



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

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### ABSTRACT

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, Löckenhoff, Ironson, O’Cleirigh 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

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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 adaptation 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 were 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

**Table 1**

Internal consistencies of the MI-RSWB in different studies: Total score/subscales.

Authors	N	Sample	HI $\alpha$	FO $\alpha$	SM $\alpha$	HT $\alpha$	GR $\alpha$	CO $\alpha$	RSWB $\alpha$
Sorgo (2005)	100	Students	.80	.82	.75	.70	.92	.83	.88
Bayer, Wallner, Ladenhauf, Liebmann, and Unterrainer (2009)	70	Addiction patients	.83	.84	.74	.71	.92	.83	.89
Unterrainer (2010)	200	General population	.81	.82	.73	.71	.94	.80	.89
Unterrainer (2010)	120	Addiction patients	.82	.83	.77	.73	.92	.81	.88
Unterrainer (2010)	100	General psychiatric patients	.83	.83	.72	.71	.93	.79	.89
Lackner et al. (2009)	60	Addiction patients	.85	.81	.76	.69	.94	.83	.88
Unterrainer et al. (in press)	263	General population	.81	.86	.73	.75	.94	.80	.89
Unterrainer et al. (submitted for publication)	1210	General population	.82	.84	.76	.72	.94	.78	.89

Notes:  $\alpha$  = Cronbach’s  $\alpha$ .

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

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