Effects of Religiosity on Psychological Well-Being

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Abstract:

Religiosity is an underestimated variable that is studied as pathology instead of using positive psychological methodology. The intentions of this study were to correct these problems by comparing religiosity to psychological well-being, expecting a positive correlation. Participants consisted of 35 college students (26 females and 9 males) in an introductory level psychology class at a regional, midwestern university. The ages ranged between 18 and 42 ($M = 23.54$, $SD = 6.89$). Completing the study consisted of taking two surveys (one for both variables) online. The results did not support the hypothesis as there was no observed relationship between religiosity and psychological well-being ($r(34) = .001$, $p = .99$). There were limitations to this research that advocate and provide suggestions for further research.

Religion is an important influence in the society of the United States. Whether people are religious or not, they are surrounded by its influence since it affects their environment. As noted by Lambert (1997), the Founding Fathers that framed our constitution were all religious. More specifically, it was mandatory to be some denomination of Christianity to attend the Constitutional Convention. The impact of this religiousness is undeniable despite there supposedly being a separation of church and state. This is evident with the word "God" in the National Anthem and imprinted on all currency. Since some sort of interaction with religion or the effects of religion is practically inevitable on a daily basis, it is fair to say it could be a considerable factor in our lives in a number of ways. However, religion is rarely taken into consideration when studying human behavior. As Bergin (1983) points out, religiosity is regularly neglected as a typical demographic (e.g., age, race, sex) in studies unless the study specifically pertains to religion in some fashion. This has left the influence of religiosity grossly unexamined unless it is specifically the object of study.

In order to validate the possibility of religiosity as an important demographic, there needs to be empirical evidence of its effect across an assortment of variables. Interestingly enough, this has already been demonstrated in a number of instances, the majority of which have yielded positive effects. These effects of religiosity have been accumulated across a range of mental/emotional functioning. For instance, Jansen, Motley, and Hovey (2010) found that church attendance negatively correlated with anxiety and depression. Similarly, Smith, McCullough, and Poll (2003) observed through their meta-analysis of 147 studies that participants with a higher religiosity exhibited fewer symptoms of depression. These are significant findings considering the prominence of depression in this country. The strength of the association fluctuated depending on the focus and measure of individual studies and the dimension of the instrument, but all the studies reflected this relationship, even if only slightly in some instances. In studies where participants felt stress due to a recent turn-of-events, the relationship between religiosity and depression was even more apparent (Smith et al., 2003). This could imply religiosity positively influences one's coping abilities.

Religious faith or participation has shown positive effects that are notable in behavioral studies, as well. In another study, religiosity as a preventive measure was demonstrated by showing a relationship between positive religiosity and lower occurrence of deviant behaviors in adolescences (Laird, Marks, & Marrero, 2011). Similarly, a negative relationship between deviant behaviors and religious factors were mentioned by Frazier, Mintz, and Mobley (2005), even though negative functioning was not the focus of that study. Examples of behaviors mentioned were the use of controlled substances and episodes of incarceration. A link can be deduced between religiosity and physical health due to the negative health effects associated with substance abuse. With slightly less confidence, a negative relationship between criminal activity and religiosity can be inferred because of the stated association with incarceration. Not all criminal activity results in incarceration: hence, the element of hesitation to assume the previous relationship as an absolute. When faced with the stated results, it is evident that religiosity has a considerable effect which has produced substantial results. This supports the argument for religiosity as a standard demographic.

The studies mentioned previously follow the more traditional format of studying the human condition in some aspect. This was the case when negative functioning or outcomes were made the dependent variable. In other words, a traditional study typically has a model design where the preferred/predicted outcomes were adverse conditions instead of desirable effects (i.e., what should be avoided instead of what should be). This negative approach of conducting psychology as pathology was the prominent methodology in earlier psychological studies (Seligman & Csikszentmihalyi, 2000). It is undeniably important to recognize, understand, and avoid negative effects of variables when conducting research. However, this should not be the only or even the prime motivation behind psychology. It insinuates a pessimistic perception toward the evaluation of human nature. Instead, the principal incentive should be to understand and pursue mental health as opposed to avoiding mental illness. This changes the tone of inspection to an encouraging and optimistic one. The need for a shift in the approach of conducting research was acknowledged by Csikszentmihalyi during World War II (Seligman & Csikszentmihalyi, 2000). It was this realization that aided the conception of positive psychology. Positive psychology focuses on the elements of healthy functioning, unlike the pathological approach of concentrating on detrimental aspects (Seligman & Csikszentmihalyi, 2000). In other words, the difference between these methodologies is placing the importance on mental health instead of on mental illness. Positive psychology looks to expand the body of knowledge surrounding positive psychological functioning which has been long neglected by the traditional emphasis placed upon preventative and corrective measures of psychological ailments.

Since the proposal of positive psychology, researchers have certainly taken heed, which is apparent with a steady increase of works showing this methodology. The 2005 study conducted by Frazier et al. is one recent study which used this approach. This research did exhibit some traditional tendencies by acknowledging a negative relationship between the dependent variable and deviant behaviors, however, this was not a traditional study. The design of the study itself took a positive psychological approach to observing religiosity. This study utilized the targeted independent variable of well-being as a part of positive functioning, instead of correlating a variable to negative functioning. Well-being is one of the subjective values proposed for positive psychology by Seligman & Csikszentmihalyi (2000). Parameters of "well-being" need to be clearly defined since the concept is too vague by itself. Frazier et al. (2005) used psychological well-being as a more specific form of well-being. The results yielded a significant positive correlation between religiosity and psychological well-being that varied in strength depending on the measure. The focus of this study was on elderly African Americans, therefore, these results are not representative of the general public. Nonetheless, it makes one wonder whether or not similar results can be found in other samples. This author's study will resemble the one conducted by Frazier et al. (2005). Testing the generalizability of these results will be a potential benefit.

One might ask, "How does one measure religiosity?" The complication of this variable might be part of the reason it is overlooked. Church or temple attendance alone is not necessarily a good measure for religiosity. Some church-goers might do so for reasons other than religious belief. They might attend to take advantage of the community assistance offered by many churches/temples (e.g., food, clothing, counseling), or to conform to the expectations of others, or to socialize. Similarly, lack of attendance to religious services is not an adequate measure of religiosity since some believers practice their religion privately or through means other than an organized religion. For these reasons a more multidimensional measure is needed which takes into consideration not just religious involvement, but emphasizes the significance of religion to a participant. The instrument selected for this study was the Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ), which was constructed by Plante and Boccaccini in 1997 (Freiheit, Sonstegard, Schmitt, & Vye, 2006). Since it is a self-evaluating attitude test, its results express the importance and influence of religion on the particular participant. Another benefit of this instrument is how universally applicable it is. It can be used to measure religiosity regardless of spiritual affiliation or denomination (Plante & Boccaccini, 1997).

Utilizing the SCSRFQ as the measure for religiosity is one way that this study differs from that of Frazier et al. (2005). Another variation is that this sample is not exclusively elderly African American. The similarities of these studies are of following a positive psychology methodology, examining the same variables (religiosity and psychological well-being), and using the same instrument to measure psychological well-being. The instrument selected for this is Ryff's Scales of Psychological Well-Being (also known as SPWB) (Ryff, 1989). Ryff's (1989), goal was to operationalize the components of psychological well-being, which can be described most simply as happiness and life satisfaction. The results of her work were the six subscales that make up the SPWB. They are as follows: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. This multidimensional measure extensively examines a number of variables important to positive psychology. She makes a strong argument for the legitimacy for the SPWB in her research which has been widely accepted by other researchers. This is evident with the extensive use of this instrument in more than 200 studies since its creation (T. Berrie, personal communication, September 14, 2011). Some of these studies have also included religiosity and found significant results using different measures of religiosity and populations. The strength of the relationship has varied across the six scales. For instance, autonomy might not be as reactive to the effect of religiosity, as reflected by the results of Frazier et al. (2005).

The tone of this research is set to accentuate positive psychology and psychological functioning. Another priority is to raise the awareness of religiosity and its effects to illuminate it as an underestimated influence on people. By using Ryff's (1989) SPWB instrument, I will compare and contrast how participants rank their own psychological well-being and observe how their scores relate to their religiosity. These scales have been used in other studies to show a direct correlation between psychological well-being and a number of positive variables (e.g., good general health). It is my goal to find similar results using religiosity as the positive variable. I predict that the higher participants rate themselves on religiosity, the higher they will rate themselves on psychological well-being.

Method

Participants

Initially, 56 participants attempted the study, however, 21 did not complete the surveys and left the study. The 35 remaining participants (26 females and 9 males), ages 18 and older, were included in this study. The participants were college students in an introductory level psychology class at Indiana University South Bend. An opportunity sample was recruited through the introductory psychology pool, and participants received extra credit points in their psychology class for contributing to research. The ages ranged between 18 and 42 ($M = 23.54$, $SD = 6.89$). The majority of the participants (68.6%) identified themselves as being religious or spiritual.

Design

This study is a Pearson correlational study between the two independent variables: religiosity and psychological well-being. One population was tested on these two variables to examine the relationship between them. There was a separate measure used for each variable, both of which were administered as an online survey study. Both measures were presented to the participants within the same survey and taken in sequence.

Measure

The first instrument measured the psychological well-being of the participants. The Scales of Psychological Well-Being (SPWB) were used for this (Ryff, 1989). The six subscales of the SPWB are mixed and combined to present as a single instrument. The items on the SPWB are statements participants respond to using a

6-point Likert scale, ranging from "strongly disagree" (1) to "strongly agree" (6) with no option for a null response. The statements consist of both positive and negative items (e.g., "I like most aspects of my personality," and "In many ways, I feel disappointed about my achievements in life,"); therefore, when scoring, the values for negatively phrased statements will be inverted to accurately reflect their influence. Higher scores on these scales express higher self-rating on that aspect (T. Berrie, personal communication, September 14, 2011).

There are three different versions of this instrument available. The version utilized here was the 14-items per category survey, which is 84 items all together. This is a shortened version of the original survey of 120 items total (20 items per category). Significant internal validity has been reported with Cronbach's alpha ranging from .83 to .91 (Ryff & Essex, 1992). The third version is very simplified (3 items per category) and is primarily intended for phone interviews.

For the measure of religiosity, the second instrument used was the Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ). This one-dimensional measure consists of 10 self-evaluating items for participants to submit their responses using a 4-point scale with no option of a null response. Responses vary from "strongly disagree" (1) to "strongly agree" (4) on statements such as, "I pray daily," and "I consider myself active in my faith and church." Possible scores range between 10 and 40 points with a higher score expressing a higher self-reporting of religiosity. Plante and Boccaccini (1997) tested the validity and reliability of the SCSRFQ by doing Pearson correlations with three other instruments administered to three different samples. The findings of this study yielded a high internal reliability of the SCSRFQ with Cronbach's alpha ranging between .94 and .97. They also found a high split-half reliability (r = .90 – .96) as well as a direct correlation with the other measures of religiosity (Plante & Boccaccini, 1997).

Procedure

Participants accessed this study online. They read the invitation to join the study and the informed consent information. Those who decided to continue with the study answered demographic questions and continued on to the self-evaluating attitude tests. Participants were first presented the 84 items of the SPWB followed by the 10 items of the SCSRFQ. This completed the contribution from the participants.

Results

Cronbach's alpha revealed strong internal validity for the SPWB (.96) as well as for the SCSRFQ (.96). I averaged the Likert ratings for the SPWB to determine psychological well-being (*range* = 1 – 6, $M = 4.65$, $SD = .60$). For the results of the six subscales, please see Table 1. I did the same for the SCSRFQ to determine religiosity (*range* = 1 – 4, $M = 2.71$, $SD = .80$). Sex differences were examined on these means by computing independent samples 2-tailed t tests. Significant difference ($p < .05$.) was found in environmental mastery, where males ($M = 4.88$) reported higher on this subscale than females ($M = 4.26$), $t(33) = .91$, $p = .028$. Running a Pearson correlation on religiosity and psychological well-being revealed no relationship (see Figure 1); $r(34) = .001$, $p = .99$. I ran additional bivariate correlations with religiosity and the six subscales with no significant relationship ($p < .05$) found with $r(34)$ ranging from -.187 to .164 and p ranging from .28 to .94. Religiosity is not related to psychological well-being on any of the subscales.

Table 1 *Descriptive Statistics of Measures*

	Mean	Std. Deviation
Autonomy	4.46	.61
Environmental Mastery	4.42	.86
Personal Growth	5.01	.52
Positive Relations w/Others	4.67	.78
Purpose in Life	4.81	.65
Self-Acceptance	4.49	.93

Discussion

My hypothesis of a positive relationship between religiosity and psychological well-being is not supported by this study since there was an absence of relationship of any kind. These results are in contrast with previous studies. For instance, Frazier et al. (2005) found a positive relationship between religiosity and psychological well-being. The conflict in findings raises curiosity about what accounts for the differences. The prominent distinctions are the samples and instruments of religiosity used. The samples utilized did not share similar demographics. In Frazier et al. (2005), the population of interest was elderly African Americans. The sample of 86 participants consisted of only African Americans and had the average age of 68.7. This is significantly different from the current study, where 85.7% of the sample self-reported being non-Hispanic/white and having an average age of 23.5. The age and race distinctions offer an explanation for the conflicting results. This also highlights a reason for different measures being used for religiosity. The Multidimensional Measure of Religious Involvement for African Americans (MMRI-AA) was used in Frazier et al. (2005) due to its intended use for African Americans. When trying to determine the cause for the unpredicted results of this study, looking at the variations between these studies draws attention to the aspects of this research to take into consideration.

There were a few aspects of the sample worth examining. The small sample size is a threat to external validity, so the results are probably not generalizable. With only 35 participants, it is difficult to find a significant relationship even when there is one present. However, given the strength of the absence of a relationship, it is unlikely that significance would have been found in this instance even with a more adequate sample size. The participants had similar ratings on their religiosity and their psychological well-being. An effect cannot be detected between variables without notable variance. Also, considering the average religiosity reported was close to the median of possible scores, the participants were rather ambivalent about their religion. In order to truly observe the effects of religiosity, a sample where religiosity is more of an emphasis for participants would be needed.

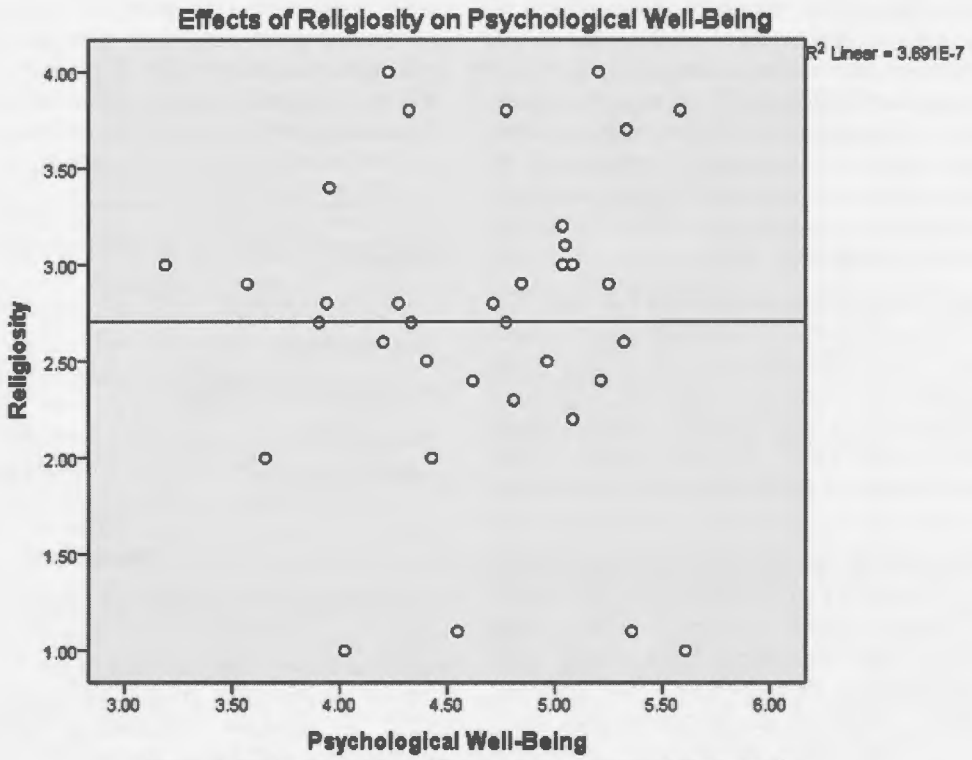

Figure 1: The horizontal line of fit through the scatterplot illustrates the absence of a relationship between religiosity and psychological well-being.

Implementing the SCSRFQ as the measure for religiosity might also explain the conflicting results of this study. Without a specific race, affiliation, or denomination in question, a more universal instrument appeared beneficial. The generalizability of this one-dimensional measure did not provide an interpretation of participants' religiosity. Although appealing, with its high internal validity, the SCSRFQ might be too brief and general; valid data does not necessarily mean informative date.

The content of this study has illuminated the results of Smith et al., 2003. It still seems appropriate to infer religiosity can provide a better coping mechanism in times of heightened distress due to its negative relationship to depression. Another potential explanation is the likelihood that the religiosity of participants was also influenced by instances of elevated stress. Not having anticipated an unusual level of stress in this study's sample, a higher level of religiosity was not observed. It is possible that, when in crisis, those with religiosity would note increased importance and utilization of this variable than they would otherwise. Realizing religiosity might not be a consistent force but one that fluctuates is a valuable element that adds to the understanding of this particular variable.

Although this study did not produce the predicted outcome, effects of religiosity are apparent in other studies; therefore, the importance of religiosity is not fully discredited here. Instead, it does show what modifications scholars should consider for future research. For instance, this study demonstrates where effects are not noticeable. One suggestion for improvement is to use two samples instead of one since using one sample produced very homogeneous results among participants. Comparing one group that regularly attends church/temple (i.e., at least once a week) to a group that does not (i.e., no more than three times a year) would increase the likelihood of a better established range of religiosity. Another recommendation is to use a more multidimensional instrument that evaluates intrinsic and extrinsic aspects of religiosity. This would not only indicate whether or not someone is religious, but why and how. Knowing such details will define which aspects of religiosity are more influential as a behavioral correlative.

Even though the results were not in support of the hypothesis, this study still serves a purpose. The benefits from this study are the useful perspectives it has given to religiosity and the impending research yet to be done. The guidance provided here can contribute to those also looking to understand religiosity and its effects. This would likely lead to the desired outcome of recognizing religiosity as an important influence for individuals.

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