# Intersection of Religion and Subjective Well-Being

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## Abstract:

This chapter reviews the body of research investigating the effect of religion and religiosity on subjective well-being (SWB). First, we provide a broad overview of the relation between religiosity and SWB, with specific attention to cultural factors and circumstances that moderate this effect. Then, we review the research on four specific process variables that have been considered in the past as mediating the relation between religiosity and well-being. Meaning in life, coping, social support, and emotion regulation are considered in examining whether these variables can account for, and explain away, the effect of religiosity on SWB.

**Keywords: Religion, Spirituality, Subjective Well-Being**

Religion is a directed and active search for a sacred universal truth. The inclusion of the sacred is what makes religion different from other searches for universal truth (Pargament, 1999). The search – and the experiences, feelings, and beliefs that accompany the search – as well as the destination, are both part of the religious experience. For example, the search might include attendance at religious events, whereas destination might include experiences of the sacred. The sacred, in turn, has been defined broadly to include concepts about higher powers, the divine, and the transcendent. These beliefs about the sacred can be transferred to objects as well as people, thus turning ordinary objects, such as a bowl, a bead, or a statue, into sacred objects, and people into saints and other spiritual beings (Pargament, 2002). In addition, as an institution, religion includes not just the objects and edifices, such as codified texts, places of worship, methods of teaching and learning, but also the set of beliefs, values, norms, mores, and rituals that are observed, taught, and practiced. For the purposes of this chapter, we include all three of these aspects when we refer to religion or religiosity.

And it is through these institutions, practices, and experiences that religion can lift adherents to heights of ecstasy and serve as a bulwark against distress, anxiety, and loneliness – we examine the ways in which religion promotes well-being and lay out the research evidence linking religion and subjective well-being (SWB). Of course, this is not to say that religion has not served to justify heinous crimes and conflict. History is rife with such examples. However, the goal of this chapter is to examine the benefit of religion and evaluate the research evidence related to the intersection of religion and SWB.

### Overall Findings about Religion and SWB

Much research supports the positive relationship between religion and SWB. In a nationally representative US Gallup poll, respondents were twice as likely to be in the "very happy" group if they had reported religious faith as being most important, as opposed to least important (Myers, 2000). Indeed, in their review, Koenig and Larson (2001) found that of the 100 studies that they considered, 79 found a positive relationship, including 10 of the 12 which included prospective cohort studies. When the criterion was depression, 60 of 93 found lower rates of depression and fewer symptoms (for a brief review, see also Seybold & Hill, 2001). In addition to broad reviews, several meta-analyses have also found support for this relationship. For example, Hackney and Sanders (2003) found an overall positive effect ($r = 0.10$) of religiosity on psychological adjustment. A more recent meta-analysis by Smith, McCullough & Poll (2003) also found similar results, in that they found a negative relation ($r = -.096$) between religiosity and

depression.  But as can be seen from the effect sizes, the impact at first glance appear to be small, at best. A closer look at the relationship, however, raises the possibility that the size of the effect may be slightly larger than that shown by overall means. Even though the overall effect found by Smith, McCullough & Poll (2003) in their meta-analysis was small, they also found that the strength of the relationship was stronger for those who were experiencing distress due to recent life events, such that those studies that considered severe life stress found weighted mean $r = -.152$, compared to minimal life stress ($r = -.071$). Similarly, Hackney and Sanders (2003) also found that depending on the operationalization of well-being and religiosity, average effect sizes varied from 0.11 to 0.32.

Of course, the above effects are still not large.  However, what makes religion an important factor in considering SWB is that this relation appears to hold across multiple situations, religions, and cultures. While much of the evidence supporting religion's role in SWB stems from research with Christians from Western and relatively wealthy and industrial nations, research examining the effect across different religions have similarly found that religion predicts SWB. For example, Abdel-Khalek (2006) found that for Kuwaiti Muslim undergraduate students, religiosity accounted for 15% of their variance on happiness. And for Kuwaiti participants, the predictive power of religiosity held even during and subsequent to Iraq's invasion of Kuwait (Figley, Chapman, Ashkanani, al-Naser, & Donnelly, 2010).  Rosmarin, Pargament, & Mahoney (2009) found that trust in God was associated with greater happiness and lower levels of anxiety and depression for Jewish participants, and Krause, Ingersoll-Dayton, Liang, & Sugisawa (1999) found that for elderly Japanese participants, religiosity predicted better health.  Ng & Fisher (2016) also found that religiosity predicted SWB for Hong Kong Christian Chinese participants.  In addition to research that focuses on specific religions or populations, investigations that consider large multi-national samples have also found similar results. For example, Diener & Clifton (2002) found that religiosity was positively associated with positive feelings and negatively associated with negative feelings across Buddhism, Christianity, Hinduism and Islam, controlling for demographic variables of age, gender, and life circumstances at the individual and societal level.

A caveat, however, exists in that while religion might predict SWB, the strength of the predictive ability, as well as overall mean levels of SWB, do vary across religions as well as denominations within religions.  For example, some research has found that adherents of more fundamentalist denominations compared to liberal denominations across different religions self-reported greater happiness, life satisfaction, as well as optimism (Ellison, Gay, & Glass, 1989; Green & Elliott, 2010; Sethi & Seligman, 1993). But the findings are mixed, with other research not finding such differences across different denominations (e.g., Diener & Clifton, 2002; Ellsworth & Ellsworth, 2010).  And because it is not always possible to consider solely religious or denominational affiliation while eliminating the effect of other variables, such as individual and national wealth, majority vs. minority status, intra-individual changes in religiosity and value of religiosity, as well as other cultural values and beliefs, this research contains multiple confounds.

The culture-level variable that has garnered much research focus is whether the culture values religion or not.  For example, Graham & Crown (2014) found an overall positive relation between religiosity and SWB using a large-scale dataset that includes about 160 nations.  This relation was moderated by culture, specifically the religiosity of the culture itself.  In cultures with high levels of religiosity, being religious had a greater impact on SWB, compared to cultures with low levels of religiosity.  In addition, using the European and World Values Studies datasets, Stavrova, Fetchenhauer, & Schlosser (2013) found that the predictive power of religiosity on life satisfaction was greater in highly religious cultures, whereas the relation was negative in cultures that valued atheism (c.f. Pirutinsky, 2013, who replicated the main effect, but not the interaction of religiosity at the nation level, using European Social Survey). Lun & Bond (2013) also found that across nations, the impact of religiosity on well-being was further moderated by support for spiritual practice, as well as societal hostility towards religion.  For nations with low support for socialization, spiritual practice and happiness were not related. Similarly, Diener, Tay, & Myers (2011) found that while religiosity was associated with higher SWB generally, it was mediated by social support, feelings of respect, and meaning in life.  These, in turn, were moderated by difficult life circumstances. That is, when life circumstances were difficult, greater religiosity predicted greater SWB, via greater social support and meaning in life.  But if circumstances were not as difficult, religiosity did not provide much benefit to SWB.

Thus, it appears that overall, and generally, religiosity provides some benefits for SWB.  The extent of the benefit varies, however, and are circumscribed by culture-level and individual-level variables.  In addition, much of the effect appear to be mediated by third variables that may perhaps account for much, if not most, of the effect of religiosity on SWB.

**Processes that Explain the Relation between Religion and SWB**

What might explain the relationship between religiosity and SWB and further clarify the boundary conditions of this effect? Lewis and Cruise (2006) argue that by definition, religion provides "existential certainty," a meaning in life. They further argue that it provides mechanisms for social support, emphasizing the social implications of religious involvement (see also Myers, 2000). Indeed, much research have borne out this theory. In addition, others have noted that religion serves as a bulwark against distress by providing various ways of coping, whether it be through social services or through religious belief. Last, a growing body of research investigates the role of religion in emotion experiences and emotion regulation, both of which are implicated in SWB. Below, each of the process variables are discussed in turn and evaluated in terms of the research evidence.

**Meaning in life.** Religions, by definition, provide an explanation for the world and the rationale for existence within it. Most religions also provide a goal or a standard by which that existence should be measured. These edicts provide meaning and purpose to adherents, and research evidence bears out the importance of meaning in life as a mediator. For example, French & Joseph (1999) found that meaning in life fully mediated the relation between religiosity and happiness. Others have found similar results, even when meaning in life has been operationalized slightly differently as coherence or importance of meaning, or when religiosity was measured as attendance at religious service (e.g., Ellison, 1991; Yoon et al., 2015; see George, Ellison & Larson, 2002 for review of research on meaning as mediator for relation between religiosity and physical health). In addition, a prospective research study measuring adjustment and well-being pre- and post- a major natural disaster also found that sense of purpose, as well as optimism, mediated pre-disaster religiosity and post-disaster well-being (Chan, Rhodes & Perez, 2012). And as was the case for the body of research on religion and SWB in general, while much of the research is based on Christian adherents, the findings replicate across religions (i.e., Steger & Frazier, 2005; Vilchinsky & Kravetz, 2005).

**Coping.** Not all coping strategies, whether they be religious or non-religious, are effective. Similarly, not all religious coping strategies provide comfort. However, positive religious coping strategies, similar to positive coping strategies in general, provide access to heightened well-being. For example, Mickley, Pargament, Brant & Hipp (1998) found that for hospice caregivers, religious appraisals that were positive vs. negative (death as punishment from God vs. dying process as a benevolent act from God) predicted meaning in life, anxiety, depression, and spiritual well-being (see also Koenig, George & Siegler, 1988; Pargament et al., 1990). Indeed, a meta-analysis of 147 studies on the relation between religiosity and depressive symptoms found that while the overall strength of relation was $r = -.09$, when positive religious coping, intrinsic religious orientation and positive regard of God were separated from external religiosity and negative coping, the effect size was as high as $r = -.20$ (Smith, McCullough, & Poll, 2003). Similarly Ano and Vasconcelles (2005) found mean $r = .33$ for positive religious coping and positive psychological outcomes. Similar findings have been noted for Lebanese college students in Beirut (Moussa & Bates, 2011), and Muslim participants (Abu-Raiya, Pargament, & Mahoney, 2011). And while not as numerous as cross-sectional research, prospective studies have also confirmed the positive effect of positive religious coping on SWB. Chan & Rhodes (2013) found that positive religious coping predicted posttraumatic growth following a large-scale natural disaster, while negative religious coping predicted symptoms of post-traumatic stress disorder.

It is important to note, however, that much of the research on religious coping conflate several variables. For example, an often used positive religious coping strategy might be cognitive reappraisal, but also prevalent are forms of emotional and social support, such as seeking support from members of the religious congregation or religious leader (e.g., Pargament et al., 1994). Thus, below, we further investigate the different ways in which social support may be a crucial mediator in the relation between religiosity and SWB.

**Social support.** A robust body of research indicates that strong and close social relationships may be one of the most important predictors of SWB (for brief review, see Myers, 2000). For many religious traditions, regular attendance at religious services and/or membership in a congregation is a large component of adherence to the religion. A strong indication that social support may indeed account for much of the effect of religiosity lies in the fact that in many of the above research studies, religiosity has been operationalized as frequency of church attendance. When religiosity is measured in multiple ways, research have found that it is church attendance that best predicts well-being outcomes. For example, Strawbridge, Shema, Cohen, Roberts, & Kaplan (1998) measured private/individual religious acts and beliefs, such as prayer, importance of religion, as well as church attendance, and found that it was church attendance that best predicted well-being (see also Levin & Chatters, 1998).

Research indicates that frequent churchgoers not only have larger social networks, but also more frequent contact with members in the network, both in person and by telephone. Frequent attenders also received greater social support, and rate their social relationships as more favorable compared to those who

do not attend religious congregations as frequently (Ellison & George, 1994).  In addition, this relation held when personality variables, such as extraversion, were controlled for (Bradley, 1995).

The social support appears to provide benefits to adherents in two ways:  As a buffer against adverse life events; and as source of social capital and status. For example, Williams, Larson, Buckler, Heckmann & Pyle (1991) found that religious attendance moderated the effect of stress on mental health, such that for low frequency attenders, stressful life events negatively impacted metal health, whereas high frequency attenders were less debilitated by negative life events (see also Ellison, Burr & McCall, 1997; Salsman, Brown, Brechting & Carlson, 2005).  And in the aftermath of tragic events, such as the sudden death of an infant, parents who were frequent attenders received greater social support, and that social support in turn predicted better adjustment three weeks later (McIntosh, Silver, & Wortman, 1993). As a source of social capital, Shkolnik, Weiner, Malik & Festinger (2001) found that religiosity predicted social status, which in turn led to social capital among elderly Jewish participants (see also King & Furrow, 2004).

The benefits of social support can also be discerned by holding the benefit of shared doctrine constant.  Unitarian Universalism does not have a creed; instead, each member is responsible for seeking their own spiritual path, which means that the benefit of a cohesive principle or belief may be missing. Even in such cases, adherents benefited from social support of the congregation and derived strength and comfort (Elliott & Hayward, 2007).  Researchers found, however, that the extent of benefit depended on whether being a Unitarian Universalist was central to their identity. The role of identity as a member of a religious group seems to be an important element of social support in other religions as well.  Using a national probability sample, Greenfield & Marks (2007) found that social identity mediated the effect of church attendance on SWB.  In addition, Hayward & Elliott (2009) found that degree of congruence with the congregation predicted having spiritual needs met, as well as help with daily living.  Indeed, Hogg, Adelman and Blagg (2010) go as far as to posit religion as a social group, and religiosity as the extent to which one adheres to the norms, beliefs, and mores of that social group, with the difference between religions and other social groups being that religion's beliefs are existential.

But if social support mediates the effect of religiosity on SWB, and religion is yet another social group, then is religion necessary?  That is, is religious social support something that provides benefits for the adherent above and beyond social support received from non-religious sources?  Some research seems to indicate that while social support from non-religious sources also serves to buffer and provide social capital, religious social support provides unique benefits to well-being.  For example, while church based emotional support appeared to buffer against the negative impact of financial stain, support from secular networks did not (Krause, 2006; see also Krause & Bastida, 2009).  In addition, while spiritual support predicted positive religious coping in adherents, emotional support did not (Krause, Ellison, Shaw, Marcum, & Boardman, 2001).

And of course, one can be a strong adherent of a religion without being a member of a congregation.  And in many religions, communal worship or membership in a congregation is not a codified part of religious adherence, or a valued aspect of religiosity. This was seen in Krause, Ingersoll-Dayton, Liang, & Sugisawa (1999), who found that for elderly Japanese participants, the aspect of religiosity that mattered was not attendance at religious functions, but daily at-home religious practices. Thus, while social support explains much of the link between religiosity and SWB, it cannot fully explain the effect of religiosity on SWB.

**Emotion.**  In searching for additional processes that might explain the impact of religion on SWB, Fredrickson (2002) suggested positive emotions as a mediator.  Indeed, emotions are an integral part of religion, such that religions provide guidelines for experiencing, or not experiencing, specific emotions (Kim-Prieto, 2014; Kim-Prieto & Diener, 2009).  Thus, the experience of specific emotions, as well as regulation of that experience, might indeed help explain religion's impact on SWB.

A robust body of research indicates that religious emotions play a key role in promoting SWB. Religious services, prayer, sermons, reading religious texts, serve as triggers of positive religious emotions (Argyle & Hills, 2000).  Emotions such as awe, gratitude, love and peace, as well as optimism, have been found to fully mediate religiosity and well-being (van Cappellen, Toth-Gauthier, Saroglou, & Fredrickson, 2016; Salsman et al., 2005).  Religious people who practice forgiveness report lower stress, depression, and anxiety (Spilka, Hood, Hunsberger, & Gorsuch, 2003; Worthington, Berry, & Parrott, 2001), and those who practice Loving Kindness meditation, a Buddhist meditation practice, reported increased positive emotions, which in turn predicted increased social support (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; see also Philippot, Chapelle & Blairy, 2002).  In addition, even on social media platforms, presumed Christians showed greater use of positive emotions words compared to presumed atheists (Ritter, Preston, & Hernandez, 2013).

In addition to emotion elicitation, religious traditions regulate emotions in additional ways. Disclosure of emotion has been found have positive benefits for well-being, and religious practice often serves as a way by which trauma or negative experiences can be disclosed (described in Pizarro & Salovey, 2002). In the Roman Catholic tradition, for example, describing transgressions is expected to absolve sin, thus providing a way of ameliorating guilt. In addition, while prayer, meditation, and other similar rituals can serve to elicit positive emotions, they can also promote the regulation of other emotions. A growing body of research on mindfulness-based meditation, a Buddhist meditation technique, has established a robust set of evidence showing the benefits of meditation on emotion regulation (for review, see Lykins, 2014). For example, Goldin & Gross (2010) found that participants with social anxiety disorder who participated in an 8-week mindfulness based stress reduction meditation session experienced reduction in anxiety, depression, and rumination.

**Conclusion**

Thus, as reviewed above, evidence points to religion as a factor in SWB. Much of the effect, however, is mediated by other intervening variables, such as meaning in life, coping, social support, and emotion regulation. While research evidence shows that some of these intervening variables fully mediate the effect of religiosity on SWB, additional evidence also indicates that some of these mediating factors may be unique to religion. In addition, some of these variables may also serve as moderators. For example, benefits of religious coping would accrue in response to distressful events, but not in the absence of such events. Last, additional context variables moderate the role of religion on SWB. For example, as reviewed above, the extent to which a culture values religiosity or provides supports for the practice of religion, along with the experiences of hardship at the individual and society level, impact the effect of religion on well-being.

Freud (1929) believed religion to be a form of neurosis. He considered religion to be an infantile search for bliss, merely an attempt to resolve the Oedipal complex and resolve feelings of helplessness. We have provided evidence that religion provides benefits to the individual and perhaps society. But we also cannot ignore the evidence that religion is not always beneficial. At the individual level, religiosity is linked with greater out-group hostility and prejudice, support for suicide attacks, unwillingness to forgive, and discrimination (e.g., Cohen, Malka, Rozin, & Cherfas, 2006; Ginges, Hansen & Norenzayan, 2009; Hunsberger & Jackson, 2005). Exline (2002) also points out that religion can serve as a source of interpersonal discord and strain, especially group-level violence. And when adherents struggle with disbelief, experiencing disappointment regarding the ineffectiveness of God, experiencing God as distant, or doubts about the existence of God, these experiences predict negative outcomes, with the impact being strongest for those who are most devout (Ellison, Fang, Flannelly, & Steckler, 2013; Exline, Yali, & Lobel, 1999; Exline, Yali, & Sanderson, 2000; Krause & Wulff, 2005; Pargament, 2002; Smith, McCullough, & Poll, 2003).

What are some other variables that might further bolster or attenuate the effect of religion on well-being? Are there specific types of religious activity that may be more or less beneficial than others? Additional research is needed on various mind-body practices, including yogic and other forms of posture based meditation, as well as other bodily practices, such as walking meditation and prayer, spiritual dance, or religious flagellation. And while the body of research investigating the effect in non-Christian and non-Western contexts is growing, additional research is needed to better understand whether some of the effects are merely the effects of those better-researched religions, or can be assumed to be generalizable to religions at large. In addition, while a few sets of research provide experimental data, where religion or religiosity have been experimentally manipulated or made salient (e.g., Kim-Prieto & Diener, 2009), most research are cross-sectional. More experimental research, as well as longitudinal investigations, would allow for stronger evidence of the causal direction of the impact of religion on SWB.

**References**

Abdel-Khalek, A. M. (2006). Happiness, health, and religiosity: Significant relations. *Mental Health, Religion & Culture*, *9*, 85-97. doi:10.1080/13694670500040625

Abu-Raiya, H., Pargament, K. I., & Mahoney, A. (2011). Examining coping methods with stressful interpersonal events experienced by Muslims living in the United States following the 9/11 attacks. *Psychology of Religion and Spirituality, 3* , 1–14. doi:10.1037/a0020034

Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology, 61*, 461–480. doi:10.1002/jclp.20049

Argyle, M., & Hills, P. (2000). Religious experiences and their relations with happiness and personality. *The International Journal for the Psychology of Religion* , *10*, 157-172. doi:10.1207/s15327582ijpr1003_02

Bradley, D. E. (1995). Religious involvement and social resources: Evidence from the data set 'Americans'

changing lives'. *Journal for the Scientific Study of Religion*, *34*, 259-267. doi:10.2307/1386771

Chan, C. S., & Rhodes, J. E. (2013). Religious coping, posttraumatic stress, psychological distress, and posttraumatic growth among female survivors four years after Hurricane Katrina. *Journal of Traumatic Stress*, *26*, 257-265. doi:10.1002/jts.21801

Chan, C. S., Rhodes, J. E., & Pérez, J. E. (2012). A prospective study of religiousness and psychological distress among female survivors of Hurricanes Katrina and Rita. *American Journal of Community Psychology*, *49*(1-2), 168-181. doi:10.1007/s10464-011-9445-y

Cohen, A. B., Malka, A., Rozin, P., & Cherfas, L. (2006). Religion and unforgivable offenses. *Journal of Personality*, *74*, 85-117. doi:10.1111/j.1467-6494.2005.00370.x

Diener, E., & Clifton, D. (2002). Life satisfaction and religiosity in broad probability samples. *Psychological Inquiry*, *13*, 206-209.

Diener, E., Tay, L., & Myers, D. G. (2011). The religion paradox: If religion makes people happy, why are so many dropping out?. *Journal of Personality and Social Psychology*, *101*, 1278-1290. doi:10.1037/a0024402

Ellison, C. G. (1991). Identification and separatism: Religious involvement and racial orientations among Black Americans. *The Sociological Quarterly*, *32*, 477-494. doi:10.1111/j.1533-8525.1991.tb00170.x

Ellison, C. G., Burr, J. A., & McCall, P. L. (1997). Religious homogeneity and metropolitan suicide rates. *Social Forces*, *76*, 273-299. doi:10.2307/2580326

Ellison, C. G., Fang, Q., Flannelly, K. J., & Steckler, R. A. (2013). Spiritual struggles and mental health: Exploring the moderating effects of religious identity. *International Journal for the Psychology of Religion*, *23*, 214-229. doi:10.1080/10508619.2012.759868

Ellison, C. G., Gay, D. A., & Glass, T. A. (1989). Does religious commitment contribute to individual life satisfaction?. *Social Forces*, *68*, 100-123. doi:10.2307/2579222

Ellison, C. G., & George, L. K. (1994). Religious involvement, social ties, and social support in a southeastern community. *Journal for the Scientific Study of Religion*, *33*, 46-61. doi:10.2307/1386636

Elliott, M., & David Hayward, R. (2007). Religion and well-being in a church without a creed. *Mental Health, Religion & Culture, 10*, 109–126. doi:10.1080/13694670500386069

Ellsworth, R. B., & Ellsworth, J. B. (2010). Churches that enhance spirituality and wellbeing. *International Journal of Applied Psychoanalytic Studies*, *7*, 131-142. doi:10.1002/aps.236

Exline, J. J. (2002). Stumbling blocks on the religious road: Fractured relationships, nagging vices, and the inner struggle to believe. *Psychological Inquiry*, *13*, 182-189. doi:10.1207/S15327965PLI1303_03

Exline, J. J., Yali, A. M., & Lobel, M. (1999). When God disappoints: Difficulty forgiving God and its role in negative emotion. *Journal of Health Psychology*, *4*, 365-379. doi:10.1177/135910539900400306

Exline, J. J., Yali, A. M., & Sanderson, W. C. (2000). Guilt, discord, and alienation: The role of religious strain in depression and suicidality. *Journal of Clinical Psychology, 56,* 1481 – 1496. doi.org/10.1002/1097-4679(200012)56:12<1481::aid-1>3.0.co;2-a

Figley, C. R., Chapman, P. L., Ashkanani, H., Al Naser, F., & Donnelly, E. A. (2010). Well‐being in a deeply religious society in the shadows of war: Results of a household survey of Kuwaitis. *American Journal of Orthopsychiatry*, *80*, 593-600. doi:10.1111/j.1939-0025.2010.01064.x

Fredrickson, B. L. (2002). How does religion benefit health and well-being? Are positive emotions active ingredients?. *Psychological Inquiry, 13*, 209-213.

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, *95*, 1045-1062. doi:10.1037/a0013262

French, S., & Joseph, S. (1999). Religiosity and its association with happiness, purpose in life, and self-actualisation. *Mental Health, Religion & Culture*, *2*, 117-120. doi:10.1080/13674679908406340

Freud, S. (1929). A religious experience. *The International Journal of Psychoanalysis*, *101*.

George, L. K., Ellison, C. G., & Larson, D. B. (2002). Explaining the relationships between religious involvement and health. *Psychological Inquiry, 13*(3), 190-200. doi:10.1207/S15327965PLI1303_04

Ginges, J., Hansen, I., & Norenzayan, A. (2009). Religion and support for suicide attacks. *Psychological Science*, *20*, 224-230. doi:10.1111/j.1467-9280.2009.02270.x

Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion

regulation in social anxiety disorder. *Emotion*, *10*, 83-91. doi:10.1037/a0018441

Graham, C., & Crown, S. (2014). Religion and wellbeing around the world:  Social purpose, social time, or social insurance?  *International Journal of Wellbeing, 4,* 1-27. doi:10.5502/ijw.v4i1.1

Green, M., & Elliott, M. (2010). Religion, health, and psychological well-being.  *Journal of Religion and Health*, *49*, 149-163. doi:10.1007/s10943-009-9242-1

Greenfield, E. A., & Marks, N. F. (2007). Religious social identity as an explanatory factor for associations between more frequent formal religious participation and psychological well-being. *International Journal for the Psychology of Religion, 17*, 245–259. doi:10.1080/10508610701402309

Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, *42*, 43-55. doi:10.1111/1468-5906.t01-1-00160

Hayward, R. D., & Elliott, M. (2009). Fitting in with the flock: Social attractiveness as a mechanism for well-being in religious groups. *European Journal of Social Psychology, 39*, 592–607. doi:10.1002/ejsp.552

Hogg, M. A., Adelman, J. R., & Blagg, R. D. (2010). Religion in the face of uncertainty: An uncertainty-identity theory account of religiousness. *Personality and Social Psychology Review*, *14,* 72-83. doi:10.1177/1088868309349692

Hunsberger, B., & Jackson, L. M. (2005). Religion, meaning, and prejudice.  *Journal of Social Issues*, *61,* 807-826. doi:10.1111/j.1540-4560.2005.00433.x

Kim-Prieto, C. (2014). Introduction: Positive psychology of religion across traditions and beliefs. In C. Kim-Prieto  (Ed.), *Religion and spirituality across cultures* (pp. 1-18). New York: Springer. doi:10.1007/978-94-017-8950-9_1

Kim-Prieto, C., & Diener, E. (2009). Religion as a source of variation in the experience of positive and negative emotions. *The Journal of Positive Psychology*, *4*, 447-460. doi:10.1080/17439760903271025

King, P., & Furrow, J. L. (2004). Religion as a resource for positive youth development: Religion, social capital, and moral outcomes. *Developmental Psychology*, *40*, 703-713. doi:10.1037/0012-1649.40.5.703

Koenig, H. G., George, L. K., & Siegler, I. C. (1988). The use of religion and other emotion-regulating coping strategies among older adults. *The Gerontologist*, *28*, 303-310. doi:10.1093/geront/28.3.303

Koenig, H. G., & Larson, D. B. (2001). Religion and mental health: Evidence for an association. *International Review of Psychiatry*, *13*, 67-78. doi:10.1080/09540260124661

Krause, N. (2006). Church-based social support and mortality.  *The Journals Of Gerontology: Series B: Psychological Sciences and Social Sciences*, *61*, S140-S146. doi:10.1093/geronb/61.3.S140

Krause, N., & Bastida, E. (2009). Core religious beliefs and providing support to others in late life.  *Mental Health, Religion & Culture, 12*, 75–96. doi:10.1080/13674670802249753

Krause, N., Ellison, C. G., Shaw, B. A., Marcum, J. P., & Boardman, J. D. (2001). Church-based social support and religious coping. *Journal for the Scientific Study of Religion, 40*, 637–656. doi:10.1111/0021-8294.00082

Krause, N., Ingersoll-Dayton, B., Liang, J., & Sugisawa, H. (1999). Religion, social support, and health among the Japanese elderly. *Journal of Health and Social Behavior*, *40*, 405-421. doi:10.2307/2676333

Krause, N., & Wulff, K. M. (2005). Church-based social ties, a sense of belonging in a congregation, and physical health status. *International Journal for the Psychology of Religion*, *15*, 73-93. doi:10.1207/s15327582ijpr1501_6

Levin, J. S., & Chatters, L. M. (1998). Religion, health, and psychological well-being in older adults: Findings from three national surveys. *Journal of Aging and Health*, *10*, 504-531. doi:10.1177/089826439801000406

Lewis, C. A., & Cruise, S. M. (2006). Religion and happiness: Consensus, contradictions, comments and concerns. *Mental Health, Religion and Culture*, *9*, 213-225. doi:10.1080/13694670600615276

Lun, V. M., & Bond, M. H. (2013). Examining the relation of religion and spirituality to subjective well-being across national cultures. *Psychology of Religion and Spirituality*, *5*, 304-315. doi:10.1037/a0033641

Lykins, E. L.B.(2014). Mindfulness, consciousness, spirituality, and well-being. In C. Kim-Prieto (Ed.), *Religion and spirituality across cultures* (pp. 203-225). New York:  Springer.  doi:10.1007/978-94-017-8950-9_11

McIntosh, D. N., Silver, R. C., & Wortman, C. B. (1993). Religion's role in adjustment to a negative life event: Coping with the loss of a child. *Journal of Personality and Social Psychology*, *65*, 812-821.

doi:10.1037/0022-3514.65.4.812

Mickley, J. R., Pargament, K. I., Brant, C. R., & Hipp, K. M. (1998). God and the search for meaning among hospice caregivers. *Hospice Journal*, *13*, 1-17. doi:10.1300/J011v13n04_01

Moussa, M. M., & Bates, G. W. (2011). A preliminary investigation of Lebanese students' strategies for coping with stressful events. *Mental Health, Religion & Culture*, *14*, 489-510. doi:10.1080/13674676.2010.486779

Myers, D. G. (2000). The funds, friends, and faith of happy people. *American Psychologist*, *55*(1), 56-67. doi:10.1037/0003-066X.55.1.56

Ng, E. W., & Fisher, A. T. (2016). Protestant spirituality and well-being of people in Hong Kong: The mediating role of sense of community. *Applied Research in Quality of Life*, *11*, 1253-1267. doi:10.1007/s11482-015-9435-6

Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and no. *International Journal for the Psychology of Religion*, *9*, 3-16. doi:10.1207/s15327582ijpr0901_2

Pargament, K. I. (2002). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *Psychological Inquiry*, *13*, 168-181. doi:10.1207/S15327965PLI1303_02

Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., Haitsma, K., & Warren, R. (1990). God help me: Religious coping efforts as predictors of the outcomes to significant negative life events. *American Journal of Community Psychology*, *18*, 793-824. doi:10.1007/BF00938065

Pargament, K. I., Ishler, K., Dubow, E. F., Stanik, P., Rouiller, R., Crowe, P., Cullman, E.P., Albert, M., Royster, B. J. (1994). Methods of religious coping with the Gulf War: Cross-sectional and longitudinal analyses. *Journal for the Scientific Study of Religion, 33*, 347-361. doi:10.2307/1386494

Philippot, P., Chapelle, G., & Blairy, S. (2002). Respiratory feedback in the generation of emotion. *Cognition and Emotion, 16,* 605-627. doi:10.1080/02699930143000392

Pirutinsky, S. (2013). Is the connection between religiosity and psychological functioning due to religion's social value? A failure to replicate. *Journal of Religion and Health*, *52*, 782-784. doi:10.1007/s10943-013-9739-5

Pizarro, D., & Salovey, P. (2002). Religious systems as 'emotionally intelligent' organizations. *Psychological Inquiry*, *13*, 220-222.

Ritter, R. S., Preston, J. L. & Hernandez, I. (2013). Happy tweets: Christians are happier, more socially connected, and less analytical than atheists on twitter. *Social Psychological and Personality Science, 5*, 243-249. doi:10.1037/e578192014-713

Rosmarin, D. H., Pargament, K. I., & Mahoney, A. (2009). The role of religiousness in anxiety, depression, and happiness in a Jewish community sample: A preliminary investigation. *Mental Health, Religion & Culture*, *12*, 97-113. doi:10.1080/13674670802321933

Salsman, J. M., Brown, T. L., Brechting, E. H., & Carlson, C. R. (2005). The link between religion and spirituality and psychological adjustment: The mediating role of optimism and social support. *Personality and Social Psychology Bulletin*, *31*, 522-535. doi:10.1177/0146167204271563

Sethi, S., & Seligman, M. E. (1993). Optimism and fundamentalism. *Psychological Science*, *4*, 256-259. doi:10.1111/j.1467-9280.1993.tb00271.x

Seybold, K. S., & Hill, P. C. (2001). The role of religion and spirituality in mental and physical health. *Current Directions in Psychological Science*, *10*, 21-24. doi:10.1111/1467-8721.00106

Shkolnik, T., Weiner, C., Malik, L., & Festinger, Y. (2001). The effect of Jewish religiosity of elderly Israelis on their life satisfaction, health, function and activity. *Journal of Cross-Cultural Gerontology*, *16*, 201-219. doi:10.1023/A:1011917825551

Smith, T. B., McCullough, M. E., & Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin*, *129*, 614-636. doi:10.1037/0033-2909.129.4.614

Spilka, B., Hood, R. W., Hunsberger, B., & Gorsuch, R. (2003). *The psychology of religion: An empirical approach., 3rd ed*. New York: Guilford Press.

Stavrova, O., Fetchenhauer, D., & Schlosser, T. (2013). Why are religious people happy? The effect of the social norm of religiosity across countries. *Social Science Research, 42,* 90-105.

Steger, M. F., & Frazier, P. (2005). Meaning in life: One link in the chain from religiousness to well-being. *Journal of Counseling Psychology*, *52*, 574-582. doi:10.1037/0022-0167.52.4.574

Strawbridge, W. J., Shema, S. J., Cohen, R. D., Roberts, R. E., & Kaplan, G. A. (1998). Religiosity buffers effects of some stressors on depression but exacerbates others. *The Journals of Gerontology: Series B: Psychological Sciences And Social Sciences*, *53*, S118-S126. doi:10.1093/geronb/53B.3.S118

Van Cappellen, P., Toth-Gauthier, M., Saroglou, V., & Fredrickson, B. L. (2016). Religion and well-being: The mediating role of positive emotions. *Journal of Happiness Studies*, *17*, 485-505. doi:10.1007/s10902-014-9605-5

Vilchinsky, N., & Kravetz, S. (2005). How are religious belief and behavior good for you? An investigation of mediators relating religion to mental health in a sample of Israeli Jewish students. *Journal for the Scientific Study of Religion*, *44*, 459-471. doi:10.1111/j.1468-5906.2005.00297.x

Williams, D. R., Larson, D. B., Buckler, R. E., Heckmann, R. C., & Pyle, C. M. (1991). Religion and psychological distress in a community sample. *Social Science & Medicine*, *32*, 1257-1262. doi:10.1016/0277-9536(91)90040-J

Worthington, E. J., Berry, J. W., & Parrott, L. I. (2001). Unforgiveness, forgiveness, religion, and health. In T. G. Plante, A. C. Sherman, T. G. Plante, & A. C. Sherman (Eds.), *Faith and health: Psychological perspectives* (pp. 107-138). New York: Guilford Press.

Yoon, E., Chang, C. C., Clawson, A., Knoll, M., Aydin, F., Barsigian, L., & Hughes, K. (2015). Religiousness, spirituality, and eudaimonic and hedonic well-being. *Counselling Psychology Quarterly*, *28*, 132-149. doi:10.1080/09515070.2014.968528