



Objective Hope:

Assessing the Effectiveness of Faith-Based
Organizations: A Review of the Literature

by Byron R. Johnson with
Ralph Brett Tompkins and
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The Baylor Institutes for Studies of Religion exists to involve scholars having many different interests and approaches in creative efforts to grasp the complexities and interconnections of religion in the life of individuals and societies. The aim is to combine the highest standards of scholarship with a serious commitment to faith, resulting in studies that not only plumb basic questions, but produce results that are relevant to religious organizations, address moral controversies, and contribute to social health.

Objective Hope:

Assessing the Effectiveness of Faith-Based
Organizations: A Review of the Literature

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I N M E M O R I A M

*This report is dedicated to the memory
of Dr. David B. Larson,
the pioneering leader of faith factor research.
His legacy will not know an end.*

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Reasons for Objective Hope in the Two Faith Factors

This outstanding research report is based on a systematic review of nearly 800 studies, most of them published over the last few years. It deals exhaustively with each of two separate but related types of religious influences in relation to important social and health outcomes. You might want to dive right in. If so, Godspeed! But, especially if you are not a card-carrying social scientist who has visited these literatures before, you might do better to preface your reading with a little thought experiment or two.

First, imagine two sets of people. The two groups are very much alike in terms of average ages, incomes, and other socioeconomic and demographic characteristics, with only one big exception: religion. One group consists mainly of people who believe in God, attend worship services regularly, and exhibit other manifestations of religious commitment. The other group consists mainly of non-believers who attend worship services rarely if at all, and manifest few if any other marks of religious commitment. Say we call the first group high on “organic religion” and the second group low on the same. Other things being equal, which group, the first (high organic religion group) or the second (low organic religion group) do you suppose suffers less, on average, from hypertension, depression, and drug and alcohol abuse, has lower rates of suicide, non-marital child-bearing, and delinquency, and boasts more members who live into their seventies and eighties?

If you supposed that the high organic religion group suffers less, has lower rates, and lives longer, this report says you are probably right. Based on the best of the scientific literatures to date, organic religion seems to be objectively associated with other positive emotions and traits that vary directly with these positive social and health outcomes.

As you complete the previous thought experiment, begin another. Imagine that your friend, a small business owner, is looking to recruit just-released ex-prisoners to work. The owner has three options: one, recruit the recent parolees randomly from a list of all local ex-offenders released in the last year; two, recruit them from a list of those who, while in prison, participated in a conventional secular rehabilitation program; or, three, recruit them from a list of those who, while in prison, joined a religious rehabilitation program (say one involving bible studies). Knowing only that much, and wanting your small business person pal to avoid hiring someone who is likely to steal on the job or otherwise return to crime, which option would you recommend?

If you recommended that your friend recruit from the religious rehabilitation program list, you might or might not have steered him right. Based on the relevant literatures to date, faith-based programs—what the report’s author, Dr. Byron Johnson, following me, terms “intentional religion” to distinguish it from organic religion as described above—seem to be objectively associated with somewhat higher rates of success in reducing prisoner recidivism, and in achieving other positive social outcomes (reducing drug abuse, for example) than otherwise comparable secular programs (and than no programs at all). **But**, the intentional religion studies to date are so few, and their research designs and methods are so problematic, that at this stage it is really impossible to know.

Scientifically speaking, we **do know** that organic religion seems to vary inversely, and powerfully, with negative social and health outcomes; or, stated differently, the best studies to date show fairly conclusively that, other things

being equal, religious commitments vary directly with all manner of positive emotions and traits that, taken all together, measurably beget significantly better health and greater social well-being.

Likewise, from the systematic surveys of how, and how much, religious congregations serve their needy and neglected neighbors (for example, the surveys by our Penn colleague Ram A. Cnaan cited herein), we **do know** that religious volunteers and community-serving religious organizations, both local and national, are America's premiere providers of literally hundreds of vital social services, that many low-income urban communities depend greatly on sacred places that serve civic purposes, and that these religious volunteers and faith-based social service organizations are often starved for public and private financial support, technical assistance, and other help.

But we **do not** yet know **either** whether America's religious armies of compassion, local or national, large or small, measurably outperform their secular counterparts, **or** whether, where the preliminary evidence suggests that they might, it is the "faith" in the "faith factor," independent of other organizational features and factors, that accounts for any observed differences in outcomes.

The recent explosion in faith factor research that makes this report possible is very gratifying to those of us who have been arguing for years that social science scholars need to take religion seriously so as to enhance general understanding and objectively inform live public policy debates. But, as Dr. Johnson notes, **none** of the studies of intentional religion to date has employed "a nationally representative sample or a true experimental design with random assignment to experimental and control groups." Over a decade ago, before turning to issues of religion and civil society, I wrote lots in favor of bringing demonstration research with random assignment to the field of criminal justice studies, and, more generally, to social policy studies. Today, the need for strongly experimental studies of intentional religion, as it manifests itself in everything from the largest national programs to smaller grassroots ministries, is more acute than ever.

For now, however, the empirically (if not necessarily the politically) correct inference to draw from the best of the scientific research literatures to date is that, both in organic and in intentional religion, there is objective hope for improving Americans' life prospects, especially among the children, youth, and families who number among our most truly disadvantaged fellow citizens. Hearty congratulations to Dr. Johnson and his team.

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Faith-based organizations (FBOs) have been part of public life for decades, but the dialogue has recently taken on a new and higher public profile. By some estimates, FBOs provide \$20 billion of privately contributed funds to social service delivery for over 70 million Americans annually. While there is an impressive and mounting body of evidence that higher levels of religious practices or involvement (organic religion) are linked to reductions in various harmful outcomes, there is little published research evaluating the effectiveness of faith-based organizations (intentional religion). In an effort to bring some clarity to this area, we first review and assess in summary fashion, 669 studies of organic religion, and discuss how the conclusions from this body of research are relevant and directly related to the research on faith-based interventions. In sum, there are two broad conclusions from this review of research on organic religion:

- (1.) research on religious practices and health outcomes indicates that higher levels of religious involvement are associated with: reduced hypertension, longer survival, less depression, lower levels of drug and alcohol use and abuse, less promiscuous sexual behaviors, reduced likelihood of suicide, lower rates of delinquency among youth, and reduced criminal activity among adults. *This review provides overwhelming evidence that higher levels of religious involvement and practices make for an important protective factor that buffers or insulates individuals from deleterious outcomes.*
- (2.) research on religious practices and various measures of well-being reveal that higher levels of religious involvement are associated with increased levels of: well-being, hope, purpose, meaning in life, and educational attainment. *This review of studies on organic religion documents that religious commitment or practices make for an important factor promoting an array of prosocial behaviors and thus enhancing various beneficial outcomes.*

This study also reviewed research on intentional religion and uncovered a total of 97 studies that examine the diverse interventions of religious groups, congregations, or faith-based organizations. Twenty-five of these 97 studies specifically examined some efficacy aspect of faith-based organizations, programs, or initiatives. The current study critically assesses these studies and documents that research on faith-based organizations:

- (1.) *is much less common than research on organic religion.*
- (2.) *relies too heavily upon research utilizing qualitative approaches such as case studies and too little upon quantitative methodologies that emphasize rigorous and outcome-based research designs.*
- (3.) *often reflects a general naiveté with regard to measuring the “faith” in faith-based.*
- (4.) *yields basic, preliminary, but almost uniformly positive evidence supporting the notion that faith-based organizations are more effective in providing various services.*
- (5.) *is long overdue and funding from both public and private sources should be allocated immediately for rigorous research and evaluations of faith-based organizations, interventions, and initiatives.*

Throughout much of the last ten years, extensive attention has been given in the United States to the subject of “civil society.” Politicians, journalists, and academics from across the ideological spectrum have argued for the significance of civil society as an overlooked yet integral part of a functioning, healthy republic. As concerns about the level of civility and social capital in this country have grown, people have become increasingly interested in the importance of this “third leg in the stool” of society (the other ‘legs’ being government and the market). Civil society has been aptly described elsewhere as that place in society “where people make their home, sustain their marriages, raise their families, hang out with their friends, meet their neighbors, educate their children and worship their god.”¹

Many with an interest in civil society have been particularly intrigued by questions of what role, if any, religion, religious practices, or faith-based groups may play in contributing to wide-ranging outcomes in society. As researchers, we are not only intrigued with these questions, but with empirical answers to how, for better or worse, religion affects the way people actually live their lives. Indeed, over the last several decades scientists have carried out a great deal of such empirical work and we are now able to objectively answer many of these questions. In fields ranging from medicine to the social and behavioral sciences, scholars have studied the general influence of religion and religious practices upon a wide range of health and social outcomes. The net effect of these scientific pursuits has been to yield an impressive body of empirical evidence that too often goes unnoticed by the academy, public policy experts, and yes, even those that occupy the pews of America’s houses of worship.

As a context for our review, it is instructive to distinguish between two different though not necessarily mutually exclusive kinds of research: research examining the influence or impact of religion on an array of social and behavioral outcomes (organic religion), and research assessing the effectiveness of faith-based organizations (intentional religion).

Organic religion represents the influence of religion practiced over time, such as children who were raised and nurtured in religious homes. Religious activities, involvements, practices, and beliefs, therefore, tend to be very much part of everyday life. Though still understudied, empirical research on organic religion and its impact on various life outcome factors has resulted in a substantial and mounting body of scientific evidence.

But there remains an important dimension of religion that has been relatively neglected by researchers, especially quantitative researchers. This overlooked dimension of religion is what we will refer to here as “intentional religion.” Intentional religion is the exposure to religion one receives at a particular time in life for a particular purpose. Here are some examples: A child from a rundown neighborhood is actively matched with a volunteer mentor from a religious organization. A drug addict enrolls in a faith-based/conversion-oriented drug rehabilitation program after several unsuccessful attempts at sobriety in secular treatment programs. A prisoner participates in a voluntary Christian-based prison program that emphasizes prayer, bible study and spiritual transformation over merely serving time. Here religion, in an intentional way, “enters the system” if you will, in order to meet a particular need at a particular time in a person’s life.

Studies of the effect of intentional religion on participants' lives, however, have been far less common than those examining the effect of organic religion. This is unfortunate since the country is in the midst of an extraordinary debate about the role of intentional religion and its public policy implications. On January 29, 2001 President George W. Bush signed an executive order creating the White House Office of Faith-Based and Community Initiatives. He has proposed several legislative measures to increase both awareness of public and private support for the efforts of faith-based organizations in combating social ills and pathologies. On July 19, 2001 the House of Representatives approved a version of the President's plan through the passage of HR 7. On February 7, 2002, the Senate proposed similar legislation called the Charity Aid, Recovery and Empowerment Act.

These political efforts operate under a basic premise, that faith-based organizations enjoy a unique effectiveness in providing social services. Interestingly, this assumption is widely shared by individuals on both sides of the traditional political divide. In a speech to volunteers from the Salvation Army, former Vice-President Al Gore said that he supported charitable choice and its further extension because the "better way (faith-based social services) is working spectacularly. From San Antonio to San Francisco, from Goodwill in Orlando to the Boys and Girls Club in Des Moines—I have seen the difference faith-based organizations make."² In a speech at the Front Porch Alliance in Indianapolis, Indiana, then presidential candidate George W. Bush said that he supported further government funding of faith-based organizations, "first and foremost, because private and religious groups are effective. Because they have clear advantages over government."³

But while there is a working *assumption* that faith-based organizations are effective, until very recently there had been little research *proving* the effectiveness of faith-based programs. Even John DiIulio, the former head of the White House's initiative, tried to distance himself from the more extravagant claims of enthusiasts. As he wrote in 2000, "we do not really know whether these faith-based programs, or others like them, outperform their secular counterparts, how they compare to one another, or whether, in any case, it is the 'faith' in 'faith-based' that mainly determines any observed difference."⁴ Indeed, it is the lack of reliable information on the efficacy of faith-based groups that has led DiIulio and others to insist that evaluation and, to the extent possible, rigorous research play an important role in the President's initiative.⁵

So what data is available concerning the effectiveness of faith-based organizations? What studies have been done and how rigorously have they been conducted?

This review has two basic parts. First, we look at studies documenting the role of organic religion in not only protecting people from harmful outcomes, but promoting pro-social outcomes as well. Our examination of organic religion is based on both methodological and theoretical considerations. Methodologically, the study of organic religion is interesting to us because there is a rather well-developed literature across various disciplines (unlike intentional religion), from which to draw a number of substantive conclusions about the influence of religion or religious commitment. Theoretically, organic religion is interesting because if a relationship can be established between religious practice and overall health and well-being, then there may be additional justification for assuming that intentional religion via faith-based organizations may yield similar outcomes as to those found among organic studies. For example, if (organic) religion tends to reduce one's likelihood for hypertension, depression, suicide, and alcoholism—is it reasonable to hypothesize that (intentional) religion-based programs can be interventions that effectively treat hypertension, depression, suicide and alcoholism?

Second, we look at the literature available on intentional religion and faith-based organizations. This extensive literature search also made possible the examination of annual reports as well as other supporting documentation of the larger and most commonly known FBOs (e.g. Salvation Army, Catholic Charities, Lutheran Social Services,

etc.). Even excluding the contribution of literally thousands of smaller faith-based initiatives and groups, the larger FBOs alone provide more than \$20 billion of privately contributed funds to support the delivery of various kinds of services to more than 70 million Americans annually. The goal of this systematic review is to bring clarity to the discussion of what it is, exactly, that we currently know about the effectiveness of these FBOs in providing an array of social services. With such clarity, further debate about the public policy implications of faith-based organizations (e.g. charitable choice, tax code adjustments, enhanced private giving, etc.) may be informed with empirical data rather than mere anecdotal accounts.

Research Examining the Relationship Between Religion and Health Outcomes

A Review of the Research on Organic Religion

Over the last several decades a notable body of empirical evidence has emerged examining the relationship between religion or religious practices and a host of outcomes. In a recent and important publication, Duke University researcher, Harold Koenig and colleagues Michael McCullough, and David Larson, have systematically reviewed much of this work.⁶ This lengthy and detailed review of hundreds of studies, focuses on scholarship appearing in refereed journals, and in sum, demonstrates that the majority of published research is consistent with the notion that religious practices or religious involvement are associated with beneficial outcomes in mental and physical health. These outcome categories include for example—hypertension, mortality, depression, alcohol use/abuse and drug use/abuse, and suicide. Reviews of additional social science research also confirm that religious commitment and involvement in religious practices are significantly linked to reductions not only in delinquency among youth and adolescent populations, but criminality in adult populations.⁷ Since these outcomes are relevant to the very mission and services provided by FBOs like the Salvation Army, Lutheran Social Services, Teen Challenge, Prison Fellowship, or Catholic Charities, we summarize below a number of relevant research literatures.⁸

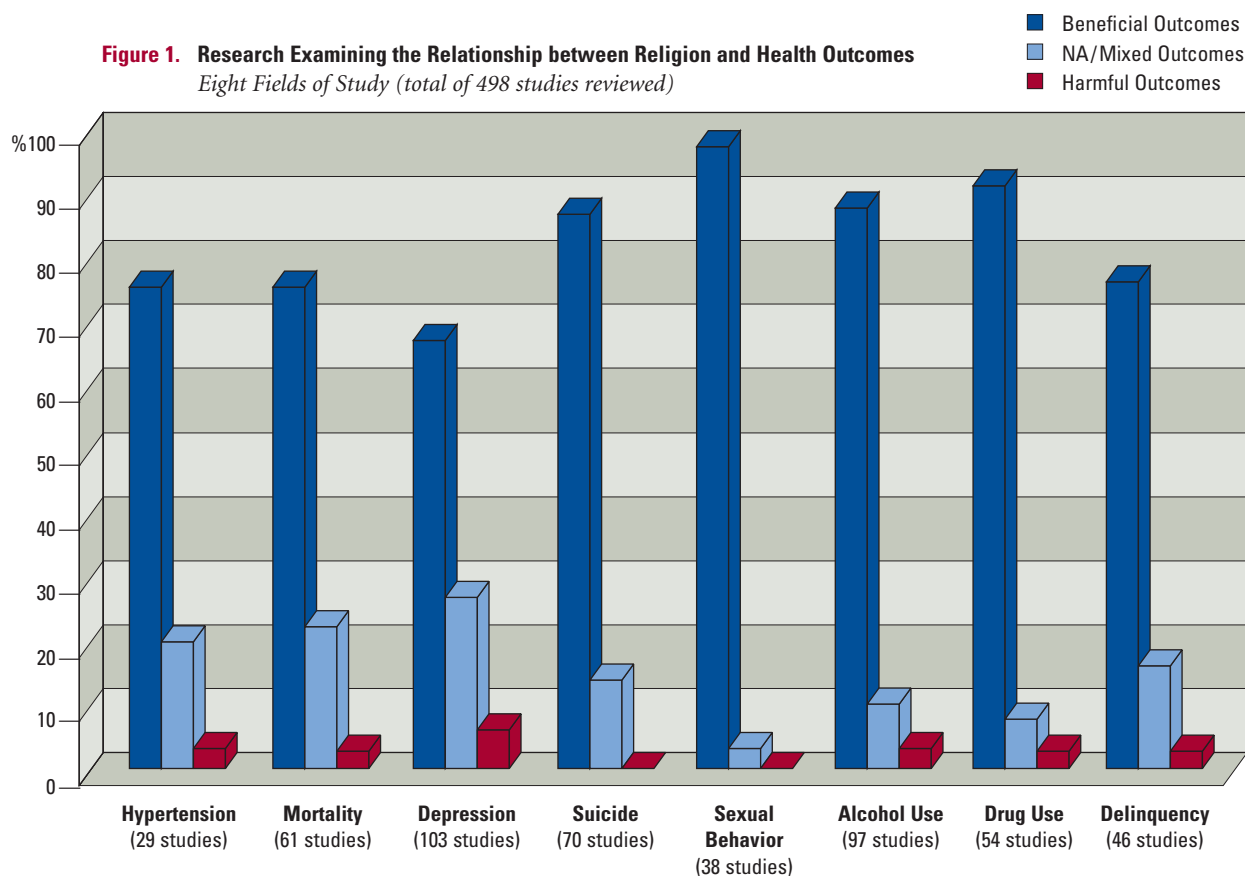
Hypertension

Hypertension, which afflicts 50 million Americans, is defined as a sustained or chronic elevation in blood pressure. It is the most common of cardiovascular disorders and affects about 20 percent of the adult population. Though there is strong evidence that pharmacologic treatment can lower blood pressure, there remains concern about the adverse side effects of such treatments. For this reason, social epidemiologists are interested in the effects of socio-environmental determinants of blood pressure. Among the factors shown to correlate with hypertension is religion. In recent years, epidemiological studies have found that individuals who report higher levels of religious activities tend to have lower blood pressure (see Table 1). Our review of the research indicates that 76 percent of the studies found that religious activities or involvement tend to be linked with reduced levels of hypertension (see Figure 1).

Mortality

A substantial body of research reveals an association between intensity of participation in religious activities and greater longevity. Studies reviewed for this report examined the association between degree of religious involvement and survival (see Table 1). Involvement in a religious community is consistently related to lower mortality and longer life spans. Our review of this literature revealed that 75 percent of these published studies conclude that higher levels

Figure 1. Research Examining the Relationship between Religion and Health Outcomes
Eight Fields of Study (total of 498 studies reviewed)



of religious involvement have a sizable and consistent relationship with greater longevity (see Figure 1). This association is found independent of the effect of variables such as age, sex, race, education, and health. In a separate analysis, McCullough and colleagues conducted a meta-analytic review that incorporated data from more than 125,000 persons and similarly concluded that religious involvement had a significant and substantial association with increased length of life.⁹ In fact, longitudinal research in a variety of different cohorts has also documented that frequent religious attendance is associated with a significant reduction in the risk of dying during study follow-up periods ranging from five to 28 years.¹⁰

Depression

Depression is the most common of all mental disorders and approximately 330 million people around the world suffer from it. People with depression are also at increased risk for use of hospital and medical services and for early death from physical causes.¹¹ Over 100 studies examining the religion-depression relationship are reviewed in this paper and we find that religious involvement tends to be associated with less depression in 68 percent of these articles (see Figure 1). People who are frequently involved in religious activities and who highly value their religious faith are at reduced risk for depression. Religious involvement seems to play an important role in helping people cope with the effects of stressful life circumstances. Prospective cohort studies and quasi-experimental and experimental research all suggest that religious or spiritual activities may lead to a reduction in depressive symptoms. These findings have been replicated across a number of large, well-designed studies and are consistent with much of the cross-sectional and prospective cohort research that has found less depression among the more religious (see Table 1).

Suicide

Suicide now ranks as the ninth leading cause of death in the United States. This is particularly alarming when one considers that suicides tend to be underestimated due to the fact that many of these deaths are coded as accidental. A substantial literature documents that religious involvement (e.g. measured by frequency of religious attendance, frequency of prayer, and degree of religious salience) is associated with less suicide, suicidal behavior, suicidal ideation, as well as less tolerant attitudes toward suicide across a variety of samples from many nations. This consistent inverse association is found in studies using both group and individual-level data. In total, 87 percent of the studies reviewed on suicide found these beneficial outcomes (see Figure 1).

Promiscuous Sexual Behaviors

Out-of-wedlock pregnancy, often a result of sexual activity among adolescents, is largely responsible for the nearly 25 percent of children age six or younger who are below the federal poverty line. According to the Centers for Disease Control, unmarried motherhood is also associated with significantly higher infant mortality rates. Further, sexual promiscuity increases significantly the risk of contracting sexually transmitted diseases. Studies in our review generally show that those who are religious are less likely to engage in premarital sex or extramarital affairs or to have multiple sexual partners (see Table 1). In fact, approximately 97 percent of those studies reviewed reported significant correlations between increased religious involvement and lower likelihood of promiscuous sexual behaviors (see Figure 1). None of the studies found that increased religious participation or commitment was linked to increases in promiscuous behavior.

Drug and Alcohol Use

The abuse of alcohol and illicit drugs ranks among the leading health and social concerns in the United States today. According to the National Institute for Drug Abuse, approximately 111 million persons are current alcohol users in the United States. About 32 million of these engage in binge drinking, and 11 million Americans are heavy drinkers. Additionally, some 14 million Americans are current users of illicit drugs.¹² Both chronic alcohol consumption and abuse of drugs are associated with increased risks of morbidity and mortality.¹³ We reviewed over 150 studies that examined the relationship between religiosity and drug use ($n=54$) or alcohol use ($n=97$) and abuse. The vast majority of these studies demonstrate that participation in religious activities is associated with less of a tendency to use or abuse drugs (87%) or alcohol (94%). These findings hold regardless of the population under study (i.e., children, adolescents, and adult populations), or whether the research was conducted prospectively or retrospectively (see Figure 1). The greater a person's religious involvement, the less likely he or she will initiate alcohol or drug use or have problems with these substances if they are used (see Table 1). Only four of the studies reviewed reported a positive correlation between religious involvement and increased alcohol or drug use. Interestingly, these four tend to be some of the weaker with regard to methodological design and statistical analyses.¹⁴

Delinquency

There is growing evidence that religious commitment and involvement helps protect youth from delinquent behavior and deviant activities.¹⁵ Recent evidence suggests that such effects persist even if there is not a strong prevailing social control against delinquent behavior in the surrounding community.¹⁶ There is mounting evidence that religious involvement may lower the risks of a broad range of delinquent behaviors, including both minor and serious forms of criminal behavior.¹⁷ There is also evidence that religious involvement has a cumulative effect throughout adoles-

cence and thus may significantly lessen the risk of later adult criminality.¹⁸ Additionally, there is growing evidence that religion can be used as a tool to help prevent high-risk urban youths from engaging in delinquent behavior.¹⁹ Religious involvement may help adolescents learn “prosocial behavior” that emphasizes concern for others’ welfare. Such prosocial skills may give adolescents a greater sense of empathy toward others, which makes them less likely to commit acts that harm others. Similarly, once individuals become involved in deviant behavior, it is possible that participation in specific kinds of religious activity can help steer them back to a course of less deviant behavior and, more important, away from potential career criminal paths.

Research on adult samples is less common, but tends to represent the same general pattern, that religion reduces criminal activity by adults. An important study by T. David Evans and colleagues found that religion, indicated by religious activities, reduced the likelihood of adult criminality as measured by a broad range of criminal acts. The relationship persisted even after secular controls were added to the model. Further, the finding did not depend on social or religious contexts.²⁰ A small but growing literature focuses on the links between religion and family violence. Several recent studies find that regular religious attendance is inversely related to abuse among both men and women.²¹ As can be seen in Figure 1, 78 percent of these studies report reductions in delinquency and criminal acts to be associated with higher levels of religious activity and involvements.

In sum, a review of the research on religious practices and health outcomes indicates that, in general, higher levels of religious involvement are associated with: reduced hypertension, longer survival, less depression, lower level of drug and alcohol use and abuse, less promiscuous sexual behaviors, reduced likelihood of suicide, lower rates of delinquency among youth, and reduced criminal activity among adults. As can be seen in Figure 1, this substantial body of empirical evidence demonstrates a very clear picture—those who are most involved in religious activities tend to fair better with respect to important and yet diverse outcome factors. Thus, aided by appropriate documentation, religiosity is now beginning to be acknowledged as a key protective factor, reducing the deleterious effects of a number of harmful outcomes.

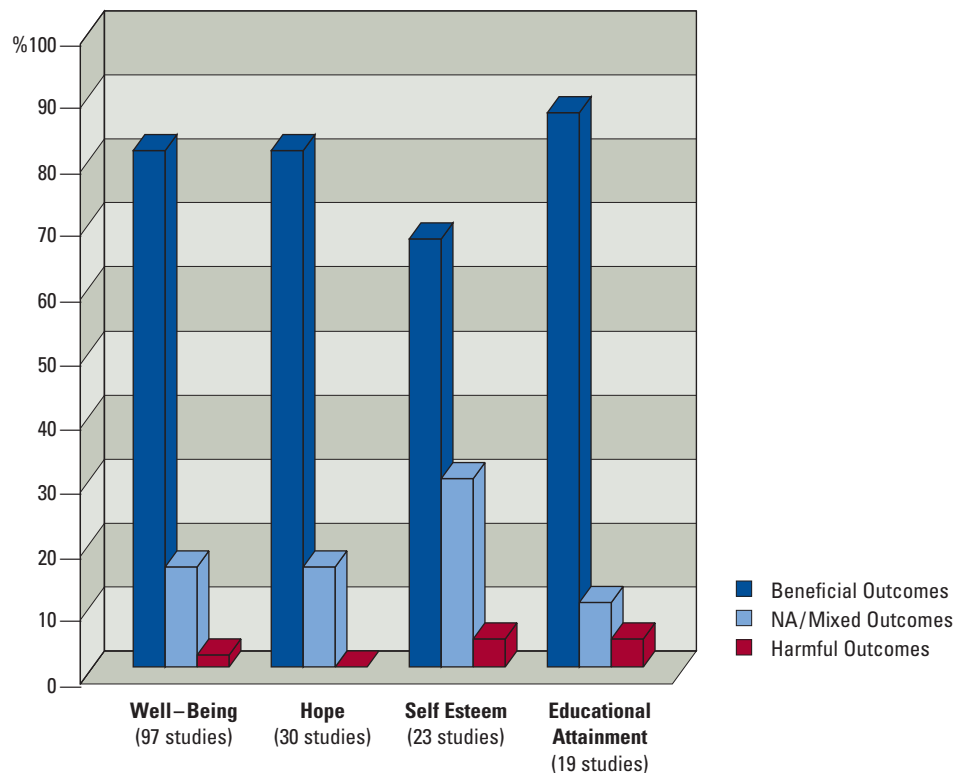
Research Examining the Relationship Between Religion and Well-Being Outcomes

A Review of the Research on Organic Religion

Well-Being

Well-being has been referred to as the positive side of mental health. Symptoms for well-being include happiness, joy, satisfaction, fulfillment, pleasure, contentment, and other indicators of a life that is full and complete.²² Many studies have examined the relationship between religion and the promotion of beneficial outcomes (see Table 2). Many of these studies tend to be cross-sectional in design, but a significant number are important prospective cohort studies.²³ As reported in Figure 2, we found that the vast majority of these studies, some 81 percent of the 99 studies reviewed, reported some positive association between religious involvement and greater happiness, life satisfaction, morale, positive affect or some other measure of well-being. The vast number of studies on religion and well-being have included younger and older populations as well as African Americans and Caucasians from various denominational affiliations. Only one study found a negative correlation between religiosity and well-being, and this study was conducted in a small, nonrandom sample of college students.

Figure 2. Research Examining the Relationship between Religion and Well-Being Outcomes
Four Fields of Study (total of 171 studies reviewed)



Hope/Purpose/Meaning in Life

Many religious traditions and beliefs have long promoted positive thinking and an optimistic outlook on life. Not surprisingly, researchers have examined the role religion may or may not play in instilling hope and meaning, or a sense of purpose in life for adherents. Researchers have found, on the whole, a positive relationship between measures of religiosity and hope²⁴ in varied clinical and nonclinical settings.²⁵ All total, 25 of the 30 studies reviewed (83%) document that increases in religious involvement or commitment are associated with having hope or a sense of purpose or meaning in life (see Figure 2). Similarly, studies show that increasing religiousness is also associated with optimism²⁶ as well as larger support networks, more social contacts, and greater satisfaction with support.²⁷ In fact, 19 out of the 23 studies reviewed conclude that increases in religious involvement and commitment are associated with increased social support (see Table 2).

Self-Esteem

Most would agree that contemporary American culture places too much significance on physical appearance and the idea that one's esteem is bolstered by their looks. Conversely, a common theme of various religious teachings would be that physical appearance, for example, should not be the basis of self-esteem. Religion provides a basis for self-esteem that is not dependent upon individual accomplishments, relationships with others (e.g. "who you know"), or talent. In other words, a person's self-esteem is rooted in the individual's religious faith as well as the faith community as a whole. Of the studies we reviewed, 65 percent conclude that religious commitment and activities are related to increases in self-esteem (see Figure 2).

Educational Attainment

The literature on the role of religious practices or religiosity on educational attainment represents a relatively recent development in the research literature. In the last decade or so a number of researchers have sought to determine if religion hampers or indeed enhances educational attainment. Even though the development of a body of evidence is just beginning to emerge, some 84 percent of the studies reviewed find that religiosity or religious activities are positively correlated with improved educational attainment (see Figure 2).²⁸

To summarize, a review of the research on religious practices and various measures of well-being reveals that, in general, higher levels of religious involvement are associated with increased levels of: well-being, hope, purpose, meaning in life, and educational attainment. As can be seen in Figure 2, this substantial body of evidence shows quite clearly that those who are most involved in religious activities tend to be better off on critical indicators of well-being. Just as the studies reviewed earlier (see Table 1 and Figure 1) document that religious commitment is a protective factor that buffers individuals from various harmful outcomes (e.g., hypertension, depression, suicide, and delinquency, etc.), there is mounting empirical evidence to suggest that religious commitment is also a source for promoting or enhancing beneficial outcomes (e.g., well-being, purpose or meaning in life). This review of a large number of diverse studies leaves one with the observation that, in general, the effect of religion on physical and mental health outcomes is remarkably positive. These findings have led some religious health care practitioners to conclude that further collaboration between religious organizations and health services may be desirable.²⁹ According to Peterson, “these phenomena combined point to the church as having powerful potential to affect the health of half the population... We are convinced that a church with a vigorous life of worship, education, and personal support together with the promotion of wellness has more of an impact on the health of a community than an addition to the hospital or another doctor in town. Right now this is a hunch; in five years, we’ll have the data to prove it.”³⁰ This enthusiasm notwithstanding, more research utilizing longitudinal and experimental designs is needed to further address important causal linkages between organic religion and myriad social and behavioral outcomes.

Assessing the Efficacy of Faith-Based Initiatives

A Review of the Research on Intentional Religion

Critics of President Bush’s faith-based initiative have argued against the initiative on a number of grounds, though conspicuous by its absence from these critiques are claims discrediting the core assumption of FBO efficacy. Challengers to the faith-based initiative have yet to argue that faith-based organizations are ineffective. Neither have opponents claimed that the delivery of social services by FBOs is something that happens only rarely, that beneficiaries are from advantaged populations, or that recipients feel generally slighted, constitutionally violated, or are in any way unhappy with the provision or quality of such services. Nor have opponents to the faith-based initiative targeted the lack of cost effectiveness as a concern for funding FBOs with charitable choice dollars.

But what, in fact, is the evidence for the widely held assumption that FBOs are efficacious? Are faith-based organizations as effective as proponents and even opponents seem to think? Champions of FBOs regularly cite near perfect success rates of programs for drug addicts, prisoners, at-risk youth, and other populations. But closer examination of these accounts of extremely high success rates tends to reveal mere simple summary statistics based on in-house data often compiled by the religious organizations and ministries themselves. What is needed, above all, is accurate and unbiased information that can serve as the basis for an enlightened public discussion.

To provide an accurate and unbiased summary of the research on faith-based organizations, we need a review method that is systematic yet flexible enough to encompass a wide range of studies based on diverse methodologies and using different measures of religion. The purpose of this study is to do just that: systematically review and assess the state of research on the effectiveness of faith-based organizations in a variety of settings. Recognizing the diversity in both research methodologies as well as the empirical findings found in research reviews, we begin with a discussion of how the literature in potentially controversial areas, such as religion, should be more systematically reviewed. We then assess the research on faith-based organizations and present our findings. Our review objective is to find out how researchers measure the effectiveness of faith-based organizations in the research literature and whether the research methodology employed has an effect on the research findings. We conclude by providing suggestions for the future direction of research concerning the assessment and efficacy of faith-based organizations.

Study Design

The current study was prompted by several observations and questions about faith-based organizations (FBOs). First, and one of the most intriguing observations concerning FBOs is the fairly widespread notion that if a social service program is faith-based, it is effective and efficient. Second, research on faith-based organizations or initiatives has been largely neglected and thus very few empirical studies have documented the efficaciousness of faith-based programs. Third, it has been suggested that what limited research on FBOs does exist, has not been subjected to the rigors of independent scientific investigation and thus amounts to little more than anecdotal accounts of internally generated and often times exaggerated success stories. This review set out to shed light on these observations and questions by locating all research on faith-based initiatives to: (1) determine the breadth of this literature; (2) to objectively critique the studies reviewed; and (3) determine the degree to which the research offers evidence either supporting or refuting the effectiveness of FBOs.

To undertake a review in a systematic fashion, one must first select the target or study population. The population of interest for this review is a specified group of study publications rather than a population of individuals. Our population consists of journal articles, books, chapters, dissertations, or technical reports examining the effectiveness of faith-based organizations. Systematic reviews typically survey a specified sample of representative research usually over a specified time period often using the field's leading journals since these are the most frequently cited journals and often define or at least provide the lead for clarifying the state of research in a certain field.³³ The current review, however, uncovered so few studies we were not able to limit the review to only published journal articles. Further, the paucity of research necessitated including case studies in our review, a feature typically not necessary in other systematic reviews.

Methodology for Locating Research on FBOs

By utilizing various online computer database searches, we identified relevant research with the following key terms: "faith-based and evaluation," "faith-based and study," "faith-based and social services," "church and social services," and "faith-based organization." Specifically, we used the Public Affairs Information System International (PAIS), Social Work Abstracts (SWAB), ISI Citation Indexes (includes Social Science Citation Index, Arts & Humanities Citation Index, Science Citation Index), American Theological Library Association (ATLA), Social Science Research Network (SSRN), Academic Index, Sociological Abstracts, Social Service Abstracts, the Social Science Index,

Dissertation Abstracts International, Social Science Electronic Data Library (SSEDL), and Education Resources Information Center (ERIC) online searches. Previous systematic reviews, such as those conducted by Larson and colleagues, usually selected articles from the leading journals in a field.³⁴ In the current study, because of the scarcity of research in this area we decided to review even remotely relevant references to faith-based organizations.

We also conducted numerous searches on the Internet of known faith-based organizations, and in the case of the largest and most recognizable FBOs, we contacted these organizations directly inquiring for example, about research conducted on the effectiveness of their particular FBO. Unfortunately, the majority of these nationally recognizable social service FBOs have neither produced nor requested that empirical studies be conducted in order to quantify the effectiveness of the social service programs that they provide. The Salvation Army, Lutheran Services in America (LSA), Catholic Charities, Association of Gospel Rescue Missions, Habitat for Humanity, and United Jewish Communities identified no subsequent research documenting the extent of the effectiveness of their respective programs. After contacting these organizations, it was disheartening to learn that both the Salvation Army, which received \$275 million in government contracts in year 2000, and LSA, which received between \$2 billion and \$3 billion last year from government, produced no quantitative findings on program effectiveness by which the public might hold them accountable. During our search, only two smaller FBOs, Prison Fellowship and Teen Challenge, were found to have produced studies evaluating the effectiveness of their respective programs. Whenever research was identified by a particular FBO, we promptly requested copies for the present review. Finally, after identifying all the relevant studies, we then checked the references of each paper to determine if additional research could be identified.

To be selected to our sample for systematic review, the only criteria a study must have met was to have assessed in some fashion the effectiveness of a faith-based organization. Since so few studies were identified in general, especially those that quantified variables in an empirical study, it was necessary to widen our scope of review to include books, chapters, technical reports, and even case studies of faith-based organizations. In general, case studies are not included within meta-analyses or systematic reviews, but we felt their inclusion might help provide subjective insights and at least a frame of reference for this understudied topic. It is, however, important to note that many of these qualitative studies were not, in fact, developed as systematic program reviews or evaluations.

Congregational Surveys

A total of 72 studies were not included in the review since they did not focus on evaluation of the effectiveness of faith-based organizations or faith-based interventions (see Appendix C). Four of these studies, commonly referred to as congregational surveys, are relevant since they provide a distinct and important type of research, but are excluded from the analysis since they do not meet the basic criteria for inclusion—evaluation or consideration of FBO efficacy. Each of these four studies survey the capacity of a local/regional network of faith-based organizations to provide social services. For example, in one of the most extensive surveys to date, John Orr examined the social service provision capability of around 1,100 faith-based organizations throughout California.³⁵ Similarly, Ram Cnaan's³⁶ review of social services provided by Philadelphia congregations, and Robert Wineburg's³⁷ assessment of social services provided by Greensboro congregations, focus on the capacity of faith-based organizations to provide services in a much more defined locale. While these surveys and others like them,³⁸ do an excellent job of providing percentages of how many faith-based organizations are providing specific types of services, from food shelters to after-school child care, within a given region, they unfortunately do not attempt to analyze the effectiveness of these programs. Survey research that studies social service provision capacity has a distinct place within the

field of faith-based research because it firmly identifies that many faith-based organizations have the capability to provide a host of social services. While this research is clearly important, it is not focused on the evaluation of faith-based services, nor is it designed to compare the effectiveness of faith-based services to those of its secular and governmental counterparts.

Characteristics of the Study Sample

After completing an extensive search of the relevant research, our review yielded a total of 25 studies that examined the effectiveness of faith-based organizations or initiatives. Interestingly, all but one of the studies was completed within the last eight years and the majority have only been published in the last several years. Of these 25 studies, eight were case studies, six were descriptive studies, and 11 were multivariate studies. The sample size of the 25 studies reviewed varied from individual case studies to a maximum sample size of 1,517. The samples reviewed in these studies included church-based volunteers, drug addicts, prisoners, former prisoners, and medical patients. None of the studies used a nationally representative sample or a true experimental design with random assignment to experimental and control groups, though a number of the studies incorporated a matched comparison group design, and several incorporated randomized clinical trials.

Results

Four of the eight case studies reviewed did not include research methodologies or analytic strategies that allowed them to generate verifiable findings³⁹ (see Table 3). Interestingly, three of these four case studies concluded nonetheless that the faith-based organization or group under study was indeed effective. The remaining four case studies actually identified specific religious components of the faith-based organization under study and attempted to link these components with a specific outcome goal. Of particular note are three publications by Harvard University researchers Christopher Winship and Jenny Berrien.⁴⁰ These studies document the key role played by the faith-based community and religious mediators in the subsequent and dramatic youth violence reduction, popularly referred to as the “Boston Miracle.”⁴¹

Of the six descriptive studies examined in this systematic review (see Table 3), only two were published in academic journals. Two of the non-published studies were research reports examining the effectiveness of Teen Challenge’s drug treatment programs. The first study compared a sample of Teen Challenge drug treatment graduates (i.e. those who successfully completed the program), with induction center dropouts (i.e. those who dropped out at the beginning of the program), and training center dropouts (i.e. those who were unwilling or unable to complete the program) between 1968 and 1975.⁴² All total, 366 individuals were identified, but only 54 percent of those completed surveys. Individuals who graduated from the Teen Challenge training center showed significant and positive behavioral change when compared with the two dropout groups over the seven-year period.

The second descriptive study surveyed former Teen Challenge participants who had successfully completed the four to six month induction program based in Chattanooga, Tennessee.⁴³ Alumni from a 12-year period (1979–1991) were identified ($n=213$) and a random sample of 50 was subsequently surveyed, from which 50 percent responded ($n=25$). Interestingly, based on responses from only 25 former participants who had successfully completed phase 1 of the program and without the benefit of any comparison group, the author concludes that a change in attitude, behavior, and lifestyle is apparent, significant, and long-lasting.

The other two descriptive studies that were not published focused upon faith-based programs for prisoners and former prisoners. One study compared the reentry to society of former inmates who had participated in Prison Fellowship's church-based aftercare program ($n=60$), with a matched sample of former prisoners ($n=60$) who did not participate in the church-based program.⁴⁴ Former prisoners in the church-based program were less likely than the comparison group to be returned to prison (25% vs. 34%).

The last of the non-published descriptive studies examined prisoners ($n=59$) who had participated in Kairos Horizons, a faith-based program designed to improve behavior and literacy. Inmates participating in the Kairos program tended to have a more severe primary offense and significantly longer prison sentences than the general population to which they were compared ($n=741$). The Florida Department of Corrections reports that Kairos participants were less likely than a sample from the general population to have disciplinary problems and more likely to attain higher literacy levels.⁴⁵

In all but one of the eleven multivariate studies, the faith-based program or initiative under study was found to be significantly more effective. This lone study, published in 1987 by Byron Johnson, examined the degree to which participation in religious programs and the experience of being "born again" was associated with fewer prison infractions and lowered recidivism. Tracking former prisoners released during a ten-year study period, Johnson found that there was no significant difference between religious prisoners (i.e. self reported religiosity, born-again experience, and participation in religious services and activities) and non-religious prisoners in terms of either institutional adjustment or recidivism.⁴⁶

Three of the eleven multivariate studies evaluated the effectiveness of distinct programs affiliated with Prison Fellowship Ministries (PFM), a faith-based organization that attempts to assist prisoners and former prisoners through an extensive network of church-based volunteers. In the first study, Mark Young and his co-authors investigated long-term recidivism among a group of federal inmates trained as volunteer prison ministers. Inmates were furloughed to Washington, D.C., for a two-week seminar designed to support their religious faith and develop their potential for religious leadership with fellow inmates in a program operated by PFM, and supported by the Federal Bureau of Prisons. Recidivism data for seminar participants were compared to data drawn from a matched control group over an eight to fourteen year follow-up period. Chi-square analysis as well as survival analysis revealed that the seminar group had a significantly lower rate of recidivism than the matched group.⁴⁷

In the second study, Byron Johnson and colleagues examined the impact of religious programs on institutional adjustment and recidivism rates in two matched groups of inmates from four adult male prisons in New York State.⁴⁸ One group had participated in programs sponsored by PFM; the other had no involvement with PFM. PFM and non-PFM inmates were similar on measures of institutional adjustment, as measured by both general and serious infractions, and recidivism, as measured by arrests during a one-year follow-up period. However, after controlling for level of involvement in Prison Fellowship sponsored programs, inmates who were most active in Bible studies were significantly less likely to be rearrested during the one-year follow-up period. In both studies of Prison Fellowship samples, there was a statistically significant parallel between increases in program participation and reductions in the level of recidivism among former inmates.

In another prison study, Byron Johnson conducted an exploratory analysis comparing the recidivism rates for two Brazilian prisons widely considered to be exemplars in a country facing an array of correctional crises.⁴⁹ One of the prisons was primarily based on vocational training and the use of prison industry to better prepare inmates for release and to reduce the cost of operating the facility (Braganca). The second prison was a faith-based facility run by local church volunteers who use religious programs to "kill the criminal and save the person" (Humaita). This study

compared recidivism rates for prisoners released from these two facilities during a three-year post-release follow-up from January 1996 through December 1999. The findings revealed that the recidivism rate (i.e., new arrest and re-incarceration) for former Humaita prisoners was significantly lower during a three-year follow-up period than that found for Braganca prisoners. Further, this finding held when controlling for high-risk as well as low risk prisoners.

In a comparative evaluation of the Christian drug treatment program Teen Challenge, this multivariate study described the history and procedure of Teen Challenge. Study author, Aaron Bicknese, described Teen Challenge's moral understanding of addiction and contrasted it with the disease model of addiction found in other programs such as Alcoholics Anonymous (AA). Before and after interviews were used to assess the effectiveness of the Teen Challenge intervention. Outcomes considered were freedom from addictive substances, return to treatment, employment, and precipitants of drug use such as depression and cravings. The comparison group was composed of clients in short-term inpatient (STI) programs funded by Medicare or Medicaid. Bicknese's study of the Teen Challenge Drug Treatment Program demonstrated that offenders participating in the faith-based drug treatment program were more likely to remain sober and maintain employment than those that did not.⁵⁰ By significant margins, more Teen Challenge graduates were employed full time and fewer Teen Challenge graduates returned to treatment than those in either comparison group.

The current review also revealed that there has been some success in church-based hypertension intervention programs to lower blood pressure within African-American congregations.⁵¹ For example, Kumanyika and Charleston, found that a church-based outreach program, targeting African-American women in Baltimore, helped to increase weight loss and lower blood pressure for study participants.⁵² And in a three-month pilot program, Eva Smith documented the role of a church-based education program to improve the awareness and knowledge of hypertension among African Americans, though blood pressure rates were not significantly lower for those receiving the intervention.⁵³

Five additional studies examined the role of church-based efforts in either screening for breast cancer, or providing mammography counseling. Derose⁵⁴ and Duan⁵⁵ conducted research on a Los Angeles based population of Latino, African-American, and White women. Duan found that a church-based telephone counseling intervention helped maintain mammography adherence among baseline-adherent participants and reduced the nonadherence rate from 23 percent to 16 percent. Similarly, Derose found that targeted church-based telephone counseling is possible with diverse groups of women and can reduce the nonadherence rates. Sarah Fox and Susan Stockdale have also conducted and published separate but similar studies as part of the same church-based project (with Derose and Duan) to screen for breast cancer in Los Angeles. Fox found that the awareness and behavior of underscreened Hispanic women increased significantly through an intensive church-based cancer control outreach program⁵⁶. In a second study, Fox found that church members fared better on mammography screening than a comparison sample of community residents⁵⁷. Stockdale evaluated the costs of implementing a church-based counseling program for increasing mammography use⁵⁸. Participants from 45 ethnically diverse churches in Los Angeles, were surveyed before and after the church-based intervention. The results suggest that such an outreach can be cost-effective and feasible for many churches.

Results from this review of the literature on intentional religion reveal several basic findings. First, research on intentional religion is remarkably underdeveloped. Our extensive search of the literature yielded only 25 studies that assessed in some manner the efficacy of faith-based interventions. It is also interesting to note that all but one of these studies was completed just within the last fifteen years. Therefore, what we know about the efficacy of FBOs is the result of very recent scientific inquiry.

This review also documented that the 25 studies of faith-based organizations or groups have used diverse samples and methodologies in an attempt to evaluate the efficacy of these faith-based entities. Case studies and descriptive studies are clearly over-represented in this small and recent literature on intentional religion. Too many of these studies have drawn substantive conclusions based on mere subjective interpretations of one or two case study observations. Researchers ought to focus on devising more rigorous methodologies, including sophisticated measurements of religion and religious experience, when evaluating the role of the religion and FBOs.

Although the quality of intentional studies reviewed, on the whole, is not particularly strong, we uncovered a fair number of multivariate studies with control or comparison groups, as well as studies utilizing random assignment. The current review documents important preliminary evidence that participation in various social service and health related interventions administered by faith-based groups and individuals tend to be associated with improved outcomes. Indeed, 23 out of the 25 studies reviewed conclude that faith-based interventions were linked to beneficial outcomes. Only two studies concluded that there was no association between the faith-based intervention and the desired outcome, and not one study showed a faith-based intervention to be significantly associated with a harmful outcome.

Conclusions

Proponents of faith-based initiatives feel strongly that faith-based programs are effective providers of many different kinds of social services. This systematic review has uncovered a number of solid case studies and multivariate evaluations providing at least preliminary evidence that faith-based programs can provide effective interventions. It is important to note, however, that the small number of intentional studies reviewed by itself, cannot unequivocally certify the claim that faith-based programs are more effective than their secular counterparts. A number of the FBO research evaluations tend to be plagued with methodological shortcomings often associated with new and under funded areas of scientific inquiry. For example, studies of intentional religion too often relied upon small convenient samples that were not nationally representative. The current review reminds us that research methodology can have an important effect on research findings. Indeed, in a previous systematic review of research examining the role of religiosity in crime and delinquency, we found that the literature not only documents that religious commitment is generally linked to reductions in crime and delinquency, but this finding was found to be particularly pronounced among those studies incorporating the most rigorous research methodology.⁵⁹ Only time will tell if the same pattern emerges with future study and evaluation of faith-based organizations and their efforts.

Our review of the literature on faith-based organizations reveals two very basic facts. First, what we do know about their effectiveness is positive and encouraging. FBOs appear to have advantages over comparable secular institutions in helping individuals overcome difficult circumstances (e.g., imprisonment and drug abuse). Second, although this literature is positive, it is also limited. A number of the studies in our review did not include the most appropriate measures of religious commitment, religiosity, or a quantifiable measure of the key independent variable that defines the nature of the FBO. The most rigorously studied faith-based entity to date—faith-based prison programs like Prison Fellowship – still require much more long-term research. A host of other services that FBOs provide such as housing, welfare-to-work, alcohol and drug treatment, education, after-school programs, and any number of outreach programs to disadvantaged populations have not been the subject of serious evaluation research.⁶⁰

By any measure, the study of intentional religion is an area of social science research that is surprisingly underde-

veloped. But for several reasons, the prospects for future research are impressive. Based on our review of 766 studies, several conclusions seem noteworthy. First, faith-based organizations and initiatives are now beginning to receive long overdue attention for the services they provide. This attention has resulted in new academic interest in the study of religion, and hopefully, in the rigorous investigation of FBOs. Second, and possibly even more important, is the fact that the scientific study of organic religion has grown in impressive ways over the past several decades. Researchers are now in a position to cite hundreds of quality studies in peer-reviewed journals that indicate a striking correspondence between religiosity and general health and well being. Third, above all the political and financial considerations, what we know about the effectiveness of intentional religion via FBOs, represents the tip of the iceberg for what we already know about the positive impact of organic religion in a host of other areas outlined earlier. Fourth, the current systematic review provides at least very preliminary evidence for a similar correspondence between intentional religion and the work of faith-based organizations.

Implications for Future Research

Until recently, faith based organizations have been overlooked and under-supported by the federal government. According to the White House report *Unlevel Playing Field*, released in 2001, not only do faith-based organizations “...receive very little federal support relative to the size and scope of the social service they provide” but federally funded social welfare programs have rarely been evaluated to determine why this bias exists. What results is that the same few recipients continue to obtain federal funding to the exclusion of smaller faith-based and community-based organizations. Indeed, many such organizations continue to receive federal funding and have never been evaluated at all. The report *Unlevel Playing Field* further discusses how the First Amendment to the Constitution both “secures religious liberty and protects against governmental establishment of religion,” but in the case of social service delivery through FBOs, the Government has “...focused much more on avoiding the prohibition than on honoring the protection.” To help remedy the current state of affairs the Bush administration has established Centers for Faith-Based and Community Initiatives in each of five selected cabinet departments⁶¹ to advocate for small community and grassroots organizations in the distribution of federal funds. As a result of this process, it is hoped that funds will be equitably distributed and evaluative measures put in place to measure the effectiveness of these programs.

Since most of the intentional religion research reviewed is based upon limited samples and seldom utilizes sophisticated measures of religious belief or private religious practice, further evaluation research, both qualitative and quantitative, is desperately needed. In particular, there is a serious need for prospective studies assessing multiple dimensions of religion or being religiously committed. It is only this kind of accumulated research that will ultimately help us to sort out these complex relationships. The results of such research, for example, may facilitate the design of future strategies for depression screening, crime prevention, and treatment in religious and non-religious settings.

T A B L E 1 .

Review of Research Examining the Relationship Between Religion and Health Outcomes

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
HYPERTENSION								
Armstrong (1977)	CC	C	418 vs. Cs	CDA	Australia	D (SDA vs. n-SDA)	MC	NA
Beutler (1988)	CT	C	120	CDA	Netherlands	Laying on of hands	N	NA
Blackwell (1976)	CT	C	7	MP	—	Transcendental Med	N	B
Brown D (1994)	CS	S	537	CDA, B, M	Norfolk, VA	Religious scale, ORA, D	MC	NA
Graham (1978)	CS	R	355	CDA, W, M	Georgia	ORA	MC	B
Hafner (1982)	CT	C	21	MP	—	Meditation	N	NA
Hixson (1998)	CS	C	112	CDA, F	North Carolina	RC, RE, IR	SC	B
Hutchinson (1986)	CS	R	357	CDA	West Indies	ORA	SC	B
Koenig (1988)	CS	S	106	MP, E	Illinois	ORA, NORA, IR	SC	B
Koenig (1998a)	PC	R	4,000	CDA, E	North Carolina	D, ORA, NORA	MC	B
Lapane (1997)	CS	R	5,145	CDA	Rhode Island	church membership	MC	B
Larson (1989)	CS	S	401	CDA, M	Georgia	ORA, SR	MC	B
Leserman (1989)	CT	C	27	MP	Boston	relaxation response	N	NA
Levin (1985)	CS	R	1,125	CDA–Mex-Am	Texas	ORA, SR	N	H
Livingston (1991)	CS	R	1,420	CDA, B	Maryland	Church affiliation	MC	B
Merritt (2000)	Exp	C	74	CDA, B, young	Durham, NC	ORA, NORA, IR	SC	B
Miller (1982)	CT	C	96	MP	—	healing prayers	N	B
Patel (1975)	CT	C	34	MP	England	Yoga	N	B
Patel (1976)	CT	C	27	MP	England	Yoga	N	B
Pollack (1977)	CT	C	20	MP	New York City	Trans Meditation	N	NA
Schneider (1995)	CT	C	111	CDA, B, E	Oakland, CA	Trans Meditation	N	B
Scotch (1963)	CS	R	1,053	CDA	South Africa	ORA, CM	SC	B
Stavig (1984)	CS	R	1,757	CDA-Asians	California	(affiliation vs. N)	MC	B
Steffen (2000)	CS	—	—	CDA	North Carolina	RC (from COPE)	MC	B
Sudsuang (1991)	CT	C	52	M (ages 20-25)	Thailand	Buddhist meditation	N	B
Timio (1988)	PC	S	144 vs. Cs	R (Ca nuns)	Italy	Ca nuns vs. other	MC	B
Walsh (1980)	CS	C	75	Immigrants	Ohio	ORA	MC	B
Walsh (1998)	CS	C	137	Immigrants	Toledo, OH	ORA, SR	MC	B
Wenneberg (1997)	CT	C	39	CDA, M	Iowa City, IA	Trans Meditation	N	B
MORTALITY								
Abramson (1982)	PC	S	387	E, 100%M	Israel	“religiosity”	MC	NA
Alexander (1989)	CT	C	73	E	Massachusetts	Trans Meditation	N	B
Berkel (1983)	CC	R	522 deaths	CDA	Netherlands	D (SDA vs. N-SDA)	SC	NA
Berkman (1979)	PC	R	6,928	CDA	Alameda, CA	CM	MC	B

Type: CS cross-sectional; PC prospective cohort; RS retrospective; CT clinical trial; Exp experimental; CC case control; D descriptive; CR case report; Q qualitative. **Method (sampling):** R random; probability, or population-based sample; S systematic sampling; C convenience/purposive sample. **N:** number of subjects in sample; Cs controls. **Population:** C children; Ad adolescents; HS high school students; CS college students; CDA community dwelling adults; E elderly; MP medical patients; PP psychiatric patients; NHP nursing home patients; CM church members; R religious or clergy; F female; M male; B black; W white. **Location:** city, state, or country. **Religious variables:** ORA organizational religious activities (religious attendance and related activities); NORA (scripture study); SR subjective religiosity; RCm religious commitment; IR intrinsic religiosity; ER extrinsic religiosity; Q quest; SWB spiritual well being; R religious coping; M mysticism; O orthodoxy; RB religious belief; RE religious experience; CM church membership; I FBO intervention; D denomination; SDA Seventh Day Adventist. **Findings:** NA no association; M mixed evidence; B beneficial association with outcome; H harmful association with outcome. **Controls:** N No controls; SC some controls; MC multiple controls.

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Bolduan (1933)	CC	R	14,047 +Cs	CDA	New York City	D (Jewish vs. non-J)	SC	M
Bryant (1992)	PC	R	473	CDA, E, B	National US	ORA	MC	B
Comstock (1967)	CC	R	234	stillborn babies	Maryland	ORA	SC	B
Comstock (1971)	CC	R	189	ASCVD deaths + CS	Maryland	ORA	SC	B
Comstock (1972)	CC	R	54,848	CDA	Maryland	ORA	SC	B
Comstock (1977)	CC	R	47,423	CDA	Maryland	ORA	SC	NA
De Gouw (1995)	RS	S	1,523	R (monks)	Netherlands	monks vs. others	SC	B
Dwyer (1990)	CS	R	3,063 counties	CDA	National US	D, CM	MC	B
Enstrom (1989)	CC	R	9,844 vs 3,199	CDA – Mormons	California	ORA (Mor vs. n-M)	SC	B
Gardner (1982a)	CC	S	1,819 deaths	M, Mormons	Utah	lay-priesthood level	SC	B
Gardner (1982b)	CC	S	1,354 deaths	F, Mormons	Utah	ORA	SC	B
Glass (1999)	PC	R	2,761	CDA, E	New Haven, CT	ORA	MC	B
Goldbourt (1993)	PC	R	10,059	CDA, M	Israel	orthodox vs. secular Jews	MC	B
Goldman (1995)	PC	R	7,500	CDA, E	National US	ORA	MC	B
Goldstein (1996)	CC	R	15,520 + Cs	CDA	Rhode Island	D (Jewish vs. non-Jewish)	SC	NA
Hamman (1981)	CC	R	25,822 (1,226)	CDA (Amish)	Indiana, OH, PA	D (Amish vs. non-Amish)	SC	M
Harding le Riche (1985)	CS	C	289	R (clergy)	Canada	clergy vs. MDs	N	B
Helm (2000)	PC	R	3,851	CDA, E	North Carolina	NORA	MC	B
Hogstel (1989)	CS	C	302	CDA, E (>85)	Texas	RB, Christian living	NS	B
House (1982)	PC	R	2,754	CDA	Tecumseh	ORA	MC	B
Hummer (1999)	PC	R	21,204	CDA	National US	ORA	N	B
Idler (1991)	PC	R	2,812	CDA, E	New Haven, CT	ORA, NORA	MC	NA
Kastenbaum (1990)	CC	S	487	Saints	World	sainthood vs. others	SC	B
King H (1968)	CC	S	609 deaths	R (Lutheran)	US & Canada	clergy vs. others	SC	B
King H (1970)	CC	S	4,106 deaths	R (clergy)	US, England	clergy vs. others	SC	B
King H (1971)	CC	S	1,387 deaths	R (Anglican)	US	clergy vs. others	SC	B
King H (1980)	CC	S	5,207 deaths	R (Prot, W, M)	US	clergy vs. others	SC	B
Locke (1980)	CC	R	3,446 deaths	R (Baptist)	National US	clergy vs. others	SC	B
Janoff-Bulman (1982)	PC	C	30	NH, E	Massachusetts	SR	SC	H
Jarvis (1977)	CC	R	1,169 deaths	CDA, Mormons	Canada	D (Mormon vs. non-m)	SC	NA
Kark (1996b)	PC	S	3,900	kibbutz members	Israel	Relig vs. secular kibbutz	MC	B
Koenig (1995b)	PC	S	262	MP	Durham, NC	RC	MC	NA
Koenig (1998)	PC	S	1,000	MP	Durham, NC	RC	MC	NA
Koenig (1999a)	PC	R	3,968	CDA, E	North Carolina	D (Jew vs. non-J)	MC	B
Krause (1998a)	PC	R	819	CDA, E	National US	ORA, NORA, RC	MC	B
Lemon (1964)	PC	R	10,059	CDA, M	Israel	orthodox vs. secular Jews	MC	B
LoPrinzi (1994)	PC	S	1,115	MP (advanced CA)	United States	“feelings re religiosity”	MC	NA
Madigan (1957)	CC	R	6,932 deaths	R (Catholic)	National US	clergy vs. others	SC	B
Madigan (1961)	CC	S	1,247 deaths	R (Catholic Priests)	National US	priests vs. others	SC	B
Musick (1999)	PC	R	3,617	CDA	National US	ORA	MC	B
Needleman (1988)	CC	R	1920–1971	CDA	Montreal, Can	D (Jew vs. non-Jews)	SC	NA
Ogata (1984)	CC	S	1,396 deaths	R (Zen Priests)	Japan	priests vs. others	SC	B
Oxman 1995)	PC	S	232	MP (open heart surgery)	New Hampshire	ORA, SR, RC	MC	B
Oman (1998)	PC	S	1931	CDA, E	Marin, CA	ORA	MC	B
Oman (1999)	PC	S	1931	CDA, E	Marin, CA	ORA	MC	B
Oxman (1995)	PC	S	232	MP (open-heart surgery)	New Hampshire	ORA, SR, RC	MC	B
Palmore (1982)	PC	C	252	CDA, E	North Carolina	SR	MC	NA
Reynolds (1981)	PC	R	193	NH, E	Los Angeles	RC	NS	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Ringdal (1995)	PC	S	253	MP (cancer)	Norway	RB	SC	B
Ringdal (1996)	PC	S	253	MP (cancer)	Norway	RB	SC	B
Rogers (1996)	PC	R	15,938	CDA, E	National US	ORA	MC	B
Schoenbach (1986)	PC	R	2,059	CDA	Georgia	ORA	MC	B
Seeman (1987)	PC	R	4,175	CDA	Alameda, CA	CM	MC	B
Strawbridge (1997)	CC	R	5,286	CDA	Alameda, CA	ORA	MC	B
Taylor RS (1959)	CC	C	2,657 deaths	R (Catholic nuns)	MA, NY	nuns vs. others	SC	B
Yates (1981)	CS	C	71	MP (adv CA)	Michigan	RB, RE, SR, ORA	N	NA
Zuckerman (1984)	PC	S	225	CDA, E	New Haven, CT	D, ORA, SR, RC	SC	B

DEPRESSION

Ai (1998)	CS	S	151	MP (with CABG)	Michigan	SR, ORA, NORA	MC	M
Alvarado (1995)	CS	C	200	CS, CDA	Fresno, CA	D, ORA, RB, SR	SC	B
Azhar (1995b)	CT	C	32 vs. 32 Cs	PP	Malaysia	Religious psychotherapy	N	B
Ball (1990)	CS	S	51	PP	London, England	ORA	N	NA
Belavich (1995)	CS	C	222	CS	Ohio	RC scales	SC	M
Bickel (1998)	CS	C	245	CM (Presbyterians)	—	RC scales	N	B
Bienenfeld (1997)	CS	C	89	R, E, 100%F	Ohio	RC m	MC	B
Blaine (1995)	CS	C	144	CS	Buffalo, NY	SR, ORA, miscellaneous	N	B
Blalock (1995)	PC	C	300	MP (arthritis), E	North Carolina	RC	MC	B
Blaney (1997)	PC	C	40	HIV+	Miami, FL	RC	MC	B
Braam (1997)	CS	R	2,817	CDA, E	Netherlands	ORA	MC	B
Braam (1997)	PC	S	177	CDA, E	Netherlands	SR	N	B
Braam (1998)	CS	R	3,020	CDA, E	Netherlands	D, giving up ORA	MC	B
Braam (1999)	CS	R	3,051	CDA, E	Netherlands	“religious climate”	MC	M
Braam (1999)	CS	S	13 nations	CDA, E	Europe	D, ORA, SR, O	MC	B
Brant (1995)	CS	—	179	CDA, 100% B	—	RC scales	N	M
Brown D (1987)	CS	R	451	CDA, B	Richmond, VA	scale	SC	NA
Brown D (1990)	CS	R	451	CDA, 100% B	Richmond, VA	D, ORA, RCm	MC	B
Brown D (1992)	CS	R	927	CDA, 100% B	Norfolk, VA	RCm	MC	NA
Brown D (1994)	CS	R	527	CDA, 100% BM	Southeast US	D, ORA, RCm	MC	B
Brown GW (1981)	CS	S	355	CDA, 100% F	Scotland	ORA	N	B
Ellison (1995)	CS	R	2,956	CDA	North Carolina	D, ORA, NORA	MC	B
Ellison (1997)	PC	—	—	CDA, B	National US	ORA, RB	N	B
Ellison (1997)	PC	—	—	CDA, B	National US ?	“religious guidance”	N	B
Fehring (1987)	CS	C	170	CS	Wisconsin	RWB, RCm	N	NA
Fernando (1975,1978)	CC	C	117 vs. Cs	PP	London, England	D, ORA	N	B
Ferraro (1998)	CS	R	3,497	CDA	National US	D, ORA, NORA, SR, RC	MC	M
Gallemore (1969)	CC	C	62 vs. Cs	PP	Durham, NC	D, RE, Relig history	N	M
Genia (1991)	CS	C	309	CDA	Washington, DC	D, IR, ER	N	B
Genia (1993)	CS	C	309	CDA	Washington, DC	D, IR, ER	N	B
Griffith (1984)	PC	C	16	CM	Barbados	“mourning”	N	B
Grosse-Holtforth (1996)	CS	C	97	NHP	Durham, NC	IR, RC	SC	NA
Hallstrom (1984)	CS	S	800	CDA, 100% F	Sweden	ORA, NORA, RB	MC	B
Hertsgaard (1984)	CS	R	760	CDA, F, farms	North Dakota	ORA, D	MC	B
Husaini (1999)	CS	R	995	E, CDA	Nashville	ORA, NORA	MC	NA
Idler (1987)	CS	R	2,811	CDA, E	New Haven, CT	ORA, SR, RC	MC	B
Idler (1992)	PC	R	2,812	CDA, E	New Haven, CT	ORA, SR, RC	MC	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Jensen L (1993)	CS	—	3,835	CS	UT, TX, WI, ID	D, “religiosity”	SC	B
Johnson W (1992)	CT	C	10	Christians	Indiana	Christian vs. non-Chr	N	NA
Johnson W (1994)	CT	C	32	Christians	Hawaii	Christian vs. non-Chr	N	NA
Jones-Webb (1993)	CS	R	3,724	CDA	National US	D (agnostic/N)	MC	B
Kendler (1997)	CS	C	1,902	CDA, twins	Virginia	RB, ORA, NORA, SR	MC	B
Kennedy (1996)	PC	R	1,855	CDA, E	Bronx, NY	ORA, D	MC	B
Koenig (1988)	CS	S	106	MP, E	Illinois	ORA, NORA, IR	SC	B
Koenig (1992)	PC	S	850	MP, E	Durham, NC	D, RC	MC	B
Koenig (1994)	CS	R	853 vs. 1,826	Baby boomers	Durham, NC	D, ORA, SR, NORA	MC	B
Koenig (1995a)	CS	R	96	Prisoners	Butner, NC	RB, ORA, RC	N	B
Koenig (1995)	CS	S	850	MP, E	Durham, NC	D, RC	MC	B
Koenig (1997)	CS	R	4,000	CDA, E	North Carolina	D, ORA, NORA	MC	B
Koenig (1998)	CS	C	115	NH, E	Durham, NC	RC	MC	NA
Koenig (1998)	PC	S	87	MP, E	Durham, NC	IR, ORA, NORA	MC	B
Koenig (1998)	CS	S	577	MP, E	Durham, NC	RC, ORA, NORA, SR	MC	M
Kroll (1989)	CS		52	PP	Minnesota	RB, RE, ORA	N	NA
Levin (1985)	CS	R	1,125	CDA–Mex-Am	Texas	ORA, SR	N	NA
Lubin (1988)	CS	R	1,543	CDA	National US	D (affil vs. N)	N	B
Malzberg (1973)	CC	S	40,000+	PP	New York	Jewish vs. non-Jewish	N	NA
Maton (1989)	CS	C	81/68	bereaved parents/HS	Maryland	spiritual support	MC	B
McIntosh (1995)	CS	R	1,644	CDA, E	National US	Religious volunteering	MC	B
Meador (1992)	CS	C	2,850	CDA	Durham, NC	D (Pentecostal vs. other)	MC	NA
Miller L (1997)	PC	—	60/151	mothers, children	New York	D, SR	MC	B
Mitchell (1993)	CS	R	868	CDA, E	North Carolina	RB religious intervention	MC	M
Morris P (1982)	PC	C	24	Chronically ill	United Kingdom	Pilgrimage to Lourdes	N	B
Morse (1987)	CS	C	156	E, CDA	Massachusetts	CM, ORA, RC	SC	B
Mosher (1997)	CS	C	461	HS (Catholic)	St. Louis	Scale	N	B
Musick (1998a)	CS	R	586	CDA, B	Detroit	ORA, RC (prayer)	MC	B
Musick (2000)	PC	R	10,008	CDA	National US	ORA, RB	MC	M
Musick (1998b)	PC	R	3,007	CDA, E	North Carolina	ORA, NORA	MC	B
Neeleman (1994)	CC	S	73 vs. 25 Cs	PP	London England	ORA, NORA, RB, SR	SC	H
Nelson (1990)	CS	C	68	E, CDA	Texas	IR-ER scale	N	B
Nelson (1989)	CS	C	26	E, NH	Texas	“religious activity”	N	B
O’Connor (1990)	CS	C	176	E, NH	Quebec, Can	IR scale (French)	N	B
O’Laoire (1997)	CT	C	96/406	CDA	San Francisco	prayer for others	N	B
Park (1990)	PC	C	83/83	CS (religious)	Delaware	IR, ER, O	SC	M
Pecheur (1984)	CT	C	21	depressed Christians	—	Religious CBT	N	NA
Plante (1992)	CS	C	86	CS	Santa Clara, CA	SR, D	N	NA
Plante (1997)	CS	C	102	CS	California	SR, NORA, ORA, RC	N	B
Pressman (1990)	CS	C	30	MP, E, F	Chicago	ORA, SR, RC	SC	B
Propst (1980)	CT	C	44	mildly depressed Christians	Oregon	Religious imagery	N	B
Propst (1992)	CT	C	59	depressed Christians	Oregon	Religious CBT	N	B
Rabins (1990)	CS	C	62	caregivers of Alz D&CA pts	Baltimore	RC	MC	B
Rabins (1990b)	PC	C	62	caregivers of Alz D&CA pts	Baltimore	RC	MC	B
Razali (1998)	CT	C	203	PP	Malaysia	Religious psychotherapy	N	B
Ross (1990)	CS	R	401	CDA	Illinois	D, SR	MC	B
Ryan (1993)	CS	C	105/151/342	CS, CM	—	IR, ER, O, Q, misc.	N	B
Schafer (1997)	CS	C	282	CS	Chico, CA	RB, RC, ORA, NORA	N	H

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Sherkat (1992)	CS	C	156	CDA bereaved	Southeast US	D, ORA, NORA	MC	NA
Siegel (1990)	CS	C	825	CDA,E	Southern CA	CM	MC	B
Smith B (1996)	PC	—	131	CDA	Missouri, Illinois	RC, ORA, SR	N	B
Sorenson (1995)	PC	S	261	teenage mothers	S.W. Ontario	D, ORA, SR	SC	H
Spendlove (1984)	CS	R	179	CDA, W, F	Salt Lake City	IR, ORA, CM, D	MC	NA
Spiegel (1983)	PC	S	58	MP (breast CA)	California	family ORA, NORA	MC	H
Strayhorn (1990)	CS	S	201	parents of Head Start kids	Pittsburgh	ORA, NORA	N	B
Strawbridge (1998)	CS	R	2,537	E, CDA	Alameda, CA	ORA, NORA, SR	MC	M
Tamburrino (1990)	CS	C	71	F post-abortion dysphoria	Ohio	Conversion	N	B
Toh (1997)	CT	C	46	CDA, religious	Pasadena, CA	lay counselors in church	N	B
VandeCreek (1995)	CS	C	150	CDA (relatives)	Ohio	RC	SC	M
Veach (1992)	CS	C	148	CS & health pros	Nevada	spiritual experience	N	B
Watson P (1988)	CS	C	314/181	CS	Tennessee	IR, ER	SC	B
Watson P (1989)	CS	C	1,397	CS	Tennessee	IR, ER	N	B
Watson P (1990)	CS	C	2,435	CS	Tennessee	IR, ER, miscellaneous	N	B
Williams D (1991)	PC	R	720	CDA	New Haven, CT	D, ORA	MC	B
Wright (1993)	CS	C	451	HS, Ad	Texas	IR, ORA	SC	B
Zhang (1996)	CS	C	320/452	CS	China & US	ORA, NORA,	MC	B

SUICIDE

Bagley (1989)	CS	R	679	CDA	W.Canada	D, RC	N	M
Bainbridge (1981)	RS	S	78 large cities	Suicide rates (1926)	National US	D, CM	SC	B
Bainbridge (1989)	RS	S	75 large cities	Suicide rates (1980)	National US	CM	SC	B
Beehr (1995)	CS	S	177 police	Suicidal thoughts	Eastern US	RC	MC	NA
Breault (1982)	RS	S	42 countries	Suicide rates	United Nations	Religious books/papers	MC	B
Breault (1986)	RS	S	State/county	Suicide rates	National US	D (Ca vs other) CM	MC	B
Burr (1994)	RS	S	294	SMSAs Suicide rates	National US	D (Ca vs other) CM	MC	B
Cameron (1973)	CS	C	144	Handicapped	Michigan	SR (value of religion)	N	B
DeMan (1987)	CS	C	150	CDA	Quebec, Can	SR	MC	B
Ellis J (1991)	CS	C	100	CS	Tennessee	RWB	N	B
Ellison CG (1997)	RS	R	296 SMSAs	Suicide rates	National US	D homogeneity	MC	B
Feifel (1980)	CS	C	616	PP, prison, other	Los Angeles	SR	MC	B
Fernquist (1995-96)	RS	S	9 countries	Suicide rates	Europe	religious books	SC	B
Hasselback (1991)	RS	S	261 c. tracts	Suicide rates	Canada	D (% N)	MC	B
Hoelter (1979)	CS	C	205	CS	Indiana	ORA, RB, SR, O	N	B
Horton (1973)	CS	C	3 cases	Ad (schizophrenic)	New Haven, CT	“mystical experi”	N	B
Johnson D (1980)	CS	R	1,530	CDA	National US	D, ORA, SR	N	B
Kandel D (1991)	CS	R	593	Ad	New York	ORA	N	B
Kaplan K (1995)	CS	C	117	Cs	Detroit, MI	IR, ER, Q, Misc	SC	B
King S (1996)	CS	C	511	CS	Connecticut	D, ORA	N	B
Kirk (1979)	CC	C	20 vs. 20 Cs	PP	Detroit, MI	D, ORA	N	NA
Kranitz (1968)	CC	C	20 vs. 20 Cs	PP	Los Angeles	Misc	N	NA
Krull (1994)	RS	S	—	Suicide rates	Quebec, Can	D (% N)	MC	B
Lee D (1987)	CS	C	317	CS	Illinois	SR	N	B
Lester (1987)	RS	S	49 states	Suicide rates	United States	ORA	SC	B
Lester (1988)	RS	R	49 states	Suicide rates	United States	ORA	SC	B
Lester (1992)	RS	R	13 nations	Suicide rates	Cross-national	RB	N	B
Lester (1993)	CS	C	103	CS	—	“religiosity”	SC	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Levav (1988)	CS	R	1,200	CDA	Israel	“religiosity”	SC	NA
Long D (1991)	CS	C	147	members of MS society	Cincinnati, OH	RB, SR, O	SC	B
LoPresto (1995)	CS	C	282	CS	Baltimore, MD	SR	SC	B
Marks (1977)	CS	S	98/29 vs Cs	Ad suicide attempt	National US	ORA	N	B
Martin WT (1984)	RS	R	—	Suicide rates	National US	ORA	N	B
Minear (1981)	CS	C	394	CS	New England	D, ORA, SR, RB	N	B
Mireault (1996)	CS	C	104	E	Quebec, Can	SR	MC	NA
Neeleman (1997)	CS	R	23,085	CDA (attitude)	Europe, US,CAN	D, ORA, RB	MC	B
Neeleman (1998)	CS	R	1,729	CDA	National US	ORA, NORA, SR, RB	MC	B
Neeleman (1998)	RS	S	11 provinces	Suicide rates	Netherlands	religiousness	MC	B
Neeleman (1999)	RS	S	26 countries	Suicides rates	Europe & US	ORA, miscellaneous	MC	B
Nelson FL (1980)	CS	C	99	E, NH	Los Angles	D, SR	N	B
Paykel (1974)	CS	R	720	CDA	Connecticut	ORA, NORA, CM	MC	B
Pescosolido (1989)	RS	S	404 counties	Suicides	National US	D (J, Ca EP, MP,ORA)	MC	B
Resnick (1997)	CS	R	12,118	Ad	National US	SR	MC	NA
Salmons (1984)	D	S	294/149	Cs/MP	England	(religious vs. non-R)	N	B
Schneider (1989)	Cs	C	108	Gay men	Los Angeles	D (no affiliation)	N	B
Schweitzer (1995)	CS	—	1,678	CS	Australia	D, SR	N	B
Shagle (1995)	CS	S	473	AD	Tennessee	ORA, SR	MC	B
Siegrist (1996)	CS	R	2,034	Ages 15-30yo	Germany	D, ORA	MC	B
Simpson, M (1989)	RS	S	71 nations	Suicide rates	World	D (Ca, Prot, Islam)	SC	NA
Singh (1986)	CS	R	6,521	CDA (attitude)	National US	ORA, miscellaneous	MC	B
Stack (1983a)	RS	S	25 nations	Suicide rates	World	produce religious book	MC	B
Stack (1983b)	RS	S	—	Suicide rates	National US	ORA	SC	B
Stack (1983c)	RS	S	Nations	Suicide rates	World	produce religious book	SC	NA
Stack (1985)	RS	S	—	Suicide rate	National US	ORA	SC	B
Stack (1991a)	RS	S	National	Suicide rate	Sweden	produce religious book	SC	B
Stack (1991b)	CS	R	1,687	CDA	National US	D, ORA	SC	B
Stack (1992a)	RS	S	—	Suicide rates	Finland	produce religious book	MC	B
Stack (1992b)	CS	R	5,726	CDA	National US	D, ORA	MC	B
Stack (1994)	CS	R	4,946f, 4,475m	CDA	National US	ORA	MC	B
Stack (1995)	CS	R	1,197b, 8,204w	CDA	National US	ORA	MC	B
Stack (1998)	CS	R	1,500+	CDA	National US	Religiosity	MC	B
Stark (1983)	RS	S	214 SMSAs	Suicide rates	United States	CM, D	MC	B
Stein (1989)	CS	S	525	Ad	Israel	SR	MC	B
Stein (1992)	CS	S	525	Ad	Israel	SR	MC	B
Steininger (1978)	CS	C	732	HS, CS	New Jersey	“religion a waste”	N	B
Stillion (1984)	CS	C	198	HS	Southern US	SR	N	B
Trovato (1992)	RS	S	9 provinces	Suicide (young)	Canada	D (N)	SC	B
Truett (1992)	CS	C	7,620 twins	CDA	Australia	D, ORA	SC	B
Wandrei (1985)	PC	S	706	F, attempts	San Francisco	D, miscellaneous	N	B
Zhang (1996)	CS	C	320/452	CS	China & US	ORA, NORA, SR, RB	MC	B
SEXUAL BEHAVIOR								
Beck (1991)	PC	R	2,000+	Youth 14–22	National US	D, DORA	MC	B
Billy (1993)	CS	R	3,321	CDA, M, 20–39	National US	D (vs. N)	MC	B
Brown S (1985)	CS	R	702	Ad, B, F	National US	ORA	MC	B
Cardwell (1969)	CS	C	187	CS	New England	(5 dimensions)	N	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Clayton (1969)	CS	S	887	CS	Florida	RB	N	B
Cochran (1991)	CS	R	14,979	CDA	National US	ORA, SR, RB, CM, D	MC	B
Cullari (1990)	CS	C	208	HS	Pennsylvania	Ca vs. public school	N	B
Davids (1982)	CS	C	208	CS, Jewish	Ontario, Can	D, SR	N	B
DuRant (1990)	CS	R	202	Ad, F, Hispanic	National US	D, DORA	MC	B
Forliti (1986)	CS	C	8,165/10,467	Ad/parents, CM	United States	RB, ORA, SR	N	B
Fox (1989)	CS	C	196	CS	Southern US	ORA, NORA, RB, RB,RE	N	B
Goldscheider (1991)	CS	R	8,450	CDA, F	National US	ORA, D	SC	B
Gunderson (1979)	CS	C	327	CS	Houston	ORA, D, SR	MC	B
Haerich (1992)	CS	C	204	CS	Riverside, CA	ORA, SR, IR, ER	N	B
Heltsley (1969)	CS	C	1,435	CS	United States	D, religion scale	SC	B
Hendricks (1984)	CC	C	48 vs. 50 Cs	Ad, B fathers	Columbus, OH	ORA, NORA	DF	B
Herold (1981)	CS	C	514	CS, HS	Ontario, Can	ORA	SC	B
Jensen L (1990)	CS	C	423	CS, ages 17–25	Oklahoma & WI	ORA	N	B
Kandel D (1990)	CS	R	2,711	Young adults	National US	ORA, D	MC	B
Kinsey (1953)	CS	R/S	5,940	CDA, F, W	National US	ORA, SR	N	B
Mahoney (1980)	CS	C	441	CS	Washington	SR	N	B
Miller PY (1974)	CS	R	2,064	Ad, W	Illinois	SR	SC	B
Mol (1970)	CS	R	1,825	CDA	Australia	RB, ORA	N	B
Naguib (1966)	CS	R	5,896	CDA, F	Maryland	ORA, D (any vs. N)	N	B
Nicholas (1995)	CS	S	1,817	CS	South Africa	Scale	N	M
Parfrey (1976)	CS	R	444	CS	Ireland	ORA, RB	N	B
Poulson (1998)	CS	C	210	CS	Greenville, NC	SR	SC	B
Resnick (1997)	CS	R	12,118	Ad	National US	SR	MC	B
Rohrbaugh (1975)	CS	C	475/221	HS/CS	Colorado	ORA, RB, RE	N	B
Rosenbaum (1990)	CS	R	2711	CDA 19–20	National US	ORA	MC	B
Ruppel (1970)	CS	R	437	CS	N. Illinois	RB, miscellaneous	MC	B
Seidman (1992)	CS	R	7,011	CDA, F	National US	ORA, D	MC	B
Sheeran (1996)	CS	C	682	HS	Scotland	SR	N	B
Studer (1987)	CS	C	224	Ad–18	Detroit	ORA	SC	B
Thornton (1989)	PC	R	888	Ad–18	Detroit	D, ORA, SR	MC	B
Werebe (1983)	CS	C	386	Ad	France	D, ORA	N	B
Woodroof (1985)	CS	C	477	CS (Christian)	United States	IR ER, miscellaneous	SC	B
Wright (1971)	CS	C	3,850	CS	England	RB, ORA, miscellaneous	N	B
ALCOHOL/USE ABUSE								
Adelekan (1993)	CS	S/R	636	CS	Nigeria	SR,D Muslim vs Chr	N	B
Adlaf (1985)	CS	R	2,066	Ad	Ontario, Can	D, ORA, SR	SC	B
Alexander F (1991)	CS	R	156	CDA, retired	Southern CA	Religious vs. secular	N	B
Alford (1991)	PC	C	157	AD, PP	Nebraska	AA participation	N	B
Amoateng (1986)	CS	R	17,000	HS seniors	National US	ORA, SR	MC	B
Beeghley (1990)	CS	R	8,652	CDA	National US	ORA, SR, CM, RB	MC	B
Benson P (1989)	CS	R	12,000+	HS seniors	National US	ORA, SR	MC	B
Bliss (1994)	CS	C	143	CS (Catholic)	Ohio	ORA, SR	N	M
Bock (1987)	CS	R	4,289	CDA	National US	D, ORA, SR, CM	MC	B
Brizer (1993)	CC	C	65 vs. Cs	PP (alc/drg)	New York	ORA, NORA	N	B
Brown D (1994)	CS	S	537	CDA, B, M	Southeast US	Religious scale, ORA, D	MC	B
Brown H (1991)	PC	C	35 and 15	PP (alc)	—	12-step spiritual	N	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Burkett (1974)	CS	C	855	HS	Pacific NW US	ORA	SC	B
Burkett (1977)	CS	S	837	HS	Pacific NW US	ORA, RB	SC	B
Burkett (1980)	CS	S	323	HS	Pacific NE US	ORA, SR, RB	N	B
Burkett (1987)	PC	C	240	HS	Pacific NW US	ORA, SR, RB	MC	B
Burkett (1993)	PC	—	—	HS	Pacific NW US	RB; parent SR, ORA	MC	B
Calahan (1969)	CS	R	2,746	CDA	National US	D, ORA	SC	B
Calahan (1972)	CS	R	1,561	CDA, M	National US	D, ORA	N	B
Carroll (1993)	CS	C	100	AA members	Southern CA	(Step 11 spiritual)	N	B
Cisin (1968)	CS	R	2,746	CDA	National US	ORA, RC, RB	MC	B
Cochran (1988)	CS	R	7,581	CDA	National US	ORA, RB, SR, CM	MC	B
Cochran (1989)	CS	R	3,065	Ad	Midwest US	ORA, SR, D	MC	B
Cochran (1991)	CS	R	3,065	Ad	Midwest US	ORA, SR, D	MC	B
Cochran (1993)	CS	R	3,065	Ad	Midwest US	ORA, SR, D	MC	B
Cochran (1992)	CS	R	3,772	CDA	National US	R homogamy SR, D	MC	B
Cochran (1994)	CS	C	1,600	HS	Oklahoma	ORA, SR	MC	B
Coombs (1985)	CS	C	197	Ad, F	Los Angeles	RB, ORA, miscellaneous	N	B
Corrington (1989)	CS	C	30	AA members	Maryland	spirituality scale	NS	B
Cronin (1995)	CS	C	216	CS	Maryland	D, SR	N	B
Dudley R (1987)	CS	R	801	SDA youth	North America	ORA, NORA, CM	SC	B
Engs (1980)	CS	S	1,691	CS	Australia	D, SR	N	B
Engs (1982)	CS	S	1,449	CS	Australia	D, SR, seminarians	N	B
Forster (1993)	CS	R	667	CDA, E	New York	D (N vs. other)	MC	B
Foshee (1996)	PC	R	2,102	Ad & mothers	Southeast US	ORA, RB, SR, D	MC	B
Francis LJ (1994)	CS	C	264	CDA	England	D, ORA	N	NA
Galenter (1982b)	CS	C	119 & 227	Sect members	New York	Conversion	N	B
Goldfarb (1996)	CS	S	101/119	PP/medical students	New York	scale, O	N	NA
Goodwin (1969)	CC	C	98/35	teetotalers vs. drinkers	St. Louis	SR, RB	N	B
Gottlieb (1984)	CS	R	3,025	CDA	National US	ORA	MC	B
Guinn (1975)	CS	S/R	1,789	HS, Mex-Am	Texas	ORA	N	B
Hardert (1994)	CS	C	1,234	HS, CS	Arizona	“religiosity”	MC	NA
Hardesty (1995)	CS	C	475	HS, CS (16–19)	Midwest US	“family religiosity”	N	B
Hasin (1985)	CS	S	835	PP with depression	5 US cities	D (some vs. N)	MC	B
Hays (1986)	CS	R	1,121	Ad (13–18)	National US	religiousness scale	MC	B
Holman (1993)	CS	C	615	CDA (17–24)	Oklahoma & WI	RB, ORA	SC	B
Hughes (1985)	CS	C	66 vs. 60	CM (evangelical)	England	RB, D	N	B
Hundleby (1982)	CS	C	231	HS (Catholic)	Ontario, Can	ORA, NORA	N	NA
Hundleby (1987)	CS	S/R	2,048	HS (9th grade)	Ontario, Can	ORA	SC	B
Idler (1997a)	CS	R	2,812	CDA,E	New Haven, CT	ORA, SR	MC	B
Isralowitz (1990)	CS	R	767	CS	Singapore	RB (present vs absent)	N	NA
Jacobson (1977)	PC	C	57	Alcoholics, PP	DePaul, WI	“religious values”	N	B
Kearney (1970)	CS	C	5	CDA	Mexico	“religious conversion”	N	B
Kendler (1997)	CS	C	1,902	CDA, twins	Virginia	RB, ORA, NORA, SR	MC	B
Khavari (1982)	CS	—	4,853	CDA	Milwaukee, WI	D, SR	N	B
Koenig (1988)	CS	S	106	MP, E	Illinois	ORA, NORA, IR	SC	B
Koenig (1994)	CS	R	2,969	CDA	North Carolina	ORA, NORA, SR	MC	B
Krause (1991)	CS	R	1,607	CDA, E	National US	ORA, NORA, SR	MC	B
Larson DB (1980)	CC	C	81 vs. Cs	PP (alcoholics)	North Carolina	SR, RE, NORA	N	B
Lemere (1953)	D	C	500	Alcoholics	Seattle, WA	“religious conversion”	N	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Long K (1993)	PC	C	625	Grades 3–7	Montana	ORA, NORA	MC	B
Lorch (1985)	CS	S/R	13,878	HS	Colorado Springs	CM, ORA, SR	SC	B
Luna (1992)	CS	R	955	Medical, vet, law students	Spain	SR	N	B
Mathew (1995)	CC	C	62 vs. Cs	PP (alcoholics)	North Carolina	Mathew scale	N	B
Mathew (1996)	CC	C	62 vs. Cs	PP (alcoholics)	North Carolina	Mathew scale	N	B
McDowell (1996)	CS	S	101	PP (alcoholics)	New York	IR, ER, ORA, RB	N	NA
Midanik (1995)	CS	R	1,603	CDA drinkers	National U.S.	D, SR	MC	B
Mookherjee (1986)	CS	S	1,477	W, M (DWI rehab)	Tennessee	RB scale	N	NA
Moore (1995)	CS	C	2,366	Ad	Israel	D, SR	N	B
Moos (1979)	CS	C	122	Alcoholics	Palo Alto, CA	moral-religion subscale	N	B
Mullen (1995)	CS	R	1,534	HS	Netherlands	D, ORA, RB	N	B
Mullen (1996)	CS	R	985	CDA > 35 yo	West Scotland	D	SC	B
Ndom (1996)	CS	R	1,508	CS	Nigeria	D, SR	N	B
Newcomb (1986)	CS	—	791	Ad	Los Angeles	SR	N	B
Oleckno (1991)	CS	—	1077	CS	Northern IL	ORA, SR	N	B
Parfrey (1976)	CS	R	444	CS	Ireland	ORA, RB	N	B
Park (1998)	CS	R	—	CDA	Korea	D, RCm	—	B
Patock-Peckham (1998)	CS	C	364	CS	Arizona	D, IR/ER	SC	M
Perkins (1987)	CS	S	860	CS	New York	SR, D, miscellaneous	MC	B
Poulson (1998)	CS	C	210	CS	Greenville, NC	SR	SC	B
Query (1985)	PC, D	S	96	PP ages 10–23	North Dakota	ORA, D	NS	B
Resnick (1997)	CS	R	12,118	Ad	National US	SR	MC	B
Richards D (1990)	CS	C	292	CDA	National US	“universal force”	N	B
Schlegel (1979)	CS	R	842	HS	Ontario, Can	ORA, D (vs. N)	N	B
Strauss (1953)	CS	S	15,747	CS	National US	D, ORA	N	B
Taub (1994)	CT	C	118	Alcoholics	Washington, DC	TM	N	B
Taylor J (1990)	CS	R	289	CDA B, F	Pittsburgh	IR, NORA, RB	MC	B
Thorne (1996)	CS	R	990	CDA, E	Ohio	ORA, D	N	NA
Turner (1994)	CS	S	247	HS	Austin, TX	D (affil), ORA	MC	B
Waisberg (1994)	CT	C	131	PP	Ontario, Can	spiritual program	N	H
Wallace (1972)	CS	R	4,000	CDA	Norway	ORA, NORA	MC	B
Wallace J (1998)	CS	R	5,000	HS	National US	D, ORA, SR	MC	B
Walters (1957)	CC	C	50 vs. Cs	Alcoholics	Topeka, KS	ORA, RE, NORA	NS	H
Wechsler (1979)	CS	R	7,170	CS	New England	D, ORA	N	B
Weill (1994)	PC	R	437	Ad (13–18)	France	ORA	N	B
Williams J (1986)	CS	C	36	Alcoholics	New York	alcohol anonymous	N	B
Zucker (1987)	PC	C	61	Alcoholics	Bronx, NY	D, SR ORA	N	H
DRUG USE/ABUSE								
Adelekan (1993)	CS	S/R	636	CS	Nigeria	SR, D	N	B
Adlaf (1985)	CS	R	2,066	Ad	Ontario, Can	D, ORA, SR	N	B
Amey (1996)	CS	R	11,728	HS	National US	OR, SR, D	MC	B
Amoateng (1986)	CS	R	17,000	HS seniors	National US	SR, ORA	MC	B
Bell (1997)	CS	R	17,952	CS (Catholic)	National US	SR	MC	B
Bliss (1994)	CS	C	143	CS	Ohio	ORA, SR	N	B
Bowker (1974)	CS	R	948	CS	Ivy College	ORA, D	N	B
Brownfield (1991)	CS	R	>800	Ad, W, M	Seattle, WA	D, ORA, SR	MC	B
Brunswick (1992)	PC	R	536	Ad B, (12–17)	Harlem, NY	ORA, SR	SC	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Burkett (1974)	CS	C	855	HS	Pacific NW US	ORA	SC	B
Burkett (1977)	CS	S	837	HS	Pacific NW US	ORA, RB	SC	B
Burkett (1987)	PC	C	240	HS	Pacific NW US	ORA, SR, RB	MS	B
Cancellaro (1982)	CC	C	74 vs. Cs	Narcotic addicts	Kentucky	NORA, RE	N	B
Christo (1995)	PC	C	101	Poly-drug abuse	London	RB	N	B
Cochran (1989)	CS	R	3,065	Ad	Midwest US	ORA, SR, D	MC	B
Cochran (1991)	CS	R	3,065	Ad	Midwest US	ORA, SR, D	MC	B
Coleman (1986)	CC	S	50 vs. Cs	Opiate addicts	Philadelphia	ORA, SR	MC	M
Cook (1997)	CS	R/S	7,666	Youth (ages 12–30)	United Kingdom	RCm	N	B
Desmond (1981)	PC	C	248	PP (addicts)	San Antonio, TX	religious rehab program	NS	B
Dudley R (1987)	CS	R	801	Youth (12–24)	North America	ORA, NORA, CM	SC	B
Engs (1980)	CS	S	1,691	CS	Australia	D, SR	N	B
Forliti (1986)	CS	C	8,165/10,467	Ad/parents, CM	United States	RB, ORA, SR	NS	B
Francis LJ (1993)	CS	S	4753	HS	England	ORA, RB	N	B
Guinn (1975)	CS	S/R	1,789	HS, Mex-Am	Texas	ORA	N	B
Hadaway (1984)	CS	R	600	Ad, public HS	Atlanta, GA	ORA,SR,NORA, O	SC	B
Hardert (1994)	CS	C	1,234	HS, CS	Arizona	“religiosity”	MC	B
Hardesty (1995)	CS	C	475	HS, CS (16–19)	Midwest US	“family religiousness”	N	B
Hater (1984)	CS	S	1,174	PP (opioid addicts)	National US	#4 ORA, SR	MC	NA
Hays (1986)	CS	R	1,121	Ad (13–18)	National US	#5 religiousness scale	MC	B
Hays (1990)	CS	—	415	HS	—	“religious identification”	MC	B
Hundleby (1982)	CS	C	231	HS (Catholic)	Ontario, Can	ORA, NORA	N	NA
Hundleby (1987)	CS	S/R	2,048	HS (9th grade)	Ontario, Can	ORA	SC	B
Jang (2001)	PC	R	1,087	Youth (13–22)	National US	ORA, SR	MC	B
Jessor (1973)	PC	R	605/248	HS and CS	Colorado	ORA	N	B
Jessor (1977)	PC	R	432/205	HS and CS	Colorado	ORA, NORA, SR	N	B
Johnson B (2000) JQ	CS	R/R	2,358/4,961	Young BM/WM	Boston, Chi, Phil	ORA	MC	B
Johnson B (2001) RCD	PC	R		Youth	National US	ORA	MC	B
Kandel D (1984)	CS	R	1,325	CDA (24–25)	New York	ORA	MC	B
Khavari (1982)	CS	—	4,853	CDA	Milwaukee, WI	D, SR	N	B
Lorch (1985)	CS	S/R	13,878	HS	Colorado Springs	CM, ORA, SR	SC	B
McIntosh (1981)	CS	R	1,358	Ages 12–19	Texas	D, ORA, SR	MC	B
McLuckie (1975)	CS	R	27,175	Grades 7/12	Pennsylvania	D, ORA	MC	B
Mullen (1995)	CS	R	1,534	HS	Netherlands	D, ORA, RB	N	B
Ndom (1996)	CS	R	1,508	CS	Nigeria	D, SR	N	B
Newcomb (1986)	CS	S	791	Ad	Los Angeles	SR	N	B
Newcomb (1992)	PC	S	614	Ad	Los Angeles	SR	N	B
Oetting (1987)	CS	S	415	HS	Western US	SR, ORA	SC	B
Oleckno (1991)	CS	C	1,077	CS	Northern IL	ORA, SR	N	B
Parfrey (1976)	CS	R	444	CS	Ireland	ORA, RB	N	B
Resnick (1997)	CS	R	12,118	Ad	National US	SR	MC	B
Rohrbaugh (1975)	CS	C	475/221	HS/CS	Colorado	ORA, RB, RE	N	B
Tenant-Clark (1989)	CC	C	25 vs. 25 Cs	Ad, PP	Colorado	SR	N	B
Veach (1992)	CS	C	148	CS & health professionals	Nevada	Spiritual Exp, etc.	N	H
Wallace, J (1998)	CS	R	5,000	HS	National US	D, ORA, SR	MC	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
DELINQUENCY/CRIME								
Avtar (1979)	CS	C	54/59	CA/HS	Ottawa, Can	SR	N	B
Barrett (1988)	PC	S	326	Mex-Am clients	Texas	ORA	MC	B
Benda (1995)	CS	S	> 1,000	HS	Arkansas & MD	ORA, SR	MC	B
Benda (1997)	CS	S	724	HS (9th–12th graders)	Arkansas & OK	ORA, SR	MC	B
Benson P (1989)	CS	R	> 12,000	HS	National US	SR	MC	B
Burkett (1974)	CS	C	855	HS	Pacific NW US	ORA	SC	B
Carr-Saunders (1944)	CC	C	276 vs. 551	Delinquents	London, England	ORA	N	B
Chadwick (1993)	CS	R	2,143	Ad (Mormons)	Eastern US	ORA	MC	B
Cochran (1994)	CS	C	1,600	HS	Oklahoma	ORA, SR	MC	NA
Cohen (1987)	PC	S	976	Mothers/ caretakers	New York	ORA	MC	B
Elifson (1983)	CS	R	600	Ad, public HS	Atlanta, GA	RB, SR, NORA	SC	NA
Evans (1995)	CS	S	477	CDA, 100% W	Midwest US	OR, SR, RB, D	MC	B
Fernquist (1995)	CS	—	180	CS	—	ORA, NORA	N	B
Forliti (1986)	CS	C	8,165/10,467	Ad/parents, CM	United States	RB, ORA, SR	NS	B
Freeman (1986)	CS	R/R	2,358/4,961	Young BM/WM	Boston, Chi, Phil	ORA	MC	B
Grasmick (1991)	CS	R	304	CDA	Oklahoma City	D ORA, SR	SC	B
Hater (1984)	CS	S	1,174	PP (opiate addicts)	National US	ORA, SR	MC	NA
Higgins (1977)	CS	R	1,410	HS (10th grade)	Atlanta, GA	ORA	SC	B
Hirschi (1969)	CS	R	4,077	HS	Northern CA	ORA	N	NA
Jang (2001)	PC	R	1,087	Youth (13–22)	National US	ORA, SR	MC	B
Johnson B (1987)	RS	S	782	Former prisoners	Florida	ORA, SR	MC	NA
Johnson B (1997)	CC	S	201 vs. 201	Prisoners - ex prisoners	New York	ORA, NORA	MC	B
Johnson B (2000)	CS	R/R	2,358/4,961	Young BM/WM	Boston, Chi, Phil	ORA	MC	B
Johnson B (2000b)	PC	R	226	Ad, B	National US	ORA	MC	B
Johnson B (2001)	PC	R	1,725	Youth	National US	ORA, SR	MC	B
Johnson B (2002)	CC	S	148 vs. 247	Former prisoners	Brazil	religious program	SC	B
Kvaraceus (1944)	CS	S	700+	Ad	New Jersey	ORA	N	NA
Middleton (1962)	CS	—	554	CS	California, FL	RB, ORA, SR	N	B
Montgomery (1996)	CS	—	392	HS (Catholic), F	Great Britain	NORA	SC	B
Morris R (1981)	CS	C	134	CS	Tennessee	IR, ER	N	B
Parfrey (1976)	CS	R	444	CS	Ireland	ORA, RB	N	B
Peek (1985)	PC	—	817	HS, M	National US	religiosity	MC	M
Pettersson (1991)	CS	R	118	Police districts	Sweden	ORA	SC	B
Powell (1997)	CS	S	521	HS high risk, B	Birmingham, AL	ORA, SR	MC	B
Resnick (1997)	CS	R	12,118	Ad	National US	SR	MC	NA
Rhodes (1970)	CS	R	21,720	HS	Tennessee	ORA, D, miscellaneous	MC	B
Rohrbaugh (1975)	CS	C	475/221	HS/CS	Colorado	ORA, RB, RE	N	B
Shcoll (1964)	CC	C	52 vs. 28 Cs	Ad delinquents	Illinois	RB, RE	N	H
Sloane (1986)	CS	R	1,121	HS	National US	ORA, SR	MC	B
Stark (1982)	CS	R	1,799	White boys	National US	RB, SR, ORA	N	B
Stark (1996)	CS	R	11,955	Ad	National US	D, ORA	SC	B
Wallace J (1998)	CS	R	5,000	HS	National US	D, ORA, SR	MC	B
Wattenburg (1950)	CS	S	2,137	Delinquent boys	Detroit, MI	ORA	N	B
Wickerstrom (1983)	CS	C	130	CS (Christian)	4 states	IR, ER	MC	B
Wright (1971)	CS	C	3,850/1,574	CS	England	RB, ORA, miscellaneous	N	B
Zhang (1994)	CS	C	1,026	CS	China,Taiwan,US	SR, NORA, ORA	MC	B

TABLE 2.

Review of Research Examining the Relationship Between Religion and Well-Being Outcomes

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
WELL-BEING								
Alexander F (1991)	CS	S	156	CDA, E	Southern CA	ORA, NORA	N	B
Althausen (1990)	CS	C	274	CM (Methodist)	Southern US	IR, ER	SC	B
Anson (1990a)	PC	C	639	CDA, E	Israel	observance of religious rituals	MC	M
Anson (1990b)	CS	R	105 vs. 125	Kibbutz members	Israel	Religious vs. secular	MC	B
Apel (1986)	CS	C	260	CM, R	Midwest US	ORA	N	B
Ayele (1999)	CS	C	100/55	Physicians/MP	Richmond, VA	NORA, IR	MC	B
Beckman (1982)	CS	S	719	CDA, E, 100%F	Southern CA	SR	MC	B
Bienenfeld (1997)	CS	C	89	R, E, 100%F	Ohio	RCm	MC	B
Blazer (1976)	PC	C	272	CDA, E N.	Carolina	SR, ORA, miscellaneous	N	B
Blaine (1995)	CS	C	144	CS	Buffalo, NY	SR, ORA, miscellaneous	N	B
Bulman (1977)	CS	C	29	MP (paralyzed)	Chicago	religious scale	MC	NA
Burgener (1994)	CC	C	84 vs. Cs	Caregivers	New York	ORA, NORA	N	B
Cameron (1973)	CS	C	144	Handicapped	Michigan	SR (value of religion)	N	NA
Chamberlain (1988)	CS	C	188	CDA, 100%F	New Zealand	IR-like scales	SC	NA
Coke (1992)	CS	C	166	CDA, 100%B, E	New York	ORA, SR	MC	B
Coleman (1999)	CS	C	117	MP, B, AIDS	Los Angeles	SWB	N	B
Cutler (1976)	CS	R	438 and 395	CDA, E	National US	CM	MC	B
Decker (1985)	CS	C	100	MP, 90% M, A	Northwest US	SR	N	B
Doyle (1984)	CS	R	2,306	CDA, E	National US	SR	SC	B
Edwards (1973)	CS	R	507	CDA, E	Virginia	ORA	MC	B
Ellison CG (1989)	CS	R	1,500	CDA	National US	D, ORA, NORA, SR	MC	B
Ellison CG (1990)	CS	R	997	CDA	National US	D, ORA, NORA, SR	MC	B
Ellison CG (1991)	CS	R	997	CDA	National US	D, ORA, NORA, SR	MC	B
Emmons (1998)	CS	C	315	CS, CDA	Davis, CA	spiritual striving	SC	B
Farakhan (1984)	PC	C	30	E, CDA, 100%F	Missouri	D, ORA	N	B
Feigelman (1992)	CS	R	20,000+	CDA	National US	D (disaffiliates)	MC	NA
Francis LF (1997)	CS	C	50	CDA, E	Wales	ORA, NORA	N	NA
Frankel (1994)	CS	C	299	CS	Ontario, CA	D, RB	N	B
Gee (1990)	CS	R	6,621	CDA	Canada	ORA, D	SC	B
Glik (1986, 1990a)	CC	C	93/83/137	New Age/Charisma/MP	Maryland	NewAge vs. Char vs. MP	MC	B
Graney (1975)	PC	S	60	E, CDA, 100%F	Midwest US	ORA	N	B
Guy (1982)	CS	S	1,170	E, CDA	Memphis, TN	ORA	N	B
Hadaway (1978)	CS	R	2,164	CDA	National US	D, ORA, SR	MC	B
Harvey (1987)	CS	R	11,071	CDA>40 y	Canada	SR	SC	B
Hater (1984)	CS	S	1,174	PP (opiod addicts)	National US	ORA, SR	MC	B
Heisel (1982)	CS	C	122	E, CDA, 100%B	New Jersey	ORA, NORA, E	SC	B
Hills (1998)	CS	C	230	CDA	Oxfordshire,ENG	RE	N	M
Hunsberger (1985)	CS	C	85	CDA, E	Ontario, Can	ORA, SR, RB	N	B
Inglehart (1990)	CS	R	169,776	CDA	14 western	ORA, SR	—	B
Jamal (1993)	CS	S	325	CDA (Muslims)	US & Canada	SR	SC	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Kass (1991)	PC	C	83	MP	Boston	INSPIRIT	SC	B
Kehn (1995)	CS	C	98	CDA,E	New Jersey	RB, CM	N	B
Keith (1979)	CS	R	568	CDA	Missouri	ORA	N	B
Koenig (1988)	CS	C	836	CDA, E	Midwest US	ORA, NORA, IR	MC	B
Krause (1992)	CS	R	448	CDA, E, B	National US	ORA, NORA, SR	MC	B
Krause (1993)	CS	R	709	CDA	US and Can	ORA, SR, RB	MC	B
Kvale (1989)	CS	C	183	RF, E	Midwest US	ORA, NORA, IR	N	M
Lee G (1987)	CS	R	2,872	CDA	Washington State	ORA	MC	B
Leonard (1982)	CS	R	320	CDA, E	National US	RB (belief in afterlife)	MC	NA
Levin (1988)	CS	R	750	CDA, E, Mex-Am	Texas	ORA	MC	B
Levin (1995)	CS	R	1,848	CDA, B	National US	ORA, NORA, SR	MC	B
Levin (1996)	PC	R	624	CDA, Mex-Am	Texas	ORA	MC	B
Magee (1987)	CS	-	150	Retired nuns	New York	(Catholic)	SC	NA
Marannell (1974)	CS	C	109	CS	Mid/South US	Religious dimensions	N	H
Markides (1983)	CS	R	338	CDA, 70%Mex	Texas	ORA, NORA, SR	MC	B
McClure (1982)	CS	C	233	CDA, CM	Southwest US	Religious activities	N	B
McGloshen (1988)	CS	—	226	F, E	Midwest US	ORA	MC	B
McNarmara (1979)	CS	R	2,164	CDA	National US	SR, ORA, D, CM	SC	B
Mercer (1995)	CS	C	107	accident victims	—	SR, ORA, RC	N	B
Moberg (1953)	CS	C	219	E, NH	Minnesota	CM	MC	NA
Moberg (1956)	CS	C	219	E, NH	Minnesota	CM, ORA, NORA	MC	B
Moberg (1965)	CS	C	5,000	E, CDA	MN, SD, ND,MO	CM, ORA	MC	B
Moberg (1984)	CS	C	1,081	CDA	US & Sweden	SWB scale	N	B
Moos (1979)	CS	C	122	Alcoholics	Palo Alto, CA	Moral-religious subscales	N	B
Morris D (1991)	CS	R	400	E, CDA	Indiana	ORA	MC	B
Musick (1996)	PC	R	2,623	E, CDA	North Carolina	ORA, NORA	MC	B
O'Connor (1990)	CS	C	176	E, NH	Quebec, Can	IR scale (French)	N	B
O'Reilly (1957)	CS	R	210	CDA, E, Catholic	Chicago	ORA	N	B
Ortega (1983)	CS	R	4,522	CDA	Northern AL	ORA	MC	B
Pfeifer (1995)	CC	C	44 vs. 45	Cs PP	Switzerland	IR, ER, miscellaneous	N	B
Pollner (1989)	CS	R	3,072	CDA	National US	ORA, NORA, RE	MC	B
Poloma (1989)	CS	R	560	CDA	Akron, OH	NORA, RE	MC	M
Poloma (1990)	CS	R	560	CDA	Akron, OH	RE, ORA, NORA, O	MC	M
Poloma (1991)	CS	R	560	CDA	Akron, OH	RE, CM, NORA	MC	M
Reyes-Ortiz (1996)	CS	S	55	MP	Richmond, VA	RC, NORA	N	B
Rayburn (1991)	CS	C	254	R, F	United States	Women relig (Ca,P,J)	SC	B
Reed K (1991)	CS	R	1473	CDA	National US	strength of affil	SC	B
Reed P (1986)	CC	C	57 vs. Cs.	MP (terminal)	Southeast US	scale	N	B
Reed P (1987)	CC	C	100 vs. Cs	MP (terminal)	Southeast US	scale	N	B
Riley (1998)	CS	C	216	MP	Ann Arbor, MI	SWB, FACT-SP	N	B
Ringdal (1995,1996)	PC	S	253	MP (cancer)	Norway	RB	SC	B
Rogalski (1987)	CS	C	120	CDA, E	Los Angeles	SR	MC	B
Rosen (1982)	CS	C	148	CDA ,E	Georgia	RC	N	B
Schwartz (1997)	CS	S	46	Yale medical student	New Haven, CT	ORA	N	B
Shaver (1980)	CS	C	2,500	F (Redbook)	National	US SR	N	M
Shuler (1994)	CS	C	50	Homeless, F	Los Angeles	ORA, NORA, RC	N	B
Singh (1982)	CS	R	1,459	CDA, E	National US	ORA	MC	B
Spreitzer (1974)	CS	R	1,547	CDA	National US	ORA, SR	MC	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
St. George (1984)	CS	R	3362	CDA	National US	ORA, SR, RB	MC	B
Steinitz (1980)	CS	R	1493	CDA, E	National US	ORA, SR, RB	SC	B
Tellis-Nayak (1982)	CS	R	259	CDA, E	National US	ORA, SR	MC	B
Thomas (1992)	CS	R	5629	CDA	National US	ORA, SR	MC	B
Tix (1997)	PC	S	239	Renal Transplants	Minnesota	RC, D	MC	B
Toseland (1979)	CS	R	871	CDA, E	National US	ORA	MC	NA
Usui (1985)	CS	R	704	CDA, E	Kentucky	ORA	MC	B
Walls (1991)	CS	C	98	CDA, CM, B	Pennsylvania	RB, ORA, NORA	MC	NA
Weiss (1990)	CS	C	226	Hare Krishna (HK)	United States	HK religiosity	N	B
Willits (1988)	PC	—	1650	CDA	Pennsylvania	ORA, RB	MC	B
Zautra (1977)	CS	R	454	CDA	Salt Lake City	religious participation	SC	NA
HOPE/PURPOSE/MEANING								
Acklin (1983)	CC	C	26 vs. 18 Cs	MP (recurrent CG)	Atlanta, GA	IR/ER, ORA	N	B
Blaine (1995)	CS	C	144	CS	Buffalo, NY	SR, ORA, Misc	N	B
Bohannon (1991)	CS	C	272	Bereaved parents	Midwest US	D, ORA	SC	B
Bolt (1975)	CS	C	52	CS	Michigan	IR, ER	N	B
Burbank (1992)	CS	C	57	E, CDA	Rhode Island	SR	N	NA
Burns (1991)	CT	C	37 vs. 15	Cs Alcoholics	Virginia	spiritual awareness	—	B
Carroll (1993)	CS	C	100	AA members	Southern CA	(Step 11 spiritual)	SC	B
Carson (1988)	CS	C	197	Nursing Students	Baltimore, MD	EWB, RWB, SR	SC	B
Carson (1990)	CS	C	65	MP (HIV+ men)	Baltimore, MD	SWB EWB,RWB	MC	B
Carver (1993)	PC	C	59	MP breast CA	Miami, FL	RC	MC	NA
Chamberlain (1988)	CS	C	188	CDA, 100%F	New Zealand	IR-like scale	N	B
Crandall (1975)	CS	C	86	CS	Idaho	IR, ER	N	B
Dember (1989)	CS	C	106	CS	—	RC	MC	NA
Ellis J (1991)	CS	C	100	CS	Tennessee	EWB, RWB	N	B
Fox (1995)	CS	C	22	MP (Breast CA)	North Ireland	RWB	N	NA
Herth (1989)	CS	C	120	MP (cancer)	Illinois	SR	N	B
Idler (1997a)	CS	R	2,812	CDA, E	New Haven, CT	ORA, SR	MC	B
Jackson (1988)	CS	C	98	CM, B	Washington, DC	IR, RB, ORA	SC	B
Jacobson (1977)	PC	C	57	Alcoholics, PP	DePaul, WI	IR/ER	N	B
Kass (1991)	PC	C	83	MP	Boston, MA	INSPIRIT	SC	B
Moberg (1984)	CS	C	1,081	CDA	US & Sweden	SWB scale	N	NA
Richards D (1990)	CS	C	292	CDA	National US	universal force	N	B
Richards D (1991)	CS	C	345	CDA	National US	ORA, RB, ORA	SC	B
Ringdal (1995, 1996)	PC	S	253	MP (cancer)	Norway	RB	SC	B
Sanders (1979/80)	CS	S	102 vs. 107Cs	Bereaved	Florida	ORA	MC	B
Sethi (1993, 1994)	CS	C	623	CM	United States	D, ORA, SR, RB	MC	B
Tellis-Nayak (1982)	CS	R	259	CDA, E	New York	D, RB, ORA, RE	MC	B
Vander creek (1991)	CS	C	160/150	MP/CDA, F	Columbus, OH	ORA	SC	B
Veach (1992)	CS	C	148	CS & health pros	Nevada	Spiritual Exp	N	B
Zorn (1997)	CS	C	114	CDA, E, F	Wisconsin	RWB	SC	B
SELF-ESTEEM								
Bahr (1983)	CS	R	500	HS	Middletown, IN	D, ORA, RB	MC	NA
Benson P (1973)	CS	C	128	HS, 100% M	Michigan	RB, ORA, NORA	MC	M
Blaine (1995)	CS	C	144	CS	Buffalo, NY	SR, ORA, Misc	N	B

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Commerford (1996)	CS	C	83	NH, E	New York City	ORA, NORA, IR	MC	NA
Ellison CG (1993)	CS	R	1,933	CDA, B	National US	ORA, NORA	MC	B
Ellison CG (1990)	CS	R	1,344	CDA, B	National US	RC (prayer)	MC	H
Fehr (1977)	CS	C	120	CS	Cincinnati, OH	relig values, O	N	NA
Jenkins (1988)	CS	C	62	MP (cancer)	Indiana	RC	SC	B
Jensen L (1995)	CS	—	3,835	CS	UT, TX WI, ID	D, “religiosity”	SC	B
Krause (1989)	CS	R	2,107	CDA, B	National US	ORA, NORA	MC	B
Krause (1992)	CS	R	448	CDA, E, B	National US	ORA, NORA, SR	MC	B
Krause (1995)	Cs	R	1,005	CDA, E	National US	ORA, NORA, RC	MC	B
Maton (1989)	CS	C	81/68	Bereaved parents HS	Maryland	spiritual support	MC	B
Meisenhelder (1986)	CS	R	163	CDA, F, married	Boston	D, SR	MC	B
Nelson P (1989)	CS	C	68	E, CDA	Texas	IR/ER scale	N	B
O'Connor (1990)	CS	C	176	E, NH	Quebec, Can	IR scale (French)	N	B
Plante (1997)	CS	C	102	CS	California	SR, NORA, ORA, RC	N	NA
Russo (1997)	PC	R	4,150	CDA, F	National US	D ORA SC	NA	
Ryan (1993)	CS	C	105,151,34	CS, CM	New York	IR, ER, O, Q	N	B
Sherkat (1992)	CS	C	156	CDA (bereaved)	Southeast	US D, ORA, NORA	MC	B
Smith C (1979)	CS	C	1,995	AD (Catholic)	5 countries	IR, ER, Q, Misc	SC	B
Watson P (1985)	CS	C	127/194	CS	Tennessee	O IR, ER, Q, Misc	SC	B
Weltha (1969)	CS	C	565	CS	Iowa	relig attitude scale	N	M
Wickstrom (1983)	CS	C	130	Cs (Christian)	4 US states	IR, ER	MC	NA
EDUCATIONAL ATTAINMENT								
Bankston (1996)	RS	C	402	AD Vietnamese-American	New Orleans	ORA	MC	B
Brown (1991)								B
Darnell (1997)	PC	R	1,135	students	national	fundamentalism	MC	H
Freeman (1986)	CS	R	2,358/4,961	Young BM/WM	Boston, Chi, Phil	ORA	MC	B
Hummel (1983)	CS	C	20	Private HS seniors, F	Pittsburgh	SR	MC	B
Johnson (1995)	CS	C	200	BM eighth graders	Mississippi	ORA	MC	B
Johnson B (2000)	CS	R/R	2,358/4,961	Young BM/WM B	oston, Chi, Phil	ORA	MC	B
Keysar (1995)	CS	R	19,274	Adult women	National	Religious identification	MC	B
Koubek (1984)	RS	S	44	Assembly of God Youth	Northern Illinois	ORA, SR, RC	N	B
Lehrer (1999)	CS	R	1,313/1,831	Born between 1945-1960	Male	D	SC	M
Regnerus (2000)	CS	R	4,434	HS students	National	D, ORA,	MC	B
Regnerus (2001)	CS	R	9,771	HS students	National	D, ORA,	MC	B
Sanders (1995)	RS	C	800	BM eighth graders	Southeastern US	Church support	MC	B
Scharf (1998)	CS	R	201	HS students	National	Religiosity	MC	B
Sherkat (1999)	PC	R	1,135	Young adults	National	Fundamentalism	MC	M
Thomas (1990)	CS	R	4,000	HS students	Utah	ORA, SR, RC	MC	B
Velez (1985)	PC	R	3,169	HS seniors	National	Denomination	MC	B
Wood (1988)	D	C	52	relig private HS students	Rural - suburban	Moral-religious values	SC	B
Zern (1989)	D	C	251	College students	Northeastern US	ORA, SR, RC	SC	B

TABLE 3.

A Systematic Review of Research on Intentional Religion

Outcome/Investigators	Type	Method	N	Population	Location	Religious Variable	Controls	Findings
Berrien (2000)	Q	C	1	Faith-based mediators	Boston, MA	I—religious mediators	N	B
Berrien (2002)	Q	C	1	Faith-based mediators	Boston, MA	I—religious mediators	N	B
Bicknese (1999)	RS	R	59 vs. 118	Drug addicts	National	I—FBO intervention	MC	B
Deroose (2000)	CT	S	570	Ad, F	Los Angeles, CA	I—Church-based mammography counseling	SC	B
Duan (2000)	CT	S	1443	Ad, F	Los Angeles, CA	I—Church-based mammography counseling	SC	B
Florida Correction (2000)	D	C	59 vs. 741	Florida prisoners	Florida	I—Kairos prison ministry	N	B
Hood (2000)	Q	C	2	Drug rehab programs	New York	I—FBO intervention	N	NA
Fox (1998a)	CT	S	176 vs. 126	Latino women	Los Angeles, CA	I—church based breast cancer screening	MC	B
Fox (1998b)	CT	S	1,517	Anglo, Latino, African- American churches	Los Angeles, CA	I—church based breast cancer screening	MC	B
Hess (1976)	D	C	64 vs. 122	Drug addicts	NYC, NY	I—Christ-centered program	SC	B
Johnson B (1987)	RS	S	782	Former prisoners	Florida	ORA, SR	MC	NA
Johnson B (1997)	PC	R	201 vs. 201	Former prisoners	New York	I—Christ-centered program	MC	B
Johnson B (2002)	RS	R	148 vs. 247	Former prisoners	Brazil	I—Christ-centered program	SC	B
Johnson C (2000)	Q	C	20	Ad, BM	Fayetteville, NC	I—church-based mentoring	N	B
Johnston (2000)	Q	C	4 churches	Faith-based volunteers	Not identified	I—church-based health promotion	N	B
Kumanyika (1992)	D	C	187	CM, BF	Baltimore, MD	I—church-based high blood pressure/weight control program	N	B
O'Connor (1997)	D	C	60 vs. 60	Former prisoners	Detroit, MI	I—FBO intervention	SC	B
Perry (1981)	D	C	250	Black churches	Memphis, TN	I—church-based program	N	B
Smith (1992)	PC	C	32	Inner city black churches	Chicago, IL	I—church-based education	SC	B
Soonhe (2001)	Q	C	2	Faith-based alliances	Grand Rapids, MI	I—FBO welfare to work	N	B
Stockdale (2000)	CT	S	1,443	Ad, F	Los Angeles	I—church-based mammography screening	SC	B
Thompson (1994)	D	C	25	Drug addicts	Chattanooga, TN	I—FBO intervention	N	B
White (1996)	Q	C	2	Faith-based alliances	Portland, OR	I—FBO intervention	N	B
Winship (1999)	Q	C	1	Faith-based mediators	Boston, MA	I—religious mediators	N	B
Young (1995)	PC	C	180 vs. 185	Prisoners	Washington DC	I—Christ-centered program	SC	B

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