

The Social Psychology of Religion and Wellbeing: Is a Belief in a God, Good for one's Wellbeing? An Empirical Inquiry

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Abstract

Objectives: The correlations between religion, age, education, ethnicity, social class, and subjective psychological wellbeing (SWB) of Jamaicans were examined and the predictability of those selected predisposing conditions on SWB were determined.

Method: Analysis of the data was by bivariate and multivariate analyses, taken from a nationally representative survey of 1,338 Jamaican adults ≥ 18 years. The survey was conducted between July and August 2006 by the Centre of Leadership and Governance (CLG), Department of Government, the University of the West Indies, Mona-Jamaica.

Findings: The findings indicated that religiosity was positively correlated with SWB as well as ethnicity, education and social class, and that gender was negatively related to SWB. It can be generalized, using multiple regressions, that religiosity, race, gender, education and social class can explain 7.7% of the variance in SWB of Jamaicans. Religiosity was found to be a weak predictor of subjective wellbeing (SWB), (1%), with race contributing 0.4% and gender at 0.3% been among the least suppliers to the model. However, self-reported social class made the most significant contribution to SWB - (3.9%) - along with years of schooling which contributed 2.2%.

Conclusion: The study showed that religion provides for a different psychological state for its practitioners as well as influences the general state of wellbeing.

Keywords: Subjective wellbeing, Religiosity, Gender, Race, Ethnicity, Education, Social class, Individual wellbeing

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Introduction

The concept of health according to the WHO is multifaceted. "Health is state of complete physical, mental and social well, and not merely being the absence of disease or infirmity" (Whang, 2005, 153). From the WHO's perspective, health status is an indicator of wellbeing (See also, Crisp, 2005). Thus, wellbeing according to some scholars, therefore, is a state of happiness, that is a positive status of life satisfactions (see for example, Easterlin, 2003; Diener, Larson, Levine, & Emmons, 1985; Diener, 1984) satisfaction of preferences or desires, health or prosperity of an individual (Diener & Suh, 1997; Jones, 2001; Crips, 2005; Whang, 2005). Some psychologists refer to this as positive affective conditions (Headey, & Wooden, 2004). Simply put, wellbeing is subjectively what is 'good' for each person (See for example, Crisp, 2005). It is sometimes connected with good health.

Crisp offered an explanation for this, when he said that "When discussing the notion of what makes life good for the individual living that life, it is preferable to use the term 'wellbeing' instead of 'happiness'" (Crisp, 2005), which explains the rationale for this project utilizing the term *wellbeing* and not *good health*. Some scholars argue that religion provides a state of happiness, provide coping and stress apparatuses, contentment and life satisfaction that is outside of any other experience including psychological health (Fiori, 2006). Within the context of Jamaicans being highly religious, there is also a dearth of literature on religion and its influence on subjective psychological wellbeing (SWB). Researchers w should be therefore concerned about the variables than link religion to wellbeing.

The Centre of Leadership and Governance at the University of the West Indies, Mona Campus (CLG) conducted a nationally representative survey in 2007 on the political culture of Jamaicans. Data were with collected on SWB, religiosity and certain socioeconomic factors, which can be use to examine the influence of religiosity on wellbeing (Powell, Bourne & Waller, 2007). This empirical research is timely as it provides answers to some of the questions raised on the issue of whether religiosity is good for SWB.

Conceptual Framework

Wellbeing

In order to forward an understanding of what constitutes wellbeing or ill being, a system must be instituted that will allow us to coalesce a measure that will unearth peoples' sense of overall quality of life from either economic-welfarism (see Becker et al. 2004) or psychological theories (Diener, Suh, & Oishi, 1997; Headey & Wooden, 2004; Kashdan, 2004; Diener, 2000). This must be done within the general construct of a complex man. Economists like Smith & Kington (1997), and Stutzer & Frey (2003) as well

as Engel believe that state of man's wellbeing is not only influenced by his/her biologic state but is also dependent on his/her environment, economic and sociologic conditions. Some studies and academics have sought to analyze this phenomenon within a subjective manner by way of general personal happiness, self-rated wellbeing, positive moods and emotions, agony, hopelessness, depression, and other psychosocial indicators (Arthaud-day et al., 2005; Diener et al., 1999; Skevington et al., 1997; Diener, 1984).

An economist (Easterlin) who studied happiness and income, of all social scientist, found an association between the two phenomena (Easterlin 2001a, 2001b), (see also Stutzer & Frey 2003). He began with a statement that "the relationship between happiness and income is puzzling" (Easterlin 2001a, 465), and found people with higher incomes were happier than those with lower incomes – he referred to as a correlation between subjective wellbeing and income (see also, Stutzer & Frey, 2003, 8). He did not ceased at this juncture, but sought to justify this realty, when he said that "those with higher income will be better able to fulfill their aspirations and, and other things being equal, on an average, feel better off" (Easterlin, 2001a, 472). Wellbeing, therefore, can be explained outside of welfare theory and/or purely on objectification- objective utility (See for example, Kimball & Willis, 2005; Stutzer & Frey, 2003). Whereas Easterlin found a bivariate relationship between subjective wellbeing and income, Stutzer & Frey revealed that the association was a non-linear one (Stutzer & Frey, 2003, 9). Nevertheless, from Stutzer and Frey's findings, a position association does exist between subjective wellbeing and income despite differences over linearity or non-linearity.

The issue of wellbeing is embodied in three theories – (1) Hedonism, (2) Desire, and (3) Objective List. Using 'evaluative hedonism', wellbeing constitutes the greatest balance of pleasure over pain (See for example, Crisp, 2005; Whang, 2005, 154). With this theorizing, that wellbeing is just personal pleasantness, which indicates s that the more pleasantries an individual receives, the more he/she will be better off. The very construct of this methodology is the primary reason for a criticism of its approach. (i.e. 'experience machine'), that gave rise to other theories. Crisp (2005) using the work of Thomas Carlyle described the hedonistic structure of utilitarianism as the 'philosophy of swine', because this concept assumes that all pleasure is on par. He summarized this adequately by saying that "... whether they [are] the lowest animal pleasures of sex or the highest of aesthetic appreciation" (Crisp 2005).

The desire approach, on the other hand, is on a continuum of experienced desires. This is popularized by welfare economics. As economists see wellbeing as constituting satisfaction of preference or desires (Crisp, 2005, 7; Whang, 2005, 154), which makes for the ranking of preferences

and its assessment by way of money. People are made better off, if their current desires are fulfilled. Despite this theory's strengths, it has a fundamental shortcoming, the issue of addiction. This forwarded by the possible addictive nature of consuming 'hard drugs' because of the summative pleasure it gives to the recipient.

Objective list theory

This approach in measuring wellbeing list items not merely because of pleasurable experiences nor on 'desire-satisfaction' but that every good thing should be included such as knowledge and-or friendship. It is a concept influenced by Aristotle, and "developed by Thomas Hurka (1993) as perfectionism" (Crisp, 2005). According to this approach, the constituent of wellbeing is an environment of perfecting human nature. What goes on an 'objective list' is based on reflective judgement or intuition of a person. A criticism of this technique is elitism (Crisp, 2005). Since an assumption of this approach is that, certain things are good for people. Crisp (2005) provided an excellent rationale for this limitation, when he said that "...even if those people will not enjoy them, and do not even want them".

In Arthaud-day et al work, applying structural modeling, subjective wellbeing was found to constitute "(1) cognitive evaluations of one's life (i.e., life satisfaction or happiness); (2) positive affect; and (3) negative affect." Subjective wellbeing, therefore, is the individual's own viewpoint. If an individual feels his/her life is going well, then we need to accept this as the person's reality. One of drawbacks to this measurement is, it is not summative, and it lacks generalizability.

Studies have shown that subjective wellbeing can be measured on a community level (Bobbitt et al., 2005; Lau, 2005; Boelhouwer & Stoop, 1999) or on a household level (Lau, 2005; Diener, 1984), whereas other experts have sought to use empiricism (biomedical indicators - absence of disease symptoms, life expectancy; and an economic component - Gross Domestic Product per capita; welfarism - utility function).

Powell (1997) in a paper titled '*Measures of quality of life and subjective wellbeing*' argued that psychological wellbeing is a component of quality of life. He believed that in this measurement in particular for the older, must include Life Satisfaction Index, as this approach constitutes a number of items based on "cognitively based attitudes toward life in general and more emotion-based judgment" (Powell, 1997). Powell addressed this from two-dimensions. Where those means are relatively constant over time while in seeking to unearth changes in the short-run, 'for example an intervention', procedures that mirror changed states may be preferable. This can be assessed by way of a twenty-item Positive and Negative Affect Schedule or from a ten-item

Philadelphia Geriatric Centre Positive Affect and Negative Affect Scale (Powell, 1997).

Religion and Religiosity

Cast thy burden upon the LORD, and he shall sustain thee; he shall never suffer the righteous to be moved (Psalm 55 vs. 22).

Embedded within the Psalm is an acceptance that a practitioner of religion, who serves the LORD, can off load his/her troubles on God. This state of burden offloading will not only transform the psychological state of the individual but will also impact on the life satisfaction, coping and burden level as the person is able to create a different psychological state of mind through this very channel. This begs the question, is this scientific, what role does religion play in the subjective psychological wellbeing (SWB), and to what degree?.

From theologians' perspective, spirituality and religiosity are critical components in the lifespan of people. They believe that man (including woman) cannot be whole without religion. With this fundamental concept, theologians theorize that man cannot be happy, lowly depressed or feel comfortable without a balance between spirit and body (Whang, 2006). In order to acquire a state of personal happiness, self-reported subjective wellbeing, some pundits forward a construct that people are fashioned in the image of God, which requires some religiosity before man, can be happy or less stressed. Religion is, therefore, associated with wellbeing (Dierendonck & Mohan, 2006; Krause, 2006; Moody, 2006; Jurkovic & Walker, 2006; Ardel, 2003; Graham et al., 1978; Zuckerman et al., 1984) as well as low mortality (Schonenbach et al., 1986; House, Robbin & Metzner, 1982). Religion is seen as the opiate of the people from Karl Marx' perspective but theologians, on the other hand, hypothesize that religion is a coping mechanism against unhappiness and stress. According to one scholar, Kart (1990), religious guidelines aid wellbeing through restrictive behavioural habits to health risks such smoking, drinking of alcohol, and even diet.

The discourse of religiosity and spirituality influencing wellbeing is well-documented (Frazier et al., 2005; Edmondson et al., 2005; Thorson et al., 2001; Moberg, 1984; Graham et al., 1978). Researchers have sought to concretize this issue by studying the influence of religiosity on quality and life, and they have found that a positive association exists between those two phenomena (Maskelko & Kubzansky, 2006; Franzini et al., 2004). They found that the relationship was even stronger for men than for women, and that this association was influenced by denominational affiliation. Graham et al's (Graham, et al 1978) in a study found that blood pressure for highly religious male heads of households in Evan County was low. The findings of

this research did not dissipate when controlled for age, obesity, cigarette smoking, and socioeconomic status. A study on the Mormon in Utah revealed that cancer rates were lower (by 80%) for those who adhere to Church doctrine (Gardner & Lyon, 1982a, 1982b) than those with weaker adherence.

Study of 147 volunteer Australian males between 18 and 83 years old, Jurkovic & Walker (2006) found high stress levels in non-religious men compared to religious men. The researchers in constructing a contextual literature quoted many studies that have made a link between non-spirituality and “dryness”, which resulted in suicides. Even though, Jurkovic & Walker’s research was primarily on *spiritual wellbeing*, it provided a platform that can be used in understanding linkages between psychological status of people and their general wellbeing. In a study which looked at *young adult women*, the researchers found that spirituality affects the physical wellbeing of its populace (Edmondson et al., 2005). Embedded within that study is the positive influence of spirituality and religion on the health status of women. Edmondson’s et al. work constituted of 42 female college students of which 78.8 percent were Caucasian, 13.5 percent African-American, 5.8 percent Asian and 92 percent of the cohort were non-smokers.

Health psychologists concurred with theologians and Christians that religion influence psychological wellbeing (Taylor, 1999; Rice, 1998; Paloutzian & Kirkpatrick, 1995). Taylor argues that religious people are more likely to cope with stressors than non-religious individuals, which explains the former better health status. She forwarded the position that this may be done through avoidance or vigilant strategies. This response is an aversive coping mechanism in addressing serious monologue or confrontational and traumatic events. Coping strategies, therefore, are psychological tools used by an individual for problem-solve issues, without which are likely to construct stressors and threaten health status. Taylor (1999, 214) said that “some religious beliefs also lead to better health practices” with lower cancer mortality rates from all cancers in orthodox Christians.

According to Moody (2006), “Empirical data show that religious belief is correlated with good health”, and this ethos according to some writers is not limited to Christian scholars or spiritualists. According to Moody (2006), Koenig and Cohen forwarded a stance that was dialectic in nature. They believed that religiosity was both a positive as well as a negative determinant on health in particular ‘life span’ (Moody, 2006 p. 148). Cox & Hammonds (1988) found that there is a positive relationship between religiosity and wellbeing of the elderly; this was also concurred by Edward and Klemmack (1973), Hummer et al. (1999) and Spreitzer and Synder (1974) in separate studies on the same

space. Cox and Hammonds in their abstract, forwarded the perspective that all past studies that have analyzed religiosity and life satisfaction came to the same conclusion that individuals who attend church experience a greater life satisfaction. They forwarded the justification for the association. The researcher cited that:

A plausible explanation for the positive value that religious participation has on the lives of the elderly is that the church becomes a focal point of social integration and activity for the elderly, providing them with a sense of community and wellbeing (Cox & Hammonds, 1988).

According to Cox & Hammonds (1988) and Guy (1982) In a study on the discourse of religiosity and life satisfaction, found that the group with the highest score on the measure of life satisfaction was that which reported the most frequent church attendance. Other research in the same space agreed with Guy, and Cox & Hammonds that religiosity was a determinant of life satisfaction experienced by the elderly (Markides 1983). Cox and Hammonds stated that this space in the discipline of gerontology has a high degree of scientific bias, as scientists are less likely to reflect the secular attitudes of the public. In addition to the few longitudinal studies on matter, Cox and Hammonds argued that all the interpretation of the results and conclusion must be used cautiously (1988, 47).

According to Hummer et al. (1999), several studies have concluded that religion influences health, mortality and that the relationship varies across socio-demographic factors. They referred to studies carried out by Levin et al. (1994), Bryant & Ralowski (1992) and House et al. (1982); as those works have added to the space. In a study conducted by Frazier et al. (2005) exclusively on African American older people, they found that several multidimensional measures of religiosity were associated with psychological wellbeing. Kail and Cavanaugh (2004, 584) captured the experiences of seniors and how religion enhances their survivability, when they said that “...older adults who are more involved and committed to their faith have better physical and mental health ...” When asked ‘how you deal with the living’, respondents listed among coping strategies *spirituality* (Kail & Cavanaugh, 2004).

Psychological – Positive and Negative conditions

In the pursuit of a precise operational definition of subjective wellbeing, some scholars (see for example, Kashan, 2003; Diener, 2000; Lyubomirsky, 2001) categorized the phenomenon into positive and negative psychological conditions. They believed that happiness is as a result of a number of positive psychological factors (see also Easterlin, 2003). A few scholars (see for example Liang, 1984, 1985; Diener & Emmons, 1984) have a sought to make a distinction between the two phenomena.

In seeking to unearth ‘why some people are happier’ Lyubomirsky (2001) approached this study from the perspective of positive psychology. She noted that, to comprehend disparity in self-reported happiness between individuals, “one must understand the cognitive and motivational process that serves to maintain, and even enhance happiness and transient mood’ (Lyubomirsky, 2001, 239). Using positive psychology, Lyubomirsky identified ‘comfortable income’, ‘robust health’, supportive marriage’, and ‘lack of tragedy’ or ‘trauma’ in the lives of people as factors that distinguish happy from unhappy people, which was discovered in a study by Diener, Suh, Lucas & Smith (1999). A study by Diener, Horwitz & Emmon (1985) was able to add value to the discourse of income and subjective wellbeing. They found that the wealth-affluent’s (those earning in excess of US 10-million, annually) self-reported wellbeing (personal happiness) was marginally more than that of the lower wealthy.

People’s cognitive responses to ordinary and extraordinary situational events in live are associated with different typology of wellbeing (Lyubomirsky, 2001). It is found that happier people are more optimistic and as such conceptualize life’s experiences in a positive manner (DeNeve & Cooper, 1998). Studies revealed that positive moods and emotions is associated with wellbeing (Leung et al. 2005) as the individual is able to think, feel and act in ways that foster resource building and involvement with particular goal materialization (Lyubomirsky, King, & Diener, 2005). This situation is later internalized, causing the individual to be self-confident from which follows a series of positive attitudes that guides further actions (Sheldon & Lyubomirsky, 2006). Positive mood is not limited to active responses by individual, but a study showed that “counting one’s blessings,” “committing acts of kindness”, recognizing and using signature strengths, “remembering oneself at one’s best”, and “working on personal goals” all positively influence wellbeing (Sheldon & Lyubomirsky, 2006; Abbe et al., 2003). Happiness is not a mood that does not change with time or situation; hence, happy people can experience negative moods (Diener and Seligman, 2002).

Human emotions are the coalesced of not only positive conditions but also negative factors (Watson et al., 1999). Hence, depression, anxiety, neuroticism and pessimism are seen as a measure of the negative psychological conditions that affect subjective wellbeing (Evans et al., 2005; Harris et al., 2005; Kashdan, 2004). From Evans and colleague, Harris et al. and Kashdan’s monographs, negative psychological conditions affect subjective wellbeing in a negative manner (i.e. guilt, fear, anger, disgust); and that the positive factors influence self-reported wellbeing in a direct way– this was concurred in a study conducted by Fromson (2006); and studies by other scholars (McCullough et al., 2001; Watson & Clark et al, 1988a, 1988b). Acton and Zodda (2005) aptly summarized the negative affective of subjective wellbeing

in the sentence that says “expressed emotion is detrimental to the patient’s recovery; it has a high correlation with relapse to many psychiatric disorders.”

Method

Design and Sample

The CLGS (Centre for Leadership and Governance Survey) is a national survey that was conducted between July and August 2006 by the Centre of Leadership and Governance that is within the Department of Government, University of the West Indies, Mona-Jamaica. It was a descriptive cross-sectional study, which collected data on political culture in addition to perceived psychological state from non-institutionalized Jamaicans. The sample was selected from the fourteen parishes of Jamaica using a multistage area probability sampling approach. Each parish was called a cluster, and each cluster was further classified into urban and rural zones, male and female participants, and social class. The final sample was then equally randomly selected from the 14 clusters. It had a sample population of 1,338 respondents, with a sampling error of approximately $\pm 3\%$, at the 95% confidence level (i.e. CI). Face-to-face interviews were used to collect the data on an instrument, which took lasted approximately 90 minutes. The overall response rate was approximately 95%. The results are presented are based solely on Jamaicans’ opinions of their political orientation. Descriptive statistics were used to analyze the data.

Measures

Age: The length of time that one has existed; a time in life that is based on the number of years lived; duration of life. For this study chronological age from sampling started at ≥ 16 years. For this study age is clarified into three categorizations – 1) youth, 2) middle and 3) elderly. Youth are people whose ages are 16-to-25 years; Middle age is people whose ages are 26-to-59 years old, and elderly are people ages 60+ years old.

Subjective psychological well-being (SWB): This is the self-reported psychological state of an individual, which include- state of health, feeling secure about being able to afford necessities, love, warm, friendship, self-esteem, and self-actualization (see Kashdan 2003). The Cronbach alpha for the five-item scale is 0.841 (or $\alpha = 84\%$). The index is constituted by summation of the mean of five Likert scale variable ranging from 0 to 10.

$$\text{NB: subjective wellbeing} = \sum_{i=1}^{10} L_i, \text{ where } i \text{ ranges from } 0 \text{ to } 10. \dots\dots\dots (1)$$

The least score is 0 and the maximum score is 10.

Gender: A social construct and learned characteristics that identifies the socio-cultural and prescribed roles that men and women are expected to follow. This is a binary variable,

where 1 denotes female and 0, otherwise.

Educational level: The total number of years of schooling, (including apprenticeship and/ or the completion of particular typology of school) that an individual completes within the formal educational system. This is a non-binary variable, where 0 represents primary and below education, 1 denotes secondary, 2 indicates vocational or skills training, 3 equates to tertiary (BSc. MSc, etc), and 4 means professional training.

Objective Religiosity (i.e. Religiosity): This is extent to which an individual practices (or expresses) his/her religious belief in a supernatural entity, which is measured by church attendance. It is hierarchically structured, and is based on the frequency or the lack thereof. This is a non-binary variable, which ranges from 0 to 7 – where 0 denotes never attending a church service in one's life and higher scores indicates more frequently to maximum being 'more than once per week'.

Perceived ethnic background (Race or ethnicity): This is people's perception of their ethnic (i.e. racial) composition or background. The following are the categorization (1) 1=white, 0=otherwise; (2) 1=black (excluding brown or mixed), 0=otherwise or (3) 1=black (including brown or mixed), 0=otherwise, and the reference group is other ethnicity.

Self-reported social class: This construct represents people's perception of their social standing in society. It is a

non-binary variable, where 1 denotes working (lower) class, 2 equates to middle class and 3 indicates the upper class.

Findings

The overall response rate for this survey was 96.9% (n=1,297). Of which, 55.7% were females (n=723) compared to 44.3% males (n=574). The average age was 34 years and 11 months \pm 13 years and 6-month, Range: 69 years. The majority of the sampled population are middle age people- [ages 26-To-59 years] - 60.5% (n=810), with 33.3% (n=445) being youth (ages less than 26 years) compared to 6.2% (n=83) who are elderly (ages 60+ years). A preponderance of the respondents (59.0%, n=766) perceived themselves to be of the working class (lower class), 36.6% (476) of the middle class compared to 4.4% (n=57) who saw themselves as upper class Jamaicans (see Table 1). When the respondents were asked to state their ethnic background, the majority (76.7%, n=1023) indicated Africans (or Blacks excluding mixed), 13.4% (n=178) remarked Mixed, 0.8% (n=106) indicated Europeans (or Caucasians or Whites) compared to 0.2% (n=26) who reported "Other" ethnicity. On the matter of educational attainment, most of the respondents (50.6%, n=653) indicated that they have obtained a secondary level education, 22.5% (n=291) indicated a tertiary level education, 18.5% (n=239) indicated vocational or skill training and 3.7% (n=48) indicated professional level training which when beyond tertiary (e.g. ACCA, CAT etc.) compared to 4.6% (n=60) who had no formal education or at most up to grade 6 level of education (i.e. at the primary or preparatory level). (See Table 1, below).

Table 1. Socio-demographic characteristics of the sampled respondents

Count (Percent) Gender	
Male	574 (44.3%)
Female	723 (55.7%)
Age	34.95yrs.±13.6yrs
Educational level	
Primary level and below (no formal to – 6 yrs)	60 (4.6%)
Secondary (include all age grades 7 to 9 yrs.)	653 (50.6%)
Vocational (skills training)	239 (18.5%)
Tertiary (include colleges, university – MSc. & BSc).	291 (22.5%)
Professional (Post University education)	48 (3.7%)
Subjective Social Class	
Working class	766 (59.0%)
Middle class	476 (36.6%)
Upper class	57 (4.4%)
Ethnic background	
African, Black	1023 (76.7%)
Mixed (Brown)	178 (13.4%)
European, white	106 (0.8%)
Other	26 (2.0%)
Religiosity	
Never	53 (4.0%)
Less than once per year	72 (5.5%)
Once or twice per year	161 (12.3%)
Several times per year	266 (20.3%)
Once per month	103 (7.9%)
Once per fortnight	69 (5.3%)
Once per week	249 (19.0%)
More than once per week	339 (25.8%)

The levels of religiosity of the sampled respondents were diversified with miniature majority (25.8%, n=339) been highly religious (attend services ‘more than once per week’), 20.3% (n=266) attended ‘several times per years’, 19.0% (n=249) attended ‘once per week’, 12.3% (n=161) attended ‘once or twice per year’, 7.9% (n=103) attended ‘once per month’ and 5.5% (n=72) attended ‘less than once per year’ compared to 4.0% (n=53) who indicated that they ‘never’ attended (see Table 1, above).

The general subjective wellbeing of Jamaicans was high, with t mean score of the index been 6.85 (out of 10) ± 2, with mode of 7.8, and median of 7 and range of 10. (See

Table 1, above).

Levels of Religiosity by gender of respondents

Generally, females indicated higher levels of religiosity than males (means: females 4.8 out of 10 ± 2.1, Range: 7; males 3.9 out of 10 ± 2.2, Range: 7). Furthermore, on an average (using the mode) female attended church services ‘more than once per week’ compared to their male counterparts who visited ‘several times per year’. The overall response rate for was 94.9% (n=1271), with a response rate for females been 98.6% (n=713) and that of the males been 97.2% (n=558). (See Table 2).

Table 2. Religiosity disaggregated by Gender of respondents

Details	Gender			
	Male		Female	
	n	%	n	%
Never	30	5.4	18	2.5
Less than once per year	48	8.6	22	3.1
Once or twice per year	91	16.3	65	9.1
Several times per year	113	20.3	149	20.9
Once per month	53	9.5	49	6.9
Once per fortnight	25	4.5	42	5.9
Once per week	90	16.1	147	20.6
More than once per week	108	19.4	221	31.0
Total	558	100.0	713	100.0

Levels of Religiosity by subjective social class of respondents

Generally, those who classified themselves within the upper class marginally on an average attended church more than those who were in working class and the same as those in the middle class; upper class – approximately ‘once per week’, and the lower class – ‘several times per year’. Further desegregation of the classes revealed that substantially more middle and upper classes have never attended church (9.1%, n=5) compared to the working class (3.2%, n=24). [See Tables 3].

Table 3. Religiosity disaggregated by Gender of respondents

Details	Subjective Social Class					
	Working		Middle		Upper	
	n	%	n	%	n	%
Never	24	3.2	5	9.1	5	9.1
Less than once per year	41	5.5	3	5.5	3	5.5
Once or twice per year	113	15.0	2	3.6	2	3.6
Several times per year	156	20.8	9	16.4	9	16.4
Once per month	59	7.9	5	9.1	5	9.1
Once per fortnight	38	5.1	3	5.5	3	5.5
Once per week	128	17.0	10	18.2	10	18.2
More than once per week	192	25.6	18	32.7	18	32.7
Total	751	100.0	55	100.0	55	100.0

Levels of Religiosity by age grouping of respondents

Participants who were classified as elderly (60+ years) indicated the highest level of religiosity (mean 5.6 ± 1.8 or attended church ‘more per week’) compared to middle age people (mean of 4.3 ± 2.2 or attended church services ‘more per month’) and youths who attended church similarly to their middle age counterparts [means of $4, \pm 2.2$].

Subjective Psychological Wellbeing by gender

The general subjective wellbeing of males in Jamaican was high (6.9 out of 10 ± 1.76) compared to females, which was equally high (a mean of 6.7 out of $10, \pm 1.72$). Statistically there was no difference, the mean score of gender (Levene’s test p value= 0.33). For this analysis, 565 males were used (which represented 98.4%) to 98.6% of females (n=713).

(See Appendix I). Simply put, there was no difference between the subjective psychological state of male J and female Jamaicans. This denoted that males and females experience the same self-reported psychological state of wellbeing.

Multivariate Analysis

The general hypothesis that was tested is:

$$SWB = f(R_e, R_o, G, E, S, A) \dots\dots\dots (2)$$

Equation (Eqn. 2) is the subjective wellbeing of Jamaicans SWB a function of religiosity, R_e ; race or ethnicity, R_o ; Educational attainment of the individual, E ; Age, A , and self-reported social class. A . From function (2), using the coefficients in Table 4, the result was a linear function (2):

$$SWB = \alpha + \beta_1 R_e + \beta_2 R_o + \beta_3 G + \beta_4 E + \beta_5 S e_i \dots\dots\dots (3)$$

(Where α is the constant, and each β is the coefficient of each factor, and the error e_i).

Table 4. Multiple Regressions for Independent Variables explaining SWB

Independent Variables	Model	
	Dependent variable: SWB of Jamaicans	
	Unstandardized coefficients ^a	Standardized coefficients
Religiosity	0.086	0.107***
Race: White		-0.018
Black (excludes mixed or brown) ^c	0.313	0.076**
Black (includes mixed)		0.006
Gender ^b	-0.220	-0.063*
Education	0.252	0.143***
Self-reported social class	0.491	0.164***
Age		0.034
Intercept	5.210	

aUnstandardized regression coefficients can be used to compare the magnitude of change one unit of the variable has on SWB.

bDummy variable with female being the reference variable

c Dummy variable with blacks only being the reference variable

Adjusted R2 =7.7%; n=1128; F [5, 1122] =19.921, p< 0.001

***p < 0.001

**p < 0.01

*p < 0.05

$$SWB = \alpha + b_1 R_e + b_2 R_o + b_3 G + b_4 E + b_5 S e_i \dots\dots\dots (3)$$

(Where α is the constant, and each b is the coefficient of each factor, and the error e_i).

Based on the model, 7.7% of the variance in subjective wellbeing of Jamaicans can be explained by race, religiosity, gender, education and self-reported social class.

The overall model suggested that the most significant factors that contributed to SWB are one’s self-reported social class (3.9%, $\beta=0.164$), followed by educational level (2.2%, $\beta=0.143$), then by Religiosity (0.9%, $\beta=0.107$), after which race (0.4%, $\beta=0.076$) and lastly by gender (0.3%, $\beta=-0.063$). Furthermore, Eqn. (4) can be used to predict the SWB of a Jamaican given particular set of conditions.

Example 1: Assume that a Jamaican is a female, whose race is black, who had attended tertiary level schooling, who has never attended church services since adulthood and whom classified herself as within the middle class. What would the female’s SWB.

$$SWB = 5.210 + 0.086 R_e + 0.313 R_o - 0.220G + 0.252E + 0.491S \dots\dots (4)$$

$$SWB = 5.210 + 0.086 * 1 + 0.313 * 0 - 0.220 * 1 + 0.252 * 3 + 0.491 * 2 = 6.31$$

Example 2: Assume that the only condition that changes from in Example 1 is gender. What is the man’s wellbeing, and is it higher than that for women ?- example 1:

SWB = 5.210 + 0.086 * 1 + 0.313 * 0 - 0.220 * 0 + 0.252 * 3 + 0.491 * 2 = 6.53. Thus, gender contributed the least to SWB of Jamaicans, but the SWB of males was marginally more than that of their female counterparts. Therefore, the linear equation, Eqn 4, can be used to evaluate other individuals with different sociodemographic characteristics.

Conclusion

A previous work, titled the SABE's project, using some 10 variables found that wellbeing of aged Barbadians was only able to explain 38.2% of the variance of quality of life. The project conducted by Hambleton et al. (2005) did not explore religion, ethnicity, and social class. This current work has now filled these gaps. Another study which was done a number of years prior to the SABE's work, but in the United States, found that 29% of the variance in subjective wellbeing of seniors (i.e. aged people 65 years or over) can be explained by few selected factors. These variables are marital status, age, gender, education, resources, and ethnicity. Within the conceptualization of resources are investments, earnings, income and other receipts that positively correlated with wellbeing.

This research did not use marital status, and income, but in the process added religion and social class. There is a contradiction between both works as a higher economic wellbeing was found for White in Stum et al.'s project in this project, Blacks were found to possess a greater subjective wellbeing compared to their White counterparts. On the other hand, we concurred on education and gender. Both studies found that more years of schooling was positively correlated with wellbeing, and that male had a marginally greater wellbeing compared to females. In addition, income sources were generalized to add more explanation to wellbeing than education in Stum et al., which is essentially the same as in this study. The researcher found that social class, which can be used as an indicator of income earnings, was the most explanatory variable followed by education; but that religion was good for wellbeing.

Conflict of Interest: None

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