

The Apologetic Significance of Religion and Wellness Studies

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But I cannot I tell someone about the Gospel because they will think I am judging them and they may get mad!" I was having my weekly Bible Study with Gary, a fourth year medical student, when Scripture pointed to the often difficult subject of telling other people about their faith.

I responded "Gary, we live in a humanistic based culture which has grabbed the high moral ground over Christians; insisting we are narrow-minded and judgmental. In reality, humanists profess a very restrictive theology which indicates you can make god to be whom you wish, as long it is not the Christian God, claiming moral jurisdiction over man"

"Gary" I concluded, "there are truths behind the medical profession that assist us in knowing how to practice medicine. Accordingly, if there is a God of the universe then He undoubtedly created it according to His character and purpose. Since these truths are relayed to us in the Bible, we can have confidence in telling others about God. You have the privilege to help people spiritually by imparting to them the wisdom of Scripture to salvation and for daily living. Gary, you are *right*, they are wrong!!"

New studies in the field of religion and wellness have the potential to instill confidence that personal evangelism is both the right thing to do and the loving thing to do. These studies, typically peer reviewed by scientists and academic physicians, demonstrate that adhering to the Christian faith promotes broad patterns of wellness and health.

In a prior article the authors looked at the historical connection between Christianity and health. Jesus was a healer.⁶ Jesus' life and teaching inspired ministries of compassion among his followers in the centuries before the rise of modern science including, establishing hospitals, providing rudimentary nursing care, and engaging in active prayer for the sick, even while alleviating their suffering.

Turning, to the age of reason, the authors traced the dominant influence of the Christian faith on the rise of modern science and the birth of modern medicine. Moreover, the article demonstrated that a new era of medical study emerged roughly forty years ago examining the positive relationship between religious adherence and wellbeing.

Religion and wellness studies in the medical literature continue to grow and have become very sophisticated. These studies broadly demonstrate that the Christian worldview is both valid and that Christian spiritual practices lead to positive health outcomes.

We believe these studies have the potential to instill confidence that when we share our faith we are not only fulfilling commands of Scripture, we are leading non-believers into an experience that bring tangible benefits in the present. The purpose of this second analysis is to examine the specific benefits religious adherence from the medical literature.

Research Methods

Since Acts 2:42-47 provides a model for Christian experience in the early church we explore the medical literature under those three headings. This review included any study that evaluated benefits to wellbeing stemming from the following:

- Christian fellowship as determined by religious activities and church attendance (*fellowship* [Acts

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⁶ MacIlvaine WR, Stewart WC. The apologetic value of religion and wellness studies. *Christian Apologetics Journal* 2013;11:65-83.

2:42b))

- Religious knowledge (*apostles' teaching* [2:42a])
- And Christian service to the community (*sharing* [2:45]).

We performed this study using the search engine for published medical literature, PubMed (www.ncbi.nlm.nih.gov/pubmed/). We also used the search engine for scholarly articles, Google scholar (<http://scholar.google.com/>), searching the same terms. However this exercise proved to be redundant and not beneficial.

The following search terms were used: benefits of church attendance, Christianity, Christianity and health, Christianity and wellbeing, church attendance, church attendance and health, community service, emotional intelligence and health, fellowship, frequency of church attendance and wellbeing, health, religiosity and wellbeing, religious adherence, religion and health, spiritual knowledge, spirituality and cancer, spirituality and health, spirituality and mental health, and wellbeing.

All terms were searched twice. We then obtained a copy of each article and extracted the following information: type of wellbeing, wellbeing sub-category, relevant religion, article title and author, relevance to study, summary of article, journal name, month and year of publication, and volume and pages of publication.

Unless otherwise stated, studies in this analysis were performed in the United States. Although religion type is not specified in many articles, we assumed based on American demographics that the great majority of participants were of the Christian faith. Articles evaluating other faiths were excluded for this analysis.

We included 63 articles in this analysis. Originally, 90 were chosen for review based on results from search terms. Of these, 27 articles were excluded because they were not specific to Christianity or not explicitly related to our study because they focused Biblical parameters not considered in this study.

A Summary of Medical Studies in Three Areas Based on Acts 2:42-47

Community and Wellbeing (Acts 2:42b)

A number of studies have evaluated the wellbeing of people attending church using both general and specific parameters. A study by Krause & Bastida, and a separate study by Krause, suggested a relationship between church attendance and better health, quality of life, and life satisfaction.^{7,8} Further, van Olphen and coworkers as well as Frankel & Hewitt in separate studies noticed positive aspects of faith community involvement and overall health.^{9,10} Further, Leondari & Gialamas, in Greek Orthodox subjects, showed that there was greater life satisfaction and wellbeing in people who attended church.¹¹

More specifically, Gonnerman and associates found that church attendance was associated with a reduction of a series of negative emotions including: loneliness, depression, trouble sleeping and family problems among protestant African Americans as well as Christians in general.¹² Ellison found, in Christians, frequency of church attendance is inversely associated with depressive symptoms among Caucasians, but not among African Americans.¹³ In addition, Braam and coworkers described increased church involvement was

⁷ Krause N, Bastida E. Church-based social relationships, belonging, and health among older Mexican Americans. *J Sci Study Relig.* 2011;50(2):397-409.

⁸ Krause N. Common facets of religion, unique facets of religion, and life satisfaction among older African Americans. *J Gerontol B Psychol Sci Soc Sci.* 2004 Mar;59(2):S109-17.

⁹ van Olphen J, Schulz A, Israel B, Chatters L, Klem L, Parker E, Williams D. Religious involvement, social support, and health among African-American women on the east side of Detroit. *J Gen Intern Med.* 2003 Jul;18(7):549-57.

¹⁰ Frankel B, Hewitt W. Religion and well-being among Canadian University students: The role of faith groups on campus. *J Sci Study Relig.* 1994;33(1): 62-73.

¹¹ Leondari A, Gialamas V. Religiosity and psychological well-being. *Int J Psychol.* 2009 Aug;44(4):241-8.

¹² Gonnerman ME Jr, Lutz GM, Yehieli M, Meisinger BK. Religion and health connection: a study of African American, Protestant Christians. *J Health Care Poor Underserved.* 2008 Feb;19(1):193-9.

¹³ Ellison CG. Race, religious involvement and depressive symptomatology in a southeastern U.S. community. *Soc Sci Med.* 1995 Jun;40(11):1561-72.

associated with decreased depressive symptoms among Roman Catholics.¹⁴ Further MacIlvaine and associates noted that greater adherence to church attendance produced enhanced wellbeing scores.¹⁵

Belanger and coworkers further noted that church attendance reduced stress levels. Anxiety disorders are often closely related to symptoms of depression.¹⁶ Other attributes of church attendance on wellbeing *in decreasing negative emotions* was noted by Reyes-Ortiz and associates: “church attendance reduced the fear of falling in older Mexican Americans.”¹⁷ Law & Sbarra noted that church attendance protected patients against the emergence of mood disorders, especially in older adults.¹⁸ In contrast, Abbots and coworkers found that among school aged children the relationship between church attendance and mental health including depressive symptoms may depend on the frequency of church attendance by peer group members.¹⁹

Several studies noted church attendance, when combined with other religion practices, was associated overall improvement in wellbeing. Fry found that “personal meaning (derived from religion), involvement in formal religion, participation in spiritual practices, importance of religion, degree of comfort derived from religion, sense of inner peace with self, and accessibility to religious resources were significant predictors of wellbeing” in elderly Christians.²⁰ Levin & Taylor also found measures associated with church attendance that were helpful to wellbeing including: church membership, reading religious books, listening to religious television and radio, asking for prayer and subjective religiosity.²¹ MacIlvaine & associates also noted in a Midwest Protestant church that other factors related to church attendance that were helpful to wellbeing were: service to those inside and outside the church, knowledge, prayer and praise.²²

A Special Focus on Church Attendance and Physical Health

Church attendance also is associated with better ratings for physical health which has been observed in several specific areas. Banerjee and coworkers noted in Canadian Catholics and Protestants a lower prevalence of heart disease risk factors.²³ Berges and associates showed that church attendance was associated with better physical functions after a stroke in older Catholic Mexican Americans.²⁴ Also, Ironson and coworkers found that patients diagnosed with HIV who maintained religious attendance demonstrated slower progression of their

¹⁴ Braam AW, Beekman AT, van Tilburg TG, Deeg DJ, van Tilburg W. Religious involvement and depression in older Dutch citizens. *Soc Psychiatry Psychiatr Epidemiol.* 1997 Jul;32(5):284-91.

¹⁵ MacIlvaine WR, Nelson LA, Stewart JA, Stewart WC. Association of strength of religious adherence to quality of life measures. *Complement Ther Clin Pract* 2013;19:251-255.

¹⁶ Belanger K, Copeland S, Cheung M. The role of faith in adoption: achieving positive adoption outcomes for African American children. *Child Welfare.* 2008;87(2):99-123.

¹⁷ Reyes-Ortiz CA, Ayele H, Mulligan T, Espino DV, Berges IM, Markides KS. Higher church attendance predicts lower fear of falling in older Mexican-Americans. *Aging Ment Health.* 2006 Jan;10(1):13-8.

¹⁸ Law RW, Sbarra DA. The effects of church attendance and marital status on the longitudinal trajectories of depressed mood among older adults. *J Aging Health.* 2009 Sep;21(6):803-23. **Law and Sbarra also found “Using multilevel modeling to assess change, church attendance was found to have a protective effect against the emergence of mood problems among older adults. Further, although becoming married was associated with a decrease in depressed mood, becoming non-married was associated with an increase in depressed mood.”**

¹⁹ Abbots JE, Williams RG, Sweeting HN, West PB. Is going to church good or bad for you? Denomination, attendance and mental health of children in West Scotland. *Soc Sci Med.* 2004 Feb;58(3):645-56. **The authors suggested that belonging is more important among school age children than religious involvement. Self-esteem, anxiety and depression all demonstrated an interaction, such that weekly church attendance was associated either with advantage for Catholics, disadvantage for children with a Church of Scotland affiliation, or both.**

²⁰ Fry PS. Religious involvement, spirituality and personal meaning for life: Existential predictors of psychological wellbeing in community-residing and institutional care elders. *Aging Ment Health* 2000;4(4):375-387.

²¹ Levin JS, Taylor RJ. Panel analysis of religious involvement in African Americans: Contemporaneous vs. longitudinal effects. *J Sci Study Relig.* 1998;37(4):695-709.

²² MacIlvaine WR, Nelson LA, Stewart JA, Stewart WC. Association of strength of community service to personal wellbeing. *Community Ment Health J* 2014; 50:577-582.

²³ Banerjee AT, Boyle MH, Anand SS, Strachan PH, Oremus M. The Relationship Between Religious Service Attendance and Coronary Heart Disease and Related Risk Factors in Saskatchewan, Canada. *J Relig Health.* 2014;53(1):141-56.

²⁴ Berges IM, Kuo YF, Markides KS, Ottenbacher K. Attendance at religious services and physical functioning after stroke among older Mexican Americans. *Exp Aging Res.* 2007 Jan-Mar;33(1):1-11.

disease.²⁵ Fox and associates observed that frequent church attendance contributes to better mammography screening status.²⁶ Further, Stewart and associates noted in a prior review of the medical literature that religious practice, including church attendance and associated activities (eg prayer, worship) most often has an overall very positive impact on health.²⁷ Further, several articles have noted that church attendance can help treatment for, and mitigate addictive behaviors, including that of cigarettes, alcohol and illicit drugs.^{28,29,30}

Importantly, Sullivan found among Protestants that those who attended religious services could expect a longer lifespan and greater wellbeing throughout their life.³¹ Further, even frequency of attendance has been linked to greater longevity. The National Health Interview survey noted that 20 year olds who attended church up to one or more times per week lived longer, depending on race and gender, by 7-14 year years than those who never went to church, and 3-4 years than those who attended less than once a week.³² In addition, Leondari & Gialamas, demonstrated that frequency of church attendance was significantly associated with subjective health.³³

In contrast, Arrendondo and colleagues showed that “church attendance was independently and positively associated with healthier dietary and physical activity behaviors, but not with self-rated health.”³⁴ Further, Blumenthal noted that there is little evidence that self-reported spirituality, frequency of church attendance, or frequency of prayer are associated with all-cause mortality rates and cardiac function.³⁵

In summary, church attendance has been shown in the great majority of studies to increase overall subjective personal wellbeing and greater life satisfaction, including less symptoms of depression and stress. Further, church attendance is associated with overall general sense of greater health, including reduced cardiovascular disease and HIV progression, specifically while being associated with greater longevity and quality of life. Church attendance can help also with reducing addictive behaviors from cigarettes, alcohol and drugs. Greater positive effects of church attendance are seen by more frequent attendance.

These findings have been consistent across younger and older individuals, across Caucasian, Latinos and African Americans, as well as in Catholic and Protestant denominations. These studies, however, in general, were limited to those of North America, done predominantly in the United States.

Religious Knowledge and Well-being (Acts 2:42a)

As opposed to church attendance little work has been performed in the area of religious knowledge and

²⁵ Ironson G, Stuetzle R, Fletcher MA. An increase in religiousness/spirituality occurs after HIV diagnosis and predicts slower disease progression over 4 years in people with HIV. *J Gen Intern Med.* 2006 Dec;21 Suppl 5:S62-8.

²⁶ Fox SA, Pitkin K, Paul C, Carson S, Duan N. Breast cancer screening adherence: does church attendance matter? *Health Educ Behav.* 1998 Dec;25(6):742-58.

²⁷ Stewart WC, Adams MP, Stewart JA, Nelson LA. Review of clinical medicine and religious practice. *J Relig Health Mar* 2013;52(1):91-106

²⁸ Berg C, Choi WS, Kaur H, Nollen N, Ahluwalia JS. The roles of parenting, church attendance, and depression in adolescent smoking. *J Community Health.* 2009 Feb;34(1):56-63.

²⁹ Blazer DG, Hays JC, Musick MA. Abstinence versus alcohol use among elderly rural Baptists: a test of reference group theory and health outcomes. *Aging Ment Health.* 2002 Feb;6(1):47-54. **Indicates that higher church attendance is associated with abstinence from alcohol.**

³⁰ Petry NM, Lewis MW, Ostvik-White EM. Participation in religious activities during contingency management interventions is associated with substance use treatment outcomes. *Am J Addict.* 2008 Sep-Oct;17(5): 408-13.

³¹ Sullivan AR. Mortality differentials and religion in the U.S.: Religious affiliation and attendance. *J Sci Study Relig.* 2010 Dec;49(4):740-753.

³² Hummer RA, Ellison CG, Rogers RG, Moulton BE, Romero RR. Religious involvement and adult mortality in the United States: review and perspective. *South Med J.* 2004 Dec;97(12):1223-30.

³³ Leondari, Religiosity and psychological well-being, 241.

³⁴ Arredondo EM, Elder JP, Ayala GX, Campbell NR. Is church attendance associated with Latinas' health practices and self-reported health? *Am J Health Behav.* 2005 Nov-Dec;29(6):502-11.

³⁵ Blumenthal JA, Babyak MA, Ironson G, Thoresen C, Powell L, Czajkowski S, Burg M, Keefe FJ, Steffen P, Catellier D; for the ENRICH Investigators. Spirituality, religion, and clinical outcomes in patients recovering from an acute myocardial infarction. *Psychosom Med.* 2007 Jul-Aug;69(6):501-8.

wellbeing. Some evidence suggests that performing the activities associated with church attendance, which may include: listening to Scripture readings, reciting liturgy, hearing of sermons and by implication receiving some level of religious knowledge were associated with enhanced wellbeing in Christians in general or elderly Christians.^{36,37,38} In addition, Levin & Taylor noted increased wellbeing in African Americans who participated in not only church attendance, but in many of the activities around church attendance, which included reading religious books, listening to religious television and radio.³⁹

More specifically, Stewart and associates found that glaucoma patients, who indicated that they read the Holy Scriptures, had greater personal wellbeing as noted by better coping, more positive attitude, greater belief in God and a belief that God assisted with their treatment.⁴⁰ In addition, this same article noted that knowledge of salvation by grace as well as the security of salvation as a basic level of Christian knowledge was associated with enhanced characteristics of personal wellbeing, including comfort, peace and including contentment, joy, peace, purpose and community assessment. Further, research by MacIlvaine & colleagues have noted in a Midwest Protestant church congregation that Scripture reading, as well as the frequency of Scripture reading, was associated with enhanced personal wellbeing.⁴¹

In summary, spiritual knowledge has been little studied scientifically in terms of its impact on wellbeing and health. What evidence is available provides a positive relationship between Biblical knowledge and wellbeing.⁴²

Service and Well-being (Acts 2:45)

Several studies have noted the benefit of service among the general population irrespective of religious belief. Wong and coworkers have shown that volunteering provides greater life satisfaction while Dulin and associates, have noted that service allows for greater life satisfaction and happiness irrespective of ethnicity.^{43,44} Further, several studies have demonstrated specific benefits from volunteering among older adults, including: better health functioning, physical activity, life satisfaction and social participation with over all physical and psychological health benefits.^{45,46,47} In contrast, Pavlova & Silbereisen demonstrated a greater positive effect,

³⁶ Ortega ST, Crutchfield RD, Rushing WA. Race differences in elderly personal well-being: Friendship, family, and church. *Res Aging*. 1983;5(1):101–118. **The article indicates that wellbeing is positively correlated with social interaction through church and church functions. The article also suggests that church members actually demonstrate a positive effect on the wellbeing of others.**

³⁷ Perry BGF. The relationship between faith and well-being. *J Relig Health* 1988;37(2): 125-136. **This article suggests positive relationship between tools provided by Christian faith and wellbeing. These tools may involve community (which relates to church attendance), hope, meaning systems, behavioral constraints and elements of church practice (which could also include service and knowledge).**

³⁸ Fry, Religious involvement, spirituality and personal meaning for life: Existential predictors of psychological wellbeing in community-residing and institutional care elders, 375. **The results noted that personal meaning, involvement in formal religion, participation in spiritual practices, importance of religion, degree of comfort from religion, inner peace, and accessibility to religious resources were significant predictors of wellbeing. This article is relevant to church attendance and may also be relevant to knowledge.**

³⁹ Levin, Panel analysis of religious involvement in African Americans: Contemporaneous vs. longitudinal effects, 695.

⁴⁰ Stewart WC, Sharpe ED, Kristoffersen CJ, Nelson LA, Stewart JA. Association of strength of religious adherence to attitudes regarding glaucoma or ocular hypertension. *Ophthalmic Res* 2011;45:53-6. **This is a prospective study related not only patient wellbeing to Christian practice but also enhanced wellbeing with increasing adherence to basic practices of the faith.**

⁴¹ MacIlvaine, Association of strength of religious adherence to quality of life measures, 251.

⁴² Blazer, Abstinence versus alcohol use among elderly rural Baptists: a test of reference group theory and health outcomes, 47.

⁴³ Wong LP, Chui WH, Kwok YY. The Volunteer Satisfaction Index: A Validation Study in the Chinese Cultural Context. *Soc Indic Res*. 2011 Oct;104(1):19-32.

⁴⁴ Dulin PL, Gavala J, Stephens C, Kostick M, McDonald J. Volunteering predicts happiness among older Māori and non-Māori in the New Zealand health, work, and retirement longitudinal study. *Aging Ment Health* 2012; 16(5):617-24.

⁴⁵ von Bonsdorff MB, Rantanen T. Benefits of formal voluntary work among older people, a review. *Aging Clin Exp Res* 2011;23(3):162-9. **The authors noted volunteering in old age predicted better self-rated health, functioning, physical activity, life satisfaction, decreased depression and mortality.**

higher life satisfaction and fewer depressive symptoms in volunteering among younger adults.⁴⁸

However, MacIlvaine & co-workers observed among a Protestant Midwest church that attendees who provide either service inside the church or outside the church have a greater personal wellbeing in general as well as specific wellbeing characteristics; such as comfort, personal peace contentment, joy, peace, purpose and community assessment. In addition, the authors showed improving wellbeing occurred up to 6 hours of volunteering per week.⁴⁹

In summary, although service has only been more recently evaluated by scientific studies early evidence indicates enhanced personal wellbeing and health factors across a broad spectrum of demographics.

Assessment of the Medical Literature

This report has shown overwhelming and growing evidence that specific encouragements in Scripture, when followed, lead to a positive impact in a person's wellbeing and physical health. The greater part of this evidence is in church attendance or association with a faith community. These scientific studies have indicated that not only does church attendance improve overall wellbeing, but will lessen depressive symptoms, anxiety, trouble sleeping and family problems.

Further, physical health also may be improved, not only in a general increase in health scores, but a decrease in mortality from all causes. Specifically, church attendance has been associated with reduced cardiovascular disease as well as the effects of HIV infection. Additionally, church attendance also is associated with better control of addictive behaviors. Greater positive effects of church attendance are observed by more frequent attendance.

Though less studied, several investigations have indicated that individuals with greater Biblical knowledge demonstrate improved comfort related to disease and in the general population, improved wellbeing. Similar findings have been found for both of church- and community-based service.

What do these findings mean? We live in an era when the humanistic, supposedly science-based, culture has derided Christianity. Accordingly, the Christian community often has avoided science and scientific methods in evaluating their faith.⁵⁰ Nonetheless, as clinical and psychological research has moved from its Freudian roots, and has explored more common questions about life, the utility of religion and the study of individual characteristics encouraged by the Scripture have become common.⁵¹

This current report evaluated only three parameters encouraged by Acts 2:42-47, church attendance Biblical knowledge and service. However, even by evaluating just these three parameters using scientific methods, almost every study has shown a benefit in wellbeing.

Ironically while many people in late-modernity use science to denigrate faith, historians of science have shown that Christianity was foundational to the rise of science. Moreover, thoughtful physicians, using the scientific method, have established the validity of the Christian worldview through religion and wellness studies.

⁴⁶ Godbout E, Filiatrault J, Plante M. The participation of seniors in volunteer activities: a systematic review. *Can J Occup Ther.* 2012 Feb;79(1):23-32. **Volunteer work can be a very important form of social participation for seniors as well as provide physical and psychological health benefits.**

⁴⁷ de Souza LM, Lautert L, Hilleshein EF. Voluntary work, demographic, social and economic features and health self-perception by elderly people from Porto Alegre (Brazil). *Rev Esc Enferm USP* 2010;44(3):561-9. **The study indicates that voluntary work may be a mechanism of health promotion for the elderly.**

⁴⁸ Pavlova MK, Silbereisen RK. Participation in voluntary organizations and volunteer work as a compensation for the absence of work or partnership? Evidence from two German samples of younger and older adults. *J Gerontol B Psychol Sci Soc Sci* 2012 ;67(4):514-24.

⁴⁹ MacIlvaine, Association of strength of community service to personal wellbeing, 577.

⁵⁰ David C. Lindberg, Donald R. Numbers. *God and Nature: Historical Essays on the Encounter between Christianity and Nature* (Berkeley, University of California, 1986) 1-18.

⁵¹ Fonagy P. *Psychoanalysis Today.* World Psychiatry 2003;2(2):73-80.

Conclusion

How can Christians apply these findings? First, *be confident in your beliefs*. Although Christians are generally happy to participate within church activities such as fellowship, prayer and praise, many lack boldness to spread the Gospel.⁵² Our culture assumes that Christians are narrow-minded and judgmental for thinking their God is the only way to salvation.⁵³ In contrast, secularists believe themselves to be truly open-minded, affirming that they accept anyone's god, just so long as it is not the Judeo-Christian God of biblical revelation.⁵⁴ However, as medical science has begun to demonstrate the tangible benefits of Christian faith, this is beginning to change. Increasingly, members in the medical profession value prayer and Christian compassion as a concomitant to medical care. These trends suggest that believers can take confidence in moving forth into the world with confidence with a powerful message.

Second, *spread the Word*. In a similar fashion, Christians should not be ashamed to talk about Christ. Although salvation through Christ by faith cannot yet be proven scientifically, Christians now have a myriad of studies that show that adherence to God's principles in His Word enhances wellbeing. This should give them even more confidence that to the hearer they are providing an excellent product not only to salvation, but to a free, long, and psychologically as well as physically healthy lifespan.

This analysis suggests that a growing body of scientific evidence that adhering to at least three key exhortations in Scripture, church attendance Biblical knowledge and service, lead to greater emotional and physical wellbeing.

While the literature on religion and wellness has become extensive, more research is needed that connects specific biblical injunctions and wellness. Several studies by Stewart and associates have already demonstrated begun that a greater adherence to the practices of Christianity, including prayer, praise, fellowship, teaching and reach out have a benefit in both general and specific quality.^{55,56} The authors believe that as these studies grow they will become strong points of common ground for sharing the message about eternal life.

⁵² Paul E. Little. *How to Give Away Your Faith*. (Downers Grove, Intervarsity, 1966) 14.

⁵³ Alistar J. Sinclair. A humanist's faith: towards a humanist alternative to religion. Accessed online at <http://www.essaysinhumanism.org/07sinclair.pdf>.

⁵⁴ Secular Humanism: Part 2. Debate among Dr. John Ankerberg, Dr. Paul Kurtz and Norman Geisler 2005 Ankerberg Institute, Accessed online at <http://www.jashow.org/Articles/PDFArchives/practical-christianity/PC3W1205.pdf>.

⁵⁵ MacIlvaine, Association of strength of religious adherence to quality of life measures, 251.

⁵⁶ Stewart, Association of strength of religious adherence to attitudes regarding glaucoma or ocular hypertension, 53.