

Advances In Mental Health Research: Implications For Practice

Advances in the Conceptualization and Measurement of Religion and Spirituality

Implications for Physical and Mental Health Research

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Empirical studies have identified significant links between religion and spirituality and health. The reasons for these associations, however, are unclear. Typically, religion and spirituality have been measured by global indices (e.g., frequency of church attendance, self-rated religiousness and spirituality) that do not specify how or why religion and spirituality affect health. The authors highlight recent advances in the delineation of religion and spirituality concepts and measures theoretically and functionally connected to health. They also point to areas for growth in religion and spirituality conceptualization and measurement. Through measures of religion and spirituality more conceptually related to physical and mental health (e.g., closeness to God, religious orientation and motivation, religious support, religious struggle), psychologists are discovering more about the distinctive contributions of religiousness and spirituality to health and well-being.

The Meanings of Religion and Spirituality

Through most of the history of modern psychology, the term religion has been both an individual and an institutional construct. William James (1902) distinguished a "firsthand" (p. 328) experiential religion that is direct and immediate from a secondhand institutional religion that is an inherited tradition. For James, both elements fell under the purview of religion. More recently, however, the meaning of religion has evolved in a different direction. The term religion is becoming reified into a fixed system of ideas or ideological commitments that "fail to represent the dynamic personal element in human piety" (Wulff, 1996, p. 46). At the same time, the term spirituality is increasingly used to refer to the personal, subjective side of religious experience. Thus, one is witnessing, particularly in the United States, a polarization of religiousness and spirituality, with the former representing an institutional, formal, outward, doctrinal, authoritarian, inhibiting expression and the latter representing an individual, subjective, emotional, inward, unsystematic, freeing expression (Koenig et al., 2001).

Although some researchers may find such contrasts a useful heuristic, there are several dangers to this bifurcation of religion and spirituality (Hill et al., 2000; Pargament, 1999). First, the polarization of religion and spirituality into institutional and individual domains ignores the fact that all forms of spiritual expression unfold in a social context and that virtually all organized faith traditions are interested in the ordering of personal affairs (Wuthnow, 1998). Second, implicit in the evolving definitions is the sense that spirituality is good and religion is bad; this simplistic perspective overlooks the potentially helpful and harmful sides of

There is now a substantial literature that connects religion and spirituality to physical health (George, Ellison, & Larson, 2002; Koenig, McCullough, & Larson, 2001; Larson, Swyers, & McCullough, 1998; Seybold & Hill, 2001; Thoresen, 1999; Thoresen, Harris, & Oman, 2001; see also Powell, Shahabi, & Thoresen, 2003, this issue; Seeman, Dubin, & Seeman, 2003, this issue) and mental health (Larson et al., 1998; Plante & Sherman, 2001). What is it about religion and spirituality that accounts for their links to health? Researchers have suggested various possible psychological, social, and physiological mediators that may account for the religion and spirituality-health connection. However, it is possible that the explanation for these effects may also lie in the nature of religion and spirituality themselves. More finely delineated measures of these constructs might relate more directly to physical and mental health. In this article, we highlight some of the advances that have been made in delineating religious and spiritual concepts and measures that are functionally related to physical and mental health. We conclude by pointing to promising areas for growth in the conceptualization and measurement of religion and spirituality in studies of health.

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