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Are Religious Beliefs Relevant to Mental Health Among Jews?

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Although considerable evidence has linked religious beliefs to mental health among Protestant Christians, previous theory and research has emphasized that practices play a more important role than beliefs for Jews. Beliefs about God's benevolence may be salient for Orthodox Jews, however, as such beliefs are central to traditional Jewish doctrine. Two studies were conducted to compare the extent to which religious beliefs predicted depression and anxiety for Orthodox Jews, non-Orthodox Jews, and Protestants. Results indicated that beliefs were salient for Orthodox Jews and Protestants, and less relevant for non-Orthodox Jews. Among Orthodox Jews, religious beliefs remained a significant predictor of anxiety and depression after controlling for religious practices. Implications for clinical treatment of Jewish individuals are explored.

Keywords: religion, anxiety, depression

A substantial body of research has indicated that religiousness and spirituality are associated with mental health and illness. Specifically, religious beliefs and practices have been tied to decreased levels of anxiety (Koenig, Ford, George, Blazer, & Meador, 1993) and depression (Smith, McCullough, & Poll, 2003), and increased levels of happiness, life satisfaction, and well-being (Lewis & Cruise, 2006; see Koenig, McCullough & Larson, 2001, for a review). Yet, it is also recognized that not all forms of religiousness are related to mental health (Hill & Pargament, 2003), and furthermore even comparable beliefs may have varying salience and impact among different religious groups (Spilka, Hood, Hunsberger, & Gorsuch, 2003).

One theoretical perspective for studying these differences is the "religion as culture" approach, which proposes that the doctrine of an individual's particular faith determines manifestations of religiosity, values, and beliefs (Cohen & Hill, 2007; Cohen, Malka, Rozin, & Cherfas, 2006). For example, American Protestantism is an exemplar of an *assent* religion in which membership is determined by individual agreement to a set of shared truths; by contrast, Judaism is a *descent* religion in which ethnic heritage and shared communal life define membership (Morris, 1997). Consistent with this doctrinal dichotomy, there is considerable evidence to suggest that Protestants imbue certain internal mental states with greater significance than Jews, who conversely stress communal participation and religious practices. For example, one study indicated that although Jews and Protestants viewed the importance of religious practices similarly, Jews were less likely than Protestants to rate religious beliefs as important (Cohen, Siegel, & Rozin, 2003). Another study found that Protestant groups defined religious involvement by internal faith and a personal connection to God, whereas religious beliefs were less essential than biological descent and ritual practice in defining religion for Jewish individuals (Cohen & Hill, 2007). In another investigation, Cohen and Rozin (2001) found that Jewish participants were more likely than Protestants to favorably judge a hypothetical person, who despite an inward dislike for his parents, behaved in a caring and loving manner nonetheless. Similarly, Jews were less morally condemning of an individual considering committing an adulterous affair or an act of

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cruelty toward an animal than their Protestant counterparts.

These differences in Jewish and Christian doctrine have implications for the relevance of religious beliefs to mental health in Jewish and Christian communities. It stands to reason that because internal mental states are not of primary importance to Judaism, religious beliefs will not relate to psychological well-being or distress among Jewish individuals. Indeed, Cohen (2002) found that although spirituality and religious beliefs significantly predicted happiness and life satisfaction among Protestants and Catholics, these factors were unrelated to well-being among Jews. In another investigation (Siev & Cohen, 2007), Christian religiosity was associated with higher levels of thought-action fusion (TAF), a cognitive vulnerability for obsessive–compulsive disorder in which the occurrence of immoral thoughts is viewed as tantamount to committing immoral actions. By contrast, Jewish religiousness was not associated with TAF. However, one key limitation acknowledged in the existing literature has been a lack of differentiation between the diverse denominations within Judaism such as the growing Orthodox Jewish population (Danzinger, 1989). In fact, most research in this area has been conducted without any specific efforts to recruit religious or Orthodox Jews (Siev & Cohen, 2007).

Although modern Judaism does elevate religious practice and moral behavior above faith and mentality, a look at the traditional Jewish conceptualization of religion and spirituality reveals a more nuanced ideology. Orthodox Judaism stands apart in its absolute acceptance of a divinely originated *Torah* (Hebrew Bible) and application of 613 biblical commandants, as interpreted extensively in the *Talmud*, to every facet of life (Schnall, 2006). According to Nachmanidies (2000) commentary to Exodus 13:16, "Throughout every moment, an individual is required to attest to the existence of God. Furthermore, the intent all of the commandments is to instill conviction and faith in the Creator" [translation] (p. 268). Thus, traditional Judaism views adherence to Jewish ritual practice as simply the manner in which one inspires belief in the Divine. In fact, the Babylonian *Talmud* (*Nedarim*, 81a) attributes the seminal Jewish tragedy, the destruction of the second temple, to religious observance lacking in spiritual meaning. More specifically, Orthodox Judaism values belief in the existence of a unified God who is attentive to human behavior, and benevolent in nature. This is demonstrated by the daily recitation of Maimonides' (1168/1990) Thirteen Principles of Faith, a classic codification of these beliefs, by many adherents. It is also worth noting that traditional Jewish religious devotional texts explicitly relate that belief in an omniscient and benevolent God is necessary for mental health (e.g., Ibn Pekuda 1080/1996). Furthermore, one recent study found such beliefs to be significantly associated with elevated levels of happiness and lower levels of anxiety and depression in a Jewish community sample with a high concentration of Orthodox individuals (Rosmarin, Pargament, & Mahoney, 2009).

By virtue of being more familiar with the aforementioned and other traditional sources from the corpus of Jewish religious literature, religious beliefs may indeed be relevant to the mental health of Orthodox Jews. Beliefs relating to God's benevolence may be particularly salient as they play such a central role in Orthodox Jewish thought and practice. It should be noted that one study found no discrepancy between Orthodox and non-Orthodox Jews regarding the relationship of religiosity to TAF; however, this finding may be specific to TAF and attributable to the traditionally supported belief that "God does not fuse thought improper thoughts with actions [translation]" (*Kiddushin* 40a; Siev & Cohen, 2007). Consequently, the possibility of intrafaith variation in the significance and relevance of religious beliefs to mental health within Judaism requires explicit examination of these factors in both an Orthodox and non-Orthodox context (Langman, 1995; Schlosser, 2006).

We therefore sought to examine the relevance of religious beliefs to mental health among Orthodox Jews, non-Orthodox Jews, and Protestants in two studies. In Study 1, we compared the extent to which beliefs about God's benevolence predicted symptoms of depression for Orthodox and non-Orthodox Jews. It was hypothesized that beliefs would be tied to depression for Orthodox Jews but not for the non-Orthodox. In Study 2, we sought to replicate the findings of Study 1, and examine the degree to which religious practices and beliefs about God's benevolence predicted symptoms of de-

pression and anxiety among Orthodox and non-Orthodox Jews as well as Protestants. We also examined the extent to which beliefs about God accounted for unique variance in depression and anxiety over and above religious practices for Orthodox Jews. It was hypothesized that beliefs would have equal salience for the mental health of Orthodox Jews as Protestants, and would not be associated with distress among non-Orthodox Jews. It was further expected that religious beliefs would continue to predict anxiety and depression after controlling for religious practices among Orthodox Jews.

Although this research is based on two studies that have been published elsewhere (Rosmarin, Krumrei & Andersson, 2009; Rosmarin et al., 2009), our previous papers attempted to establish the psychometric properties of a measure of positive and negative religious beliefs and provide a preliminary exploration of the relationships between religious beliefs and practices and anxiety and depression. The present paper therefore offers a novel analysis by examining inter- and intrareligious denominational differences in regards to the relationship of religious beliefs and practices to symptoms of affective disorders. Moreover, we offer a clinically relevant theoretical exploration of these differences using Cohen's "religion as culture" approach (Cohen & Hill, 2007; Cohen et al., 2006).

Study 1

Method

Participants and procedure. Participants were recruited from September to November 2005 to complete an Internet-based survey. An invitation to participate in the study was sent by email to approximately 2,200 email addresses, obtained from three Canadian Jewish organizations. Most addresses belong to Jewish individuals living in the Toronto, Ontario and Montreal, Quebec areas and an unknown number belong to American and Israeli individuals. The exact number of people who received the email invitation is unknown however, as it is possible that there were individuals who had more than one email address on the list, and a number of the emails may have never been retrieved. Furthermore, participants were asked to inform their Jewish friends and associates about the study to aid in recruitment. Individuals who chose to participate in the study were directed to a website where they were presented with information about the study and the research questionnaire. After completing the questionnaire, participants were directed to a final screen where they were thanked for their participation. No monetary or other compensation was given for participation. The study was approved by the Human Subjects Review Board at Bowling Green State University.

A total of 565 Jewish individuals participated in this study, of which 226 (40%) were Orthodox, and 339 (60%) were non-Orthodox. Of Orthodox participants, 7 (3.1%) were Hassidic, 42 (18.6%) were Yeshiva Orthodox, and 177 (78.3%) were Modern Orthodox. Of non-Orthodox participants, 180 (53.1%) were Conservative, 73 (21.5%) were Reform, 5 (1.5%) were Reconstructionist, 37 (10.9%) reported other affiliation, and 44 (13%) reported no affiliation. Slightly more than half of all participants were women ($n = 338$, 58%). Participants ranged in age from 17 to 77 years of age and the mean age was 37.1 ($SD = 13.4$).

Measures

Religious beliefs. We created 12 items to measure the belief that God is benevolent (e.g., "God is compassionate toward human suffering") including 4 reverse-scored items (e.g., "Sometimes God is unkind to me for no reason"). To ensure that the measure was culturally based, items phrasings were informed by a description of core Jewish religious beliefs found in a prominent Jewish devotional text (Ibn Pekuda, 1080/1996). As well, three experts of rabbinic literature reviewed the items and provided suggestions for revision. Scale instructions read as follows:

> The following items are concerned with your personal beliefs about God. At certain times peoples' beliefs about God may be stronger or weaker. For each item below, please select the word which best describes how often you *feel* that the item is true.

Response was based on a 5-point Likert scale ranging from 1 (*never*) to 5 (*always*). Internal consistency of the measure in this sample was high ($\alpha = .91$).

Depression. Depressive symptoms were assessed using the Center for Epidemiologic Stud-

ies Depression Scale (CES–D; Radloff, 1977). The CES–D contains 20-items and has been validated extensively as a measure of depressive symptoms (Hann, Winter, & Jacobsen, 1999). Internal reliability in the current sample was high ($\alpha = .92$).

Results and Discussion

Preliminary analyses. Orthodox and non-Orthodox participants did not differ in terms of gender composition, $\chi^2(1, 564) = .90$, *ns*; age, $t(555) = 1.01$, *ns*; or depression, $t(501) = .81$, *ns*. However, significant differences were found with respect to religious beliefs, $t(526) = -7.36$, $p < .001$; with Orthodox Jews demonstrating higher levels of belief than non-Orthodox Jews. Among Orthodox Jews, higher levels of belief were associated with significantly lower levels of depression ($r = -.32$, $p < .001$). For non-Orthodox Jews, the association between beliefs and depression was also mildly significant ($r = -.13$, $p < .05$).

Interaction of orthodoxy and belief on depression. We utilized hierarchical regression to examine whether Orthodox affiliation moderated the relationship between religious beliefs and depression (Aiken & West, 1991). Religious beliefs (centered) and Orthodox affiliation (dummy coded) were entered into the regression equation in Model 1, and the multiplicative interaction term of these two variables was added as a predictor in Model 2. The results of this analysis are presented in Table 1. In Model 1, religious beliefs were significantly related to depression ($\beta = -.20$, $p < .001$) though Orthodox affiliation was not a significant predictor ($\beta = .03$, *ns*). In Model 2, the interaction of orthodoxy and religious beliefs also emerged as a significant predictor of depression ($\beta = -.14$, $p < .05$). These results indicate that religious beliefs were associated with depression to a significantly greater extent among Orthodox than non-Orthodox Jews.

Study 2

Method

Participants and procedure. Procedures for recruiting Jewish participants were identical to those used in Study 1, except that they were carried out from August 2007 through April 2008. Christian individuals were recruited by "snowball sampling" whereby one of the study authors (Elizabeth J. Krumrei) sent an email message to approximately 150 friends and associates asking them to participate in the study as well as assist in recruitment by informing others about the study. A total of 331 individuals participated in the study, of which 141 (43%) were Orthodox Jews, 93 (28%) were non-Orthodox Jews, and 97 (29%) were Protestants. Of Orthodox participants, 13 (9.2%) were Hassidic, 37 (26.2%) were Yeshiva Orthodox, and 91 (64.5%) were Modern Orthodox. Of non-Orthodox participants, 50 (53.8%) were Conservative, 12 (12.9%) were Reform, 28 (30.1%) reported other affiliation, and 3 (3.3%) reported no affiliation. Of Jewish participants, 209 (89.3) identified as White, 1 (0.4%) identified as Hispanic, 3 (1.3%) identified as multiracial, and 21 (9%) racially identified as other. Participants ranged in age from 18 to 79 years and the mean age was 36.8 ($SD = 14.3$). Women comprised 61.5% of the sample.

Table 1
Study 1: Interaction of Religious Beliefs and Orthodox Affiliation on Depression

	Model 1			Model 2		
Variable	*B*	*SE B*	β	*B*	*SE B*	β
Religious beliefs (centered)	−2.03	0.47	−.20***	−1.26	0.57	−.13*
Orthodoxy[a]	0.58	0.96	.03	1.04	0.97	.05
Beliefs × Orthodoxy				−2.42	1.01	−.14*
ΔR^2		.04***			.01**	
F for change in R^2		9.57			5.75	

[a]Orthodoxy coded as 0 = *non-Orthodox*; 1 = *Orthodox.*
* $p < .05$. *** $p < .001$.

Measures

Religious beliefs. We used a modified version of the 12-item measure of beliefs in God's benevolence used in Study 1. Three Protestant and Jewish leaders were asked to review the items and provide recommendations for revision, and all suggestions were incorporated. Although the measure was based on a Jewish religious framework, all three Protestant leaders stated that scale items were consistent with the religious doctrine of Christianity. Scale instructions were changed slightly to read as follows:

> The following statements are concerned with your beliefs about God (Higher Power, The Divine or The Creator). Sometimes, people's beliefs about God may be stronger, and sometimes they may be weaker. Please indicate how strongly you have believed in each statement over the past month. If you have not been thinking about these statements over the past month in particular, please indicate how strongly you *generally* believe in each one.

Responses were based on a 5-point Likert scale ranging from 1 (*not at all*) to 5 (*very much*). The measure demonstrated a high level of reliability ($\alpha = .91$).

Religious practices. We created a four-item measure of general religious practices using the following questions: (a) How often do you speak to God or pray? (b) How often do you attend religious services? (c) How often do you read religious literature or attend a religious sermon or lecture? (Response anchors: *Several times a day (6), Once a day, A few times a week, Once a week, A few times a month, Once a month, A few times a year, Once a year or less, Never (0)*). In addition, to add an idiographic dimension to this assessment of religious practices, a fourth question was added: (d) How has your level of religious activity changed compared to 5 years ago? (Response anchors: *Increased substantially (4), Increased somewhat, Stayed the same, Decreased somewhat, Decreased substantially (0)*). This measure demonstrated moderately high internal consistency in the sample ($\alpha = .82$).

Depression. As in Study 1, the CES–D was used as a measure of depressive symptoms. Internal reliability in the current sample was high ($\alpha = .93$).

Anxiety. We utilized the trait version of the State–Trait Anxiety Inventory (STAI–T; Spielberger, Gorsuch, & Lushene, 1970) to measure anxiety. The STAI–T contains 20 statements that describe emotional states (e.g., "I feel nervous and restless"). Participants respond to each item in terms of how they generally feel using a 4-point Likert scale ranging from 1 (*not at all*) to 4 (*very much*). The STAI-T has been validated extensively in community and clinical settings (Gros, Antony, Simms, & McCabe, 2007). Internal reliability in the current sample was high ($\alpha = .92$).

Results and Discussion

Preliminary analyses. There were no significant differences between Orthodox, non-Orthodox, and Protestant participants with regards to age, $F(2, 320) = 0.71$, *ns*; depression, $F(2, 299) = 0.66$, *ns*; or anxiety, $F(2, 297) = 0.175$, *ns*. There were a significantly greater number of female participants among Protestants, $\chi^2(2, N = 330) = 17.14$, $p < .001$; however this was not seen to be a potential confound for subsequent analyses as gender was not associated with religious beliefs, religious practices, depression or anxiety in the sample (*r*s ranging from $-.09$ to .07, *ns* for all variables). There were significant differences between the groups in terms of religious beliefs, $F(2, 297) = 69.16$, $p < .001$; and practices, $F(2, 326) = 63.94$, $p < .001$. Post hoc analyses (Bonferroni) revealed that Protestants reported significantly higher levels of religious belief than Orthodox Jews ($p < .001$) who in turn reported higher levels of belief than non-Orthodox Jews ($p < .001$). Protestants and Orthodox Jews reported statistically equivalent levels of religious practice, but both these groups reported higher levels of practice than non-Orthodox Jews ($p < .001$).

Religious beliefs and practices as predictors of depression and anxiety across religious groups. Correlations between religious beliefs and practices with depression and anxiety for Orthodox, non-Orthodox, and Protestant participants are presented in Table 2. Religious beliefs and practices emerged as significant predictors of lower levels of anxiety and depression among Orthodox Jews (*r*s ranging from $-.27$, $p < .01$, to $-.41$, $p < .001$), but not among non-Orthodox Jews (*r*s ranging from $-.16$ to .02, *ns*). Among Protestants, lower levels of depression were predicted by religious beliefs ($r = -.32$, $p < .01$) and practices ($r = -.22$,

Table 2
Study 2: Correlations of Religious Beliefs and Practices With Depression and Anxiety Across Religious Groups

Variable	Orthodox Jews				Non-Orthodox Jews				Protestants			
	1	2	3	4	1	2	3	4	1	2	3	4
1. Religious beliefs					.65***				.45***			
2. Religious practices	.40***				−.16	−.03			−.32**	−.22*		
3. Depression	−.41***	−.32***			−.07	.02	.86***		−.19	−.13	.78***	
4. Anxiety	−.34***	−.27**	.87***									
M	52.51	20.32	11.19	38.18	43.04	13.13	12.76	39.85	57.10	20.67	11.99	37.16
SD	8.68	4.38	10.22	9.87	9.20	6.83	10.06	9.81	4.75	4.78	8.91	9.02

* $p < .05$. ** $p < .01$. *** $p < .001$.

$p < .05$), however neither variable was significantly tied to anxiety ($r = -.19$ for beliefs and $-.13$ for practices, *ns*).

Interaction of affiliation and beliefs on depression and anxiety. Hierarchical regression was utilized to examine whether religious affiliation moderated the relationships between religious beliefs and depression and anxiety (Aiken & West, 1991). In each analysis, religious beliefs (centered) and affiliation (dummy coded) were entered as predictors in Model 1, and the multiplicative interaction of these two variables was added in Model 2. The results of these analyses are presented in Table 3 (depression) and Table 4 (anxiety). As in Study 1, a significant interaction was found between Orthodox and non-Orthodox Jewish affiliation and religious beliefs with regards to depression ($\beta = -.20$, $p < .05$). However, the interaction was not significant when examining Orthodox Jewish and Protestant affiliation ($\beta = -.04$, *ns*), and was only of borderline significance with regards to non-Orthodox Jewish, and Protestant affiliation ($\beta = .32$, $p = .06$). Thus, consistent with our predictions, religious beliefs were a better predictor of lower depression among Orthodox Jews compared to non-Orthodox Jews, and a mildly better predictor among Protestants compared to non-Orthodox Jews, but there was no significant difference in the degree to which religious beliefs predicted depression when comparing Orthodox Jews and Protestants. With regards to anxiety, a similar pattern of results emerged. A significant interaction was found between Orthodox and non-Orthodox Jewish affiliation and religious beliefs ($\beta = -.20$, $p < .05$), however the interaction was not significant when comparing Orthodox Jewish and Protestant affiliation ($\beta = -.08$, *ns*), or non-Orthodox Jewish and Protestant affiliation ($\beta = .17$, *ns*). Thus, religious beliefs were a significantly better predictor of anxiety among Orthodox Jews compared to non-Orthodox Jews, but that there were no differences when comparing Orthodox or non-Orthodox Jews with Protestants.

Religious belief as a unique predictor of mental health for Orthodox Jews. Although religious beliefs emerged as a significant predictor of depression and anxiety among Orthodox Jews in this study, it was possible that the relationship between these variables could be accounted for by religious practices. We therefore sought to examine whether religious beliefs

Table 3
Study 2: Interaction of Religious Beliefs and Affiliation on Depression

Variable	Model 1			Model 2		
	B	*SE B*	β	*B*	*SE B*	β
Orthodox versus Non-Orthodox Jews[a]						
Religious beliefs (centered)	−3.15	0.67	−.33***	−1.54	1.02	−.16
Affiliation	1.41	1.38	.072	.261	1.48	.01
Beliefs × Affiliation				−2.79	1.35	−.20*
ΔR^2		0.09***			0.02*	
F for ΔR^2		11.70			4.27	
Orthodox Jews versus Protestants[b]						
Religious beliefs (centered)	−4.11	.70	−.34***	−3.89	0.83	−.33***
Affiliation	.22	.23	.06	.26	0.24	.07
Beliefs × Affiliation				−.14	0.30	−.04
ΔR^2		.12***			0.00	
F for ΔR^2		18.05			0.23	
Non-Orthodox Jews versus Protestants[3]						
Religious beliefs (centered)	−2.44	0.85	−.27***	−5.16	1.68	−.58***
Affiliation	−2.51	1.70	−.14	−3.01	1.71	−.17
Beliefs × Affiliation				3.70	1.98	.32†
ΔR^2		0.04*			0.02†	
F for ΔR^2		4.27			3.50	

[a] Coded 0 = *Non-Orthodox*; 1 = *Orthodox*. [b] Coded 0 = *Protestant*; 1 = *Orthodox*. [c] Coded 0 = *Protestant*; 1 = *Non-Orthodox*.
† $p < .10$. * $p < .05$. *** $p < .001$.

predicted additional variance in anxiety and depression after controlling for religious practices among Orthodox Jews. Two hierarchical regression analyses were conducted on depression and anxiety, respectively. In both analyses, religious practices were entered as a predictor in Model 1, and religious beliefs were added to the regression equation in Model 2. Beta weights for predictors as well as indexes of variance accounted for by each model are presented in Table 5. With regards to depression, religious practices emerged as a significant predictor in Model 1 ($\beta = -.31$, $p < .001$) accounting for 10% of the variance in depressive symptoms. In Model 2, religious beliefs retained significance as a predictor ($\beta = -.32$, $p < .001$) accounting for an additional 9% of the variance in depression. With regards to anxiety, both Model 1 ($\beta = .25$, $p < .001$) and Model 2 ($\beta = -.26$, $p < .001$) emerged as significant predictors, with religious practices accounting for 6% of the variance in anxiety, and religious beliefs accounting for an additional 6% of the variance. Thus, religious beliefs were a unique predictor of mental health among Orthodox Jews after controlling for religious practices.

General Discussion

Although over 20 years of research on religion/spirituality and mental health has consistently linked religious beliefs and practices to lower levels of anxiety and depression (Koenig et al., 2001), the existing literature has a number of limitations (Shreve-Neiger & Edelstein, 2004), and it is apparent that several forms of religiousness relate to mental health in some religious groups more than others (Hill & Pargament, 2003). It has been proposed that the relevance of different facets of religiousness to mental health is not arbitrary but relates to doctrine-specific values and culture (Cohen et al., 2006). For example, consistent with modern Judaism's value of communal involvement over religious beliefs, previous research has revealed that beliefs and spirituality are largely irrelevant to the well-being of Jews (Cohen, 2002). By contrast, religious beliefs appear to be salient for the mental and physical health of Protestants (e.g., Alferi, Culver, Carver, Arena, & Antoni, 1999; Flannelly, Koenig, Ellison, Galek, & Krause, 2006). However, over the past two centuries, the Jewish community has divided

Table 4
Study 2: Interaction of Religious Beliefs and Affiliation on Anxiety

Variable	Model 1			Model 2		
	B	*SE B*	β	*B*	*SE B*	β
Orthodox vs. Non-Orthodox Jews[a]						
Religious beliefs (centered)	−2.17	0.67	−.23***	−0.60	1.02	−.07
Affiliation	0.40	1.37	.02	−0.71	1.47	−.04
Beliefs × Affiliation				−2.70	1.34	−.20*
ΔR^2		0.05***			0.02*	
F for ΔR^2		6.07			4.07	
Orthodox Jews versus Protestants[b]						
Religious beliefs (centered)	−3.42	0.68	−.30***	−2.93	0.81	−.26***
Affiliation	−0.07	0.22	−.02	0.04	0.24	.01
Beliefs × Affiliation				−0.33	0.29	−.08
ΔR^2		0.09***			0.01	
F for ΔR^2		12.55			1.28	
Non-Orthodox Jews versus Protestants[c]						
Religious beliefs (centered)	−1.12	0.86	−.12	−2.63	1.73	−.29
Affiliation	0.99	1.73	.05	0.71	1.76	.04
Beliefs × Affiliation				2.05	2.03	.17
ΔR^2		0.03†			0.01	
F for ΔR^2		2.62			1.02	

[a] Coded 0 = *Non-Orthodox*; 1 = *Orthodox*. [b] Coded 0 = *Protestant*; 1 = *Orthodox*. [c] Coded 0 = *Protestant*; 1 = *Non-Orthodox*.
† $p < .10$. * $p < .05$. *** $p < .001$.

into several denominations that differ substantially in religious doctrine and culture. For example, Orthodox Judaism highly values assenting to traditional religious beliefs about God, whereas beliefs play less of a prominent role in religiousness for non-Orthodox Jews (Kushner, 2002). The present study therefore investigated whether intrafaith denominational differences within Judaism moderated the degree to which religious beliefs predict mental health within Orthodox and non-Orthodox Jewish communities.

Consistent with our hypotheses, beliefs about God's benevolence were related to mental health among Orthodox Jews; specifically, higher levels of belief predicted lower levels of depression and anxiety. Furthermore, we found a significant interaction between Orthodox affiliation and religious beliefs; that is, beliefs were significantly more salient to the mental health of Orthodox Jews than non-Orthodox Jews. These findings were replicated across two independent investigations and are therefore robust. It was further observed in Study 2 that religious beliefs accounted for additional variance in depression and anxiety among the Orthodox after controlling for religious practices. Thus, it appears that religious beliefs about God's benevolence are relevant to mental health among Orthodox Jews, but not among the non-Orthodox. These findings support and extend the "religion as culture" approach to studying

Table 5
Study 2: Religious Belief as a Unique Predictor of Anxiety and Depression Among Orthodox Jews

Variable	Model 1 (Depression)			Model 2 (Depression)			Model 1 (Anxiety)			Model 2 (Anxiety)		
	B	*SE B*	β	*B*	*SE B*	β	*B*	*SE B*	β	*B*	*SE B*	β
Religious practices	−.70	0.18	−.31***	−.41	0.19	−.18*	−.54	0.18	−.25***	−.33	0.19	−.15
Religious beliefs				−.38	0.10	−.32***				−.29	0.10	−.26***
ΔR^2		0.10***			0.09***			0.06***			0.06***	
F for ΔR^2		14.76			14.94			9.54			8.73	

* $p < .05$. *** $p < .001$.

religious variables in social science research (Cohen & Hill, 2007; Cohen et al., 2006). Specifically, an examination of Orthodox Jewish doctrine (Soloveitchik, 1965) reveals the strong valuation of not only ethical and religious practice, but also a personal relationship with God and a life imbued with spiritual meaning. By contrast, the modern doctrine of non-Orthodox Judaism defines religion largely by community rather than theology ("What do American Jews Believe? A Symposium," 1996). The findings of this investigation indicated that religious beliefs are differentially related to mental health in these communities in a manner that is consistent with these core doctrinal differences. Furthermore, these results are consistent with previous findings that for non-Orthodox Jews, Judaism is a descent religion characterized by a focus on ethnic identity and moral behavior (e.g., Cohen & Hill, 2007; Cohen & Rozin, 2001; Cohen et al., 2003). Nevertheless, our results suggest that for the growing population of Orthodox Jews, religion also encompasses a relationship with a benevolent and attentive God.

It is noteworthy that in Study 2, religious practices and beliefs collectively accounted for 19% of the variance in depression and 12% of the variance in anxiety among Orthodox Jews, predicting lower levels of depressive and anxious symptoms. Although there is some evidence to suggest that forms of religiousness are related to psychopathology in clinical populations (e.g., Abramowitz, Huppert, Cohen, Tolin, & Cahill, 2002), this finding seems to indicate that religiousness serves as a significant protective factor against distress in the Orthodox Jewish community. This underscores the importance of practicing psychotherapy in a manner that is respectful of religious beliefs and practices when working with members of this population. This finding also highlights the importance of conducting a thorough clinical assessment of religious factors across cognitive and behavioral domains, when working with Orthodox Jewish individuals. Furthermore, although previous research has yielded mixed results regarding the benefits of adding spiritual and religious components to psychotherapy (McCullough, 1999; Smith, Bartz, & Richards, 2007) there is evidence to suggest that spiritually integrated treatment is more effective than conventional treatment when working with religious clients (Propst, Ostrom, Watkins, Dean, & Mashburn, 1992). It may be particularly appropriate to take a spiritually integrated approach to psychotherapy (Pargament, 2007) with Orthodox Jews, as religious factors are so salient to their mental health.

This research was limited by its cross-sectional design, which renders it incapable of determining the direction of influence between the variables under study. Furthermore, Internet-based survey administration poses a significant limitation as more traditional subsects within Orthodox community do not generally utilize the Internet (Barzilai-Nahon & Barzilai, 2005). Nevertheless, a number of Hassidic and Ultra-Orthodox individuals participated in both studies in the present paper. It is possible that inclusion of a greater number of cloistered Orthodox Jews would demonstrate even stronger ties between religious beliefs and mental health in this community, however. In addition, the present study examined the relevance of a single set of Jewish religious beliefs (relating to God's benevolence) to anxiety and depression. Future studies could evaluate the extent to which other culturally based Jewish religious beliefs (e.g., core doctrinal precepts) predict mental health. As well, both Studies 1 and 2 utilized measures of religious beliefs that have not previously been validated. Although reliability of these measures were satisfactory, it would be beneficial for future research to revise these measures and establish their psychometric properties. It is hoped that future research utilizing longitudinal and experimental designs, better sampling methods, and a more diverse assessment of religious factors will address these limitations. Nevertheless, the present paper sheds further light on the relevance of religious factors to mental health among Jews.

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