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Mental Health, Religious Belief, and “The Terrifying Question”

Loren D. Marks, Ph.D.^{1,2}

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In the recent Tim Burton film *Big Fish*, Albert Finney’s yarn-spinning character comments that wild parrots in the Congo will discuss most anything: politics, fashion, literature . . . but not religion. “Why not religion?” his son queries. “Because it’s rude!” snaps the father, “you never know who you might offend.”

For a fair portion of the past 150 years, most social scientists seemed to resonate with this idea and avoided religion in their research. However, there were a few—a rather vocal lot—who conjectured a strong inverse relationship between religiosity and mental health. To Karl Marx, religion was the opium of the people, Albert Ellis referred to religion as a form of psychopathology and, in his early work, Freud categorically defined religion as the universal obsessional neurosis. In fact, Freud once called religion an “intoxicant,” a “poison,” and “childishness to be overcome”—all on the same page (Freud, 1927, p. 88). While these potshots at religion were not grounded in empirical data, these critics influenced the view of religion among mental health professionals and researchers, perhaps because where data are scarce, dogma can become doctrine.

A review of the DSM-III in the early 1990s indicated recurring malignant references to religiosity and religious belief. However, such references were eliminated in DSM-IV. Why? Not because of a sudden shift in the attitude of mental health professionals. Indeed, psychologists remain one of the least religious groups in America (Stark & Finke, 2000). The shift took place, at least in part, because a significant body of empirical data on the connection between religious involvement and mental health had emerged and much of it failed to support the anti-religion stance of DSM-III.

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MENTAL HEALTH RESEARCH ON RELIGION

In 1971, sociologist Rodney Stark put the hypothesis that religion was antithetical to mental health on empirical trial. His conclusion was that religious commitment did significantly correlate with psychopathology. The correlation, however, was *inverse*. Thirty-five years later, Stark is a preeminent American sociologist of religion and has made a career of producing rigorous studies that have helped displace dogma of both the pro- and anti-religion variety with high quality data. Although he is an atheist who finds himself “incapable of faith,” Stark’s work in 1971 and thereafter provided a key transition by promoting a sense of empirically-based fair play; an ethic he still urges through exemplary research and with his quips such as “unabashed village atheism no longer passes for scholarship” (Stark & Finke, 2000, p. 14).

The Latency Period of Mental Health Research on Religion

While Stark’s 1971 piece on the religion-mental health connection was a pioneering study, a burgeoning body of research did not immediately follow. Through the 1970s and early 1980s, a researcher here or there began to examine religion and mental health linkage, but the movement was *not* a groundswell. Speaking in retrospect, pioneering religion and health researcher Jeff Levin (2001) has stated that “there was a time [circa 1985] when those of us actively investigating the linkages between religion and health [physical or mental] could have fit around a single conference table. A very small one” (p. viii). The small group of researchers referred to by Levin labored in relative obscurity for an additional decade. Although a foundation was being laid in the religion-mental health knowledge base, members of Levin’s cadre still referred to religion as “the anti-tenure topic” as late as 1995. The connection between religion and mental health was still a nascent and professionally dangerous area of research.

Three Religion and Mental Health Volumes that Changed the Field

In 1997, Kenneth Pargament’s volume *The Psychology of Religion and Coping* marked an escalation in the development of the religion and mental health field. In a systematic way, Pargament blended theory, research, and practice across a wide range of coping-related topics that reflected William James’ (1902) comprehensively illustrated observations in *The Varieties of Religious Experience* that there seem to be both healthy-minded and “sick-souled” versions of religious belief. Namely, Pargament asked and addressed questions such as “What types of religious coping are helpful? (and) What types are harmful?” In offering responses to these and other similar questions, Pargament drew on over 200 studies (each of

which is overviewed and profiled in his book’s appendices) and produced a contextual and refreshingly balanced portrayal of religious belief. Indeed, Pargament used data to indicate ways religion can be beneficial (e.g., through offering spiritual support and congregational support for some families of patients, or prompting “benevolent religious reframing” in the case of certain cancer patients). However, he also cited other studies that indicate that religion can also be malignant (e.g., for persons who feel that clergy or congregation “let them down or deserted them,” or for those who engage in “negative religious reframing” of life’s tragedies as “God’s punishment”). In short, *The Psychology of Religion and Coping* helped move the study of the religion and mental health connection to a place of greater balance and dialogue.

In 1998, an influential edited volume, *Handbook of Religion and Mental Health*, was introduced by Harold Koenig. This volume, benefiting from the foundation laid by Pargament the preceding year, extended well beyond psychological coping to examine religion’s impact on a variety of mental health concerns, including but not limited to: (a) the sociology of mental illness; (b) personality; (c) depression; (d) anxiety (especially death anxiety); (e) psychoses (schizophrenia, delirium, dementia, and other major affective disorders); and (f) substance abuse and recovery. Although space does not permit a categorical review of the research on these topics, an overview of religion and mental health research in Koenig’s volume by Levin and Chatters (1998) noted that “religious involvement exhibits both preventive and therapeutic effects on mental health outcomes” although those authors, like Pargament, added caveats and contextualization.

As valuable as Pargament and Koenig’s volumes were to the field, the most significant landmark in religion and mental health research to date may be the *Handbook of Religion and Health* (2001), edited by Koenig, McCullough, and Larson. The 700+ page volume presents critical and methodological analyses of over 1200 studies and 400 reviews, thereby providing an empirical foundation for future work linking religion and mental health. Although this volume addresses physical health in comprehensive detail, 10 chapters are dedicated to review and discussion of religion and *mental health*. Key conclusions following ten chapters of mental health literature review include:

1. 80%+ of related studies found a positive association between religiousness and greater hope or optimism about the future,
2. nearly 80% of the 100 studies on religion and well-being reported one or more significant positive correlations,
3. 15 of 16 studies reported a statistically significant association between greater religious involvement and a greater sense of purpose/meaning in life,
4. 16 of the 29 studies on religion and self-esteem reported greater self-esteem among the more religiously involved (of the remaining 13 studies,

- 10 reported no findings, two had mixed results, and one found a negative relationship),
5. Eight of the 17 studies on coping with bereavement reported better adaptation among the more religious (of the remaining studies, five reported no findings, three mixed findings, and one found a negative association),
 6. 19 of the 20 studies on social support reported at least one statistically significant relationship between a religious variable and greater social support,
 7. 60 of the 93 cross-sectional or prospective studies on the religion-depression linkage reported lower depression among the religiously involved (of the remaining studies, 13 reported no findings, 16 reported mixed findings, and four reported greater depression among the more religious),
 8. 57 of the 68 studies that examine suicide rates and religious involvement found less suicide among the more religious (of the remaining studies, nine yielded no findings while two reported mixed results),
 9. 86% of clinical trial studies found less anxiety and fear among the more religiously involved,
 10. 76 of 86 studies reported significantly lower alcohol use or abuse among more religious subjects (six studies yielded no findings, two studies mixed results, and two studies showed higher abuse),
 11. 48 of 52 studies found significantly lower drug abuse among the more religious, and
 12. 28 of 36 studies found significantly lower crime and delinquency rates among the more religious (six studies reported no findings, one study with mixed findings, and one study with negative findings).

The above overview offers a broad portrait of hundreds of religion and mental health studies but obviously the quality of studies varies widely. In a concluding section of their volume, Koenig and colleagues present detailed ratings of “overall study design, sampling method, quality of religious measure, quality of statistical analysis, [and] interpretation of results” for the studies they review and reference (Koenig et al., 2001, p. 513). These critical analyses are a valuable guide in discovering what has been studied, in determining how rigorous the examination has been, and in designing future studies that replicate the strengths (but avoid the flaws) of the past. The volume is, in sum, a seminal contribution to the field of mental health.

EMERGING RESEARCH ON RELIGION AND MENTAL HEALTH

The newly released *Handbook of the Psychology of Religion and Spirituality*, edited by Paloutzian and Park (2005), contributes a survey of approaches to the

psychology of religion, as well as several discussions of religion’s impact across the lifespan. Two additional edited volumes entitled *Nurturing Childhood and Adolescent Spirituality: Perspective from the World’s Religious Tradition* (Yust, Johnson, Sasso, & Roehlkepartain, in press) and *The Handbook of Spiritual Development in Childhood and Adolescence* (Roehlkepartain, King, Wagener, & Benson, 2005) continue to expand and strengthen the discipline by focusing on the early life course and by examining a wide array of world faiths. The three volumes, among many others, are evidence of increased quantity, quality, and plurality of current research on the linkages between mental health, development, and religion and spirituality.

Mainstream Journals Addressing Mental Health and Religion

In addition to the emergence of the significant volumes addressed above, the late 1990s and first few years of the 21st century have brought an accompanying stream of special issues addressing religion, spirituality, and mental health. This movement began in smaller journals but by 2003 the highly visible *American Psychologist* published a landmark issue focusing on religion and spirituality. The religion and mental health connection has finally attracted the attention of at least some within the social science mainstream. Journal-based attention to religion and spirituality continued in a special issue on religion for *Research on Aging* (Summer 2005) that represents at least the ninth social science journal since 1998 to dedicate an issue to the examination of religion (Marks, 2005).

Why Does Religion Matter?

Perhaps the core issue at hand in connection with religion and the mental health is whether religion satisfactorily responds to “the terrifying question” that has troubled philosophers and humankind from the outset: “Is this life all there is?” While the terrifying question itself lies outside of social science, W. I. Thomas’ (1981) contention that “perception is reality” has led researchers to examine linkages between some perception-based behaviors and health (mental and physical). As discussed earlier, the present outcome is that some correlations between aspects of religious involvement and health have been replicated, with highly religious persons frequently exhibiting moderate to major salutary differences. A dramatic example is found in the study by Hummer, Rogers, Nam, and Ellison (1999) that identified a 7.6 year increase in longevity (even after introducing health selectivity controls) among Americans who reportedly attended worship services more than once a week, compared with non-attenders—a figure that escalates to 13.7 years in increased longevity among African Americans (cf. Marks, Nesteruk, Swanson,

Garrison, & Davis, 2005). To say that similarly striking differences have been found in mental health would be pushing too far. However, the synopsis of mental health and religion literature presented earlier indicates that the recent increase in attention to religion and spirituality by researchers is warranted. In sum, the knowledge base seems to indicate that how individuals respond to the terrifying question vis-à-vis religion may impact a number of health domains, mental and physical.

CONCLUSION

By several reports, the connection between religion and mental health is currently receiving more rigorous, balanced, and comprehensive treatment than ever before, including foci on healthy and unhealthy aspects and expressions of religion. Future researchers will do well to follow the lead of James, Pargament, and Koenig by empirically examining not only *if* religious belief is a boon or bane, but through exploring what types and expressions of faith facilitate or denigrate mental health, as well as how and why they seem to do so. If our disciplines are to best understand the healthy and unhealthy human mind—complete with its most profound troubles and triumphs—we cannot ignore the influence of religious belief in our race's universal, yet ultimately personal wrestle with the terrifying question.

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