

# Religions and Development Research Programme

## Psychology, Religion and Development: A Literature Review

**Faith Martin**

University of Oxford



Working Paper 25- 2008

**RaD**

# Religions and Development

## Research Programme

The Religions and Development Research Programme Consortium is an international research partnership that is exploring the relationships between several major world religions, development in low-income countries and poverty reduction. The programme is comprised of a series of comparative research projects that are addressing the following questions:

- How do religious values and beliefs drive the actions and interactions of individuals and faith-based organisations?
- How do religious values and beliefs and religious organisations influence the relationships between states and societies?
- In what ways do faith communities interact with development actors and what are the outcomes with respect to the achievement of development goals?

The research aims to provide knowledge and tools to enable dialogue between development partners and contribute to the achievement of development goals. We believe that our role as researchers is not to make judgements about the truth or desirability of particular values or beliefs, nor is it to urge a greater or lesser role for religion in achieving development objectives. Instead, our aim is to produce systematic and reliable knowledge and better understanding of the social world.

The research focuses on four countries (India, Pakistan, Nigeria and Tanzania), enabling the research team to study most of the major world religions: Christianity, Islam, Hinduism, Sikhism, Buddhism and African traditional belief systems. The research projects will compare two or more of the focus countries, regions within the countries, different religious traditions and selected development activities and policies.

The consortium consists of six research partner organisations, each of which is working with other researchers in the four focus countries:

- University of Birmingham, UK: International Development Department, Department of Theology and Religion, Centre for West African Studies, Centre for the Study of Global Ethics.
- University of Bath, UK: Centre for Development Studies.
- Indian Institute of Dalit Studies, New Delhi.
- Nigerian Institute of Social and Economic Research, Ibadan.
- University of Dar es Salaam, Tanzania.
- Lahore University of Management Sciences, Pakistan.

In addition to the research partners, links have been forged with non-academic and non-government bodies, including Islamic Relief.

# Religions and Development Working Paper 25

## Psychology, Religion and Development: A Literature Review

**Faith Martin**

University of Oxford

ISBN: 0 7044 2740 0

978 0 7044 2740 2

© International Development Department, University of Birmingham



This document is an output from a project funded by the UK Department for International Development (DFID) for the benefit of developing countries. The views expressed are not necessarily those of DFID.





# Contents

<b>Preface</b>	<b>1</b>
<b>Summary</b>	<b>2</b>
<b>1 Introduction</b>	<b>3</b>
<b>2 Outlining psychology</b>	<b>4</b>
<b>2.1 Defining psychology</b>	<b>4</b>
<b>2.2 A brief history of psychology</b>	<b>4</b>
<b>3 Psychology, culture and development</b>	<b>9</b>
<b>4 An overview of psychology and religion</b>	<b>11</b>
<b>4.1 Tensions within psychology</b>	<b>11</b>
<b>4.2 The main psychological approaches to understanding religion</b>	<b>12</b>
<b>4.3 Coverage of research in psychology and religion</b>	<b>19</b>
<b>5 Intersections between psychology, religion and development</b>	<b>21</b>
<b>5.1 Politics and corruption</b>	<b>21</b>
<b>5.2 Identity and group membership</b>	<b>22</b>
<b>5.3 Women's experience and religion</b>	<b>23</b>
<b>5.4 Child development and lifespan approaches</b>	<b>24</b>
<b>5.5 Wellbeing, happiness, life satisfaction and quality of life</b>	<b>25</b>
<b>5.6 Health</b>	<b>27</b>
<b>5.7 Mental health</b>	<b>29</b>
<b>5.8 Coping</b>	<b>30</b>
<b>6 Conclusions</b>	<b>33</b>
<b>Appendix 1 Methodological approaches in psychology</b>	<b>34</b>
<b>Notes</b>	<b>36</b>
<b>References</b>	<b>38</b>



# Preface

This paper is one of a series of reviews of the relevant disciplinary literature that were commissioned during the early stages of the Religions and Development Research Programme. Reviews of the literature in the four focus countries in which the programme is working were also commissioned. The purpose of the reviews was to identify work of relevance to understanding the neglected interface between religions and development, to inform both the comparative empirical research projects being carried out as part of the programme and the conceptual work that is under way to develop appropriate theoretical and analytical frameworks. At the time this work was undertaken, the author was in the Department of Psychology, University of Bath. We acknowledge preparatory work undertaken by Professor Olakunle Odumosu, coordinator of the Nigerian country team. The paper has benefited from comments from an external reviewer. As with all the literature reviews, it was conceived of as a preliminary review, which would identify the strengths and weaknesses of work on the topic within the discipline, potential contributions to the work of the programme, as well as gaps and areas for possible further research. The views and interpretations expressed are those of the author who, like all the authors of the preliminary literature reviews, acknowledges that much more work could be done on this theme.

Carole Rakodi

Director, Religions and Development Research Programme

## Summary

This preliminary literature review aims to provide an overview of the contribution that psychology has made to understanding religion, with particular reference to the relationships between religion and development. It finds that little of the psychological literature published in English focuses on developing countries or religions outside the Judeo-Christian tradition. Nor is there much research that directly links psychology, religion and development. Nevertheless, it is suggested that some of the general psychological literature highlights areas where studies of religion have illuminated some correlations between religious beliefs and practices and various aspects of wellbeing. The main concepts used in psychological research that have contributed to an understanding of religion are identified as motivation, personality, needs, identity and coping. The paper identifies work on a variety of topics relevant to socio-economic development, broadly defined, especially wellbeing, happiness and quality of life; physical and mental health; and coping with adverse personal and social circumstances. Other potentially relevant areas include identity and group membership; women's experience of religion; child development; and politics and corruption.

Much psychological research focuses on the individual, typically using quantitative methods to study behaviour and mental processes, as well as the mind, self or person of the person. In particular, psychological research on religion measures religious beliefs, membership of religious organizations and religiosity, relating these 'religious' variables to various other social characteristics and behaviours. However, cross-cultural and critical psychology stresses the difficulties of applying such approaches across different faiths and countries if the cultural and religious assumptions underlying them are not problematized, and suggests that individuals should not be studied in isolation from their cultural, social and economic contexts. The paper concludes that topics that might repay further psychological research include the role of psychological processes in motivating people to join religious organizations in developing countries, how religious identity is reflected in values and behaviour related to key development issues such as health, child development or the empowerment of women, and the effects of religious participation on wellbeing and health. It stresses the important role of qualitative methods in providing an understanding of people's religious experiences, practices and beliefs and the ways in which these relate to other areas of their lives.



# 1 Introduction

The aim of this literature review is to provide an overview of psychological theories relating to religion that may be relevant to international development. Research has been selected on the basis that it either directly links psychology, religion and development or, more commonly, that it highlights areas in psychological research where theories relating to religion may be useful for understanding key concepts relating to development, interactions between groups or cases where religious beliefs, values or norms play a part in wellbeing. The review is written for a multidisciplinary audience unfamiliar with the discipline of psychology. It is necessarily highly selective<sup>1</sup>.

For this reason and in order to sketch out how psychology can contribute to understanding of how religion influences religious beliefs, values and norms in relation to development, it is first considered necessary to provide some information about psychology. The first section of this review is an outline of the discipline of psychology, with a brief tour through its history. This shows the scope of psychology and some of the key debates in the subject. Second, the extent to which psychology has been used across cultures, addresses cultural issues and is concerned with international development is considered. This shows that whilst psychology is an international subject, there remains a great deal of work to be done to relate it to poverty and development in a culturally sensitive way. Third, an overview of how psychology has addressed religion is provided, drawing attention to the major approaches. Fourth, research in psychology and religion that is of relevance to international development is covered in more depth. Much of this research has not been conducted in developing countries, rather the literature sheds light on issues that may be of future interest in the field. Finally, a brief conclusion is provided, together with some directions for future research.

Throughout this review of psychology and religion, terminology presents a challenge: is this the 'psychology of religion', or 'religion in dialogue with psychology': which subject is dominant? Following the work of Parsons and Jonte-Pace (2001), this review attempts to address the intersection between religion and psychological studies, "recognising that diversity and dialogue" characterise the field. Additionally, god is referred to throughout. This is not a reference to a particular God, but simply a way of signalling belief in a supernatural force or being.

## 2 Outlining psychology

### 2.1 Defining psychology

Psychology is difficult to define, being somewhat of a mongrel subject with boundaries that bleed into many other disciplines, including philosophy, anthropology, medical science, neuroscience, linguistics, criminology, education and even sociology. One definition of psychology is “a branch of science dealing with behaviour, acts or mental processes, as well as the mind, self or person who behaves or acts or has mental processes” (Corsini, 1999, p. 784). This reflects many of the commonly agreed upon components. However, controversy surrounds the definition of psychology as a science, given the different epistemological standpoints adopted by psychologists and the ever-growing role of qualitative research (e.g. Suzuki and Kopala, 1999). Historically, psychology has adopted predominantly quantitative methods, but interest in qualitative methods has exploded in recent years as the limitations of quantitative approaches (especially those linked to ethnocentric Western approaches to psychology) are more widely acknowledged. A brief discussion of methodologies applied in psychology is included in Appendix 1.

A “bio-psycho-social” (or even “bio-psycho-socio-cultural”) approach within psychology is common (e.g. Slade, 2002; Suls and Rothman, 2004) and can be seen in many introductory texts on psychology (Huffman, 2005). The idea is that biological, psychological and social processes are all relevant to e.g. health outcomes, highlighting the need for understanding in each are and attempts to bring different levels of explanation together. Within psychology, biological, cognitive<sup>2</sup> and social issues are all researched in an attempt to integrate these different approaches.

### 2.2 A brief history of psychology

In order to consider aspects of psychological research that are relevant to religion and development, it is necessary to outline the context of these theories. Examining the history of psychology provides an overview and permits us to understand how the discipline has developed, the main schools of thought and the methodologies that have been used. This in turn allows a critical approach (Carrette, 2007).

#### 2.2.1 *The early history of psychology*

Psychology’s history can be traced back to Aristotle’s considerations of happiness and Descartes discussion of mind-brain dualism (Benjamin, 2007, from which much of this section is drawn). However, the emergence of psychology as a discipline distinct from philosophy and physiology is a

relatively modern phenomenon. Wilhelm Wundt is often cited as the father of psychology owing to his studies of reaction times, published in 1874. Edward Titchener and Williams James both went on to study aspects of sensation and perception, which make up the basic aspects of cognitive psychology. Up to this point, experimental procedures, introspection and behavioural observation had been used as psychological methodologies. This type of early psychology is rooted in science and logical positivism. However, it must not be forgotten that Wundt himself recognised the importance of attempting to understand elements of mental processes that cannot be scientifically studied and argued that we must understand these processes through non-experimental methods as used in sociology and social psychology, for example (Benjamin, 2007). James went on to criticise reductionist psychology, pointing out that consciousness is a holistic phenomenon that cannot be fully explained by studying its elements. It is often forgotten that, even during its early stages, psychology was internally critiqued for its sometimes reductionist nature.

In the 1880s, Stanley Hall applied psychological principles to the study of children. A key point here is the methods he used. Although questionnaires and surveys were conducted, Hall collaborated with educators and parents to conduct research without *a priori* theoretical underpinnings. This contrasts with hypothetical deductive methods and is perhaps an early form of grounded theory, as Hall went on to develop theories rooted in his observations. Hall also had an interest in the psychology of religion, choosing to attempt to understand Jesus's personality, a predictably unsuccessful endeavour.

### **2.2.2 Freud and Jung**

In the late 19<sup>th</sup> and early 20<sup>th</sup> centuries, Freud's clinical work contributed many controversial ideas, especially his groundbreaking ideas on the roles of unconscious thoughts and desires. Importantly, Freud's work on psychoanalysis was qualitative in nature, born out of clinical interviews and observations, adding these methods to psychology's repertoire. His focus on internal processes shows his sympathies with cognitive psychology (Mandler, 1985). More recently, Freud's work has been increasingly neglected in both the USA and the UK, where the majority of university courses in psychology omit Freud, leaving the study of his work to literature departments (Billig, 1999). Jung has succumbed to a similar fate in mainstream Western psychology education. Jung worked significantly on personality, religion, psychotherapy, myth and the concept of the collective unconscious and collaborated closely with Freud for some years (Walker, 2002).

### **2.2.3 Humanist psychology**

Humanist psychology was created in opposition to psychoanalytical approaches. Rather than reacting to the unscientific methods, emphasis was placed on conscious awareness (Stevens, 2007).

Establishing itself as a clear movement in the 1950s, the humanistic approach emphasised autonomy and an holistic approach whereby the whole person, including mind, body, affect (mood / emotions) and cognition, should be taken into account. Key figures of this school include Abraham Maslow, who famously discussed human needs in relation to psychology (Maslow, 1943), Gordon Allport, whose distinguished career including considerations of the psychology of religion (Allport, 1950); and Victor Frankl, who emphasized humans' need for meaning in life (Frankl, 1963). These important theories of religion are discussed in greater detail in a later section.

Humanistic psychology continues to be studied and researched and has given rise to various therapeutic methods. The recent movement of 'positive psychology', which aims to study and enhance both individual and societal well-being (Seligman and Csikszentmihalyi, 2000), can be traced back to humanistic approaches.

### **2.2.4 Behaviourism**

Prior to humanistic psychology and in direct opposition to the unscientific, non-falsifiable and non-observable methods and theories of Freud, behaviourism was a major paradigm shift in psychology. Famously, Ivan Pavlov in the 1890s and John Watson in the 1920s demonstrated through scientific observation that behaviour is learnt through association between environment and action.

Behaviourism is based on logical positivism and reduces human actions to learned associations. It was a dominant school of thought in psychology for many years and underpins many of the currently popular clinical therapies and applied theories. However, religion was not considered a suitable object of study for the science of behaviourism (Wulff, 2001).

### **2.2.5 Cognitive approaches**

Cognitive psychology sought to counter the claims of behaviourism, particularly in the 1960s (Gorsuch, 1988). Modern cognitive psychology has its foundations in the much earlier work of Titchener and others who studied the acquisition, maintenance and use of knowledge, through understanding how sensory information is processed, reduced, stored, recovered and used. Broadly,

cognitive psychology “is a theoretical perspective that focuses on the realms of human perception, thought, and memory” (Bruning et al, 1995, p. 1). It includes the study of visual perception and information processing (Neisser, 1967). Theories of how people attribute events and actions to causes (e.g. Block and Funder, 1986) and how people cognitively construct their identities (e.g. Bandura, 1986) will be shown to be of particular relevance to the study of religion. This school of psychology is not without its critics: B. F. Skinner, a prominent behaviourist, went as far as to decry cognitive psychology, stating that “cognitive processes are inventions” (Skinner, 1986, p. 80).

Although cognitive psychology is often accused of being “reductionist” (e.g. Stanovich, 2001), “Gestalt” psychology attempts to be holistic. Gestalt psychology can be thought of as an element of cognitive psychology that also has influences from other areas, including psychotherapy. It emphasises that understanding the component parts of something does not equate to understanding the whole (Korbart, 2001). Indeed, Gestalt approaches have a “phenomenological” epistemology (meaning experiences are seen as meaningful units that can be studied, Benjamin, 2007) and are considered ideal for studying phenomena such as religion (ibid). Gestalt theories continue to be used to contribute to attempts to understand the nature of religion (e.g. Ragsdale, 2004).

### **2.2.6 Cross-cultural psychology**

Cross-cultural<sup>3</sup> psychology originated in the 1970s and attempted to interrogate the assumptions of a “universal psychology” by asking whether the theories underlying “Western” approaches or derived from “Western studies” with “Western” samples are applicable in other cultures (Turtle, 1989). Types of (religious) experience will, it was noted, “display a particular form, meaning and structure in one culture, but another form, meaning and structure in another culture” (Belzen, 2001, p. 47). A particularly extreme example of this was the finding that drug-induced religious experiences are interpreted as visions of the Virgin Mary by Catholics but with appropriate traditional theistic imagery by members of Native American Churches (Beit-Hallahmi and Argyle, 1997, p. 87). This highlights the point that the psychology of religion is culturally variable and the way in which we experience phenomena is fundamentally linked to our culture, our socio-culturally informed expectations and prevailing social norms. It is these complex variations that cultural psychology investigates, in an attempt to balance the discipline’s bias towards focusing on the individual. Belzen, for example, explains that different cognitive processes and abilities are shown by the same individual in different

settings. Thus it has been found that basic mathematics are performed accurately by more people in a shopping situation than when being tested in a classroom (Lave et al, 1984). This simple example shows the importance of the setting and means that

“researchers have to turn to participant observation, analysis of personal documents, interview and other ecologically valid techniques. Further, it becomes necessary to study not the isolated individual, but also the beliefs, values and rules that are prevalent in a particular situation” (Belzen, 2001, p. 48).

### 3 Psychology, culture and development

Modern psychology has primarily been conducted in Western Europe (particularly the UK and Germany) and North America (Benjamin, 2007). In the 1960s, owing to the dominance of North American research, the discipline was criticized for its “provincialism” (Waston, 1967).

Nevertheless, psychology is not an exclusively “Western” endeavour. In Asia, psychology has had a presence in academia since the 1880s and has been taught since 1903. It spread throughout Asia and saw an enormous upsurge in academic output in the 1980s (Turtle, 1989). At around that time, calls for indigenous psychology grew (Turtle, 1989). A key problem for researchers today, as is borne out in this review, is that much indigenous psychological research remains unpublished or is published in non-English language sources that are not indexed on the common literature databases, such as *PsychInfo*.

In South America, the first psychology laboratory was founded in Mexico in 1916 and researchers lead the field in evolutionary approaches, developmental<sup>4</sup> and educational psychology and psychometrics (Ardila, 1982). Cross-cultural, social and politically orientated psychology are also popular, most probably due to the social and economic conditions in the region (Sosa and Valderrama-Iturbe, 2001).

The situation in Africa contrasts with the relative popularity of psychology in Asia and South America. Even in the mid-1980s, many African universities had no psychology departments and those that did commonly attempted to use western theories, “trying to slot African behaviour patterns into western casts, instead of exploring and understanding indigenous precepts” (Nsamenang, 1993, p. 173). Psychology done in Africa done by outsiders and that done in Africa by Africans may differ (Wober, 1975), emphasising the point that psychological research and practice is performed through a cultural lens.

Replacing “Western” psychology with indigenous psychology may be the goal of some. However other researchers point out that, although this will provide locally relevant theories of potential practical use, these will be just as parochial as the “Western” psychology they seek to replace (Nsamenang, 1993). The object of criticism (i.e. mainstream “Western” psychology based on “Western” research with “Western” samples) could, it is feared, simply be replaced by an “Eastern” version (for example) that could have the very same limitations. A universal psychology that integrates aspects from different cultures is a long-term goal for many psychologists (ibid.).

Cross-cultural psychology appears in many USA and UK university psychology departments, but historically this work has been predominantly interested in comparing attributes across cultures, rather than addressing the issues of poverty in developing nations using applied psychological principles (Carr and MacLachlan, 1998). In the UK around twenty-five years ago, some psychologists were frustrated with the discipline's lack of consideration of poverty and international development, with some stressing "the failure of social psychologists to address themselves to one of the most critical series of social problems of our time, those faced by developing countries" (Blackler, 1983, p. ix).

Some ten years ago, Carr and MacLachlan (1998) conducted a literature review to assess the role of the discipline of psychology in developing countries. Calculating from the results presented in their paper, of the 454 publications indexed on the (now unavailable) database *PsychLit* under either "developing countr\*" or "Third World" between 1985 and 1994, 428 could be categorised by nation and area of study. Overall, 18 per cent focused on Africa, 14 per cent on Asia, 11 per cent on the Americas and 57 per cent had a multi-region focus. There was, therefore little developing country focused research during the time frame analyzed and that which had been done tended not to focus on specific areas. In particular, Latin America seems somewhat under-represented<sup>5</sup>. Areas of psychology covered were social / organizational, health and welfare and development and educational psychology, showing a fairly wide coverage in terms of topics, although the vast majority of the research addressed health and welfare. It is impossible to update this review, as the original database cannot be used. However, a coarse search using the same terms on the database *PsychInfo* reveals 782 publications over the same period (1985-1994) (approximately 0.1 per cent of the indexed publications). The volume of developing country focused output has grown in subsequent periods: 1,377 (around 0.2 per cent of the indexed publications) between 1995 and 2004 and 1,123 (approximately 0.3 per cent of the total) in the shorter period between 2005 and 7<sup>th</sup> March 2008.

In brief, development relates to stability, security, literacy and education, "quality of life", mental and physical health, group identities and conflict, gender equality and empowerment, and economic growth (Haynes, 2007). All of these elements have a psychological component. There are several texts which provide excellent overviews of the contribution of psychology to the study of and interventions in poverty (e.g. Carr and Sloan, 2003; Mohanty and Misra, 2000). Growth in psychology's concern with issues relating to international development is also demonstrated by the founding in 1989 of the journal *Psychology and Developing Societies* to showcase research in the area and foster debate regarding the role of psychology in development (see <http://pds.sagepub.com/> ).



## 4 An overview of psychology and religion

Turning now to psychology and religion, this section seeks to provide a broad overview of the research relevant to psychology and religion. First, some of the tensions within psychology concerning the study of religion are identified. In Section 4.2, the main psychological approaches to understanding religion are discussed in turn, to provide a broad overview of how psychology has addressed religion. Third, the question of the extent to which research relating to psychology and religion has covered different religions and regions will be briefly considered.

### 4.1 Tensions between psychology and religion

In some respects, psychology has an obvious interest in studying religion. Religiosity involves beliefs, which are commonly investigated by psychologists in many different areas of the discipline, for example health psychology examines the role of beliefs in causing and changing health behaviours (Rosenstock, 1974). As such, it is natural to investigate the psychology of religious beliefs. Furthermore, psychology concerns itself with behaviours, beliefs, values and norms (Colman, 1999). The discipline's interest in religion is, however, grounded in Judeo-Christian culture and critical psychologists warn that we must be aware of this, owing to its lasting impact on psychological research and practice (Browning, 2001).

Despite psychology's interest in religion, tensions between religion and psychology have occurred. Psychologists may be cynical about religion, particularly those who seek a neurological basis for religious experiences and behaviours. Both psychology and psychologists are frequently condemned as being 'reductionist' because of the prevalence of positivist approaches and quantitative methods. Indeed, attempts to quantify religion and break it down into its component beliefs, values and practices are reductionist. Furthermore, even trying to understand how *individuals* think about religion can be decried as reductionist, as it may fail to take into account the interaction between religion and the wider social, cultural and environmental context. Two broad reactions to this criticism can be identified. First, 'traditional' or 'mainstream' psychology has defended itself. For example, Spilka (2001) states:

"The panic cry of reductionism often levelled against statistical techniques is essentially vacuous. These can be applied at all levels of analysis. In like manner, knee-jerk rejection of holistic notions is no more sound. Efforts stressing social interaction, cognition, and interaction with emotion and motivation strive toward an holistic perspective. To understand the human as a whole is a long-term aim; all forms of analysis necessarily fall short of fully representing whatever religious phenomena are studied" (p32).

A more specific response to the criticism of reductionism is to point out the value in correlational studies. Empirical studies, it is asserted, can consider the correlates between religious beliefs and behaviours and outcomes such as health or quality of life (Pargament, 2002, p. 170) at both individual and societal scales.

The second broad reaction to the criticism of the reductionist nature of psychology has been to redress the perceived limitations through qualitative work and critical psychology (e.g. Carrette, 2007). ‘Discursive psychology’, ‘dialogical psychology’ and ‘cultural psychology’ all recognize the importance of social processes to the issues psychology investigates (Carrette, 2001). In particular, some psychologists acknowledge the limitations of their discipline when trying to investigate religion, recognizing that the details of what religion and religious practices mean to a person vary between individuals, while this individual meaning is strongly influenced by and related to external circumstances, including social, historical and traditional influences (Gualtieri, 1967).

It is obvious that psychology alone cannot explain religion, although psychology has a role to play in understanding religious beliefs and practices and differences between individuals. Psychologists remain hopeful that the discipline can make a contribution to the understanding of religion:

“Psychology, with its emphasis on observable and measurable behaviour, can be seen as standing in opposition to religion, with its emphasis on faith and the ineffable. But, the answers to life’s questions provided by both disciplines are similar, and the new movement of positive psychology has served to highlight this with its research emphasis on positive states and dispositions” (Joseph, Linley and Maltby, 2006, pp. 210 - 211).

Today, therefore, it is recognized that the study of psychology and religion must be embedded in the cultural and historical and not solely individual perspectives (Belzen, 2001).

## **4.2 The main psychological approaches to understanding religion**

Within the frame of the tensions identified above, psychology has studied religion in relation to many topics, including wellbeing, personality, the family, adult development and the life span, meaning making, therapy, mental and physical health, cognitions and emotions and organisations (Emmons and Paloutzian, 2003). Overall, psychological studies have reported that religion has a positive impact on psychological health:

“Religious belief and spiritual experiences appear to enhance well-being and positive relationships, and generally to assist in the development of psychological health. In addition, such belief and experiences potentially influence self-concepts, moral values, human relationships, life-style, life goals, life philosophies, creative expression, and social affiliations and group membership” (Fontana, 2003, p. 228).

There are several broad theories in psychology of how to view religion. The approaches taken to exploring religion and psychology can be divided into the inner and outer approaches (Fontana, 2003). The inner approach is where self-reported cognitions, values and beliefs are studied. Conversely, the outer approach examines behaviours at the individual, group and cultural levels. Both types of approaches are outlined in the following sections, which serve to show how psychology has approached religion and to introduce theories which will be built upon in the section that explicitly discusses psychology, religion and international development. First, the approaches of Freud and Jung will be very briefly sketched for completeness, although much of their work is of little relevance to understanding how psychology and religion can be related to international development. Second, theories of motivation and personality are outlined. Third, the fulfilment of needs by religion is then considered. Fourth, identity theories and their relevance to religion are discussed, with research of particular relevance to international development appearing in the section addressing the intersection between religion, psychology and development. Finally, the relationship between psychology and coping is summarized, again with the majority of this research appearing in relation to international development.

It is first necessary to consider the areas of research that are not included in this review, to provide a full, balanced picture of the research. Of least relevance to this discussion is the neuro-psychological research that has attempted to localize religious experiences to particular parts of the brain structure (e.g. Persinger, 1987). This serves to highlight the reductionist view of religion and religious experience held by some psychologists and neuroscientists. Additionally, theories of religious conflict, how religion alters views of death, the psychology of conversion and religious experiences, ritual behaviours and mental health and the vast majority of work on object relations theory<sup>6</sup> are not covered. Conflict is a major field of research in psychology and religion, but it is primarily concerned with international relations. The remaining aspects of research do little to address issues relevant to international development. Excellent overviews of psychology’s research in these areas can be found in Hood et al (1996) and Wulff (1997).

### **4.2.1 Freud and Jung**

It has been argued that Freud can be seen as pathologising religion. His view that religiousness is caused by insecure attachments with parents and is related to obsessional neurosis is opposed by many psychologists (Gomez, 2001). According to Noller (1992) little evidence has been found to support the claim that attachment to God is caused by poor attachment to one's parents.

For Jung, religious experiences and ideas are found in the human psyche and not in the supernatural. He considered religions to be imaginary. His theories extend beyond objective psychology, attributing the meaning of religion to notions of good and evil. People, he suggested, make myths of religion, in order to fulfil a psychological need to feel wholeness and seek forgiveness (Todd, 1985). This links to Frankl's (1963) ideas of man's search for meaning. The general concept of religion as linked to needs is considered in more detail in a later section. Jung has been widely criticized, not least for his lack of knowledge of the cultures he investigated, the unsystematic nature of his methods and his seeming lack of awareness of his own cultural biases (Parsons, 2001).

Freud and Jung addressed religion from an interpretive perspective, attempting to understand the meaning of religious traditions and experiences (Wulff, 2001). Both theorists are the subjects of enormous criticism within psychology. Much of Freud's work has been discredited by mainstream psychologists, including 'object relation' psychologists (working with a theory developed from Freud's work), who point out that Freud's ideas that religion is something to be outgrown are overly simplistic (Wulff, 2001). That said, both Freud's and Jung's theories on religion do continue to interest psychologists, particularly in relation to certain schools of psychotherapy. It is impossible to review the full impact of these theories here, given the scope of this review and the enormous literature on their work (for a more thorough consideration see Palmer, 1997). Additionally, as these theories are grand theories of human nature, view religion with great scepticism and are predominantly relevant to psychotherapy, they are not considered of great relevance to understanding the relationships between religion and development.

### **4.2.2 Motivation and personality**

Individuals may be motivated by intrinsic or extrinsic goals in a general sense, as well as in relation to religion (Allport and Ross, 1967). Intrinsically motivated individuals “live their religion” (Pargament, 2002). Extrinsically motivated religious individuals tend to use religion as a tool, for example for coping or gaining social resources. Extrinsic religion is seen as self-serving, utilitarian and self-protective. Conversely, intrinsic religion appears to be more positive, as it includes principles such as loving one’s neighbour (Allport, 1960). Religious motivation cannot be simply divided into two categories. ‘Quest orientation’ has been suggested as a third type, incorporating self-criticism and openness to change (Batson et al, 1993). A similar distinction is made between religion that is freely chosen and internalized and religion that is externally imposed, through socialization or overt social pressure. Internalization (beliefs that are valued highly and seen as part of a person’s identity) has been shown to be associated with less anxiety and depression than amongst those who ‘found’ religion through “introjection” or fear and external pressure (Ryan et al, 1993).

Religious motivation may be associated with conservative or liberal orientations between and within faith traditions. Typically, extrinsic orientations are expressed in fundamentalist religiosity and associated with conservative attitudes and behaviour, while intrinsic (and especially Quest) orientations are associated with liberal attitudes and behaviour. Although the conservative-liberal spectrum between and within religions is important and highly relevant to understanding religious trends and their behavioural and social implications in developing countries, it is not explored further in this review due to constraints on time and space.

Types of religious motivation have been associated with personality traits<sup>7</sup> (Bergin et al, 1987). Indeed, religion itself can be viewed as a stable disposition, in that it relates to attitudes seen across a variety of contexts (Pargament, 2002)<sup>8</sup>. Much work has been done to examine a religious element to personality. Costa and McCrae (1992) developed the “Five factor model” of personality, comprised of neuroticism (e.g. worry), extraversion (similar to outgoing), openness to experience (e.g. liberal), agreeableness (e.g. friendliness) and conscientiousness (e.g. having the will to achieve). Other researchers have attempted to add a religion-based factor into our understandings of personality. One example is the ‘transcendence’ construct, which was posited as an additional personality factor to

account for religious aspects of personality and is defined by solitude, detachment, simplicity and dispassion (Piedmont, 1999). Further personality tests have tried to identify religious ‘types’, with little success (Carrette, 2001).

### **4.2.3 Theories of need**

Maslow’s hierarchy of human needs is perhaps the most famous psychological needs theory. He stated that a person strives to satisfy, in sequence, physiological, safety, belongingness and love, esteem and self-actualisation needs (Maslow, 1943). Aggernaes (1994) provides another need theory, specifying four universal needs: biological needs, need for positive interactions with others, need for meaning or value in activities and the need for living a varied life. Both self-actualisation and a need for meaning can be related to religion. Indeed, Pargament, a prominent psychologist researching religion, defines religion as “a search for significance in ways related to the sacred” (Pargament, 1997, p. 32), showing his overall support for religion as a system for making meaning. This conceptualisation covers religious ways of behaving, thinking, relating to people and feeling (Pargament, 2002).

People’s religious or personal beliefs “form idiosyncratic meaning systems that allow individuals to give meaning to the world around them and to their experiences” (Silberman, 2005, p. 644). Religious beliefs therefore provide a meaning system, which can influence goals and behaviour. Outcome expectations are influenced by religion, including “self-efficacy”, which relates to the feeling that one is able and confident to carry out actions. Goals are influenced by the overarching motivation to be linked to the sacred and to live in accordance with religious teachings, e.g. to behave in a forgiving and benevolent fashion. Religion can give meaning to physical spaces (e.g. mosques), roles (e.g. parenting may involve providing religious education to one’s children), cultural products (e.g. music), people (e.g. preachers) and objects (e.g. icons) (Silberman, 2005). Religion can meet the human need for self-actualization. Religion can also provide a meaning system shared between individuals which then influences group behaviour, linking back to social identity theory. However, it is also acknowledged that religious learning is malleable and beliefs are dynamic. (ibid.).

Religion can therefore be viewed as a “meaning system that is similar to other systems in its structure, malleability, and functioning, yet is unique in centring on what is perceived to be sacred” (Silberman, 2005, p. 655). Psychology can, therefore, address some aspects of religion, but it cannot adequately speak to the uniqueness of religious experience .

#### 4.2.4 Identity

Identity has been the topic of much research in psychology, with various different definitions and theories arising, many of which are inter-related. Two such theories are ‘identity theory’, which addresses role-based identities (e.g. mother or daughter), and ‘social identity theory’, which focuses on belonging to a group or category (e.g. Muslim or Hindu) (Stryker and Burke, 2000). The former have not been greatly researched in relation to religion, although clearly both social influences, including gender, ethnicity and religion, and social relationships affect the roles we have and choose and therefore affect our identity.

‘Social Identity Theory’ (SIT) has been more explicitly concerned with religious beliefs, values and norms. Before discussing this research, it is necessary to outline the principles on which the theory is based. In SIT, group membership is held to give rise to our social identity and when this identity is positive, self-esteem is seen to be boosted (Tajfel and Turner, 1986).

SIT cannot be discussed without mentioning social attribution theory. Developed by Heider (1958), social attribution theory relates to how people understand social events and the behaviour of themselves and others by attributing cause to internal or external forces (the person versus, for example, luck) and by assuming behaviour to be driven by a person’s disposition rather than the situation they are in.

A prototype of the ‘ingroup’ is held (the beliefs, values, norms and behaviours associated with members of the group to which the person belongs) that is typically more positive than the stereotype of the outgroup. Positive characteristics of the ingroup are regarded as being caused by group members and due to their disposition. Viewing the ingroup as favourable increases self-esteem through personal association with something positive (Brown, 2000). However, it is not simply these biased views that are thought to lie behind the positive effect of group membership on self-esteem. Actually having a clear identity is also thought to be positive. Indeed it is unpleasant to feel uncertain about who one is and

“group identification is a particularly effective way to reduce such uncertainty, because the process of depersonalisation associated with self-categorisation transforms the ‘uncertain self’ into a ‘certain self’ governed by an in-group prototype that is consensually validated by fellow in-group members” (Hogg and Mullin, 1999, p. 269).

Having a group affiliation give a clearer idea of who one is and may also reduce other aspects of uncertainty in life owing to the beliefs and values associated with the group: a religious group member, for example, shares beliefs in causality. Causal attributions allow us to understand why events occur, although people use different explanations at different times. God is attributed as having a general control over events, so religious beliefs may be invoked to explain distal causes or when there is no clear proximal cause (Herriot, 2007, p. 52). Indeed, in situations of uncertainty, such as those faced by people in poverty, social movements that contribute to feelings of certainty are said to be successful (Herriot, 2007, p. 13).

In addition to considering one's sense of self and self-esteem, SIT addresses behaviour in relation to groups. Beliefs, values and norms influence and motivate action, particularly if they are strongly 'internalised' or incorporated into one's own attitudes and values (Herriot, 2007). Group identity fosters conformity with a group: one wishes to be an ideal group member and act in accordance with the group's beliefs, values and norms. A group member will assimilate the perceived prototypical behaviour of the group in order to conform (Abrams and Hogg, 1990).

Much of the research using SIT concerns behaviours relating to prejudice and conflict between groups, which is not of direct relevance to the current topic. Nonetheless, taken generally, SIT provides a framework for understanding why people may be part of groups and how those groups may affect their behaviour and relate to their identity. Importantly, Deaux et al (1995) highlight the fact that membership of different types of group (for example religious, occupational and political organizations) may serve different identity functions, for example, self-insight, a sense of belonging, a sense of connectedness or feelings of social cohesion. It is unclear which functions religious identity can fulfil and the degree to which this is similar across individuals.

Research examining identity theories in relation to religion in contexts relating to international development is considered in more depth in a later section.



### 4.2.5 Coping

There are many different theories of coping and coping types, including problem focused and emotion-focused types (Lazarus and Folkman, 1984). Many different factors influence the type and success of coping, including genetic factors, the environment, individual levels of anxiety and depression, and social support (Connor and Zhang, 2006). Coping can include meaning making, whereby people create reasons for events and cognitively adapt to render the stressful experience more positive (Park, 2005). God's will and religion more generally have been related to meaning making and therefore to coping. Additionally, coping in religion is seen as multifaceted, including positive strategies, such as collaborating with God to find a solution, and negative strategies, for example feeling uncared for by God (Pargament and Park, 1995). These theories relate quite strongly to Judeo-Christian traditions, but the religious methods of coping questionnaire (the RCOPE) (Pargament et al, 2000)<sup>9</sup> has been used with people of other faiths, as will be highlighted in the discussion of religion, psychology and development in Section 5.

## 4.3 Coverage of research in psychology and religion

It is a challenge to identify literature in psychology that relates to religion. Whilst the more popular Western works and considerations of theorists such as Freud, Jung and Allport are easy to locate, other studies are more difficult to find. Religion is often used as a co-variate in psychological research (Gorsuch, 1988), so literature searches including this term invariably locate thousands of results. It is clear that this review can not be exhaustive in its coverage. Rather, aspects of the study of religion and psychology have been identified to highlight the diverse sub-areas of work, different faiths, different methods and different cultural contexts. This caveat must be kept in mind as we now consider the extent to which studies of psychology and religion have occurred outside of the Western Judeo-Christian tradition.

The majority of research into psychology and religion seems to be carried out in the USA and the rest of the developed, Western world (including Western Europe, Canada and Australia). As such, the vast majority addresses the Judeo-Christian religions. Nonetheless, some work relating to Buddhism, Hinduism and Islam has been conducted.

Aspects of Buddhism and Hinduism have held a particular fascination for some psychologists, with the principles of Buddhism being investigated in relation to both self-help approaches (Brazier, 2003) and more rigorous clinical work (Walley, 1986). Acceptance, mindfulness in actions and thought and the negative impact of desires are all popular concepts within clinical and health psychology (Teasdale et al, 2003). Islam, on the other hand, is the focus of only a small proportion of the published works on religion and psychology (Sheridan and North, 2004)<sup>10</sup>. Sikhism, although a less common religion, is featured in the literature, e.g. in relation to counselling (Sandhu, 2004) and identity (Takhar, 2005), although there is little work overall.

In Africa and Asia work on wellbeing, health behaviours, coping and identity in relation to religion and psychology has been done (and is explored in the following sections). Although psychology has a strong presence in South America, research into psychology and religion appears to be less common than in Asia and Africa. A popular topic is the study of religious experiences in relation to mental health (e.g. Moreira-Almeida et al, 2005; Moreira-Almeida et al, 2006), taking quite a sceptical, almost Freudian view of religion. Additionally, much research has been done examining religion, migration (mainly from South America to the USA) and acculturation (Flaskerud and Uman, 1996). Other studies, examining coping, political attitudes and wellbeing, are discussed in the sections below. Overall, there remains a paucity of work relating psychology to Islam in particular and examining psychology and religion in non-western nations.

## 5 Intersections between psychology, religion and development

Although not always conducted in developing countries, the study of psychology and religion has important contribution to make to understanding people's values, beliefs, norms and behaviour in various spheres of life that may be of relevance to development. Research into politics and corruption, identity and group membership, women, child development, well-being, mental health, health and coping is covered in this section.

### 5.1 Politics and corruption

Evidenced in research from South America is psychology's growing interest in political behaviours and attitudes. Research in Argentina and Chile relates the intensity with which individuals hold their religious beliefs ("devoutness") to political attitudes, most notably attitudes towards democracy: greater intensity of belief was related to less favourable views of democracy (Patterson, 2004). Similarly, in Brazil it was found that people with stronger religious values had more negative attitudes towards democracy (Pereira et al, 2001). This may be partly related to other socio-economic variables such as education (in these studies typically lower amongst those who were more devout), but also may relate to the lower importance placed on material possessions by those who are devout, leading to fewer perceived benefits of democracy, which in this research was apparently related to economic prosperity (ibid). This research suggests that the prevalence of religious beliefs in a population may be negatively related to that population's endorsement of democracy. The degree to which this impacts on, for example, voting behaviour is not yet known. Overall, the role of religious attitudes in relation to political behaviour has not been well considered (Unger, 2007).

Corruption has been studied by psychologists (e.g. Roldan, 1989), with a focus on trust. Corruption erodes trust, an effect observed in Asia as well as other nations (Chang and Chu, 2006). Trust has been related to both democracy and subjective well-being (Inglehart, 1999). Frey and Stutzer (2002) show the positive effect of religion and democracy on subjective wellbeing (SWB), although this relationship is complex (see Section 5.5). Higher SWB is found if people believe that government shares their ideals, including religious values, whilst corruption has a negative effect on SWB. Thus statistical modelling techniques show that the positive effects of good government on SWB operate both directly and indirectly. The direct impacts are through feelings of being represented and having trust (linked to experiencing SWB, Tavits, 2007). The indirect impacts are through the general benefits of democracy and economic prosperity (Tavits, 2007).

Perceptions of corruption in relation to religious organizations have also been studied. For example, within 'new religious movements' (small, marginal, radical, cult-like groups), where pressure to conform to social norms is high and autonomy is low, a darker side of religion may be seen (Buxant and Saroglou, 2008). Obedience and a lack of questioning of authority are said to foster corruption (Milgram, 1974; Scheper-Hughes and Bourgois, 2004; Wortley, 2002). Further work is needed to examine attitudes to corruption and corrupt behaviour both within religious groups other than cult-like groups and of members of faith traditions towards corruption in wider society.

## **5.2 Identity and group membership**

An individual's identity cannot be wholly removed from the social and cultural context in which he or she lives (Bland, 2008). As such, psychology's identity theories can be related not only to religion, but also to the culture and socio-economic conditions of the person under study.

Using a sample of people from different religious and ethnic groups in Turkey, a mixed methods approach was used to examine how people negotiate multiple identities while living under a Muslim government. In this study it was found that, regardless of ethnicity or religious orientation, people did not differentiate between their ethnic or religious identities. The authors contrast this to findings in the UK, where Muslims prioritize their religious identity over their ethnicity. However no real theoretical explanation for this difference is explored (Godazgar and Fathi, 2005). The available work thus suggests that, in some nations at least, religious and ethnic identities are intertwined, with the beliefs, values and social norms associated with each being inseparable. The impact of religion on behaviour in such cases is complex to disentangle.

Despite the complexities, religion has been related to behaviours. A qualitative study with Sri Lankan business leaders found that their religious principles guided their decision making towards morality, despite the challenges of also fulfilling the demands of business (Fernando and Jackson, 2006). Correlational work has shown that high levels of religiousness are related to high levels of pro-social "helping" behaviour (Batson et al, 1985). This may be related to the perceived social desirability of helping and/or the high value placed on the norm of being a good, helpful person. Church involvement has been linked to higher levels of community-based participation amongst African American men (Mattis et al., 2000). In addition to being related to participation, gratitude and forgiveness (Emmons

and Paloutzian, 2003; Worthington and Scherer, 2004), however, religion can also be associated with societal dysfunction (as demonstrated by Paul for the developed democracies using measures of religiosity and indicators such as rates of homicide, youth suicide, abortion and early adolescent pregnancy) (Paul, 2005) and conflict and violence (Ellens, 2004).

Whilst religious conflict is not a core topic in this review, it is related to group psychology: people need to believe in the positive nature of the groups to which they belong, which can mean seeing the negative in the outgroup (Ariyanto et al, 2007). Some have found that church membership is linked to lower tolerance of other groups (Allen and Spilka, 1967), although others report that being an active church member has been associated with less prejudice, particularly when combined with an intrinsic religious orientation (Gorsuch, 1988). Religious values are important when considering group behaviour, but it is clear that their effects are not well understood.

In Hinduism, group psychology can be viewed differently by examining the traditional *varna* system that divides people on the basis of family history into caste groups, arranged in a hierarchy. Each group has rules to guide behaviour, but today there is flexibility in the occupations and roles one can have should one experience economic difficulties. The caste system continues to be observed, with psychologists offering religion-related explanations for its persistence: little importance is said to be attached to a person's present life, owing to a belief in impermanence and the low value placed on material conditions; while caste status is considered to be deserved and justice because one's behaviour in a past life accounts for one's current situation (Fontana, 2003). In this case, religious values can be used together with psychological theory to understand social stratification.

### **5.3 Women's experience and religion**

Thus far the consideration of religion and psychology has not been related to gender. Indeed, there is little research connecting psychology, religion and gender in international development, although gender has been studied more generally in relation to identity. For example, Muslim women's perceptions of their identity in Sweden were investigated in a qualitative study, using life histories. Whilst this study is not overtly a psychological piece, it highlights that being Muslim does not preclude women from having a feminist outlook (McGinty, 2007). During focus group discussion and semi-structured interviews in Thailand, women reported limitations related to their religious beliefs, for

example not having freedom because of a strict Muslim husband, which contrasted to the positive view men had of religion (Jongudomkarn and Camfield, 2006). Ali et al (2008) studied how women in the US experienced their religion to gain a “deeper understanding of women who may embrace strong religious values and the potential empowerment they may gain from their religion” (p38). Qualitative semi-structured interviews explored the themes of religion in everyday life with seven Muslim and seven Christian women. They talked about the degree to which religion was important to their lives in terms of decision making, daily practice and their families. For many, religion and culture were seen as one and the same, as also seen in McGinty’s (2007) work. The women also described deriving strength from their religious beliefs, despite common perceptions that their religions are patriarchal and oppressive (Ali et al., 2008). These findings appear to contrast with the experiences of the Thai women (Jongudomkarn and Camfield, 2006). It would be interesting to see if this experience is shared by women living in Muslim and Christian communities in less developed nations, to establish if the positive effect of these religious beliefs is seen in more traditional settings.

## 5.4 Child development and lifespan approaches

In child development, it has been observed that young children attempt to understand their own experience and the world more widely (Fontana, 2003). Piaget, a famous developmental psychologist, classified this as a need and a universal stage in development (Piaget, 1967). Whilst the details of Piaget’s theories have attracted enormous criticism, there is consensus that the general principle is true (Dunlap, 2004). As previously mentioned, religion can be understood as a way of achieving such a sense of understanding of the world.

Issues of developmental psychology have not been well-explored in relation to religion. There is a lack of theoretical models, especially when associating adolescent wellbeing with religion. However, religion is recognized as being relevant to the development of moral values and parenting styles. Additionally, religion is linked to health behaviours, participation in social activities etc. Thus the impact religion has during childhood may be long-lasting.

“The influences of religious importance and participation on moral outcomes are mediated through trusting interaction with adults, friends and parents who share similar views of the world ... religious practices may not themselves increase moral orientation towards altruism or empathy but that interaction with others in the context of supportive and trusting relationships may do so” (Ebstyne et al, 2004, p. 709).

It was found in a sample of religious Americans from diverse faiths that during the life cycle, religion increases the social resources available to people, highlighting the importance of religious groups for nurturing young people's moral lives and the links between membership of religious organizations and social resources (Ebstyne et al, 2004). Such social resources may be of particular relevance to people living in poverty (see, for example, McGregor, 2000).

Parenting styles were related to religion in a sample of African Americans living in the rural south (Brody and Flor, 1998). A similar effect was found in Nigeria, where religion was related to positive aspects of parenting and moral education (Torimiro et al, 2004). These parenting styles have been shown to have a positive impact on child safety and education and to instil norms that subsequently govern adult behaviour (Brody and Flor, 1998). American religious adolescents are more committed to school work and community activities (Youniss et al., 1999). These effects of religion on norms and behaviour need to be further study in cultures outside the USA.

## 5.5 Wellbeing, happiness, life satisfaction and quality of life

Within the positive psychology movement, religion has received attention as a determinant/correlate of happiness. The terms 'happiness', 'life satisfaction', 'wellbeing' and 'quality of life' are not well differentiated (Candel and Dubois, 2005; Veenhoven, 2000), therefore the terms used by the cited works will be used. The effect of religion on well-being varies, depending on how well-being is actually measured, with a clear overall relationship yet to be established (Pargament, 2002). This is hardly surprising, given the complexity of defining and measuring well-being itself.

Levels of religiosity are related to various socio-demographic characteristics in the predominantly Western research. Pargament (2002) provides a brief review, suggesting that higher levels of religiosity are related to being African American, older, less educated, female and, in general, socially marginalized. Religion would then be expected to be linked with having a poor quality of life, although the available research suggests otherwise.

In a meta-analysis of 34 studies, the relationships between the three variables of a) participation in organized religious activities, b) subjective religious orientation and c) life satisfaction were analyzed. Participation in organized religious activities was found to be less related to the life satisfaction of

individuals than subjective religious orientation (Hackney and Snaders, 2003). Therefore, whilst both a) and b) are concerned with religion and are both correlated with life satisfaction, the correlation between subjective religious orientation (b) and life satisfaction was stronger than the correlation between participation in organised religious activities (a) and life satisfaction. Within the USA, religion (here Christianity) is linked positively to harmony at a social level through objective indicators of suicide rates and unemployment, as it is asserted that “the values practiced by religious people influence the social environment and its QoL” (Ferriss, 2002). Furthermore, community integration was associated with frequent church participation and strongly held religious beliefs. Religious beliefs, values and norms appear to positively affect communities, although more research is needed to examine this effect in different cultural and socio-economic contexts.

Work in Thailand has shown a perceived link between religion and “unity”, which seems to relate to collectivist values of supportive communities and harmonious inter-personal relationships (Jongudomkarn and Camfield, 2006). In South Korea, Kim (2003) found that life satisfaction was no different for those with or without (self-reported) religious faith (although this result was attributed to the low life satisfaction reported in this sample by Buddhists). However, for those with a low income or living in rural areas, levels of religious belief are more positively related to life satisfaction than for people with high incomes or those living in urban areas. The impact of religion on happiness was related to the concrete social resources provided by religious groups e.g. hospitals and schools. Religion also provides a frame of reference to understand the world, social support and self-esteem, all of which may motivate positive health beliefs, e.g. not using alcohol (ibid). The importance of disaggregating within faith traditions is demonstrated by a qualitative study using life histories in Guatemala. Higher self-reported levels of religious values amongst Mormon and Neo-Pentecostal church members than amongst Roman Catholics seemed to be related to more positive self-improvement cognitions and goals (Gooren, 2002), which in turn relate to happiness.

In general, it is asserted, religion does not contribute much to explaining differences in subjective wellbeing (SWB): less than 4 per cent of the variance in SWB can be attributed to religious variables, although religion does impact SWB through its effect on other variables (e.g. health) and through the link in the Western world between Protestant societies and high levels of economic development (Inglehart and Klingemann, 2000).



Individual data has been collected in Argentina, Brazil, Uruguay, Egypt, Israel, Kenya, Italy, Lithuania, Spain, Turkey, England, China, India, Japan, Malaysia and Thailand using the World Health Organisation's Quality of Life measure of Spiritual, Religious and Personal Beliefs. This shows, in contrast to Inglehart and Klingemann's findings, that facets of the spiritual domain of quality of life (e.g. connectedness to a spiritual being or force; meaning of life; awe; wholeness and integration; spiritual strength; inner peace / serenity / harmony; hope and optimism; and faith) correlate with other domains of quality of life, such as health (WHOQOL SRPB Group, 2006).

A major limitation of much of this work is that "Western theories of psychological well-being are firmly established on a highly individuated self concept; individuals are believed to be metaphysically discrete and separate from others just as their physical bodies are" but "East Asian discussion of the individual starts with the Confucian assumption that the person exists in relation to others" (Suh, 2000, p. 65). In summary, the impact of religious beliefs on well-being in different cultural, economic and religious contexts remains poorly understood.

## 5.6 Health

The relationship between religion and health is an area of continued and growing interest, not least in psychology (Oman and Thoresen, 2002). In relation to help-seeking, attendance at medical consultations and their outcomes are related to culture and religion. Sultan, a medical doctor, discussed his experience of working in Iraq (Sultan, 2007). Although not a psychologist, much of his work has psychological content. He shows that beliefs in supernatural agents and spirits, as well as luck, may cause patients to delay seeking medical treatment, which may adversely affect health outcomes. Additionally, some cultural practices are in themselves harmful, for example the traditional Iraqi remedy for facial palsies, thought to be caused by an evil spirit entering the body, are traditionally treated by slapping "the face with an old slipper" (Sultan, 2007, p. 68). Furthermore, owing to poverty and illiteracy, the more accessible, cheaper traditional methods may appeal and education to inform regarding modern medicine is challenging. Understanding broad beliefs, including religious beliefs, may improve culturally sensitive health care.

Research has shown that religious beliefs, values and norms can have both a positive and negative impact on health through health beliefs. Levels of religion as measured through "church" attendance, devotional activity and religious experience appear to be linked to positive health behaviours. An

example of this is research that has shown that involvement in religious institutions may encourage young people to adopt the values these institutions have, which may include not using tobacco (Glendinning and Inglis, 1999). In Turkey, where household heads are typically men, research with Muslim women has shown that the sometimes negative effects of women's lack of agency on reproductive health are declining with changes in society and also that Islam has a positive effect on women's reproductive health, as religious values require individuals to pay attention to both their own and public health (Bahar et al., 2005). A positive impact of religion on health has also been seen in research in the USA, through more positive health behaviours (e.g. more exercising, less smoking, less alcohol and substance use and abuse), lower blood pressure (although causality is not established) and less dependence on physical appearance (as reviewed by Oman and Thoresen, 2002). Putative reasons for these links are a) better health behaviours caused by religious beliefs led to reduce morbidity/mortality; b) religion is associated with greater social support, which is protective for many health-related factors, including stress, c) religion causes better mental health, therefore people experience less cardiovascular activity and better immune systems (a well-established finding in psycho-immunology, an area within health psychology); or d) phenomena acting through religious activities may influence health (Oman and Thoresen, 2002). Awareness of these diverse explanations can allow clearer, theory-led research.

However, negative or harmful health behaviours have also been linked to religion. In a predominantly male and African American sample, drug users in the USA with a higher self-reported religiosity engaged in more risky needle use-related behaviours, putting themselves at high risk from HIV (Hasnain et al., 2005). It was suggested that belief in a higher power is thought to confer protection, a sort of perceived invulnerability from danger due to God's love or a belief in fate through God's will, "negat[ing] the need to engage in low-risk behaviour" (ibid, p. 896). In East Africa, religious commitment has also been linked to HIV-related risk behaviours (Becker and Geissler, 2007), supporting the finding that religious beliefs are not always linked to positive health behaviours.

## 5.7 Mental health

The impact of religion on mental health has been discussed within the European and North American literature (e.g. Koenig, 1998). Owing to migration, forced or otherwise, these nations have started to engage with the importance of religion to e.g. refugees (Belzen, 2001). This, in addition to attempts to address the mental health of people living in developing countries, has led to considerations of culture and religion in relation to clinical psychology. Furthermore, mental health has been linked to social capital (e.g. McKenzie, 2002), a topic of importance in international development (e.g. Grootaert and van Bastelaer, 2002).

Mental health is an important issue for those living in poverty, owing to the stressful conditions of living in poverty and poor access to treatment (Moreira, 2003). These issues are of particular relevance to women living in third world countries who may be subjected to terrible conditions and suffering. Research in South East Asia has shown that traditional roles of women can cause enormous stress, but that women have little or no agency (education, money, support) to assist their coping or to change their situation (Trivedi et al, 2007). “The social milieu, one of the most important determinants of health, is characterized by poverty, overcrowded living conditions, [and] unemployment” (ibid, p. 222), with low education related to a higher risk of psychiatric problems. Furthermore, the risk and impact of violence and rape is highly damaging to mental health, both directly and through the negative consequences of stigma. With this in mind, researchers call for more involvement of mental health researchers and practitioners in developing nations and an increased consideration of culturally sensitive psychology (Trivedi et al., 2007).

The prevalence of psychiatric disorders amongst children living in Kerala, South India was investigated using culturally appropriate measures and interview schedules (Hackett et al., 1999). The presence of a disorder was associated with being male, Muslim, of lower social class, having parents with lower education levels, having failed at school and having poor levels of literacy. As such, situations of poverty were associated with poor mental health. Prevalence of disorder was found to be lower in South India than in many other nations, but there are issues with the sampling and generalizability of the findings, in addition to concerns about the comparability of conceptualisations of mental ill-health across cultures. No explanations are offered as to why religion might be associated with disorder, although it is possible that being Muslim was linked with having lower socio-economic status.

A qualitative study examining perceptions of mental illness amongst South African Muslims highlights the importance of understanding both “Western”, biological views and culturally relevant conceptualizations of mental illness as related to spirituality in order to understand and develop successful interventions (Ally and Laher, 2008).

In relation to interventions, there is a basic challenge of uptake. Religion is related to help-seeking behaviours. Sociologists in Sweden have observed that people may perceive discrimination due to their religion when seeking medical help (Wamala et al., 2007). Psychologists have observed similar effects, for example in research with a sample of Filipino Americans. Although no differences were observed in help-seeking from mental health professionals, religious affiliation was associated with a greater tendency to seek help from the clergy, suggesting that involving religious organizations may increase uptake of interventions (Abe-Kim and Fang Gong, 2004). Religious norms play a part in whether and how people seek help and assistance, but work is needed to confirm these effects in developing countries, where low levels of resources highlight the importance of reaching those in need through the few interventions that are funded.

## 5.8 Coping

Religion supplies a source of hope (Plante and Boccaccini, 1997), which can assist coping through the maintenance of a positive outlook. People use religious and personal beliefs to predict events and to cope with adversity (Silberman, 2005). Within pastoral psychology, studies have shown that people use religion as a cognitive tool to positively reinterpret pain and suffering (Rankow, 2006). For example, people living in poverty and suffering famine and natural disasters may come to see themselves as favoured by God, leading to feelings of gratitude towards the divine (Fontana, 2003). Part of this can be explained by object-relations theory and meaning making, which states that people need to feel positively connected to their environment (Fontana, 2003) and to God (Kirkpatrick, 2005) and will therefore create positive explanations for events (Pargament, 1997). In Hinduism, religious values include decreasing desires and strivings and learning to accept one’s situation. Pain, then, is regarded as a bodily sensation which does not harm the soul, but is rather the result of the present situation and previous activities (Whitman, 2007). A clear cause for suffering is attributed, i.e. one’s own actions. Attributing cause, as seen above, allows fulfilment of a need to understand, followed by acceptance.

Using religion to cope is common for those living in poverty.

“Research has consistently shown that the use of religion to cope in situations of distress is more common among disadvantaged groups such as women; ethnic minorities; the sick; and those with lower levels of education, income, and job status” (Ai et al, 2003, p. 33).

Interviews with women living in South African townships have shown they use prayer to gain perspective and purpose in the face of hardship, work stress and physical health problems (Copeland-Linder, 2006). Furthermore, “the high prevalence of religiosity among Black women may help explain individual and community resiliency in South Africa despite oppressive conditions” (ibid., p595). Older Palestinian refugees living in poor communities in Lebanon with higher attendance at religious activities had lower levels of depression than those who did not attend (Chaaya et al., 2007). The sample used in this study included people who were not refugees, for whom no effect was found. To explain this, the authors point out that church attendance gives social support and social engagement with similar people, which refugees may not experience owing to social isolation.

Religious values, beliefs and norms can also be linked to coping with suffering, re-interpreting suffering as positive or through having self-control (Hanh, 1998). Thus people may use cognitive strategies of refocusing from the pain to seek detachment, an approach that is mirrored in some ‘Western’ pain management interventions (McCracken and Eccleston, 2003). However, psychological theories are limited in understanding experiences of suffering:

“from the psychological literature on self-control we no doubt have a greater understanding of the behavioural and psychological mechanisms operational in self-control, but we lack a compelling and inspirational reason to develop these mechanisms” (Bland, 2008, p. 11).

The positive effects of religious coping have been studied in relation to health. In the USA, the majority of patients with HIV/AIDS were found to belong to a religion. They used their beliefs to assist with coping, decreasing feelings of guilt and shame and increasing optimism (Cotton et al., 2006). Research with people living in poverty in Detroit showed that having a belief in eternal life did reduce the impact of chronic health and financial problems, but had no positive effect on the degree of stress experienced (Ellison et al., 2001). However, religious coping is not always positive. Using a sample of Muslim Eastern Europeans now living in the USA, Krause (1995) demonstrated that, although

optimism was associated with high levels of religious belief, anger at God, for example, was associated with less hope and worse outcomes.

Hopelessness is an important concept for psychology and poverty. According to on Seligman's work (e.g. Abela and Seligman, 2000), hopelessness is linked to depression, as the hopeless person sees no positive outcomes and thus has no motivation to cope. Hopelessness may be linked to poverty, for example lack of employment opportunities may mean that people feel they can do nothing to improve their situation, leading them to feel hopeless (Pacione, 2002). However, whilst hopelessness predicts poor coping and negative health behaviours, the relationship between religion and hopelessness is unclear (Bolland et al, 2005). It may be that religious values are incompatible with hopelessness and therefore can be protective.

Religious coping varies across different faiths. In a survey of Christians, Hindus, Jews and Muslims living in the USA, it was found that Muslims perceived religious coping with depression as more effective than those from other faiths, while Christians rated prayer by self or others as more effective than the other groups (Loewenthal et al., 2001). Research that demonstrates the possible ways in which disadvantaged or sick people draw on religion to cope does not mean that religion can be seen as a compensating resource that people use to make up for the unpleasantness in their lives, as many spiritual people have happy lives in pleasant circumstances (Fontana, 2003). Moreover, as noted above, more work is needed to establish the effects of religious beliefs on coping with poverty and ill health in less developed countries, particularly where health outcomes are less likely to be positive owing to a dearth of health care resources, and it is clearly important to consider differences in religious beliefs and values that may impact on coping with adversity.

## 6 Conclusions

The first important observation to make is that there is little work in psychology that relates religion to international development directly and with clarity. However, there are areas of research that are relevant to international development and to understanding how people's religious beliefs, attitudes and norms influence both group and individual behaviour. Issues such as wellbeing and quality of life, coping, and mental and physical health, which have attracted considerable attention from psychologists, are of particular importance to development and social change. Indeed Haynes (2007) identifies health as a major area where religion can play a positive role in development.

Psychology has at its disposal a wide range of research methods. It has been dominated by quantitative studies that have attempted to measure religiosity, religious beliefs and religious values through participation in religious practices, membership of religious organizations and the use of attitudinal scales (for example, to assess degrees of religiosity, coping or perceptions of wellbeing). Such attempts to quantify religion have enabled researchers to correlate various signifiers of religion with behaviour and its outcomes (e.g. health, wellbeing). Criticisms of such methods include their reductionist conception of religion and other aspects of society, and their inability to demonstrate causality. In response, and increasingly, qualitative approaches are complementing or replacing quantitative methods. These enable more in depth exploration of meanings and perceptions that yield 'thick' descriptions of people's religious experiences, values and beliefs and their relationships to other areas of their lives.

The need to examine psychological theories relating to religion in different cultural and socio-economic contexts, especially in developing nations and different faith traditions, has emerged clearly from this review. Other areas for further research include examining how psychological processes relate to the motivation to join and conformity within religious organizations in developing countries; the association between psychological processes and identification with religious and social positions along the conservative-liberal spectrum; understanding and predicting behaviour and how it relates to religious identity; how religion guides behaviour in relation to the empowerment of women; the driving forces behind religious affiliation and the development of morality in situations of poverty; and the effects of participation in religious organizations on well-being, physical and mental health.

# Appendix 1

## Methodological approaches in psychology

Psychology has at its disposal a wide range of research methods. A glance in any methods handbook for psychology students highlights this fact: observational, psychophysiology (relates psychology and physiology), psychometric testing, questionnaires, interviews, diary and narrative methods, focus groups, action research and ethnography can all be seen (this example is taken from the contents page of Breakwell et al., 2006). In many respects, the range of research methods used in psychology is similar to other social sciences and the approaches demonstrate similar strengths and weaknesses. For example, sociologists may use surveys, correlational studies, interviews, ethnography and social experiments (McNeill and Chapman, 2005) and anthropology research methods include interviewing, observations and ethnography (Bernard, 2005).

It is undeniable that quantitative studies dominate psychological research, most likely owing to the historical importance of this type of work in establishing psychology as a discipline (as discussed in Section 2). The vast majority of studies reviewed in this paper have used measures of religiosity, religious beliefs and religious values. Attempts are made to quantify how religious people are: some psychologists use membership of religious organisations, others quantify participation in organised religious activities or devise scales of dis/agreement with religious statements. Those who view religion as multifaceted use multidimensional measures (Gorsuch, 1988). The “Santa Clara Strength of Faith questionnaire” is one example of a questionnaire method used to measure religious beliefs (Lewis et al., 2001). Scales of religious coping are also used. Increasingly, attempts are being made to ensure that, when such methods are used in different cultural contexts or for international comparative research, they are sensitive to the cultural and religious assumptions underlying their construction and analysis. For example, the religious coping scale RCOPE (Pargament et al., 2000) has been used in Brazil, where it had excellent validity (Panzini and Bandeira, 2005).

This type of quantification is used to allow statistical investigation into religious and other variables, such as health, in-group-bias or well-being. Correlations between variables are used to try to map out how different levels of religious belief are associated with different behaviour or outcomes. However, this type of research cannot claim to demonstrate causality. Additionally, the research is often not theory-driven, is limited by its cross-sectional nature, and continues to be considered reductionist by many analysts.



Qualitative psychology continues to grow (e.g. Smith, 2003; Suzuki and Kopala, 1999). Indeed, historically Wundt used introspection as a method of inquiry, which is far from a scientific method (Fontana, 2003). In relation to the current topic of interest, we have identified qualitative work using life histories, for example to explore how Muslim women experience empowerment (McGinty, 2007); interviews (Fernando and Jackson, 2006); and focus groups examining perceptions of religion, the sense of community unity and wellbeing (Jongudomkarn and Camfield, 2006). Qualitative research seeks to explore meanings and perceptions in detail, to give “thick” descriptions of people’s experiences, values, beliefs and views relating to religion. The methods are increasingly widely used, especially in the UK and Europe. Unlike earlier positivist approaches, with their implicit cultural and religious assumptions, they are grounded in various postmodern perspectives, including social constructionism, discourse analysis and feminism, are intrinsically reflexive and can potentially make a significant contribution to the study of religion and society in diverse cultural and faith contexts.

## Notes

- 1 Psychology has a variety of professional fields. In the UK, these fields are clinical, counselling, educational, forensic, health, occupational, and sports and exercise psychology (British Psychological Society, 2006). This list shows the diverse applications of psychology, but even more diverse are the academic fields. A glance at the contents page in any introductory psychology text book reveals cognitive, biological, developmental, individual differences (e.g. intelligence, personality, motivation, emotions), social, abnormal (usually relating to clinical populations), neuropsychology and so on (e.g. Gleitman, Reisberg and Gross, 2007; Kalat, 2005).  
 Social psychology is of particular relevance to this review. "Social psychology is uniquely the academic discipline which relates the social context to the individual psyche" (Herriot, 2007, p. 24). Whilst all branches of psychology are primarily concerned with the individual or self, "the self is seen essentially as a way of organising one's experience, which changes as a function of changes in that experience" (Herriot, 2007, p. 29). Social psychology is ideally placed within psychology to address religion as a social phenomenon.  
 Clinical psychology also requires a special mention, not least owing to the dominance of theories of religion in psychology related to psychotherapy, mental health and well-being (Emmons and Paloutzian, 2003). Clinical work is qualitative in nature: clients are interviewed initially, the process of therapy takes place through talking and assessments of outcome are based at least in part on interviews. Although much of the evidence-base of clinical psychology is historically rooted in quantitative outcome studies, the importance of qualitative work is increasing (Chambless and Ollendick, 2001). Indeed, in psychology overall, the importance of qualitative psychology continues to increase (Smith, 2003).
- 2 "Cognition" can be defined as a "general term for all forms of knowing and awareness, such as perceiving, conceiving, reasoning, judging, planning, remembering and imagining" (Corsini, 1999, p. 179).
- 3 Psychologists do have a concept of culture but there is debate about the meaning of culture and, as in other disciplines, no one agreed upon definition (Williams et al, 1998). A basic definition used in psychology can be given as an example: "A shared pattern of attitudes, beliefs, self-definitions, role definitions, norms and values that can be found in a geographic region among those who speak a particular language, or during a particular historic period" (Corsini, 1999).
- 4 "Developmental" psychology assesses changes in individuals' psychology over the life course "from conception to death" (Corsini, 1999, p. 272). It is closely linked to (if not simply also known as) "child" or "life-span" approaches.
- 5 Presumably because much of the literature is published in Spanish or Portuguese and was not included in PsychLit.
- 6 'Object relations theory' is a psychoanalytical theory based on the idea that our "interest in and attachment to objects have a primary inborn basis" (Wolitzky and Eagle, 1997). It is most commonly used in psychotherapy and developmental psychology relating to relationships and attachments to people (parents in particular), objects (such as comfort blankets) and religious beings.
- 7 A 'trait' is understood to be more stable and enduring than a 'state'. A 'disposition' is "the sum total of an individual's characteristic tendencies, such as basic temperament, attitudes, inclinations, and drives" (Corsini, 1999, p. 288). Dispositions are generally considered to be stable and consistent and relate to internal factors rather than the external or "situational" factors (which would include social and cultural contexts but not internalised social norms, for example). 'Personality' is made up of traits or dispositions. The most common model of personality is the "Five Factor model" (Costa and McCrae, 1992).

- <sup>8</sup> Pargament views religion in a broad sense: it “includes both institutional religious expressions and personal religious expressions, such as feelings of spirituality, beliefs about the sacred, and religious practices” (Pargament, 1997, p. 4).
- <sup>9</sup> The RCOPE is a scale designed to assess how individuals use religious coping methods. It covers 17 factors that relate to types of religious coping, e.g. “punishing God reappraisal” (“Decided God was punishing me for my sins”) and “Spiritual connection” (“Tried to build a strong relationship with a higher power”). It provides a way of assessing the extent to which different religious coping strategies are used by individuals (Pargament et al., 2000).
- <sup>10</sup> In all the religions, including Islam, there is a strand in the literature that is highly normative. Authors critique current understanding or practices as being non-compliant with religious teaching. They also seek to interpret relevant teachings, spell out their relevance to the contemporary world and advocate necessary behavioural change or other reforms. Shehu (1998) is an example of this tradition.

## References

- Abe-Kim, J. and Fang Gong, D. T. (2004). Religiosity, spirituality, and help-seeking among Filipino Americans: Religious clergy or mental health professionals? *Journal of Community Psychology*, 32(6), pp 678 - 689.
- Abela, J. R. Z. and Seligman, M. E. P. (2000). The hopelessness theory of depression: A test of the diathesis-stress component in the interpersonal and achievement domains. *Cognitive Therapy and Research*, 24(4), pp 361 - 378.
- Abrams, D. and Hogg, M. A. (1990). Social identification, self- categorisation, and social influence. *European Review of Social Psychology*, 1, pp 195 - 228.
- Aggernaes, A. (1994). On general and need related quality of life: A psychological theory for use in medical rehabilitation and psychiatry. In L. Nordenfelt (Ed.), *Concepts and Measurement in Quality of Life in Health Care*. London: Kluwer Academic Publishers, pp 241 - 255.
- Ai, A. L., Peterson, C. and Huang, B. (2003). The effect of religious-spiritual coping on positive attitudes of adult Muslim refugees from Kosovo and Bosnia. *International Journal for the Psychology of Religion*, 13(1), pp 29 - 47.
- Ali, S. R., Mahmood, A., Moel, J., Hudson, C. and Leathers, L. (2008). A qualitative investigation of Muslim and Christian women's views of religion and feminism in their lives. *Cultural Diversity and Ethnic Minority Psychology*, 14(1), pp 38 - 46.
- Allen, R. O. and Spilka, B. (1967). Committed and consensual religion: a specification of religion-prejudice relationships. *Journal for the Scientific Study of Religion*, 6(2), pp 191 - 206.
- Allport, G. W. (1950). *The Individual and His Religion*. New York: Macmillan.
- Allport, G. W. (1960). *Personality and Social Encounter*. Boston: Beacon.
- Allport, G. W. and Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5, pp 432 - 433.
- Ally, Y. and Laher, S. (2008). South African Muslim faith healers' perceptions of mental illness: understanding aetiology and treatment. *Journal of Religion and Health*, 47, pp 45 - 56.
- Ardila, R. (1982). Psychology in Latin America today. *Annual Review of Psychology*, 33, pp 103 - 122.
- Ariyanto, A., Hornsey, M. J. and Gallois, C. (2007). Group allegiances and perceptions of media bias: taking into account both the perceiver and the source. *Group Processes and Intergroup Relations*, 10(2), pp 266-279.
- Bahar, Z., Okcay, H., Ozbicakci, S., Beser, A., Ustun, B. and Ozturk, M. (2005). The effects of Islam and traditional practices on women's health and reproduction. *Nursing Ethics*, 12(6), pp 557 - 570.
- Bandura, A. (1986). *Social Foundations of Thought and Action*. Englewood Cliffs, New Jersey: Prentice-Hall.
- Batson, C. D., Schoenrade, P. and Pych, V. (1985). Brotherly love or self-concern? Behavioural consequences of religion. In L. B. Brown (Ed.), *Advances in the Psychology of Religion*. Oxford: Pergamon, pp 185 - 208.
- Batson, C. D., Schoenrade, P. and Ventis, W. L. (1993). *Religion and the Individual*. New York: Oxford.
- Becker, F. and Geissler, P. (2007). Searching for pathways in a landscape of death: religion and AIDS in East Africa. *Journal of Religion in Africa*, 37(1), pp 1-15.
- Beit-Hallahmi, B. and Argyle, M. (1997). *The Psychology of Religious Behaviour, Belief and Experience*. London: Routledge.
- Belzen, J. A. (2001). The future is in the return: back to cultural psychology of religion. In D. Jonte-Pace and W. B. Parsons (Eds.), *Religion and Psychology: Mapping the Terrain: Contemporary Dialogues, Future Prospects*. London: Routledge, pp 43 - 56.
- Benjamin, L. T. (2007). *A Brief History of Modern Psychology*. Oxford: Blackwell.
- Bergin, A. E., Masters, K. S. and Richards, P. S. (1987). Religiousness and mental health reconsidered: a study of an intrinsically religious sample. *Journal of Counseling Psychology*, 34, pp 197 - 204.

- Bernard, H. R. (2005). *Research Methods in Anthropology: Qualitative and Quantitative* (4th ed.). Oxford: AltaMira Press.
- Billig, M. (1999). *Freudian Repression: Conversation Creating the Unconscious*. Cambridge: Cambridge University Press.
- Blackler, F. (Ed.). (1983). *Social Psychology and Developing Countries*. New York: Wiley.
- Bland, E. D. (2008). An appraisal of psychological and religious perspectives of self-control. *Journal of Religion and Health*, 47, pp 4 - 16.
- Block, J. and Funder, D. C. (1986). Social roles and social perception: individual differences in attribution and "error". *Journal of Personality and Social Psychology*, 51, pp 1200 - 1207.
- Bolland, J. M., Lian, B. E. and Formichella, C. M. (2005). The origins of hopelessness among inner-city African-American adolescents. *American Journal of Community Psychology*, 36(3-4), pp 293-305.
- Brazier, C. (2003). *Buddhist Psychology: Liberate your Mind, Embrace Life*. London: Robinson.
- Breakwell, G. M., Smith, J. A., Fife-Schaw, C. and Hammond, S. (2006). *Research Methods in Psychology* (3rd ed.). London: Sage.
- British Psychological Society. (2006). Careers Flow Chart [Electronic Version]. Retrieved March 2008 from [http://www.bps.org.uk/careers/areas/areas\\_home.cfm](http://www.bps.org.uk/careers/areas/areas_home.cfm).
- Brody, G. H. and Flor, D. L. (1998). Maternal resources, parenting practices, and child competence in rural, single-parent African American families. *Child Development*, 69(3), pp 803-816.
- Brown, R. (2000). Social identity theory: past achievements, current problems and future challenges. *European Journal of Social Psychology*, 30, pp 745 - 778.
- Browning, D. (2001). The past and possible future of religion and psychological studies. In D. Jonte-Pace and W. B. Parsons (Eds.), *Religion and Psychology: Mapping the Terrain: Contemporary Dialogues, Future Prospects*. London: Routledge, pp 165 - 180.
- Bruning, R. H., Schraw, G. J. and Ronning., R. R. (1995). *Cognitive Psychology and Instruction*. Englewood Cliffs, N. J.: Prentice Hall.
- Buxant, C. and Saroglou, V. (2008). Feeling good, but lacking autonomy: closed-mindedness on social and moral issues in new religious movements. *Journal of Religion and Health*, 47, pp 17 - 31.
- Candel, D. and Dubois, D. (2005). Towards a definition of "quality of life"? / Vers une définition de la "qualité de vie"? *Revue Francophone Psycho-Oncologie*, 4(1), pp 18 - 22.
- Carr, S. C. and MacLachlan, M. (1998). Psychology in developing countries: reassessing its impact. *Psychology and Developing Societies*, 10(1), pp 1 - 20.
- Carr, S. C. and Sloan, T. S. (Eds.). (2003). *Poverty and Psychology: From Global Perspective to Local Practice*. New York: Kluwer Academic.
- Carrette, J. R. (2001). Post-structuralism and the psychology of religion: the challenge of critical psychology. In D. Jonte-Pace and W. B. Parsons (Eds.), *Religion and Psychology: Mapping the Terrain: Contemporary Dialogues, Future Prospects*. London: Routledge, pp 110 - 126.
- Carrette, J. (2007). *Religion and Critical Psychology*. Abingdon, Oxford: Routledge.
- Chaaya, M., Sibai, A. M., Fayad, R. and El-Roueiheb, Z. (2007). Religiosity and depression in older people: evidence from underprivileged refugee and non-refugee communities in Lebanon. *Aging and Mental Health*, 11(1), pp 37-44.
- Chambless, D. L. and Ollendick, T. H. (2001). Empirically supported psychological interventions: controversies and evidence. *Annual Review of Psychology*, 52(1), pp 685 - 716.
- Chang, E. C. C. and Chu, Y. (2006). Corruption and trust: exceptionalism in Asian democracies? *Journal of Politics*, 68(2), pp 259 - 271.
- Colman, A. M. (1999). *What Is Psychology?* (3rd ed.). London: Routledge.
- Connor, K. M. and Zhang, W. (2006). Resilience: determinants, measurement, and treatment responsiveness. *Cns Spectrums*, 11(10), pp 5-12.

- Copeland-Linder, N. (2006). Stress among black women in a South African township: the protective role of religion. *Journal of Community Psychology*, 34(5), pp 577 - 599.
- Corsini, R. J. (1999). *The Dictionary of Psychology*. London: Taylor Francis.
- Costa, P. T. and McCrae, R. R. (1992). Normal personality assessment in clinical practice: The NEO Personality Inventory. *Psychological Assessment*, 4, pp 5–13.
- Cotton, S., Puchalski, C. M., Sherman, S. N., Mrus, J. M., Peterman, A. H., Feinberg, J., Pargament, K. I., Justice, A. C., Leonard, A. C. and Tsevat, J. (2006). Spirituality and religion in patients with HIV/AIDS. *Journal of General Internal Medicine*, 21(Suppl 5), pp S5 - S13.
- Deaux, K., Reid, A., Mizrahi, K. and Ethier, K. A. (1995). Parameters of social identity. *Journal of Personality and Social Psychology*, 68, pp 280 - 291.
- Dunlap, L. L. (2004). *What All Children Need: Theory and Application*. Maryland: University Press of America, Inc.
- Ebstyne King, P. and Furrow, J. L. (2004). Religion as a resource for positive youth development: religion, social capital, and moral outcomes. *Developmental Psychology*, 40(5), pp 703 - 713.
- Ellens, J. H. (2004). *The Destructive Power of Religion: Violence in Judaism, Christianity, and Islam, Vol. 2: Religion, Psychology, and Violence*. Westport, CT: Praeger Publishers/Greenwood Publishing Group.
- Ellison, C. G., Boardman, J. D., Williams, D. R. and Jackson, J. S. (2001). Religious involvement stress, and mental health: findings from the 1995 Detroit Area Study. *Social Forces*, 80, pp 215 - 249.
- Emmons, R. A. and Paloutzian, R. F. (2003). The psychology of religion. *Annual Review of Psychology*, 5, pp 377 - 402.
- Fernando, M. and Jackson, B. (2006). The influence of religion-based workplace spirituality on business leaders' decision-making: An inter-faith study. *Journal of Management and Organization*, 12(1), pp 23 - 29.
- Ferriss, A. L. (2002). Religion and the quality of life. *Journal of Happiness Studies* 3(3), pp 199 - 215.
- Flaskerud, J. and Uman, G. (1996). Acculturation and its effect on self-esteem among immigrant Latina women. *Behavioral Medicine*, 22(3), pp 123-133.
- Fontana, D. (2003). *Psychology, Religion, and Spirituality*. Oxford: BPS Blackwell.
- Frankl, V. E. (1963). *Man's Search for Meaning*. New York: Washington Square Press.
- Frey, B. S. and Stutzer, A. (2002). *Happiness and Economics: How the Economy and Institutions Affect Human Well-Being*. Princeton, NJ: Princeton University Press.
- Gleitman, H., Reisberg, D. and Gross, J. (2007). *Psychology*. New York: W. W. Norton & Co.
- Glendinning, A. and Inglis, D. (1999). Smoking behavior in youth: The problem of low self-esteem? *Journal of Adolescence*, 22, pp 673 - 682.
- Godazgar, H. and Fathi, L. (2005). On the boundaries of the state and the state of boundaries in Iran. *Social Compass*, 52(2), pp 115-130.
- Gomez, L. O. (2001). When is religion a mental disorder? The disease of ritual. In D. Jonte-Pace and W. B. Parsons (Eds.), *Religion and Psychology: Mapping the Terrain: Contemporary Dialogues, Future Prospects*. London: Routledge, pp 202 - 226.
- Gooren, H. (2002). Catholic and non-Catholic theologies of liberation: poverty, self-improvement, and ethics among small-scale entrepreneurs in Guatemala City. *Journal for the Scientific Study of Religion*, 41(1), pp 29 - 45.
- Gorsuch, R. L. (1988). Psychology of religion. *Annual Review of Psychology*, 39, pp 201 - 221.
- Grootaert, C. and van Bastelaer, T. (Eds.). (2002). *The Role of Social Capital in Development: An Empirical Assessment*. Cambridge: Cambridge University Press.



- Gualtieri, A. R. (1967). What Is comparative religion comparing? The subject matter of "religious" studies. *Journal for the Scientific Study of Religion*, 6(1), pp 31 - 39.
- Hackett, R., Hackett, L., Bhakta, P. and Gowers, S. (1999). The prevalence and associations of psychiatric disorder in children in Kerala, South India. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(5), pp 801-807.
- Hackney, C. H. and Snaders, G. S. (2003). Religiosity and mental health: a meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42, pp 43 - 55.
- Hanh, T. N. (1998). *The Heart of Buddha's Teaching: Transforming Suffering into Peace, Joy and Liberation*. New York: Broadway Books.
- Hasnain, M., Sinacore, J., Mensah, E. and Levy, J. (2005). Influence of religiosity on HIV risk behaviors in active injection drug users. *AIDS care*, 17(7), pp 892-901.
- Haynes, J. (2007). *Religion and Development: Conflict or Cooperation?* Basingstoke: Palgrave Macmillan.
- Heider, F. (1958). *The Psychology of Interpersonal Relations*. New York: John Wiley.
- Herriot, P. (2007). *Religious Fundamentalism and Social Identity*. London: Routledge.
- Hogg, M. A. and Mullin, B. A. (1999). Joining groups to reduce uncertainty: subjective uncertainty reduction and group identification. In D. Abrams and M. A. Hogg (Eds.), *Social Identity and Social Cognition*. Oxford: Blackwell.
- Hood, R. W., Jr., Spilka, B., Hunsberger, B. E., & Gorsuch, R. L. (Eds.). (1996). *The Psychology of Religion: An Empirical Approach* (2nd ed.). New York: The Guildford Press.
- Huffman, K. (2005). *Psychology in Action* (8th ed.). Denver: John Wiley and Sons Inc.
- Inglehart, R. (1999). Trust, well-being and democracy. In M. E. Warren (Ed.), *Democracy and Trust*. Cambridge: Cambridge University Press, pp 88 - 120.
- Inglehart, R. and Klingemann, H.-D. (2000). Genes, culture, democracy and happiness. In E. Diener and E. M. Suh (Eds.), *Culture and Subjective Well-being*. Cambridge, Massachusetts: The MIT Press, pp 165 - 183.
- Jongudomkarn, D. and Camfield, L. (2006). Exploring the quality of life of people in North Eastern and Southern Thailand. *Social Indicators Research*, 78(3), pp 489-529.
- Joseph, S., Linley, P. A. and Maltby, J. (2006). Positive psychology, religion, and spirituality. *Mental Health, Religion and Culture*, 9(3), pp 209 - 212.
- Kalat, J. W. (2005). *Introduction to Psychology*. Belmont, CA: Thomson Learning.
- Kim, A. E. (2003). Religious influences on personal and societal well-being. *Social Indicators Research* 62-63(1-3), pp 149-170.
- Kirkpatrick, L. A. (2005). *Attachment, Evolution, and the Psychology of Religion*. New York, NY: Guilford Press.
- Koenig, H. G. (Ed.). (1998). *Handbook of Religion and Mental Health*. London: Academic Press.
- Korbert, M. J. (2001). Gestalt psychology. In W. E. Craighead and C. B. Nemeroff (Eds.), *The Corsini Encyclopedia of Psychology and Behavioral Science* (3rd ed., Vol. 2). New Jersey: John Wiley and Sons, pp 635 - 636.
- Krause, N. (1995). Religiosity and self-esteem among older adults. *The Journal of Gerontology: Social Sciences*, 50B, pp S236 - S246.
- Lave, J., Murtaugh, M. and de la Rocha, O. (1984). The dialectic of arithmetic in grocery shopping. In B. Rogoff and J. Lave (Eds.), *Everyday Cognition: Its Development in Social Context*. Cambridge: Harvard University Press, pp 67 - 94.
- Lazarus, R. S. and Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer Publishing Company.
- Lewis, C. A., Shevlin, M., McGuckin, C., & Navratil, M. (2001). The Santa Clara Strength of Religious Faith Questionnaire: Confirmatory factor analysis. *Pastoral Psychology*, 49(5), 379 - 384.

- Loewenthal, K. M., Cinnirella, M., Evdoka, G. and Murphy, P. (2001). Faith conquers all? Beliefs about the role of religious factors in coping with depression among different cultural-religious groups in the UK. *British Journal of Medical Psychology*, 74(3), pp 293 - 303.
- Mandler, G. (1985). *Cognitive Psychology: An Essay in Cognitive Science*. Hillsdale, New Jersey: Lawrence Erlbaum Associates.
- Maslow. (1943). A theory of human motivation. *Psychological Review*, 50, pp 370 - 396.
- Mattis, J. S., Jagers, R. J., Hatcher, C. A., Lawhon, D., Murphy, E. J. and Murray, Y. F. (2000). Religiosity, volunteerism, and community involvement among African American men: an exploratory analysis. *Journal of Community Psychology*, 28(4), pp 391 - 406.
- McCracken, L. M. and Eccleston, C. (2003). Coping or acceptance: what to do about chronic pain? *Pain*, 105, pp 197 - 204.
- McGinty, A. (2007). Formation of alternative femininities through Islam: feminist approaches among Muslim converts in Sweden. *Women's Studies international Forum*, 30(6), pp 474-485.
- McGregor, J. A. (2000). A poverty of agency: resource management amongst poor people in Bangladesh. Bath: University of Bath, Wellbeing in Development Research Programme, Workshop paper.
- McKenzie, K. (2002). Social capital and mental health. *The British Journal of Psychiatry*, 181, pp 280 - 283.
- McNeill, P. and Chapman, S. (2005). *Research Methods* (3rd ed.). Oxford: Routledge.
- Milgram, S. (1974). *Obedience to Authority: An Experimental View*. New York: Harper and Row.
- Mohanty, A. K. and Misra, G. (Eds.). (2000). *Psychology of Poverty and Disadvantage*. New Delhi: Concept Publishing Company.
- Moreira-Almeida, A., De Almeida, A. A. S., Neto, F. L. and Dening, T. (2005). History of 'spiritist madness' in Brazil. *History of Psychiatry*, 16(1), pp 5-25.
- Moreira-Almeida, A., Neto, F. L. and Greyson, B. (2006). Dissociative and psychotic experiences in Brazilian spiritist mediums. *Psychotherapy and Psychosomatics*, 76(1), pp 57-58.
- Moreira, V. (2003). Poverty and psychopathology. In S. C. Carr and T. S. Sloan (Eds.), *Poverty and Psychology: From Global Perspective to Local Practice*. New York: Kluwer Academic, pp 69 - 86.
- Neisser, U. (1967). *Cognitive Psychology*. New York: Appleton - Century Crofts.
- Noller, P. (1992). Religion conceptualized as an attachment process: another deficiency approach to the psychology of religion. *International Journal for the Psychology of Religion*, 2(1), pp 29 - 36.
- Nsamang, A. B. (1993). Psychology in Sub-Saharan Africa. *Psychology and Developing Societies*, 5(2), pp 171 - 184.
- Oman, D. and Thoresen, C. E. (2002). "Does religion cause health?" Differing interpretations and diverse meanings. *Journal of Health Psychology*, 7(4), pp 365 - 380.
- Pacione, M. (2002). *The City: Critical Concepts in the Social Sciences*. London: Routledge.
- Palmer, M. (1997). *Freud and Jung on Religion*. New York: Routledge.
- Panzini, R. G. and Bandeira, D. R. (2005). Spiritual/religious coping scale (SRCOPE scale): elaboration and construct validation. *Psicologia em Estudo*, 10(3), pp 507-516.
- Pargament, K. I. (1997). *The Psychology of Religion and Coping: Theory, Research and Practice*. New York: The Guildford Press.
- Pargament, K. I. (2002). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *Psychological Inquiry*, 13(3), pp 168-181.
- Pargament, K. I., Koenig, H. G. and Perez, L. M. (2000). The many methods of religious coping: development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56(4), pp 519 - 543.
- Pargament, K. I. and Park, C. L. (1995). Merely a defense? The variety of religious means and ends. *Journal of Social Issues*, 51(2), pp 13 - 32.



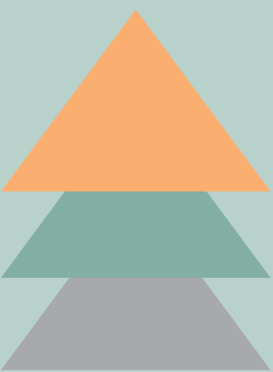
- Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues*, 61(4), pp 707 - 729.
- Parsons, W. B. (2001). Themes and debates in the psychology-comparativist dialogue. In D. Jonte-Pace and W. B. Parsons (Eds.), *Religion and Psychology: Mapping the Terrain: Contemporary Dialogues, Future Prospects*. London: Routledge, pp 229 - 253.
- Parsons, W. B. and Jonte-Pace, D. (2001). Introduction: mapping religion and psychology. In D. Jonte-Pace and W. B. Parsons (Eds.), *Religion and Psychology: Mapping the Terrain: Contemporary Dialogues, Future Prospects*. London: Routledge, pp 1 - 10.
- Patterson, E. (2004). Different religions, different politics? Religion and political attitudes in Argentina and Chile. *Journal for the Scientific Study of Religion*, 43(3), pp 345-362.
- Pereira, C., Lima, M. E. and Camino, L. (2001). Value systems and democratic attitudes in university students of Joao Pessoa. *Psicologia: Reflexao e Critica*, 14(1), pp 177-190.
- Persinger, M. A. (1987). *Neuropsychological Bases of God Beliefs*. New York: Praeger.
- Piaget, J. (1967). *The Language and Thought of the Child*. London: Routledge and Kegan Paul.
- Piedmont, R. L. (1999). Does spirituality represent the sixth factor of personality? Spiritual transcendence and the Five-Factor Model. *Journal of Personality*, 67(6), pp 985-1013.
- Plante, T. G. and Boccaccini, M. T. (1997). The Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology*, 45(5), pp 375 - 387.
- Ragsdale, E. S. (2004). Value and meaning in Gestalt psychology and Mahayana Buddhism. In K. H. Dockett, G. R. Dudley-Grant and C. P. Bankhart (Eds.), *Psychology and Buddhism: From Individual to Global Community*. New York: Springer.
- Rankow, L. J. (2006). The transformation of suffering. *Pastoral Psychology*, 55(1), pp 93-97.
- Roldan, A. C. (1989). A brief psychology of corruption. *A Journal of Human Behavior*, 26(4), pp 53 - 55.
- Rosenstock, I. (1974). Historical origins of the health belief model. *Health Education Monographs*, 2(4), pp 328 - 335.
- Ryan, R. M., Rigby, S. and King, K. (1993). Two types of religious internalization and their relations to religious orientations and mental health. *Journal of Personality and Social Psychology*, 65, pp 586 - 596.
- Sandhu, J. S. (2004). The Sikh model of the person, suffering, and healing: implications for counsellors. *International Journal for the Advancement of Counselling*, 26(1), pp 33 - 46.
- Scheper-Hughes, N. and Bourgois, P. I. (2004). *Violence in War and Peace*. Oxford: Blackwell.
- Seligman, M. E. P. and Csikszentmihalyi, M. (2000). Positive psychology: an introduction. *American Psychologist*, 55(1), pp 5 - 14.
- Shehu, S. (1998) Towards an Islamic perspective of developmental psychology. *American Journal of Islamic Social Sciences*, 15(4).
- Sheridan, L. P. and North, A. C. (2004). Representations of Islam and Muslims in psychological publications. *International Journal for the Psychology of Religion*, 14(3), pp 149 - 159.
- Silberman, I. (2005). Religion as a meaning system: implications for the new millennium. *Journal of Social Issues*, 61(4), pp 641 - 663.
- Skinner, B. F. (1986). Why I am not a cognitive psychologist. In T. J. Knapp & L. C. Robertson (Eds.), *Approaches to Cognition: Contrasts and Controversies*. Hillsdale, New Jersey: Lawrence Erlbaum Associates, pp 79 - 90.
- Slade, M. (2002). Biopsychosocial psychiatry and clinical psychology. *Clinical Psychology*, 9, pp 8 - 12.
- Smith, J. A. (2003). *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage Publications Ltd.
- Sosa, J. J. S. and Valderrama-Iturbe, P. (2001). Psychology in Latin America: historical reflections and perspectives. *International Journal of Psychology*, 36(6), pp 384 - 394.

- Spilka, B. (2001) Psychology of religion: empirical approaches. In D. Jonte-Pace and W. B. Parsons (Eds.), *Religion and Psychology: Mapping the Terrain: Contemporary Dialogues, Future Prospects*. London: Routledge, pp 30-42.
- Stanovich, K. E. (2001). Reductionism in the study of intelligence. *Trends in Cognitive Sciences*, 5(2), pp 91 - 92.
- Stevens, R. (2007). Person psychology: psychoanalytic and humanistic perspectives. In D. Miell, A. Phoenix and K. Thomas (Eds.), *Mapping Psychology* (2nd ed.). Milton Keynes: Open University Press, pp 171 - 231.
- Stryker, S. and Burke, P. J. (2000). The past, present, and future of an identity theory. *Social Psychology Quarterly*, 63(4), pp 284 - 297.
- Suh, E. M. (2000). Self, the hyphen between culture and subjective well-being. In E. Diener and E. M. Suh (Eds.), *Culture and Subjective Well-being*. Cambridge, Massachusetts: The MIT Press, pp 63 - 86.
- Suls, J. and Rothman, A. (2004). Evolution of the biopsychosocial model: prospects and challenges for health psychology. *Health Psychology*, 23(2), pp 156 - 157.
- Sultan, A. S. S. (2007). Medicine in the 21st century: The situation in a rural Iraqi community. *Patient Education and Counseling*, 68(1), pp 66-69.
- Suzuki, L. A. and Kopala, M. (1999). *Using Qualitative Methods in Psychology*. London: Sage Publications Ltd.
- Tajfel, H. and Turner, J. C. (1986). The social identity theory of intergroup behavior. In S. Worchel and W. Austin (Eds.), *Psychology of Intergroup Relations*. Chicago: Nelson Hall, pp 7 - 24.
- Takhar, O. K. (2005). *Sikh Identity: An Exploration of Groups Among Sikhs*. Aldershot, Hants: Ashgate Publishing Limited.
- Tavits, M. (2007). Representation, corruption and subjective well-being. *Comparative Political Studies*, online first <http://cps.sagepub.com/cgi/content/abstract/0010414007308537v1>.
- Teasdale, J. D., Segal, Z. V. and Williams, J. M. G. (2003). Mindfulness training and problem formulation. *Clinical Psychology: Science and Practice*, 10(2), pp 157 - 160.
- Todd, E. (1985). The value of confession and forgiveness according to Jung. *Journal of Religion and Health*, 24(1), pp 39 - 48.
- Torimiro, D. O., Malik, M. and Kolawole, O. D. (2004). Perceived roles of African rural parents in child education and development. *Early Child Development and Care*, 174(7-8), pp 721 - 731.
- Trivedi, J. K., Mishra, M. and Kendurkar, A. (2007). Depression among women in the South-Asian region: The underlying issues. *Journal of Affective Disorders*, 102(1-3), pp 219-225.
- Turtle, A. M. (1989). Psychologising Asia or Asianing psychology: a new prescription for Dr. Waston? *Psychology and Developing Societies*, 1, pp 65 - 90.
- Unger, R. K. (2007). Religious ideology, a neglected variable. *American Psychologist*, 62(9), pp 1076 - 1077.
- Veenhoven, R. (2000). The four qualities of life: ordering concepts and measures of the good life. *Journal of Happiness Studies*, 1, pp 1 - 39.
- Walker, S. F. (2002). *Jung and the Jungians on Myth: An Introduction*. London: Routledge.
- Walley, M. (1986). Applications of Buddhist psychology in mental health care. In G. Claxton (Ed.), *Beyond Therapy*. London: Wisdom Publications.
- Wamala, S., Merlo, J., Bostrom, G. and Hogstedt, C. (2007). Perceived discrimination, socioeconomic disadvantage and refraining from seeking medical treatment in Sweden. *Journal of Epidemiology and Community Health*, 61(5), pp 409-415.
- Waston, R. I. (1967). Psychology: a prescriptive science. *American Psychologist*, 22, pp 435 - 443.
- Whitman, S. M. (2007). Pain and suffering as viewed by the Hindu religion. *Journal of Pain*, 8(8), pp 607-613.

- WHOQOL SRPB Group. (2006). A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life. *Social Science and Medicine* 62(6), pp 1486 - 1497.
- Williams, J. E., Satterwhite, R. C. and Saiz, J. L. (1998). *The Importance of Psychological Traits: A Cross-Cultural Study*. New York: Plenum Press.
- Wober, M. (1975). *Psychology in Africa*. London: International African Institute.
- Wolitzky, D. L. and Eagle, M. N. (1997). Psychoanalytic theories of psychotherapy. In P. L. Wachtel and S. B. Messer (Eds.), *Theories of Psychotherapy: Origins and Evolution*. Washington D.C.: American Psychological Association, pp 39 - 96.
- Worthington, E. L. and Scherer, M. (2004). Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: theory, review, and hypotheses. *Psychology and Health*, 19(3), pp 385 - 405.
- Wortley, R. (2002). *Situational Prison Control: Crime Prevention in Correctional Institutions*. Cambridge: Cambridge University Press.
- Wulff, D. M. (1997). *Psychology of Religion: Classic and Contemporary*. New York: John Wiley and Sons, Inc.
- Wulff, D. M. (2001). Psychology of religion: an overview. In D. Jonte-Pace and W. B. Parsons (Eds.), *Religion and Psychology: Mapping the Terrain: Contemporary Dialogues, Future Prospects*. London: Routledge, pp. 15 - 29.
- Youniss, J., McLellan, J. A., Y., S. and Yates, M. (1999). The role of community service in identity development: normative, unconventional and deviant orientations. *Journal of Adolescent Research*, 14, pp 248 - 261.

# Religions and Development Working Papers

- 1 Shah, R., Larbi, G. and Batley, R. *Religion and Public Management Literature Review* 2007
- 2 Nkurunziza, E. *An Overview of Development Studies: Background Paper for the Religions and Development Research Programme* 2007
- 3 Jackson, P. and Fleischer, C. *Religion and Economics: A Literature Review* 2007
- 4 Tomalin, E. *Sociology, Religion and Development: Literature Review* 2007
- 5 Bradley, T. *The Relationships Between Religion and Development: Views from Anthropology* 2007
- 6 Tomalin, E. *Religious Studies and Development: A Literature Review* 2007
- 7 Alhassan Aolo, N. , Singh, G. and Marquette, H. *Political Science, Religion and Development: A Literature Review* 2007
- 8 Tomalin, E. *Gender Studies Approaches to the Relationships between Religion and Development* 2007
- 9 Rakodi, C. *Understanding the Roles of Religions in Development: The Approach of the RaD Programme* 2007
- 10 Religions and Development Research Programme, University of Birmingham. (Editors) *India: Some Reviews of Literature Related to Religions and Development* 2008
- 11 Mhina, A. (Editor) *Religions and Development in Tanzania: A Preliminary Literature Review* 2007
- 12 Bano, M. with Nair, P. *Faith-based Organisations in South Asia: Historical Evolution, Current Status and Nature of Interaction with the State* 2007
- 13 Bano, M. *Allowing for Diversity: State-Madrassa Relations in Bangladesh* 2008
- 14 Bano, M. *Contesting Ideologies and Struggle for Authority: State-Madrassa Engagement in Pakistan* 2008
- 16 Kim, K. *Concepts of Development in the Christian Traditions: A Religions and Development Background Paper* 2007
- 17 Alhassan Aolo, A. *African Traditional Religions and Concepts of Development: A Background Paper* 2007
- 18 Tomalin, E. *Buddhism and Development: A Background Paper* 2007
- 20 Ralf Kroessin, M. *Concepts of Development in 'Islam': A Review of Contemporary Literature and Practice* 2008
- 21 Tatla, D. S. *Sikhism and Development: A Review* 2008
- 22 Zaman, A. *Islamic Economics: A Survey of the Literature* 2008
- 23 Kirmani, N. *The Relationships between Social Movements and Religion in Processes of Social Change: A Preliminary Literature Review* 2008
- 24 Asif Iqbal, M. and Siddiqui, S. *Mapping the Terrain: The Activities of Faith-based Organisations in Development in Pakistan* 2008
- 25 Martin, F. *Psychology, religion and Development: A Literature Review* 2008



## **ORDERING PUBLICATIONS**

Publications can be obtained by either telephoning Carol Fowler on **44 (0) 121 414 4986** or Email: **[c.a.fowler@bham.ac.uk](mailto:c.a.fowler@bham.ac.uk)** and also downloaded as a PDF file from **[www.rad.bham.ac.uk](http://www.rad.bham.ac.uk)**