The growing scientific interest in spiritual influences on health [1–7] is a welcome surprise to those inured to academic disdain for religious phenomena. Admittedly this interest results in part from the weakening—some might say liberation—of the link between spiritual beliefs and religious doctrine and authority that has taken place in North America and Europe since the 1960s [8]. However, it has been assumed for so long that secularisation is an evitable product of modernisation that a contrary process of sacralisation had become almost inconceivable. That this is no longer the case is evident from the renewed importance given to religious witness and leadership (witness the global attention to the legacy of the late Pope John Paul II) in social and political life, and not only in the so-called ‘underdeveloped’ parts of the world [9].

The connection between ageing and religious activity in traditional societies makes the neglect of religion and spirituality by gerontologists all the more surprising [10]. With some notable exceptions, including especially the work of David Moberg who has been investigating the significance of faith for ageing in the USA for over 50 years [11], faith, spiritual beliefs and religious practice have been missing variables in ageing studies. This has now changed. Studies of stress, coping and survival regularly include religious and/or spiritual variables [12–14]. It is recognised that belief systems provide a particularly important resource in responding to questions about the meaning of survival in states of growing dependency and frailty [15, 16]. Funding streams for interested researchers have become more readily available, most notably from the John Templeton Foundation, which has also begun to fund studies outside the USA (including a recent grant to Susan Greenfield at the University of Oxford to investigate the efficacy of belief systems in coping with painful stimuli).

Cross-national and cross-cultural research studies are very important in this field. As scientists, and particularly psychologists, we are so used to thinking of Europe following in the path of the USA that we forget some of the major cultural, including religious, differences that distinguish the two continents. It cannot be assumed that findings on positive associations between spiritual and health variables from a society with strong continuing rates of religious membership, such as the USA, are applicable to the societies of Western and Northern Europe where only a small proportion of the population are active within religious organisations. In fact there is some evidence that they are not [2].

Therefore it is very good to welcome the study from Finland reported in this issue of Age and Ageing [17] and it is hoped that it will stimulate further work on this subject in Europe and elsewhere. The study is noteworthy not only for its demonstration of an effect of religious attendance on 12-year survival rates in women, but also for the very different pattern of religiosity it illustrates. Whereas US studies have shown a marked decline in the numbers attending religious services at least weekly, only 1.1% did in the over 65 years old group from the south-western area of Finland included in this study. Therefore a very different approach had to be applied to categorising the significance of different frequencies of attendance. Attendance at religious services is of course only one type of indicator of religiosity. The regular practice of prayer is much more common than communal worship in many cultures, and appears especially so in Finland. It is also interesting that the vast majority of all 15-year-olds continue to be confirmed as Christians in Finland (a much higher figure than in the UK) and thus the passage to adulthood is still marked with a profession of Christian identity.

Studies over time are particularly valuable in this field. Too many researchers—and too many religious ministers as well—treat religion as a stable good which can be taken for granted, at least in late life. Our own longitudinal research in Southampton has shown a marked decline in the numbers attributing importance to Christian religious affiliation in a sample of the older population followed over the last quarter of the 20th century [18]. As strongly re-iterated by other recent commentators [19] it is not possible to assume that the association between belief and older age in the USA observed repeatedly by Moberg and others over the last half
In the 21st century, the baby-boom generation will be the first of a succession of cohorts with a weakened socialisation to the Christian religion. The Centre for Policy on Ageing in London has already raised the important question whether those involved in designing public welfare policy should consider how the declining benefits of religious membership to the older population should be compensated for [20].

Quality of life studies (including the recent ESRC Growing Older Programme) have begun to include spirituality and personal meaning within their remit [21, 22], also taking account of the rising numbers of the population belonging to religions other than Christianity. Our own observation of an association between bereavement and loss of religious identification in the Southampton Ageing Project led us to investigate this subject in a sample of bereaved spouses whom we followed up in depth over a year. Depressive symptoms and loss of meaning were concentrated in those of moderate to weak belief [23]. Although it not possible to rule out reverse causation effects, the evidence from these studies would suggest that insecure belief preceded symptomatology in most cases. We concluded that there are likely to be large numbers among the current generation of older people who did receive a Christian socialisation but who are now both unsure of their beliefs and without ready access to resources to resolve their questioning.

Perhaps the most striking aspect of the Finnish study reported here is the gender difference. The association between religious attendance and continued survival was only found for women, even though religious attendance was associated with general social activity among both men and women. In both old and new forms of religion with Western cultures, women practitioners outnumber men. They also rate their own religious activities as more meaningful to them, and they are more likely to turn to religion as a way of coping with life’s difficulties. Explanations for this phenomenon include women’s greater socialisation to expression of emotion, and their greater caregiving role and consequent need for support within this role [24]. This important gender difference has been surprisingly neglected and may well offer key clues to the health benefits of spirituality and religion. Certainly it has been surprisingly neglected and may well offer key clues to the health benefits of spirituality and religion. Certainly it has been surprisingly neglected and may well offer key clues to the health benefits of spirituality and religion.


