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Dimensions of religious/spiritual well-being and schizotypal personality

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ABSTRACT

Dimensions of religious/spiritual well being (RSWB; such as hope, forgiveness, or general religiosity) have been examined comprehensively, and its positive relation to subjective well-being has been confirmed. However, there also might be facets of RSWB linked to mental illness (e.g. delusional ideas). The aim of the present study was to investigate the association between different dimensions of RSWB, magical thinking as an indicator of schizotypy and Eysenck's three personality factors (psychoticism, extraversion, neuroticism), as there might be facets of RSWB also linked to mental illness (e.g. delusional ideas). One hundred and two undergraduate students (53 female, 49 male) completed the Multidimensional Inventory of Religious/Spiritual Well-Being (MI-RSWB), the Eysenck Personality Questionnaire in short version (EPQ-RK) together with the Magical Ideation Scale. Results indicate that facets of RSWB based on magical thinking could also be understood as neurotic symptoms. This underlines the hypothesis, that there might be pathogenetic as well as salutogenetic aspects of religiosity/spirituality associated with personality and subjective well-being.

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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, Moazed, 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, introverted 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, Kwapił, Eckblad, & Zinser, 1994). Beside being linked to

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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 symptoms are the severe expression of schizotypal traits that are normally distributed in the general population”. Up to now numerous scales have been developed to assess the various aspects 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 (Liddle, 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, schizoaffective 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 disturbance that borders on the major psychoses and might be closely related 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 isolation might be taken as the core symptoms.

Eysenck’s model of personality (Eysenck, 1992) consists of three broad personality factors: “Psychoticism” (solitary, troublesome, cruel, inhumane personality traits), “Extraversion” (sociable, carefree, optimistic, sensation seeking personality traits) and “Neuroticism” (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 associations were found with respect to “Neuroticism”. According to Eysenck (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 Johnson (1983), “Psychoticism” represents a continuum of conventionality or conformity versus nonconformity. This might explain the divergent relationship between “Psychoticism” and religiosity vs. spirituality. Moreover, Eysenck (1992) described psychoticism as representing a dimension of aggressiveness defined at its far ends of schizophrenia. Thus, higher scores on religiosity should be associated with lower levels on schizophrenic-relevant measures. Similarly, Maltby and Day (2001, p. 187) noted a “wealth of information, that suggests that low psychoticism is fundamental to religiosity across a number of cultures”. However, there are also conflicting results in this field of research: Caird (1987) found no significant relationship between mystical experiences (as an indicator for magical thinking) and the three personality dimensions, whereas Eckblad and Chapman (1983) reported magical thinking to be substantially associated with the Eysenck Psychoticism Scale ($r = .32, p < .05$). Similarly, Farias, Claridge, and Lalljee (2005) reported a substantial relationship between New Age practices/beliefs and schizotypal personality traits, characterised by magical ideation, a cognitive disposition towards looseness of associations, and emotional hypersensitivity. However, 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 Eysenck’s 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 pathogenetic 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 University of Graz; 53(52%) were female and 49(48%) male. The participants 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 Transcendent”). Each subscale consists of eight items. The internal consistency of the total scale is .89 (Cronbach’s α ; for all subscales Cronbach’s $\alpha > .7$) 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”; “Forgiveness”: “There are things which I cannot forgive”(coded reversely); “Experiences of Sense and Meaning”: “I have experienced 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 oriented subscales (e.g. “General Religiosity” or “Hope Transcendent”) are associated differently with parameters of personality and subjective 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 (EPQ-RK; Ruch, 1999), which measures the personality factors “Psychoticism” (14 items), “Extraversion” (12 items) and “Neuroticism” (12 items). The EPQ-RK also consists of a so-called “Lie”-scale, which, however, was not used in this study, as 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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