

**CHAPTER VIII: CLAIM #1 – CHURCH ATTENDANCE IS CORRELATED
WITH INCREASED LONGEVITY**

So, let's see, let me get started. Here's the first claim. Church attendance is correlated with increased longevity and/or better health. That's the first of the four. And its origins go back to something that initially that you might think is actually quite remote from the larger conversation about spirituality and health. The origins of this claim actually go back to the immediate post-war era when people began getting concerned--public health epidemiologist people--are becoming increasingly concerned about rising incidents of heart disease in post-war America. In this period, therefore, as a series of large-scale epidemiological studies were launched--studies like the Framingham study that some of you will know about or the seven-country study, attempting to see what were the factors that might make a person more vulnerable to heart disease. Why had it shifted? Something must have changed, people argued, in either the lifestyle or the environment of Americans. And as you might imagine, a lot of the attention became focused on now-familiar risk factors like a sedentary lifestyle, high-fat diet, smoking began to emerge on the radar screen as something that people, you know, that might be a factor. But then people learned about Roseto. Roseto was an Italian-American community in the heartland of Pennsylvania, where even though people ate a high-fat diet and levels of smoking were quite high, no one seemed to get heart disease. It was a little Shangri-La in the heartland of Pennsylvania. There had never been a recorded death of heart disease in anyone under the age of 65 in Roseto, Pennsylvania at the time that it came onto people's radar screens. What was going on?

Stewart Wolf who was the psychiatrist who most assiduously studied Roseto, Pennsylvania thought that he knew. It was that the people of Roseto were protected against heart disease because they lived in a very tightly knit community organized around family and the church. An intensely communal lifestyle, Wolf argued, had protected the Rosetans--I guess they call themselves--against the ravages of heart disease that were affecting everyone else who as we know was living in an increasingly mobile, alienated kind of set of social systems. And Wolf predicted that if the Rosetans ever

abandoned their Old World ways, they, too, would succumb to the same rates of heart disease as everybody else in the United States. And surely enough, almost like, you know, a parable in the 1970s a new generation of Rosetans decided they'd had enough of all this stultifying kind of communal lifestyle and they began marrying out of the faith. They bought big fancy homes and they put fences around them. People stopped sort of sitting on each other's curb sides and steps and chatting and celebrating birthdays all together, and their rates of heart disease began to climb. Here, just to show you what you're looking at here--this was early--on a comparison between the heart rates of coronary death in males in Roseto down here as compared to those in neighboring towns. And they looked at towns right next to Roseto, so it wasn't like there was something in the water supply or the hospitals. Right next to Roseto people were dying in the normal ways. Roseto was this little haven. This is showing you that. And this is a book that Stewart Wolf wrote, *The Power of Clan*. He wrote a number of books about all this but that summed up what he thought was going on.

So, is community good for your health? Does it keep hearts healthy? Roseto is just a case study--provocative case study--but in the late 1970s, people began doing prospective epidemiological research to try to investigate this possibility. The work of people like Lisa Berkman, Michael Marmot, Leonard Syme, all began to investigate in a range of different ways the extent to which the factor that they were now calling things like social support or social networks, social embeddedness, might serve as a protectant against your vulnerable--might protect you against heart disease and also potentially other diseases. And what they found, broadly speaking, was that a greater number of social ties, a greater amount of community embeddedness, in fact, seemed to be a significant protectant against heart disease, against various forms of morbidity and mortality more broadly.

But then something kind of unexpected happened to this history. Something no one had particularly been looking for. Among the various variables or measures that people used to investigate degree of social embeddedness, church membership was included as one of the ways--as a proxy, a way of testing how embedded a person might be--one tie among many. What began to become clear in some of this research was that it wasn't just one

tie among many, or didn't seem to be. It seemed to be a particularly, uniquely important tie. So then people began to investigate that now independently. And by the late 1990s there were no fewer than 18 epidemiological studies that seemed to indicate that belonging to a religious organization--and you might almost have anticipated this from the Roseto story which was so much organized around the church, the Catholic church. But people at that time hadn't particularly made that connection. So no fewer than 18 epidemiological studies suggesting that belonging to a church was associated with lower blood pressure, less hypertension, fewer health problems generally, especially in the elderly. People, in fact, it seemed, who belonged to a church lived longer than people who didn't. And when I say "church" you understand that the assumption was that a synagogue would be okay also or a mosque would be okay also. But, in fact, a lot of the studies were carried out looking at church attendance. One study that has been particularly influential because it looked at such a large number of people was this National Health Interview Survey which, as you see, followed more than 21,000 people over 8 years and concluded, essentially, that if you belong to a church, it translated into a difference of between--the likelihood was you lived to be about 83 years if you attended a church more than once a week. If you never attended a church at all or very, very infrequently, the epidemiologist estimated you were likely to live only 75 years. So, this adds up to an 8-year--that's right, isn't it? Yeah, an 8-year difference which is equivalent, I think, you can correct me--I'm not an epidemiologist--about the difference that people attribute giving up smoking to.

Why would churches, belonging to a church, be good for your health? Well, most people were inclined to say, well, it's just social support, isn't it? We already knew this thing. We can just make sense of this inside the existing secular paradigm that we've been using to make sense of things like why joining a bowling league might be good for your health. And the fact, a book by Robert Putnam, *Bowling Alone*, makes a big point about the fact that Americans don't join bowling leagues anymore and this has health consequences. We can talk more about that. It's quite a book. But, if belonging to a church is more like belonging to a bowling league, then it isn't then--then this wouldn't seem to me--make belonging to a church very relevant to the argument that this is about a link between

spirituality and health. For it to be relevant, you need to be able to demonstrate that membership in a spiritual community is better for your health than membership in some secular community that in all other respects you might imagine to be equivalent. And there was a study that claimed to have demonstrated this. There may have been more than one, but one that's gotten, again, a fair bit of attention, was carried out in 1996 by an Israeli epidemiologist named Jeremy Kark. What Kark does is he investigates the mortality rates recorded in two kibbutzim in Israel between 1970 and 1985 and this is what he--in two groups of kibbutzim and this is what he found. That people died at twice the rates in the secular kibbutzim as they did in the religious kibbutzim even though, he makes a point of saying, there was no difference, no obvious difference in social support. So there you go. But what did this mean if it was true? And the study has been challenged on methodological grounds. But we're looking at sort of the historical development of the argument. I'm not trying to do scientific critique really here. What did people think it meant? Did it mean that there's some kind of a faith factor that is perhaps amplified through social support, but that independently somehow contributes to good health? Well, if there is a faith factor, then epidemiology can't say anything about it, but maybe there are other kinds of research that could say something about it. And this takes me to the next claim that I want to look at.