

Religion and Health in Aging Societies: Reaping What is Sown

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**Society for Spirituality, Theology, and Health
1st Annual Meeting
Duke University
June 25-27, 2008**

Organization of Talk

- **Sociological questions about religion and aging
(individual and population perspectives)**
- **The impact of the health effects of religion
(quantity of life and quality of life)**
- **Aging individuals in religious communities
(reaping what is sown)**

Religion and Aging, Aging and Religion

Mapping the Intersection of Religion and Aging More Research on the Individual than the Population Level

- Individual aging
 - religiousness through the life course
 - impact of religiousness on well-being in the elderly
 - ethnographies of religion in old age
- Age stratification
 - effect of distinct religious beliefs on appropriate social roles of elderly persons
 - relationship between societal aging and religiousness
 - impact of cohort succession on religious communities
 - adaptation of religious institutions to aging societies

Views of Aging in the World's Religions

- Not “religion”, but “religions”
- Rituals marking life course transitions
 - most occur by young adulthood
 - Hindu *sannyasa* and Jewish *seder* are exceptions
- Studies comparing the impact of different religious beliefs on the experience of aging are rare

Elaborated Eastern Traditions

- Hinduism
 - *ashramas* (stages of life)
 - student stage
 - householder stage
 - retirement
 - renunciation or *sannyasa*
- Confucianism
 - Five Constant Relationships
 - Respect for Age



These sadhus have taken the path of sannyasin. Those choosing sannyasin follow an austere lifestyle in order to move closer to God and moksha.

Ambiguous Western Traditions

Remember your Creator in the days of your youth, before the bad times come and the years draw near when you will say, 'I have no pleasure in them,' before the sun and the light of day give place to darkness, before the moon and the stars grow dim, and the clouds return with the rain.

Ecclesiastes 12:1-2

and yet

Honor your father and mother so that you may enjoy long life in the land which the Lord your God is giving you.

Exodus 20:12

Societal Aging and Religiousness

If religiousness increases with age at the individual level.....

are the world's oldest societies the most religious?

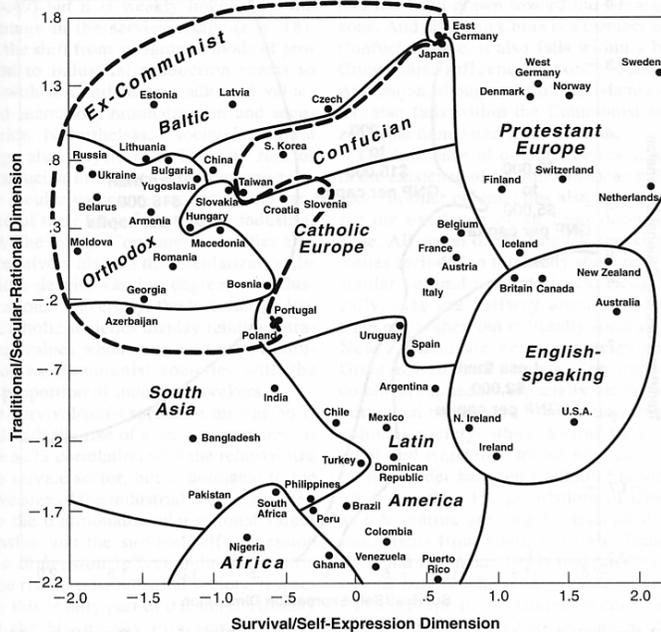


Figure 1. Locations of 65 Societies on Two Dimensions of Cross-Cultural Variation: World Values Surveys, 1990–1991 and 1995–1998

R. Inglehart
& W. Baker,
2000. [ASR](#)
65:19-51.

Impact of Cohort Succession on Religious Institutions

What happens when the infusion of new cohorts slows down or stops?

Summary: Religion and Aging Societies

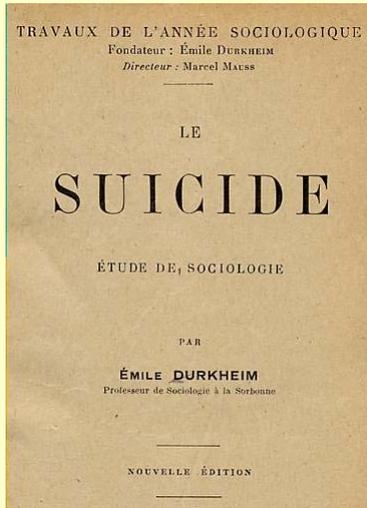
More interest in religion from sociologists of aging and the life course than vice versa

We know much more about religion at the level of individual aging, and much less at the level of societal aging

The age stratification perspective is a valuable toolbox of concepts for analyzing religion and aging from the top down and the bottom up

Religion and Health, Health and Religion

Where it all started



• Emile Durkheim, Suicide, 1898

- Religion protected individuals against suicide
 - Reduced alienation and anomie
 - Catholics protected more than Protestants
 - Religious groups protective in the same way as families, occupational groups, community associations
- Excess regulation / integration could also lead to suicide

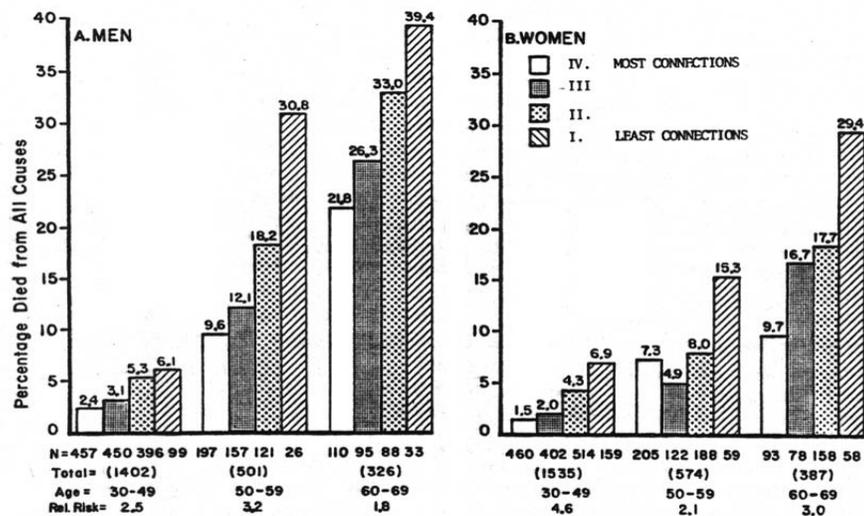


FIGURE 1. Age and sex-specific mortality rates from all causes per 100 for Social Network Index, Human Population Laboratory Study of Alameda County, 1965-1974.

Source: Berkman and Syme, American Journal of Epidemiology, 1979

Religion in Social Epidemiological Studies

- Alameda County, CA, Tecumseh County, MI, Evans County, GA 1979 – 1985
- National Health Interview Survey 1999
- Population-based samples
 - include religious and nonreligious respondents
 - represent diverse faiths and traditions
- Religious service attendance as type of social tie
- Linear association between baseline frequency of attendance and follow-up all-cause mortality

Summary: More Health, More Age

A long tradition of research, with new interest

Largely beneficial effects of religious observance on physical health outcomes

Religious attendance is the most frequently-studied dimension; less is known about other dimensions of religiousness/spirituality

There are *many* possible mediators of the association

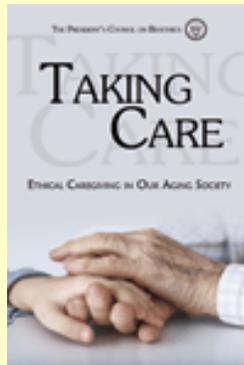
Important life-course dimension: influence on health practices in early life may have cumulative effects

The impact of religion on health is inadvertent; religious observances are practiced as ends in themselves

The consequence of reduced mortality is longer life

Reaping What is Sown

The Consequences of Longer Lives: More Care is Needed



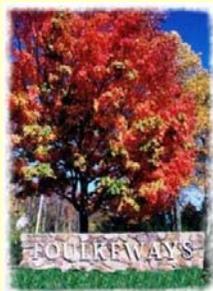
**Report of the President's Council on Bioethics
September 2005**

Early Old Age Homes and Activity by National Religious Organizations

- 1817 Philadelphia Indigent Widows' and Single Women's Society
- Other 19th c. homes founded by Lutheran, Jews, Methodists, Episcopalians, German Evangelical Aid Society, Mennonites, Presbyterians
- 1948 National Conference on Protestant Homes for the Aged
- 1953 National Council of Churches' International Conference on the Church and Older People
- 1954 study finds 40% of US homes for the aged under religious auspices



Continuing Care Retirement Communities



Foulkeways at Gwynedd, PA
Society of Friends, 1967



Glacier Hills, MI
Lutheran Church in America, 1973



Moravian Manor, Lititz, PA
Moravian Church, 1973

Hospice

Origins in Biblical times

Medieval shelters for Crusaders

Irish Sisters of Charity home for the dying, 1879

St. Christopher's Hospice, Sydenham, England, 1967

First US hospice, 1974, New Haven



Dame Cicely Saunders, 1920- 2005

St.Christopher's Hospice founder



Harlan Cooper Paige

Age 96

Hospice volunteer for 25 years



Congregations

A very special social institution

- Social groups with common purposes
- Affiliation by choice
- Strong and weak social ties
- Histories
- Opportunities for giving and receiving social support
- The setting for worship: music, architecture, word
- Rituals unite the mind and body through the senses
- Age-integrated



Group Home members arriving at Hillsborough Reformed Church
Millstone, New Jersey



Healing service, Hillsborough Reformed Church



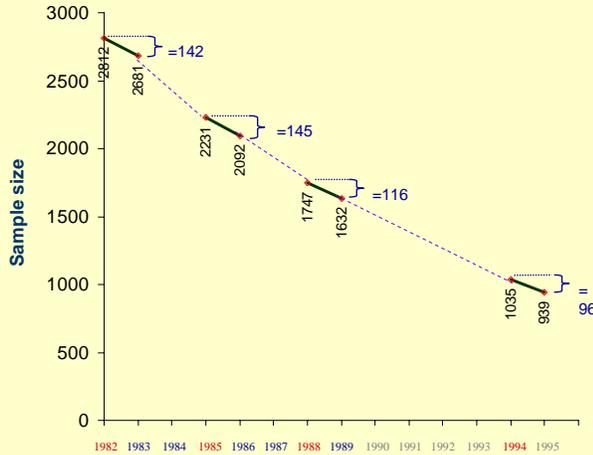
Philip Ayers

Communion Visitation Kit

New Haven EPESE data

- Idler, 1987, 1995; Idler and Kasl 1992, 1997a,b; Idler, Kasl, and Hays, 2001
- **Sample and study design:**
 - New Haven EPESE data, 1982-1994
 - N=2812 aged 65+
 - Roman Catholic 53%, Jewish 14%, White Protestant 14%, Black Protestant 15%
 - **Response rates:**
 - Baseline: 82%, Annual follow-ups: 94 – 96%
- **Variables:**
 - **Religion:**
 - Affiliation, attendance (40% once a week), religiousness (37% deeply), strength and comfort (71% great deal)
 - **Health status measures:**
 - Chronic conditions, angina, prescription medications, measured blood pressure, cognitive function, BMI
 - **Outcomes:**
 - Functional disability (15 items: ADL, Rosow, Nagi); CESD 20 items; timing of mortality

NEW HAVEN EPESE Sample, 1982-95, Deaths Occurring in the Year Following Interviews that Included Religion Items

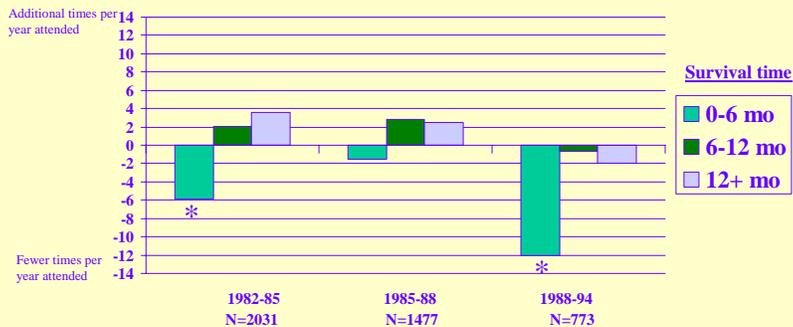


Source: New Haven EPESE

Note: Shaded areas of survival curve represent deaths in 12 months immediately following face-to-face interviews, N=499.

Change in Attendance from Previous Interview, 1985, 1988, 1994

"How often do you attend religious services?"



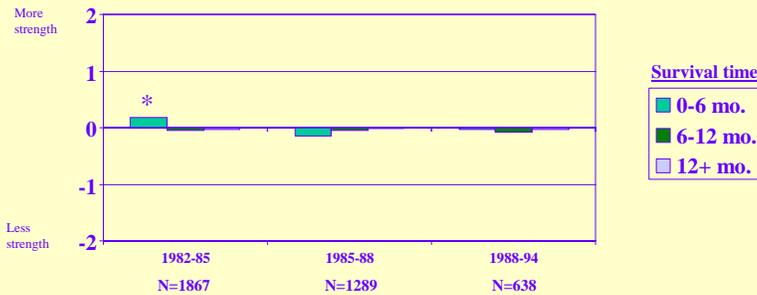
Note: Means calculated from models adjusted for all covariates as in Table 2

* p < .05 for comparison of means with 12+ mo.

Source: New Haven EPESE
N=2812

Change from Previous Interview in Receiving Strength and Comfort from Religion, 1985, 1988, 1994

"How much strength and comfort do you get from religion?"



Note: Means calculated from models adjusted for all covariates as in Table 2

* $p < .05$ for comparison of means with 12+ mo.

Source: New Haven EPESE N=2812

Characteristics of Religious LYOL Respondents

- Those who **attend services** more frequently are less likely to be disabled, but are more likely to have been in a nursing home in the last year
- Those who are **more deeply religious** are more likely to be female, older, less educated, and African American
- Those who said they received **more strength and comfort from religion** were more likely to be African American and more likely to have been in the hospital in the past year

Social QOL and Religion in Last Year of Life

- Those who **attended services** more frequently celebrated more winter holiday parties
- Those who were **more deeply religious** saw more friends and more relatives
- The association of being **deeply religious** with seeing relatives was significantly stronger for those with disabilities
- **Receiving strength and comfort** was not associated with social indicators of quality of life

Psychological QOL and Religion in the Last Year of Life

- Those who are **deeply religious** have better self-rated health, less somatic depression, and are more likely to find life exciting
- Among the disabled, frequent **attendance** is associated with better self-rated health
- Among the disabled, being **deeply religious** is associated with better self-rated health and less CESD depression
- Among the disabled, receiving **strength and comfort** from religion is associated with better self-rated health

More and More: Religion, Health, and Aging

Outlook for research: increase in quantity and quality

Aging societies, resurging religion, and health is relevant to both

These questions are global, national, community-level, family-level, and highly personal

Increasing emphasis on spiritual dimensions, but practice is important

Outlook for religious institutions

The challenge of aging membership

Denying the “Shaker Syndrome” in the mainline churches

Genius of creating new social forms of care

Like it or not, we reap what we sow