

## RELIGION, HEALTH, AND WELL-BEING AMONG AFRICAN AMERICANS

Christopher G. Ellison  
Department of Sociology  
University of Texas at Austin  
Austin, Texas 78712-1088

### INTRODUCTION

A growing research literature associates various religious factors with positive mental and physical health, and even suggests that aspects of religious involvement may reduce mortality risk (for reviews, see Ellison, 1994; Koenig, 1994; Levin, 1994). Although there is wealth of evidence that religious institutions continue to play important social and political roles in the African American community (e.g., Lincoln & Mamiya, 1990), researchers have only recently begun to focus on the implications of religious involvement for the mental and physical well-being of individual African Americans. In addition to isolated studies that have appeared from time to time, several well-defined research programs have developed around these issues, as Levin (1994) points out. This brief article has two main objectives: (1) to summarize the empirical key findings regarding religion and well-being among African Americans; and (2) to identify various theoretical explanations for these observed relationships.

### THE EMPIRICAL EVIDENCE

#### Life Satisfaction and Subjective Well-Being

Perhaps the strongest body of evidence to date linking religious involvement and health/well-being pertains to life satisfaction. According to George (1981), life satisfaction reflects "... essentially a cognitive assessment of progress toward desired goals --an evaluation of the congruence between ideal and real life circumstances" (p. 351). Although early research using data from general population samples suggested that religious involvement was inversely related to life satisfaction, and to related constructs tapping what some have termed "subjective well-being," by the mid-1980s most studies demonstrated apparent benefits of various dimensions of religious involvement (for review, see Ellison, Gay, & Glass, 1989). Several analyses of data from national surveys of the general population concluded religious involvement generally bears a stronger positive relationship with life satisfaction and other aspects of subjective well-being for African Americans than for whites of similar backgrounds (St. George & McNamara, 1984; Thomas & Holmes, 1992).

Several studies have examined these relationships among small, local samples of African Americans, particularly black elders, and these works generally report positive associations between aspects of religiosity and life satisfaction (and related constructs) (e.g., Heisel & Faulkner, 1982; Coke, 1992). More recently, researchers have analyzed the links between religion and well-being using data from the 1979-80 National Survey of Black Americans (hereafter NSBA). In multivariate regression models, Ellison and Gay (1990) report that frequency of religious attendance, as well as Baptist and Methodist denominational ties, are positively related to global life satisfaction, net of the effects of numerous covariates. However, they find no clear associations between private religious devotion and life satisfaction. Further, on closer inspection Ellison and Gay (1990) call attention to a counterintuitive pattern: The positive relationships between church attendance and life satisfaction patterns appear confined largely to older, non-southern blacks, and fail to surface among their more religious, southern counterparts.

With the aid of covariance-structure models, Levin and colleagues (1995) reanalyze the NSBA data to clarify the links between three dimensions of religiosity --organizational, non-organizational, and subjective-- and life satisfaction. They find positive relationships involving both organizational and subjective religiosity. These effects persist despite controls for health status, suggesting that the positive associations between religiosity and life satisfaction do not reflect merely the confounding of religious involvement and functional ability. Moreover, they report that the structure of their model is invariant across three age categories (under 35, 35-54, 55 and

older), indicating that the psychological benefits of religious involvement are not confined to black elders.

### **Psychological Distress and Depression**

While much of the work in this area has focused on subjective well-being, a handful of studies have also explored religious variations in symptoms of psychological distress and depression among African Americans, thus far with inconsistent results. For instance, in one cross-sectional analysis of urban blacks, a multi-item religiosity index is inversely associated with symptoms of distress (Brown, Ndubuisi, & Gary, 1990). However, a cross-sectional analysis of data on a large southeastern community sample (Ellison, 1995) reports that frequency of religious attendance is inversely associated with depressive symptoms among whites but not among African Americans, while the frequency of private devotional activity (i.e., prayer, Bible study) is positively associated with depressive symptoms among both black and white respondents. Interestingly, African Americans with no religious affiliation report considerably higher levels of depression than their affiliated counterparts, a pattern which also surfaces among African American males in the urban South (Brown & Gary, 1994). These findings, like those of Ellison and Gay (1990) discussed above, dovetail neatly with recent discussions of the singular religious ethos and distinctive culture of congregational participation that has traditionally prevailed in many southern black communities (see Ellison & Sherkat, 1995).

Several studies have examined the hypothesis that religiosity (operationalized in various ways) buffers the deleterious impact of negative events and conditions on distress or depression among African Americans. Here again, findings to date have been discrepant. At least two studies of African Americans --both conducted in the South-- independently conclude that religiosity mitigates the otherwise negative effects of stressors on mental health (Neff & Husaini, 1982; Brown & Gary, 1988). However, Brown and her colleagues (1992) find that high levels of religiosity actually seem to exacerbate the destructive psychological consequences of chronic economic strain in a cross-sectional study of blacks in a southern city. In his detailed study of a southern African American community, Dressler (1991) reports yet a more complicated pattern of apparent religious effects: Among younger blacks of low SES (socioeconomic status) and among older blacks of higher SES, religious involvement (1) bears a direct inverse association with depressive symptoms and (2) decreases the impact of stressors on mental health. However, among younger blacks of high SES, religious involvement exhibits a direct positive relationship to depressive symptoms.

### **Physical Health and Mortality**

Although a large body of literature suggests that aspects of religious involvement have beneficial implications for physical health and may reduce mortality risk (for review, see Levin, 1994), few studies focus squarely on African Americans. In a rare exception to this general pattern of neglect, Levin and colleagues (1995) use structural-covariance modelling to analyze cross-sectional data from the NSBA; they find that religious involvement is positively related to an omnibus, multi-item health status construct. However, one forthcoming analysis of panel data from a large southeastern community sample of elders reports that various aspects of religious involvement have modest positive main effects as well as apparent stress-buffering effects among whites, but negligible effects among their African American counterparts (Musick, in press). These findings, like those reported above, are consistent with the argument that the southern black church --especially in rural settings-- retains vestiges of its traditional communal orientation. They also suggest that the prevailing high average levels of church attendance may make it difficult to identify health benefits of religious involvement among this segment of the African American population. While a small but growing research literature reports positive effects of religious involvement on mortality, we are aware of only one study that deals specifically with African Americans (Bryant & Rakowski, 1992); this prospective analysis confirms that religious involvement reduces mortality risk among black elders.

### **EXPLAINING THE EMPIRICAL PATTERNS**

Why might religious involvement have a beneficial influence on health and well-being? While researchers have suggested a wide range of possible mechanisms (see Levin, 1994), one fruitful starting point may be the component elements of the life stress paradigm (for review, see Ellison, 1994). In brief, religious involvement may reduce psychological distress and mortality, and may increase health status and psychological well-being, in several distinct ways: (1) by generating relatively high levels of social resources, including social integration (e.g., social network size, frequency of interaction), formal and informal social support (e.g., exchanges of goods and services, socioemotional support), and subjective support (e.g., satisfaction with support, perceived reliability of network members); (2) by enhancing valuable psychological resources, particularly elements of self-regard (e.g., self-esteem, personal mastery); (3) by shaping behavioral patterns and lifestyles in ways that reduce the risk of major chronic and acute stressors (e.g., health problems, family or marital discord, legal troubles, etc.); and (4) by providing specific cognitive resources that are useful in the problem-solving or emotion-regulating aspects of coping with stressors.

#### **Social Resources**

A substantial and growing body of research demonstrates that religious institutions enhance the social resources of African Americans. Analyses of NSBA data indicate that church members are important providers of informal social support, especially for the elderly; the services, companionship, and prayers offered by church members frequently complement the support provided by family members and other associates (Taylor & Chatters, 1986, 1988; Hatch, 1991). Several studies of black elders identify participation in church-based support networks as a key predictor of various aspects of well-being (Ortega, Crutchfield, & Rushing, 1983; Walls & Zarit, 1991). In addition to promoting informal supportive exchanges, African American religious congregations also sponsor a host of formal programs for poor, infirmed, and others with special needs (e.g., Caldwell, Greene, & Billingsley, 1992).

According to one recent study based on data from a southeastern community sample (Ellison & George, 1994), and another analysis using national survey data (Bradley, 1995), frequent churchgoers report larger social networks, more frequent social interactions outside church, and more positive perceptions of their social network members than persons who attend religious services less often. These patterns do not vary across racial groups, nor do they appear to result from any confounding of church attendance with personality orientations (e.g., extraversion, neuroticism) or other relevant background factors (Bradley, 1995). Using NSBA data, Ellison (1992) offers an interesting twist on these various findings regarding the supportiveness of religious networks. He finds that African Americans who report high levels of personal religious devotion are subsequently rated as friendlier and more congenial by the NSBA interviewers, a pattern that persists despite controls for a host of relevant covariates.

#### **Psychological Resources**

There is also mounting evidence linking religious involvement with positive self-perceptions among African Americans. For instance, in one study of elderly blacks, Krause and Tran (1989) report that aspects of religious involvement are positively associated with self-esteem, or the sense of intrinsic moral self-worth, and personal mastery, or the sense of control over one's affairs. Analyzing NSBA data on the general African American population, Ellison (1993) finds that both public and private aspects of religious involvement are positively associated with self-esteem. In addition, high levels of public religiosity (e.g., church participation) buffer the deleterious effects of physical unattractiveness (as rated by NSBA interviewers) on self-esteem, while high levels of private religiosity (e.g., prayer, Bible reading) mitigate the otherwise negative consequences of chronic illnesses on self-esteem. Few meaningful religious variations in personal mastery were observed in the total NSBA sample.

#### **Social Stressors**

Although there are sound theoretical reasons to anticipate that religious involvement promotes lifestyles that minimize the risk of various stressors, few investigations to date have explored such relationships among African Americans. Nevertheless, recent research on African American health behaviors

in a southern city lends credence to this general argument. According to one such study, African American males who attend religious services infrequently (or not at all) are more likely to smoke cigarettes and tend to consume more alcohol than their churchgoing counterparts (Brown & Gary, 1994). Another study examines religious variations in cigarette smoking among African American women of childbearing ages (i.e., 18-44). While there is no clear link between religious attendance and the likelihood of smoking, this study reports that women affiliated with Pentecostal churches are significantly less likely than others to be current smokers, and are more likely to have quit smoking (Ahmed et al., 1994). These studies are of particular interest, because tobacco and alcohol consumption are related to a number of negative health outcomes.

In addition, unpublished multivariate analyses of NSBA data indicate that the frequency of church participation is inversely associated with the number of acute stressors (i.e., personal problems experienced during the thirty days prior to the NSBA interview), and on average, African Americans reporting no religious affiliation encounter a particularly high number of stressors. Further, religious involvement appears inversely related to the risk of specific stressors, such as encounters with police, criminal victimization, and romantic or marital problems (but, curiously, not with health difficulties).

#### **Coping Resources**

Finally, religious practices, rituals, and beliefs may provide specific coping resources for African Americans. Research based on NSBA data largely confirms (1) that a large percentage of African Americans turn to prayer in coping with serious personal problems, and (2) that these individuals express considerable satisfaction with the results of religious coping strategies (Neighbors et al., 1983). One recent multivariate analysis of NSBA data (Ellison & Taylor, in press) indicate that while African Americans turn to prayer in dealing with a wide range of personal difficulties, they are especially likely to do so when coping with bereavement and illness (their own, or the illnesses of loved ones), when they have lack strong feelings of personal mastery, and when they already have well-established church ties, devotional practices, and religious identities. Black women are also much more likely to cope through prayer than black men. Although a number of researchers have examined the psychosocial benefits of different types of prayer experiences (e.g., Poloma & Gallup, 1991) and different styles of religious coping (e.g., Pargament et al., 1988), to date these investigations have focused almost exclusively on white samples. Hopefully, future research will explore similar issues with particular attention to the possibly distinctive aspects of African American religious coping.

Other forms of religious coping may be important as well. For instance, the ethnographic work of Griffith and his colleagues (1984) underscores the psychosocial significance of ritual activities in African American congregations, noting that distinctive worship styles (e.g., music, preaching, shouting) in some churches may facilitate the articulation and release of negative emotions (e.g., grief), thereby promoting catharsis among participants. In addition, there are indications that African Americans are more likely than whites to avail themselves of pastoral counseling, for a wide range of personal and family problems (Veroff, Douvan, & Kulka, 1981). Thus, the role of religion in the coping processes of African Americans is complex and multifaceted, and it is clearly ripe for further theoretical and empirical exploration.

#### **CONCLUSION**

Although these issues have been the focus of mounting interest and attention, this literature is limited in several important ways. First, most studies analyze cross-sectional data, making it virtually impossible to specify complex causal relationships. Second, many investigators have been forced to rely on data from small community samples. This precludes generalizing research findings to the broader African American population, and rules out any straightforward comparison of religious effects on health and well-being across communities, regions, or other subgroups. Third, most researchers have had access to only a handful of standard survey items on religious involvement --primarily behavioral items on the frequency of church

attendance and other religious activities. While such items are certainly better than nothing, they typically fail to tap adequately the conceptual domains of interest, and limit our ability to test the increasingly rich theoretical perspectives in this area.

Fortunately, efforts now in progress may surmount many of these obstacles. Taken together, the baseline NSBA data (1979-80) and the three subsequent waves of data (1987-92) offer a wide array of items on church-based social support and congregational friendships, personal religious devotion and identity, stressful events and conditions, mental and physical health outcomes, and social and demographic covariates. Due to non-trivial attrition across waves, these data may not be suitable for the precise estimation of population parameters. Nevertheless, this national sample should be large enough to permit (with some caution) a variety of subgroup comparisons. The NIA-supported collaborative work of Taylor, Levin, Ellison, and Chatters is currently analyzing these panel data on African Americans. It is hoped that the fruits of this research program will shed new light on the influence of multiple dimensions of religious involvement on the mental and physical health and mortality risk among African Americans.

## REFERENCES

- Ahmed, F., Brown, D.R., Gary, L.E. & Saadatmend, F. (1994). Religious predictors of cigarette smoking: Findings for African American women of childbearing age. Behavioral Medicine, 20, 34-43.
- Bradley, D.E. (1995). Religious involvement and social resources: Evidence from the Americans' changing lives data. Journal for the Scientific Study of Religion, 34, 259-267.
- Brown, D.R., & Gary, L.E. (1988). Unemployment and psychological distress among black American women. Sociological Focus, 21, 209-220.
- \_\_\_\_\_. (1994). Religious involvement and health status among African American males. Journal of the National Medical Association, 86, 825-831.
- Brown, D.R., Gary, L.E., Greene, A.D., & Milburn, N.G. (1992). Patterns of social affiliation as predictors of depressive symptoms among urban Blacks. Journal of Health and Social Behavior, 33, 242-253.
- Brown, D.R., Ndubuisi, S.C., & Gary, L.E. (1990). Religion and psychological distress among blacks. Journal of Religion and Health, 29, 55-68.
- Bryant, S., & Rakowski, W. (1992). Predictors of mortality among elderly African Americans. Research on Aging, 14, 50-67.
- Caldwell, C.H., Greene, A.D., & Billingsley, A. (1992). The black church as a family support system: Instrumental and expressive functions. National Journal of Sociology, 6, 21-40.
- Coke, M.M. (1992). Correlates of life satisfaction among elderly African Americans. Journal of Gerontology: Psychological Sciences, 47, 316-320.
- Dressler, W.W. (1991). Stress and Adaptation in the Context of Culture: Depression in a Southern Black Community. Albany: SUNY Press.
- Ellison, C.G. (1992). Are religious people nice people? Evidence from the national survey of black Americans. Social Forces, 71, 411-430.
- \_\_\_\_\_. (1993). Religious involvement and self-perceptions among black Americans. Social Forces, 71, 1027-1055.
- \_\_\_\_\_. (1994). Religion, the life stress paradigm, and the study of depression. In J.S. Levin (ed.), Religion in Aging and Health: Theoretical Foundations and Methodological Frontiers (pp. 78-121). Thousand Oaks, CA: Sage.
- \_\_\_\_\_. (1995). Race, religious involvement, and depressive symptomatology in a southeastern US community. Social Science and Medicine, 40, 1561-1572.
- Ellison, C.G., & Gay, D.A. (1990). Religion, religious commitment, and life satisfaction among black Americans. Sociological Quarterly, 31, 123-147.
- Ellison, C.G., Gay, D.A., & Glass, T.A. (1989). Does religious commitment contribute to individual life satisfaction? Social Forces, 68, 100-123.
- Ellison, C.G., & George, L.K. (1994). Religious involvement, social ties, and social support in a southeastern community. Journal for the Scientific Study of Religion, 33, 46-61.
- Ellison, C.G., & Sherkat, D.E. (1995). The 'semi-involuntary institution' revisited: Regional variations in church participation among black Americans. Social Forces, 73, 1415-1437.
- Ellison, C.G., & Taylor, R.J. (In press). Turning to prayer: Social and situational antecedents of religious coping among African Americans. Review of Religious Research.
- George, L.K. (1981). Subjective well-being: Conceptual and methodological issues. Annual Review of Gerontology and Geriatrics, 2, 345-382.
- Griffith, E.E.H., Young, J.L., & Smith, D.L. (1984). An analysis of the therapeutic elements in a black church service. Hospital and Community Psychiatry, 35, 464-469.
- Hatch, L.R. (1991). Informal support patterns of older African American and white women. Research on Aging, 13, 144-170.
- Heisel, M.A., & Faulkner, A.O. (1982). Religiosity in an older black population. The Gerontologist, 22, 354-358.
- Koenig, H.G. (1994). Aging and God: Spiritual Pathways to Mental Health in Midlife and Later Years. New York: Haworth.
- Krause, N., & Tran, T.V. (1989). Stress and religious involvement among older blacks. Journal of Gerontology: Social Sciences, 44, 4-13.
- Levin, J.S. (1994). Religion and health. African American Research Perspectives, 1, 15-21.

- Levin, J.S., Chatters, L.M., & Taylor, R.J. (1995). Religious effects on health status and life satisfaction among black Americans. Journal of Gerontology: Social Sciences, 50, 154-163.
- Lincoln, C.E., & Mamiya, L.H. (1990). The Black Church in the African American Experience. Durham, NC: Duke University Press.
- Musick, M.A. (In press). Religion and subjective health among black and white elders. Journal of Health and Social Behavior.
- Neff, J.A., & Husaini, B.A. (1982). Life events, drinking patterns, and depressive symptomatology: The stress-buffering role of alcohol consumption. Journal of Studies of Alcohol, 43, 301-317.
- Neighbors, H.W., Jackson, J.S., Bowman, P.J., & Gurin, G. (1983). Stress, coping, and black mental health: Preliminary findings from a national study. Prevention in Human Services, 2(3), 5-29.
- Ortega, S.T., Crutchfield, R.D., & Rushing, W.A. (1983). Race differences in elderly personal well-being. Research on Aging, 5, 101-118.
- Pargament, K.I., Kennell, J., Hathaway, W., Grevengoed, N., Newman, J., & Jones, W. (1988). Religion and the problem-solving process: Three styles of religious coping. Journal for the Scientific Study of Religion, 27, 90-104.
- Poloma, M.A., & Gallup, G. (1991). Varieties of Prayer: A Survey Report. Philadelphia: Trinity Press International.
- St. George, A., & McNamara, P.H. (1984). Religion, race, and psychological well-being. Journal for the Scientific Study of Religion, 23, 351-363.
- Taylor, R.J., & Chatters, L.M. (1986). Church-based informal support networks among elderly blacks. The Gerontologist, 26, 637-642.
- \_\_\_\_\_. (1988). Church members as a source of informal support. Review of Religious Research, 30, 193-202.
- Thomas, M.E., & Holmes, B.J. (1992). Determinants of satisfaction for blacks and whites. Sociological Quarterly, 33, 459-472.
- Veroff, J., Douvan, E., & Kulka, R. (1981). The Inner American: A Self-Portrait from 1957 to 1976. New York: Basic Books.
- Walls, C.T., & Zarit, S.H. (1991). Informal support from black churches and the well-being of elderly blacks. The Gerontologist, 31, 490-495.

