

The Picture Is Getting Clearer, But Is the Scope Too Limited? Three Overlooked Questions in the Psychology of Religion

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In this article I suggest that at least three crucial questions have been largely overlooked in recent research on the psychology of religion: First, is the field currently placing too much emphasis on the effects of religion on physical and mental health? Second, could negative emotions associated with religion lead to adaptive outcomes in some situations? Finally, should we begin to devote greater attention to specific religious beliefs or doctrines? Attention to issues such as these may help to increase the impact of research on the psychology of religion.

This is an exciting time to be studying religion from a psychological perspective, as revealed in the current set of target articles and commentaries. The growing knowledge base on religious topics is equipping us to uncover links between religion and health (George, Ellison, & Larson, this issue) as well as positive and negative aspects of religious involvement and coping (Exline, this issue; Pargament, this issue). However, in the spirit of this special issue on religious themes, it seems appropriate to take a step back and critically reflect on the bigger picture of psychology and religion. In this article, I offer three critical questions about the current state of the field, along with some tentative suggestions about where we might fruitfully turn our attention in the future.

Are We Putting Too Many Eggs in the Religion–Health Basket?

As reviewed in the thought-provoking target article by George, Ellison, and Larson (this issue), a growing body of research suggests that religious variables may be major predictors of physical and mental health. The recent empirical emphasis on the religion–health link would seem to be a welcome development for psychologists interested in religious topics. By demonstrating that religious involvement and religious coping can affect important personal outcomes, these studies have paved the way for greater scientific attention to religious variables. Nonetheless, I believe that the recent outpouring of attention on the religion–health link raises some troubling issues as well.

Although not overtly stated, one probable subtext of our field’s current emphasis on religion and health may be a desire to evaluate—or perhaps, in some cases, to demonstrate—religion’s value (or lack thereof). However, as suggested in the target articles by

Pargament (this issue) and Exline (this issue), religious individuals and institutions may not share these pragmatic views of religion. Rather than being concerned about physical or mental health per se, religions typically focus on addressing matters of ultimate truth and meaning (Funder, this issue; George et al., this issue; Pargament, this issue). In fact, some religions teach that people should focus on the next life rather than on this one. As such, the pragmatic dependent variables being assessed by today’s researchers, although important, may not be the same variables that religious individuals or institutions are using to evaluate themselves.

A related concern is as follows: If religion–health associations continue to be heavily emphasized in the literature, what are the consequences for the psychology of religion if these associations fail to hold up under closer investigation? Not all studies have shown strong or consistent links between religion and well-being (see Diener & Clifton, this issue), and even if a strong association between religion and well-being is demonstrated, it remains possible that the association could be reduced to “mundane mediators” (Joiner, Perez, & Walker, this issue). If either of these scenarios were to occur, would religious issues cease to be seen as viable topics for scientific study? Perhaps not, if researchers could demonstrate effects of religiosity on other psychologically or socially relevant outcomes such as divorce rates, crime statistics, or prejudicial attitudes (for reviews, see Gartner, 1996; Myers, 2000).

However, we might also approach the problem from a very different angle: Could religion be a viable area for study simply because so many people endorse it as an important aspect of their lives? Within the United States, most people report that they believe in God and in an afterlife (Hoge, 1996), and for many individuals, religion provides the primary framework through

which they imbue their lives with meaning (George et al., this issue; Pargament, 1997, this issue). In short, regardless of whether the data point to a strong link with mental or physical health, the fact remains that religion is a vital part of psychological and social life for many individuals. Is this not, in itself, sufficient justification for studying religion?

Could Negative Emotion Bring Benefits, Too?

Frederickson (this issue) argued persuasively that religious involvement may facilitate health and well-being by promoting positive emotion. However, even if this is so, it does not exclude another possibility, namely that some negative emotions stemming from religious beliefs could have adaptive value. For example, recent research has suggested benefits from distressing emotions such as guilt (Baumeister, Stillwell, & Heatherton, 1994) and “Godly sorrow” (Bassett et al., 1990). When individuals experience regret over their actions, they are likely to take steps to repair their relationships or to improve their behavior. These benefits are primarily interpersonal and self-regulatory. Although few would deny that it is beneficial to improve our behavior or our relationships, there is no guarantee that these actions will make a person happier or healthier.

Another example focuses on the spectrum of sad emotions. Many religious traditions (e.g., Buddhism and Christianity) contend that growth occurs primarily during times of suffering. Through suffering we develop character, coping skills, and a base of life experience that may enable us to manage future struggles more successfully. Many religions also attempt to cultivate virtues such as compassion, which will make people more attuned to the sufferings of others. Once again, although the benefits of compassion and character refinement may seem apparent, they might be missed in a set of dependent variables that focuses primarily on physical health or happiness.

Delving Deeper: Is it Time to Zero in on Specific Doctrines and Beliefs?

To deepen our understanding of religion’s role in psychological and social phenomena, we clearly need to continue the search for moderators (Pargament, this issue) and mediators (George et al., this issue). As part of this search, a good next step might be to move down another level of specificity, looking underneath the broad category of religious involvement to consider the effects of specific religious beliefs or doctrines. Even if psychological studies of religion cannot address “ultimate matters” (cf. Funder, this issue), they can address

people’s beliefs about such matters. Greater attention to specific religious beliefs could also help to pull us out of the Western, Protestant default mindset and help lay the groundwork for meaningful comparisons between religious traditions (cf. Snibbe & Markus, this issue).

Forgiveness provides a ready case in point, with diverging religious belief systems suggesting the possibility of striking differences in attitudes about forgiveness (Rye et al., 2000). For example, within Judaism, obligations to forgive are often conditional, based on expressions of repentance from the offender (Dorff, 1998). Within Christianity, the logic underlying forgiveness seems radically different: Christians, having received God’s forgiveness through Christ, are thereby obliged to forgive others—regardless of whether repentance has been offered. For many Christians, failure to forgive may be viewed as a major sin, even when perpetrators are unrepentant.

Beliefs about the afterlife may be another fruitful area to target. Although the specifics of afterlife beliefs remain largely unstudied by psychologists, preliminary data suggest that they may have important associations with social relationships (Exline & Yali, 1999). Afterlife beliefs might also influence outcomes such as fear of death, prioritization of life goals, and attitudes about social policy, based on whether people are taught to focus their attention on this life or the next. An excellent example is found in the study on traditional Chinese astrology beliefs, time of disease contraction, and death rates (Phillips, Ruth, & Wagner as cited in Cacioppo & Brandon, this issue).

Conclusion

In brief, I believe that at least three crucial questions have been largely overlooked in recent research on the psychology of religion: First, are we overemphasizing the effects of religion on physical and mental health? Second, is there a place for negative emotions in the scientific study of religion? Finally, should we begin to devote greater attention to specific religious beliefs or doctrines? Attention to issues such as these may help to increase the impact of research on the psychology of religion.

As the articles in this issue suggest, religion remains a vital force—for good or for ill—in the lives of many individuals. Religious factors can influence diverse outcomes, including coping decisions, health behaviors, social attitudes, and emotional states. To the extent that religion plays a potent role in social and psychological life, the empirical study of religious topics may make meaningful contributions to basic science—even if such research cannot directly evaluate the ultimate value or truth of religion.

Note

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