Dimensions of Religious/Spiritual Well-Being and their relation to Personality and Psychological Well-Being

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**A B S T R A C T**

This study aims at investigating the relationship between Religious/Spiritual Well-Being and indicators of Psychological Well-Being (Global Religiosity, Hierarchy of Needs, Sense of Coherence) and the Big Five personality dimensions (including “Piety”). Religiosity/spirituality was measured by means of the Multi-dimensional Inventory for Religious/Spiritual Well-Being which consists of six different subscales dealing with different facets of religiosity and spirituality (e.g. General Religiosity, Forgiveness or Hope). We observed evidence that Religious/Spiritual Well-Being is substantially correlated with different aspects of Psychological Well-Being and personality (e.g. Extraversion, Neuroticism, Openness). Taken together, the findings of this study support the idea of a salutogenic function of religiosity/spirituality. In addition, this study provides evidence that religiosity and spirituality may represent important aspects of human personality. We hope that this study contributes to the ongoing discussion concerning the consideration of religiosity/spirituality as an important personality trait in the context of Psychological Well-Being.

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1. Introduction

An important prerequisite for the scientific study of religiosity and spirituality is the development and empirical investigation of reliable and valid measures for the assessment of these constructs. Based on the initial concepts of Intrinsic/Extrinsic Religiosity (Allport & Ross, 1967), several approaches have been suggested in this context (e.g. Hill & Hood, 1999). Originally, Intrinsic Religiosity was described as being more mature in comparison to Extrinsic Religiosity – “the extrinsically motivated person uses his religion, whereas the intrinsically motivated lives his religion” (Allport & Ross, 1967, p. 434). The “Religious Orientation”-Scale, which was influenced by this very concept, shows appealing psychometric properties and has been employed extensively in this field of research (e.g. Trimble, 1997). Moreover, research in the context of mental health and quality of life has shown that Religious/Spiritual Well-Being is positively correlated with different parameters of psychological and physiological health (Koenig, McCullough, & Larson, 2001).

Piedmont (1999) proposed an extension of the Big Five dimensions of personality by considering a sixth factor named “Spiritual Transcendence”. Saroglou (2002) reports positive correlations between different parameters of religiosity and the Big Five dimensions Extraversion, Agreeableness and Conscientiousness. Extrinsic Religiosity was found to be associated with higher scores on the Neuroticism dimension. Most recently, Lockenhoff, Ironson, O’Clerigh and Costa (2009) found similar results in a sample of HIV-patients.

Based on varying theoretical backgrounds and different forms of religiosity/spirituality some scales have been also constructed for the German-speaking area (e.g. Huber, 2003; Murken, 1998; Unterrainer, 2007). Particularly the “Spiritual Well-Being”-Scale (Ellison, 1983) became popular in this field (translated into German by Unterrainer (2006)). The instrument was originally developed by Ellison and Paloutzian (Ellison, 1983; Ellison & Smith, 1991) aiming at measuring the quality of one’s spiritual health. In this context, Spiritual Well-Being is conceptualized as a two-dimensional construct. On the one hand, Religious Well-Being describes on a vertical dimension our well-being as it relates to God or even to a transcendent dimension. On the other hand, Existential Well-Being addresses on a horizontal dimension our well-being as it relates to a sense of life purpose and life satisfaction, without any specific reference to a higher power (Ledbetter, Smith, Vosler-Hunter, & Fischer, 1991). However, empirical research concerning this scale...
is comparatively rare. Existing studies suggest that this scale displays a rather poor psychometric quality (ceiling effects), especially when applied in non-clinical samples (e.g. Ledbetter et al., 1991). In the German adaption of this scale such problems did not occur (Unterrainer, 2006).

Motivated by our positive experience with this scale in several research projects we developed a multidimensional version of this scale by additionally including a new concept of Religious/Spiritual Well-Being (Unterrainer, Huber, Ladenhauf, Wallner, & Liebmann, in press) covering several aspects of Psychological Well-Being concerning an immanent/transcendent area of perception. In this context it is also important to note that the “Spiritual Well-Being”-Scale was originally developed in the United States which provides completely different religious/spiritual conditions as compared with Europe. Hence, another important goal of this project was to develop a scale based on the European religious/spiritual background. In addition to this, psychology of religion has some issues with respect to the definition of their constructs and particularly with respect to the question whether or to which extent these constructs can be disentangled from similar psychological constructs. When we talk about religious issues, we also might talk about spiritual issues or vice versa, but there are specific realms, which might be better described with the term “religiosity”, while others might be covered in using “spirituality” more adequately. In considering recent literature in this field, a differentiation between religiosity and spirituality seems to be inevitable, for both the English- and the German-speaking research area, but on the other hand a strict distinction might be impossible, given that both concepts display (at least partly) contentual overlap (Miller & Thoresen, 1999; Pargament, 1997, 2007; Utsch, 2005). In order to find a good compromise, based on an interdisciplinary discussion, the scale was labeled “Multidimensional Inventory for Religious/Spiritual Well-Being” in order to consider both concepts (i.e. religiosity and spirituality) in equal shares. The concept might be also understood as a potential option to stimulate approaches, which only cover the immanent state of health, but leave the door open for the integration of a transcendent component (cf. Antonovsky’s (1997/1987) “Sense of Coherence” assumption as the core of the Salutogenesis concept).

This study constitutes a reanalysis of several data sets obtained in different research projects employing the Multidimensional Inventory for Religious/Spiritual Well-Being (Unterrainer, 2010; Unterrainer et al., in press; Unterrainer, Huber, Ladenhauf, Wallner, & Liebmann, submitted for publication). It addresses the research question as to how different facets of religiosity/spirituality are related to different indicators of Psychological Well-Being (including personality).

It is hypothesized that there is a substantial correlation between religiosity/spirituality and mental health which might be more adequately described by pursuing a multidimensional approach of Religious/Spiritual Well-Being.

2. Method

2.1. Sample

As depicted in Table 1, the reanalyzed data were obtained in clinical (e.g. addiction patients) and in non-clinical samples (general population). The tested participants (norm sample: 1210 participants, cf. Table 1) were in the age range between 18 and 91 years (M = 48.17, SD = 16.67), 604 were females and 606 males. The participants were recruited via announcements at several locations (e.g. University of Graz, public offices, event halls) offering the opportunity to receive information about different aspects of psychological and Religious/Spiritual Well-Being.

2.2. The development of the Multidimensional Inventory for Religious/Spiritual Well-Being (MI-RSWB)

As a first step in the development of this scale five dimensions were conceptualized on a theoretical level, based on the results of relevant research literature, expert interviews and interdisciplinary discussion groups: “Hope”, “Forgiveness”, “Rituals and Symbols”, “Experiences of Sense and Meaning” and “Acceptance of Death and Dying”. In addition, a differentiation between an immanent and a transcendent field of perception was made. “Immanent” could be also described as “measurable using empirical methods”, while the “transcendent” area refers to non-measurable, supernatural, transpersonal realm of reality (for a more detailed description of the development of this scale see Fig. 1). The first version of this scale (n = 65 items) was tested in a sample of 200 students of the University Graz (for further details see Unterrainer et al., in press). To evaluate the psychometric quality of this scale item analyses and exploratory/confirmatory factor analyses (EFA/CFA) were performed. Thirty-three items were eliminated due to poor psychometric quality. Finally, a five factor version (CFA) of the scale which accounted for 54.49% of the variance proved to be most suitable. The factors were named “General Religiosity”, “Forgiveness”, “Hope”, “Acceptance of Death and Dying” and “Experiences of Sense and Meaning” (see Fig. 1). In a next step the scale was extended by constructing new items, resulting in a total of 15 items per factor. Analyses of this test version resulted in a six-factor solution (n = 48 items) which accounted for 49.24% of the variance. The factors were named “General Religiosity”, “Connectedness” “Forgiveness”, “Experiences of Sense and Meaning”, “Hope Immanent”, “Hope Transcendent” (see Fig. 1; details from the author). The following item examples are given in order to illustrate the meaning of the particular dimensions: “General Religiosity”: “My faith gives me a feeling of security”; “Connectedness”: “I have experienced the feeling of being absorbed into something greater”; “Forgiveness”: “There are things which I cannot forgive” (coded reversely); “Experiences of Sense and Meaning”: “I have experienced true...
2.3. Psychometric tests

2.3.1. Global Religiosity Questionnaire (GRQ)

The GRQ (n = 71 items) was developed by Grabner and Huber (Grabner, 1998) and provides a score for “Global Religiosity” representing a form of belief which is more strongly linked to institutions and also influenced by traditions. This scale displays a Cronbach’s α of .98.

2.3.2. Scale for the “Hierarchy of Needs” (HON)

The HON-Scale is based on Maslow’s concept of “Hierarchy of Personal Needs” (Lester, 1990; Maslow, 1990/1968). The scale consists of five pyramidally arranged dimensions (e.g. physiological needs, need for safety, need for belonging, need for self-esteem, need for self-actualization) which are measured by 10 items each.

2.3.3. Sense of Coherence Scale (SOC-13 Scale)

The SOC-13 scale (short form of the 29-item Version) is based on the concept of Salutogenesis by Antonovsky (1997/1987). The concept was introduced to describe whether or to which extent a person finds his or her environment and life circumstances understandable, manageable, and predictable (Kohls & Walach, 2008).
Antonovsky describes “Sense of Coherence” in the context of the Salutogenesis process as a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement.

2.3.4. Six-Factors-Test (SFT)

The SFT (Schneider, 1997; Zerssen, 1994) is based on the Big Five model of personality. The SFT provides scores for “Extraversion”, “Neuroticism”, “Openness” and “Conscientiousness”. The dimension “Agreeableness” was modified into “Aggressiveness”. Additionally, a sixth dimension “Piety” was included. In the SFT, the phrasing of the items was simplified in order to be reasonably applicable in samples of psychiatric patients. The internal consistencies of these different scales (4–12 items) vary between .6 and .8.

2.4. Procedure

The MI-RSWB was applied in several clinical and non-clinical studies (Unterrainer, 2010, Unterrainer et al., in press) focusing on different aspects of Religious/Spiritual Well-Being and health. The MI-RSWB was administered along with other scales assessing different facets of personality and Psychological Well-Being. The total duration of an individual test session was about 30–60 min.

3. Results

In order to provide an overview of the psychometric quality (i.e. internal consistency) of the MI-RSWB, Table 1 displays Cronbach’s α coefficients for the total scale and for the subscales obtained in different samples.

Table 2 shows the correlations between different facets of Religious/Spiritual Well-Being and indicators of Psychological Well-Being (“Global Religiosity”, “Hierarchy of Needs”, “Sense of Coherence”) and the Big Five personality dimensions (including “Piety”). Inspection of Table 2 reveals that the MI-RSWB subscales are substantially correlated with different facets of Psychological Well-Being. For “Global Religiosity”, comparatively high correlations with “Religious/Spiritual Well-Being” (r = .72) and “General Religiosity” (r = .92) were observed. Significant positive correlations were found for all MI-RSWB subscales, whereas “Forgiveness” and “Connectedness” display somewhat stronger correlations (see Table 2). The score “Hierarchy of Needs” correlates positively (r = .46) with the global score of “Religious/Spiritual Well-Being” and comparatively high with the subscales “Hope Immanent” (r = .55), “Forgiveness” (r = .40) and “Experiences of Sense and Meaning” (r = .37). It appears to be worthy of note that “Hope Transcendent” and “Connectedness” were not correlated with “Hierarchy of Needs” at all. “Sense of Coherence” is significantly associated with “Religious/Spiritual Well-Being” (r = .43) as well and the subscales “Hope Immanent” (r = .48) and “Forgiveness” (r = .42) again display comparatively large correlations. “Connectedness” displayed no significant correlation with “Sense of Coherence”.

With respect to the correlations with the Big Five personality dimensions, “Extraversion” displays comparatively high positive correlations with the total score of “Religious/Spiritual Well-Being” (r = .33) and with the subscales “Hope Immanent” (r = .48) and “Experiences of Sense and Meaning” (r = .32). Neuroticism was observed to be negatively correlated with “Religious/Spiritual Well-Being” (r = –.25), particularly with the “Hope Immanent” scale (r = –.38, see Table 2). “Conscientiousness” correlates positively with “Religious/Spiritual Well-Being” (r = .20), again most prominently with the “Hope Immanent” scale (r = .29). Interestingly, the “Hope Transcendent” scale displays a significant negative correlation (r = –.22) with “Conscientiousness”. “Aggressiveness” correlates negatively with “Religious/Spiritual Well-Being” (r = –.33), particularly with “Forgiveness” (r = –.54). Somewhat smaller but still significant correlations were observed with respect to “Openness” (except for “Hope Immanent” and “Hope Transcendent”). And finally, “Piety” displays comparatively high correlations with “Religious/Spiritual Well-Being” (r = .47) and with “General Religiosity” (r = .76), while “Hope Transcendent” was weakly negatively correlated with this factor (r = –.15).

Additional analyses suggest that the reported correlations are not substantially influenced by participants’ age and sex. However, older people show a somewhat higher amount of “General Religiosity” (r = 13; p < .05) and “Forgiveness” (r = 21; p < .05). Younger people report more “Hope” concerning the immanent and the transcendent area (r = 18; p < .05). Women scored significantly higher on the total scale of “Religious/Spiritual Well-Being” (r = 17; p < .05) and on the subscale “General Religiosity” (r = 22; p < .05).

Table 2

<table>
<thead>
<tr>
<th>Psychological Well-Being</th>
<th>HI</th>
<th>FO</th>
<th>SM</th>
<th>HT</th>
<th>GR</th>
<th>CO</th>
<th>RSWB</th>
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<td>.16</td>
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<td>.38***</td>
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<td>.37***</td>
<td>.03</td>
<td>.17***</td>
<td>.02</td>
<td>.46***</td>
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<tr>
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<td>.42***</td>
<td>.26***</td>
<td>.34***</td>
<td>.22***</td>
<td>.07</td>
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<td>.01</td>
<td>.04</td>
<td>.20***</td>
<td>.33***</td>
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<td>-.27***</td>
<td>.05</td>
<td>-.22***</td>
<td>-.02</td>
<td>.01</td>
<td>-.25***</td>
</tr>
<tr>
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<td>.03</td>
<td>.18***</td>
<td>-.22***</td>
<td>.20***</td>
<td>-.03</td>
<td>.20***</td>
</tr>
<tr>
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<td>-.54***</td>
<td>-.02</td>
<td>.02</td>
<td>-.01</td>
<td>-.01</td>
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<td>.01</td>
<td>-.15***</td>
<td>.76***</td>
<td>.38***</td>
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</table>

Notes: HI = Hope Immanent; FO = Forgiveness; SM = Experiences of Sense and Meaning; HT = Hope Transcendent; GR = General Religiosity; CO = Connectedness; RSWB = Religious/Spiritual Well-Being.

a N = 263.

b N = 420.

c p < .05.

d p < .01.

e p < .001.
4. Discussion

This study aims at investigating the relationship between Religious/Spiritual Well-Being and indicators of Psychological Well-Being (including personality). The MI-RSWB consists of six different subscales, namely “General Religiosity”, “Connectedness”, “Forgiveness”, “Experiences of Sense and Meaning”, “Hope Immanent” and “Hope Transcendent” (see Fig. 1). As described in detail elsewhere (Unterrainer et al., in press), these factors were confirmed in a series of empirical studies employing a large number of participants in clinical and non-clinical settings. In this particular context it is worthy of note that “Hope” was established both with respect to the immanent and with respect to the transcendent area of perception. “Forgiveness” and “Experiences of Sense and Meaning” refer to the immanent area of perception, while “General Religiosity” and “Connectedness” relate to the transcendent area. These two dimensions might also be seen as two different forms of belief. On the one hand “General Religiosity” could be taken as the expression of a belief system more orientated towards institutions and traditions. On the other hand, “Connectedness” might be a more free-floating form of religiosity and spirituality, which is not that much adhered to institutional bindings.

This study yields several interesting correlations between religiosity/spirituality and mental health and different dimensions of personality. Substantial correlations were found with respect to sense of coherence and with respect to satisfied needs (see Table 2). This particularly holds true for the MI-RSWB subscales “Hope” and “Forgiveness”. In addition to this, we also observed a large number of significant correlations with personality variables. Specifically, positive correlations were found between different facets of religiosity/spirituality and the more “positive” personality dimensions (“Extraversion” and “Openness”), while the MI-RSWB was negatively associated with “Neuroticism” (Table 2). “General Religiosity” and “Connectedness” as two varying forms of belief were found to be linked to the Big Five factors in a different way (see Table 2). While both dimensions were associated with a higher amount of “Openness”, only “General Religiosity” was found to be positively correlated with “Conscientiousness”. On the other hand, solely “Connectedness” was associated with a higher amount of “Extraversion”. In contrast to metaanalytic findings (Saroglou, 2002) emphasizing the positive association between religiosity/spirituality and “Agreeableness”, there was no correlation for “Aggressive ness” in this study. However, in this particular context it remains unclear as to how the dimension “Aggressiveness” could be considered as a substitute for the classic Big Five personality dimension “Agreeableness”. Further we found higher correlations with personality for more “spiritual” scales (e.g. “Hope Immanent”, “Forgiveness”) compared to more “religious” scales (“General Religiosity”, “Hope transcendental”). Basically this result underlines the findings of Saroglou (2002), but contrarily the coefficients are substantially higher for the correlation between spirituality and personality. This could be a point of further discussion concerning the problem of defining spirituality. Taken together, the findings of this study appear to support the idea of a salutogenic function of religiosity/spirituality. However, it has to be emphasized that much more fine-grained analysis would be necessary in order to understand more deeply in which way religiosity and spirituality could contribute to the genesis of mental health and disease (Unterrainer, 2010). It could be seen as one of the major problems in this field of research that “Religious/Spiritual Well-Being”, given that it is caused by the summation and mixing up of immanent and transcendent dimensions, might be easily misunderstood or misinterpreted as Psychological Well-Being (Koenig et al., 2001). Expanding the approach by the investigation of individual differences in the relationship to God or even to a higher power, independent of the amount of General Religiosity, might possibly lead to more appropriate insights (Huber, 2003; Murken, 1998).

To conclude, this study provides evidence that religiosity and spirituality may represent important aspects of human personality (see also Löckenhoff, Ironson, O’Cleirigh, & Costa, 2009; Piedmont, 1999). By introducing the concept of “Religious/Spiritual Well-Being” we hope to contribute to the ongoing fruitful discussion concerning the consideration of religiosity/spirituality as an important personality trait in the context of Psychological Well-Being.

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