
TARGET ARTICLES

The Bitter and the Sweet: An Evaluation of the Costs and Benefits of Religiousness

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Psychologists have tended to view religion from a distance as a global, undifferentiated, stable process that is largely good or largely bad. This article presents a more fine-grained analysis of religion and its implications for well-being, positive and negative. The empirical literature points to five conclusions. First, some forms of religion are more helpful than others. Well-being has been linked positively to a religion that is internalized, intrinsically motivated, and based on a secure relationship with God and negatively to a religion that is imposed, unexamined, and reflective of a tenuous relationship with God and the world. Second, there are advantages and disadvantages to even controversial forms of religion, such as fundamentalism. Third, religion is particularly helpful to socially marginalized groups and to those who embed religion more fully in their lives. Fourth, religious beliefs and practices appear to be especially valuable in stressful situations that push people to the limits of their resources. Finally, the efficacy of religion is tied to the degree to which it is well integrated in the individual's life. These conclusions belie stereotypes or simple summaries about religion. Instead, they suggest that religion is a richer, more complex process than psychologists have imagined, one that has the potential both to help and to harm. Questions about the general efficacy of religion should give way to the more difficult but more appropriate question, How helpful or harmful are particular forms of religious expression for particular people dealing with particular situations in particular social contexts according to particular criteria of helpfulness or harmfulness?

Few people are neutral when it comes to religion. Even among atheists, it is hard to find a dispassionate disbeliever. Small wonder. Religion deals with matters of great significance. What is the meaning of it all? Is there a larger purpose to our existence? Is there a higher Being? What becomes of us after we die? How should we live our lives? These are matters of "ultimate concern" (cf. Tillich, 1951), and even if traditional religious answers to these questions are rejected, the questions themselves remain important.

Psychologists can be every bit as emotional about religion as the general public. Historically, psychologists have taken both sides in the debate on the value of religious experience (see Wulff, 1997). Religion has been criticized as irrational and pathological (Leuba, 1925), punitive and exploitative (Skinner, 1953), and dangerously illusory (Freud, 1927/1961). Conversely, at its best, religion has been described as a pathway to the highest of human potentials (James, 1902); a source of

balance, harmony, and wholeness (Jung, 1938/1969); a model of healing relationships (Rizzuto, 1979); and a basis of wisdom and maturity (Erikson, 1950/1963). Disputes about the value of religion are by no means a thing of the past (e.g., Bergin, 1980; Ellis, 1980). Some continue to take a critical view of religious life. Ellis (1986), for example, wrote, "The conclusion seems inescapable that religiosity is, on almost every conceivable count, opposed to the normal goals of mental health" (p. 42). Others are more sympathetic to religion and willing to study, affirm, and promote the values and visions of religious traditions through research and practice. For example, Richards, Rector, and Tjeltveit (1999) stated

Clients' core spiritual values may be especially influential in promoting clients' coping, healing, and change. When clients wish to do so, therapists should help them access their spiritual values and resources to assist them in their efforts to heal and grow. (p. 141)

Empirical research could conceivably inform these emotional debates by considering the question of whether religion is helpful or harmful to the individual. Unfortunately, this question is very difficult to answer for several reasons. First, empirical findings have been, until recently, in relatively short supply. Perhaps because psychologists themselves are less religious than the general public (Shafranske, 1996), they have tended to overlook religious dimensions in their research. In this vein, Larson, Pattison, Blazer, Omran, and Kaplan (1986) documented the dearth of religious research in major psychological, psychiatric, social work, and nursing journals. Second, when religion has been included as a variable of interest in research, it has often been measured by global indicators (e.g., denominational affiliation, frequency of church attendance, frequency of prayer, or self-rated religiousness) that are poorly linked theoretically to measures of well-being. Even when significant results are obtained, they provide little insight into *how* religion works in the lives of individuals. Third, a preponderance of cross-sectional designs in this area of study leaves us unable to determine whether religion is the cause or effect of well-being. Fourth, and perhaps most important, the question of whether religion is helpful or harmful is too simple. Because religion takes so many forms, because there are a host of potential moderators of the relationships between religion and well-being, and because well-being is itself a complex phenomenon, simple answers to evaluative questions about religion are simply impossible.

Is religion helpful or harmful? The best answer to the question is one both familiar and frustrating to psychologists: It depends. In this article, I suggest that when we take a closer look at religious life, a richer picture emerges. Religion has both costs and benefits to people. The value of religion depends on the kind of religion, the criteria of well-being, the person, the situation and social context, and the degree to which the various elements of religious life are well-integrated into the person's life. As a prelude to this discussion, I provide a definition of religion and make explicit some underlying assumptions.

Definition and Underlying Assumptions

Elsewhere, I have defined religion as “a search for significance in ways related to the sacred” (Pargament, 1997, p. 32). This definition rests on the assumption that people are proactive and goal directed, actively seeking whatever they hold to be of significance. The search for significance is made up of the pathways people take toward their goals and the destinations or significant goals themselves. The search for significance is also dynamic; it is a process involving efforts to dis-

cover; conserve; and, if necessary, transform important goals and values.

Of course, not every search for significance is religious. What sets religion apart from other phenomena is the involvement of the sacred. In the *Oxford English Dictionary* (1989), the sacred is defined as those things that are holy, “set apart” from the ordinary, and worthy of veneration and respect. The sacred includes concepts of higher powers, such as God, the divine, and the transcendent. However, it also includes objects that are sanctified or take on sacred status by virtue of their association with or representation of the holy (Mahoney et al., 1999; Pargament, 1999). These objects may be material (wine, crucifix), psychological (self, meaning), social (compassion, community), roles (marriage, work), cultural products (music, literature), people (saints, cult leaders), events and transitions (birth, death), and time and space (Sabbath, cathedrals). We call someone religious when he or she seeks out a sacred destination in life or takes a pathway that is somehow connected to the sacred.

This definition is broad enough to encompass the wide range of religious pathways and destinations. Religious pathways include various ways of thinking (e.g., theologies, beliefs), behaving (e.g., rituals, practices), relating (e.g., congregations, fellowships), and feeling (e.g., awe, ecstasy). These pathways may be individually constructed and have little to do with traditional religious institutions, or they may be well established, involving conventional religious rituals, belief systems, and institutions. Religious destinations are just as diverse. They include personal ends—such as meaning in life, self-development, peace of mind, mastery and control, or good physical health—and social ends, such as intimacy with others or peace and justice in the world. Most important, however, is the sacred itself. To know God, to experience the transcendent, and to live according to a sacred set of values—these are the core goals of most religious traditions. They are the essence of spirituality, the process through which people discover, conserve, and rediscover the sacred (Pargament & Mahoney, 2002).

Finally, this definition of religion is broad enough to include the good and the bad of religiousness, “the noble as well as the nefarious” (Zinnbauer, Pargament, & Scott, 1999, p. 908). It can encompass both the constructive and the destructive pathways people take to their destinations, the acts of tremendous kindness and compassion, and the acts of terrible violence and degradation all committed in the name of God. It can cover constructive as well as destructive destinations, religious involvements motivated by a desire for spiritual growth or by a desire for self-aggrandizement at the expense of others. In short, religion, as it has been defined here, is far from static and far from uniform. It is, instead, a dynamic process, one that takes many forms and directions for different people over the lifespan.

Before turning to the evaluation of religion, it is important to note that scientists and practitioners bring their own values and suppositions to the study of all phenomena, including religious ones. Although psychologists cannot evaluate the helpfulness or harmfulness of religion in a value-free manner, they can provide some measure of correction to value-bias by making their values more explicit and open to critique. In this spirit of openness, let me admit from the outset that this evaluation of religion will be pragmatic. Following the tradition of William James (1902), I evaluate religion by its “fruits,” bitter and sweet. Whether religion is helpful or harmful will be determined here by empirical studies that consider the correlates and consequences of religious beliefs and behaviors. This is not the only approach to evaluating religious life. Indeed, some religiously minded people object to pragmatic evaluations of religion. From their perspective, the value of religion has little to do with its effects (fruits) and much to do with its truth (roots). To find and live by the truth, regardless of its costs, represents the ultimate criterion of religion within a number of traditions.

As important as this perspective is to many religious adherents, it is not viable for our field. Questions about the ultimate truth of religious matters fall outside the scope of psychology. We have no methods to determine the truthfulness of biblical miracles, no measures that can detect God, and no experiments that can prove or disprove the reality of an afterlife. In short, the methods of psychology can provide no insights into the truths of religious claims. What psychologists can do is examine the implications of religious beliefs and practices for the full range of human behavior. We can, as Batson, Schoenrade, and Ventis (1993) put it, study the “footprints” left by faith.

It is important to add that pragmatism is not inconsistent with religious life. In fact, most religious traditions are quite pragmatic in their efforts to instill and promote the goals and values of their faith. Seminaries, for instance, teach student clergy to address a number of practical questions: how to create an effective religious education program, how to deliver a meaningful sermon, how to stimulate church growth, and how to pastor members in the midst of major life crises. Pragmatic evaluative research could conceivably be used to help religious individuals and systems reach their goals. Researchers, however, must recognize that these goals are likely to be spiritual in nature rather than purely psychological and social. The religions of the world object when religion is evaluated by psychological and social criteria (e.g., self-esteem, happiness) that have been stripped of spiritual value and elevated to ultimacy over the sacred itself (Vitz, 1977). To the religious mind, this is a form of self-worship or idolatry. I return to this important point later in the article.

Because it is not possible to consider all of the empirical literature relevant to the thesis of this article, this review is selective rather than comprehensive. Elsewhere, interested readers can find excellent comprehensive reviews of the research on religion and mental health (Batson, Schoenrade, & Ventis, 1993), physical health (Koenig, McCullough, & Larson, 2001), mortality (McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000), and marital and family functioning (Mahoney, Pargament, Tarakeshwar, & Swank, 2001).

The Efficacy of Religion Varies by the Kind of Religion

Part of the power of religion lies in its ability to meet the diverse needs and interests of people. Individuals of different type and temperament can take any number of religious pathways to any number of religious destinations. Questions about the general efficacy of religion then can yield only limited information, and obscure important differences in *kinds* of religiousness.

One such difference involves religious motivation. As one clergyman noted

Some people come to church to thank God, to acknowledge His glory, and to ask His guidance. . . . Others come for what they can get. Their interest in the church is to run it or exploit it rather than serve it. (Allport & Ross, 1967, p. 434)

Allport and Ross (1967) argued that it is important to distinguish individuals motivated by goals intrinsic to religious life from people motivated by values extrinsic to the character of religion, such as a desire for status or self-justification. Those who are intrinsically motivated (i.e., live their religion), they asserted, are less likely to be prejudiced than those who are extrinsically motivated (i.e., use their religion for personal or social gain, even at the expense of others). Since the time of their article, a number of empirical studies have linked intrinsic motivation to better mental health and lower levels of prejudice and extrinsic motivation to prejudice (see Donahue, 1985, for a review). For example, working with a sample of religious college students, Bergin, Masters, and Richards (1987) found that greater intrinsic religiousness was related to higher scores on several scales on the California Personality Inventory (e.g., sociability, sense of well-being, tolerance, intellectual efficiency), whereas extrinsic religiousness was negatively correlated with these same scales. Along similar lines, Ryan, Rigby, and King (1993) distinguished between people who personally choose and value their religion (internalization) from those who involve themselves in religion out of fear, guilt, or external pressure (introjection). In empirical studies of college student and Protestant church sam-

ples, higher levels of internalization were linked to less anxiety, depression, and social dysfunction and higher self-esteem. Greater introjection, in contrast, was associated with higher levels of anxiety, depression, and somatization and poorer self-esteem.

Another difference in kind of religiousness involves religious coping. Many people have commented on the affinity between religion and stressful periods of life. The saying goes that there are no atheists in foxholes. Even though this old adage is an overstatement (some people do remain atheists in foxholes), empirical studies show that religiousness is generally intensified or “quicken” in critical situations (Pargament, 1997). The way religion expresses itself in crisis, however, can take very different forms. For example, Pargament et al. (1988) distinguished between three religious approaches to gain a sense of control in coping: (a) the self-directing approach in which people rely on their God-given resources in coping, (b) the deferring approach in which people passively defer the responsibility for problem solving to God, and (c) the collaborative approach in which people work together with God as partners in the problem-solving process. Working with a sample of Presbyterian and Lutheran church members, the researchers developed a measure of these religious approaches to coping and found strong factor analytic support for the three styles. Furthermore, the styles had distinctive correlates. Self-directing religious coping was tied to higher self-esteem and a greater sense of personal control. Deferring religious coping, a form of religion often criticized by psychologists, was linked to lower self-esteem, a greater sense of control by chance, lower personal control, poorer problem-solving skills, and a greater intolerance for differences between people. Collaborative religious coping, however, a style involving active give-and-take between the individual and God, was associated with greater self-esteem, a greater sense of personal control, and a lower sense of control by chance. These findings have been replicated and extended in other studies (e.g., Hathaway & Pargament, 1990; McIntosh & Spilka, 1990; Schaefer & Gorsuch, 1991). In short, the implications of religious coping for mental health depend on the particular way in which people integrate their conceptions of divine power with human initiative.

More recently, Pargament, Smith, Koenig, and Perez (1998) distinguished between a wider array of religious coping methods, which they grouped into positive and negative patterns. The pattern of positive religious coping methods, they assumed, are derived from a secure relationship with God, a sense of spirituality, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others. Positive religious coping methods include benevolent religious appraisals of negative situations, collaborative religious coping, seeking spiritual support from God, seeking support from clergy or congregation members,

religious helping of others, and religious forgiveness. In contrast, the pattern of negative religious coping methods grows out of a general religious orientation that is, itself, in tension and turmoil, marked by a shaky relationship with God, a tenuous and ominous view of the world, and a religious struggle in the search for significance. Negative religious coping methods include questioning the powers of God, expressions of anger toward God, expressions of discontent with the congregation and clergy, punitive religious appraisals of negative situations, and demonic religious appraisals.

Factor analytic studies of three samples—people who attended church close to the site of the Oklahoma City bombing, hospitalized older adults, and college students coping with a serious negative event—yielded support for these two patterns of religious coping (Pargament, Smith, et al., 1998). Furthermore, in several studies, the two patterns of positive and negative religious coping or elements of these patterns have demonstrated very different implications for mental health and physical health. After controlling for socio-demographic variables, positive religious coping has been associated with less depression, better quality of life, stress-related growth, and external ratings of greater cooperativeness among older hospitalized patients (Koenig, Pargament, & Nielsen, 1998), less anxiety and depression among college students (Pargament, Koenig, & Perez, 2000), more positive affect among chronic pain patients (Bush et al., 1999), a lower risk of mortality over 6 months among patients undergoing open heart surgery (Oxman, Freeman, & Manheimer, 1995), and less hostility among family members of homicide victims (Thompson & Vardaman, 1997). Negative religious coping methods, on the other hand, have been tied to poorer physical recovery among medical rehabilitation patients (Fitchett, Rybarczyk, DeMarco, & Nicholas, 1999), poorer physical health and greater risk of mortality among medically ill older patients over a 2-year period (Koenig et al., 1998; Pargament, Koenig, Tarakeshwar, & Hahn, 2001), more anxious and depressed mood and lower self-esteem among college students (Exline, Yali, & Lobel, 1999; Pargament, Zinnbauer, et al., 1998), greater psychological distress among victims of the 1993 Midwest floods (Smith, Pargament, Brant, & Oliver, 2000), and more symptoms of posttraumatic stress disorder and callousness among members of churches near the Oklahoma City Bombing (Pargament, Smith, et al., 1998).

These findings seem to run counter to the view of the world’s religious traditions that the spiritual struggles embodied in negative religious coping represent a potential pathway to growth or maturity. It is important to note, however, that most of the empirical studies in this area have been cross-sectional. Longitudinal studies might tell a different story. Negative religious coping may be tied to short-term distress and longer term

gains, particularly if the individual is able to resolve his or her spiritual struggles successfully. Nevertheless, it seems clear that the efficacy of religious coping depends on the particular ways religion expresses itself in response to critical life situations.

The Efficacy of Religion Varies by the Criteria of Well-Being

Researchers who study religion generally focus on a limited number of psychosocial criteria of well-being, often for practical reasons. There are, however, some unfortunate consequences of this trend. One involves a tendency to overgeneralize from studies of particular dimensions of well-being. Over the years, a number of psychologists have reviewed the research literature on religion and mental health. The conclusions regarding the efficacy of religion have ranged from positive (Becker, 1971) to negative (Dittes, 1969) to inconsistent or complex (Bergin, 1983; Gartner, Larson, & Allen, 1991; Sanua, 1969). How do we make sense of these different conclusions? They can be attributed not only to differences in the ways religion has been conceptualized and measured but also to differences in the criteria of well-being that have been examined by researchers. Batson et al. (1993) noted that Becker (1971) based his favorable conclusions about religiousness on studies that focused on the absence of mental illness and neurotic symptoms. Dittes (1969) reached his negative conclusions about religiousness on the basis of studies that examined measures of competence, control, self-actualization, open mindedness, and flexibility. Sanua (1969) came to his inconsistent conclusions after reviewing a broader range of criteria. Taken as a whole, these reviews suggest that whether religion has positive, negative, or few if any implications for well-being depends, in part, on how well-being is defined and measured.

The vast majority of research on the efficacy of religion has focused on psychological, social, or physical health criteria. However, it is important to stress that the criteria of greatest relevance to religious individuals and communities are religious rather than psychosocial in nature. To have faith, to feel a part of a religious fellowship, to have a sense of a greater ultimate purpose in life, to know God—these are the criteria most central to the religious world. This is not to say that psychological, social, and physical well-being is unimportant to the religiously minded. Rather, they need to be understood within the context of the ultimate criterion, the spiritual. In many instances, spiritual, psychological, social, and physical well-being may go hand in hand. For example, Tisdale et al. (1997) found that psychiatric inpatient treatment (individual, group, milieu, and psychotropic) resulted in both better personal adjustment and a more positive

image of God. Similarly, in several studies of people coping with various life stressors, positive forms of religious coping have been tied not only to less emotional distress and greater personal growth, but to better spiritual outcomes as well, including feelings of greater closeness to God and to church (Pargament, 1997).

Promising as they are, these studies are exceptions to the rule. However, without an appreciation for spiritual criteria of well-being, research can yield only a one-dimensional, psychologically biased view of religious life, particularly with regard to religious expressions that depart from the mainstream. Consider, for example, the psychological literature on religious fundamentalism. Fundamentalism has been critiqued by psychologists for its associations with prejudice and narrow mindedness (see Hood, Spilka, Hunsberger, & Gorsuch, 1996), and in fact, empirical literature has demonstrated links between strong unwavering devotion to strict religious interpretations and practices with prejudice and bigotry to groups, including Blacks, women, Jews, homosexuals, and communists (Altemeyer & Hunsberger, 1992; Kirkpatrick, 1993). For example, Altemeyer and Hunsberger found that greater fundamentalism was associated with more willingness to support the arrest, torture, and execution of political radicals, as well as more agreement with the belief that “the AIDS disease currently killing homosexuals is just what they deserve” (p. 123). These findings are not restricted to fundamentalist Christians; fundamentalist Hindus, Muslims, and Jews also report greater prejudice toward homosexuals (Hunsberger, 1996). Other studies have tied fundamentalism to rigid thinking and right-wing authoritarianism. For example, Altemeyer and Hunsberger found that the relationship between fundamentalism and prejudice was largely mediated by right-wing authoritarianism.

Overlooked in psychological criticisms of fundamentalism, however, are the advantages it holds for its adherents. Strict systems of religious belief and practice provide individuals with an unambiguous sense of right and wrong, clear rules for living, closeness with like-minded believers, a distinctive identity, and, most important, the faith that their lives are sanctioned and supported by God. These are strong advantages. They may help explain why, for many years, strict churches in the United States have been growing in strength and membership more rapidly than their mainline counterparts (Iannaccone, 1994). Furthermore, in those few studies that have examined the implications of fundamentalism for criteria other than prejudice and close mindedness, fundamentalism has been associated with several positive features, including optimism (Sethi & Seligman, 1993), religious and spiritual well-being (Genia, 1996), and marital happiness (Hansen, 1992).

Broadening our focus to include a wider range of criteria leads to a richer, more complex picture of fundamentalism, one involving both costs and benefits.

The adherence to strict beliefs and practices that is central to fundamentalism appears to instill a strong sense of community, clear directions for living, a hopeful view of the future, and powerful feelings of religious and spiritual satisfaction. These features may be especially valuable to individuals in search of clear-cut answers to existential questions and close interpersonal connections. However, the strictness of fundamentalism is maintained by rigid boundaries between those who fall inside and outside of the faith (Hood, Morris, & Watson, 1986). Unfortunately, those who lie outside of the religious community appear vulnerable to intolerance and discrimination at the hands of those who live within it.

Including a broader range of criteria in empirical studies of religion may shed light on other significant religious phenomena as well, such as religiously based refusals to seek medical assistance for treatable conditions (Asser & Swann, 1998) or panics about Satanic cults and ritualistic abuse of children (Richardson, Best, & Bromley, 1991). Viewed from an external perspective, these behaviors seem puzzling at best, or simply irrational. Our difficulty in understanding religious behaviors such as these, however, may be at least partly rooted in the tendency to evaluate religious experience by a limited number of purely psychosocial criteria. By examining these phenomena more closely through broader criteria, including those that are most salient to the people themselves, such as spirituality, seemingly irrational behaviors begin to make more sense. This is not meant to justify every form of religious expression. The costs of religion can be quite real. However, it would be a mistake to dismiss religion as pathological or irrational. Religion can be every bit as complex as other important human phenomena. Psychologists should be careful of jumping to quick conclusions. Sharp scrutiny, openness to surprise, and a willingness to consider both the advantages and disadvantages of various forms of religion are key to advances in religious research.

The Efficacy of Religion Varies by the Person

Adding further complexity to the task of evaluating the efficacy of religion is the fact that people vary considerably in their levels of religiousness. Historically, religion has served as a particularly important symbol and source of strength and hope to individuals and groups that have been disenfranchised and disempowered. Thus, we find higher levels of religiousness among a number of groups, including African Americans (Pargament, 1997), the older population (e.g., Gurin, Veroff, & Feld, 1960), less educated people (Gallup, 1994), and women (e.g., Argyle & Beit-Hallahmi, 1975).

We might expect religion to be especially helpful to socially marginalized groups because religion offers them relatively accessible resources and compelling solutions to problems in living (Pargament, 1997). For example, the Black church has long been the core institution for African Americans, serving social, political, health, social welfare, psychological, and spiritual functions for people neglected by mainstream institutions in the United States. Although research on the special efficacy of religion for subgroups has been sparse and inconsistent, there have been a few suggestive findings. For example, in a study of a national sample, St. George and McNamara (1984) reported that religious involvement was more strongly related to life satisfaction and other aspects of subjective well-being for African Americans than for White Americans with similar backgrounds. Working with data from a national survey, Ferraro and Koch (1994) found that religious involvement was related to better physical health for African Americans but not for White Americans. With respect to age, Neighbors, Jackson, Bowman, and Gurin (1983) asked a national sample of African Americans to indicate the one coping response that was most helpful to them in dealing with a serious personal problem. Prayer was more helpful to the older group (64%) than the middle-aged (47%) or younger (32.2%) groups. In terms of education, Pollner (1989) studied a national sample and reported that feelings of a closer relationship with the divine were more strongly related to measures of well-being among the less educated than among the more educated. Some support for the possibility that gender may moderate the relationship between religiousness and well-being comes from a study by Kark et al. (1996), who found that membership in religious, as opposed to, secular kibbutzim had a greater protective effect on the mortality rates of women than men.

The special efficacy of religion for these groups may also follow from their higher levels of religious commitment. Religion should, after all, have more significant implications for the well-being of those who are more religious. Krause, Ellison, and Wulff (1998) tested this idea in a study of church-based support and negative church interactions among a national sample of Presbyterian clergy, elders, and members. Emotional support from the church was related to a less depressed effect and more positive affect to a greater extent for clergy than elders and members. Conversely, negative church interactions had more powerful negative implications for clergy and elders than members. Working with the same sample, Pargament, Ellison, Tarakeshwar, and Wulff (2001) found similar results using positive and negative religious coping as predictors of positive and depressed affect. These findings suggest that religion can be a double-edged sword. Those who orient their lives more closely to religion appear to experience more of the benefits associated

with benevolent systems of belief and practice and, as important, more of the costs associated with religious stress and struggle.

Finally, it is important to recognize that the United States is a “denominational society” (cf. Greeley, 1972), marked by hundreds of religious and spiritual groups that manifest diverse practices, beliefs, and organizational forms. For example, in one comparative survey, over 90% of members of the Church of the Nazarene, Assemblies of God, and Seventh-Day Adventist indicated that they believe the devil exists, as opposed to 14% of mainline Protestants (Bainbridge & Stark, 1980); 73% of mainline Christians believe that God usually heals through doctors as opposed to only 12% of Christian Scientists (Poloma, 1991). These differences are not insignificant. Epidemiological researchers have linked denominational factors to different rates of psychiatric disorders, physical illnesses, and mortality (e.g., Levin & Schiller, 1987). Unfortunately, psychologists have largely overlooked denominational factors as potential moderators of the relationships between various forms of religion and health. Once again, there have been a few exceptions to the rule, and the results have been intriguing (e.g., Alferi, Culver, Carver, Arena, & Antoni, 1999; Tix & Frazier, 1998). Working with a sample of Roman Catholic and Evangelical Hispanic women who were newly diagnosed with breast cancer, Alferi et al. examined the relationships between religious coping and emotional distress before surgery and over the course of the year following surgery. For the Evangelical women, higher levels of religiousness were generally predictive of lower levels of emotional distress over the year. In contrast, greater religiousness was predictive of higher levels of distress for the Catholic women. Theological differences between the two groups, Alferi et al. proposed, may help to explain these findings. Cautiously, they contrasted the emphasis on faith, acceptance, and being saved for eternity among Evangelicals with the emphasis on confession, judgment, and absolution from guilt among Catholics and suggested that the former theological approach may have been more helpful than the latter to women undergoing a life-threatening experience.

This is not to say that evangelical Protestants are “better off” than Roman Catholics. For example, in contrast to Alferi et al. (1999), Kooistra and Pargament (1999) found that religious doubts were more strongly correlated with distress among Protestant Dutch Reformed adolescents than Roman Catholic adolescents. They noted that questions about core religious tenets might be more stressful to Protestant adolescents than their Catholic counterparts because of the greater emphasis placed on doctrinal orthodoxy in the Dutch Reformed tradition. Thus, social scientists must be very careful to avoid simple conclusions about the value of one religious denomination over another. However, the

empirical literature, young as it is, does suggest that affiliation with any particular denomination is likely to be associated with a particular set of advantages and disadvantages.

The Efficacy of Religion Varies by Context and Situation

In 1971, Barton criticized what he described as the personological bias in religious research:

Researchers have proceeded to take people out of their actual social contexts and to limit their analysis to individual variables. ... This is like a biologist putting his experimental animals through a meat grinder and taking every hundredth cell to examine under a microscope; almost all information about anatomy and physiology, about structure and function is lost. (p. 847)

Today, religious research remains largely dispositional. The most frequently used measures of religiousness (average frequency of church attendance, average frequency of prayer, religious commitment, denomination, doctrinal orthodoxy, religious salience) do not speak to the ways religion expresses itself in particular contexts (e.g., marriage, parenting, work) and situations (e.g., major life events, daily hassles). There are two problems with this approach. First, empirical studies have shown that religious measures linked to particular situations and contexts are stronger predictors of well-being than global, distal religious measures. For example, in a study of 100 married couples, Mahoney et al. (1999) found that measures of religiousness explicitly tied to the marital relationship (e.g., time couple spent in joint religious activities, degree couple perceived their marriage as sacred) were far better predictors of marital well-being (e.g., marital satisfaction, commitment, less conflict, marital problem solving strategies) than were global measures of the religiousness of each spouse. Similarly, measures that detail the ways in which religion is involved in coping with particular life stressors correlate more strongly and more consistently with measures of adjustment than do global religious measures (Pargament, 1997). Tying indices of religion more closely to particular contexts and situations is more likely to yield insights into the structure and function of religiousness.

There is a second problem with global religious measures. They are built on the assumption of an underlying stability in religiousness across time, context, and situations. There is evidence, however, that religious life changes over time and circumstance. The helpfulness of religiousness may also vary across context and situations. Along these lines, Rabbi Harold Kushner (1981) described the limits of his own belief system when faced

with the terminal illness of his young son. Kushner found that he was no longer able to hold on to a faith that had sustained him over the years—the belief in a loving God who ensures that good things will happen to good people. Doing so would have forced him to reach one of two untenable conclusions: either his son was not good or his son's ordeal was somehow a good thing. After considerable soul searching and struggle, Kushner emerged with a different religious perspective, one in which God is loving but limited in his powers to intervene in a world where, unfortunately, bad things do happen to good people.

Several empirical studies suggest that religious beliefs and practices may be especially helpful in certain situations. Consider a few examples. Mattlin, Wethington, and Kessler (1990) studied the determinants of coping effectiveness in a sample of 1,556 married men and women facing a variety of stressful life events. Religious coping was associated with lower depression and anxiety in high-loss situations but not in low-loss situations. Further analyses indicated that religious coping was more effective in situations involving the death of a loved one than in other situations, such as marital problems, job losses, and difficulties of family members and friends. In a study of bereaved parents, Maton (1989) found that higher levels of spiritual support were related to less depression for both recently bereaved parents and parents who had lost a child more than 2 years ago. However, spiritual support was more strongly related to lower depression and better self-esteem among more recently than less recently bereaved parents. Krause (1998) focused on a national sample of older people over a 4-year period and found that religious coping successfully buffered the negative effects of living in a deteriorated neighborhood on self-rated physical health status. In studies of husbands and wives in their early and middle years of marriage, Wallin and Clark (1964) reported that frequency of church attendance among the wives was unrelated to their level of sexual gratification; more frequent church attendance, however, did reduce the impact of a lack of sexual gratification on wives' general marital satisfaction. These are not idiosyncratic results. In a review of this empirical literature, Pargament (1997) found at least partial support for religion as a moderator of the effects of life stress on adjustment in approximately 75% of the studies.

How do we explain these findings? Pargament (1997) suggested that religion might be particularly valuable to people when they are facing problems that push them to the limits of their own personal and social resources, exposing their basic vulnerability to the world. In response to situations that point to human finitude and insufficiency, religion offers a number of solutions: spiritual support, ultimate explanations, a sense of larger, benevolent forces at work in the universe, and a purpose in life that holds sacred significance.

Here too, however, we have to be careful of oversimplifying for several reasons. First, not all forms of religion may buffer the effects of stress. For example, Anson, Carmel, Bonne, Levenson, and Maoz (1990) found that the stress-buffering effects of religion held only for social religious dimensions. Unlike members of nonreligious kibbutzim in Israel, members of the religious kibbutzim were protected, in part, against the effects of life stressors on psychological distress and physical symptomatology. In contrast, personal religious dimensions, such as private prayer and self-rated religiousness, did not buffer the effects of life stressors on adjustment.

Second, religion may buffer the effects of stress for some groups and not others. In two complex and fascinating cross-sectional and prospective studies of college students, Park, Cohen, and Herb (1990) examined the roles religious coping and intrinsic religious commitment play in moderating the impact of life stress on depression. They found that the moderating effects of these religious variables were themselves moderated by the denomination of the students as well as the controllability of the situation. For the Protestant students, religious coping and intrinsic religious commitment helped buffer the effects of uncontrollable life events on depression. For Catholics, the religious variables did not moderate the effects of uncontrollable life events. However, there was evidence that religious coping among Catholics buffered the effects of *controllable* life events on depression. Similar to Alferi et al. (1999), Park et al. attributed these findings to differences in the theologies and practices of Protestants and Catholics. With their emphasis on faith, Protestants may be particularly well equipped to deal with uncontrollable events. In contrast, with their emphasis on reconciliation, confession, and atonement, Catholics may be better prepared to cope with controllable life situations. These are, of course, generalizations about religious traditions that are, themselves, quite heterogeneous. Nevertheless, these findings offer a glimpse into the complex ways religion works across diverse situations within diverse groups.

Finally, although the focus here has been on the stress buffering effects of religion, it is also important to consider the possibility that religion may "exacerbate" the effects of at least certain life stressors. Strawbridge, Shema, Cohen, Roberts, and Kaplan (1998) provided some initial evidence of stress exacerbation in their cross-sectional study of middle aged and older adults from Alameda County. They found that although personal and organizational religiousness buffered the effects of nonfamily stressors (e.g., financial problems, neighborhood problems, poor health, disability) on depression, personal religiousness exacerbated the effects of child problems, and organizational religiousness exacerbated the effects of family problems (e.g., marital problems, abuse, care giving). The

authors suggested that lack of support from churches, religious stigma and blame, and unrealistic expectations from religious groups regarding family problems (e.g., homecare for older relatives over institutionalization) may essentially make a bad situation worse.

The Efficacy of Religion Varies by the Degree Religion Is Well Integrated

Most of the research on the efficacy of religion has focused on a relatively small number of individual religious variables. As we have seen, these studies do not point to a simple set of religious solutions to the problems of human pain and suffering. Instead, they paint a more complex picture. How do we make sense of this complexity? Elsewhere, I have suggested that the efficacy of religion may have less to do with specific religious beliefs and practices and more to do with the degree to which religion is well integrated into individuals' lives (Pargament, 1997).

Religious integration itself is multidimensional. We can speak of the degree to which an individual's religion is well integrated into a larger social context. In this vein, Rosenberg (1962) hypothesized that children who are raised in religiously dissonant neighborhoods face more tension and conflict and subsequent emotional distress than children who are raised in religiously consonant neighborhoods. He compared Protestant, Roman Catholic, and Jewish high school students who grew up in dissonant neighborhoods (25% or less of the same religion) with those who grew up in consonant neighborhoods (75% or more of the same religion). Every religious group reared in the dissonant context reported more religious taunting and discrimination than those reared in the consonant context. Furthermore, in comparison to the consonant groups, the dissonant religious groups reported lower levels of self-esteem, more psychosomatic symptoms, and more depressive affect. These findings alert us to some of the special challenges that may accompany the growing religious diversity of people in the United States.

We can also speak of the degree to which an individual has integrated means appropriate to his or her religious ends. From the Crusades and Spanish Inquisition to the mass suicides of religious cult members, history has been punctuated by acts of fanaticism committed by groups devoted to their religious causes (Baumeister, 1997). Individual acts of religious fanaticism can be just as shocking. Here is how one man who murdered his mother, wife, and three children explained himself:

With [my daughter] being so determined to get into acting I was also fearful as to what that might do to her continuing to be a Christian. ... Also with [my wife]

not going to church I knew that this would harm the children eventually. ... At least I'm certain that all have gone to heaven now. If things had gone on who knows if this would be the case ... I'm only concerned with making my peace with God and of this I am assured because of Christ dying even for me. ("Memorandum," 1990, p. 25)

This is, fortunately, an extreme example of means that are disproportionate to ends. Many people, however, may be prone to excessive responses when they perceive threats to their most cherished values. Dor-Shav, Friedman, and Tcherbonogura (1978) illustrated this process in the religious realm through an experimental study of religious and secular female Israeli college students. The study was purportedly designed to assess the "level of general knowledge" of religious and irreligious people and to determine "the effects of punishment in stamping out incorrect responses" (p. 219). The students were told that they were listening to the answers of secular and religious learners to questions of secular and religious content. They were also told that they could control the severity of the shocks they delivered to the learners when they gave incorrect responses. These instructions were a ruse; the learners were confederates, and no shocks were actually delivered. As predicted, the religious students administered higher levels of shock following incorrect responses to religious questions than to secular questions. Wrong answers to the religious questions, the researchers concluded, posed a greater threat to the values of the religious students who responded, in turn, with more aggressiveness to the learners.

Religious integration also refers to the degree to which people select religious appraisals and solutions that are well integrated with the demands and challenges of the problem at hand. A lack of integration can have disastrous consequences. Consider, for example, what happens when people rely exclusively on religious explanations and solutions to problems with clear naturalistic causes and cures. Asser and Swann (1998) identified 172 cases of children who died between 1975 and 1995 after their parents withheld medical care for religious reasons. Reviewing the records of these cases, they determined that 140 of these children would have had a very high likelihood of survival had they received medical care. Certainly religious involvement can have value for the medically ill. Recall that benevolent religious appraisals of problems and positive methods of religious coping are helpful in many situations. However, as P. E. Johnson (1959) noted, they need to be applied with sensitivity and discernment:

Prayer does not work as a substitute for a steel chisel or the wing of an airplane. It does not replace muscular action in walking or faithful study in meeting an examination. These are not the proper uses of prayer. But prayer may help to calm the nerves when one is using a

chisel in bone surgery or bringing an airplane to a landing. Prayer may guide one in choosing a destination to walk toward, and strengthen one's purpose to prepare thoroughly for an examination. (pp. 142–143)

Of course, the need for sensitivity and discernment in the selection and implementation of explanations and solutions to problems applies to secular as well as religious approaches. In this vein, Bickel et al. (1998) hypothesized that self-directing coping strategies may be counterproductive to people as they encounter more uncontrollable situations; conversely, those who are able to feel a shared sense of control through a collaborative relationship with God may experience less distress, even in the face of situations that push them beyond their own personal resources and control. They put their hypotheses to test in a study of 245 members of Presbyterian churches. As predicted, when people were confronting high-stress, less controllable conditions, self-directing coping was associated with significant increases in depression. In contrast, collaborative religious coping was associated with significant decreases in depression in high-stress situations. These findings underscore the importance of integrating and coordinating religious and secular resources with the particular demands of the situation. This is not a new idea. For many years, members of 12-Step groups have reminded themselves of this point by reciting the Serenity Prayer: "God grant me the serenity to accept the things I cannot change, courage to change things I can, and wisdom to know the difference."

Finally, religious integration has to do with the degree to which the individual's religious beliefs, practices, relationships, and motivations are integrated with each other. The world's religions offer their members a myriad of diverse patterns of religious thought, ritual, and community. Nowhere is diversity more prominent than in Western cultures, where religious experience has become highly individualized, with people picking and choosing their own preferred beliefs and practices from a full menu of religious options (Bibby, 1987). Blended smoothly, many of these mixtures may be quite effective. Trouble may be more likely when the religious configuration of thought and practice becomes fragmented. In a study relevant to this point, Pargament, Steele, and Tyler (1979) compared four groups of members of churches and synagogues on measures of mental health: frequent attenders who were highly committed to their religion, frequent attenders with low religious commitment, infrequent attenders highly committed to their religion, and infrequent attenders with low religious commitment. Only the frequent attenders with low religious commitment manifested significantly lower levels of mental health than the others. Of the four groups, the uncommitted frequent attenders would seem to be the least religiously integrated,

participating in congregational life without an underlying religious conviction.

These findings allude to a particularly notorious form of religious fragmentation, religious hypocrisy. Of course, the failure to "practice what you preach" is not limited to religious settings. However, hypocrisy in the religious realm is especially noxious to many people. It is, in fact, one of the most frequently cited reasons for religious disinterest and disaffiliation (Moberg, 1987). It should be added though that members of religious communities themselves have little tolerance for those who say one thing and do another or, even worse, wear a religious mask of piety to disguise their true motives (S. D. Johnson, 1984).

At its best, religiousness is smoothly integrated in the search for significance, offering diverse and distinctive resources that assist the individual in the discovery, conservation, and transformation of sacred values throughout life's ups and downs. At other times, however, religion may be part of a process out of kilter, marked by conflicts between the individual and the larger social context, disconnections between means and ends, explanations and solutions that are poorly suited to the demands and challenges of particular life events, and a lack of coherence within the system of religious beliefs and practices itself. How well integrated is religion in an individual's life? This may be the most critical question for psychologists interested in evaluating the efficacy of religion.

Conclusions and Future Directions

Psychologists have tended to view religion from a distance, and from a distance, religion appears to be a global, undifferentiated, stable process. As we move closer to religious life though, a different picture emerges. Religion can be seen as multidimensional, interwoven into situations and contexts, and shifting over time and circumstance. As Allport (1950) stated, religion is a "white light in personality which, though luminous and simple, is in reality multicolored in composition" (p. 9).

More specifically, five conclusions can be drawn from the current empirical literature:

1. Some forms of religion are more helpful than others. A religion that is internalized, intrinsically motivated, and built on a belief in a greater meaning in life, a secure relationship with God, and a sense of spiritual connectedness with others has positive implications for well-being. Conversely, a religion that is imposed, unexamined, and reflective of a tenuous relationship with God and the world bodes poorly for well-being, at least in the short-term.

2. There are advantages and disadvantages to even controversial forms of religion. For example, funda-

mentalism has been linked both to greater prejudice toward a variety of groups and to greater personal well-being.

3. Not everyone experiences the same benefits from religion. Religiousness is more helpful to more socially marginalized groups (e.g., older people, African Americans, women, poor people) and to those who are more religiously committed.

4. Religion is more helpful (and possibly more harmful) in some situations than others. Religious beliefs and practices appear to be especially valuable in more stressful situations (e.g., death) that push people to the limits of their own personal and social resources. Some evidence also suggests that religion is particularly helpful to Roman Catholics dealing with controllable life stressors and to Protestants coping with uncontrollable life events.

5. The efficacy of religion depends on the degree to which it well integrated into peoples' lives. Those who benefit most from their religion are more likely to (a) be part of a larger social context that supports their faith; (b) apply means that are appropriate to their religious ends; (c) select religious appraisals and solutions that are tailored to the problem at hand; and (d) blend their religious beliefs, practices, and motivations harmoniously with each other. On the other hand, well-being is more likely to suffer when religion is fragmented, that is when (a) religious identity is not supported by the social environment; (b) means are used that are disproportionate to religious ends; (c) religious definitions and solutions are inappropriate to the problem; and (d) religious beliefs, practices, and motivations lack coherence with each other.

These conclusions represent only initial insights into religious life. To develop a better understanding, studies of religion from a distance are no longer sufficient. As researchers, we need to get still closer to religious experience. Questions about the general efficacy of religion are no more helpful than questions about the general efficacy of medicine, psychotherapy, or graduate education. They should give way to the more difficult but more appropriate question, How helpful or harmful are particular kinds of religious expressions for particular people dealing with particular situations in particular social contexts according to particular criteria of helpfulness and harmfulness?

Answers to this question call for further fine-grained analyses of religion with more finely delineated measures of religion (see Hill & Hood, 1999). Of course, no single study can hope to answer all of the important questions about religious life. We need to create a body of literature that is sensitive to the richness and diversity of religion, one that goes beyond studies of Western Judeo-Christian samples; makes use of a range of methods; examines religion across the lifespan; and considers the implications of religion for

spiritual as well as psychological, social, and physical well-being.

To lend coherence to this more differentiated body of research, stronger theoretical frameworks will be needed. Promising efforts have already been made in this direction, linking religion to theories of attachment (Kirkpatrick, 1997), motivation and personality (Emmons, 1999), attribution (Spilka, Shaver, & Kirkpatrick, 1997), development (Reich, 1997), and coping (Pargament, 1997).

Although the focus here and in much of the literature has been on the ways religion may promote or inhibit well-being, it is also important to consider two other sets of factors: those that may mediate the religion and well-being connection and those that shape religion itself. Theorists and researchers have begun to consider a number of potential mediators, including social support, the sense of meaning and coherence, healthy behaviors, healthy beliefs, self-esteem and personal efficacy, coping resources, and positive emotions (Ellison & Levin, 1998). Although any of these factors could help explain the links between religion and well-being, we should be careful of attempts to reduce religion into something exclusively psychological, social, or physical. After all, some of the effects of religion on well-being may be direct, and others may be mediated by more finely delineated religious dimensions. For example, in a study of a nationally representative sample of African Americans, Ellison, Musick, Levin, Taylor, and Chatters (1997) found that the relationship between church attendance and lower levels of emotional distress was mediated by religious support from the members of their congregation rather than by secular social support. Researchers should also consider religion as the dependent rather than the independent variable. Of particular practical importance are studies that try to identify personal, familial, organizational, and community predictors of more effective and less effective forms of religion. Toward this end, Emmons (2000) recently proposed a "spiritual intelligence," one that manifests itself through several capacities: the ability to experience transcendent states of consciousness, the ability to perceive life as sacred and hold overarching spiritual strivings that organize and integrate other life pursuits, the ability to apply a comprehensive set of religious resources flexibly and appropriately to a full range of life problems, and the ability to engage in virtuous behavior.

There is no shortage of exciting and promising avenues for studies of the efficacy of religion. In fact, there is, perhaps, only one thing to avoid: simple conclusions. Stereotypic views of religion, be they positive or negative, do not stand up to empirical scrutiny. Religiousness is too rich and too complex to be captured by easy formulas or simple summaries. The fruits of religion can be bitter and sweet. Sensitivity to the potential costs and benefits of religious life certainly makes the

researcher's task more challenging. It is, however, a prerequisite to building a better understanding of what may be the most distinctively human of all phenomena.

Notes

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