

## **IS RELIGION GOOD FOR YOUR MENTAL HEALTH?**

*Roger Dawson*

**T**HE RELATIONSHIP between psychology and religion historically has been tense and characterized by suspicion, with some famous psychologists claiming that religion is essentially pathological, while others have been more optimistic. But religion is a complex, multidimensional construct of varied forms and functions, which makes researching this relationship problematic. Researchers have tended to view religion from a distance and thus take an undifferentiated approach, which neglects its multifaceted nature. Moreover, there are other potentially confounding factors that may conceal the true relationship between religion and mental health, for example gender, socio-economic status and ethnicity.

Equally problematic is the variety of definitions of ‘mental health’: whether mental health is positively related, negatively related or unrelated to religion is determined by the criteria used to assess it.<sup>1</sup> In a review of over 100 articles, for example, seven different conceptions of mental health were identified: absence of mental illness; appropriate social behaviour; freedom from worry or guilt; personal competence and control; self-acceptance and self-actualisation; personality unification and organization; and open-mindedness and flexibility.<sup>2</sup> Mental health remains a difficult, elusive concept and it is unlikely that there is an adequate, all-encompassing definition.

Given such variety in definitions of both ‘mental health’ and ‘religion’, then, caution must be exercised in interpreting any findings about the

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<sup>1</sup> See C. Daniel Batson and W. Larry Ventis, *The Religious Experience: A Social-Psychological Perspective* (New York: Oxford UP, 1982).

<sup>2</sup> See C. Daniel Batson, Patricia Schoenrade and W. Larry Ventis, *Religion and the Individual: A Social Psychological Perspective* (New York: Oxford UP, 1993).

relationship between the two. In this article, I will look at one way in which religion may exert its effect on mental health: the role of religion as a coping mechanism.

There is an extensive literature on the relationship between coping and mental health.<sup>3</sup> Where we find stress and distress we often also find religion, since it is frequently used in difficult times to cope with and make sense of an experience; and stressful life events are known to be associated with mental health problems. Is religion a healthy, adaptive means of coping which promotes well-being, or is it the reverse? Kenneth Pargament's theory of the role of religion in coping offers a method of addressing this question.<sup>4</sup>

Pargament begins by offering accounts of coping and of religion that make it possible to explore their connections. The common feature of religion and coping is the search for significance, though not all coping is religious, and not all religion is about coping. 'No matter how it is defined, coping involves attempts to preserve, maintain or transform the things people care about most deeply';<sup>5</sup> and religion is a process which involves a special kind of search for significance, being special in that it involves 'the sacred'.<sup>6</sup>

There is general agreement among mental health workers that having a purpose for living and being guided by higher-level principles of living are beneficial to mental health.<sup>7</sup> Pargament focuses on the constructive role that religion can play in the complex process by which people try to comprehend and deal with various personal and situational problems in their lives.<sup>8</sup> Rather than being just a tool, religion's end is the finding of significance and meaning, and it also provides the means to that end. '[Religions] offer their members a vision of what they should strive for in living ... [and involve] finding and living close to the spiritual.'<sup>9</sup>

<sup>3</sup> See Richard Stanley Lazarus, *Psychological Stress and the Coping Process* (New York: McGraw-Hill, 1966), and Richard Stanley Lazarus, Alan D. Kanner and Susan Folkman, 'Emotions: A Cognitive-Phenomenological Analysis', in *Emotion: Theory, Research and Experience*, volume 1, *Theories of Emotion*, edited by Robert Plutchik and Henry Kellerman (New York: Academic, 1980), 189–218.

<sup>4</sup> Kenneth I. Pargament and Crystal L. Park, 'In Times of Stress: The Religion-Coping Connection', in *The Psychology of Religion: Theoretical Approaches*, edited by Bernard Spilka and Daniel N. McIntosh (Oxford: Westview, 1997), 43–53.

<sup>5</sup> Pargament and Park, 'In Times of Stress', 44.

<sup>6</sup> Kenneth I. Pargament, 'Of Means and Ends: Religion and the Search for Significance', *International Journal for the Psychology of Religion*, 2 (1992), 201–209.

<sup>7</sup> See Kevin S. Mastets and Allen E. Bergin 'Religious Orientation and Mental Health', in *Religion and Mental Health*, edited by John F. Schumaker (Oxford: OUP, 1992).

<sup>8</sup> See Pargament, 'Of Means and Ends'.

<sup>9</sup> Pargament and Park, 'In Times of Stress', 45.

By considering both ‘means’ and ‘ends’, Pargament therefore includes in his description of religion its social aspects and its content.

Cognitively, the task of dealing with life events is to make an external event an internal reality.<sup>10</sup> Religion involves cognition, since its beliefs, constructs and symbols seek to provide an ultimate foundation or an absolute reality. Its task is to transform and transcend earthly reality. If religious frameworks are available and used, then, they will have an impact on the coping and adjustment to major life events.

### **Religion and the Coping Process**

Pargament proposes that religion may influence the coping process in various ways.<sup>11</sup> The critical event may be religious in nature, or may be framed in a religious way; it may be seen as from God, or not from God. The person may include God’s help or the help of a faith community among their resources. The person may use religious coping responses; he or she may seek religious comfort or support; responses may be cognitive (what is God teaching me here?), emotional (how do I feel towards God?) or behavioural (how can I live a better life or make the world a better



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<sup>10</sup> Mardi J. Horowitz, *Stress Response Syndromes: PTSD, Grief, Adjustment, and Dissociative Disorders*, 3rd edn (New York: Jason Aronson, 1986).

<sup>11</sup> Kenneth I. Pargament, ‘God Help Me: Toward a Theoretical Framework of Coping for the Psychology of Religion’, *Research in the Social Scientific Study of Religion*, 2 (1990), 195–224.

place?). Outcomes can be religious, in that there may be changes in the person's religious beliefs, feelings and behaviour; or there may be changes in the direction of a person's life. Coping methods may include seeking spiritual guidance or support, doing good deeds, seeking support from clergy and/or the congregation, pleading for direct intervention from God, expressing religious discontent or distracting from the situation using religion.<sup>12</sup> Moreover, while a specific religious tradition may increase the resources available, it may also impose limits and constraints.

What determines the level and form of religious coping? Pargament and Park argue that two factors influence this:

- 'Religion must be *available*.' People cope using what is available: if someone has access to a framework of religious beliefs, and is actively involved in religious practices, then he or she is more likely to use them to understand and deal with the situation.<sup>13</sup> If religion plays a large part in a person's life, then it will be accessed more often and more easily.
- The 'solutions ... must be compelling'. Solutions must not just make sense cognitively, but also 'feel right' emotionally. In extreme situations individuals may be pushed beyond their normal personal and coping resources, and religion may appear the only viable route to significance.<sup>14</sup>

Both these factors will be influenced by individual, social and situational circumstances which determine whether religion becomes available or compelling. Type of religious orientation, the nature of attachment to God, type of life event and faith or denomination all affect the form of religious coping employed.

A simplified model of the mediating role of religion in coping involves life events, plus personal and social resources—which influence the level and type of religious coping response—leading to positive or negative adjustment to the crisis. Religion can be part of every element in the coping process and has the potential to influence appraisal, resources and responses at each stage of that model. As such, religious coping methods are potentially pivotal constructs which explain how a general orientation to the world can be translated into specific responses and resolutions.

<sup>12</sup> Pargament, 'Of Means and Ends'.

<sup>13</sup> See Sarah C. Johnson and Bernard Spilka, 'Religion and the Breast Cancer Patient: The Roles of Clergy and Faith', *Journal of Religion and Health*, 30 (1991), 21–33.

<sup>14</sup> Pargament and Park, 'In Times of Stress', 48.

### **Religious Coping Activities and Their Efficacy**

Pargament and his co-authors studied three religious approaches to achieving control and mastery.<sup>15</sup> Deferring-style coping involves placing the responsibility for problem-solving on an active God, while the individual takes a passive stance, waiting for solutions from God. Collaborative religious coping takes a problem-solving approach based on an active partnership with God in which both are agents. Self-directed religious coping emphasizes the freedom God gives individuals, along with the skills and resources (such as grace) to solve the problems; it stresses personal agency and involves lower levels of traditional religious involvement. It was found that deferring was associated with lower general psychosocial competence, while the other styles were associated with higher levels. The evidence thus far appears to suggest that ‘collaborative coping’ is the most effective.

Pargament and Park suggest that religious coping offers a response to the problem of ‘human insufficiency’.<sup>16</sup> Since we are human, limited and finite, we can at any moment be pushed beyond our immediate resources or left with our basic vulnerabilities exposed. Religion provides a number of special coping methods for the conservation of those things we care most deeply about, and methods for when conservation is not possible in order to help transform their significance—to give up objects of value, and create and discover new objects. It also holds a solution for the times when we lack mastery, agency and control, the usual guiding principles of coping: the language of the sacred becomes relevant when we are faced with the insurmountable, and spiritual support can be available when other forms of social support are lacking; when everything is out of control, ultimate control may be available via the Ultimate. As Pargament and Park conclude, ‘Religious coping complements non-religious coping by offering responses to the limits of personal power’.<sup>17</sup>

Coping theory, then, offers a framework for understanding the role of religion in dealing with stressful life events and is a possible explanation of some of the mental health benefits associated with religious belief. The evidence suggests that, rather than religious coping being just a subset of coping in general (for example, spiritual and congregational support may be just a type of social support) and therefore not meriting

<sup>15</sup> Kenneth I. Pargament and others, ‘Religion and the Problem-Solving Process: Three Styles of Coping’, *Journal for the Scientific Study of Religion*, 27 (1988), 90–104.

<sup>16</sup> Pargament and Park, ‘In Times of Stress’, 51.

<sup>17</sup> Pargament and Park, ‘In Times of Stress’, 52.

any particular study, religious coping activities predict the outcomes of negative life events above and beyond the effects of more established non-religious measures of coping.<sup>18</sup>

### ***Is Religious Belief Good for Your Mental Health?***

From the research into the relationship between religion and mental health taken as a whole, the answer to the question 'Is religious belief good for your mental health?' is an unequivocal 'It depends'!

Based on the empirical evidence, a purely naturalistic explanation which does not invoke God indicates that, as a socio-cultural factor, religion can be a powerful beneficial force. Religious coping appears to be one of the mechanisms that mediates the benefits of religion to mental health, such as the provision of social stability and support, protection from loneliness and alienation, commandments that lead to a more disciplined life, and beliefs that are conducive to peace of mind and provide meaning for human existence including death.

Bernard Spilka argues that the negative features of religion, such as intolerance, dependence, self-denigration and loss of autonomy, are side-effects of 'dysfunctional modes of religion'.<sup>19</sup> Religion can reflect underlying disturbance and some institutions may be harmful to the mental health of some, but in most instances faith buttresses people's sense of control and self-esteem, offers meaning and hope, promotes social integration and socially approved behaviour, and enhances personal well-being.<sup>20</sup>

The generalised suspicion that psychologists have often held towards religion is therefore difficult to justify. It is true that religion may be used by a person as a defence mechanism, to protect the self from painful reality or anxiety. However, it is also true that religion can meet important needs for intimacy, meaning, self-actualisation and spiritual fulfilment. Those are outcomes that every mental health professional can appreciate and will want to promote.

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<sup>18</sup> See Kenneth I. Maton, 'The Stress-Buffering Role of Spiritual Support: Cross-Sectional and Prospective Investigations', *Journal for the Scientific Study of Religion*, 28 (1989), 310–323; and Kenneth I. Pargament and others, 'God Help Me: I. Coping Efforts as Predictors of the Outcomes to Significant Negative Life Events', *American Journal of Community Psychology*, 18 (1990), 793–824.

<sup>19</sup> Bernard Spilka, 'Functional and Dysfunctional Roles of Religion: An Attribution Approach', *Journal of Psychology and Christianity*, 8 (1987), 5–15.

<sup>20</sup> Ralph W. Hood and others, *The Psychology of Religion: an Empirical Approach* (New York: Guilford, 1996).