

RUNNING HEAD: Religion & Well-being

**Religion and Well-being**

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### **Religion and Well-being: A Psychological Perspective**

In an increasingly secular and global society, some question whether religion contributes to, or impedes, well-being (Diener, Tay, & Myers, 2011). In the early 20<sup>th</sup> century, Freud considered religion to be a psychopathological, neurotic wish-fulfillment. However, the current zeitgeist of work on religion and well-being seems much more charitable. Today, religion is viewed as a powerful coping mechanism (Pargament & Park, 1997) and a (perhaps uniquely suited) system to provide meaning in life (Park, 2005). Indeed, even Freud admitted that, ". . . only religion can answer the question of the purpose of life. One can hardly be wrong in concluding that the idea of life having a purpose stands and falls with the religious system" (Freud, 1961/1927, p. 25).

Most recent empirical work in the psychology of religion does indeed show that some aspect of religion (e.g. religious attendance or intrinsic religiosity) correlates positively with some index of well-being: Religious people report being happier and more satisfied with their lives (Diener, Suh, Lucas, & Smith, 1999; Myers, 1992; Veenhoven, 1984). Moreover, this pattern appears to be robust across multiple cultural contexts. Tilouine and Belgoumidi (2009) have shown, for example, that religiosity predicts meaning and life satisfaction in Muslim students in Algeria. And, Abdel-Khalek (2010) found that religiosity among Muslim Kuwaiti adolescents was related to better health and well-being and less anxiety.

In this article, we first review the definitions and prerequisites of well-being as identified in the psychological literature. Next, we argue that various religious groups, subcultures within those groups, individuals with different religious orientations, and different dimensions of religion may have different levels of well-being. We also consider how national and ethnic

cultural identities may interact with religious identities. We conclude that the extent to which religion leads to well being varies according to one's religious and cultural worldview.

### **Defining Well-being**

In the psychological literature, the terms happiness, life satisfaction, and subjective well-being have come to refer to somewhat overlapping yet distinct constructs. Happiness refers to positive feelings such as joy, contentment, and calm (Layard, 2005). Life satisfaction is the cognitive appraisal or judgment about how well things are going (Argyle, 2001; Michalos, 1980). Importantly, life satisfaction may differ significantly from objective appraisals. For example, religious individuals involved in tragic circumstances often report finding peace, hope, or increased faith; and, consequently, reporting high life satisfaction. Subjective well-being is the evaluation of one's global life circumstances, reflecting a sense that one's life is going well and one would not change much if one's life could be lived over again (Diener, et al., 1999). Nevertheless, statistical associations (correlations) are often similar and positive whether one is talking about the association between religion and happiness, religion and life satisfaction, or religion and well-being; and we primarily use the term well-being in this paper to refer broadly to all three of these.

Happiness, life satisfaction, and subject well-being have often been framed in terms of the fulfillment of various goals. For example, Seligman has argued that well-being, or human flourishing, involves having important social relationships, meaning in life, and the achievement of personal goals (Seligman, 2011). Religious rituals, moral codes, and communities may be particularly well-suited to help people meet these goals. For example, the teachings of many religions regarding fellowship, cooperation, and pro-social behavior can make some religious groups mainstays of social support. Such groups may provide resources in times of trouble,

promote positive coping strategies, or reduce loneliness (e.g., Uchino, Cacioppo, & Kiecolt-Glaser, 1996).

### **Religious Group Differences and Well-Being**

Each of the major world religions are similar in many ways (e.g. Buddhist, Catholic, Hindu, Jewish, Muslim, Protestant); however each have their own unique beliefs, social norms, ritual practices, values, and other characteristics that would define any cultural group (Cohen, 2009). As a result, religious groups may differ in levels of well-being, or the correlates of well-being. Personal spirituality, for example, is more strongly associated with well-being for Christians, than it is for Jews (Cohen, 2002). Furthermore, Jews often report lower levels of well-being, happiness, or life satisfaction relative to other religious groups (Cohen & Hall, 2009; Kennedy, Kelman, Thomas, & Chen, 1996). Sheldon (2006) also found that, on average, Catholics are higher than some Protestants in religious introspection, which can be seen as a type of guilt. Guilt may, in turn, reduce the sense of well-being.

There may be many reasons for differences between religious groups. Some groups (such as Jews) may be willing to admit to life dissatisfaction, more so than other religious groups (Guttmacher & Ellinson, 1971). One interesting possibility is that Jews living in the Diaspora are enculturated to complain and express dissatisfaction (*kvetching*) to indicate their longing to live back in the Jewish homeland, Israel (Wex, 2005). Furthermore, certain assumptions of psychotherapy are particularly compatible with the Jewish worldview (Langman, 1997). In addition, Protestants' health and well-being ratings are often affected by their perceived spiritual health (e.g. Idler, 1995; Idler, Hudson & Leventhal, 1999); yet Jewish health and well-being may be less so (Rosmarin, Pirutinsky, Pargament, & Krumrei, 2009).

Religious groups may also deal with death in different ways and facing death with equanimity versus anxiety can also affect well-being. Belief in life after death buffers death anxiety (Dechesne, et al., 2003) which, in turn, could relate to greater well-being. However, Jews are less likely to believe in a soul or afterlife than Christians are (Cohen, 2002; Cohen & Hall, 2009). Also, Jews (and Catholics) are more concerned than Protestants that they will be mourned according to their appropriate religious traditions (Cohen, Pierce, Meade, Chambers, Gorvine, & Koenig, 2005).

Religious coping is also an important consideration. Pargament, Koenig, Tarakeshwar, & Hahn (2001) have identified differences in positive and negative religious coping. Positive coping is characterized by the belief that God is a benevolent protector and helper in times of trouble, whereas negative coping is characterized by concern that one's suffering is caused or sanctioned by a God who is angry and punishing. For example, among medically ill older adults, negative religious coping has been shown to be a risk factor for dying (Pargament, et al., 2001). Rosmarin, Krumrei, & Andersson (2009) also found that Christian and Jewish beliefs and practices correlated positively with positive coping and negatively with negative religious coping, and positive religious coping predicted less psychological distress (i.e., worry, anxiety, depression).

Religion may also relate to well-being because of the self-control that often accompanies religious commitment, though this is an untested idea. Religious people do seem to have better self-control and self-regulation (McCullough & Willoughby, 2009). Again, it is possible that religious groups could differ in this regard. For example, one can see religious dietary and other practices as exercises in self-regulation (Klein, 1979; Johnson, White, Boyd, & Cohen, 2011). Further, mortality rates for heart disease, emphysema, cirrhosis, cervical cancer and suicide, for

example, are much lower for Christian church-goers vs. non-attenders (for a review, see McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000). Some have suggested that these lower rates are due to prohibitions against smoking and drinking which may be more likely to occur among the “strictly” religious (e.g. Argyle, 2001). Indeed, it takes a certain measure of self-control to regularly attend religious services, and studies have repeatedly found that increased church attendance correlates with life satisfaction. Moreover, older people, Blacks, women, and Protestants are the most satisfied with life – groups that also are also most likely to attend religious services (Argyle, 2001).

One additional speculation we offer is that Christians may be happier than some other groups because feeling personally connected with God can alleviate loneliness and feelings of social isolation (e.g., Epley, Akalis, Waytz, & Cacioppo, 2008; Johnson, Li, Cohen, & Okun, 2011; Paloutzian & Ellison, 1982). Perhaps, the flip side of this feeling of personal connection with God as a positive influence is that many religious groups, such as Judaism, Catholicism, and Hinduism, emphasize integration into a religious community as a valuable aspect of religion in and of itself, and not merely as a byproduct of the more intrinsic aspects of religion (Cohen, Hall, Koenig, & Meador, 2005). This could result in greater social support, which is a known correlate of greater well-being.

### **Religious Subgroups and Well-Being**

So far, we have been discussing variability across broad religious groups. However, considering differences across major religious groups may be too coarse a cut. There is also a dizzying array of subgroups within each of the major religious traditions – one is not merely Jewish, but Orthodox, Conservative, Reform, Humanistic, Ultra-Orthodox. One is not merely Protestant but Methodist, Lutheran, evangelical, fundamentalist, and many others. And the same

is true for Catholics, with Catholicism's different orders. These distinctions are important.

Rosmarin and his colleagues (2009) found, for instance, that for non-Orthodox Jews, religious beliefs were not correlated with well-being, yet they were among Orthodox Jews. Rosmarin, Pargament, and Flannelly (2009) showed that spiritual struggle was associated with lower levels of physical and mental health in a Jewish sample as a whole, but Orthodox Jews at the highest level of spiritual struggle showed *higher* physical and mental health. Further, among Orthodox Jews in Israel, perceived social support both from religious leaders and from God have been shown to predict less emotional distress and greater life satisfaction (Lazar & Bjorck, 2008).

Pirutinsky (2009) also demonstrated subtleties depending on denominational differences in an experiment activating thoughts of death. For people whose religiosity had changed substantially in their life (including people who had become Orthodox), activating thoughts of death resulted in higher religiosity. Priming thoughts of death had the opposite effect for people whose religiosity had remained constant in their lives.

### **Dimensions of Religion and Well-Being**

Religious orientation is another important factor in understanding the association between religion and well-being. Within and between the religious groups and subgroups we have mentioned, there are many ways of being religious. Allport and Ross (1967) were concerned with identifying why some religious people are, and others are not, prejudiced. These researchers theorized that *intrinsically* oriented people have sensed the presence of God, that prayer is personally meaningful, and that religion is the master motive of their lives.

*Extrinsically* religious people use their religion in an instrumental way to achieve goals like comfort and social integration, according to Allport and Ross. In a review of the literature, Wulff (1997) found that an intrinsic religious orientation was positively associated with self-

regulation, self-esteem, physical and mental health, life satisfaction, and having a purpose in life. Moreover, intrinsically religious people often report a stronger sense of subjective well-being. However, extrinsic religiosity is also valued in traditions that prize social connections, such as Judaism, Catholicism, and Hinduism (Cohen, et al., 2005). Thus, extrinsic religiosity may be predictive of well-being in these groups, but less so in others.

Following Allport and Ross, other researchers have focused on fundamentalism and quest religious orientations. Fundamentalism, in the psychological literature, is defined as taking religious texts to be literally true, feeling part of the religious elite, and seeing secular or other religious groups as an outside threat (Altemeyer & Hunsberger, 1992; Hood, Hill, & Williamson, 2005). These aspects of fundamentalism could both positively and negatively impact well-being. The strong belief in one's religious worldview – perhaps coupled with the view that one merits divine favor – has been shown to correlate with increased happiness for some (Green & Elliott, 2010). However, in situations where the religious adherent feels threatened by religious out-groups, fundamentalist beliefs could actually reduce feelings of subjective well-being.

Quest orientation, on the other hand, involves seeing religion as a path, and entertaining doubts rather than having a set of clear answers (Batson, Denton, & Vollmecke, 2008). To the extent that people seek order in their lives, the quest to resolve religious doubts and uncertainty may be discomfoting and may also lead to reduced life satisfaction. Indeed, in one study linking religious orientation to concepts of God, hopelessness, and life satisfaction, those high in Quest orientation were also likely to report high scores on hopelessness (Steenwyk, Atkins, Bedics, & Whitley, 2010). Life satisfaction was also weakly, but negatively, associated with Quest orientation.

Finally, a more recent religious orientation has emerged in the U.S., referred to as “spiritual but not religious” or SBNR (e.g., Johnson & Cohen, 2011; Zinnbauer, Pargament, & Scott, 1999). SBNR represents an eclectic and idiosyncratic mix of religious beliefs and, often, the lack of participation in a religious community (Pew Forum on Religion & Public Life, 2009). It remains to be investigated whether the increase in individual spirituality will lead to corresponding increases in subjective well-being.

Religion is a multi-dimensional phenomenon, and religious orientation is not the only consideration in linking religion and well-being. Atran and Norenzayan (2004), for instance, have characterized religion as involving counter-intuitive beliefs about agents, commitments to those agents, and compassion toward human existential anxieties, all of which result in communities or congregation of ritual participants. Sosis (2006) has labeled the dimensions of religious life as behaviors (practices), badges (commitments), and bans (regulations). For Boyer (2003), religion typically involves beliefs in gods and spirits, notions of sacredness, purity, pollution, and taboo; rituals that protect against invisible dangers; moral judgments; and/or mystical experiences. Saroglou (2011) has synthesized this earlier work, theorizing that religion involves beliefs, rituals and emotions, moral rules, and community.

We propose that each of these dimensions of religion may provide different paths to well-being. Beliefs that God, saints, guardian angels or the like are watching over one’s life can provide a measure of comfort or self-esteem (Benson & Spilka, 1973) and attenuate loneliness (Epley, et al., 2008). Participation in religious rituals may provide emotional release (McCauley & Lawson, 2002; Pruyser, 1968) and reinforce the sense that one is an integral part of the religious community (Alcorta & Sosis, 2005; Newberg & d’Aquili, 2000). Moral codes that prohibit substance abuse or prescribe self-regulation can lead to better health outcomes, and

religious communities may provide much needed social support in times of need (e.g., Ai, Tice, Peterson, & Huang, 2005; Maton, 1989). Each of the outcomes may ultimately increase life satisfaction and human flourishing. The commonality or uniqueness of these dimensions of religion, and their influence on well-being provide a promising direction for future research.

All of the dimensions of religion we have discussed in this section, we wish to note, are based on modern characterizations of being religious. Allport and Ross' theory of intrinsic and extrinsic religiosity has been extensively critiqued, partly for being based on an individualistic view of religion as being ideally about one's internal, private motives; we have proposed that there are many religions which also value religious community and ritual (Cohen et al., 2005). Of course, these are larger cultural and historical influences at work, and it would be very fruitful to enrich our views of dimensions of religion as they might relate to well-being by considering how historians and philosophers in other historical and cultural contexts have thought about how one can be religious.

### **Religion and (Other) Cultures Interact to Affect Well-being**

In many studies the link between religiosity and well-being, happiness, or life satisfaction is robust across cultural groups. By cultural groups we are referring to mainly to ethnic or national cultural groups – groups other than religious cultural groups. For example, life satisfaction among both Mexican-American and Anglo-Americans living in Texas was correlated with church attendance over a four-year period, even after controlling for sex, age, marital status, and education (Markides, 1983). An analysis of data from 65 countries participating in the World Values Survey also revealed that the salience of personal religious identity was associated with increased rates of life satisfaction (Elliot & Hayward, 2009). This was true across the samples, but the strength of that association changed, depending on the role of government in regulating

individual liberties (including religious freedom) such that decreased government regulation was associated with greater life satisfaction.

Bjørnskov, Dreher, and Fischer (2006) showed that the relationship between religion and life satisfaction changes depending on the national context in 70 countries. These researchers looked at political, economic, institutional, and cultural influence on life satisfaction and found that places with a Christian majority had overall greater life satisfaction. In another instance, African-Americans in the U.S. were found to have a stronger positive association between religiosity and life satisfaction (higher scores on both) but a stronger negative association between religiosity and depression (high scores on one, and low scores on the other) when compared to Caucasian-Americans (Coke, 1992; Husaini, Blasi, & Miller, 1999; Musick, Koenig, Hays, & Cohen, 1998).

An important distinction in cultural psychology is made between individualistic and collectivistic cultures. In industrialized nations, self-satisfaction, the collection of pleasurable experiences, frequently experiencing positive affect, and personal freedoms are highly correlated with happiness, life satisfaction, and subjective well-being. However, in collectivist societies (e.g., India, China, or the Middle East), acceptance of others and achieving goals to make *others* happy is paramount (Diener, Oishi, & Lucas, 2003).

Shweder and his colleagues (1997) have provided a useful model for thinking about differences in the moral frameworks between individualistic and collectivistic cultures. In a study that originally explored folk theories of the causes of suffering, he and his research team developed and empirically tested a model of three separate, but related, codes of ethics in contemporary Indian culture: the Ethic of Autonomy, the Ethic of Community, and the Ethic of Divinity (or Cosmic Order). These three moral codes have been subsequently identified, to

varying degrees, in many other cultures with particular clusters of emotions correlated with each moral code (Rozin, Lowery, Imada, & Haidt, 1999). These three ethical codes have implications for views of well-being.

The first type of moral reasoning is focused on individual concerns such as personal rights, justice, life satisfaction, and the right to non-injury. While the self is admittedly always construed in relation to others, the locus of attention and the basis for moral reason in the Ethic of Autonomy is reduced to how one *feels* about a situation. Thus, in the Ethic of Autonomy, well-being equates with individual choice and opportunities for a personally satisfying life.

In collectivistic societies, however, the Ethic of Community may be most prevalent; and human flourishing may be thought of in terms of providing for the good of the whole. From this view, the objective of ethical behavior is social cohesion and performance of one's duty rather than self-interest. Indeed, violations of the Ethic of Community are interpreted as being detrimental to the group and, therefore, often elicit contempt or social exclusion from others.

Finally, the Ethic of Divinity describes a moral code focused on the cosmic order. Moral reason in the Ethic of Divinity is grounded in notions of a higher order of right and wrong (for example, matters of purity vs. pollution, virtuous character vs. hedonism, or sanctity vs. sin). The ultimate goal in the Ethic of Divinity is the rule of divine authority and restoration of cosmic order. Thus, moral judgments within the Ethic of Divinity must include subservience to the commands and purposes of the deity with much less regard for personal or group happiness.

Discourses on emotions (e.g., happiness) serve to define appropriate norms and values, perpetuate cultural ideologies, and provide scripts for the proper experience of emotions (Keltner & Haidt, 1999). We are concerned that some of the well-being research has been biased in presenting an egocentric or individualistic view of human flourishing as being equivalent to

happiness and the attainment of individual goals. Instead, many religious texts present a more balanced view that addresses each of the three possible ethical measures of human flourishing: Autonomy, Community, and Divinity (e.g., the Hindu *Bhagavad Gītā*; Johnson, 2007). These diverse cultural and ethical perspectives raise important questions regarding the standards for human flourishing. That is, should priority be given to the assessment of individual well-being, the well-being of the community, or obedience to divine commands?

### **Religion and Dissatisfaction with Life**

Considering the relation between religion and well-being requires a balanced approach, not only allowing that religion increases subjective well-being, but also being open to how religion can relate to unhappiness, depression, and dissatisfaction with life. Religion involves the whole of life, and life involves joy and sorrow. Religion not only ameliorates the pain of loss, but also evokes and encourages pain (e.g., fasting, penance) or loss (e.g., the giving up of resources and status). For example, traditional Jews are required to mourn the destruction of Zion by observing a fast day (the 9<sup>th</sup> of Av) which ensures that this is an aversive experience. While Jewish prayers are in some ways more optimistic than those of some other religions (Sethi & Seligman, 1993), Jews also read from *Lamentations* to cultivate feelings of sorrow and longing to return to Zion.

Religion can also involve certain worries and stressors. One can not only take comfort in God's forgiveness and grace, but one can also worry that God is angry (Exline, 2003), absent (e.g., the "dark night of the soul;" James, 1902/2002), or to be feared (e.g., the Bible commands both loving and fearing – or being in awe of – God; see Deuteronomy 6 or Leviticus 25). Belonging to a religion that has precise rules about religious rituals can promote anxiety related to a need to perform religious rituals in exactly the right way (Abramowitz et al., 2003;

Greenberg & Witztum, 2001). Belonging to a religion, like Christianity, that considers thoughts to be the moral equivalent of actions (Cohen & Rozin, 2001) could make a person prone to thought-action fusion, a component of OCD in which people show excessive anxiety or become overly scrupulous about their thoughts (Siev & Cohen, 2007). These are important issues regarding religion and clinical assessments of psychological well-being. It is difficult to distinguish appropriate from inappropriate religious concerns (Greenberg & Witztum, 2001), a problem that even trained clinicians may struggle with (O'Connor & Vanbenberg, 2005).

Finally, given that religion can be a source of anxiety and worse for some people, it is important to consider whether people's well-being can be improved by leaving their religion. When one is faced with a tragedy, some people find comfort in the idea that all is according to God's plan. But, this can be a difficult notion for some to accept, and some might find the idea that God planned a child's death or the Holocaust to be theologically untenable. Moreover, it doesn't take a tragedy for some people to want to abandon their faith, and they might do so for purely intellectual reasons (Dawkins, 2006). In the psychology of religion, these are largely untested ideas, but given the rise of the new atheist movement, we expect it won't be long before investigators start to consider whether atheism is associated with better well-being.

### **Concluding Comments**

Does religion contribute to human well-being? The psychological approach to answering this question presupposes that social scientists can accurately define well-being. However, measurements of individual happiness, life satisfaction, and subjective well-being may actually reflect the scientist's own values, cultural inputs, and religious views. Consequently, the conclusions reached in the study of happiness and subjective well-being in psychology today are based on assumptions that may be grounded in a secular or ethnocentric worldview of human

flourishing as the attainment of positive affect and the achievement of personal goals. Instead, we must take into consideration the sometimes competing ideals of individualism, collectivism, and visions of a cosmic or divine order, and how these ultimate goals might differentially influence how we define human flourishing.

We have argued that the answer needs to be qualified in light of the fact that religions are different from each other, there are meaningful subgroups within major religions, there are many ways of being religious, that religion interacts with other cultural values, and that religion both makes and unmakes happiness. Giving due regard to the various religious, cultural, and evolutionary perspectives, psychologists must conclude that life satisfaction, well-being, and human flourishing are relative, and not universally determined, constructs. However, from a psychological perspective, religion often, but not always, contributes to human well-being.

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