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Religion and Life Satisfaction: A Correlational Study of Undergraduate Students in Trinidad

Dianne Gabriela Habib¹ · Casswina Donald¹ · Gerard Hutchinson¹

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Abstract Religious behaviour tends to correlate positively with life satisfaction. The predictive power of this relationship is associated with various socio-demographic factors such as age, gender and religious affiliation. We investigated the relationship between religious involvement and life satisfaction in a multi-religious population of undergraduate medical students of the University of the West Indies. We used a cross-sectional design to assess 228 undergraduates (50 males and 178 females) on religiosity, religious well-being and life satisfaction using the Religious Orientation Test, Religious Well-Being subscale and the Satisfaction with Life Scale, respectively. Respondents also provided socio-demographic information such as age, gender and religious affiliation. “How religious one considers oneself” was the religiosity construct most significantly associated with life satisfaction while “frequency of prayer” was the least. Christians registered higher religiosity and religious well-being but non-Christians reported significantly higher life satisfaction. Muslim and Hindu scores on religiosity, religious well-being and life satisfaction were not statistically different. Females scored higher than males on religiosity (borderline significant, $p = .054$) and significantly higher on religious well-being ($p < .01$); however, there was no significant difference between males and females on life satisfaction. The “religious affiliation” group scored significantly higher on religiosity and religious well-being compared with the “no religious affiliation” group but there was no difference between these two groups on life satisfaction. Religiosity and religious well-being were overall significantly and positively associated with life satisfaction. However, in demographic groups where there was higher religiosity, for example females, Christians, people affiliated with a religion and older people, it was not associated with greater life satisfaction.

Keywords Religion · Life satisfaction · Religious well-being · Trinidad

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Introduction

Religion is of major importance in the lives of many people, providing them with a way to understand their own lives as well as the world in which they live (Carone and Barone 2001). Religious people enjoy superior mental health (Wolf et al. 2014), happier and more satisfying lives (Ayele et al. 1999; Ellison et al. 1989; Hadaway 1978; Stavrova et al. 2013) and even more stable marriages (Francis-Tan and Mialon 2015) compared with their non-religious counterparts. There is also evidence that religious involvement protects against suicide (Kleiman and Liu 2014), depression (Ronneberg et al. 2014), substance abuse (Salas-Wright et al. 2012) and stress-related disorders (Bonelli and Koenig 2013). Bonelli and Koenig (2013) confirmed that in over 70% of their 43 reviewed studies, religious or spiritual affiliation results in lessened mental disorder. These findings are, however, not universal. Although in the minority, few researchers have reported that religious behaviour can also be associated with poorer mental health and well-being (Weber and Pargament 2014) and does not automatically confer improved life satisfaction status on religious adherents (Markides et al. 1987). Religion is an important aspect of many clinical encounters; thus, evaluating the specific aspects of religiosity that correlate positively with life satisfaction is important in guiding the medical practitioner in both understanding and treating his patients (Puchalski 2001; Whitley 2012). In multi-religious Trinidad and any multicultural environment, where different faiths are practised, it is especially important for clinicians and researchers to understand the relationship between religious behaviour, mental health and life satisfaction.

While at its core to “believe in religion” or to be deemed “religious” universally refers to the belief that a superhuman with superhuman powers exists and is able to render assistance or harm to humankind (Banton 2004; Horton 1960), “religiosity” refers to the level of devotion an individual expresses towards said religion. Religiosity, defined by Idehen (2001), is “a person’s subjective degree of religious commitment” and deconstructs into specific behaviours, attitudes and self-reported personal experiences (Compton 2001). These include personal devotion, institutional participation (Hackney and Sanders 2003) and self-reporting measurements of religious participation (Hill and Pargament 2003). Aspects of religiosity which increase social capital and reinforce social ties, such as attendance at religious services, have been shown to positively correlate with life satisfaction (Lim and Putnam 2010). While others like “belief in God” are not necessarily associated with positive mental health benefits and may even correlate with psychiatric symptoms such as social anxiety, paranoia, obsessional thinking and compulsions (Silton et al. 2014). Moreover, the social context within which religious behaviour is practised also impacts life satisfaction, happiness and mental states. Religiosity tends to positively correlate with happiness and life satisfaction when individual religiosity conforms to the expected religious standard in one’s own country (Gebauer et al. 2012; Sagiv and Schwartz 2000; Stavrova et al. 2013). Taken together, this indicates that religion is a complex construct and that understanding its impact on the mental health of an individual hinges on many interweaving factors.

Trinidad is a multi-religious country in the Caribbean. At least four religious affiliations shape its social and religious identity: Protestant religions, for example, Anglicanism (28.0%), Roman Catholicism (21.6%), Hinduism (18.2%), Islamism (5.0%) and African-based religions, for example, Spiritual Baptists, Orisha, (6.6%), Other (7.5%), for example, Bahai, Buddhism and None 2.2%. The remainder comprised the not stated group (Trinidad and Tobago 2011 Population & Housing Census Demographic Report-Central Statistical

Office 2012). To date, Trinidad, no studies have investigated the relation between religion and life satisfaction. We therefore examined this relationship among a multi-religious undergraduate student population of the University of the West Indies.

Method

Using a cross-sectional research design, we assessed second-year university students, majoring in medicine, psychology and social work. Four paper-based instruments were used to collect data. Socio-demographic data: gender, age, religious affiliation and ethnicity were collected via a specially tailored questionnaire. Life satisfaction, religiosity and religious well-being data were collected using the Satisfaction with Life Scale (Diener et al. 1985), the Religious Orientation Test (Idehen 2001) and the Religious Well-Being subscale (Paloutzian and Ellison 1982), respectively.

The Satisfaction with Life Scale (SWLS)

The SWLS (Diener et al. 1985) measures global life satisfaction. It consists of five items which are rated on a 7-point Likert-type scale (1 = strongly disagree, 7 = strongly agree). Sample items include: "In most ways, my life is close to my ideal" and "I am satisfied with my life". Responses are summed to derive a total SWLS score; scores range from 5 to 35. A low score of 5–9 indicates that the respondent is "extremely dissatisfied" with life, while a high score of 31–35 indicates that the respondent is "extremely satisfied" with life. Thus, higher scores indicate higher global life satisfaction. The SWLS has a coefficient alpha of .87 (Diener et al. 1985) and good test–retest reliability of .82 over a 2-month period

The Religious Orientation Test (ROT)

The Religious Orientation Test (ROT) was developed as a quantitative assessment of religiosity (Idehen, 2001). It assesses the frequency of behavioural observances such as church attendance and private prayer. The ROT can differentiate between a deep religious orientation (religious beliefs that guide thoughts and behaviours) and a superficial religious orientation (religion is not regarded in daily life). It is a 6-item scale in which respondents are asked to reflect on their religious life. The items are presented in an interrogative format, and participants are asked to respond on a 5-point Likert-type scale. The items assess the strength of belief, observance dimensions and the importance of religion. There are different response alternatives for each item which guard against response set and social desirability responses. Items are scored from the most positive 1 to the most negative 5. An example of an item and response option is: "How often do you attend religious services" (frequently = 1 to never = 5). Item scores are summed to get the total religiosity score. Low scores indicate a deep religious orientation, and high scores indicate a superficial religious orientation. The scale has a Cronbach alpha of .80 and a test–retest reliability of .75.

The Religious Well-Being Subscale (RWB Subscale)

The Religious Well-Being subscale (RWB) is one of two subscales of the Spiritual Well-Being Scale (SWBS), which “provides a self-assessment of one’s well-being in a religious sense” (Paloutzian and Ellison 1991). It measures the way in which a person views their relationship, sense of satisfaction and positive connection with God.

The RWB subscale consists of ten items rated on a 6-point Likert-type scale. All items contain the word “God”. The scale consists of six positively worded items which are scored from Strongly Agree = 6 to Strongly Disagree = 1, for example, “My relationship with God contributes to my sense of well-being”. There are four negatively worded items that are reversed scored such as “I don’t find much satisfaction in private prayer with God” (Strongly Agree = 1 to Strongly Disagree = 6). Item scores are summed to get the total RWB score, which ranges from 10 to 60. Low scores of 10–20 reflect a sense of unsatisfactory relationship with God, scores of 21–49 reflect a moderate sense of religious well-being and high scores of 50–60 reflect a positive view of one’s relationship with God. The authors report a coefficient alpha of .87 and high internal consistency ranging from .82 to .94.

Data Analysis

The Statistical Package for Social Sciences SPSS (2008) for Windows, Version 17.0 was used for analysis. We used Pearson’s product moment correlation coefficient, the independent sample *t* test and the ANOVA. As SPSS only allows the option to run two-tailed independent sample *t* tests to obtain the probability value (*p* value) for the one-tailed tests, the *p* value obtained from SPSS was halved. The alpha level was set at .05 for analyses.

Results

Descriptive Statistics—Demographics

A total of 228 students (mean age $25.1 \pm .17$ years) responded to the questionnaire, a response rate of 99%. Demographic and descriptive statistical data for the sample can be found in Table 1. There were 3.5 times more female than male respondents. Most (46.9%) were in the 19–21 age group. 54.7% identified as Christian. Of this, the majority (17.5%) were Roman Catholics. The Hindu and Roman Catholic faiths contained the largest percentage of respondents: 19.3 and 17.5%, respectively. 7.5% of respondents were of the Muslim faith. “no-religious affiliation” and “other” were the least-represented categories.

Pearson’s Correlations—Religiosity, Religious Well-being and Life Satisfaction

Both religiosity ($r(228) = -.228, p < .01$) and religious well-being ($r(227) = .320, p < .01$) correlated with life satisfaction. A higher level of religiosity is indicated by lower ROT scores. “How religious one considers oneself” was the construct most significantly associated with life satisfaction and was much more correlated with life satisfaction than “attendance of religious services ($r(228) = -.141, p < .05$)” and “frequency of prayer ($r(225) = -.114, p < .05$).

Table 1 Characteristics of respondents

Variable	Frequency	Per cent
<i>Gender</i>		
Male	50	21.9
Female	178	78.1
Total	228	100.0
<i>Age</i>		
19–21 years	107	46.9
22–24 years	52	22.8
25–27 years	28	12.3
Over 28 years	41	18
Total	228	100
<i>Religion</i>		
Anglican	16	7.0
Baptist	6	2.6
Pentecostal	37	16.2
Roman Catholic	40	17.5
Seventh Day Adventist	16	7.0
Other Christian	32	14.0
Hindu	44	19.3
Muslim	17	7.5
No religious affiliation	13	5.7
Other	6	2.6
Total	227	99.6
Missing	1	.4
Total	228	100.0

Christians, Non-Christians and Life Satisfaction

T tests revealed that Christians scored significantly higher than non-Christians on religiosity ($t(225) = -5.804, p < .01$) and religious well-being ($t(224) = 4.370, p < .01$) but non-Christian undergraduates scored significantly higher than the Christians on satisfaction with life ($t(225) = -1.838, p < .05$). Christians mean scores ($M = 54.12, SD = 7.75$) on “religious wellbeing” were higher than non-Christians ($M = 48.55, SD = 11.31$) (Table 2).

Hindus and Muslims

The comparison scores for Muslims and Hindus on religiosity, religious well-being and satisfaction with life were not statistically different and therefore not significant.

Religious Affiliation and Life Satisfaction

The “Religious affiliation” group scored significantly higher on religiosity and religious well-being compared with the “no religious affiliation” group as would be expected. There was no difference between these two groups on life satisfaction.

Table 2 Pearson's correlations between satisfaction with life (SWL), overall religiosity (ROT), religious well-being (RWB) and distinct religiosity (ROT) elements

Satisfaction with life (SWL)	<i>R</i>	<i>N</i>	<i>P</i>
Overall Religiosity (ROT)	– 0.228	228	0.000
Religious well-being (RWB)	0.320	227	0.000
<i>Distinct Religiosity (ROT) Elements</i>			
How religious do you consider yourself to be?	– 0.236	227	0.000
How often do you attend religious services?	– 0.141	228	0.017
How often do you pray?	– 0.114	225	0.044
How often do you read the holy scriptures?	– 0.189	228	0.002
How often do you watch or listen to religious programmes on TV	– 0.155	228	0.009
How important is your religious belief in your daily life?	– 0.207	228	0.001

Gender, Religiosity and Life Satisfaction

Females scored higher than males on religiosity (borderline significant ($t(226) = 1.615$, $p = .054$) and significantly higher on religious well-being ($t(225) = -3.142$, $p < .01$). There was no significant difference between males and females on life satisfaction.

Age and Life Satisfaction

ANOVA testing revealed a significant difference between the age groups on life satisfaction ($F(3, 224) = 2.718$, $p < .05$). The mean score for life satisfaction of the 19–21 year group ($M = 25.95$, $SD = 5.33$) was higher than the 28 + year group ($M = 23.15$, $SD = 6.22$). Tukey HSD post hoc testing revealed that life satisfaction was significantly higher for the 19–21 age group compared to the 28 + year group. No other significant comparisons were revealed.

Discussion

In this study, we examined the relationship between religiosity and religious well-being with life satisfaction, in undergraduate medical students. Overall, we found that religiosity and religious well-being were positively correlated with life satisfaction. This finding is supported by numerous other studies (Clark and Lelkes 2011; Suhail and Chaudhry 2004). Religious well-being was more positively correlated with life satisfaction than religiosity. This suggests that the way one views their relationship with God is more strongly associated with life satisfaction than religiosity (the numerous aspects of religious activity.) All six religiosity constructs were positively correlated with life satisfaction.

For our overall sample, religious well-being and religiosity were positively correlated with life satisfaction; however, upon collapsing the overall sample into specific groups, this relationship proved to not necessarily hold true. Females, religious people, older people and Christians reported higher religiosity and religious well-being; however, this was not significantly associated with life satisfaction. For example, females compared to males scored significantly higher on religiosity and religious well-being but reported no

difference in life satisfaction. A similar relationship was observed for religious compared to non-religious individuals. Religious individuals scored higher on both religiosity and religious well-being but both (religious and non-religious people) shared a similar level of life satisfaction, running counter to the overall assertion that religious well-being and religiosity are translated into elevated life satisfaction. On a similar vein, Christians scored higher on religiosity and religious well-being compared to non-Christians but non-Christians (not Christians) reported significantly higher life satisfaction, again demonstrating that the overall relationship did not hold true as higher religiosity and religious well-being did not translate into elevated life satisfaction. While with “age groupings”, there was no significant difference in religiosity and religious well-being, however, the 19–21 versus 28 + age group scored significantly higher on life satisfaction. These data suggest that though religious behaviours may play a role in life satisfaction, higher religiosity does not automatically confer higher life satisfaction than a sense of religious well-being independent of practice. Additionally, many other factors impact on life satisfaction and subjective well-being, for example, social support, social class, income level and marital status (Suhail and Chaudhry 2004). Character strengths found to be related to life satisfaction include love, hope, curiosity and zest, with gratitude being the most robust predictor (Peterson et al. 2007). How these factors interact with religious behaviour might influence the strength of the association between religious behaviour and life satisfaction.

Prayer, Attendance to Religious Services and Life Satisfaction

Forty-nine per cent of respondents often attended religious services, and life satisfaction weakly correlated with attendance to religious services. This is consistent with previous findings (Jacobs-Lawson et al. 2010; Chaeyoon Lim and Putnam 2010; Philippus et al. 2016; Tatsumura et al. 2003). Lim and Putnam (2010) suggested that this is observed because attendance to religious services increases social capital and networking within the congregation. It is well known that a strong supportive social network is linked to superior mental health (Chase and Sapkota, 2017; Han et al. 2017; Huegaerts et al. 2017). Of the six constructs of religiosity, “prayer frequency” was the least correlated with life satisfaction. This substantiates prior findings in the literature. Many other researchers discovered that stronger correlations exist between life satisfaction and attendance to religious services, rather than frequency of prayer (Assari 2013; Ferriss 2002; Mochon et al. 2008). Frequent attendance to services appears to provide small frequent bursts of well-being that add up in the long run (Mochon et al. 2008). Other researchers have reported that frequent prayer also boosts psychological well-being, optimism and hope (Lambert et al. 2009; Maltby et al. 1999; Sethi and Seligman 1993) and translates into elevated life satisfaction. Drawing from their meta-analysis, Hackney and Sanders (2003) concluded that measures of personal devotion produced the strongest correlation with positive psychological functioning and by extension, life satisfaction. It is thought that repetitive praying serves to reinforce feelings of hope, optimism and cheerfulness—in the same manner, that repetitive use strengthens and builds a muscle. Prayer may thus be the portal through which these virtues are channelled. Gratitude is also a predictor of life satisfaction, and it may be that prayer also reinforces feelings of gratitude (Lambert et al. 2009). In contrast, Francis and Hills (2008) reported little or no relationship between the frequency of prayer and life satisfaction. Leondari and Gialamas (2009) noted that people who pray more frequently may be doing this to alleviate feelings of anxiety and depression. To fully comprehend the effect of prayer on well-being, the underlying reason for engaging in prayer should be considered

and also how this action is seen by the other members of the religion and the purpose it is serving.

While Christian undergraduates reported higher religiosity and religious well-being, non-Christians reported significantly higher life satisfaction. This suggests that religiosity among Christians in Trinidadian society is not necessarily associated with higher life satisfaction compared with their non-Christian colleagues. This may be because religiosity among the non-Christians is more closely tied to other variables that enhance life satisfaction. Affiliation with certain denominations is also known to impact life satisfaction in certain contexts (Ellison et al. 1989). Taken together, these suggest that in future studies, deconstructing the associated social and cultural factors that underlie both religiosity and life satisfaction must be considered.

In our study, Non-Christians, Hindus and Muslims demonstrated similar levels of religiosity and religious well-being. In contrast, Patel et al. (2009) discovered that within the Indian population of undergraduates in South Africa, Christian and Muslim undergraduates experienced higher levels of religiosity and religious well-being, while the Hindu undergraduate scored the lowest on both scales.

Religious Affiliation and Life Satisfaction

As expected, the “no religious affiliation” group possessed significantly lower levels of religiosity and religious well-being when compared to the “Religious affiliation” group; however, there was no statistical difference between these two in life satisfaction. This finding is inconsistent with other research findings. Other researchers report that people with an affiliation to a church enjoy more satisfying lives (Ellison et al., 1989; Koenig et al. 2012) and display higher scores on kindness, love, gratitude and hope (Berthold and Ruch 2014). Kim et al. (2004) surmise that having “no religion by choice” may improve an individual’s well-being as one may not feel duty bound and coerced into observing a formal set of rules. This may serve to act as a source of protection and improve well-being (Jarvis 2005; Kim et al. 2004).

Gender and Life Satisfaction

A consistent finding in religion research has been that females rate higher in religiosity and lower in life satisfaction compared to males (Abdel-Khalek and Naceur 2007; Fiori et al. 2006; Jafari et al. 2010; Patel et al. 2009). In a longitudinal 4-year study, Chan et al. (2015) stated that in the transition to young adulthood, changes in religiosity did not vary for gender, though thereafter religious identity remained stable for males but increased significantly for females. They surmised that this may be a precursor to the gender differences in religiosity that are apparent in adulthood. Because females are socialised to be more religious than men, over time a stronger religious identity may then serve to reinforce meaning, worth and substance to their lives.

In our study, females reported a borderline deeper religiosity, yet, compared to males, they did not experience a higher level of life satisfaction. This is somewhat inconsistent with prior findings from a study among a Jamaican population where Hutchinson et al. (2004) reported that highly religious behaviours in men predicted lower psychological well-being while Gauthier et al. (2006) noted that females possessing higher religiosity reported higher levels of life satisfaction. It would appear that religiosity in women and perhaps in men does not always tend to be associated with greater life satisfaction as was found in our study but this may be due to the age of our respondents.

Interestingly, employing data from the 1998 US general survey, Maselko and Kubzansky (2006) deconstructed religious behaviours into public religious activity, private religious activity and spiritual experiences and reported that public religious activity (versus private religious activity and spiritual experiences) was associated with better mental health and well-being, and this effect was more pronounced in males. This suggests that for men, public religious activity improved their sense of well-being and mental health in ways that do not apply to women.

Pargament et al. (1998) dissected the concept of religious coping in a sample of churchgoers/students who experienced a crisis. In essence, they found that for people in crisis, their relationship to religion can be either a help or hindrance to coping. Dimensions of “self-neglect” (which probed participants to respond to questions such as “I decided to sacrifice my own interests and live only for God” and “I realized the world is not important to me and spend decided to spend all my energies serving God”) and “religious denial” (“I wasn’t bothered at all because I believed it was god’s will” and “I wasn’t bothered because I believed this would bring me closer to God”) were correlated with better mental health outcomes. Researchers of empathy have also found that taking the focus away from “self” and towards “other” is correlated with happiness and life satisfaction (Alden and Trew 2013; Dambun and Ricard 2011; Dunn et al. 2011; Otake et al. 2006). This focus on “other” rather than “self” may be the reason that public rather than private and spiritual religiosity results in higher life satisfaction. Distinguishing between public and private expressions of religiosity may be the means of unpacking the relationship between religiosity and life satisfaction among different groups.

Pargament et al. (1998) also found that, for people in crisis, poorer mental health- and event-related outcomes were attributed to religious apathy (probes included, “stopped caring after God showed me how futile life is”, “lost interest in God, other people, myself and everything else”), God’s punishment, anger at God, conflict with church dogma and interpersonal religious conflict. These dimensions seemingly capture the tension between someone’s innate desires and the expectations of their religion. Inappropriate focus on the self, self-condemnation and feeling at odd with one’s religion are correlated with problematic resolutions of negative life experiences.

Age and Life Satisfaction

Religiosity generally tends to decline from youth to young adulthood, and this change tends to vary among individuals (Arnett and Jensen 2002; Stoppa and Lefkowitz 2010a). The transition from youth to young adulthood itself is a period of social transition. At this time, there exists a tension between “self” and “institutional ideologies”, which can lead to a re-evaluation of one’s religious identity. This effect may be even more pronounced in young adults entering universities/college, as they are gaining exposure to different world views, which can challenge their beliefs, and social and religious identities (Chan et al. 2015). As identity becomes shaken, the tendency to engage in risky behaviours is higher for this life stage than any other (Schulenberg and Maggs 2002; Steinberg 2008). The first few semesters are thought to be especially instrumental in shaping development (Davis 1977). As the world view of new students expands, there may be an accompanying decline in religiosity (Chan et al. 2015). This decline is not, however, monolithic across all religiosity dimensions. Although a decline in some of the behavioural aspects of religiosity may be evident, in other aspect, the importance of religious belief remains constant (Stoppa and Lefkowitz 2010b). Low religiosity in young adults is associated with increased depression and lower self-esteem (Yonker et al. 2012). Students who, however, exhibit

increased religiosity may be doing so to cope with adjusting to a new lifestyle, and this may be associated with having a greater sense of meaning. Stronger social (religious) identities may well be related to greater eudaimonic rather than hedonic well-being (Steffen 2012). Religiosity is also associated with greater physical health (Francis et al. 2004), decreased risk-taking in sexual activity (Zaleski and Schiaffino 2000) but also associated with negative body image issues (Boyatzis and McConnell 2006). Particular dimensions of religiosity may thus impact specific outcomes in unknown ways. The impact of age and religion on life satisfaction is thus ambiguous and requires further investigation.

In our study, there was no significant difference in religiosity and religious well-being between younger and older undergraduates. However, younger participants scored significantly higher on life satisfaction. This might be a feature of age as the older undergraduates might feel different and unable to relate to their younger counterparts who although younger are at the same stage of education. Lesser life satisfaction among the older undergraduates is unlikely to be related to religiosity since there was no difference between the age groups on the measures of religiosity or religious well-being.

Hindus and Muslims

Muslims scored higher in life satisfaction and religiosity, but Hindus exhibited higher scores on religious well-being. Suhail and Chaudhry (2004) found that among Pakistani Muslims, there was no significant relationship of well-being and gender with age; men and women were equally likely to declare themselves as happy, and age gave no clue to happiness

Limitations and Recommendations

The sample was a purposive sample of undergraduate students, which threatens external validity and limits generalisability of the results to other populations. Future research should investigate the relationship between religion and life satisfaction in more representative population in Trinidad and Tobago.

We used a cross-sectional, correlational design; thus, personal experiences and emotional states may have influenced responses to the date of the survey. A longitudinal design is recommended to evaluate participants, a number of times, over an extended period.

One of the main criticisms of studies on religiosity has been the inconsistencies in operationalising the construct. This can lead to misleading results (Francis and Hills 2008) and difficulties in interpretation because of the differing values and beliefs in different religious communities (Hall et al. 2008). The possibility of item bias may lead to questions being relevant to certain religions, but not to others. This is a particular issue when testing populations that include Christians and Non-Christians. King and Crowther (2013) suggested that while “faith neutral measures” are simpler to manage and administer when working across faiths, the development of “faith specific measures” beyond Christianity may be desirable. Instruments should be subject to scrutiny from spiritual and religious leaders of different faiths to evaluate item wording and the relevance of issues assessed (Patel et al. 2009)

Conclusion

Religious well-being and religiosity are correlated with life satisfaction but do not automatically confer this state. Although women, Christians and religious people exhibited more religious behaviour or religiosity, this did not result in greater life satisfaction.

Vaillant (2008) suggested that spirituality is all about positive emotions such as love, hope, joy, forgiveness, compassion, trust, gratitude and awe. He viewed religion as “the portal” through which positive emotions are brought to conscious reflection. This link between religion, positive emotions and life satisfaction deserves greater attention.

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