to general life satisfaction?

Religious people who live out their faith are more likely to say they are enjoying life, that they like their work, their marriage, their family. Religiously committed people on the whole enjoy living.

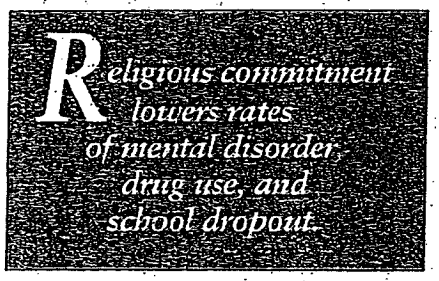
Even in the midst of stress from mental or physical illness, they are more apt to report they are enjoying life than people not religiously committed. More research needs to be done, but studies of aging persons and people with physical and mental disorders indicate that the religious cope with stress much more effectively than the nonreligious. Research on the parents of children suffering from cancer also indicates religion is a positive factor in more effective coping.

Suffering, then, doesn't necessarily drive people away from God?

Some turn away. But generally speaking, faith in God deepens amidst suffering and helps people endure post-trauma stress. From my own experience, losing a parent to death at an early age brought me to a much greater personal, passionate, and honest relationship with Christ.

What about suicide?

Depressed religious patients will admit to contemplating it but often respond that they would not kill themselves "because God would not want me to do this." The nonreligious person does not have this strong barrier



against suicide. The fear of God appears to function as the beginning of wisdom even for the severely depressed. Religious patients realize that the first person they are going to meet after their suicide is God. What a horrible way to introduce yourself!

And recovery from substance abuse?

Sadly, we have little research on this enormous social problem. We can again see the "R" word factor at work. If there is one clinical arena other than aging where the role of religion should be tested and assessed, it is in treatment of drug and alcohol disorders. Those studies we do have nearly always find religion to be highly effective in preventing or coping with drug abuse. But to show what can happen to the scientific interpretation of religion when it is assessed, two studies on religion and substance abuse either ignored the religious factor or misinterpreted it. One researcher, for example, wrote that "religion played a substitutionary role for the substance addiction." In other words, people who were addicted to drugs became addicted to religion. In the other study, religion was clearly the most beneficial factor for helping people cope successfully with their substance abuse, but its role was never mentioned in the introduction, methodology, or results of the study.

Why do so many in the scientific community regard religion negatively?

William Bennett, past secretary of education, in his book *The Devaluing of America*, speaks of professional, academic, and media elites, all of whom assume religion plays a negative role. I view the elites as usually nonreligious people with little experience or knowledge of religion, but willing to live by assumptions about religion that have little empirical basis. For example, researchers Robert Lichter and Stanley Rothman have documented that a very small number of media people go to church. Among those who do, all too frequently their values are not influenced by their religious commitment. Like Mario Cuomo, they say, "Yes, I'm religious, but I cannot let my personal views limit others' views." In dissociating their religious commitment from their world views, their religion becomes impotent.

So a broad bias results.

If I presented the data on the positive effects of religion to professionals, most of them would be initially shocked. A recent article in *Psychology Today*, for example, argued that religion had little influence on whether people volunteered to help. The writer ignored the documentation that most volunteer giving and serving is from church members or the religiously committed. The research of Bob Wuthnow of Princeton has demonstrated the significant impact of church and synagogue in volunteerism. Yet *Psychology Today* publishes a review based on flawed research and claims—based on the research—that religious commitment has no relationship to altruistic behavior. How can someone say that the church doesn't make a difference when national data show that the biggest institutional sector that is volunteering to give and to help is the church?

This is an illustration of the pervasive elite mindset that assumes without question that the church is socially harmful, that the church gets in the way—the church blocks us from becoming a truly progressive society. When I present professionals with data that we and others have published, they are very suspicious of it. They're sure I have a personal agenda.

Do you?

Yes. What irritates me is that many other researchers also have an agenda that is all too frequently not based on the available data.

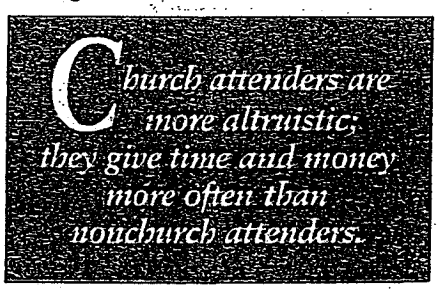
What about the frequently voiced critique that religion is simply a crutch for people who can't make it in life?

To a certain extent, that's accurate. Religion certainly helped me as someone who grew up on welfare in a single-parent family. I certainly need the "crutch" that knowing Christ provides. Indeed, Jesus taught that he came to help those in need.

Minority groups are much more religious than whites, and women more than men. Poor people are more religious than the rich. The less-educated are more religious than the well-educated. The aged are more religious than the young. Findings like these fit with what Christ is saying in Luke 4. These are the people he has come to assist.

Think of the African-American male. Some think the only way a young black male can get out of the ghetto is to play professional sports. But if you want to get out of the economically depressing culture of the ghetto, statistically the best chance is to go to church. Statistics show that those young black males who get out of the ghetto are church attenders. And by the way, they are also the people who, if they keep their religion, are most likely to come back to the ghetto and try to change things.

This indicates to me that God is very willing to be an enabler of those who



admit they need such a crutch. He says, "I have come to the broken, to those who are in chains, to those who need healing, to those who are in bondage."

Do they need a crutch? Yes. Do I? Yes.

Does liberal or conservative theology make a difference?

We have not done enough research to say. However, we know that many of the principles in Proverbs turned out to be true. It makes a difference if you come to the house of God and experience God's love within that context. You will generally have a longer and happier life.

Holy Health!

What about "evangelical faith and practice"?

Evangelicals' emphasis on faith and *practice* clearly promotes well-being. The importance of a healthy devotional life, giving to the poor, and the serving or volunteering ministry of all believers appears to be highly beneficial. Adolescents who go to evangelical churches and hear teaching on the physical and emotional consequences of drugs, alcohol, and sexual abuse, and the spiritual reasons to steer away from these, can be highly benefited.

Are there healthy and unhealthy ways to be religious?

Yes. Healthy religious people seem to have an honest commitment to God, are somewhat flexible and open to change, and are willing to admit they need assistance from others. Worshiping God in church and being open and desiring of God's graciousness appear to be major factors.

We know that it is extremely unhealthy to have conservative religious beliefs and not be going to church. It is also unhealthy to have strong religious convictions but not have those convictions actually producing concrete changes. An example would be to have high views of marriage and still end up divorced. A disjunction between belief and practice can make people sick, emotionally and physically.

We did a study on chronic alcoholics and found many had beliefs very similar to evangelicals. Their practice, however, was significantly different. When we asked them how frequently they witnessed to others about their faith, only one out of 100 responded positively. As Gallup has shown, a broader evangelical sample responds to that item at a much higher rate. When we asked them how frequently they said grace at meals, it was very infrequent. They seldom read Scripture but still voiced conservative evangelical beliefs. The disjunction between faith and practice was graphic. I'm not saying this disjunction caused their alcoholism, but the relationship was evident.

How are prayer and healing related?

That's hard to answer on the basis of available research. We do see that prayer seems to be beneficial in terms of coping with illness. But, oddly enough, there have been few studies that show how it performs this function.

Can you really study God empirically, in the same way that you might study a cell under the lens of a microscope?

Not if you frame the question in that manner.

How would you frame the question?

I can empirically analyze how religion seems to work in people's lives. I can study the question, "Is religious practice clinically beneficial?" But I can't examine empirically the "physiology" or mechanism of how God works.

Describe, then, the boundaries and limitations of your research.

If people ask me, "Do you know how God works?" I have to answer no. But if they ask, "Do you know how religious commitment works?" I can answer yes. I can study the effect of church attendance. I can be very specific and say, "The studies show that church attendance has beneficial clinical effects." I have to emphasize that I don't know how God works. I can't research that. But I can analyze the secondary impact of religious commitment and can end up saying God does work in our lives—in short, "God is good."

How is mental illness related to religion? Are mentally ill people more or less likely to be highly religious?

Our review of studies of mental health and religion indicates that if you are religious or come from a religious family, your risk of experiencing mental illness, drug abuse, and alcoholism is lowered. As for those with mental illness, they are more frequently nonreligious than those who do not have mental illness.

Both lasting marriages and regular church attendance are very, very beneficial to mental health. It now appears they are much more beneficial than material wealth. In fact, the wealthy are starting to have as many mental-health problems as the poor. The Judeo-Christian world view in the context of religious commitment clearly seems to promote human well-being.

Does this translate into concrete acts of love?

Church attenders are more altruistic. They give time and money more often than nonchurch attenders.

How does faith affect fear of death?

A committed faith tends to have a positive effect. One study has shown, however, that people who claim to be religious but fail to live out their faith have higher levels of death anxiety. Another study indicates that those who handle the fear of death best are either people who are convinced there is no God or people who strongly believe in God. Those people who have religious beliefs but rarely go to church are more fearful of dying.

Are religious people more apt to be happily married?

The data are quite striking. Religiously committed people not only have much lower rates of divorce, but their level of satisfaction and enjoyment of marriage is quite high. It's not as though religion keeps people married who would really rather be divorced.

On the other hand, divorce leads to all kinds of problems. "No fault" divorce is an oxymoron. Children of divorced parents have higher rates of school dropout, delinquency, psychiatric disorders, physical diseases, suicide, and drug abuse. Women end up with a severe reduction in their economic scaling. Divorced males and females have significantly higher levels of psychiatric disorders. The list of social and economic costs could go on and on. Males tend to think that if they divorce they will be better off financially and free from the responsibility of raising the children. Cancer rates for divorced males, however, increase dramatically; the effect is like smoking a pack of cigarettes a day for the rest of your life. Divorced men are going to die at a younger age than their friends who stay married. Is it any wonder that God says in Malachi, "I hate divorce"?

What practical steps can Christians take to promote emotional healing in their own lives?

Four specific actions come to mind. First, deal with the belief-practice disjunctions. Work at living out honestly what you claim to believe. Second, give yourself time to think and pray about matters. A steady diet of sermon after sermon with little time for reflection and action can cause difficulties. Third, go to church. Fourth, practice spiritual disciplines that address your weaknesses and enhance your strengths. Fifth, live courageously, living out your personal calling with enthusiasm. □

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