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Religiosity, stress and psychological distress: no evidence for an association among undergraduate students

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Abstract

The relationship between religion and mental and physical health has received substantial scientific interest. It has been suggested that indicators of religiosity are inversely associated with aspects of psychological distress. The aim of the present study was to investigate further the relationship between religiosity, stress and psychological distress. One hundred and seventy-seven undergraduate students completed the Francis Scale of Attitude Towards Christianity (FSAC), the Stress Arousal Checklist, the General Health Questionnaire (GHQ-30) and the Multi-dimensional Scale of Perceived Social Support. No association was found between scores on the FSAC, the measure of stress, social support or the GHQ-30. Stress and social support were the only variables significantly associated with scores on the GHQ-30. The results of the present study provide evidence, among an undergraduate sample, that religiosity is not associated with psychological distress.

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1. Introduction

The relationship between religion and mental and physical health has received substantial scientific interest (Bergin, 1983; Bergin, Masters, & Richards, 1987; Levin & Chatters, 1998; McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000; Maltby & Lewis, 1997; Maltby, Lewis, & Day, 1999; Thoresen, 1999; Williams, Larson, Buckler, Heckman, & Pyle, 1991). Several reviews have concluded that more often than not, indicators of religiosity are inversely associated with

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aspects of psychological ill-health (Bergin, 1983; Williams et al., 1991). Furthermore in a recent meta-analysis, McCullough et al. (2000) examined the association between a measure of religious involvement and all-cause mortality. They found religious involvement to be significantly associated with mortality. That is, their data indicated that individuals low in religious involvement were more likely to be dead at follow-up than individuals high in religious involvement. However, other researchers have failed to corroborate these findings and have concluded that the data thus far are inconsistent and mixed (e.g. Batson, Schoenrade, & Ventis, 1993; Ferraro & Albrecht-Jensen, 1991; Sloan & Bagiella, 2001). One of the mechanisms put forward to explain this association is the buffering hypothesis—religiosity may buffer the impact of stress on psychological and physiological health (Kendler, Gardner, & Prescott, 1997; Krause, 1998; Pargament, 1997). This notion is consistent with the broader stress literature (e.g. Cox & Ferguson, 1991; Lazarus & Folkman, 1984, O'Connor, O'Connor, White, & Bundred, 2000) and also with research conducted by others within the psychology of religion field. For example, Pargament (1997) argues that religion modifies aspects of the stress-appraisal process. Religiosity may well be better viewed in terms of a religious coping model, where religion can have emotion-focussed and problem-focussed coping properties. In other words, individuals high in religious orientation exhibit lower levels of psychological distress. It has also been suggested that the religiosity–health relationship may actually be confounded with general social support. Despite this, there has been a relative dearth of research in this specific area (Thoresen, 1999). Therefore, the aim of the present study was to investigate further the interrelationships between stress, religiosity, social support and psychological distress.

2. Method

2.1. Sample

One hundred and seventy-seven full-time undergraduate students (75 males and 102 females) from the University of Leeds, England, and University of Strathclyde, Scotland aged between 17 and 44 years (mean = 20.5; SD = 3.65) took part in the study. Some demographic variables were also collected: (1) whether the participant smoked cigarettes, if so, how many per day; and (2) whether the participant drinks alcohol (never, once per week, >3 times per week, daily).

2.2. Measures

All respondents completed the following questionnaire measures

2.3. Religiosity

Religiosity was measured using the 7-item version of the Francis Scale of Attitude Towards Christianity (FSAC; Francis, 1993; Lewis, Shevlin, Lloyd, & Adamson, 1998). Items included 'God helps me to lead a better life', 'Prayer helps me a lot' etc. Responses are scored on 5-point Likert scales extending from 'agree strongly' to 'disagree strongly'. Higher scores indicate a more positive attitude towards Christianity.

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