Psychology of Religion Module

With Raymond F. Paloutzian Westmont College

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John W. Santrock

University of Texas

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Religious Motivation and Justification for Compassion and Violence

It is well known historically that religion can be the springboard for love, acts of kindness and social compassion, but that it can also be used as a justification for evil deeds and violence. It has been one of the greatest forces in the history of human beings for positive and for negative ends. Let us briefly look at an example of each.

Osama Bin Laden led his al Queda fighters to destroy the World Trade Center and Pentagon on September 11, 2001, resulting in several thousand deaths, bringing fear and terror world wide and an unprecedented international cooperation to inhibit such acts on a global scale. Although the goals themselves were apparently political, one of the stated justifications for them was religious.

The Reverend Martin Luther King, Jr. (1929–1968) was one of this century’s most important figures in the United States. The son of a preacher, he received religious training himself, eventually being awarded a doctorate in theology from Boston University. As an African American minister in the South during the 1960s, King became actively involved in efforts to ease the plight of African Americans in such areas as housing, jobs, voting rights, equal access to education, and other civil rights issues. In the 1950s, he organized a bus boycott in Montgomery, Alabama, as a way of protesting forced racial segregation in the city’s bus system. The boycott lasted 381 days, during which time his home was bombed, he received death threats, and he was jailed. At the end of it all, King’s efforts made an important difference: The United States Supreme Court ruled that it was illegal to have forced segregation in public transportation in the city.

Martin Luther King, Jr., became a renowned civil rights leader who led marches, rallies, and legal actions to promote racial equality. He won the Nobel Peace Prize in 1964 for these efforts. Among the most important of his teachings was the concept that people should be judged not by the color of their skin but rather by their character. In 1968, at the height of social upheaval in the 1960s, King was shot and killed in Memphis, Tennessee. A hundred thousand people attended his funeral in Atlanta, Georgia. His birthday is now a national holiday.

Martin Luther King, Jr., was a religiously motivated man. What was the nature of this religious motivation? Sometimes people use their religion as a means to an end. For King, religion might have been a motivational springboard for seeking greater social equality between people from diverse ethnic backgrounds.

Most people’s religious lives do not make the news headlines as dramatically as the above two examples. But most people’s lives are involved in or affected by religion or religious issues in one way or another. This chapter will help you understand the psychological processes that explain how this works.

The Scope of Religion and Links Between Psychology and Religion

How many religious people are there? Looking at news events and casual observation of various peoples and cultures would seem to suggest that people believe in and follow many diverse religions and faith traditions. What do the data tell us?

The Scope of Religion

One psychologist commented that religion is gradually disappearing from the face of the earth, and that what remains of it exerts little influence in most cases (Beit-Hallahmi, 1989). How accurate is this belief? Probably not very accurate. In one recent survey of a diverse sample of Americans, 78 percent rated themselves as religious and 90 percent said they were spiritual (Zinnbauer & others, 1999). About 60 percent of individuals attend religious services and 95 percent say they believe in God. Seventy-five percent say they pray (Religion in America, 1993). Religion also is an important dimension of people’s lives around the world - 98 percent of the population in India, 88 percent in Italy, 72 percent in France, and 63 percent in Scandinavia say that they believe in God (Gallup, 1985). Of the world’s 6 billion people, approximately two-thirds are either involved in religion or have been affected by religion in important ways.

Interestingly, females have shown a consistently stronger interest in religion than males have (Bijur & others, 1993; Francis & Wilcox, 1998; Miller & Hoffman, 1996). They participate more in both organized and personal forms of religion, are more likely to believe in a higher power or presence, and feel, more than men do, that religion is a very important dimension of their lives. In one recent study, men viewed God as more controlling than women did (Krejci, 1998).

The worldwide interest in religion suggests that knowledge of the psychological dimensions of religion would improve our understanding of human behavior and mental processes. A psychology of mental processes and behavior would be incomplete without an exploration of the psychology of religion.

The History of Psychology of Religion

Psychology of religion is among both the oldest and the newest research areas in psychology. It was part of the field of psychology from the beginning. The famous psychologist William James wrote The Varieties of Religious Experience in 1902, shortly after The Psychology of Religion (Starbuck, 1899) was published. One of the first journals on any topic in psychology was titled The American Journal of Religious Psychology and Education, and books were written about adolescent religious awakening and conversion.

Psychology of religion flourished until the 1930s but then remained dormant for about three decades. In the last several decades, a renewed interest in psychology of religion has emerged. A number of books and a host of empirical studies suggest that it is once again a viable area in the discipline of psychology (Batson, Schoenrade, & Ventis, 1993; Hood & others, 1996; Paloutzian, 1996; Wulff, 1997). Psychologists involved in the psychology of religion today work in a wide variety of settings, including colleges and universities, hospitals, clinics, counseling centers, churches and synagogues, schools, research institutes, and private practice.

Psychology of Religion and General Psychology

Areas in the study of psychology of religion and the study of psychology in general are directly linked. The main areas of inquiry in general psychology are the physiological mechanisms underlying behavior, sensation and perception, learning, cognition, human development, personality, social influences on behavior, and abnormal behavior. In psychology of religion, research is being conducted on the physiological or brain mechanisms that underlie religious experiences, and even on the possible genetic basis of religiousness (D’Onofrio & others, 1999; Waller & others, 1990); on self-perception of one’s own religious motivation and feelings (Hill, 1998); on how individuals can use the principles of cognition to understand their religious experience (McCallister, 1995); on the social psychological mechanisms involved in interpreting life circumstances in a religious way, such as attributing an event to God (Spilka & McIntosh, 1995); on links between personality and religion (Emmons, 1999; Piedmont, 1999); on stages of religious growth and development (Fowler, 1996); on whether religiousness promotes or impairs mental or physical health (Koenig, 1998; Plante & Sherman, 2001); and on the nature of religious persuasion (Rambo, 1993). Thus, for every main topic in general psychology, there is a parallel line of research in the field of psychology of religion (Paloutzian, 1996).

Psychological Models and Religion

Psychology of religion draws on a number of psychological models to explain religious thought and behavior (Miller & Jackson, 1995). Four such models are the behavioral model, the psychoanalytic or psychodynamic model, the humanistic model, and the sociocultural model. The behavioral model of religion emphasizes the importance of analyzing a person’s learning history to determine the extent to which, for that person, religious behavior has been and is being rewarded, punished, and imitated. By evaluating an individual’s learning history, we can determine the pattern of rewards and punishments the person has experienced for various aspects of religiousness. For example, a person who has been rewarded for attending church is more likely to attend church in the future than if she or he has been punished for attending. Similarly, if children imitate parents’ prayer behavior and this imitation is approved by the parents, the probability that the children will engage in prayer behavior as adults is increased.

The psychoanalytic (or psychodynamic) model of religion emphasizes that the key to understanding religiousness resides deep within the unconscious mind. Individuals are believed to have instinctual needs that they are not aware of, such as needs for safety and security, which can be met by relating to a higher power. For example, individuals who as children were not nurtured in a secure, loving way by their parents might develop an unconscious insecurity as adults. One way to satisfy this insecurity is to identify with God as a protector and provider. In ways like this, human unconscious needs can be met through religion.

The humanistic model of religion emphasizes that a person’s most important needs include needs for growth, purpose, and self actualization. Humans have innate tendencies to fulfill their potential and express their values. Religion serves as an important vehicle for fulfilling potential and expressing values.

The sociocultural model of religion emphasizes that individuals adopt a particular religious stance because of the experiences they have in the culture in which they live. Most people learn religion from the cultural group into which they are born. For example, someone who grows up in Rome is likely to be Catholic, while someone who grows up in Iran is likely to be a Muslim.

Does one of the aforementioned models provide a better model for psychology of religion than the others? Not necessarily. Like virtually all areas of psychology, the psychology of religion contains many viable approaches that can be used in combination to better understand the nature of religious life.

Defining Religion and Exploring the Psychology of Religion

Can we define what religion is? What are the dimensions of religious commitment? Are science and religion incompatible? What is the nature of religious orientation?

Defining Religion

Defining religion is an inordinately difficult task, complicated by the wide range of religions in the world, their complex histories, and their cultural meanings (Pargament, 1997).

One way to define religion is in terms of its functional nature. For example, psychology of religion scholar Daniel Batson and his colleagues (Batson, Schoenrade, & Ventis, 1993) stated that religion is what a person does to answer the basic existential questions of life (questions having to do with the nature of human beings’ existence). Such questions include these:

•Why am I here?

•What does life mean in general?

•What does my particular life amount to?

•What happens when I die?

Batson believes that people can answer these questions in many ways. Some answers emphasize institutional religious affiliation (such as being a member of the Catholic or Baptist church); others emphasize unique meanings of religion to the individual. Although Batson’s functional, existential definition is instructive, it is inadequate as a comprehensive definition of religion, because many people are religious for reasons not having to do with existential issues. For example, some individuals grow up being taught a specific religion, such as Catholicism or Islam, and believe in their faiths without ever concerning themselves with existential questions. Thus, if we adopted Batson’s definition of religion, someone like this - who practices Catholicism or Islam without exploring existential questions - would have to be labeled “nonreligious” even though they believe in and practice a major world religion.

According to Finnish researcher Kalevi Tamminen (1991), religiousness also involves a conscious dependency on a deity or God. Tamminen argues that this dependency or commitment is reflected in an individual’s experiences, beliefs, and personality, motivating the individual to engage in a variety of behaviors, such as devotional behavior and moral behavior. This definition encompasses individuals’ thoughts and feelings about their beliefs, as well as the beliefs themselves. However, this definition is also somewhat inadequate because not all religions are theistic (a term that means believing in a God or deity), and some psychologists - especially those of a psychoanalytic persuasion - emphasize the unconscious rather than the conscious bases of human religiousness.

The psychology of religion emphasizes the importance of operationally defining the aspects of religiousness that are being studied (Johnson, Mullins, & Burnham, 1993; Spilka, 1993). An operational definition is a statement of what a construct is in terms of the procedures or methods used to assess it. For example, the construct of intelligence might be operationally defined in terms of scores on an IQ test. Aggression might be operationally defined as the number of times a person yells or hits in a specified period of time. There are many ways to operationally define religiousness, including frequency of church attendance, degree of belief in religiously orthodox doctrinal statements (such as statements about the virgin birth, the resurrection of Jesus, the authority of Muhammad, the literality of the Exodus), degree of intrinsic versus extrinsic religious motivation, and degree of spiritual well-being.

In one recent study, the link between religion and sexuality was confirmed (Fehring & others, 1998). In college students, guilt, prayer, organized religious activity, and religious well-being were associated with fewer sexual encounters.

Are religion and spirituality the same or different? Some psychologists of religion use the terms religion and spirituality interchangeably (Spilka & McIntosh, 1996). More often, however, spirituality and religion are teased apart (Emmons & Paloutzian, in press; Wulff, 1997). Two contrasts are common (Pargament, 1997). In the first, religion is defined as the institutional, the organizational, the ritual, and the ideological, whereas spirituality is defined as the personal, the affective, the experiential, and the thoughtful. This contrast includes the idea that an individual can be spiritual without being religious or religious without being spiritual. A second contrast between religion and spirituality involves reserving the term spiritual for the loftier side of life with spirituality - the search for meaning, for unity, or connectedness, for transcendence, and for the highest level of human potential. The term religion is correspondingly reserved for institutionalized activity and formalized beliefs, things that can be seen as peripheral to spiritual tasks. The trend in defining religion is moving away from a broad conceptualization of the institutional and the individual toward a more narrow definition in terms of the institutional side of life. The trend in defining spirituality is to describe it in terms of individual expression that speaks to a person’s highest level of human functioning (Emmons, 1999). Despite such trends, there is still a great deal of controversy about how to define religion and spirituality. Many psychologists of religion still believe that religion can be expressed both institutionally and individually, and that spirituality is a core dimension of the psychology of religion (Pargament, 1997; Zinnbauer, Pargament, & Scott, 1999).

Dimensions of Religious Commitment

Our exploration of the definition of religion suggests that the concept of religion is multifaceted and multidimensional. The dimensions of religious commitment include religious belief, religious practice, religious feeling, religious knowledge, and religious effects (Glock, 1962).

Religious belief is the ideological dimension and doctrine of religious commitment - the content of what someone believes. For example, one person might believe that Jesus was the Messiah and rose from the dead, whereas another person might believe that the Messiah has not yet come. These individuals’ theologies differ in doctrinal content.

Religious practice is the ritualistic dimension of religious commitment - the behaviors someone is expected to perform as part of a particular religion. The religious practice could include singing, chanting, scripture reading, going to confession, or bowing to a stick or a stone. It is important to note that these acts are part of what defines religion rather than merely consequences of it.

Religious feeling is the experiential dimension of religious commitment, which consists of the emotions, states of consciousness, or sense of well-being, dread, freedom, or guilt that are part of a person’s religiousness. For example, the sense of awe that people might feel when thinking about the supernatural, the sense of purpose that individuals might experience when they believe that their life is directed by God, and the sense of guilt persons might feel when they violate religiously taught moral requirements are all aspects of the experiential dimension of religious feeling.

Religious knowledge is the intellectual dimension of religious commitment - what a person knows about the belief. Common sense suggests that the belief dimension has two simple categories - those who believe and those who do not - but it might also be conceived as a continuum. Similarly, the knowledge dimension stretches along a continuum of possibilities that range from those who know a great deal about a particular religion to those who know absolutely nothing. Crossing religious belief categories with religious knowledge categories generates some intriguing portrayals. For example, consider the knowledgeable believer and the ignorant believer. Imagine also someone who has “blind faith” - that is, someone who claims strong belief yet has little knowledge about what he or she claims to believe. Such people do exist. And think about someone who is highly knowledgeable about a religion, yet rejects it. These people also exist. Much can be learned by exploring the various combinations that can be achieved by crossing religious belief and religious knowledge.

Religious effects refer to the consequential dimension of religious commitment - the behaviors a person engages in during everyday life that are due to her or his religious beliefs. Religious prescriptions for everyday morality fit this category. For example, consider a man who experiences a religious conversion and as a consequence alters his behavior from abusing his wife to not abusing her. Consider also that, in repeated Gallup surveys, individuals who attend church or synagogue services on a weekly basis report more than twice as many volunteer hours spent in helping the poor and the sick, compared to individuals who never or infrequently attend services. And in one recent study, a commitment to religion was associated with giving to the poor (Regnerus, Smith, & Sikkink, 1998).

An important final point about religious commitment needs to be made. Religious commitment has both positive and negative aspects (Hill, 1998). It is a consistent negative predictor of drug abuse (Gorsuch, 1995), has consistent positive links with marital adjustment and family stability (Hansen, 1992), and is associated in many ways with how people construct a life that they feel is meaningful (Silberman, in press). However, certain types of religion appear to be related to prejudice and discrimination (Hunsberger, 1995) and to some forms of child abuse (Bottoms & others, 1995). Some experts on the psychology of religion argue that the negative effects of religion occur mainly when a religion is too rigid or is misused, as when it is used to manipulate and control others (Koenig & Larson, 1998). Some clinical psychologists, such as Albert Ellis (1962), argue that excessive religion can produce depression or other mental disorders in some individuals. Others say religion can saddle people with too much guilt. A century ago, William James (1902) distinguished between sick-souled and healthy-minded religion. Today, experts in the psychology of religion continue to believe, like James did a century ago, that religion cannot be given the simple label of good or bad.

The Science-Versus-Religion Problem

It is important to notice that psychology (like any other science) is not necessarily in conflict with religion (Jones, 1994). Some scientists’ conclusions might appear to be in conflict with some specific religious beliefs (as in the evolution-versus-  
creation controversy), but such differences are the exception. For the most part, scientists’ views are compatible with, rather than in opposition to, religious teaching. Consider the views of leading neuroscience researcher Candace Pert (1986), who says that she sees constant signs of God’s presence in the beauty of the brain and its order. Contemporary research on the brain and cognition is yielding a portrait of human consciousness that is compatible with spiritual conceptualizations (Hill, 1998; Sperry, 1988).

With regard to psychology and religion, it is not unusual to hear someone say, “Either God did this, or it was psychological, but it was not both.” For example, some might argue that religious conversion is due to God and therefore cannot be explained psychologically. Such reasoning is incorrect, according to psychology of religion scholars (Paloutzian, 1996). There is nothing in psychology’s theories or methods as a scientific discipline that somehow makes psychology automatically contrary to religious teaching. Take religious conversion as an example. It is entirely legitimate to say that religious and psychological explanations can both be correct (or incorrect) at the same time. In other words, religious teachings about the possible supernatural cause of conversion could be true in principle and, likewise, psychological statements about the mental and emotional processes involved could be accurate as well. Thus, the either/or view (either a religious explanation or a psychological one, but not both) is inaccurate.

As you study the psychology of religion in this chapter, it will be helpful to remember that psychology can neither prove nor disprove either religion in general or any particular religion. However, psychology of religion can tell us much about how religion works in people’s lives.

Religious Orientation

One of the most important concepts in psychology of religion research since the 1960s is the concept of intrinsic and extrinsic religious orientation. The distinction between intrinsic and extrinsic religious orientation is intellectually related to the distinction between intrinsic and extrinsic motivation in general motivational theory (Deci, 1975).

Intrinsic religious orientation involves religious motives that lie within the person; the person lives the religion. By contrast, extrinsic religious orientation involves personal motives that lie outside the religion itself; using the religion for some nonreligious ends. To better understand the distinction between these two religious orientations, consider the following two physicians. Physician Jones, as a consequence of her religious teachings about helping needy people in Third World countries, becomes a medical missionary and receives little money for doing so. Indeed, even the small amount she does receive has to be raised from individual supporters. In contrast, physician Smith practices medicine in Hollywood for movie stars and receives large fees for doing so. To which physician should we attribute an intrinsic, altruistic motive (her only desire is to help someone) and to which should we attribute an extrinsic, monetary motive? In this situation, we would infer that physician Jones’s behavior is intrinsically motivated and physician Smith’s is extrinsically motivated.

A sampling of questionnaire items that are designed to measure intrinsic and extrinsic religious motivation can help to clarify these concepts. Intrinsically motivated individuals are more likely to agree with statements like these:

•“I try hard to carry my religion over into all my other dealings in life.”

•“My religious beliefs are what really lie behind my whole approach to life.”

Extrinsically motivated individuals are more likely to agree with statements like these:

•“Although I believe in my religion, I feel there are many more important things in life.”

•“The primary reason for my interest in religion is that my church provides congenial social activities.”

A close examination of these statements reveals that intrinsically motivated religious individuals tend to agree with statements that involve a consistency between beliefs and behavior, whereas extrinsically motivated religious individuals tend to agree with statements that underscore using religion to get something out of it (Allport & Ross, 1967; Hill & Hood, 1999).

The distinction between intrinsic and extrinsic ways of being religious was initially seen as a way of describing genuine (intrinsic) and ingenuine (extrinsic) religiousness. It was said that intrinsically religious individuals live their religion while extrinsically religious individuals use it. The notion also included the idea that religion is a master motive in life for the intrinsically religious individual (Allport, 1966). As such, religion is an umbrella under which other motives operate. The concept of a master religious motive becomes especially important in mixed-motive circumstances. For example, imagine a circumstance in which a person’s religious motivation conflicts with his or her sexual or economic motivation. According to the original master-religious-motive conceptualization, the intrinsically motivated individual would be more likely to follow the teachings of his or her religion in mixed-motive situations, whereas the extrinsically motivated individual would be more likely to compromise the religious teachings.

So far, we would seem to have a clear-cut case that having an intrinsic religious orientation is good while having an extrinsic religious motivation is bad. However, religious orientation is not so simple. Later in this chapter we will discuss the complexity of intrinsic and extrinsic religious orientations and learn that people can be both intrinsically and extrinsically religious in a variety of ways.

At this point we have discussed many different ideas about the scope of religion and linkages between psychology and religion, and we defined and explored the psychology of religion. A summary of these ideas is presented in the first half of summary table at the end of the chapter.

Religious Development and Conversion

What is the nature of religious development in children and adolescents? What might a life-span view of religious development be like? What is the nature of spirituality and religiousness in older adults? How does religious conversion unfold?

Religious Development in Children and Adolescents

Many children show an interest in religion, and religious institutions created by adults are designed to introduce children to certain beliefs and ensure that they will carry on a religious tradition. For example, societies have invented Sunday schools, parochial education, tribal transmission of religious traditions, and parental teaching of children at home so that children will come to hold the same beliefs and values as their parents.

Does this indoctrination work? In many cases it does. In general, adults tend to adopt the religious teachings of their upbringing. For instance, if individuals are Catholics by the time they are 25 years of age, and were raised as Catholics, they likely will continue to be Catholics throughout their adult years. If a religious change or reawakening occurs, it is most likely to take place during adolescence.

Religious issues are important to adolescents. In one recent survey, 95 percent of those 13 to 18 years old said that they believe in God or a universal spirit (Gallup & Bezilla, 1992). Almost three-fourths of adolescents said that they pray, and about one-half indicated that they had attended religious services within the past week. Almost one-half of the youth said that it is very important for a young person to learn religious faith.

Developmental Changes

Adolescence can be an especially important juncture in religious development. Even if children have been indoctrinated into a religion by their parents, because of advances in their cognitive development they may begin to question what their own religious beliefs truly are.

During adolescence, especially in late adolescence and the college years, identity development becomes a central focus (Erikson, 1968). Youth want to know answers to questions like these: “Who am I?” “What am I all about as a person?” “What kind of life do I want to lead?” As part of their search for identity, adolescents begin to grapple in more sophisticated, logical ways with such questions as “Why am I on this planet?” “Is there really a God or higher spiritual being, or have I just been believing what my parents and the church imprinted in my mind?” “What really are my religious views?”

The cognitive developmental theory of famous Swiss psychologist Jean Piaget (1952) provides a theoretical backdrop for understanding religious development in children and adolescents. For example, in one study children were asked about their understanding of certain religious pictures and Bible stories (Goldman, 1964). The children’s responses fell into three stages closely related to Piaget’s theory.

In the first stage (up until 7 or 8 years of age) - preoperational intuitive religious thought - children’s religious thoughts were unsystematic and fragmented. The children often either did not fully understand the material in the stories or did not consider all of the evidence. For example, one child’s response to the question “Why was Moses afraid to look at God?” (Exodus 3:6) was “Because God had a funny face!”

In the second stage (occurring from 7 or 8 to 13 or 14 years of age) - concrete operational religious thought - children focused on particular details of pictures and stories. For example, in response to the question about why Moses was afraid to look at God, one child said, “Because it was a ball of fire. He thought he might burn him.” Another child voiced, “It was a bright light and to look at it might blind him.”

In the third stage (age 14 through the remainder of adolescence) - formal operational religious thought - adolescents revealed a more abstract, hypothetical religious understanding. For example, one adolescent said that Moses was afraid to look at God because “God is holy and the world is sinful.” Another youth responded, “The awesomeness and almightiness of God would make Moses feel like a worm in comparison.”

Other researchers have found similar developmental changes in children and adolescents (Long, Elkind, & Spilka, 1967; Oser & Gmünder, 1991). For example, in one study, at about 17 or 18 years of age adolescents increasingly commented about freedom, meaning, and hope - abstract concepts - when making religious judgments (Oser & Gmünder, 1991).

Religiousness and Sexuality in Adolescence

One area of religion’s influence on adolescent development involves sexual activity. Although variability and change in church teachings make it difficult to characterize religious doctrines simply, most churches discourage premarital sex. Thus, the degree of adolescents’ participation in religious organizations may be more important than religious affiliation as a determinant of premarital sexual attitudes and behavior. Adolescents who attend religious services frequently may hear messages about abstaining from sex. Involvement of adolescents in religious organizations also enhances the probability that they will become friends with adolescents who have restrictive attitudes toward premarital sex. In one study, adolescents who attended church frequently and valued religion in their lives were less experienced sexually and had less permissive attitudes toward premarital sex than did their counterparts who attended church infrequently and said that religion did not play a strong role in their lives (Thornton & Camburn, 1989). In one recent study, the link between religion and sexuality was confirmed (Fehring & others, 1998). In college students, guilt, prayer, organized religious activity, and religious well-being were associated with fewer sexual encounters. However, while religious involvement is associated with a lower incidence of sexual activity among adolescents, adolescents who are religiously involved and sexually active are less likely to use medical methods of contraception (especially the pill) than are their sexually active counterparts with low religious involvement (Studer & Thornton, 1987, 1989).

Fowler’s Developmental Theory

James Fowler (1986, 1996) proposed a theory of religious development that focuses on the motivation to discover meaning in life, either within or outside of organized religion. Fowler proposed six stages of religious development that are related to Erikson’s, Piaget’s, and Kohlberg’s theories of development (Torney-Purta, 1993).

Stage 1. Intuitive-projective faith (early childhood). After infants learn to trust their caregiver (Erikson’s formulation), they invent their own intuitive images of what good and evil are. As children move into Piaget’s preoperational stage, their cognitive worlds open up a variety of new possibilities. Fantasy and reality are taken as the same thing. Right and wrong are seen in terms of consequences to the self. Children readily believe in angels and spirits (Wagener, 1998).

Stage 2. Mythical-literal faith (middle and late childhood). As children move into Piaget’s concrete operational stage, they begin to reason in a more logical, concrete, but not abstract way. They see the world as more orderly. Grade-school-age children interpret religious stories literally, and they perceive God as being much like a parent figure who rewards the good and punishes the bad. What is right is often perceived as fair exchange.

Stage 3. Synthetic-conventional faith (transition between childhood and adolescence, early adolescence). Adolescents now start to develop formal operational thought (Piaget’s highest stage) and begin to integrate what they have learned about religion into a coherent belief system. According to Fowler, although the synthetic-conventional faith stage is more abstract than the previous two stages, young adolescents still mainly conform to the religious beliefs of others (as in Kohlberg’s conventional level of morality) and have not yet adequately analyzed alternative religious ideologies. Someone’s behavior that involves a question of right and wrong is seen in terms of the harm it does to a relationship or what others might say. Fowler believes that most adults become locked into this stage and never move on to higher stages of religious development. The faith of adolescents often involves a personal relationship with God. God is thought of as “always there for me” (Wagener, 1998).

Stage 4. Individuative-reflective faith (transition between adolescence and adulthood, early adulthood). Fowler believes that, at this stage, for the first time individuals are capable of taking full responsibility for their religious beliefs. Often precipitated by the leaving-home experience, young people begin to take responsibility for their lives. Young adults now start to realize that they can choose the course of their lives and that they must expend effort to follow a particular life course. Individuals come face-to-face with such decisions as these: “Should I consider myself first, or should I consider the welfare of others first?” “Are the religious doctrines that were taught to me when I was growing up absolute, or are they more relative than I had been led to believe?” Fowler believes that both formal operational thought and the intellectual challenges to an individual’s values and religious ideologies that often develop in college are essential to developing individuative-reflective faith.

Stage 5. Conjunctive faith (middle adulthood). Fowler believes that only a small number of adults ever move on to this stage, which involves being more open to paradox and opposing viewpoints. This openness stems from people’s awareness of their finiteness and limitations. One woman Fowler placed at this stage revealed the following complex religious understanding: “Whether you call it God or Jesus or Cosmic Flow or Reality or Love, it doesn’t matter what you call it. It is there” (Fowler, 1981, p. 192).

Stage 6. Universalizing faith (middle adulthood or late adulthood). Fowler says that the highest stage in religious development involves transcending specific belief systems to achieve a sense of oneness with all being and a commitment to breaking down the barriers that are divisive to people on this planet. Conflictual events are no longer seen as paradoxes. Fowler argues that very, very few people ever achieve this elusive, highest stage of religious development. Three who have, he says, are Mahatma Gandhi, Martin Luther King, Jr., and Mother Teresa. Figure 4 portrays the six stages in Fowler’s theory of religious development. To read about the exemplary religious life and advanced religious thought of Mother Teresa, see Explorations in Psychology describing the exemplary life of Mother Teresa.

EXPLORATIONS IN PSYCHOLOGY: The Exemplary Religious Life and Advanced

Religious Thought of Mother Teresa

Occasionally someone progresses to a stage of religious thought that serves as a superior example for others. One such example of highly developed religiousness is Mother Teresa (1910–1997) of Calcutta, India.

Mother Teresa was born Agnes Gonxha Bojaxhiu, in Albania. She became a Roman Catholic nun and founded the Missionaries of Charity after having entered the order of the Sisters of our Lady of Loreto at the age of 18 while in Ireland. After taking her vows in 1937, she served in Calcutta in a Roman Catholic high school. While in Calcutta, she became grieved by the extensive sickness and dying of people on the city’s streets. She began to minister to these impoverished people and opened a home for them in 1952. Though Mother Teresa died in 1997, her home and ministry continue today, on five continents. In 1979, Mother Teresa was awarded the Nobel Peace Prize.

Why is Mother Teresa’s religious thinking considered to be at such an advanced level?

Religion and Spirituality in Older Adults

In many societies around the world, the elderly are the spiritual leaders in their churches and communities. For example, in the Catholic church, more popes have been elected in their eighties than in any other 10-year period of the human life span.

The religious patterns of older adults have been increasingly studied (Kimble & others, 1995; Levin, 1994). In one analysis, both older African Americans and older Whites showed reasonably high levels of religiousness, attended religious services several times a month, said religion was important in their lives, read religious materials, listened to religious programs, and prayed frequently (Levin, Taylor, & Chatters, 1994). Also, in this analysis, older women had stronger interest in religion than did older men.

When the significance of religion in people’s lives has been assessed, individuals over 65 years of age are more likely than younger people to say that religious faith is the most significant influence in their lives, that they try to put religious faith into practice, and that they go to church (Gallup, 1988). In this survey, adults in old age were more likely than younger adults to have a strong interest in spirituality and to pray.

Is religion related to a sense of well-being and life satisfaction in old age? In one study of 836 elderly persons, it was. Religious practices - such as prayer and Bible reading - and religious feelings were associated with a sense of well-being, especially for women and individuals over 75 years of age (Koenig, Kvale, & Ferrell, 1988).

Religion can fulfill some important psychological needs in older adults, helping them face impending death, find and maintain a sense of meaningfulness and significance in life, and accept the inevitable losses of old age. Socially, the church can provide a number of functions for older adults, such as social activities, social support, and the opportunity to assume teaching and leadership roles. Older adults can become deacons, elders, or Sunday school teachers, assuming leadership roles that they might not have been able to take on before their retirement (Cox & Hammonds, 1988). In sum, religion can play an important role in the lives of elderly adults.

Religious Conversion

Religious conversion is one of the most profound and perplexing phenomena that can happen in a person’s life. The individual might never be the same because of it. If so, in what ways is the person different and in what ways is the person not changed due to religious conversion? How can such events be explained psychologically?

Defining Conversion and Types of Conversion

Conversion means change. Religious conversion refers to the change from having no religious belief to accepting a religious belief system as one’s own, or to the process of changing from one religious belief system to another.

Two types of conversion are usually distinguished - sudden conversion and gradual conversion. Sudden conversion is a religious change that occurs all at once with no prior warning. When asked if they remember how their conversion experience occurred, sudden converts can point to a specific place and set of life circumstances involved in the conversion. By contrast, gradual conversion is a religious change that takes place over a period of time, ranging from several weeks or months to years. In gradual conversion, people think through and evaluate issues and options before arriving at a religious choice. There might be a decision point similar to that in sudden conversion, but the slower evaluative process is what distinguishes the two types. Both types of conversion contrast with religious socialization, a lifelong process in which individuals cannot remember not having a religious faith. In lifelong religious socialization, the individual is brought up with a religion and never deviates from it.

Conversion Processes

Psychological efforts at explaining conversion have evolved from fairly simplistic accounts to more complex models (Paloutzian, Richardson, & Rambo, 1999; Zinnbauer & Pargament, 1998). Religious conversion used to be explained as something that happened to someone more or less against the person’s will. In this view, conversion is due to either (a) a psychological need of which the person is unaware (such as a need for safety or security or to reduce guilt) - that is, the person is unconsciously driven to accept God and forgiveness, even though at the conscious level the person might be fighting it (Richardson, 1985, 1989); or (b) social pressures operating on the person that are so strong that the person cannot say no to the recruiting efforts of a religious group. In other words, in the old model, whether due to unconscious or social pressures, the person was viewed as a passive responder to forces in the conversion process.

More recently, individuals who become converted are perceived as active and religion-seeking rather than as being buffeted by forces beyond their control (Kilbourne & Richardson, 1984; Richardson, 1985, 1989). Whether traditional or nontraditional religious beliefs are adopted, they are viewed as more consciously chosen. Individuals might have motives that lead them to seek out different kinds of religious teachings or groups to satisfy their different needs (Glock & Stark, 1965). For example, someone who is suffering from a physical or mental illness might be attracted to a religious healing group. Someone who perceives or personally suffers from ethical deprivation (such as differences between ideal values and actual performance) might gravitate toward social reform movements. Someone suffering from a psychological deprivation or a lack of meaning in life might adopt a religion that teaches a new value system.

More cognitively oriented explanations of conversion have also been offered. One such view links conversion with the mental processes involved in creative thinking, in which the person reorganizes information and sees it in a new way (Batson, Schoenrade, & Ventis, 1993). Similarly, conversion has been described as a cognitive restructuring in which the individual’s portrayal of self and the world undergoes a major shift (Brown & Caetano, 1992).

Conversion and Personality Change

We know that something about a person is different (sometimes radically different) following a religious conversion, but exactly what is it? That is, is it he person’s basic personality traits, the person’s motivations and goals, or the persons self-definition that has changed?

The answer to these questions becomes clear when seen in light of what constitutes the structure and levels of human personality. Level 1 of personality is made up of basic traits. Five traits are said to comprise the basic dimensions of personality according to one important line of research – these are Openness to experience, Conscientiousness, Extroversion, Agreeableness, and Neuroticism (these are call the Big Five traits, OCEAN; McCrae, 1992). A person can be high or low in varying degrees on any combination of these traits. Level 2 of personality refers to goals and motivations for which the person strives, such as receiving a B. A. Degree in Psychology, being a good person, other pursuits of a global or specific nature. Level 3 of personality is a matter of self-definition, purpose in life, and world view. The whole person includes at least these levels in an interactive blend that guides how the person thinks, feels, and acts.

Research on religious conversion shows that there is little noticeable affect of conversion on basic traits. A person who is open and extroverted before religious conversion is likely to be the same afterwards. But levels 2 and 3 of the person’s personality can change a great deal. A new convert may adopt radically different goals, have different motives that he or she had before, and can adopt a new purpose in life and hold a new definition of who he or she is in the world (Paloutzian, Richardson, & Rambo, 1999).

Religious Experience, Attitudes, Behavior, and Health

How can we evaluate people’s religious experiences? What is the nature of people’s religious attitudes and behavior? How is religion involved in health?

Religious Experience

We can consider religious experience from the inside and from the outside. You, and only you, can see your religious life from the inside; your experiences are conscious only to you. If you say, “I see the Virgin Mary standing on a hill,” you are the only one privileged to this view. Technically speaking, even if others say that they see the same vision, it is only an assumption that the images in your minds are identical.

The other way of evaluating religious experiences is from the outside - whether a person’s behavior is in accord with the person’s beliefs (“Do you practice what you preach?”). As is well known, if someone claims to have certain religious beliefs but behaves inconsistently with those beliefs, others are critical of the person. A person’s religion cannot escape being evaluated in public arenas. This is partly what William James (1902) meant when he said that religion should be judged by its “fruits,” not by its “roots.”

The phenomenon of religious experience is an intriguing area of inquiry in psychology of religion. People who have such experiences say they are timeless and profound. In one survey, 43 percent of individuals reported that they have “been aware of, or influenced by, a presence or a power - whether you call it God or not - which is different from your everyday self” (Gallup & Jones, 1989).

What factors increase the likelihood that individuals will have such religious experiences? Two general classes of factors can be identified that facilitate such experiences: dispositional factors (the personal style of one’s religiousness) and situational factors (environmental or momentary states that seem to trigger the experiences).

Religious orientation is an example of a dispositional factor. Earlier in this chapter we introduced the concept of religious orientation and discussed intrinsic and extrinsic religious orientations. Researchers have found that intrinsically motivated individuals are more likely to report having various religious experiences than are extrinsically motivated individuals (Hood, 1970). Individuals with a high intrinsic religious orientation often endorse such statements as “The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services.” One type of religious experience associated with an intrinsic religious motivation can be expressed like this: “The highest experiences I have had of God’s presence have been rare and brief flashes of consciousness that have compelled me to exclaim with surprise - God is here!”

Situational factors that have been studied as possible facilitators or triggers of religious experience include floating slightly submerged in a tank of water, experiencing nature, becoming immersed in a religious group, developing a preparatory mental set, and being in an appropriate setting such as a religious service or ritual (Fredrickson & Anderson, 1999; Hood, 1995).

Let’s explore one of these situations - floating underwater - to see how it might facilitate religious experiences.

In one study, individuals were floating underwater to attain maximum sensory deprivation (Hood & Morris, 1981). Half of the individuals were told to imagine cartoon characters while they were submerged; the other half were told to imagine religious figures during their submersion. The experimenters’ rationale was that the preparatory mental set and expectations of imagining religious figures would facilitate religious experience or increase the probability that whatever was experienced would be attributed to religious meaning. The results supported the hypothesis: Individuals instructed to imagine religious figures while submerged reported more religious experiences than did those who were told to imagine cartoon characters. Interestingly, the effect of preparatory mental set was greatest for individuals with an intrinsic religious orientation. Possibly the kind of experience attained by the intrinsic subjects while they were underwater was similar to what they experienced while in prayer in their daily life.

Religious Attitudes and Behavior

Whether we feel comfortable with it or not, other people evaluate our religion by our attitudes and behavior. Perhaps the most common question the layperson asks about a person’s religion is “Do you practice what you preach?” In social psychological terms, this question focuses on whether people’s actions are consistent with their attitudes. Although there is no simple answer to whether religious individuals’ behavior matches their attitudes, we can explore this issue further by examining attitudes toward ethnic groups.

The Religion-Prejudice Paradox

Gordon Allport (Allport & Ross, 1967) discovered the grand paradox - that individuals who attend church tend to be more prejudiced in ethnic matters than nonchurchgoing individuals. This is a paradox because it does not fit with common sense, which would dictate the opposite: that people who go to church and presumably are taught about love and human community should be more tolerant toward ethnic minorities than nonchurchgoers are. Furthermore, the great religious leaders of the world, such as Jesus, were themselves examples of being nonprejudiced. Thus, Allport wondered how it was that those who purported to be religious were so prejudiced. Allport probed further and developed the concept of intrinsic and extrinsic religious orientation that we discussed earlier. Recall that an intrinsic religious orientation involves internalized religious motives, whereas an extrinsic religious orientation involves motives that lie outside the religion itself.

Allport reasoned that not all churchgoers are the same. Some individuals attend church regularly, others sporadically. He found that prejudice was lowest for consistent churchgoers, highest for sporadic churchgoers. Allport also found that the consistent churchgoers were more likely to have an intrinsic religious orientation, the sporadic churchgoers an extrinsic religious orientation. Other researchers have found that individuals with an intrinsic religious orientation have a higher sense of meaning in life (Bolt, 1975) and greater spiritual well-being (Paloutzian & Ellison, 1982).

Quest, and Means and Ends

Two lines of research that followed from Allport’s work have focused on the concepts of quest and means and ends.

Quest

Daniel Batson and his colleagues (Batson, Schoenrade, & Ventis, 1993) define quest as searching and exploring religious issues while being satisfied in not finding answers and being aware of one’s limitations in the face of existential questions. Questing individuals are satisfied with incompleteness although they would like to have answers to basic religious questions. Batson calls these existential questions. Examples of existential questions include these:

•“What is the meaning of my life?”

•“How do I handle the fact that I am going to die?”

Individual quest is assessed by agreement with statements like these:

•“It might be said that I value my religious doubts and uncertainties.”

•“As I grow and change, I expect my religion to grow and change.”

Batson and his colleagues found that high-quest individuals are less likely to be prejudiced and less likely to discriminate against ethnic minority individuals than are low-quest individuals. They also revealed that individuals with an intrinsic religious orientation were similarly likely to be low in prejudice, but, dissimilarly, were likely to discriminate against ethnic minority individuals. His conclusion: Intrinsics tend to answer questions in a way that makes them look good, but they do not necessarily enact those attitudes in their everyday behaviors.

Means and Ends

The traditional conceptualization of intrinsic and extrinsic religious orientation has been challenged by Kenneth Pargament (1997). Remember that Allport said that intrinsics live their religion while extrinsics use it. In that conceptualization, extrinsic religious motivation has blatantly negative connotations, conjuring up such images as the insurance salesperson who attends church services and goes through the motions of appearing to be a religious person just to make business contacts. Pargament argued that such blatant utilitarian religion might be the exception rather than the rule. More often, he said, it might be a sign of maturity when individuals both live and use their religion, because all of life is a matter of combining means and ends. According to Pargament, all religion involves the simultaneous interaction of intrinsic and extrinsic motivation, pathways and destinations, means and ends. Intrinsic motivation involves what a person believes and where one is going; extrinsic motivation involves the pathway, how one is trying to get there. Neither can exist without the other, and a mature religious life involves blending the two, in Pargament’s perspective.

This recent conceptualization rejects the earlier, simplistic compartmentalization of religious orientation into intrinsic and extrinsic categories and raises the possibility that the most mature religious orientation is a fusion of the two orientations. For example, a mature intrinsic-extrinsic religiously oriented individual might use religious means (such as church resources) to accomplish a goal defined by his or her own spiritual values (such as feeding the poor).

Religion and Physical Health

What might be some of the negative effects of religion on physical health? One example is cults or religious sects that encourage behaviors that are damaging to health (Stotland, 1999). For example, some religious sects ignore sound medical advice or refuse pain-relieving medication (Koenig, 1992). For individuals in the religious mainstream, there is generally either no link between religion and physical health or a positive effect. For example, in one review, five studies documented that religious commitment had a protective influence on blood pressure or hypertension rates (Levin & Vanderpool, 1989). Also, a number of studies have confirmed a positive association of religious participation and longevity (Gartner, Larson, & Allen, 1991).

Why might religion promote physical health? There are several possible answers (Hill & Butter, 1995):

•Lifestyle issues. For example, religious individuals have lower drug use than their nonreligious counterparts (Gartner, Larson, & Allen, 1991).

•Social networks. The degree to which individuals are connected to others affects their health. Well-connected individuals have fewer health problems. Religious groups, meetings, and activities provide social connectedness for individuals (Collins & others, 1993).

•Coping with stress. Religion offers a source of comfort and support when individuals are confronted with stressful events (Pargament, 1990). Although research has not clearly demonstrated prayer’s positive effect on physical health, some investigators argue that prayer might be associated with such positive health-related changes as a decrease in the perception of pain and reduced muscle tension (McCullough, 1995).

It also has been stressed that religious organizations might have a stronger influence on physical health by providing more health-related services. For example, they could sponsor community-based health education and health-testing programs.

Religion and Mental Health

A common stereotype is that religion is a crutch for weak people and that unconscious feelings of guilt are the reasons that people become religious. Just because some religious individuals show signs of a mental disorder does not mean that their religious beliefs caused the disorder or that they adopted their beliefs as an escape. Similarly, just because individuals with a severe mental disorder, such as schizophrenia, use the word God or have a vision that they are Jesus or another charismatic religious leader does not mean that religion caused their severe mental disorder or that they became religious to try to cure themselves. All that such illustrations do is inform us that aspects of religion and mental disorder co-occur in a small number of individuals. They tell us nothing about religion causing mental disorders or mental disorders causing religiousness.

Coping

What is the relation between religion and the ability to cope with stress? Some psychologists have categorized prayer and religious commitment as defensive coping strategies, arguing that they are less effective in helping individuals cope than are life-skill, problem-solving strategies. However, recently researchers have found that some styles of religious coping are associated with high levels of personal initiative and competence, and that even when defensive religious strategies are initially adopted, they sometimes set the stage for the later appearance of more-active religious coping (Pargament & Park, 1995). In one recent study, depression decreased during times of high stress when there was an increase in collaborative coping (in which people see themselves as active partners with God in solving problems) (Brickel & others, 1998). Also, in general, an intrinsic religious orientation tends to be associated with a sense of competence and control, freedom from worry and guilt, and an absence of illness, whereas an extrinsic orientation tends to be associated with the opposite characteristics (Ventis, 1995).

Instead of disintegrating during times of high stress, religious coping behaviors appear to function quite well in these periods (Koenig, 1998). In one study, individuals were divided into those who were experiencing high stress and those with low stress (Manton, 1989). In the high-stress group, spiritual support was significantly related to personal adjustment (indicated by low depression and high self-esteem). No such links were found in the low-stress group. In a study of 850 medically ill patients admitted to an acute-care hospital, religious coping was related to low depression (Koenig & others, 1992). In John Clausen’s (1993) analysis of individuals in the Berkeley Longitudinal Studies, the more-competent women and men in middle age were more likely than their less-competent counterparts to have a religious affiliation and involvement.

In sum, various dimensions of religiousness can help some individuals cope more effectively with their lives (Miller & Thorensen, 1999). Religious beliefs can shape a person’s psychological perception of pain or disability. Religious cognitions can play an important role in maintaining hope and stimulating motivation toward recovery. Because of its effectiveness in reducing distress, religious coping can help prevent denial of the problem and thus facilitate early recognition and more appropriate health-seeking behavior. Religion also can forestall the development of anxiety and depression disorders by promoting communal or social interaction. Houses of religious worship are a readily available, acceptable, and inexpensive source of support for many individuals, especially the elderly. The socialization provided by religious organizations can help prevent isolation and loneliness (Koenig & Larson, 1998).

Happiness

Are people who have a meaningful faith happier than those who do not? Reviews of the happiness literature suggest that happy people do tend to have a meaningful religious faith (Myers & Diener, 1995). Remember, though, that knowing that two factors correlate does not mean that one causes the other (just as in the case of religion and mental disorder co-occurring in a few individuals). A number of researches have found that religiously active individuals report greater happiness than do those who are religiously inactive, but does this connection mean that faith enhances happiness? Or does it mean that happiness is conducive to faith? Psychology of religion research helps us answer such questions.

Some people who are not happy with their lives seek fulfillment outside of the mainstream of religion. Next, we will explore the nature of individuals who seek to find a more meaningful life by joining a cult.

Religion and Cults

Cults have been defined in various ways, ranging from “dangerous institutions that cause severe emotional harm” to “marginal and deviant groups” to “fringe, often new, religious movements.” Cults have been described as being controlled by a charismatic leader, as fostering the idea that there is only one correct set of beliefs and practices, as demanding unquestionable loyalty and obedience, as using mind-control techniques, as using deception and deceit in recruiting and interacting with the outside world, and as exploiting members’ labor and finances.

What is the difference between a cult and a church, a service club, or groups like Alcoholics Anonymous? There are many differences, but one major one involves the ultimate goal of the group (Cialdini & Rhoad, 1999). Established religions and altruistic movements focus outward, attempting to better the lives of members as well as nonmembers. Cults serve the purposes of the cult’s leader. Their energies are directed inward rather than outward. Also, religions and altruistic movements usually do not involve overbearing authoritarian control by a leader, the use of deception in recruiting members, coercive influence techniques, and the replacement of one identity with a new identity that would not have been freely chosen by the individual before joining the group.

Who joins cults? For the most part, normal, average people. Approximately two-thirds of cult members are psychologically healthy individuals who come from normal families (Cialdini & Rhoad, 1999). The remaining one-third often have depressive symptoms, in many cases linked with personal loss such as a death in the family, a failed romantic relationship, or career problems. Only about 5 percent of cult members have major psychological problems before joining the cult. Cults prefer intelligent, productive individuals who can contribute money and talent to “the cause,” whatever that might be.

Many individuals who become cult members are in a transitional phase of life. They have moved to a new city, lost a job, dropped out of school, or given up traditional religion as personally irrelevant. Potential cult members might find their work boring or stressful, their education meaningless, their social life not going well, their family remote or dysfunctional, their friends too busy to spend time with them, or their trust in government lost. Cults promise to fulfill most of a person’s individual needs and to make their life safe, healthy, caring, and predictable. Cult leaders offer followers simple paths to happiness.

Some cult leaders have total authority over their disciples in both spiritual and material matters (Saliba, 1996). These leaders might portray themselves as inspired by, and receiving special revelations from, God. Some cults are based on a book by the cult leader that is believed to be revealed or inspired. The writings of L. Ron Hubbard, founder of the Church of Scientology, are an example.

One all-powerful cult leader was Marshall Herff Applewhite, who recruited followers to the Heaven’s Gate cult, a blend of New Age occultism and science-fiction fantasy. In 1997, 39 cult members died when they swallowed pudding laced with barbiturates and washed it down with vodka. After swallowing the lethal concoction, they reclined on their beds so their spirits could ascend to the “Level Above Human,” as Applewhite called it. He had convinced the followers that a UFO was in the Hale-Bopp comet’s slipstream and that the comet’s appearance was a sign that it was time to go home. Applewhite wasn’t the first charismatic leader to have such powerful control over his followers. In the text chapter on “Social Psychology,” we discussed the social forces and group processes that lead to such things as the mass suicide of more than 900 followers of the Reverend James Jones, the leader of the People’s Temple cult. To read about another such cult leader, see Explorations in Psychology.

What makes cults dangerous? Philip Zimbardo (1997) believes it depends to some degree on the kind of cult, since they come in so many sizes, purposes, and disguises (at last count there were more than 2,500 cults in the United States). Some cults are in the business of power and money, needing members to give money, work for free, or beg and to recruit new members. Some cults require members to turn over exorbitant amounts of money or property, some require exhausting labor, most demand that members sever ties with former friends and family (which creates total dependence on the cult for one’s identity), and many cults destroy the individual’s freedom of thought. The potential for abuse is highest in cults that are physically and socially isolated from the outside community.

At this point, we have discussed a number of ideas about religious development and conversion, religious experience, attitudes, behavior, and health, and religion and cults. A review of these ideas is presented in the second half of the summary table at the end of the chapter.

EXPLORATIONS IN PSYCHOLOGY:

David Koresh and the Branch Davidians

SOME CULT LEADERS gain extraordinary power over their followers. One such recent cult leader was David Koresh, who led the members

of his Branch Davidian cult to violent deaths. Koresh, whose original name was Vernon Howell, was born in 1959 and attended school in Texas. He was reported to have memorized large portions of the Bible, although he had been indifferent to schoolwork. As a young man he

became attracted to the Branch Davidian offshoot of the Seventh Day Adventist religion. He became its leader and gradually established himself as the absolute authority over all of its affairs and its members.

How do such leaders gain such complete control over their followers? In Koresh’s case, he defined himself as an equal to God, convincing his followers that he had divine insight. He taught an exclusive “us” versus “them” approach by saying that “we” (he and his followers) were God’s chosen people and “they” (everybody else) were controlled by Satan. Koresh convinced members to disconnect themselves from the evils of the outside world and established a group of “lieutenants” to enforce his dictates.

In addition to control tactics like Koresh’s, characteristics of followers also need to be taken into account to understand how cults come about. Koresh’s followers were religious seekers who followed him because they were dissatisfied with the ordinary religious options in their world. Step by step, as they developed the habit of going along with Koresh’s and the group’s expectations, their conformity to the cult became more established. Eventually, Koresh gained control of the entire group.

Two tragic events occurred to Koresh and his followers. On February 28, 1993, agents from the U.S. Department of Alcohol, Tobacco, and Firearms decided to invade the sect’s compound just outside of Waco, Texas, because they thought the group had illegal weapons. (In fact, it turned out that the sect had stored a large supply of weapons, some of which were illegal, and ammunition.) A gun battle ensued in which four federal agents were shot to death. A 51 day standoff followed. After weeks of discussion and failed negotiations, the federal officials decided to end the conflict by attacking the compound. As the military vehicles of the federal agents approached the compound, it and its people were swiftly engulfed in flames. The fires apparently were set by Koresh and/or his followers. There were few survivors.

Discussion: Religion, Spirituality, and Cults

EARLIER IN THE CHAPTER, we described the nature of spirituality and religion, and now we have discussed the nature of cults.

In our exploration of religion and spirituality, we indicated that some psychologists of religion believe that the terms spirituality and religion can be used interchangeably, whereas others think their meanings are different. We also learned that many social scientists differentiate between religion and cults but that some argue that cults are fringe, often new, religious movements. What do you think? Get together with several students and discuss similarities and differences among religion, spirituality, and cults.

Exploring your Spiritual Well-Being

The Spiritual Well-Being Scale\* was developed in order to measure how people percieved their sense of well-being as they defined it in either religious or existential terms (Paloutzian & Ellison, 1982). Below are 10 of the 20 items from the scale, some slightly modified from the original.

In order to take the scale, the person first is given the following instructions:

For each of the following statements, assign a score from 1 to 6 according to how strongly you agree or disagree with it.

2. I don’t know who I am, where I came from, or where I am going.

3. My spiritual life makes me feel loved and connected.

5. I feel disconnected from a spiritual force in my daily situations.

6. I feel unsettled about my future.

7. My spiritual life offers me personally meaningful relationships.

8. I feel very fulfilled and satisfied with life.

9. I don’t get much personal strength and support from my spiritual practices.

10. I feel a sense of well-being about the direction my life is headed in.

18. Life doesn’t have much meaning.

19. My spiritual relationships contribute to my sense of well-being.

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Scoring and Interpretation

The spiritual well-being scale measures two main areas: (1) religious well-being and (2) existential well-being. The religious scale refers to religion and one’s relationship to spirituality, the existential scale to meaning in life and questions about the nature of one’s existence. In the above list of statements, items 5, 9, and are summed; the scores for items, 3, 7, and 19 are reversed (that is, change the 1 to a 6, the 2 to a 5, the 3 to a 4, and so on). These two subtotals are combined to get an overall religious well-being score. To obtain an existential well-being score, the responses to items 2, 6, and 18 are summed; the scores for items 8 and 10 are reversed and then summed. Combine these two subtotals to obtain the overall existential well-being score. One’s overall score on each of these two sub-scales can range from 10 to 60. On each of the sub-scales for the full test, a score of 40 or higher reflects well-being (religious or existential).

SUMMARY

Overview

Religion has been a potent influence in the history of humankind and continues to exert a powerful influence in many people’s lives today. People’s religious lives can be better understood by examining the psychological dimensions of their religion. We began this chapter by exploring the wide scope of religion, the history of psychology of religion, linkages between psychology of religion and general psychology, as well as psychological models and religion. Then we turned our attention to defining religion and evaluating dimensions of religious commitment, the science-versus-religion problem, and religious orientation, especially focusing on intrinsic and extrinsic orientations. Our coverage of religious development emphasized religious development in children and adolescents, Fowler’s life-span developmental theory, and religion and spirituality in older adults. We also studied the fascinating topic of religious conversion and read about religious experience, religious attitudes and behavior, and links between religion and health.

|  |  |  |
| --- | --- | --- |
| Concept | Processes/Related Ideas | Characteristics/Description |
|  |  |  |
| Scope of Religion and Links Between Psychology and Religion | Scope of Religion | There is extensive interest in religion worldwide. Females consistently show a stronger interest in religion than males do. |
|  |  |  |
|  | History of Psychology of Religion | Psychology of religion was a part of the field of psychology from the beginning. William James wrote The Varieties of Religious Experience in 1902. Psychology of religion flourished until the 1930s, then was dormant for about three decades. In the last several decades, renewed interest in the psychology of religion has emerged. |
|  |  |  |
|  | Psychology of Religion and General Psychology | Areas in the psychology of religion and areas in general psychology are linked. For virtually every main topic in general psychology, there is a parallel line of research in the psychology of religion. |
|  |  |  |
|  | Psychological Models and Religion | Psychology of religion draws on a number of psychological models to explain religious concepts. Four such models are the behavioral, psychoanalytic (or psychodynamic), humanistic, and sociocultural. |
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| Defining Religion and Exploring the Psychology of Religion | Defining Religion | Defining religion is an inordinately difficult task, so difficult that there is no universally accepted definition. Batson defined religion in terms of its functional, existential nature. Another definition says that religiousness involves a conscious dependency on a deity or God. In general, we can say that religion is a set of beliefs that individuals adhere to and use as a guide in their personal life. In psychology of religion, an important strategy is to operationally define the aspects of religiousness that are being studied. One issue is whether religion and spirituality are different. |
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|  | Dimensions of Religious Commitment | The concept of religion is multifaceted and multidimensional. The dimensions of religious commitment include religious belief, religious practice, religious feeling, religious knowledge, and religious effects. Conceptually, it can be useful to combine the dimensions in ways that are psychologically meaningful, such as high and low degrees of belief and knowledge. |
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|  | The Science-Versus-Religion-Problem | Psychology (like any other science) is not necessarily in conflict with religion. The either/or view of psychology and religion is inaccurate. For the most part, scientists’ views are compatible with, rather than in opposition to, religious teachings. Psychology can neither prove nor disprove religion, but the psychology of religion can tell us much about how religion works in people’s lives. |
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|  | Religious Orientation | One of the most important concepts that have guided psychology of religion since the 1960s is the concept of intrinsic religious motives (motives within the person) and extrinsic religious motives (using religion for nonreligious ends). The notion that intrinsically religious individuals live their religion while their extrinsic counterparts use it also includes the concept that religion is a master motive in the lives of those who are intrinsically motivated. In actuality, religious orientation is more complicated than a simple dichotomy between intrinsic and extrinsic motivation. |
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| Religious Development and Conversion | Religious Development in Children and Adolescents | Many children show an interest in religion, and religious institutions are designed to introduce children to religious beliefs. In many cases, the indoctrination works. Religious issues are important to adolescents, and adolescence may be a special juncture in religious development. Many adolescents incorporate a religious view into their identity development. The cognitive developmental theory of famous Swiss psychologist Jean Piaget provides a backdrop for understanding religious development in children and adolescents. Linkages between religiousness and sexuality occur in adolescence. |
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|  | Fowler’s Developmental Theory | Fowler proposed a theory of religious development that focuses on the motivation to discover meaning in life, either inside or outside of organized religion. Fowler’s six stages are intuitive-projective faith, mythical-literal faith, synthetic-conventional faith, individuative-reflective faith, conjunctive faith, and universalizing faith. |
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|  | Religion and Spirituality in Older Adults | Religion plays a special role in the lives of older adults. Many church leaders are elderly adults, and many elderly adults show a strong religiousness. Religion is linked to a sense of well-being among the elderly, and religion can fulfill some important psychological needs in old age. |
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|  | Religious Conversion | Two types of conversion are sudden and gradual. Another type is lifelong religious socialization. The old view was that religious conversion occurs against a person’s will. The new view is that converts are active and religion-seeking. More cognitively oriented versions of conversion have also been offered. |
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| Religious Experience, Attitudes, Behavior, and Health | Religious Experience | Religious experience can be evaluated in two ways - from the inside or from the outside. Two general classes of factors that facilitate religious experiences are dispositional and situational. Religious orientation is a dispositional factor; taking drugs and floating underwater are situational factors. |
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|  | Religious Attitudes and Behavior | The grand paradox is that individuals who attend church tend to be more prejudiced than nonchurchgoers. However, Allport found that consistent churchgoers were less prejudiced than sporadic churchgoers. Two lines of research that followed after Allport’s work have focused on quest (high-quest individuals generally are less prejudiced and are less likely to discriminate against ethnic minorities) and means and ends (Pargament argues that religion involves the simultaneous interaction of intrinsic and extrinsic motivation). |
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|  | Religion and Physical Health | In some cases, religion can be negatively linked to physical health, as when cults or religious sects restrict individuals from obtaining medical care. In mainstream religions, religion usually shows either a positive association or no association with physical health. |
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|  | Religion and Mental Health | A common stereotype is that religion is a crutch for weak people and that guilt feelings are the reason people become religious. However, religion and mental disorder likely co-occur in only a small number of people. Religion can play an important role in coping, for some individuals. Happy people tend to have a meaningful religious faith, but it is important to remember that the link is correlational, not causal. |
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| Religion and Cults | The Nature of Cults | Cults have been defined in various ways, ranging from dangerous institutions to fringe, often new, religious movements. An all-powerful leader is present in most cults. Many individuals who join cults are in a transitional phase of their lives and cults promise to fulfill most of their needs. Potential for the worse abuse is when the cult is physically and socially isolated from the outside community. |

WEB LINKS

Psychology of Religion Pages

http://www.psywww.com/psyrelig/welcome.htm

Psychology of Religion in the USA

http://www.psywww.com/psyrelig/USA.html

Is Prayer Clinically Effective?

http://www.davidmyers.org/religion/prayer.html

Notable People in Psychology of Religion

http://www.psywww.com/psyrelig/psyrelpr.htm

The Psychology of Atheism

http://www.leaderu.com/truth/1truth12.html

Towards a Buddhist Psychotherapy

http://www.ship.edu/~cgboeree/buddhapsych.html

Quakerism and Jungian Psychology

http://www.quaker.org/fcrp/yungblut.html

Scientific Psychology and Christian Theism

http://www.leaderu.com/aip/docs/delaney-goldsmith.html

The International Journal for the Psychology of Religion

http://www.erlbaum.com/Journals/journals/IJPR/ijpr.htm

GLOSSARY

behavioral model of religion: A model that emphasizes the importance of anaylzing a person’s learning history to determine the extent to which, for that person, religious behavior has been and is being rewarded, punished, and imitated.

extrinsic religious orientation: Personal motives that lie outside the religion itself; using religion for some nonreligious ends.

gradual conversion: A religious change that takes place over a period of time, ranging from several weeks or months to even years.

grand paradox: The paradox that individuals who attend church tend to be more prejudiced in ethnic matters than nonchurchgoers.

humanistic model of religion: A model that emphasizes that a person’s most important needs include needs for growth, purpose, and self-actualization. Humans have innate tendencies to fulfill their potential and express their values. Religion serves as an important vehicle for fulfilling potential and expressing values.

intrinsic religious orientation: Religious motives that lie within the person; living the religion.

operational definition: A statement of what a construct is in terms of the procedures or methods used to assess it.

psychoanalytic (psychodynamic) model of religion: A model that emphasizes that the key to understanding religiousness resides deep within the unconscious mind. Individuals are believed to have instinctual needs they are not aware of, such as needs for safety and security, which can be met by relating to a higher power.

Quest: Searching and exploring religious issues while being satisfied in not finding answers and being aware of one’s limitations in the face of existential questions.

religious belief: The ideological dimension and doctrine of religious commitment - the content of what someone believes.

religious conversion: The change from having no religious belief to accepting a religious belief system as one’s own, or the process of changing from one religious belief system to another.

religious effects: The consequential dimension of religious commitment, which includes the behaviors a person engages in during everyday life that are due to religion.

religious feeling: The experiential dimension of religious commitment, which consists of the emotions, states of consciousness, or sense of well-being, dread, freedom, or guilt that are part of a person’s religiousness.

religious knowledge: The intellectual dimension of religious commitment - what a person knows about the belief.

religious practice: The ritualistic dimension of religious commitment - the behavior someone is supposed to perform as part of a particular religion.

religious socialization: A lifelong process in which individuals cannot remember not having a religious faith.

sociocultural model of religion: A model that emphasizes that individuals adopt a particular religious stance because of the experiences they have had in the culture in which they live.

sudden conversion: A religious change that occurs all at once with no prior warning.

REFERENCES

1. Allport, G.W. (1966). The religious context of prejudice. Journal for the Scientific Study of Religion, 5, 447–457.
2. Allport, G.W., & Ross, J.M. (1967). Personal religious orientation and prejudice. Journal of Personality and Social Psychology, 5, 432–443.
3. Batson, C.D., Schoenrade, P., & Ventis, W.L. (1993). Religion and the individual. New York: Oxford University Press.
4. Bijur, P.E., Wallston, K.A., Smith, C.A., Lifrak, S., & Friedman, S.B. (1993, August). Gender differences in turning to religion for coping. Paper presented at the meeting of the American Psychological Association, Toronto.
5. Bolt, M. (1975). Purpose in life and religious orientation. Journal of Psychology and Theology, 3, 116–118.
6. Bottoms, B.L., Shaver, P.R., Goodman, G.S., & Qin, J. (1995). In the name of God: A profile of religion-related child abuse. Journal of Social Issues, 51, 85–112.
7. Brickel, C.O., Ciarrocchi, J.W., Sheers, N.J., Estadt, B.K., Powell, D.A., & Pargament, K.I. (1998). Perceived stress, religious coping styles, and depressive affect. Journal of Psychology and Christianity, 17, 33–42.
8. Brown, W.S., & Caetano, C. (1992). Conversion, cognition, and neuropsychology. In H. Newton Malony & S. Southard (Eds.), Handbook of religious conversion. Birmingham, AL: Religious Education Press.
9. Cialdini, R., & Rhoad, K. (1999). Cults: Questions and answers. Retrieved from the World Wide Web: http://www.influenceatwork.com/cult.html.
10. Clausen, J.A. (1993). American lives. New York: Free Press.
11. Collins, N.L., Dunke-Schetter, C., Lobel, M., & Scrimshaw, S.C.M. (1993). Social support and pregnancy: Psychological correlates of birth outcomes and postpartum depression. Journal of Personality and Social Psychology, 65, 1243–1258.
12. Cox, H., & Hammonds, A. (1988). Religiosity, aging, and life satisfaction. Journal of Religion and Aging, 5, 1–21.
13. D’Onofrio, B.M., Eaves, L.J., Murrelle, L., Maes, H.H., & Spilka, B. (1999). Understanding biological and social influences on religious affiliation, attitudes, and behaviors: A behavior-genetic perspective. Journal of Personality, 67 (6).
14. Deci, E.L. (1975). Intrinsic motivation. New York: Plenum.
15. Ellis, A. (1962). Reason and emotion in psychotherapy. New York: Lyle Stuart.
16. Emmons, R.A. (1999) The psychology of ultimate concerns: Motivation and spirituality in personality. New York: Guilford Press.
17. Emmons, R.A. (1999). Religion in the psychology of personality: An introduction. Journal of Personality, 67 (6).
18. Emmons, R.A. & Paloutzian, R. F. (in press). The Psychology of Religion. Annual Review of Psychology.
19. Erikson, E.H. (1968). Identity: Youth and crisis. New York: W. W. Norton.
20. Fehring, R.J., Cheever, K.H., German, K., & Philpot, C. (1998). Religiosity and sexual activity among older adolescents. Journal of Religion and Health, 37, 229–239.
21. Fowler, J.W. (1986). Faith and the structuring of meaning. In C. Dykstra & S. Parks (Eds.), Faith development and Fowler. Birmingham, AL: Religious Education Press.
22. Fowler, J.W. (1996). Faithful change. Nashville, TN: Abingdon Press.
23. Francis, L.J., & Wilcox, C. (1998). Religiosity and femininity: Do women really hold a more positive attitude toward Christianity? Journal for the Scientific Study of Religion, 37, 462–469.
24. Gallup, G. (1985). The Gallup poll. New York: Random House.
25. Gallup, G. (1988). The Gallup poll. New York: Random House.
26. Gallup, G.H., Jr., & Bezilla, R. (1992). The religious life of young Americans. Princeton, NJ: Gallup Institute.
27. Gallup, G.H., Jr., & Jones, S. (1989). 100 questions and answers: Religion in America. Princeton, NJ: Princeton Religion Research Center.
28. Gartner, J., Larson, D.B., & Allen, G.D. (1991). Religious commitment and mental health: A review of the empirical literature. Journal of Psychology and Theology, 19, 6–25.
29. Glock, C.Y. (1962, July–August). On the study of religious commitment: Review of recent research bearing on religious character formation. Religious Education, 42 (Suppl.), 98–110.
30. Glock, C.Y., & Stark, R. (1965). Religion and society in tension. Chicago: Rand McNally.
31. Goldman, R. (1964). Religious thinking from childhood to adolescence. London: Routledge & Kegan Paul.
32. Gorsuch, K.J. (1995). Religious aspects of substance abuse and recover. Journal of Social Issues, 51, 65–84.
33. Hansen, G. (1992). Religion and marital adjustment. In J.F. Schumaker (Ed.), Religion and mental health. New York: Oxford University Press.
34. Hill, P.C. (1999). Giving religion away: What the study of religion offers psychology. The International Journal for the Psychology of Relgion, 9, 229-249.
35. Hill, P.C., & Butter, E.M. (1995). The role of religion in promoting physical health. Journal of Psychology and Christianity, 14, 141–155.
36. Hill, P.C., & Hood, R.W., Jr., (1999). Measures of religiosity. Birmingham, AL: Religious Education Press.
37. Hood, R.W., Jr. (1970). Religious orientation and the report of religious experience. Journal for the Scientific Study of Religion, 9, 285–291.
38. Hood, R.W., Jr. (1995). Handbook of religious experience. Birmingham, AL: Religious Education Press.
39. Hood, R.W., Jr., & Morris, R.J. (1981). Sensory isolation and the differential elicitation of religious imagery in intrinsic and extrinsic persons. Journal for the Scientific Study of Religion, 20, 261–273.
40. Hood, R.W., Jr., Spilka, B., Hunsberger, B., & Gorsuch, R. (1996). Psychology of religion: An empirical approach (2nd ed.). New York: Guilford Press.
41. Hunsberger, B. (1995). Religion and prejudice: The role of religious fundamentalism, quest, and right-wing authoritarianism. Journal of Social Issues, 51, 113–130.
42. James, W. (1902). Varieties of religious experience. New York: Longmans.
43. Johnson, M., Mullins, P., & Burnham, J. (1993, August). Spirituality: Conceptualization and measurement. Paper presented at the meeting of the American Psychological Association, Toronto.
44. Jones, S.L. (1994). A constructive relationship for religion with the science and profession of psychology. American Psychologist, 49, 184–199.
45. Kimble, M., McFadden, S.H., Ellor, J.W., & Seeber, J.J. (Eds.). (1995). Handbook on religion, spirituality, and aging. Minneapolis: Fortress Press.
46. Koenig, G. (Ed.) (1998). Handbook of religion and mental health. San Diego: Academic Press.
47. Koenig, H.G. (1992). Religion and prevention of illness in later life. In K.I. Pargament, K. Maton, & R.E. Hess (Eds.), Religion and prevention in mental health. New York: Haworth.
48. Koenig, H.G., & Larson, D.B. (1998). Religion and mental health. In H.S. Friedman (Ed.), Encyclopedia of mental health (Vol. 3). San Diego: Academic Press.
49. Koenig, H.G., Cohen, H.J., Blazer, D.G., Pieper, C., Meador, K.G., Shelp, F., Goldi, V., & DiPasquale, R. (1992). Religious coping and depression in elderly hospitalized medically ill men. American Journal of Psychiatry, 149, 1693–1700.
50. Koenig, H.G., Kvale, J.N., & Ferrel, C. (1988). Religion and well-being in later life. Gerontologist, 28 (1), 18–28.
51. Krejci, M.J. (1998). Gender comparison of God schemas: A multidimensional scaling analysis. The International Journal for the Psychology of Religion, 8, 57–66.
52. Levin, J.S. (Ed.). (1994). Religion in aging and health. Thousand Oaks, CA: Sage.
53. Levin, J.S., & Vanderpool, H.Y. (1989). Is religion therapeutically significant for hypertension? Social Science and Medicine, 29, 69–78.
54. Levin, J.S., Taylor, R.J., & Chatters, L.M. (1994). Race and gender differences in religiosity among older adults: Findings from four national surveys. Journal of Gerontology, 49, S137–S145.
55. Lofland, J., & Stark, R. (1965). Becoming a world-saver: A theory of conversion to a deviant perspective. American Sociological Review, 30, 862–875.
56. Long, D., Elkind, D., & Spilka, B. (1967). The child’s conception of prayer. Journal for the Scientific Study of Religion, 6, 101–109.
57. Manton, K.I. (1989). The stress-buffering role of spiritual support: Cross-sectional and prospective investigations. Journal for the Scientific Study of Religion, 28, 310–323.
58. McCallister, B.J. (1995). Cognitive theory and religious experience. In R. Hood, Jr., (Ed.), Handbook of religious experience. Birmingham, AL: Religious Education Press.
59. McCrae, R. R. & Costa, P. T. Jr. (1999). A Five-Factor theory of personality. In L.A. Pervin & O.P. John (Eds.), Handbook of personality: Theory and research (2nd ed, pp. 139-153). New York: The Guilford Press.
60. McCullough, M.E. (1995). Prayer and health: Conceptual issues, research review, and research agenda. Journal of Psychology and Theology, 23, 15–29.
61. Miller, A.S., & Hoffman, J.P. (1995). Risk and religion: An explanation of gender differences in religiosity. Journal for the Scientific Study of Religion, 34, 63–75.
62. Miller, W.R., & Jackson, K.A. (1995). Practical psychology for pastors (2nd ed.). Upper Saddle River, NJ: Prentice Hall.
63. Miller, W.R., & Thoresen, C.E. (1999). Spirituality and health. In W. R. Miller (Ed.), Integrating spirituality into therapy. Washington, DC: American Psychological Association.
64. Myers, D.G., & Diener, E. (1995). Who is happy? Psychological Science, 6, 10–19.
65. Oser, F., & Gmünder, P. (1991). Religious judgment: A developmental perspective. Birmingham, AL: Religious Education Press.
66. Paloutzian, R. (1996). Invitation to the psychology of religion (2nd ed.). Boston: Allyn & Bacon.
67. Paloutzian, R.F., & Ellison, C.W. (1982). Loneliness, spiritual well-being, and the quality of life. In L.A. Peplau & D. Perlman (Eds.), Loneliness: A sourcebook of current theory, research, and therapy. New York: Wiley-Interscience.
68. Paloutzian, R.F., Richardson, J.T., & Rambo, L.R. (1999). Religious conversion and personality change. Journal of Personality, 67 (6), 1047-1079.
69. Pargament, K.E., & Park, C.L. (1995). Merely a defense? Examining psychologists’ stereotype of religion. Journal of Social Issues, 51 (2), 12-24.
70. Pargament, K.I. (1990). God help me: Toward a theoretical framework of coping for the psychology of religion. In M.L. Lynn & D.O. Moberg (Eds.), Research in the social scientific study of religion (Vol. 2). Greenwich, CT: JAI Press.
71. Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and no. TheInternational Journal for the Psychology of Religion, 9, 3-16.
72. Pert, C. (1986). Commentary. In J. Hooper & D. Teresi, The three-pound universe. New York: Macmillan.
73. Piaget, J. (1952). The origins of intelligence in children. New York: Oxford University Press.
74. Piedmont, R.L. (1999). Does spirituality represent the sixth factor of personality? Spiritual transcender and the five-factor model. Journal of Personality, 67 (2).
75. Plante, T. G., & Sherman, A. C. (Eds.). (2001). Faith and health: psychological perspectives. New York: Guilford Press.
76. Rambo, L.R. (1993). Understanding religious conversion. New Haven, CT: Yale University Press.
77. Regnerus, M.D., Smith, C., & Sikkink, D. (1998). Who gives to the poor? The influence of religious tradition and political location on the personal generosity of Americans toward the poor. Journal for the Scientific Study of Religion, 37, 481–493.
78. Religion in America. (1993). Princeton, NJ: Princeton Religious Research Center.
79. Richardson, J.T. (1985). The active vs. passive convert: Paradigm, conflict in conversion/recruitment research. Journal for the Scientific Study of Religion, 24 (2), 119–236.
80. Richardson, J.T. (1989). The psychology of induction: A review and interpretation. In M. Galanter (Ed.), Cults and new religious movements: A report of the American Psychiatric Association (pp. 211–238). Washington, DC: American Psychiatric Association.
81. Saliba, J.A. (1996). Understanding new religious movements. Grand Rapids, MI: William B. Erdmans.
82. Silberman, I. (Ed.). (in press). Religion as a meaning system. Journal of Social Issues. Whole issue.
83. Sperry, R.W. (1988). Psychology’s mentalist paradigm and the religion/science tension. American Psychologist, 43, 607–613.
84. Spilka, B. (1993, August). Spirituality: Problems and directions in operationalizing a fuzzy concept. Paper presented at the meeting of the American Psychological Association, Toronto.
85. Spilka, B., & McIntosh, D.N. (1995). Attribution theory and religious experience. In R. Hood, Jr., (Ed.), Handbook of religious experience. Birmingham, AL: Religious Education Press.
86. Spilka, B., & McIntosh, D.N. (1996, August). Religion and spirituality: The known and the unknown. Paper presented at the meeting of the American Psychological Association, Toronto.
87. Starbuck, (1899). The psychology of religion. London: Walter Scott.
88. Stotland, N.L. (1999). When religion collides with medicine. American Journal of Psychiatry, 156, 304–307.
89. Studer, M., & Thornton, A. (1987). Adolescent religiosity and contraceptive usage. Journal of Marriage and the Family, 49, 117–128.
90. Studer, M., & Thornton, A. (1989). The multifaceted impact of religiosity on adolescent sexual experience and contraceptive usage: A reply to Shornack and Ahmed. Journal of Marriage and the Family, 51, 1085–1089.
91. Tamminen, K. (1991). Religious development in childhood and youth: An empirical study. Helsinki Suomen Tiedeakatemia. (Available from the Finnish Academy of Science and Letters, Tiedekirja, Kirkkokatu 14, 00170, Helsinki, Finland.)
92. Thornton, A., & Camburn, D. (1989). Religious participation and sexual behavior and attitudes. Journal of Marriage and the Family, 51, 641–653.
93. Torney-Purta, J. (1993, August). Cross-cultural examination of measures of faith development. Paper presented at the meeting of the American Psychological Association, Toronto.
94. Ventis, W.L. (1995). The relationships between religion and mental health. Journal of Social Issues, 51, 33–48.
95. Wagener, L.M. (1998). Children’s understanding of self, relationship, and God: Implications for clinical practice. Journal of Psychology and Christianity, 17, 66–76.
96. Waller, N.G., Kosetin, B.A., Bouchard, T.J., Jr., Lykken, D.T., & Tellegen, A. (1990). Genetic and environmental influences on religious interests, attitudes, and values: A study of twins reared apart and together. Psychological Science, 1 (2), 138–142.
97. Wulff, D.M. (1997). Psychology of religion: Classic and contemporary. New York: Wiley.
98. Zimbardo, P. (1997, May). What messages are behind today’s cults? APA Monitor, p. 14.
99. Zinnbauer, B., Pargament, K.I., Cowell, B., & Scott, A.B. (in press). Religion and spirituality. Journal for the Scientific Study of Religion.
100. Zinnbauer, B.J., & Pargament, K.I. (1998). Spiritual conversion: A study of religious change among college students. Journal for the Scientific Study of Religion, 37, 161–180.
101. Zinnbauer, B.J., Pargament, K.I., & Scott, A.B. (1999). The emerging meanings of religiousness and spirituality: Problems and prospects. Journal of Personality, 67 (6).