

The Importance of Cognitions in Measuring Spirituality and Religion:
The Case for Personal Theological Beliefs

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The present paper discusses the psychometrics of spirituality and religiousness in relation to health. Until recently, research in this area has paid relatively little attention to cognitive dimensions of spirituality and religiousness, opting instead to focus on behavioral dimensions (e.g., frequency of attendance at religious services). Personal theological beliefs are conceptually central, yet remain understudied. A Medline search revealed that beliefs were mentioned in only 17.9% of all empirical studies on religion/spirituality and mental health published from 2003-2008. Studies of physical health were even less likely to mention beliefs. While progress has been made in this area (e.g., Fetzer, 1999), the continued scarcity of empirical studies on beliefs represents an ongoing threat to construct and content validity. Furthermore, a recent meta-analysis found that personal beliefs were more closely associated with mental health than were institutional, external components of religiousness (Hackney and Sanders, 2003). Hence, studies focusing exclusively on external, behavioral dimensions of spirituality and religiousness may also suffer from reduced predictive validity.

We discuss new findings from a national survey of U.S. adults in light of our past research to argue that personal theological beliefs constitute a critically important construct within the nomological network encompassing spirituality and religiousness, especially insofar as these areas may relate to mental or physical health. Specifically, we demonstrate that the observed pattern of positive and negative associations between personal beliefs (concerning God, life-after death and human nature) and psychiatric symptoms supports a move towards greater empirical focus on cognitive dimensions of spirituality and religiousness.