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Religion and Well-being: Differences by Identity and Practice

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### **Abstract**

Religion is often related to greater psychological well-being in college students (Burris et al., 2009). However, across studies, researchers have conceptualized “religion” in different ways. Despite the fact that religious identity and practice tend to be related, these aspects of religion may be differentially related to well-being (Lopez, Huynh & Fuligni, 2011). In addition, the relationship between religion and well-being may differ based on societal factors such as race and gender (Diener, Tay & Myers, 2011). In this study, 157 undergraduate students completed measures of religious identity, religious practice, public regard (the extent to which people feel that their race and gender identity is viewed positively or negatively by the broader society), and psychological well-being. Regression analyses showed that religious identity, but not practice, was associated with both higher positive and lower negative affect. There was a marginally significant interaction between religious identity and public regard for race for positive emotions, such that religious identity was correlated with positive emotions more strongly for participants with a high public regard for their race. Overall, results suggest that religious identity plays a more important role in well-being than religious practice. Additionally, having a higher sense of religious identity is likely to result in more well-being when accompanied by a racial identity that is perceived by the individual to have a higher public regard. This relationship is not affected by perceptions of public regard for gender.

### Religion and Well-being: Differences by Identity and Practice

Religion is a social identity that is grounded in a system of guiding beliefs, and may serve as a powerful tool to shape psychological and social processes (Ysseldyk, Matheson & Anisman, 2010). Previous research has shown that in and of itself, religion contributes to the experience of greater positive and fewer negative emotions for the people who believe in it (Kim-Prieto & Diener, 2009). Religion provides a “moral compass and rules for living” and allows people to identify with groups, which in turn may reduce feelings of uncertainty (Hogg, Adelman & Blagg, 2010). Other research has shown that the social aspect of religion is a key factor in health and well-being (Knipscheer & Rolf, 2007). However, despite the fact that religion and religious belief have largely been associated with well-being (Chamberlain & Zika, 1992), across studies, researchers have conceptualized “religion” in different ways.

Different dimensions of religion such as religious identity and participation may follow different trajectories, despite the fact that they tend to be related (Lopez, Huynh & Fuligni, 2011), and this has been shown across a range of religions. This is why it is important to see how each of these dimensions is differentially related to well-being. For example, Cohen, Yoon and Johnstone (2009), in a study of people with significant medical conditions, found that mental health was significantly correlated with positive congregational support, but not with private religious practices. This shows that it may be the aspect of strengthened communities, rather than the individual and intrinsic aspect of religion, that is the most important for well-being (Graham and Haidt, 2010). However, Chan, Tsai and Fuligni (2015), found that rather than religious practice, religiosity, which is the importance that is placed on religious affiliation and practice, was linked with a

greater sense of meaning and purpose among young adults. They found that religiosity is important for eudaimonic well-being, but may not protect against depressive symptoms, which means it may not have an effect on psychological well-being. In this study, we have distinguished between the two dimensions of religion in line with previous literature, religious identity and religious practice.

### **Religious Identity**

Identity is a way to describe and define a person's sense of self, group affiliations, and status, and "results from internal subjective perceptions, self-reflection, and external characterizations" (Peek, 2005, p.217). Religious identity in particular has been shown to have beneficial effects on a person's well-being. The salience of someone's religious identity alone may be enough to change their momentary emotional experience (Kim-Prieto & Diener, 2009). Identifying with a group can also have a positive impact on a group member's health, which can be explained, at least in part, by the social relationships that often result from a shared identity (Khan, Hopkins, Reicher, Tewari, Srinivasan & Stevenson, 2015; Peek, 2005). A study by Keyes and Reitzes (2007) on older working and retired adults found that increased religious identity was associated with better mental health outcomes in terms of increased self-esteem and decreased depressive symptoms. In addition, Maltby and Day (2003) found that psychological well-being was positively associated with an intrinsic religious orientation, and was negatively associated with an extrinsic orientation. These findings were explained by the fact that religious attitudes determine the extent to which religion serves as a mechanism to appraise and cope with stressful life events, which explains the link between religious attitudes and well-being.

Faith, or spirituality, is closely associated with religious identity. Vilchinsky and Kravetz (2005) conducted a study on the religious beliefs of Jewish people living in Israel, and found that the “faith factor” was the component of religion most likely to be associated with mental health. According to the authors, religious belief contributes to having a sense of meaning in life, which then leads to psychological well-being. Having an intrinsic orientation to religion, when religion is seen as a major motivator in life, has been positively correlated to mental health indicators (Dezutter, Soenens & Hutsebaut, 2006). A study by Ellison and Fan (2000) also found that daily spiritual experiences were positively associated with psychological well-being, but emphasized that these experiences do not account for the association between religious practices and well-being.

### **Religious Practice**

Religious practice comprises both public practice, which includes praying with other people and attending religious services and events, and private practice, which includes praying privately, meditating, reading religious literature, and watching or listening to religious TV or radio programs. There are some mixed findings about whether religious practice is actually related to well-being.

Many studies have found that religious practice is beneficial for individuals. Attendance at religious services has been found to moderate the relationship between the effects of discrimination on negative affect for African Americans, such that African Americans who face discrimination but also attend religious services tend to have better emotional outcomes (Bierman, 2006). In addition, people who participate in religious practice have been shown to be significantly less likely to experience a Major Depressive

Episode than people who do not participate in religious practice (Maselko, Gilman & Buka, 2009). This protective effect is also seen across cultures, in settings vastly different from churches or temples. People in India who participated in a mass religious gathering during a month-long pilgrimage to North India reported a longitudinal increase in well-being compared to those who did not participate (Tewari, Khan, Hopkins, Srinivasan & Reicher, 2012). According to the authors, the event led to a shared identity which had an indirect effect on changes in self-reported health, through the belief that there were closer relationships formed with fellow pilgrims (Khan, Hopkins, Reicher, Tewari, Srinivasan & Stevenson, 2015). In addition, Lee and Hwang (2014) showed that private religious practice was significantly correlated with increased levels of vitality and better mental health in general among older Korean adult immigrants.

Despite the fact that religious practice has been associated with increased well-being, there are studies that have shown that it may not actually be beneficial. For example, maintaining religiousness and performing private religious practices as a consequence of upbringing rather than out of one's own accord may be more a matter of habit and custom. In this case, private religious practices are less likely to contribute to mental health, meaning in life, and well-being (Vilchinsky & Kravetz, 2005). Other studies have found that public religious practice also may not be beneficial for well-being. Dezutter, Soenens and Hutsebaut (2006) found that church attendance did not have an effect on either psychological distress, or psychological well-being. They claim that this is because religious involvement only looks at surface level factors, whereas religious attitudes and orientations are reflective of deeply rooted predispositions. Therefore, religious practices are more contaminated by contextual factors, and are less

representative of an individual's functioning. Dezutter, Soenens and Hutsebaut (2006) found that indicators of mental health were negatively related to the extrinsic personal orientation of religion, which includes prayer for protection, and were not at all related to the extrinsic social orientation, such as church attendance.

The first goal of this study was to assess what roles are played by religious identity and religious practice in the relationship between religion and well-being, and which of these factors has the strongest influence in this relationship, because previous research has shown mixed results about which aspect of religion is most important. Well-being was operationalized as positive and negative affect experienced on a day-to-day basis. It was hypothesized that both religious identity and practice will contribute to well-being. This is because religious identity has almost consistently been shown to be related to well-being, and although there have been mixed findings regarding religious practice, most of the research has indicated a positive relationship with well-being. However, religious identity will play a stronger role in the relationship between religion and well-being. This is because religious identity taps into intrinsic religiosity which has been shown to be related to eudaimonic well-being (Chan, Tsai & Fuligni, 2015), and is not affected by factors such as habit (Vilchinsky & Kravetz, 2005).

### **Group differences**

Despite the fact that religion has overall been associated with well-being, research has shown that this relationship may be conditional on societal categorizations and circumstances that result from these categorizations (Diener, Tay & Myers, 2011). There have been many studies showing that places with fewer resources are more likely to have a population that is more religious, as religion allows these people to compensate for any

feelings of deprivation (Beit-Hallahmi, 2014). In difficult situations where people may face discrimination, religious people report higher levels of subjective well-being than people who are not religious (Hoverd & Sibley, 2013). A qualitative study with Somali Muslim immigrants in the United Kingdom found that religion can help immigrants cope with difficult circumstances (Whittaker, Hardy, Lewis & Buchan, 2005). Beit-Hallahmi (2014) cited Glock, Ringer and Babbie (1967), who said that “being female, unmarried, old with little income, and little education are all forms of deprivation that would lead to greater religious involvement” (p. 58). The question that follows is whether religious involvement in situations where individuals face some sort of discrimination is associated with well-being. Race and gender are two identities on the basis of which individuals are often stigmatized or discriminated against. There has been a lot of research on the role of these identities in the relationship between religion and well-being, with mixed results.

Race has been extensively researched in the relationship between religion and well-being. Black students have been shown to face more discrimination and stigma on university campuses, and to be more religious than White students (Blaine & Crocker, 1995). Patel, Ramgoon and Paruk (2009) found that in a study of young South African university students, White students had higher life satisfaction scores than Black and Indian students, even though they had lower religiosity levels overall. Students of color have to cope with the stressors of stigmatization, which could explain lower life-satisfaction even when they are more religious. Another study on university students in the United States found that religiousness was only associated with psychological well-being for Black students, and not White students. According to the authors, this is because of attributions made to God, which enhanced the meaning of life and positive

social identification for these Black students (Blaine & Crocker, 1995). In contrast to this, a study by Ellison (1995) found a negative relationship between church attendance and depressive symptoms, but only for White, and not Black subjects. Private religious practices such as prayer were positively associated with depressive symptoms for both racial groups. Not having a denominational affiliation was also positively associated with depressive symptoms, but only for Black subjects. Research has shown that people implicitly categorize races in terms of a certain hierarchy, where Whites are on the top, followed by Asians, Blacks, and then Hispanics (Axt, Ebersole & Nosek, 2014). This hierarchy is why the current study hypothesizes that Whites will face the least discrimination, and so will have differential effects of religion on their well-being than other racial groups who are more discriminated against.

Another form of discrimination has to do with gender. Research has demonstrated that women are generally more religious than men (Collett & Lizardo, 2009). This pattern may be because they face more discrimination than men in general. The differential effect that religion has on well-being between genders has been greatly disputed. A study by Jung (2014) showed that although religious attendance was associated with decreased stress and higher levels of happiness, this was only true for women. Another study by Mirola (1999) found that religious involvement, particularly prayer, decreased the effects of depression in women, but no such relationship was found for men. However, other studies have shown that although women receive more emotional support from church members than men do, church-based support is associated with more mental health benefits only for men (Krause, Ellison & Marcum, 2002; McFarland, 2010).

In order to test this theory of discrimination further, and see whether this is what plays a role in the relationship between religion and well-being, this study looks at individuals' own perceptions of public regard for their race and gender groups. People with stigmatized identities often have a lower public regard, which is the extent to which people feel that their identity is viewed positively or negatively by the broader society (Sellers, Smith, Shelton, Rowley & Chavous, 1998). For example, Black students have been shown to have lower estimations of public regard for their race (Sellers, Smith, Shelton, Rowley & Chavous, 1998). Studies have shown that public regard functions differently than individuals' own perceptions of their group (Rivas-Drake, 2010), but there has not been much research conducted on the role that public regard for either race or gender plays in the relationship between religion and well-being. This is why study will look at whether it simply differences by group membership that makes a difference in well-being, or whether it an individual's perception that their identity is devalued by society that makes a difference.

The second goal of this study was to assess whether religion has the same positive effects on well-being for everyone. It was hypothesized that women and people of color would receive more benefits from religion than men and White people. In addition, it was hypothesized that religion may play an especially beneficial role for individuals who feel like their race or gender identities are not respected by society, and who face discrimination because of their identities, which is operationalized by public regard. Therefore, religious identity might be especially beneficial for the well-being of people who consider their identities to have low public regard.

### **Current Study**

To summarize, this study examined the roles that religious identity and religious practice play in well-being. In addition, this study looked at whether religion had the same positive effects for people from different race and gender backgrounds, and for people who feel like their gender and race identity is not respected by society and has a low public regard. In this study, we chose to look at these predictors in a college setting given that religion has been shown to be important to well-being in college students (Burriss, Brechting, Salsman, & Carlson, 2009), especially because it can be a good coping strategy for many of the stressors and difficulties that they face (Berry, 1997).

### **Method**

#### **Participants, Recruitment and Procedure**

A total of 303 undergraduate participants completed study measures, but only the 157 participants identified with a religion or faith were included in this study. The students were randomly selected from five colleges/universities in the Midwest, and were recruited via email. The 157 participants selected to be a part of the analyses were between 18 and 25 years old, and self-identified as White (79.0%), Asian (3.8%), Black (3.2%), Latino/a (5.1%), and Multiracial (7.6%). Two people (1.3%) did not specify their race/ ethnicity. For the purposes of analyses, the sample was divided into White ( $n = 123$ ) and people of color ( $n = 33$ ) given that the sample size of non-White participants was too small to examine differences between specific ethnic groups. Of the participants, 29.3% identified as male, 70.1% as female, and one participant did not identify their gender. Participants self-reported their religious beliefs in open-ended answers, which were coded into five categories. One hundred and eleven of the participants were Christian

(70.7%). Several denominations of Christianity were represented, including Presbyterian, Lutheran, Evangelical, Episcopalian, and Protestant. Of the remaining participants, 29 were Catholic (18.5%), 2 were Unitarian Universalists (1.3%), 10 were Jewish (6.3%), 3 were Buddhist (1.9%), 1 practiced Mysticism (0.64%), and 1 identified as Alternative/Spiritual (0.64%).

The study had two components: a one-time survey and a daily diary portion that participants were asked to complete every night for seven nights. Participants received \$11 for completing the one-time questionnaire part of the study, and \$2 for completing each daily checklist. If participants completed five out of the seven daily checklists, they also received a \$10 bonus. In addition, four \$25 Amazon gift cards were raffled on each day of the study, and every participant who completed a checklist that day was entered into the drawing. These incentives resulted in high rates of participation: of the seven possible daily surveys, participants completed an average of  $M = 5.75$ ,  $SD = 1.53$  surveys.

Potential participants were emailed and invited to take part in a study on “the daily lives of college students” in early November 2015. This email explained the components of the study and contained a link for the one-time survey. This survey included questions about the participants’ background, including religious beliefs, and current experiences. Beginning the day after they completed the one-time survey, participants received an email every evening for seven consecutive evenings that contained the link for the daily survey. These daily surveys focused on each day's experiences and emotions. Participants were asked to complete each checklist just before going to bed for the night. Each day’s link was only active from 8pm to 2am, so

participants had to complete each survey towards the end of the day, and they could not complete multiple daily surveys in one sitting. The second week of November was selected to administer the daily diary portion of the study because officials at each school indicated that it was a “typical” week for their students (no breaks or exam periods). Across schools, the response rate ranged from 25.9% to 45.3%.

### **Measures**

**Religious affiliation.** On the one-time survey, participants reported their religious affiliation by answering an open-ended question, “Do you have a particular religion or faith?” And “If yes, what is it?” (Chan, Tsai & Fuligni, 2015). Responses were grouped into the most dominant categories.

**Religious identity.** On the one-time survey, participants were asked four questions to assess their sense of religious identity based on Chan, Tsai and Fuligni’s (2015) adaptation of Tyler and DeGoey’s (1995) measure of social identity: “I have a strong sense of belonging to my own religion,” “Being a part of my religion is an important reflection of who I am,” “In general, being a part of my religion is an important part of my self-image,” and “I feel a strong attachment toward my own religion.” Participants rated these items on a five-point Likert scale such that 1 = *Strongly Disagree* and 5 = *Strongly Agree*. The means of all of these scores were taken such that higher scores indicate a stronger sense of religious identity. The Cronbach's alpha for this measure is .98.

**Religious practice.** On the daily survey, participants answered seven “Yes” or “No” questions about whether they participated in religious practice that day. Three of these were about public religious practice, which were “Did you attend religious services

today?” “Did you attend any other special activities as a part of your religion or faith?” and “Did you pray with other people today?” Four of the questions were about whether they participated in private religious practice that day. These were adapted from the Private Religious Practice Subscale of the Brief Multidimensional Measures of Religiousness/ Spirituality- Italian Version (Capanna, Stratta, Collazzoni & Rossi, 2013). These questions were: “Did you pray privately in places other than public places of worship today?” “Within your religious or spiritual tradition, did you meditate today?” “Did you read religious literature today?” and “Did you watch or listen to religious programs on TV or radio today?” The sum of all of the religious practice was taken for each person across all days of the study, and this was divided by the total number of days that participants completed diaries. Thus, this variable can be interpreted as the average number of times someone participated on religious practice on a given day. For the sample,  $M = 8.1$ ,  $SD = 8.0$ .

**Public regard- race/gender.** On the one-time survey, participants were asked to rate three statements for race ( $\alpha = .81$ ) and gender ( $\alpha = .84$ ) on a seven-point Likert scale such that 1 = *Strongly Disagree* and 7 = *Strongly Agree*. These statements were: “People from other ethnic/gender groups think that my ethnic/gender group has made important contributions to society,” “Most people think that people of my ethnic background/gender are as smart as people of other backgrounds/genders,” and “People think that my ethnic/gender group is as good as other groups.” The means of all of these scores were taken such that higher scores indicate a stronger sense of public regard.

**Psychological well-being.** On the daily surveys, participants responded to 15 items that asked the extent to which they had felt positive or negative emotions on a

seven-point Likert scale (1 = *Not at All* to 7 = *Extremely*). Negative emotions were: anger, envy, jealousy, anxiety, fright, guilt, and shame, and positive emotions were relief, hope, sadness, happiness, pride, love, gratitude and compassion (Lazarus, 1997). The average of the positive and negative emotions was taken in order to get an overall score for positive and negative emotions across the days of the study.

### Results

Preliminary analyses used independent-samples *t*-tests to examine differences between this study's sample of participants who identified with a particular religion or faith and the additional participants who complete study measures, but did not identify with a particular religion or faith. People who had a religion reported higher religious identity ( $M = 3.77, SD = 1.08$ ) than people who did not ( $M = 1.89, SD = 0.93$ ),  $t(285.25) = -15.86, p < .001$ . People who had a religion also reported higher levels of religious practice ( $M = 3.54, SD = 2.66$ ) than people who did not have a religion ( $M = 0.31, SD = 0.72$ ),  $t(291) = -13.75, p < .001$ .

There were also significant differences in positive emotions for people who had a religion ( $M = 4.68, SD = 0.86$ ), and people who did not ( $M = 4.20, SD = 0.94$ ),  $t(276.72) = -4.53, p < .001$ . Similarly, there were significant differences in negative emotions for people who said that they had a religion ( $M = 2.33, SD = 0.97$ ) and people who did not ( $M = 2.56, SD = 0.91$ ),  $t(289.34) = 2.07, p = .040$ . All further analyses only included the study's key sample of 158 people who identified with a particular religion.

Overall, bivariate correlations showed that there was a strong positive association between religious identity and religious practice, and positive and negative emotions were negatively correlated with each other (Table 1).

**Which aspect of religion is best for well-being?**

The current study evaluated the hypothesis that religion is associated with well-being, and looked to define which aspect of religion was most associated with well-being. Bivariate correlations showed both religious identity and religious practice were significant predictors of positive emotions. Religious identity was associated with fewer negative emotions. However religious practice was not associated with negative emotions (Table 1).

To determine the unique predictability of religious identity, religious practice, and the interaction between them on positive and negative affect, a hierarchical regression model was run with both factors as predictors. All regression coefficients are presented in Table 2. For positive affect, these predictors accounted for a significant amount of variance,  $F(3, 152) = .3.55, p = .016, \text{adjusted } R^2 = .047$ . Higher religious identity was associated with higher positive affect. Both religious practice and the interaction between religious identity and religious practice were not predictors of positive affect. For negative affect, these predictors did not account for a significant amount of variance for negative affect,  $F(3, 152) = 2.00, p = .116, \text{adjusted } R^2 = .019$ . Having a higher religious identity was associated with lower negative affect, but religious practice and the interaction between religious practice and religious identity were both not predictors of negative affect.

**Is religion helpful for everyone?**

**Differences by group membership.** We conducted Univariate Analysis of Covariance (ANCOVAs) to examine whether religious identity and religious practice were equally beneficial for people of different races and genders. These tests allowed us

to determine whether membership to a particular gender or racial group would have an effect on the relationship between religious identity or practice and positive or negative emotions.

**Race.** Altogether, we ran four ANCOVAs, for religious identity and religious practice with race as a predictor for positive and negative emotions. Results from all four models are presented in Table 3. Race was never significant as a main effect, and there were no significant interactions.

**Gender.** We ran four ANCOVAs, for religious identity and religious practice with gender as a predictor for positive and negative emotions. Results from all four models are presented in Table 4. There were marginally significant main effects of gender on positive emotions such that men were more likely to experience positive emotions than women. There were no significant interactions in this model

**Differences by public regard.** In order to look at whether perceptions of group public regard would moderate the relationships between religious identity and religious practice and well-being, we ran eight different regressions with religious identity, religious practice, public regard for race, and public regard for gender as predictors, and positive and negative emotions as outcomes (see Tables 5 and 6). Bivariate correlations showed that public regard for race and public regard for gender were strongly correlated with each other (Table 1).

**Race.** We ran a series of four multiple regressions with public regard for race, religious identity and religious practice as predictors. These predictors accounted for a significant amount of variance in positive emotions, and all of the predictors except for religious practice accounted for a significant amount of variance in negative emotions.

Having higher levels of public regard for race was associated with more positive emotions, and marginally associated with fewer negative emotions. The interaction between religious identity and public regard for race was a marginally significant predictor of positive emotions.

To follow up this interaction, separate bivariate correlations were run for participants with a higher-than-average and a lower-than average public regard for their race. Religious identity was correlated with positive emotions more strongly for participants with a high public regard for their race  $r(92) = .25, p = .014$  than for participants with low public regard for their race  $r(60) = .20, p = .121$ .

**Gender.** We ran a series of four multiple regressions with public regard for gender, religious identity and religious practice as predictors. These predictors only accounted for a significant amount of variance in positive emotions, but not negative emotions. Public regard for gender was marginally associated with positive emotions, but there were no significant interactions in this model.

### **Discussion**

College life can include many stressors for students, resulting from more difficult academics than in high school, lower autonomy, and lower levels of structure. Students are required to adapt to new roles, handle greater responsibilities, cope with their separation from friends and family from home, and learn to navigate their new social environment (Credé & Niehorster, 2012). Some students are able to adjust to the college environment better than others, which emphasizes the importance of understanding what factors contribute to negative reactions to the college experience (Pritchard, Wilson & Yamnitz, 2007). Studies have shown that if adequate coping strategies are not employed

to deal with stressors, students may experience lower psychological health (Berry, 1997). One such coping strategy is religion. Much previous research has shown religion to be strongly associated with well-being (Chamberlain & Zika, 1992), and the present study aimed to examine this relationship further.

The first goal of this study was to determine which aspect of religion would be most strongly related to well-being. We predicted that although religious identity and practice would both be associated with well-being, religious identity is the aspect of religion that would be the most strongly associated with well-being. These hypotheses were mostly supported as people who stated that they had a particular religion or faith were associated with having higher levels of well-being in terms of more positive emotions and fewer negative emotions than people who did not have a particular religion or faith.

For people who have a particular religion, both religious identity and religious practice are associated with well-being when examined separately. Further analyses that examined the unique effect of each variable, beyond the other, show it is religious identity alone that is associated with increased positive emotions and decreased negative emotions. This means that the initial association between religious practice and well-being may only be true because of the confounding influence of religious identity in this relationship. These results are supported by a study by Greenfield and Marks (2007), who stated that religious identity plays a mediating role between religious practice and psychological well-being. Congruent with our study, they also found that although religious service attendance was associated with higher well-being, the strength of this relationship was eliminated when religious social identity was added as a variable to their

models. In a similar vein, Vilchinsky and Kravetz (2005) stated that religious behavior is motivated by religious belief, which is closely tied to religious identity.

One of the reasons that religious identity is most strongly related to well-being may be that religious identity not only contributes to an intrinsic aspect of religion, which has been related to eudaimonic well-being (Chan, Tsai & Fuligni, 2015), but because it is associated with a shared identity. Having a strong sense of shared identity has been shown to have a positive impact on group members because of the social connections it provides (Khan et. al, 2015). Ysseldyk, Matheson and Anisman (2010) described religion as a social identity, where religious identification allows individuals a specific “sacred worldview” and “eternal group membership” that is unlike that offered by any other social groups. In addition to these social and eudaimonic benefits, religious identity brings along with it many non-religious material and psychological benefits as well (Peek, 2005), which is why religious identity may offer specific emotional and cognitive benefits to individuals. According to Peek (2005), in the context of the United States, religious identity can also serve to ease tensions that may arise by having identities that are not congruent with traditional American identities (such as being from an immigrant family), and be used to maintain individuality and distinctiveness amongst the diverse multicultural landscape. This could be true especially in a college context where students may feel that they do not fit in with the larger campus community.

Another reason that religious identity, rather than religious practice is more associated with well-being is that religious identity in itself is not affected by external factors such as habit (Vilchinsky & Kravetz, 2005). The amount that someone practices their religion, on the other hand, may be very influenced by factors such as habit.

Religious practice may only be a surface-level factor, and so does not accurately represent deeper religiosity (Dezutter, Soenens & Hutsebaut, 2006). In a study on Jewish religious behavior, Lazar, Kravetz, and Fredrich-Kedem (2002) found that many participants' reasons for participating in religious rituals and practices included attributing their behaviors to their upbringing and to habits from their childhood. In a place such as a college campus, this may be a particularly significant reason that people participate in religious activity, because the students may be far away from, and looking for ways to maintain a connection with their home culture. When religion is practiced with other people, it may offer a sense of connection and community important for well-being, however, not all of this is social religious practice. In addition, religious practice done out of habit is not associated with the same eudaimonic benefits as is religious identity, which is why it may not be associated with well-being.

The second goal of the study was to test whether the different aspects of religion had especially beneficial effects for individuals who feel like their race or gender identities are not respected by society. Analyzing the results by dominant and non-dominant identity groups (White versus person of color; male versus female) did not show any differences in well-being in terms of how they were associated with religious identity and practice. This is inconsistent with previous research that has shown differences by race or gender in well-being as a function of religion (Blaine & Crocker, 1995; Ellison, 1995; Jung, 2014).

These results suggest that it is not actual identity groups that play a role in well-being. Even though we did not find overall group differences, one of the reasons that these differences was expected was related to discrimination and respect with regards to a

particular identity, and not just group membership. In order to test this specifically, we looked at individuals' own perceptions about how respected their identity group was perceived by others (public regard), and whether this would play a role in the relationship between religious identity or practice and well-being

Contrary to our initial hypothesis, the current study found that having a stronger sense of religious identity is likely to result in more well-being via positive emotions when accompanied by a racial identity that is perceived by the individual to have a higher public regard. Therefore, we found that although religious identity has positive effects on well-being for everyone, it has especially beneficial effects for people who feel like their racial identity is more respected by society. These results are contrary to previous research that states that religion often leads to greater well-being for people who face some form of discrimination than for people who do not (Hoverd & Sibley, 2013; Jung, 2014). This may be because a higher racial public regard means that these individuals do not have to cope with as many stressors or as much stigmatization as people with lower racial public regard, so they may be able to invest more fully in, and benefit from, their religious identity. Another reason that a higher public regard is associated with greater well-being for people with a higher religious identity may be that public regard for race may involve religious identity. It is possible that having a religious identity could increase people's public regard for their race. This may be because people with a high religious identity are around others who are religious, and are of the same race as them, or who are very accepting of other races.

In addition, we found that the relationship between religious practice and well-being is not affected by public regard for race, despite the fact that a higher public regard

for race is generally associated with more well-being. This may be because religious practice is not directly associated with well-being as is religious identity, and so the act of practicing religion does not in itself contribute to well-being.

Although having a higher public regard for gender is generally associated with more positive emotions, we found that, contrary to our hypothesis, the relationship between religious identity or religious practice and well-being is not affected by having a higher or lower public regard for gender. The reason that this relationship is not true for public regard for gender may be that both men and women face stressors related to their gender, and although these stressors may be distinct from one another, they all may inhibit the individual from investing fully in their religious identity.

### **Limitations and Future Directions**

The current study had a large sample size, and was conducted across five different colleges/ universities in the Midwest. Although this allows for a sample of students who go to a diverse array of colleges, the sample was not very representative of the general population as it was heavily weighted towards White, female and Christian students. This lack of diversity in gender, race and religion may have skewed the results by limiting the number of people in each sample, and not accurately portraying the benefits of well-being for each group. The fact that there was such little religious diversity in the sample also meant that it was not possible to compare the differences in well-being between different religious groups. Past research has shown that there may be differences in well-being between religious groups (Patel, Ramgoon & Paruk, 2009), so it may be that religious identity and religious practice play different roles in well-being with people from

different religious backgrounds. However, sample limitations meant that this study was unable to answer that question.

Future research should study similar relationships between religion and well-being for people from more diverse race, gender and religious backgrounds. In addition, it would be interesting to conduct a similar study with the general population in order to test whether there are differences in the relationship between religion and well-being between the college population and general populations. Outside of the college environment, people may be less likely to participate in religious practice out of habit. In addition, race, gender and public regard may affect the relationship between religion and well-being in different ways when not tested within a population that is taught to be active and aware regarding social issues around race and gender. Further research might also focus on the relationship between spirituality and well-being. Spirituality was not looked at specifically in this study because it is so closely related to religious identity. However, it would be interesting to look at the role that is played by spirituality in well-being both for people who have a particular religion or faith, and those who do not, especially because there are many people who identify as spiritual without identifying with a particular religion or faith.

This study is important in demonstrating the importance of religious identity in regards to well-being. It also shows that religious identity can be far more beneficial for people who have a higher public regard for their race. This indicates that college campuses should try to foster a sense of religious identity for all students who identify with any religion. Colleges should allow students space to connect with other students from their own religious background and to discuss issues they may be facing in regards

to their religious identity in order to come to a solution. This could be done by having religious chaplains of diverse religious backgrounds who are present in the campus community with scheduled open hours to talk to students. This may also be achieved through encouraging the presence of religious organizations, or religious identity collectives for students to connect with their peers of similar religious backgrounds.

College campuses should strive to create inclusive and safe environments for students of all races, genders and religious backgrounds. This is especially true for religious spaces which often times are not very racially diverse, and are spaces mostly dominated by women. The fewer stressors that students face in relation to these identities, the more likely it is they are to benefit from their religious identity, which will lead to greater well-being.

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Table 1

*Bivariate correlations between religious identity, religious practice, public regard, and positive and negative emotions.*

	1	2	3	4	5
Religious Identity					
Religious Practice	0.53**				
Positive Emotions	0.24**	0.16*			
Negative Emotions	-0.19*	-0.09	-0.39**		
Public Regard- Race	0.15	0.04	0.29**	-0.14	
Public Regard- Gender	0.08	0.11	0.15	0.05	0.34**

\*  $p < .05$

\*\*  $p < .01$

Table 2

*Regression analyses predicting positive and negative affect from religious identity and practice*

	Affect			
	Positive		Negative	
	$\beta$	$p$	$\beta$	$p$
Religious Identity	0.25	.013	-0.22	.030
Religious Practice	0.01	.926	0.05	.664
Religious Identity*Religious Practice	0.07	.397	-0.04	.549

Table 3

*ANCOVA analyses predicting positive and negative affect from religion and race*

	<u>Affect</u>			
	<u>Positive</u>		<u>Negative</u>	
	<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>
<u>Religious identity and race</u>				
Religious Identity	10.00	.002	3.43	.066
Race	2.30	.131	0.52	.470
Religious Identity*Race	0.91	.341	0.05	.816
<u>Religious practice and race</u>				
Religious Practice	5.11	.025	0.54	.463
Race	1.84	.177	0.44	.506
Religious Practice*Race	1.05	.307	0.12	.726

Table 4

*Regression analyses predicting positive and negative affect from religion and gender*

	Affect			
	Positive		Negative	
	<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>
<u>Religious identity and gender</u>				
Religious Identity	10.62	.001	8.51	.004
Gender	3.74	.055	0.84	.361
Religious Identity*Gender	0.70	.406	2.67	.104
<u>Religious practice and gender</u>				
Religious Practice	5.73	.018	1.65	.201
Gender	3.85	.052	0.86	.356
Religious Practice*Gender	1.32	.253	0.63	.429

Table 5

*Regression analyses predicting positive affect from religion and public regard*

	Positive Affect	
	$\beta$	$p$
<u>Religious identity and public regard for race</u>	$F(3,152) = 8.26, p < .01, R^2 = 0.12$	
Religious Identity	0.21	.006
Public Regard - Race	0.28	.000
Religious Identity*Public Regard	0.13	.097
<u>Religious practice and public regard for race</u>	$F(3,152) = 6.84, p < .01, R^2 = 0.10$	
Religious Practice	0.15	.056
Public Regard - Race	0.29	.000
Religious Practice*Public Regard	0.11	.141
<u>Religious identity and public regard for gender</u>	$F(3,152) = 4.25, p = .006, R^2 = 0.06$	
Religious identity	0.23	.003
Public Regard - Gender	0.13	.089
Religious Identity*Public Regard	0.01	.855
<u>Religious practice and public regard for gender</u>	$F(3,152) = 2.74, p = .045, R^2 = 0.03$	
Religious Practice	0.14	.086
Public Regard - Gender	0.15	.061
Religious Practice*Public Regard	0.11	.304

Table 6

*Regression analyses predicting negative affect from religion and public regard*

	Negative Affect	
	$\beta$	$p$
<u>Religious identity and public regard for race</u>	$F(3,152)=2.82, p = .041, R^2 = 0.03$	
Religious Identity	-0.17	.370
Public Regard - Race	-0.10	.218
Religious Identity*Public Regard	0.07	.359
<u>Religious practice and public regard for race</u>	$F(3,152)=1.33, p = .266, R^2 = 0.01$	
Religious Practice	-0.08	.317
Public Regard - Race	-0.14	.095
Religious Practice*Public Regard	-0.02	.513
<u>Religious identity and public regard for gender</u>	$F(3,152)=2.12, p = .100, R^2 = 0.02$	
Religious identity	-0.19	.017
Public Regard - Gender	0.06	.443
Religious Identity*Public Regard	-0.03	.725
<u>Religious practice and public regard for gender</u>	$F(3,152)=.732, p = .535, R^2 = -0.01$	
Religious Practice	-0.09	.297
Public Regard - Gender	-0.05	.583
Religious Practice*Public Regard	-0.06	.461