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Religiosity and Psychological Well-Being: A Correlational Meta-Analysis in North America

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In recent years, the demographics of the United States has evolved at exponential rates and now includes an increasingly diverse population of people who are in need of a variety of services, including mental health interventions. Mental health interventions strive to promote well-being, but have historically focused on serving white populations, thus neglecting minority groups who are at an elevated risk of mental illness. Their unique cultural experiences and ethnic-specific needs are also often incompatible with theoretical frameworks, experiences and needs that must be addressed in order to provide effective mental health services (Remy, 1995).

Religiosity is a factor that is often intricately intertwined with culture, has particularly high endorsement among ethnic minority groups, and has an exceptional influence in the lives of minority groups who utilize it to handle the effects of mental illness and distress. Therefore studying the effects of religiosity on the mental health of ethnic minorities is a pressing area of research, especially because the study of this relationship has predominantly ignored ethnic and racial minorities who consistently indicate higher levels of religious participation, coping, and spirituality than non-Hispanic white participants (Chatters, Taylor, Bullard & Jackson, 2009; Taylor, Chatters & Jackson, 2007). The purpose of this study is to evaluate the literature researching the effects of religiosity on psychological well-being in ethnic minorities and to determine if religiosity is positively linked to favorable mental health outcomes as previous studies have indicated (Koenig, King & Carson, 2012).

Published and unpublished studies that provided quantitative data on the relationship between religiosity and psychological well-being in ethnic minorities were included in our study. Psychological well-being was defined as an aspect of mental health such as anxiety, depression symptomatology, etc. Ethnic minorities participating in any religious affiliation were included in the study. Variables of interest for our study were cataloged by two pairs of coders and discrepancies among the two pairs were resolved in a final, verification coding session by a coder from each pair.

The analysis for this study is still in process; therefore, we are reporting preliminary results. We found that on average, across all types of measures of wellbeing, the random effects weighted correlation with participant religiosity/spirituality was .14 (se = .01, 95% CI = .12 to .16, p < .0001). The heterogeneity of the findings (Q(119) = 469.9, p < .0001) indicated substantial dispersion of the results. All but 11 studies yielded effect sizes greater than zero, and 12 studies had effect sizes of r > .30. The vast majority (80%) of studies had effect sizes between 0 and 0.30. Thus, the variability of the results was largely restricted to a range between no effect and a moderate effect. Additionally, the degree to which participants’ religiosity/spirituality correlated with their wellbeing seemed to vary somewhat as a function of other considerations.

The overall results obtained across all 120 studies were found to be increasing slightly in magnitude over time (the correlation between the year of study and its effect size was r = .17, p = .05). This finding was not attributable to a current bias toward publishing statistically significant results (which pattern sometimes characterizes popular research topics) because a simultaneous regression including year and publication status remained significant (b = .18) for only year of study and not for publication status (b = .06). This finding may suggest that the salience of religiosity/spirituality has increased over time, or it may be
indirectly related to the increased numbers of studies appearing on the topic. As would be expected, studies using cross-sectional research designs obtained effect sizes that were three times the magnitude of studies using longitudinal designs. The association between religiosity/spirituality and wellbeing appears to be restricted in time to present wellbeing, with only minimal association enduring over time.

A large number of unpublished studies was an indicator of the need for improvement for future studies. It seems that religiosity/spirituality may be more relevant to positive psychological functioning than to distress. The one exception to the general pattern of lower correlations with measures of mental health was with hopelessness, which clearly was inversely related to religiosity/spirituality. Apparently, religiousness/spirituality either buffers against hopelessness, or people who are hopeful are more willing to suspend disbelief about religious/spiritual issues. Religious people may have more hopeful and positive outcome expectancies in the face of stress (Sethi & Seligman, 1993), which may provide them with compensatory strength/comfort when facing difficulties.

Although the vast majority of research involves African American participants, the correlation between religiosity/spirituality and wellbeing did not differ across racial groups. This represents the prevalence of the need for more studies on this topic with other ethnic or racial minorities.

The lower correlations observed for measures of mental health (when compared to those for positive wellbeing) could be associated with the nature of psychopathology, which could distort religious/spiritual beliefs. Alternatively, it could be that religiosity/spirituality is simply more relevant to positive psychological functioning than to distress. Nevertheless, because the data primarily represented non-clinical populations, an equally viable alternative explanation is that the restricted range of pathology reported within studies could have artificially attenuated the magnitude of the correlations with measures of mental health symptoms.

References
