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Eric G. Swedin
Book Review


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Do religious people enjoy greater mental health than non-religious people? This question has vexed relations between psychologists and religious communities for the past century. The question becomes more sophisticated when transmuted: Do people who internalize their religious beliefs and practices (intrinsic as opposed to external or extrinsic religious practice) enjoy better mental health than the average person? As Latter-day Saints, we must answer to the affirmative, but what about using the tools of psychology to provide a more rigorous answer? Allen E. Bergin and other Latter-day Saint psychologists have tried to answer this question, conducting studies, writing articles and books, and tirelessly promoting this point of view (Bergin, 1983; Richards & Bergin, 1997, 2000).

Daniel K. Judd of Brigham Young University has collected fourteen papers and studies as part of an extended argument for the positive effect of internalized religion on mental health. Only two of the fourteen chapters are previously unpublished. Three other chapters came from our own AMCAP Journal, with the remainder coming from other peer-reviewed professional sources, such as the two from the Review of Religious Research. An Appendix lists 58 studies from 1960 to 1996 and rates the studies on the basis of whether they found a positive or negative relationship between religiosity and mental health. Most of the authors are faculty at BYU.

Among the topics covered are drug use, suicide, youth issues, homosexuality, racism, women’s employment, and family formation (marriage, divorce and remarriage patterns, as well as the number of children created). For example, emotional stability is found to be associated with internalized religion in “Family, Religion, and Delinquency among LDS Youth,” where the authors discovered that “the internalization of religion, private religious behavior, the importance attached to one’s relationship with Heavenly Father, and feeling the Spirit were most important in predicting delinquency” (p. 166).

A common view held by non-Mormons is that LDS women are more inclined to suffer depression than non-LDS women. Two studies refuting this untrue notion are included in this book: “Risk Factors and the Prevalence of Depression in Mormon Women” and “Family Attitudes and Perfectionism As Related to Depression in Latter-day Saint and Protestant Women.”

Latter-day Saints believe that faith in Jesus Christ and practicing the principles of the Gospel will lead to eternal life. We also believe that our testimony and behavior will lead to physical and mental health. Part of a definition of mental health offered in the book is that a person must have an “accurate perception of reality which includes seeing what is really there in spite of pressures from the environment to distort” (p. 246). The irony here is that at the basic foundation of the Gospel is a different way of perceiving reality that non-believers do not share.

Judd’s book lends scientific support to our convictions that the Gospel leads to better mental health. Overall, this book is a useful collection, though scholars who have been following this issue probably have already read many of the articles.

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References