

Teaching Current Directions in Psychological Science

C. Nathan DeWall and David G. Myers

Aimed at integrating cutting-edge psychological science into the classroom, Teaching Current Directions in Psychological Science offers advice and how-to guidance about teaching a particular area of research or topic in psychological science that has been the focus of an article in the APS journal [Current Directions in Psychological Science](#). Current Directions is a peer-reviewed bimonthly journal featuring reviews by leading experts covering all of scientific psychology and its applications and allowing readers to stay apprised of important developments across subfields beyond their areas of expertise. Its articles are written to be accessible to nonexperts, making them ideally suited for use in the classroom.

Religious Engagement and the Good Life

by David G. Myers

[VanderWeele, T. \(2017\). Religious communities and human flourishing. Current Directions in Psychological Science, 26, 476-481.](#)

Despite the secularization of many Western cultures, two in three humans across the planet agree that in their everyday lives “religion is important” (Diener, Tay, & Myers, 2011). Given religion’s prevalence, people understandably wonder: Do religious communities more often foster health, happiness, and altruism, or repression, bigotry, and ingroup selfishness? Do evolutionary psychologists rightly infer that religion fosters morality, social cohesion, and group survival (Wade, 2009; Wilson, 2002; Wright, 2009)? Or is religion “one of the world’s great evils” (Dawkins, 1997)?

Before engaging students in thinking about such questions, a caveat is in order: Remind students that research on religion and well-being does not speak to the truth of any single religion’s beliefs. Any given religious claim might be

1. true and health-promoting,
2. true and unhealthy,
3. false and health-promoting, or
4. false and unhealthy.

Religion’s advocates and skeptics have both recognized that, at their worst, religious communities have done harm, and at their best, they have done good. To highlight this point, instructors could invite students to list examples of religion-associated harm and religion-associated good during a 2-minute writing period. Students could then volunteer some of their examples of each, which might include (on the harm side) religious wars, gay-bashing, women’s subordination, slavery justification, and terrorism, and (on the good side) the founding of hospitals, universities, and hospices, and the antislavery and civil rights movements.

Such history aside, social scientists are now asking: Is religious engagement in today’s world associated more with the flourishing of life or with misery? More with generosity or greed? More with humility or self-serving pride? More with forgiveness or revenge? More with health and longevity or stress and illness? More with happiness and life satisfaction or repression and depression?

Into these waters dives epidemiologist and biostatistician Tyler VanderWeele (2017). VanderWeele is aware of the hundreds of studies that correlate religiosity with health and well-being, but he notes that these findings are nearly all correlational. If individuals who worship regularly are happier and healthier, is this because religious engagement promotes health and well-being, or because healthy, happy people more often get out of the house to join communal worship?

To explore causality, VanderWeele and others have assessed people's religiosity and health, along with other health predictors, and then followed them through time — for example, across 20 years with 74,534 women in the Nurses' Health Study. Even after controlling for other health predictors, those who attended services more than weekly were, compared with nonattenders, a third less likely to have died during the course of the study. And they were five times less likely to have committed suicide. Longitudinal studies also reveal that religiously active people are less likely to divorce, more generous in volunteering and charitable giving, and less likely to smoke and abuse drugs and alcohol than their nonreligious counterparts.

From these and other data, VanderWeele concludes that “religious community is a major contributor of human flourishing” and “a powerful social determinant of health.”

But why? Can your students brainstorm mediating factors that might explain why religious engagement predicts future health?

Unpacking the religiosity variable for the giant nurses' study, VanderWeele and his colleagues report that

- *social support* explained 23% of the religiosity effect,
- *not smoking* explained 22%,
- *few depressive symptoms* explained 11%, and
- *optimism* explained 9%.

Said differently, people active in faith communities experience more social support, smoke less, are less depressed, and are more optimistic.

Some devout students may object to psychological scientists' efforts to “explain away” the religion factor in terms of its psychological components. But understanding the psychic concepts that explain a rainbow needn't destroy our sense of its beauty. Examining the brain mechanisms that enable consciousness and language needn't reduce the significance of mind. Moreover, as VanderWeele illustrates, it is possible to study links between religiosity and human flourishing without presuming either the truth or falsity of religious beliefs.

References

Buss, D. M., Larsen, R. J., Westen, D., & Semmelroth, J. (1992). Sex differences in jealousy: Evolution, physiology, and psychology. *Psychological Science*, 3, 251–255.

Buss, D. M. (2016). *The evolution of desire: Strategies of human mating* (revised and updated edition). New York, NY: Basic Books.

Buss, D. M., & Abrams, M. (2016). Jealousy, infidelity, and the difficulty of diagnosing pathology: A CBT approach to coping with sexual betrayal and the green-eyed monster. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 1–23.

Buss, D. M., Goetz, C., Duntley, J. D., Asao, K., & Conroy-Beam, D. (2017). The mate switching hypothesis. *Personality and Individual Differences, 104*, 143–149.

Dawkins, R. (1997, January/February). Is science a religion? *Humanist*, pp. 26–29.

Duntley, J. D., & Buss, D. M. (2012). The evolution of stalking. *Sex Roles, 66*, 311–327.

Diener, E., Tay, L., & Myers, D. G. (2011). The religion paradox: If religion makes people happy, why are so many dropping out? *Journal of Personality and Social Psychology, 101*, 1278–1290.

Haselton, M. G., Buss, D. M., Oubaid, V., & Angleitner, A. (2005). Sex, lies, and strategic interference: The psychology of deception between the sexes. *Personality and Social Psychology Bulletin, 31*, 3–23.

James, W. (1890). *The principles of psychology* (Vol. 2). New York, NY: Holt.

Li, S., Stampfer, M. J., Williams, D. R., & VanderWeele, T. J. (2016). Association of religious service attendance with mortality among women. *JAMA Internal Medicine, 176*, 777–785.

VanderWeele, T. J. (2017). Religion and health: A synthesis. In: J. R. Peteet and M. J. Balboni (Eds.). *Spirituality and religion within the culture of medicine: From evidence to practice*. New York, NY: Oxford University Press.

Wade, N. (2009). *The faith instinct: How religion evolved and why it endures*. New York, NY: Penguin.

Wilson, D. S. (2002). *Darwin's cathedral: Evolution, religion, and the nature of society*. Chicago, IL: University of Chicago Press.

Wright, R. (2009). *The evolution of God*. Boston, MA: Little, Brown.