Religiosity and its Effect on Psychological Well-being in Older Adults

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Abstract

There has been numerous studies designed to assess the effects of religion on the psychological well-being of older adults. However, reviewing the literature reveals that currently the empirical work is inconsistent and often contradictory on this issue. The current study is designed to examine the effects of religiosity on psychological well-being in older adults. Psychological well-being will be assessed using scales for loneliness, self-esteem, and depression. The classification of Allport and Ross’s intrinsic and extrinsic religiosity (1967) will be used. One hundred subjects age 65 and older will be recruited from a local senior center that services the community. Specific planned contrasts will be implemented based on the specific hypothesis. The specific hypotheses are: 1.) Individuals who are purely intrinsically religious will have more positive scores on the psychological well-being measures than those who are purely extrinsically religious. 2.) Individuals who are indiscriminately proreligious will have more positive scores on the psychological well-being measures than those who are purely intrinsically religious. 3.) Individuals who are purely extrinsically religious will have more negative scores on the psychological well-being measures than those who are indiscriminately antireligious.
Religiosity and its Effect on Psychological Well-being in Older Adults

The positive effect of religiosity on the psychological well-being of older adults is an area of research that has gained considerable attention in recent years. However, in the short history of psychological research, religiosity has been considered by many researchers as a negative manifestation of an underlying pathology. Freud (1952), in his controversial book Totem and Taboo, depicted religion as the foundation of neurosis. However, this negative view of religion was not taken by all researchers at the time. Jung (1933), explained that “neurosis must be understood as the suffering of a human being who has not discovered what life means for him” (p. 260). Furthermore, Viktor Frankel (1975) clearly stated the importance of finding meaning in one’s life and that religion may assist in supplying purpose and meaning.

The conflicting views in the theoretical literature about the effects of religion on the human psyche are common in the empirical literature as well. In a number of studies, religiosity was found to have a positive correlation with physical health (Levin, & Vanderpool, 1992) longevity, and life satisfaction (Gartner, Larson, & Allen, 1991). Furthermore, several studies indicated that religion correlated with several behavioral outcomes such as overall happiness (Poloma, & Pendelton, 1990) the inhibition of premarital sexual behaviors (Hong, 1983; Miller & Olson, 1988) and marital adjustment, (Roth, 1988; Batson, Schoenrade, & Ventis, 1993). Other studies examined the positive effects of religion on coping with crisis such as divorce (Harvey, Barnes, & Greenwood, 1987; McGloshen & O’Bryant, 1988). Pargament & Brant (1998) contend that religion can lead to explanations when other explanations are not convincing. Other reviewed
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studies revealed a negative correlation between religiosity and negative outcomes of stress (Krause & Van Tran, 1987), drug use (Bell, Wechsler & Johnston, 1997; Adlaf, & Smart, 1985), alcohol use (Amoateng & Bahr, 1986; Batson, Schoenrade, & Ventis, 1993; Kendler, Gardner & Prescott, 1997; Patock-Peckman, Hutchinson, Cheong & Nagoshi, 1998), suicide attempts (Lester, 1988; Mandel, 1984; Batson, et al., 1993), and delinquency (Batson, et al., 1993).

However, as with the theoretical literature, several reviewed studies found no empirical support for the common belief that religion may be a basis for positive psychological outcomes. In a review of numerous empirical studies, Sanua (1969) indicated that many studies failed to demonstrate an association between religion and mental health, deviancy, and social pathology. Furthermore, no association was found between religiousness and perceived stress (Schafer & King, 1990) nor religiousness and happiness (Lewis, Lanigan, Joseph, & Fockert, 1997).

The current review of the literature will be divided into four sections. The first section will introduce Allport and Ross’s (1967) religious classification of intrinsic and extrinsic religiosity and its impact on identifying an operational definition of religion in the scientific study of religion. The second section will examine the relationship between religiosity and feelings of loneliness in several populations. The third section will analyze the effects of religiosity on self-esteem and the apparent inconsistency in the related research. And finally the fourth section will examine the effects of religiosity on depression. The latter three sections will attempt to analyze the effects of religion on the mentioned psychological well-being variables specifically within the older adult
population. Reviewing the literature will reveal that currently the empirical work is inconsistent and often contradictory on this issue.

Intrinsic and extrinsic religiosity

In order to reduce the empirical and conceptual difficulties facing research on religion researchers must apply a more precise measure that will reflect the differing religious dimensions (Bergin, 1994). There are several religious classifications that have been used in the scientific study of religion. However, of all approaches to the empirical study of religion, Gordon W. Allport’s concept of intrinsic and extrinsic religiosity had the most impact (Meadow & Kahoe, 1984). Using this classification can assist in eliminating the apparent inconsistencies in the association between religion and psychological well-being (Gartner, Larson, & Allen, 1991).

In explaining the difference between an intrinsic religion and an extrinsic religion, Paloutzian (1996) illustrated that intrinsic motivated faith is one that is internalized. It becomes part of the biological system of that individual. In contrast, the extrinsically motivated person is one who is involved in religion for external reasons. For this individual, religion is not internalized and is followed only when an external benefit, such as social desirability, exists.

Religiosity and loneliness

Research on the relationship between religiosity and loneliness has established a relationship between the two primarily in adult and elderly populations. In an investigation by Johnson & Mullins (1989) interviews were conducted with 131 residents of an apartment community for senior citizens with a mean age of 76. Loneliness was measured using the revised UCLA loneliness Scale (Russell et al. 1980). Religiosity was
measured based on two dimensions of religiosity. The first, being the subjective aspect of religion, which included items regarding frequency of prayer and importance of religion. The second dimension of religiosity measured was the social dimension, which included items pertaining to church membership and frequency of attendance at religious services. Individuals with higher involvement in the social aspects of religion significantly exhibited less loneliness. However the subjective dimension of religiosity was not related to loneliness.

The relationship between loneliness and spiritual well-being was studied by Miller (1985), using a sample of 64 chronically ill adult patients and 64 randomly selected healthy adults. Loneliness was measured using the Abbreviated Loneliness Scale and religiosity was measured using the Spiritual well-being scale, the existential well-being scale and the religious well-being scale (Paloutzian & Ellison, 1982). The results supported the hypothesis that there is a negative correlation between loneliness and spiritual well-being in both the healthy and the chronically ill individuals.

However, the positive effect of religion on loneliness was not established in all reviewed articles. The effect of religion on loneliness was researched by comparing a sample of students from the University of Sydney to a sample of students from Sydney’s Catholic College of Education (O’Connor, 1994). Loneliness was measured using the revised UCLA loneliness Scale (Russell et al. 1980). Results exhibited no differences between the groups on the measure of loneliness.

Religiosity and self-esteem

In a study comparing a sample of 351 Evangelical Christians with a general sample of 1115 adults, Aycock and Noaker (1985) assessed self-esteem using the Coping
Resources Inventory for stress (Matheny, Curlette, Aycock, Pugh, & Taylor, 1981). The results did not reveal group differences with regard to self-esteem levels. The author suggests that the inability of the Christian group to evidence higher self-esteem levels than the non-Christians may by due to the inadequacy of a mere acceptance of God to produce changes in the self conceptual life of a believer.

In one of the only articles using the intrinsic extrinsic modal of religious orientation Nelson (1990) investigated the effects of intrinsic and extrinsic religiosity on self-esteem in a sample of older adults. Sixty-eight individuals ages 55 or older were administered several inventories inquiring about self-esteem and religiosity. Religiosity was measured using an alternate form of the Allport and Ross religious orientation scale (Gorsuch and Venable, 1983). Self-esteem was measured using the Rosenberg Self-esteem Scale (1965). The results indicated a negative correlation between self-esteem and intrinsic religious ordination \((r = -.38; P = .001)\). Extrinsic religiosity was not significantly related to self-esteem.

Religiosity and Depression

In one of the only studies using the intrinsic extrinsic modal of religious orientation in conjunction with depression, Nelson (1990) investigated the effects of intrinsic and extrinsic religiosity on depression in a sample of older adults. Sixty-eight individuals ages 55 or older were administered several inventories inquiring about depression and religiosity. Religiosity was measured using an alternate form of the Allport and Ross Religious Orientation Scale (Gorsuch and Venable, 1983). Depression was measured using the Geriatric Depression Scale (Brink, Yesavage, Lum, Heersema, Abey, and Ross, 1982). The results indicated a negative correlation between depression
and intrinsic religiosity ($r = -.23; P = .026$). Extrinsic religiosity was not significantly related to depression.

In sum, the literature is inconclusive in regard to the correlation between religiosity and loneliness, self-esteem, and depression. A large number of reviewed studies revealed a positive correlation between religiosity and self-esteem, and a negative correlation between religiosity and loneliness and religiosity and depression. However, several researchers argued that this apparent relationship has not been demonstrated in many studies. In addition, further research is necessary to establish any further conclusions. Furthermore, the literature seems to indicate that applying the religious classification of Allport and Ross’s (1967) intrinsic and extrinsic religiosity to psychological research may assist in reconciling the difficulties in the literature.

**Proposal**

The current study seeks to examine the effects of religiosity on psychological well-being in older adults. The classification of Allport and Ross’s intrinsic and extrinsic religiosity will be used. However, since research has found that intrinsic and extrinsic religion is not on a unidimensional continuum, (i.e. individuals were not either intrinsic or extrinsic) the current study will classify religiosity within a fourfold system (Hood, 1978). Individuals who agreed with the extrinsic statement and with the intrinsic statement will be labeled as “Indiscriminately proreligious”. Individuals who agreed with the intrinsic statement but disagreed with the extrinsic statement will be classified as pure intrinsic. Those who agreed with the extrinsic statement but disagreed with the intrinsic statement will be labeled as pure extrinsic. And those disagreeing with both types of statements will be classified as “indiscriminately antireligious”.
Hypothesis 1. Individuals who are purely intrinsically religious will have more positive scores on the psychological well-being measures than those who are purely extrinsically religious.

Based on the previous literature it is hypothesized that those individuals who are purely intrinsically religious will score higher on the self-esteem measure and lower on the loneliness and depression scale than those who are purely extrinsically religious. An intrinsic religious orientation will be correlated with positive outcomes of well-being, which will be manifested by the higher scores on the self-esteem measure and lower scores on the loneliness and depression scale.

Hypothesis 2. Individuals who are indiscriminately proreligious will have more positive scores on the psychological well-being measures than those who are purely intrinsically religious.

It is hypothesized that individuals who are high on both intrinsic and extrinsic religiosity, the indiscriminately proreligious, will have more positive scores on the psychological well-being measures than the purely intrinsically religious group. The indiscriminately proreligious group will score higher on the self-esteem measure and lower on the loneliness and depression scale than those who are purely intrinsically religious. Having an extrinsic religion and having an intrinsic religion, in combination, will provide added benefits than having only an intrinsic religion.

Hypothesis 3. Individuals who are purely extrinsically religious will have more negative scores on the psychological well-being measures than those who are indiscriminately antireligious.
It is hypothesized that individuals scoring high on extrinsic religiosity will have more negative scores on the psychological well-being measures than those who score low on both intrinsic and extrinsic measures. Those scoring high on extrinsic religiosity will have lower self-esteem scores and higher loneliness and depression scores than the indiscriminately antireligious. This hypothesis is based on a similar finding in regards to religiosity and prejudice. Allport (1962) found that individuals who were truly devout, or intrinsically religious, and individuals who had no religious affiliation at all were found not to be prejudiced. However, the individuals who were irregular attenders of religious activities, or extrinsically religious, were the most prejudiced. The same is hypothesized in regard to the effects of intrinsic and extrinsic religiosity on psychological well-being outcomes.

Method

Sample:

One hundred subjects age 65 and older will be recruited from a local senior center that services the community at large. The denominations of the participants will be evenly distributed since the community center does not service a specific denomination over another.

Procedure:

Research assistants will ask for volunteers during activities at the community center. Participants will complete a consent form followed by the following measures.

Measures:

Religiosity. To assess intrinsic and extrinsic religiosity the Allport and Ross’s Religious Orientation Scale (1967) will be used. This scale is a twenty-item scale, which includes
10 intrinsic items and 10 extrinsic items. On each item a score of 1 indicates the most intrinsic response and a score of 5 indicates the most extrinsic response. A sample item from the extrinsic subscale is: “What religion offers me most is comfort when sorrows and misfortune strike. a.) I definitely disagree (1), b.) I tend to disagree (2), c.) I tend to agree (4), d.) I definitely agree (5)”. A sample item from the intrinsic subscale is: “My religious beliefs are what really lie behind my whole approach to life. a.) this is definitely not so (5), b.) probably not so (4), c.) probably so (2), d.) definitely so (1)”.

**Loneliness.** The Revised UCLA Loneliness Scale. (Russell et. al., 1980) will be used to assess loneliness. This scale is a 5-item likert format short form, which includes items such as: “Do you feel lonely?”. A higher score on each item indicated higher loneliness.

**Self-esteem.** To assess self-esteem the Rosenberg Self-Esteem Scale (1965) will be used. This scale is answered on a 4 point scale in which, 1=Strongly agree, 4= strongly disagree. Sample items include: ”I feel useless at times” and ”I take a positive attitude toward my self”.

**Depression.** The most commonly used scale to assess depression in the geriatric population is the Geriatric Depression Scale. (Brink et. al., 1982) which is a thirty-item self-rating scale. Sample items include: “Do you have trouble concentrating?”, “do you enjoy getting up in the morning?” and “Do you feel your life is empty?”. A positive feature of this scale is that the scale is a true-false response format, which makes it easier for older people to respond to the items.

**Proposed analysis**

The preliminary analysis will include a one-way MANOVA with the multiple outcome measures of loneliness, self-esteem, and depression. The MANOVA will
identify and compare four distinct cells including those individuals who are “Indiscriminately proreligious”, individuals who are “purely intrinsic”, those who are “purely extrinsic”, and those who are “indiscriminately antireligious”. Once the four cells are identified and the MANOVA is implemented the results will be used for specific planned contrasts, which will be performed based on the specific hypotheses.

_Hypothesis 1._ **Individuals who are purely intrinsically religious will have more positive scores on the psychological well-being measures than those who are purely extrinsically religious.** The first planned contrast will be between the group of individuals who agreed with the intrinsic statement but disagreed with the extrinsic statement or the purely intrinsic and the group who agreed with the extrinsic statement but disagreed with the intrinsic statement or the purely extrinsic.

_Hypothesis 2._ **Individuals who are indiscriminately proreligious will have more positive scores on the psychological well-being measures than those who are purely intrinsically religious.** The second planned contrast will be performed between the group of individuals who agreed with the extrinsic statement and with the intrinsic statements or the “Indiscriminately proreligious” and the group of subjects who agreed with the intrinsic statement but disagreed with the extrinsic statement or the purely intrinsic group.

_Hypothesis 3._ **Individuals who are purely extrinsically religious will have more negative scores on the psychological well-being measures than those who are indiscriminately antireligious.** The final contrast to be performed will be between the group who agreed with the extrinsic statement but disagreed with the intrinsic statement or the purely extrinsic and those disagreeing with both types of statements or the “indiscriminately antireligious”.
Since the planned contrasts are non-orthogonal the Bonferroni method will be implemented for determining the significance level. Hence, the per-comparison (PC) significance level will be the Family Wise (FW) significance level divided by the number of contrasts, which in the current study is .05/3. Furthermore, since the variances of the four groups are most probably unequal the assumption of unequal variances will be taken. Therefore, the statistical output will be analyzed using the unequal variance portion.
References


Religiosity and prevention in mental health: Research, vision, and action (pp. 41-64). New York: Haworth Press.


