



Finally, some well-deserved attention to the long-neglected dimension of religious beliefs: suggestions for greater understanding and future research

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To cite this article: Crystal Park (2020) Finally, some well-deserved attention to the long-neglected dimension of religious beliefs: suggestions for greater understanding and future research, *Religion, Brain & Behavior*, 10:2, 191-197, DOI: [10.1080/2153599X.2018.1532452](https://doi.org/10.1080/2153599X.2018.1532452)

To link to this article: <https://doi.org/10.1080/2153599X.2018.1532452>



Published online: 02 Nov 2018.



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Finally, some well-deserved attention to the long-neglected dimension of religious beliefs: suggestions for greater understanding and future research

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Although religious beliefs are generally recognized as a core dimension of religiousness (e.g., Idler, 1999; Stark & Glock, 1968), surprisingly little research has explicitly focused on the roles that religious beliefs play in health, well-being, and behavior (Park, 2017). In writing *Religious Beliefs, Evolutionary Psychiatry, and Mental Health in America: Evolutionary Threat Assessment Systems Theory*, Flannelly (2017) provides a great service to the field by aggregating and integrating much of the research to date on religious beliefs and their relations with mental health. In recent years, psychologists have increased their efforts to illuminate this area and Flannelly's book will provide additional impetus to advancing that endeavor. In this commentary, I elaborate four points

regarding religious beliefs and conclude with suggestions for building on our current knowledge to advance this important area of study.

Defining religious beliefs

Defining religious beliefs is difficult. Flannelly (2017) describes some of the recent philosophical thinking about the nature of beliefs (relying largely on the work of biologist Lewis Wolpert) yet does not cite recent psychological work in this area and summarily dismisses the widely-accepted view that beliefs are facts that a person accepts or is convicted of as being true. For example, Jervis (2006) described belief as “reality appraisal” (p. 652), a definition consistent with lay use of the term as well as with those of most behavioral scientists. Specifically, religious beliefs have been defined as, “Propositional statements a person considers to be true about religion” (Macavei & Miclea, 2008, p. 2). Barrett and Lanman (2008) defined beliefs as “the state of a cognitive system holding information (not necessarily in propositional or explicit form) as true in the generation of further thought and behavior” (p. 110). Flannelly’s overlooking of psychological thinking is unfortunate because it introduces additional muddiness into an area that desperately needs clarity. For example, Flannelly notes that people “are able to assign numerical values to express their degree of certainty in the belief something will happen, such as your belief that ... your favorite baseball team will win the World Series” (p. 114)—yet this human ability to assign probability to future events appears distinct from individuals’ views of what is real or true. It may be that individuals also evaluate the certainty of their understanding of the nature of reality, but granting the possibility of a dimension of certainty doesn’t undermine the way that current behavioral scientists generally define beliefs (i.e., individuals’ understanding of reality).

Flannelly (2017) asserts that “beliefs often consist of mental representations or mental models of the world that are not linguistic” (p. 280). Indeed, psychologists have argued that systematic sets of beliefs such as those regarding religion have both propositional and implicational dimensions, sometimes referred to as “head” versus “heart” knowledge (Watts & Dumbreck, 2013) or explicit versus implicit beliefs (Jong, Halberstadt, & Bluemke, 2012). Explicit head knowledge is conceptualized as mental representations of reality mediated primarily by memories and knowledge, particularly semantic memory. Explicit knowledge is learned chiefly via intentional learning and encoded mainly in verbal-symbolic representational code. In contrast, implicit heart knowledge is conceptualized as affect-laden mental representations mediated primarily by intuitive thoughts, memories, and knowledge, particularly *implicit relational knowing* (i.e., “gut-level” knowledge). Implicit knowledge is learned primarily through emotional and incidental learning and activated in the presence of certain learned intrapersonal cues (e.g., active moods, schemas, needs, or goals) and situational cues (e.g., proximal and distal environmental features, such as the people who are present; Davis, Moriarty, & Mauch, 2013).

The notion of head versus heart beliefs is perhaps particularly important in the psychology of religion. For example, Davis and his colleagues reviewed research specifically focused on God beliefs (i.e., representations; Davis et al., 2013). They proposed that this body of research could be divided into studies focusing on implicit (God images) and explicit (God concepts) knowledge. God images comprise relational and emotional God-schemas reflecting “heart knowledge” (Davis et al., 2013, p. 52). These relational and emotional God-schemas underlie one’s embodied, emotional experience in relationship with the divine attachment figure and are acquired chiefly via implicit, emotional, and incidental learning. In contrast, God concepts refer to a

theological set of beliefs about a specific divine attachment figure’s traits; about how that divine attachment figure relates with, thinks about, and feels toward humans (including the self); and about how humans (including the self) should relate with, think about, and feel toward the divine attachment figure. (p. 53)

These explicit types of beliefs are acquired chiefly via explicit and intentional learning and may reflect theological concepts as taught in religious education. These God concepts guide and integrate how a person thinks and talks about a divine attachment figure at an abstract, theological,

conceptual, and usually explicit level (i.e., within conscious awareness). They are activated in the presence of certain learned intrapersonal cues (e.g., active interpersonal goals, doctrinal schemas, or verbal scripts) and situational cues (e.g., proximal and distal environmental features). Importantly, one's head and heart beliefs surrounding the same topic (e.g., God's existence, the afterlife) may be vastly different and may partially explain Flannelly's observation that people can simultaneously hold beliefs that are mutually contradictory.

Scope and reach of religious beliefs

Importantly, Flannelly (2017) notes the existence of myriad religious beliefs covering a large range of topics. Most research on religious beliefs to date has focused on beliefs in God and in an afterlife, and Flannelly's book serves as a useful aggregation of much of it (many additional studies, not reviewed by Flannelly, can be found in Park, 2017 and Park & Carney, in press). In highlighting an important aspect of his own work as well as that of others, Flannelly notes that the effects of beliefs in God and afterlife may vary depending not only on the strength or certainty with which individuals believe about the existence of God and the afterlife but also what they believe *about the nature* of God and the afterlife. This point seems obvious but has been largely overlooked in the literature and, thus, Flannelly's attention to it provides an important corrective.

In addition to beliefs regarding God and afterlife, there are many other religious beliefs that may be important to psychological functioning and mental health. First, it is important to note that religious beliefs exist on a continuum from very broad global beliefs (e.g., in the existence and nature of God) to situation-specific appraisals based, in part, on one's global beliefs (e.g., religious attributions for a specific occurrence; Park, 2013). Flannelly (2017) does not address these situation-specific beliefs but rather sticks to global religious beliefs.

Other global religious beliefs, in addition to beliefs in God and an afterlife, include the extent to which there is ultimate divine or cosmic justice in the universe, the extent to which God is in control of our lives (Schieman, Bierman, & Ellison, 2010), theodicies (i.e., how a loving and powerful God and horrible suffering in the world can co-exist; Hale-Smith, Park, & Edmondson, 2012), the extent to which sacred scriptures are the literal word of God, and the nature of humanity (e.g., as inherently flawed and sinful, as ultimately redeemable). Each individual's global belief system is a unique and complex matrix of such religious beliefs (and this is true, even if they endorse absolutely no supernatural beliefs) and secular beliefs, shaped by received knowledge and their own experience across the lifespan.

One potentially important issue raised by considering religious beliefs, which Flannelly did not explore, is how explicitly religious beliefs are related to other types of beliefs not explicitly religious (e.g., God control versus general control). In one of the few considerations of this issue, Koltko-Rivera (2006–2007) speculated that religious beliefs may be primal, underpinning individuals' larger beliefs systems regarding themselves and the world, because religious beliefs often form a large part of the foundation of individuals' meaning systems. That is, religious beliefs often serve as the basis for individuals' understanding the world and interpreting reality (Newton & McIntosh, 2013). Religious beliefs may thereby influence other basic beliefs such as those regarding locus of control or a just world (Moreira-Almeida et al., 2006). By influencing perceptions of themselves and the world, individuals' religious beliefs may also influence other aspects of their meaning systems, such as their values (i.e., things on which people place subjective importance) and behaviors (i.e., whether and why they act in particular ways). Thus, understanding the role of religious beliefs is essential for understanding how people function and for promoting psychological health and wellbeing.

Relationships of religious beliefs with psychological health

The central premise of Flannelly's (2017) book is that religious beliefs influence psychiatric symptoms through their effects on threat assessment. While threat assessment may indeed be one pathway

through which beliefs can influence mental health or illness, it is important to note that religious beliefs may influence well-being in myriad ways. Religious beliefs have been theorized to often provide an abiding level of well-being that operates as a constant in the background. For example a belief in God may reinforce the notion that one is not alone in a cold and uncaring universe, but instead lives in a world in which a benevolent loving parental figure takes care of people without end and ceaselessly attends to their individual personal experiences. Such a notion would likely generate a deep sense of comfort that may carry through one's daily life (Ellison, Burdette, & Hill, 2009). Similarly, given humanity's foreknowledge of our own impending deaths, a belief in a literal afterlife can lead to a feeling of general peace and contentment. That is, firmly believing that regardless of what happens to one's mortal body, one's (more important) aspect of self, the soul, will continue in perpetuity relieves existential dread and frees a person to be happy and unworried (Ellison et al., 2009). Of course, as Flannely notes, the specific effects of beliefs in an afterlife would be expected to depend on specifically *how positively* one believes that afterlife will be (Bradshaw, Ellison, & Flannely, 2008).

In addition, having strong global religious beliefs may influence what individuals attend to and how they interpret those situations. People's beliefs pervasively influence their perceptions and interpretations by serving as schemas that filter their experience. Thus, religious beliefs influence what people notice, experience, and remember (Barrett, 2013). The extent to which religious beliefs are salient and available determines the extent to which they are drawn on to form perceptions and attributions (Colzato et al., 2010; Ozorak, 2005). Thus, religious beliefs may result in confirmatory bias, a process of selectively noting and recalling information that is consistent with one's pre-existing beliefs about the world that can result in a positive feedback loop, strengthening one's beliefs. Meaning systems powerfully influence such top-down processing, and religious beliefs facilitate this concept-driven processing (Newton & McIntosh, 2013; Ozorak, 2005).

Although beliefs may have substantial general effects on well-being, they may also exert strong effects on well-being by affecting how individuals encounter the world (Ellison et al., 2009). Making meaning involves interpreting specific experiences, especially potentially stressful ones (Park, 2010). Thus, in leading people to interpret difficult situations more benignly, religious beliefs may buffer them from the stresses of daily living and promote better mental health (Park, 2012).

Because religious beliefs influence how individuals appraise situations and allow individuals with stronger positively-toned religious beliefs to make more benign appraisals of their encounters, religious beliefs may have cumulative effects on mental health through ongoing stress mitigation (Park, 2012). Indeed, research has demonstrated that situation-specific religious attributions can promote better psychological adjustment to negative life events such as illness or bereavement (e.g., Park, 2005, 2012). For example, a study of college students who had experienced a major life event found that attributing responsibility for the events' occurrence to God was positively related to happiness but not to life satisfaction (Park & Gutierrez, 2013). Similarly, in a study of adults in the U.K. who had experienced recent major life stress, attributing control of the event to God was positively correlated positively with positive affect (Loewenthal, MacLeod, Goldblatt, Lubitsh, & Valentine, 2000).

It is important to note that nearly all of the research reviewed by Flannely was conducted cross-sectionally, and very little of it took into account potential confounding variables. Thus, neither directionality nor causality can be assumed. Further, the noted associations reported may be strongly influenced by underlying third variables. For example, such beliefs may be associated with belonging to social networks, which could account for the effects of belief (Galen, 2015). In addition, observed relationships might be due, at least in part, to the *certainty* with which one holds one's beliefs rather than the content of those beliefs. For example, a study of adults yielded a curvilinear relationship such that those with higher belief certainty (both confidently religious and atheists) reported greater well-being relative to those with low certainty (unsure and agnostics). The authors concluded that the effects of beliefs may be due to "a confident worldview rather than religious beliefs themselves" (Galen & Kloet, 2011, p. 673).

Religious beliefs versus other religious/spiritual constructs

Given the desperate need to bring clarity to the study of religious beliefs, I was disappointed that after discussing the literature on beliefs in God, afterlife, and literal Biblical truth, Flannelly turned to other constructs within the psychology of religion and spirituality that are not beliefs but he labeled them as such, repeating a common error that plagues the study of religious beliefs. These constructs Flannelly discusses as “beliefs”—beliefs that one collaborates with God, that one has a specific type of relationship with God, that one’s life has meaning, or that God will improve one’s life could indeed be studied *as* beliefs, but the studies cited in these sections do not, in fact, concern beliefs but rather people’s emotion, sense, or feeling. An emotion, sense, or feeling is not a belief. For example, considering the literature in which people reported that they worked with God as partners, Flannelly justified considering this a belief, noting “Since there is no way of knowing if people actually interact with God, I consider statements about one’s interactions with God (e.g., collaboration) to be expressions of a person’s belief that s/he interacts with God” (p. 199). By that reasoning, any self-report of any construct can be considered a “belief” since we can never know what a person truly experiences.

Indeed, examining the specific items used to assess these constructs makes it clear that the studies cited in these sections do not assess beliefs in a reasonable operational way. For example, items include, “My religious or spiritual beliefs help me see that things will turn out well in the future,” “How close do you feel to God most of the time?,” “How often do you pray?,” “When it comes to deciding how to solve a problem, God and I work together as partners,” “I do not become upset or nervous because God solves my problems for me,” “Sought God’s love and care,” “I have a good sense of what makes my life meaningful,” “God sometimes seems responsive to my needs, but sometimes not,” and “I have a warm relationship with God.” Interesting concepts all, but not beliefs.

Suggestions for future research

Given the paucity of research on religious beliefs and well-being, the need for future well-designed studies is clear. Conducting strong research in this area is challenging for several reasons. First, few psychometrically-sound measures of religious beliefs have been developed. Most current measures of “religious beliefs” are omnibus, combining many beliefs and, often, other aspects of religiousness as well (e.g., BMMRS “beliefs” subscale; Fetzer/NIA, 1999). There is a tremendous need for sound measurement development in this area. Researchers aiming to assess religious specific belief domains must choose measures appropriate to the task and should scrutinize candidate measures carefully to determine whether they truly capture the belief construct of interest.

Second, implementing research designs demonstrating causality is difficult. Like many of the individual variables psychologists are keenly interested in, beliefs are part of the person and cannot be randomly assigned. There are possibilities for experimental work, however, to examine how different religious beliefs function. Flannelly provides some creative examples of how this work might be conducted, including using techniques like priming to make beliefs more salient and examining how participants’ existing beliefs influence responses to threat. Even if experimental methods are not used, more sophisticated longitudinal designs including attention to potential confounds, should be implemented.

With better measures and methods, there are many important issues regarding religious beliefs that await attention. These include:

Heart versus head knowledge

Empirical investigation of these two dimensions of religious beliefs is in its early stages and research on this topic has been hindered by lack of valid measures that distinguish between them. Some

research has suggested that indirect methods might be useful in capturing implicit beliefs (e.g., reaction times; see Zahl, Sharp, & Gibson, 2013, for a review). For example, Shariff and his colleagues used an implicit reaction time test linking concepts of religion and truth as a measure of implicit beliefs (Shariff, Cohen, & Norenzayan, 2008). However, practical considerations as well as lack of strong evidence of validity have limited the use of indirect methods (Zahl et al., 2013), and development of better measurement approaches is needed.

Influences of cultures and religions on relationships between beliefs and mental health

Given the very early stage of this research area, very little is yet known about how these relationships may vary across different cultures and religions. Many of the relationships may be moderated by these group variables. For example, one intriguing study conducted in Thailand suggests that a real-life example of priming might demonstrate moderation effects of religious affiliation. In a sample of Buddhists, for those who had recently meditated, belief in afterlife was strongly related to life satisfaction, but was unrelated for those who had not meditated recently. However, for Christians, beliefs in afterlife were unrelated to well-being in a sample surveyed right after church services but were related in a sample surveyed at another time (Chaiwitikornwanich, 2014).

Mediational pathways of influence of beliefs on mental health

Flannelly highlights one potential pathway through which beliefs can influence well-being, threat assessment, and contrasts it with another, terror management. However, as noted above, many other pathways of effect have also been hypothesized and some have received empirical support as well. With a phenomenon as overarching as religious beliefs, it seems likely that many pathways of influence likely co-exist. One such comprehensive model was proposed by Park (2017). Future research testing multiple pathways of influence would be helpful in illuminating how religious beliefs manifest in psychological health and well-being.

In summary, the current research on the links between religious beliefs and well-being is, at best, suggestive of generally salutary relationships, but a new generation of research using stronger methods and analytic strategies is needed. Further, research will be much more illuminating if it examines mediational pathways to examine the mechanisms through which beliefs exert their effects. At present, many intriguing issues await better measurement and testing. With studies based on more sophisticated conceptualizations and using sound methods, we will be able to learn much more about how beliefs influence mental health and well-being.

Disclosure statement

No potential conflict of interest was reported by the author.

Funding

This work was supported by John Templeton Foundation [grant number 61345].

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