and institutional aspects of religion or that part of it that is incorporated into the experiences and dispositions of individual practitioners. Even at an individual level, we are likely to end up with a rather skewed understanding of health consequences if we ignore those that are potentially negative, such as the effects of discrimination based on religious affiliation. It is obvious that to have a comprehensive understanding of the bearing of religion on well-being, our research must cast a wide net. It must also be prepared to integrate a mixed bag of findings containing the bitter along with the sweet.

At this stage of our efforts, the study of religion and health is a bit like fishing in a stream thought to be full of trout. However, the fish are elusive, and few are successfully caught. When one is landed, the rest of us ponder the secrets of the stream and how the successful angler mastered them. It is good that researchers are as tenacious as fisherfolk. We will never know how bountiful the stream really is unless we keep trying to harvest it.

Note

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Religious Systems as "Emotionally Intelligent" Organizations

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Since Freud's (1927/1989) dismissive statement that religion was merely neurosis exhibited at the cultural level, psychologists have been intrigued by the nature of the relationship between religion and well-being. The evidence is partially in, and it seems that Freud was again mistaken—if there is any relationship between religion and health, it is likely a positive one. The body of research in support of this conclusion, summarized by the articles in this issue, is an example of the systematic work of a handful of psychologists in search of an explanation for these links; whereas George, Ellison, and Larson focused on the mediators of the effects of religion on well-being, Pargament attended to the moderators of these effects, and Exline offered a useful warning for those who may be tempted by religion for the wrong reasons.

What are the implications of these findings for researchers interested in the psychology of health and well-being? In this response, we argue that although religion seems to be effective in fostering positive coping skills, to explain the link between religion and health fully, the level of analysis should shift away from religion per se and toward more fine-grained constructs. We then offer one possibility—the ability to regulate one's own emotional states—that may help to explain the observed connection between religion and well-being. Finally, we conclude that although we are interested in universal mechanisms, there is much to be learned by understanding religion as an effective source for the transmission of emotional skills. Indeed, religious participation may help in part because some religious institutions are structured to be "emotionally intelligent" organizations.

Levels of Analysis: Is "Religion" Too Broad of a Construct?

Although there are promising findings and sufficient theoretical interest regarding the link between religion and health to warrant continued research and attention, a level of analysis that focuses on the construct of religion per se may be too unwieldy to make adequate scientific progress. We take this to be one of the conclusions to be drawn from Pargament's (this issue) analysis of the moderators of the religion–health relationship. Pargament argued that the link between religion and well-being holds for some people, within some religions, and across some situations. Indeed, this seems like a prediction that would be difficult to falsify. To be fair, the research on religion and health is fairly young, and the construct of religion is just beginning to be teased apart in a useful way. As research progresses, there are two approaches that one may take in unraveling the observed effects of religion on health. The first is to focus on individuals' specific beliefs about the nature of God and reality. Attempting to answer the question at the level of belief makes sense, as metaphysical beliefs may inoculate the believer by structuring schemas through which individuals can organize and bring meaning to their lives in the face of adverse events (e.g., by making them more hopeful or

optimistic; Scheier & Carver, 1992). This level of analysis, although maintaining a core component of religion (i.e., metaphysical beliefs), is still more manageable than religion broadly defined and has the added advantage of allowing the study of atheists, agnostics, humanists, and existentialists, for instance, and not just believers versus nonbelievers. This category would include Sense of Coherence (Antonovsky, 1980), mentioned by George et al. (this issue), or more simple constructs such as a belief in a higher power or in the willingness to believe truth without evidence.

A second possibility, and the one that best characterizes our approach, is to look for answers at the level of general psychological mechanisms that are, in principle, universally available (i.e., not tied to any specific set of metaphysical beliefs). This approach has the pragmatic advantage of increased applicability across populations (findings can be applied to believers and nonbelievers alike). In this category fall such generic mediators as social support, coping, and, our area of interest, emotional competence.

Either of these approaches can be used to explain the general associations between religious involvement and health, but in "dropping" a level of analysis, researchers can avoid drawing broad conclusions about religion proper (as Pargament warned in his target article). This approach would also protect against the misinterpretation of these findings by lay audiences, who may be tempted to conclude that all religious belief is healthy.

Emotional Skills and Religious Participation

The approach that we have taken has focused specifically on emotional competencies as general mechanisms that play an important role in physical and psychological well-being (Salovey, Bedell, Detweiler, & Mayer, 1999; Salovey, Detweiler, Steward, & Bedell, 2001). Elsewhere, we have argued that emotional skills can be organized into a four-branch framework (Mayer & Salovey, 1997; Salovey & Mayer, 1990): (a) the ability to appraise and express emotion, (b) the ability to use emotions to guide thinking, (c) the ability to understand and use emotional knowledge, and (d) the ability to manage emotions in oneself and in others. Although all of these skills and abilities likely come into play within the religious experience, here we focus on one—the ability to manage emotion—and the role affect regulation may play in mediating the influence of religious participation on well-being. We focus on this branch because of the increasing attention (both theoretical and empirical) that it has received in recent years from various areas within psychology (e.g., clinical, social, developmental) and because of the evidence that has consistently implicated this skill as important to well-being (e.g., Salovey, Mayer, & Caurso, 2002; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995).

Emotional Regulation and Health

There is evidence that mood states can affect the level of immune functioning in individuals. Positive moods encourage improved immune functioning, whereas negative moods are associated with poorer immune functioning (Labott, Ahleman, Wolever, & Martin, 1990; see Salovey, Rothman, Detweiler, & Steward, 2000, for a review). An ability to regulate one's mood states, then, could play an important role in overall physical health. Individuals that are better able to improve their negative moods should show better overall health outcomes than those that are less able to regulate negative affect. Goldman, Kraemer, and Salovey (1996) measured individuals' self-reported ability to repair and regulate negative moods and found that, in general, emotion management was associated with fewer reported illnesses in the face of increasing stress levels and fewer somatic symptoms than among those individuals who reported poorer emotional regulatory abilities.

Religion and Emotional Regulation

How might religious belief and participation affect the believer's ability to regulate emotion? We argue that many religious systems are structured such that emotional skills are fostered and maintained in the individual through strategies that have been proven and refined over time. In other words, religious organizations are often inherently "emotionally intelligent" organizations. These organizations efficiently impart emotional skills to the believer and thus maintain the believer's psychological and physical well-being.

There are at least three ways in which being a believer may increase one's ability to engage in effective emotional regulation. First, a believer may have increased access to venues for emotional disclosure. Second, religions often promote exercises (prayer, rituals, meditation) that allow the believer to regulate their own emotions through time-tested procedures. Finally, religious believers may have greater access to "regulation experts" or individuals who are in their position partly because of the skills they have to regulate emotions in others.

The disclosure of emotion has been implicated in overall well-being across many studies (see Smyth, 1998). For instance, Pennebaker, Kiecolt-Glaser, and Glaser (1988) have found that the emotional disclosure of a traumatic experience can improve physical well-being (as measured by immune functioning). Believers

may have an advantage in that they are often encouraged to "lay down their burdens" by taking their troubles to a clergyman (priest, minister, pastor), a fellow believer, or God. Through structured venues like confession or pastoral counseling, believers have readily accessible outlets for the disclosure of emotion. This disclosure of emotions, both positive and negative, may be an effective tactic in reducing stress levels and in lowering negative affect in the long run.

Another advantage afforded believers is access to religious practices that involve a heavy dose of emotional regulation. These may be practices such as prayer, meditation, or other rituals that can serve to lessen the intensity and impact of negative emotions. For instance, believers who are encouraged to engage in structured rituals, such as quiet moments alone with God, Sabbath rests, or morning devotionals, are effectively reducing their stress, alleviating negative moods, and increasing positive moods.

Finally, believers are at an advantage when it comes to seeking out emotional regulation from others. We are all familiar with individuals who seem especially good at regulating the emotions of other people. Although at first thought this may seem manipulative (and indeed, con artists, salesmen, and cult leaders, for instance, may all use this skill in the service of manipulation), many of these individuals have more noble goals and are constantly sought out by friends and acquaintances whenever they are feeling down. These emotionally intelligent individuals often select careers or occupations that make use of these skills (e.g., therapist, counselor, teacher). Religious leaders may be among those with more refined abilities to regulate emotions in others. Believers may find themselves consistently turning to ministers or rabbis to provide assistance in alleviating their negative feelings. Weekly religious services may also serve this goal. An uplifting sermon can "reset" the emotional system by providing individuals a much needed dose of positive affect.

Religion and the Social Transmission of Emotional Skills

It seems clear that religion provides an effective vessel for the social transmission of emotional abilities, which in turn may positively affect the health and well-being of practitioners. One advantage to being a participant in religious activities is that religion is an efficient, culturally validated source for the transmission of these abilities. The effects of religion on health outcomes, then, may be at least partially mediated by the incidental emphasis that religions place on emotional regulation.

However, although religious organizations may be a very good source for learning emotional skills and abilities, it is unlikely that they are the only source. Other organizations such as support groups or social clubs may also be emotionally intelligent organizations. These organizations may be more viable alternatives for individuals that are not inclined to religious participation. However, given the nature and consistency of the findings, any organization attempting to shape the emotional abilities of its members may find it useful to turn to religious institutions as a powerful example.

Note

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