

Brief Notices

Religion, Mental Health and the Latter-day Saints, edited by Daniel K. Judd. Vol. 14, Religious Studies Center Specialized Monograph Series (BYU Religious Studies Center and Bookcraft, 1999)

The role of religion in psychology and mental health has been a subject of much debate. Some studies assert that high religiosity can lead to good mental health, and others assert that it may be a cause of emotional disturbance. Daniel Judd has analyzed fifty-eight studies and found an overwhelming relationship between an individual religiosity and mental health. In *Religion, Mental Health and the Latter-day Saints*, Judd selects twelve of those studies that evaluate Latter-day Saints, their religiosity, and their mental health. All but two of the studies have been previously published.

The articles in this impressive collection provide a careful review of the literature, and the authors employ sound research methods and data analysis. Not only were Latter-day Saints studied, but also individuals from other religions as well as those without religious affiliation or inclination. Importantly, sample populations were often drawn from geographical areas outside Utah.

Significantly, these studies revealed a number of interesting results: depression is not more prevalent for Latter-day Saint women (33–46); “LDS women who work [outside the home] are able to reconcile their church’s emphasis on remaining at home and their employment” (71), and they do not exhibit more guilt feelings, depression, or self-esteem problems (71–92); and neither geography nor concentration of Latter-day Saint youth were directly related to delinquency but peer influences were, and “youth for whom religion was an important internal aspect of their lives resisted peer pressures . . .

and avoided delinquency to a greater extent” (159, 129–68).

The weakest study examined six homosexual Mormons and their feelings about themselves, others, and God (179–214). Although the findings were interesting, the sample was too small, and further studies with broader sampling are needed for more reliable results.

Other investigations examined topics such as LDS implications for religious lifestyles; family size; marriage, divorce and remarriage; changing views of young Mormons toward African Americans; suicide; and alcohol and drug abuse. In the final chapter, Richard Williams and James Faulconer suggest that we focus on agency choices rather than cause and effect (deterministic) analysis (281–302), concluding that religiosity becomes a more meaningful expression of individual identity than the total of our past environments.

Bringing these studies together makes an important contribution to the study of the influence of religion on the mental health of its practitioners. The volume will appeal to LDS scholars in the behavioral sciences, religious leaders, and LDS people who have struggled with one or more of the issues studied. I agree with Judd, who concludes that “the research evidence clearly indicates that Latter-day Saints who live their religion report better mental health than those who are less committed to the faith” (xiii).

—Marvin E. Wiggins

Principles of Priesthood Leadership, by Stephen D. Nadauld (Bookcraft, 1999)

The explosive growth of the LDS Church in recent years poses the major challenge to Church leaders at all levels to