Dimensions of religious/spiritual well-being and schizotypal personality

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1. Introduction

There has been a growing interest in religious/spiritual issues in the field of psychology and psychotherapy in recent years (Huguelet & Koenig, 2009). Moreover, different dimensions of religiosity and spirituality have been found to be substantially positively associated with various indicators of mental health/illness and personality (Unterrainer, Ladenhauf, Moazedi, Wallner-Liebmann, & Fink, 2010). Most prominently, this association has been discussed in a stress-coping framework by proposing different styles of religious/spiritual coping (Pargament, 2007).

The concept of religious/spiritual well-being (RSWB) was developed by an interdisciplinary clinical research group at the University of Graz/Austria. It is the result of the principal research aim to enhance bio-psycho-social approaches by a religious/spiritual component (Unterrainer et al., 2010). Six dimensions of RSWB were identified on the basis of comprehensive empirical data: “Hope Immanent”, “Forgiveness”, “Experiences of Sense and Meaning” as parameters of well-being concerning the immanent area, “Hope Transcendent”, “General Religiosity” and “Connectedness” concerning the transcendent area. “Immanent” can be casually described as “measurable using empirical methods”, while the “transcendent” area refers to a non-measurable, super-natural, transpersonal realm of reality (for a more detailed description of the development of this scale and its conceptual underpinning see Unterrainer et al., 2010). In this context religious/spiritual well-being can be described, as the ability to experience and integrate meaning and purpose in existence through a connectedness with self, others or a power greater than oneself (Unterrainer, Ladenhauf, Wallner-Liebmann, & Fink, 2011).

According to Meehl (1962, p. 54, see Eckblad & Chapman, 1983, p. 215), “Magical Ideation” might be described as “belief, quasi-belief, or semi-serious entertainment of the possibility that events which, according to the causal concept of this culture, cannot have a causal relation with each other, might somehow nevertheless do so”. The term “Schizotypy” (as a short form of “schizophreny phenotype”) was first coined by Rado (1953) to characterise persons showing eccentric personality traits, similar to some of the symptoms of schizophrenia. Furthermore, schizotypy might be best described as a multifactorial construct, as three or even four factors (paranormal experiences and beliefs (including magical thinking), cognitive failures, introvertive anhedonia, asocial behaviour) can be identified consistently (Goulding, 2004). An increased amount of “Magical Ideation” as an indicator of schizotypy has been found among persons prone for schizophrenia (Chapman, Chapman, Kwapiel, Eckblad, & Zinser, 1994). Beside being linked to
psychopathology a higher amount of magical thinking might be
associated with creativity as a positive facet of schizotypy (Fisher
et al., 2004). According to Smith, Riley, and Peters (2009, p. 479)
this “continuum view of psychosis proposes that psychotic symp-
toms are the severe expression of schizotypal traits that are nor-
mally distributed in the general population”. Up to now numerous scales have been developed to assess the various as-
pects of the schizotypy concept and its multifactorial structure
(Gruzelier, 1996; Vollema & van den Bosch, 1995; White, Joseph,
& Alastair, 1995). Furthermore, the structure of schizotypy has
been found to parallel the tree-factor model of schizophrenia (Lid-
dle, 1987; Peters, 2010). Schizophrenia can be characterised as a
specific form of psychiatric diagnosis (e.g. paranoid schizophrenia),
while the term psychosis is used to refer to a broader group of
psychotic disorders, e.g. schizophreniform disorder, schizoaffect-
tive disorder, delusional disorder or brief psychotic disorder
(Mitchell & Roberts, 2009).

In this study we address facets of a “schizotypal personality”
trait. In contrast, Raine and Benishay (1995) describe schizotypal
personality disorders as representing a serious personality distur-
rance that borders on the major psychoses and might be closely re-
lated to schizophrenia. Furthermore a schizotypal disorder is
characterised by eccentric behaviour and anomalies of thinking
and affect which resemble those seen in schizophrenia, though
no definite and characteristic schizophrenic anomalies have
occurred at any stage. No dominant or typical disturbance can be
described, but McGlashan (1987, see Raine & Benishay, 1995) has
noted, that odd communication, paranoid ideation and social iso-
lation might be taken as the core symptoms.

Eysenck model of personality (Eysenck, 1992) consists of three
broad personality factors: “Psychoticism” (solitary, troublesome,
cruel, inhumane personality traits), “Extraversion” (sociable, care-
free, optimistic, sensation seeking personality traits) and “Neurot-
icism” (anxious, worrying, moody and depressive personality
traits). Furthermore, there is a large body of evidence that higher
religiosity scores are associated with lower psychoticism scores
in adults (Kay, 1981; White et al., 1995) as well as in children
and adolescents (Francis, 1993), higher amounts of religiosity
were obtained for “Extraversion”, whereas no relevant associa-
tions were found with respect to “Neuroticism”. According to Eysen-
ck (1992) the association between religiosity and psychoticism
might be taken as a function of conditioning, as religiosity belongs
to the domain of tender minded attitudes. People who score low
on “Psychoticism” are known to condition more readily. According
to the domain of tender minded attitudes. People who score low
might be taken as a function of conditioning, as religiosity belongs
fined at its far ends of schizophrenia. Thus, higher scores on religi-
osity might be associated with lower psychoticism scores
were obtained for “Extraversion”, whereas no relevant associa-
tions (as an indicator for magical thinking) and the three person-
ality dimensions, whereas Eckblad and Chapman (1983) reported
magical thinking to be substantially associated with the Eysenck
Psychotism Scale (r = .32, p < .05). Similarly, Farias, Claridge,
and Lalljee (2005) reported a substantial relationship between
New Age practices/beliefs and schizotypal personality traits, char-
acterised by magical ideation, a cognitive disposition towards
looseness of associations, and emotional hypersensitivity. How-
ever, traditional religiosity was found to be unrelated to all these
personality indices.

This study was designed to investigate the relationship between
different dimensions of religious/spiritual well-being, magical
thinking and Eysencks factors of personality. As magical thinking
represents positive as well as negative aspects of schizotypy, we
would be also able to gain insights into salutogenetic and pathoge-
nic kinds of religiosity and spirituality, which could be taken as
facets of personality and subjective well-being or even as a coping
resource for dealing with a serious disease.

2. Method

2.1. Participants

Participants were 102 undergraduate students from the Univer-
sity of Graz; 53(52%) were female and 49(48%) male. The partici-
ants were in the age range between 18 and 32 years (M = 23.82,
SD = 2.98). German as first language was an inclusion criterion.
53(52%) students belonged to the faculty of natural sciences, 49(48%)
to the faculty of humanities. 20(19.6%) were studying English
language, 20(19.6%) Biology, 20(19.6%) Psychology, 9(8.8%)
Mathematics, 9(8.8%) Philosophy and 24(23.6%) reported other
language studies.

2.2. Psychometric measures

2.2.1. Dimensions of religious/spiritual well-being

The degree of religious/spiritual well-being was assessed using a
newly developed instrument, the Multidimensional Inventory for
Religious/Spiritual Well-Being (MI-RSWB 48) (Unterrainer et al.
2010). The MI-RSWB 48 consists in total of 48 items and 6 subscales
(“Hope Immanent”, “Forgiveness”, “Experiences of Sense and
Meaning”, “General Religiosity”, “Connectedness”, “Hope Trans-
cendent”). Each subscale consists of eight items. The internal
consistency of the total scale is .89 (Cronbach’s α; for all subscales
Cronbach’s α > .7) in the present study. Some marker-items for
the respective subscales are given as examples in order to illustrate
the meaning of the dimensions: “General Religiosity”: “My faith
gives me a feeling of security”; “Connectedness”: “I have
experienced the feeling of being absorbed into something greater”;
“Forgetfulness”: “There are things which I cannot forgive”(coded
reversely); “Experiences of Sense and Meaning”: “I have experi-
enced true (authentic) feelings”; “Hope Immanent”: “I view the
future with optimism”; “Hope Transcendent”: “I often think about
the fact that I will have to leave behind my loved ones.” (coded
reversely). There is convincing evidence that more religiously ori-
ented subscales (e.g. “General Religiosity” or “Hope Transcendent”) 
are associated differently with parameters of personality and sub-
jective well-being compared to more spiritually oriented subscales
(e.g. “Hope immanent” or “Forgiveness”); Dimensions of RSWB were
found to substantially related to Big Five personality factors
and varying indicators of psychological well-being. For a more
detailed description of the development and psychometric properties
of the scale see Unterrainer et al., 2010).

2.3. Factors of personality

We administered a short version of the Eysenck Personality
Questionnaire (Eys-RQ; Ruch, 1999), which measures the person-
ality factors “Psychoticism” (14 items), “Extraversion” (12 items)
and “Neuroticism” (12 items) of the Eysenck Personality Inventory.
The EPQ-RQ also consists of a so-called “Lie”-scale, which, how-
ever, was not used in this study, for instance Maltby and Day (2001)
reported no relevant associations between the “Lie”-scale and several indicators of spirituality. All three subscales have robust psychometric properties
(Cronbach’s α ranging from .83 to .85 in the present study). Gender and
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