On the Links between Religion, Mental Health and Inter-religious Conflict: A Brief Summary of Empirical Research

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ABSTRACT

Recently, the field of psychology has begun to display a growing interest in the influence of religion on people's psychological well-being. By and large, the empirical findings of this body of inquiry have revealed positive associations between religious beliefs and practices and different indices of health and well-being and demonstrated that religion serves as a valuable tool for individuals dealing with life stressors. Yet, there is ample data to suggest that religion can also have a negative influence on the psychological well-being of the individual. This duality of religion is the focus of this summary paper which consists of two main sections. The first considers the potential constructive and destructive sides of religion with regard to general health and well-being. The second section refers to religious variables that promote or mitigate prejudice and perceived conflict with others.

Religion is perhaps the most distinctive human phenomenon and was of major intellectual interest for the founding fathers of psychology (e.g., James, Freud, Jung) (1). It is surprising, therefore, that until the 1990s, the relationship between religion and psychological well-being was largely a neglected area of research: researchers often buried religious variables in the methods and results sections of their studies (2). More recently, the field of psychology has begun to display a growing interest in the influence of religion on people's psychological well-being (3, 4). It could be stated with confidence now that the field of the psychology of religion has established itself as a legitimate body of inquiry.

By and large, the empirical findings of this body of inquiry have revealed positive associations between religious beliefs and practices and different indices of health and well-being (3, 5) and demonstrated that religion serves as a valuable tool for individuals dealing with life stressors (6, 7). Yet, there is ample data to suggest that religion can also have a negative influence on the psychological well-being of the individual (8). Thus, religion seems to be a double-edge sword: It can be a source of growth, strength and social solidarity, as well as a source of personal strain and inter-religious conflict. In this domain, researchers have extensively tested the role religion plays in the development of prejudice towards others, with consistent findings: in general, religion does promote negative attitudes toward, and perceived conflict with, others (see 1, 9, 10 for reviews).

This duality of religion is the focus of this summary paper which consists of two main sections. The first considers the potential constructive and destructive sides of religion with regard to general health and well-being. The second section refers to religious variables that promote or mitigate prejudice and perceived conflict with others. To set the stage for my discussion, I start with defining religion.

DEFINITION OF RELIGION

What is religion? Social scientists and theologians have offered numerous definitions of religion, but have failed to reach a consensus. This state of affairs led sociologist Yinger (11) to conclude, “...any definition of religion is likely to be satisfactory only to its author” (p. 108). Pargament offers a definition of religion that is relevant...
to the phenomenon of interest-health and well-being. According to Pargament (6), religion is a “search for significance in ways related to the sacred” (p. 32). This perspective is tailored to the psychological venture, and it excludes concerns about the nature of the sacred that have little to do with significant human issues (12).

This definition includes two important elements: search for significance and the sacred. The search refers to the process of discovery of the sacred, conservation of the sacred once it has been found, and transformation of the sacred when internal or external pressures require a change (6, 13). The search can also be understood in terms of the multiple pathways people take to reach their goals and the goals themselves. Religious pathways encompass multiple dimensions, such as ideology, ethical conduct, emotional experience, social intercourse and study. These pathways can lead to diverse goals. They include personal ends, such as meaning in life and self-development, social ends, such as intimacy with others and justice in the world, and spiritual ends, such as closeness to God and living a moral and ethical life (13).

Pargament and Mahoney (13) define the sacred as divine beings, higher powers, or God and other aspects of life that take on divine character by virtue of their association with the divine. What makes religion distinctive is the involvement of the sacred in the pathways and destinations that define the individual’s search for significance.

From this perspective, religion is not a fixed set of beliefs and rituals. It is instead a dynamic process in which the sacred becomes a part of the pathways people take in search of whatever they hold significant, including the sacred itself. This process is multifaceted and individualized because people can follow diverse pathways that change over time to achieve significance. They also seek out many different destinations in living. The sacred, the heart of any religious expression, can also take many forms in the search for significance.

This conceptual framework offers the foundation for our discussion of the helpful and harmful aspects of religion.

**RELIGIOUS INVOLVEMENT**

A large body of empirical research has demonstrated links between religious involvement and physical health, drug/alcohol abuse and mental health. By religious involvement I mean self-rated religiousness, endorsement of religious beliefs and participation in religious rituals. Cross-sectional and longitudinal studies have consistently found significant associations between religious attendance and health status indicators, including specific conditions such as hypertension, general measures of functional disability and overall mortality (14). For example, McCullough et al. (15) conducted a meta-analysis of data from 42 independent samples examining the association of a measure of religious involvement and all causes of mortality. They found that, even after controlling for a variety of potential confounding variables, religious involvement was significantly associated with lower mortality, indicating that people with higher religious involvement were more likely to be alive at a follow-up than people lower in religious involvement. There is also enough empirical evidence to suggest that religion impacts suicidality. Gearing and Lizardi (16) reviewed the relevant literature and reached the conclusion that one’s degree of religiousness can potentially serve as a protective factor against suicidal behavior.

There is consistent evidence that religiousness and substance use are negatively related to each other. For example, of 38 studies covered in a review by Benson (17), 29 indicated a negative relationship between religiousness and alcohol use, and 26 with marijuana use. Working with high school students, Corwyn and Benda (18) found that a measure of personal religiousness (e.g., private prayer, evangelism) was a significant predictor of lower levels of drug use. Investigations of tobacco use and illicit drug use also show a negative relationship with religion. Using a sample of 1,092 twins, Kendler et al. (19) found that religious devotion was significantly and negatively linked to current levels of drinking and smoking as well as lifetime risk for alcoholism and nicot ine dependence.

In a meta-analysis of 100 studies examining the relationship between religiousness and mental health conducted by Koenig and Larson (5), religious beliefs and practices were related to greater life satisfaction, happiness, positive affect and higher morale in 79 (nearly 80%) of the studies. Of 12 prospective cohort studies identified in their meta-analysis, 10 reported a significant relationship between greater religiousness and greater
well-being. Similar levels of positive association were found between religiousness and hope, optimism, purpose and meaning; of 14 studies examining these relationships, 12 reported significant positive associations among these variables and two found no association with religion.

Salutary effects of religion have also been demonstrated with other dimensions of mental health and illness, such as self-esteem and mastery (20), depressive symptoms (21) and anxiety (22).

Overall, though a few studies have shown no links between religious involvement and indicators of mental health (e.g., 23) or even negative links (24), the literature reviewed in the above subsection indicates that there is a positive relationship between religious involvement and well-being, testifying to the constructive role religion plays in people's lives. However, this body of research is limited in four key respects. First, much of the research is either theoretical or lacks an overarching theoretical perspective. Second, current scientific findings are overwhelmingly based on a few items as indices of the multi-faceted complex domain of religion (25). For example, Mahoney et al. (26) found that 83% of the studies published in journals in the past 20 years on religion, marriage and parenting relied on one or two items to assess family members' general religiousness (e.g., denominational affiliation, church attendance) or conservative Christian beliefs. Third, possible harmful aspects of religion are generally not considered. Finally, the studies that have been conducted have focused almost exclusively on Christian samples (27), and have been geared largely to members of Judeo-Christian traditions. Other traditional faiths have been neglected for the most part.

**RELIigious MOTivation**

According to motivational theory, it matters "both what you pursue and why you pursue it" (28). This notion can be applied to the religious realm too. Initial empirical research suggests that people who devote more of their energy to the pursuit of spiritual ends experience physical and emotional benefits. For instance, Emmons et al. (29) asked samples of college and community-based adults to generate their personal strivings and found that those who reported a higher proportion of spiritual strivings (e.g., seeking God's will; seeking to deepen a relationship with God; attempting to live by one's spiritual beliefs in daily life) manifested greater purpose in life, marital and overall life satisfaction. Furthermore, the correlations between these spiritual strivings and measures of subjective well-being were stronger than the correlations between all other strivings and well-being.

Mahoney et al. (30) applied the construct of sanctification to college students' perceptions of their bodies. Students completed measures of the extent to which they viewed their bodies as being a manifestation of God (e.g., "My body is a temple of God") and as characterized by sacred qualities (e.g., holy, blessed, sacred). Greater levels of both forms of sanctification were related to higher levels of health-protective behaviors, strenuous exercise, satisfaction with one's body, and disapproval of alcohol consumption as well as to lower levels of illicit drug use, unhealthy eating practices, and alcohol consumption.

Conversely, people can sanctify destructive spiritual ends. As Palmer (31) wrote, "There are real dangers involved when the sacred gets attached to the wrong things" (p. 25). Palmer was pointing to idolatry. Idolatry is an issue of motivation; it speaks to the "what" part of the motivational theory. Drugs, alcohol, consumerism, and self-worship are a few of examples of idolatry, "false gods" in which people attempt to fill a spiritual vacuum in a destructive manner.

Although I am not aware of any empirical studies of idolatry, there are dramatic cases which point to the harmful ramifications of idolatry for health and well-being. Examples include people who devote themselves to tyrannical authority figures, and those who make food, drugs and alcohol the center of their lives. Self-worship is another example of idolatry. Commenting on the prevalence of this phenomenon among Nazis in World War II, Jung (32) wrote: "God-almightiness does not make man divine, it merely fills him with arrogance and arouses everything evil in him. It produces a diabolical caricature of man, and this inhuman mask is so unendurable, such a torture to wear, that he tortures others. He is split in himself, a prey to inexplicable contradictions" (p. 215).

Motivational theory also highlights the importance of why people involve themselves in religion. Allport, in a classic work, distinguished between two religious orientations: the extrinsic and intrinsic. According to Allport and Ross (33), the extrinsic orientation is characteristic of those who use their religion to achieve extra-religious (social and psychological) ends. On the other hand, the intrinsic orientation characterizes those who find their master motive in religious practices, beliefs and aspirations.

Allport and Ross measured extrinsic and intrinsic religion by the Religious Orientation Scale (10). Actually, this scale consists of two subscales, one designed to measure
extrinsic religion (items such as “the primary purpose of prayer is to gain relief and protection,” and “occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being”), and one to measure intrinsic religion (items such as “it is important for me to spend periods of time in private religious thought and meditation,” and “quite often I have been keenly aware of the presence of God or the divine being”). This scale is still widely used.

Overall, research conducted mostly among Christian samples has shown a positive correlation between an intrinsic orientation to religion and well-being, and a negative correlation between extrinsic religiousness and well-being (see 34 for review). For example, in a study of religious college students, Bergin et al. (35) found a positive correlation between intrinsic religiousness and sociability, sense of well-being, and tolerance, and a negative correlation between extrinsic religiousness and the same criteria.

In recent years, researchers have been testing the intrinsic-extrinsic religiousness framework with non-Christian samples. For example, in a comprehensive review of the empirically based psychology of Islam, Abu-Raiya and Pargament (36) identified multiple studies conducted among Muslim populations which tested the applicability of Allport and Ross’s (33) religious orientation framework to the Muslim context (37-40). By and large, this group of studies has yielded support for the usefulness of Allport and Ross’s framework and identified three religious orientations relevant to Muslims: intrinsic, extrinsic-personal and extrinsic-social. The pattern of relationship between these orientations and outcomes has been quite consistent: intrinsic religiousness and extrinsic-personal were related to positive outcomes while extrinsic-social religiousness was related to negative or no outcomes.

Likewise, working with four independent Christian samples, Ryan et al. (41) concluded that two types of internalization (the process through which an individual transforms a formerly externally prescribed regulation or value into an internal one) characterize the interplay between the individual and religion. The first, introjection, is similar to extrinsic religiousness (a partial internalization of religiousness based on self and other-approval-based pressures); the second, identification, is similar to intrinsic religiousness (beliefs based on personal values and volition). They found that higher levels of identification were associated with higher self-esteem, and less depression and anxiety, while higher levels of introjection were related to poorer outcomes on these variables.

Clearly, research on religious motivation has overcome some of the shortcomings associated with research on religious involvement. This research has a sound theoretical foundation and measures aspects of religiousness in more sophisticated ways and refers to some possible negative types of religiousness. Further, research in this area has been extended to other religious groups. Still, this body of investigation has not addressed what is perhaps the most relevant topic for mental health professionals, namely, how religion is involved in coping with stressors and life crises. Religious coping theory and research thoroughly address this issue.

**RELIGIOUS COPING**

In 1997, Pargament wrote *The Psychology of Religion and Coping: Theory, Research, Practice* in which he articulated a theoretical framework of religion and coping that grew out of the seminal contributions of Lazarus and Folkman (42), the founders of coping theory.

Coping theory rests on the fundamental assumption that human phenomena are multifaceted and can be understood only as the product of on-going processes of interaction between individuals and life situations in a larger social context (42). According to this theory, people are far from passive creatures. Rather, they are proactive, goal-directed beings who search constantly for meaning and significance in their lives. When people encounter life events, major as well as minor, they appraise them with regard to their important goals and strivings in life. When the framework of significance that people hold is challenged, threatened, or lost, they apply coping strategies to conserve or, when necessary, transform significance. This process is manifested in different domains in life: physical (e.g., health), financial (e.g., money), social (e.g., friends, family), and/or psychological (e.g., self-esteem) (43).

Religious coping theory adds to general coping models with its emphasis on the *sacred* as an object of and part of the search for significance. Hence, religious coping methods can be defined as “sacred-related ways of understanding and dealing with negative life events” (7: p. 743). Pargament et al. (44) made the distinction between positive religious coping methods and negative religious coping methods. The former reflects a secure relationship with God, a belief that there is a greater meaning to be found, and a sense of spiritual connect-
edness with others, while the latter reflects an ominous view of the world, and a religious struggle to find and conserve significance in life. To establish a foundation for empirical research in this area, Pargament et al. (45) developed a comprehensive measure (RCOPE) to assess the different patterns of religious coping. The RCOPE is perhaps the most widely used measure in psychology of religion research.

Since the publication of Pargament’s book, more than 1,000 studies have appeared that deal with religion, stress and coping. Though research had initially focused on Christian samples, researchers have started recently to examine religious coping methods and their associations with health and well-being among different religious groups such as Jews (46), Muslims (47, 48) and Hindus (49). Generally speaking, the findings of these studies lend support to Pargament’s (6) religious coping theory in general and his distinction between positive and negative religious coping in particular.

A clear picture emerges from studies of the relationship between positive religious coping and mental health: positive religious coping is positively and persistently associated with desirable mental health indicators (e.g., 46-54). Consider the following examples.

Smith et al. (53) examined the relationship between religious coping by church members and psychological and religious outcomes following the 1993 Midwest flood. They found that positive religious attributions and coping activities predicted better psychological and religious outcomes both 6 weeks and 6 months post-flood, after controlling for exposure and demographics.

Working with 841 ministers in the Presbyterian Church, Meisenhelder and Marcum (51) examined posttraumatic stress, religious and nonreligious coping in relation to positive religious outcomes following the tragedies of 9/11. They found that looking to God for strength, support and guidance was the most frequently used strategy; the second was increased prayer. They also found that more frequent positive religious coping was related to less severe stress symptoms and numbness and avoidance, and higher positive religious outcomes.

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Ai et al. (48) collected information about religiousness, war-related trauma, religious-spiritual coping, optimism and hope from a sample of 138 Muslims who escaped from Kosovo and Bosnia and settled in the United States. Applying Pargament’s (6) concept of religious-spiritual coping and using a path model, they found that higher religiousness was positively associated with positive religious coping, which in turn was related to higher optimism and education.

However, religious coping can be also a source of strain. A significant body of empirical work is making it increasingly clear that certain forms of religious coping can be harmful. In a study of medically ill, elderly patients, Pargament et al. (55) found unexpected results. Over the two-year period of their study, 176 of the patients they studied died. Consequently, they were able to test whether religious coping measures predicted mortality. After controlling for other variables (illness severity at baseline, mental health status, demographic variable), they found that negative religious coping was associated with a significantly greater risk of dying over two years. Specifically, people who felt that God had abandoned them, who questioned God’s love and care, and who felt that the devil was at work in their illness had a 19 to 28% increased risk of dying. This was perhaps the first study that has established a link between certain forms of religious expression and risk of mortality.

Other studies have linked signs of religious struggle to poorer mental health and even psychopathology (44, 47, 54, 56-59). For example, Sherman et al. (59) examined general religiousness and two modes of cancer-specific religious coping, drawing closer to faith (positive) and struggling with faith (negative), among 213 multiple myeloma patients evaluated at the same point in treatment, during their initial work-up for autologous stem cell transplantation. The outcomes assessed included standardized measures and clinician ratings of depression, general distress, physical functioning, mental health functioning, pain and fatigue. After adjusting for relevant control variables, negative religious coping was associated with significantly poorer functioning in the areas of depression, distress, mental health, pain and fatigue.

Abu-Raiya et al. (47) identified religious struggle as one of two negative types of religiousness among Muslims. Greater levels of Islamic Religious Struggle were linked consistently and strongly with greater levels of negative outcomes (angry feeling, alcohol use, depressed mood) and lower levels of positive outcomes (positive relations with others, purpose in life).

McConnell et al. (58) investigated the relationship between spiritual struggles and various types of psy-
chopathology symptoms in individuals who had and had not suffered from a recent illness. Participants completed self-report measures of religious variables and symptoms of psychopathology. Spiritual struggles were assessed by a measure of negative religious coping. As they predicted, negative religious coping was significantly linked to various forms of psychopathology, including anxiety, phobic anxiety, depression, paranoid ideation, obsessive-compulsiveness and somatization, after controlling for demographic and religious variables. In addition, the relationship between negative religious coping and anxiety and phobic anxiety was stronger for individuals who had experienced a recent illness.

It seems that religious struggles are the symbol of the “dark night of the soul” (60). Their negative impacts are found across different religious groups and cultures. Initially, these findings surprised researchers in the field. After all, from Abraham to Moses to Buddha to Jesus to Muhammad to Mother Teresa, illustrious religious figures have experienced their own religious struggles only to come out the other side steeled and strengthened. How can these findings be explained? One key may be whether the individual is able to solve his or her struggles. Some recent analyses suggest that this may be the case; it appears that those who are unable to solve their struggles over time are at greater risk of poorer mental and physical health, while people who experience these struggles temporarily do not face the same risk (55).

Another key may be the degree to which religious struggles are socially acceptable. In this vein, Abu-Raiya et al. (61) hypothesized that expressions of religious struggles, especially doubts about the existence of God or the afterlife, are not socially acceptable in the Islamic culture. As a result, Muslims who have religious doubts may experience alienation and loneliness, which may lead to depression or angry feelings. To cope with these negative feelings, some individuals may use destructive methods of coping. Promising as these explanations might be, it is important to recognize that they are still speculative. Future studies are needed to explicate the mechanisms that mediate between religious struggles and negative outcomes.

The findings of the voluminous studies on religious coping have clear implications for psychotherapy. Helping clients identify and draw on their own resources is one of the most important services that therapists can offer. Religion and spirituality are another critical resource that can be accessed in psychotherapy. Spiritual and religious strivings, knowledge, experience, practices, relationships and coping methods are invaluable “tools” while working with therapy clients. Clinicians should pay close attention to these resources and help their clients identify and draw on them in the process of dealing with life stressors.

Findings with regard to religious struggles suggest that mental health professionals need to be aware of “religious red flags” or signs of religious struggle when working with clients. Interventions to help people deal with their “dark nights of the soul” seem called for. As we will see shortly, steps in this direction have been already taken. Referral to a pastor or religiously-trained psychologist would seem appropriate to help these individuals work their struggles through before they become chronic.

RELIGION AND PREJUDICE
For many years, psychologists have been puzzled by the complex connections between religion and prejudice against a wide range of social sub-groups. The eminent psychologist Gordon Allport was one of the first social scientists to explore this intriguing intersection. In his book The Nature of Prejudice, he summed up his conclusions in a classic statement, “it (religion) makes prejudice and it unmakes prejudice” (62: p. 494). His key concept in explaining this ostensibly contradictory assertion was religious orientation. According to Allport, extrinsic religiousness (i.e., a utilitarian use of religion as a means to an end) “makes” prejudice, while intrinsic religiousness (i.e., a genuine, heartfelt devotion to one’s faith) “unmakes” it. Although the significant number of empirical studies generated from Allport’s conceptual framework has yielded mixed findings (e.g., 63, 64, 68), the question whether religion encourages or discourages prejudice has continued to elicit debate and engender extensive research.

A careful scrutiny of this research reveals an unambiguous picture: there is a link between religion and prejudice toward various social, ethnic, and religious groups, especially Jews and Blacks (1). For instance, 37 out of 47 studies included in a review of the empirical literature conducted by Batson et al. (10) found that higher levels of religiousness related to higher prejudice, eight indicated no relationship, while only two studies showed an inverse relationship. In a review of 16 articles on the relationship between various types of religiousness and intolerance, over half (59%) of the results indicated a positive relationship between religiousness and intolerance for various groups (65).
Specifically, this research has pointed to a few religiously-based variables which seem to promote prejudice. Higher levels of self-reported prejudice have been linked to greater religious fundamentalism (e.g., 66, 67), more extrinsic religious orientation (34), more frequent church attendance (e.g., 7682), and greater religious particularism (i.e., people’s belief that their religion is the only true one; 68). On the other hand, some religiously-based variables appear to mitigate prejudice. For instance, lower levels of self-reported prejudice have been tied to religious pluralism (i.e., the degree to which individuals believe there are multiple paths to religious truth; 69) and to a higher quest religious orientation (i.e., viewing religion as an on-going search for meaning; 10).

Researchers have also hypothesized that certain personality traits might explain the links between these religiously-based variables and prejudice and found some empirical support for this hypothesis. For example, several studies have shown that the relationship between fundamentalism and prejudice is partially or fully mediated by right-wing authoritarianism or adherence to conservative traditional political and social beliefs (63, 64, 70, 71).

Clearly, the existing research has shed some light on the connection between religion and prejudice. Still, this body of research is limited in some key respects (see 3 for more detail). First, the correlations between prejudice and the various indices of religiousness are relatively small in magnitude, implying that we need to identify religiously-based variables that are more robustly tied to prejudice. Second, researchers have primarily assessed global religious variables, such as religious affiliation or attendance (3). Yet to avoid perpetuating prejudicial stereotypes about broad religious groups (e.g., members of certain traditions or those who frequently attend church) we need to focus on specific aspects of religiousness that may be more closely associated with prejudice. Third, most of the research on the intersection of religion and prejudice has focused on stable religious and personality characteristics (43). With some important exceptions (e.g., 72, 73), empirical research needs to go further in exploring how situations and inter-group dynamics are involved in the development of prejudice (43). These limitations of the empirical literature indicate that more work lies ahead to illuminate the complex ways religion may either intensify or ameliorate the destructiveness of prejudice.

With the introduction of religious coping theory (6), a new line of research which may facilitate more in-depth research on religion and prejudice has emerged. Central to this line of research is the concept of desecration.

Though still in its very early stages, the findings of this line of inquiry are consistent and promising, and have started to shed important new light on our understanding of the disturbing ties between religion and prejudice.

DESECRATION, PREJUDICE AND PERCEIVED CONFLICT WITH OTHERS

As stated earlier, Pargament (6) defined religion as “the search for significance in ways related to the sacred.” In their search for the sacred, people encounter major life stressors that have significant implications for their deepest values and strivings, including those they hold sacred (6, 74). These critical events are evaluated and appraised in terms of their import for the sacred. Life situations may be evaluated as irrelevant, benign, or harmful with respect to sanctified aspects of life. Desecration refers to one particular type of negative spiritual appraisal: perceptions that a sacred aspect of life has been violated or threatened (13).

According to Abu-Raiya et al. (9), when people perceive that other groups pose a threat to or have damaged their most sacred sources of significance, they are likely to react strongly. Prejudice from this perspective can be understood as a reaction of in-group members to perceptions that their sacred values have been threatened or violated by members of various out-groups. In one sense, these attitudes represent a natural outgrowth or protective response to the perceived sacred threat or violation. Prejudice creates distance between the individual and the group that is seen as a danger to sacred aspects of life. Part of the protective response may also include intense antagonism and hostility toward the threatening group that creates unfortunate consequences of its own.

This plausible theoretical link between perceptions of desecration and prejudice has been tested in three distinct studies (43, 75, 76) with promising results. For example, Pargament et al. (39) used a sample of 139 undergraduate Christian students to examine whether the appraisal that Jews desecrate Christian values is linked to anti-Semitic attitudes. They found that greater perceptions of desecration were associated with greater anti-Semitism and perceived conflict with Jews, after controlling for demographic variables and dispositional measures (e.g., particularism, pluralism, church attendance, Christian orthodoxy, fundamentalism, and authoritarianism).

Similarly, using a sample of 192 Christian participants, Abu-Raiya et al. (75) examined the links between the appraisal that Muslims desecrate Christian values and
teachings and anti-Muslim attitudes. They found that Christians who reported greater perceptions of Muslims as desecrators of Christianity were more likely to report anti-Muslim prejudice and perceived conflict with Muslims. The findings were robust. Significant results remained even after controlling for the same demographic variables and dispositional measures used in Pargament et al’s (39) study.

Still, this growing body of investigation has demonstrated that the links between desecration and prejudice and perceived conflict with others are not automatic. They depend on the coping strategies people apply to deal with perceptions of desecration. For example, Abu-Raiya et al. (75) found that positive religious coping methods that emphasized expressions of Christian love and learning from Muslim spiritual models were associated with lower anti-Muslim attitudes, while negative religious coping methods that emphasized that Muslims were being punished by God and demonic were also tied to greater anti-Muslim attitudes. Three of these religious coping methods were found also to at least partially mediate the associations between desecration and anti-Muslim attitudes.

The findings of this line of inquiry into desecration have several implications (see 9 for a detailed discussion), the most notable of which is making the sacred dimension of inter-group conflict and prejudice more explicit. The knowledge that prejudice represents, in part, an effort to preserve and protect what people hold sacred may cast prejudice in a different, perhaps more manageable light. It could lead to valuable dialogue about what people hold sacred, how people differ in what they hold sacred, and how people at times inadvertently threaten or harm what others hold sacred. This dialogue, in turn, could foster mutual understanding and may create increased inter-group empathy and promote forgiveness for hostile responses and conflict across groups. The importance of developing greater respect to the sacred objects of others cannot be underestimated.

Research on the links between desecration and prejudice is in its early stages. Consequently, the three desecration-prejudice studies I referred to in this paper are initial efforts that are limited in several respects (e.g., the samples consisted of Christian, predominantly white, college students; the studies utilized a survey format and their findings were based on self-report data; all investigations applied a cross-sectional design, and, therefore, the findings do not allow causal inferences). Despite these limitations, this line of inquiry seems promising and might shed much needed light on age-old conflicts between other religious groups – Hindus and Muslims, Christians and Jews, Muslims and Jews. For example, could negative attitudes held by Muslims toward Jews in Israel be partially a result of the former perceiving the latter as desecrating their sacred values and places?

CONCLUDING REMARKS
This brief summary of empirical research regarding the role religion plays in people’s lives clearly shows that religious beliefs, practices and teachings can either promote health and well-being or be a source of personal struggle, strain and inter-group conflict. The findings presented here should be of interest to mental health professionals who should develop methods of psychotherapy that take seriously religious concerns. In fact, steps in this direction have been taken recently (74, 77, 78) but the efficacy of religiously integrated psychotherapy is still to be determined.

Policy makers also, especially in the Middle East where religion seems to play a crucial role in the lives of people, could be informed and helped by this body of research. The findings of studies on the links between desecration and prejudice underscore the importance of making the sacred dimension of the Israeli-Arab conflict and prejudice more explicit. The knowledge that prejudice represents, in part, an effort to preserve and protect what people hold sacred may cast prejudice in a different, perhaps more manageable light. It could lead to valuable dialogue about what Jews and Muslims hold sacred, how they differ in what they hold sacred, and how they at times inadvertently threaten or harm what others hold sacred. This dialogue, in turn, could foster mutual understanding and may create increased inter-group empathy and promote forgiveness for hostile responses and conflict across these groups. The importance of Muslims and Jews developing greater respect for one another’s sacred objects cannot be underestimated. They should be aware of the different types of religiousness that exacerbate or mitigate prejudice and perceived conflict with others if they are interested in establishing interfaith tolerance and understanding.

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