



NCLS Occasional Paper 6

Spirituality and Wellbeing in Australia

Peter Kaldor, Philip Hughes, Keith Castle,
John Bellamy
November 2004

Wellbeing and Security Study A joint project of: ANGLICARE Sydney, NCLS Research,
Edith Cowan University and Deakin University



NCLS Research
PO Box A2178 Sydney South
NSW 1235 Australia
P: 02 8267 4394
F: 02 9267 7316
E: info@ncls.org.au
Web: www.ncls.org.au

Spirituality and Wellbeing in Australia

Peter Kaldor, Philip Hughes, Keith Castle
and John Bellamy

November 2004

This paper analyses data from the 2002-03 Wellbeing and Security Study. It explores whether religion and wider spirituality have positive or negative influences on the wellbeing both of individuals and of society at large.

The Wellbeing and Security Study undertaken by Anglicare (Diocese of Sydney), NCLS Research, Edith Cowan University and Deakin University was designed to examine the nature and levels of security and insecurity in Australian society, and their relationship to wellbeing. The results discussed here are based on a random sample survey of 1514 Australian adults.

National Church Life Survey

The National Church Life Survey has been developed by ANGLICARE (Diocese of Sydney), Uniting Church in Australia NSW Board of Mission and the Australian Catholic Bishops Conference. The NCLS has been carried out on three occasions in Australia: 1991, 1996 and 2001. Nineteen denominations participated in the 2001 NCLS.

Acknowledgements

The 2002-03 Wellbeing and Security Study, conducted by Edith Cowan University, Deakin University, ANGLICARE (Diocese of Sydney) and NCLS Research, was made possible by a grant from the Australian Research Council, and the support of ANGLICARE (Diocese of Sydney), the Uniting Church in Australia NSW Board of Mission and the Australian Catholic Bishops Conference. The research has been jointly supervised by Professor Alan Black, Professor Bob Cummins, and Mr Keith Castle. The research team included John Bellamy, Philip Hughes, Peter Kaldor and Sue King.

Contents

Tables	3
Introduction	4
Measuring Wellbeing.....	5
General Health and Physical Health.....	6
Mental Health	6
Other Measures of Personal Wellbeing.....	6
Happiness and Satisfaction with Life.....	7
Insecurity	7
Relational Wellbeing.....	7
Measuring Spirituality	8
Christian religiosity	8
General spiritual orientation	9
Secular orientation.....	9
Alternative spiritualities	9
Spirituality and Wellbeing.....	10
Spiritual and Secular Outlooks Compared	10
Religion and Wellbeing.....	11
Alternative Spiritual Orientations and Wellbeing	13
Conclusion	15
References	17

Tables

Table 1: Areas Covered by Health and Wellbeing Measures	6
Table 2: Spiritual versus Secular Outlook	11
Table 3: Dimensions of Religiosity	12
Table 4: Alternative Spiritual Orientations 1	13
Table 5: Alternative Spiritual Orientations 2	14

Introduction

Many writers have mentioned the positive benefits of religious faith to health and wellbeing, including religious professionals, faith healers, popular writers and health professionals.

Psychologist Carl Jung saw significant wellbeing benefits in religion:

“During the past 30 years, people from all civilised countries of the earth have consulted me... Among all my patients in the second half of life... there has not been one whose problem in the last resort is not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because they had lost that which the living religions of every age have given to their followers, and none of them have been really healed who did not regain this religious outlook”. (Jung, 1933, 229).

More recently psychologist Martin Seligman has argued for the important health and wellbeing benefits he sees emanating from a spiritual framework for life:

“... ask yourself, why didn't our grandparents become depressed in the same way we do when they were thwarted, when the people they love rejected them and they didn't get the job they wanted, when their children died...?”

Well I think they had communal buffers. Larger buffers. They had their relationship to God. They had belief in the nation, patriotism. They had belief in the community and they had large extended families. Now this is the spiritual furniture that our parents and grandparents sat in when they failed. This spiritual furniture, all of these things, belief in God, community, nation, has become threadbare in our lifetime.” (Seligman, 1998, 158).

By contrast, others have seen religion's practices and beliefs as either having no effect or having adverse effects on mental health and, in some instances, on physical health. Sigmund Freud is a case in point. His views were unambiguous:

“I am certainly not the first to be struck by the resemblance between what are called obsessive acts in neurotics and those religious observances by which the faithful give expression to their piety.” (Freud, 1907, 25-27).

More recently the psychologist Albert Ellis wrote:

“Devout, orthodox or dogmatic religion... is significantly correlated with emotional disturbance. People largely disturb themselves by believing strong and absolutist shoulds, oughts and musts... The emotionally healthy individual is flexible, open, tolerant and changing and the devoutly religious person tends to be inflexible, closed, intolerant and

unchanging. Religiosity therefore is in many respects equivalent to irrational thinking and emotional disturbance.” (Ellis, 1980, 67).

It is evident that religion and wider spirituality can potentially have both positive and negative influences on the wellbeing both of individuals and of society at large. There is a wide range of contemporary empirical research into the relationship between religious orientation and various measures of wellbeing and health. Some work has also been carried out in relation to broader spirituality and wellbeing. While this is not the place for an extensive review of this literature, it is worth noting that research has identified both positive and negative impacts (eg: Koenig et al 2000; Diener 1994).

It is also clear that various aspects of religion and spirituality may potentially have different relationships with aspects of health and wellbeing. The task of the researcher therefore is to seek to separate out these effects and understand them more clearly. This will involve judicious selection of a range of measures of health and wellbeing as well as careful measuring of the various dimensions of a religious or spiritual orientation.

An overall research question for this work could be stated as follows: *To what extent is a willingness to develop one’s spirituality related to higher levels of wellbeing?*

This paper analyses data from the 2002-03 Wellbeing and Security Study. The Wellbeing and Security Study undertaken by Anglicare (Diocese of Sydney), NCLS Research, Edith Cowan University and Deakin University was designed to examine the nature and levels of security and insecurity in Australian society, and their relationship to wellbeing. The results discussed here are based on a random sample survey of 1514 Australian adults.

Measuring Wellbeing

The study included a wide range of measures of wellbeing and security, including several commonly used psychological scales. Other measures were developed as part of the study. Appropriate variables were selected for consideration and a factor analysis carried out to identify underlying dimensions. Reliability analysis was then utilised in finalising scale creation. The areas covered by the measures are summarised in Table 1.

Table 1: Areas Covered by Health and Wellbeing Measures

- General health and physical health
- Mental health
- Other measures of personal wellbeing (self esteem, optimism, sense of control, purpose in life, sense of personal growth)
- Satisfaction with life
- Sense of security
- Relational wellbeing
- Concern for others

General Health and Physical Health

A person's health is not static; it is continually being influenced by personal and environmental factors, life cycle changes and life choices. Physical health can also affect mental health. Those with a serious illness or disability may, for instance, be more likely to feel depressed or anxious.

Many measures exist to monitor health, from a single self-report question on perceived physical health to detailed surveys. The SF12 was chosen as it has been used in a range of studies both here and overseas and is a useful summary measure.

The survey also included two measures of healthy behaviour: alcohol consumption and regular exercise. The abuse of alcohol is a major health concern often occurring alongside other psychiatric disorders such as depression and anxiety (Lynskey, 1998). Obesity and inactivity are also seen as major health issues today, resulting in lost productivity and illness.

Mental Health

Someone with good mental health can handle day-to-day events and obstacles and work towards goals, functioning effectively in the community. Over time poor mental health can contribute to reduced functioning and increased insecurity. Depression and anxiety disorders are common in contemporary society, and linked with practices that reduce physical health such as substance abuse and with suicide.

Specific depression and anxiety scales were beyond the scope of the present survey. Though limited, the SF12 produces a summary measure of mental health.

Other Measures of Personal Wellbeing

The survey included a range of measures of different aspects of emotional wellbeing:

- *Self-esteem* can be defined as a state of self-acceptance, a basic feeling of self worth (Rosenberg 1965). The Rosenberg Self Esteem scale has been used here.
- *Optimism* about life in general can be an important quality for individuals to take into their relationships and wider community dealings.
- *Internal sense of control* is that sense of perception whereby one does not look to others for approval, but evaluates oneself by personal standards (Levenson 1974, Ryff 1989, 1071).
- *Personal growth* is also seen as an important component of our wellbeing. Lifespan theories give explicit emphasis to continued growth at different stages in life (Ryff 1989, 1071). Since life is not static, optimal psychological functioning requires that we continue to develop our potential and to mature.
- *Purpose in life* and *sense of place in the universe* are also potentially important components of personal wellbeing (Ryff 1989, 1071).

Happiness and Satisfaction with Life

Happiness and satisfaction with life are sometimes seen as the positive side of mental health, indicators of a life that is fulfilling (Koenig et al 2000, 97). With a focus on feelings, these are often described as measures of *subjective wellbeing*. Extensive work has been carried out in Australia using happiness and satisfaction measures (eg Headey and Wearing, 1992; Cummins, 2000). The present survey includes the ComQoL scale of satisfaction within various life domains (Cummins 2000).

Insecurity

One aim of the present survey is to explore personal insecurity. A range of items explored general insecurity, as well as fears about future personal security, employment, financial and relational insecurity.

Relational Wellbeing

Much psychological theory emphasises warm, trusting interpersonal relationships as foundational to quality of life and a healthy community at several levels.

The existence of intimate relationships, such as a primary relationship with another or in the bonds of a close-knit family can be the foundation of positive psychological and social functioning (Ryff 1989, 1071). Do we have significant others with whom we can be intimate and known, who we trust with our own lives and journeys? Some relationships generate high levels of intimacy; others stress and distrust. Marital instability, in particular, can be extremely

debilitating to individuals and families. Divorce or separation can lead to greater vulnerability to physical illness (Verbrugge, 1979, Kiecolt-Glaser, 1987).

Beyond family, we often make sense of life in terms of having close friends and associates with whom we share common values and a sense of affinity. Then there are our day-to-day connections with others in the various communities of which we are a part, a constellation of relationships that may help or hinder the fulfilment of various personal and social needs.

Contributing to others: Relationships with others are not purely about having one's own needs met. In a healthy society individuals are increasingly seeking to find ways to contribute to the lives and welfare of others, thereby building social trust and a vibrant society.

Some caring for others is institutionalised in community care groups, sporting clubs and other centres of activity. People contribute to the lives of others by giving time to enable them to happen. Many of the ways in which we contribute to others are not, however, planned or organised but occur informally in daily life. Contributing to others can enhance our own wellbeing as well as affecting wider community wellbeing.

Measuring Spirituality

The spirituality measures used here were the result of exploratory factor analysis using the current survey data. Scales were developed for different dimensions of spirituality.

Christian religiosity

Three scales were developed that measured aspects of religious belief and practice. In view of the relatively small proportion of the population that have an affiliation to a mainstream non-Christian religion (less than 5% of the population), the measures developed reflect mainstream Christian religious beliefs and practices. The three scales are:

- *Orthodoxy of religious belief*, which includes items affirming Jesus' divinity and resurrection, but also includes salience of belief
- *Unreflective religiosity*, which includes items affirming that it is wrong to question the authority of the church or the Bible and that we should not question just believe.
- *Religious practices*, which include frequency of public practices such as church attendance and of private practices such as prayer, reading the Bible and reading Christian literature.

General spiritual orientation

This scale comprised items with which most spiritualities and religions would agree, such as that there is something beyond this life that makes sense of it all, as well as a self reporting of how spiritual a person the respondent feels that they are.

Secular orientation

A secular orientation is one that sees no room for God or the supernatural in explaining life. A single scale was developed of items such as that the universe has no meaning, that science explains everything, and that life is to be made sense of largely in terms of the here and now.

Alternative spiritualities

This grouping comprises several different approaches and aspects of spirituality. Six measures were developed that are examined here:

- *Spiritual journeying*, which has to do with being prepared to constantly revisit issues of spirituality, resulting in ongoing change in beliefs and practices. The scale also contains a couple of items affirming the potential value of all spiritualities in this journey.
- *A strong spiritual connection with nature or the land*, such as an awareness of a life force in forests, oceans and ecosystems, and a sense of being connected to the land.
- *Buddhist or New Age influences*. Although only around 1% of Australians are Buddhists, it is acknowledged that Buddhism exerts a much wider influence on spirituality in Australia. The New Age movement also incorporates various tenets of mainstream Eastern religions.
- *An openness to alternative spiritual healing practices*. Many Australians are familiar with alternative medicine, some of which has gained widespread acceptance (eg acupuncture). Other alternative therapies are still sought by small proportions of the population and have retained many of their New Age connotations. It is this openness to alternative spiritual healing practices such as Reiki, Reichian therapy and Chakra balancing that has been measured by this scale.
- *Engaging with alternative spiritualities*. Many Australians visit the Mind Body Spirit Festival held in Sydney each year. Some actively seek an understanding of alternative spirituality through reading books and attending seminars. This scale measures this kind of involvement.
- *Having psychic or 'beyond death' experiences*. There are some Australians for whom spirituality has involved experiences of the supernatural or the unexplained, outside of church religion. Such experiences range from seeking direction from tarot or horoscopes through to communication with the dead, experiencing ghosts, astral travel, witchcraft and prediction of the future. This scale measures encounters of this kind.

Spirituality and Wellbeing

Pearson's R correlations were calculated for each of the measures of spirituality with the selected set of wellbeing measures. In view of the relationship between age and religiosity, and between gender and spirituality, the correlations shown in the tables below are after controlling for the effects of age and gender. Only those correlations with a statistical significance of $p < 0.05$ are presented here.

Spiritual and Secular Outlooks Compared

If Freud and others are correct, then a purely secular outlook on life, devoid of religious worldviews or belief in the supernatural, should be associated with positive health and wellbeing outcomes. However the opposite appears to be true: those people with a more spiritual orientation tend to score higher on many of the wellbeing measures included in this study, than those with a more secular outlook.

As shown in Table 2, those with a spiritual orientation tend to have higher levels of *self esteem* and are more *optimistic* in life. People with a spiritual orientation also tend to experience higher levels of *personal growth* than do those with a secular, 'here and now' outlook on life. Most significantly, those with a spiritual orientation have much greater *sense of purpose in life* than those with a secular outlook on life. Those with a spiritual orientation also tend to register slightly higher levels of *satisfaction with life*, particularly in the areas of satisfaction with *achievements in life* and *place in the community*. Finally, those with a spiritual orientation are more likely to *contribute to others*, whether informally in daily life, giving money to charities or doing voluntary service with community groups.

These results suggest that exploration of spirituality and wellbeing may be important to a healthy society. Questions have sometimes been asked about why, with increasing affluence, Australians are no happier than previously (Eckersley 1998; Hamilton, 2004). The lower levels of wellbeing recorded by those with a more secular mindset suggest that many journeying down that track are not finding the wellbeing they may aspire to. Encouraging spiritual reflection seems important for a society as young as ours yet looking for deeper roots.

Table 2: Spiritual versus Secular Outlook

	A Spiritual Outlook	A Secular Outlook		A Spiritual Outlook	A Secular outlook		A Spiritual Outlook	A secular outlook
Physical Health:			Satisfaction with Life			Insecurity:		
General Health			Satisfaction with Life Scale	.0922*		General insecurity		
Overall Physical Health			Life as whole	.0575*		Future personal well-being		
Alcohol consumption	-.0619*		Happiness			Job/partner/where to live		
Regular exercise			Standard of living			Confusion re money/phones		.0544*
			Health	.0565*		Lack of funds		
Mental Health:			Achievement	.1015**	-.0547*	Job Dissatisfaction	-.0874**	
Overall Mental Health			Relationships	.0539*		Fears re future work situation	.0678*	-.0830**
Felt calm and peaceful			Safety					
Felt had a lot of energy			Part in community	.0858**	-.0671*	Relational Well-being:		
Felt downhearted/depressed			Future security			Key Person	.0921**	-.0570*
			Partner			Family		
Other Well-being:			Financial security			Friends	.0904**	
Self Esteem	.0885**		Main job			Marriage	.0713*	
Optimism	.1499**		House			Fears for marriage/family	-.0639*	
Sense of Control	.1032**		Spiritual life	.2367**	-.2029**	Contributing to Others:		
						Informal Helping Scale	.1361**	-.0932**
Personal Growth	.2635**	-.1985**				Give to Charities	.1264**	-.1088**
Purpose in Life	.3216**	-.2417**				Voluntary service	.1627**	-.1348**
Purpose and Place	.2665**	-.2098**						

Notes: Correlations shown after controlling for both age and gender
 Levels of statistical significance: * = $p < 0.05$ ** = $p < 0.01$

Religion and Wellbeing

Three aspects of religious orientation are explored in Table 3: orthodox religious beliefs, an active involvement in public or private religious practices and unreflective religiosity. The results of this study in relation to religious orientation suggest some important conclusions:

First, there are generally positive relationships between religious beliefs and active involvement in private or public religious practices and many of the measures of wellbeing. Most obvious are the positive relationships with a sense of purpose and place in the universe, as well as, to a lesser extent, with personal growth.

Second, unreflective religiosity appears to have a different relationship to wellbeing than either religious orthodoxy or religious practices. The unreflectively religious tend to have lower levels of self-esteem and lower levels of personal growth. The relationship between unreflective religiosity and a sense of purpose in life is not as strong as for either religious orthodoxy or religious practices. Unlike the other two aspects of religiosity there is no relationship between unreflective religiosity and contributing to others through voluntary service, giving to charities or informal acts of service.

Table 3: Dimensions of Religiosity

	Religious orthodoxy	Religious practice	Unreflective Religiosity		Religious orthodoxy	Religious practice	Unreflective Religiosity		Religious Orthodoxy	Religious practice	Unreflective Religiosity
Physical Health:				Satisfaction with Life				Insecurity:			
General Health		.0524*		Satisfaction with Life Scale		.1108**		General Security			
Overall Physical Health				Life as whole	.0580*	.0876**		Future personal well-being			
Alcohol consumption	-.0742**	-.1092**	-.0662*	Happiness				Job/partner/where to live	-.0654*		
Regular exercise			-.0593*	Standard of living		.0608*		Confusion re money/phones			
			-.0595*	Health				Lack of funds			
Mental Health:				Achievement	.0838**	.0968**		Job Dissatisfaction	-.0587*		
Overall Mental Health				Relationships				Fears re future work situation			-.0809**
Felt calm and peaceful	-.0573*	-.0767**		Safety							
Felt had a lot of energy				Part in community	.0927**	.0806**	-.0879**	Relational Well-being:			
Felt downhearted/depressed				Future security				Key Person	.0974**	.0925**	
				Partner				Family	.0713**	.0695**	
Other Well-being:				Financial security		.0709**		Friends	.0575*		
Self Esteem			-.1092**	Main job				Marriage			
Optimism	.1279**	.0583*	.0724**	House				Fears for marriage/family	-.0663*		
Sense of Control				Spiritual life	.1912**	.2841**		Contributing to Others:			
Personal Growth	.0927**	.0789**	-.2594**					Informal Helping Scale	.0728**	.1612**	
Purpose in Life	.3137**	.3071**	.1681**					Give to Charities	.1217**	.1769**	
Purpose and Place	.2592**	.2582**	.1124**					Voluntary service	.1369**	.2547**	

Notes: Correlations shown after controlling for both age and gender
Levels of statistical significance: * = p<0.05 ** = p<0.01

This suggests that it is important to distinguish between different styles of religious orientation. In order to take this further, the relationships between religious beliefs and active religious practices and the various measures of wellbeing were re-calculated, controlling not only for age and gender but also for unreflective religiosity. As a result the strength of the correlations between orthodox religious beliefs, active religious practices and many of the wellbeing measures increase once the effects of unreflective religiosity are taken into account.

By way of example, while Table 3 shows no significant correlation between self-esteem and religious beliefs or practices, the negative relationship between unreflective religiosity and self-esteem has masked weak but positive relationships with both orthodox beliefs (0.14) and religious practices (0.08) once the effects of unreflective religiosity are taken into account. Taking the effects of unreflective religiosity into account also increases the strength of the correlation between beliefs and practices and satisfaction with life, a sense of support and trust from a significant other and all aspects of contributing to others. Most significantly, the relationship between beliefs and practices and personal growth is higher after accounting for the effects of unreflective religiosity. Weak correlations of 0.09 and 0.08, significant but very small, become correlations of 0.30 and 0.19 respectively.

The results in Table 3 suggest some other conclusions:

1. Those with more orthodox religious beliefs tend to record higher levels of optimism. In keeping with this are slightly higher satisfaction with life scores, suggesting that the religious tend to be a little more satisfied with their achievements and part in the community. While statistically significant, these relationships are weak.

2. Those with orthodox religious beliefs or active in religious practices are more positive about quality of relationships and levels of relational support. Again the relationships are generally weak.
3. Those with orthodox religious beliefs and especially those who are active in religious practices are more likely to be concerned for others. This is reflected in giving to charities, voluntary involvement in groups and in informal helping.
4. Previous research overseas has found small but significant positive relationships between a religious orientation and many of the wellbeing measures chosen for this study (Koenig et al 2000). In some areas the present study supports such conclusions; while in others, such as physical and mental health, such patterns are not in evidence. Possibly the reason for this is that the measures available to us (SF12) are somewhat limited.

Alternative Spiritual Orientations and Wellbeing

Six different aspects of broader spirituality were examined for their relationship to wellbeing:

- spiritual journeying,
- a strong spiritual connection with nature or the land,
- Buddhist or New Age influences,
- an openness to alternative spiritual healing practices,
- engaging with alternative spiritualities,
- having psychic or 'beyond death' experiences.

Our research has suggested a significant overlap between those with a religious orientation and those with a strong spiritual connection with the land as well as with spiritual journeying. It seemed important to examine these dimensions after controlling for both orthodox religious beliefs and religious practices.

Table 4: Alternative Spiritual Orientations 1

	Connection with nature/the land			Satisfaction with Life	Connection with nature/the land			Insecurity:	Connection with nature/the land		
	Spiritual Journeying	Buddhist / New Age influences	Buddhist / New Age influences		Spiritual Journeying	Buddhist / New Age influences	Buddhist / New Age influences		Spiritual Journeying	Buddhist / New Age influences	Buddhist / New Age influences
Physical Health:											
General Health				Satisfaction with Life Scale			General Security			-.1064**	
Overall Physical Health	.0839**			Life as whole			Future personal well-being				
Alcohol consumption				Happiness			Job/partner/where to live	.0895**		.0593*	
Regular exercise		.0817**	.0604*	Standard of living			Confusion re money/phones				
Mental Health:				Health	.0579*		Lack of funds			.1077**	
Overall Mental Health	-.0853**	-.0565*	-.0697*	Achievement			Job Dissatisfaction				
Felt calm and peaceful				Relationships			Fears re future work situation	.0709*	.1326**	.0909**	
Felt had a lot of energy				Safety							
Felt downhearted/depressed	-.0038	-.0576*	-.0750**	Part in community			Relational Well-being:				
Other Well-being:				Future security			Key Person				
Self Esteem	.0572*			Partner			Family			-.0594*	
Optimism	.1026**	.0909**		Financial security		-.0531*	Friends				
Sense of Control	.0872**	.1208**	.0796**	Main job		-.1091**	Marriage			-.0973**	
Personal Growth	.3149**	.2689**	.1322**	House		-.0823**	Fears for marriage/family	.0823**		.0862**	
Purpose in Life	.0963**	.1179**		Spiritual life	.1091**	.0785**	Contributing to Others:				
Purpose and Place	.0725**	.0822**					Informal Helping Scale		.1195**	.0545*	
							Give to Charities				
							Voluntary service		.1193**		

Notes: Correlations shown after controlling for both age and gender.
Levels of statistical significance: * = p<0.05 ** = p<0.01

Table 5: Alternative Spiritual Orientations 2

	Openness to Alternative Healing Practices	Engaging with Alternative spiritualities	Psychic and Beyond Death Experiences		Openness to Alternative Healing Practices	Engaging with Alternative spiritualities	Psychic and Beyond Death Experiences		Openness to Alternative Healing Practices	Engaging with Alternative spiritualities	Psychic and Beyond Death Experiences
Physical Health:				Satisfaction with Life				Insecurity:			
General Health		.0604*		Satisfaction with Life Scale	.0726*			General Security			-.0920**
Overall Physical Health				Life as whole		-.0629*		Future personal well-being			0.049
Alcohol consumption				Happiness	-.0531*	-.0851**		Job/partner/where to live	.0620*		.0715*
Regular exercise				Standard of living		-.1012**		Confusion re money/phones			
				Health				Lack of funds			.1088**
Mental Health:				Achievement				Job Dissatisfaction			
Overall Mental Health			-.0929**	Relationships		-.0689*		Fears re future work situation	.0661*	.0916**	.1284**
Felt calm and peaceful				Safety	.0586*	-.0552*					
Felt had a lot of energy				Part in community				Relational Well-being:			
Felt downhearted/depressed			-.0606*	Future security				Key Person		.0834**	
				Partner				Family			-.0828**
Other Well-being:				Financial security		-.1115**		Friends	.0644*		
Self Esteem		.0822**		Main job				Marriage			-.0731*
Optimism	.0802**	.0939**	.0873**	House		-.0792**		Fears for marriage/family			
Sense of Control	.1039**	.0631*	.1146**	Spiritual life	.0827**	.1404**	.0732**				
								Contributing to Others:			
Personal Growth	.1734**	.2502**	.1816**					Informal Helping Scale	.1304**	.1650**	.1565**
Purpose in Life	.0861**	.1536**	.0929**					Give to Charities			
Purpose and Place	.0783**	.1217**						Voluntary service	.0536*	.1388**	.0646*

Notes: Correlations shown after controlling for both age and gender
 Levels of statistical significance: * = $p < 0.05$ ** = $p < 0.01$

There are some positive relationships between all six of these broader aspects of spirituality and measures of wellbeing. Such correlations are generally weaker than is the case with measures of religious orientation (See Table 3). The correlations in Table 4 and 5 point to the following conclusions:

1. The largest correlations between alternative spiritualities and wellbeing have to do with personal growth. In fact those people exploring alternative spiritualities may do so out of a desire for personal growth. Correlations with personal growth are on a par with those between religious orientation and personal growth after accounting for unreflective religiosity.
2. There are several positive correlations between alternative spirituality and wellbeing, including optimism, sense of purpose in life, informal help for others and slightly higher levels of voluntary involvement in community groups, though not with giving financially to charities. But these correlations tend to be weaker than those for religious orientation.
3. While there is no relationship between religious orientation and sense of control, those involved in broader spiritualities are more likely to feel they have higher levels of control in their lives. This result requires some further reflection.
4. Generally, there is little relationship between alternative spiritualities and satisfaction with life and, where such correlations are to be found, they tend to be negative (for Buddhist/New Age influence and for psychic involvement). Likewise, there are some small negative relationships with security. While those with a religious orientation are

slightly more satisfied with some aspects of life it would seem that, if anything, those involved in broader spiritualities are less satisfied and secure, possibly exploring spiritually because of some lack of satisfaction and security.

5. There appears to be little relationship between an alternative spiritual orientation and physical health. Nor are there clear relationships with mental health.

The generally weaker relationships between alternative spirituality and wellbeing may be explained by the more eclectic nature of broader spiritual searching that does not lead to the same sense of purpose and place in the universe or provide as clearer frameworks for living.

There are some hints in this data that some types of broader spiritual exploration may have different types of connections with wellbeing than others. Patterns relating to openness to alternative healing practice, psychic experiences and Buddhist/New Age influences appear less connected with wellbeing measures than those related to spiritual journeying or an active involvement in alternative spiritual practices . This latter group would seem to be working harder at an integrated framework in their exploration, with the former group more engaged in experiential or eclectic approaches to spiritual issues.

Conclusion

This paper has attempted to work through a large amount of the material on spirituality and wellbeing. There is more work to be done, though these results provide some steps forward. Three tentative conclusions can be suggested:

First, the correlations between spirituality and wellbeing are often weak, requiring care in piecing together the picture. There are some areas where additional questions, a larger sample size or more controlled research conditions may be necessary to draw a meaningful picture - the relationship between spirituality and physical and mental health may be a good example in this regard.

Second, a spiritual orientation, whether religious or broader, appears positively linked to some aspects of wellbeing. Those who would see a secular society as improving the wellbeing of Australians may need to reflect carefully on the results that are here.

Finally, the results here suggest that it is important to separate out the various strands of a religious or spiritual orientation as each may have a different relationship with wellbeing. Differences have been detected in correlations between wellbeing and orthodox religious belief,

frequency of religious practice and unreflective religiosity. Unreflective religiosity appears to be less positively related to wellbeing than either orthodox religious belief or religious practice.

With many of our wellbeing measures, alternative spiritualities seem to perform differently to a religious orientation. While both alternative spiritualities and religious orientation are linked to a positive sense of purpose in life, those with a religious orientation have significantly higher scores than those involved in alternative spiritualities. Alternative spirituality appears to be more strongly related to a stronger sense of control, not mirrored with a religious orientation. While both are linked with contributing to others, there are differences reflecting different underlying values: those involved in alternative spiritualities are less likely to contribute to charities or to community groups, even after controlling for the effects of age and gender.

Further careful work may strengthen our understanding of the links between spirituality and wellbeing. While in terms of medical intervention it is clearly not a primary factor, nevertheless, in thinking about health and wellbeing issues in the wider population, the beneficial impacts of spirituality may well be deserving of attention.

The decline in the significance of the churches and changing patterns of spirituality among different age groups raises some important questions. It is evident from these results that those who are active religiously record higher levels of wellbeing in some areas, particularly in terms of a sense of purpose in life and involvement in caring activities. With the decline of religious life in Australia, are we losing something of the fabric of individual and community wellbeing that has supported us well in times past?

David Tacey sees us as caught in difficult times, unable to accept past spiritual regimes, searching for something with depth to replace it, yet not sure where to look (Tacey 2003, 3). The evidence here is that alternative spiritual journeying is better than a secular mindset, but may not provide the levels of satisfaction, internal or relational wellbeing that generally comes with a religious orientation.

References

- Cummins, RA (2000). Personal income and subjective wellbeing: A review. *Journal of Happiness Studies*, Vol 1, 133-158.
- Diener, E (1994). Assessing subjective wellbeing: Progress and opportunities, *Social Indicators Research*, 31, 103-157
- Eckersley R. (ed.) (1998) *Measuring Progress Is Life Getting Better?* CSIRO Publishing, Collingwood.
- Ellis, A (1980). Psychotherapy and atheistic values; A response to AE Bergin's Psychotherapy and Religious Values, *Journal of Consulting and Clinical Psychology*, 48, 635-639
- Freud, S.([1907] 1962), *Obsessive Acts and Religious Practices*. J.Strachey (ed. and trans.), *Standard Edition of the Complete Psychological Works of Sigmund Freud*. London: Hogarth Press. 25-27
- Hamilton, C. (2004) *The Disappointment of Liberalism and the Quest for Inner Freedom*, Discussion Paper No.70, Canberra: The Australia Institute.
- Headey, B. and Wearing, A. (1992) *Understanding Happiness: A Theory of Subjective Wellbeing*. Melbourne: Longman Cheshire.
- Jung, C.(1933). *Modern Man in Search of Soul*. New York: Harcourt brace Jovanovich.
- Kiecolt-Glaser,, J.K., Fisher, L., Ogrocki, P., Stout, J.C., Spelcher, C.E., & Glaser, R.(1987). Marital quality, marital disruption and immune function. *Psychosomatic Medicine*, 49, 13-34.
- Koenig, H.G., McCullough, M. E. and Larson, M.D. (2000). *Handbook of Religion and Health*. New York: Oxford University Press
- Levenson, H. (1974) Activism and powerful others: Distinctions within the concept of internal-external control. *Journal of Personality Assessment*, 38, 377-383.

Lynskey, M.T.(1998). The comorbidity of alcohol dependence and affective disorders: treatment implications. *Drug & Alcohol Dependence*, 52, 201-209.

Rosenberg, M. (1965) *Society and the Adolescent Self-image*. Princeton. NJ: Princeton University Press.

Ryff, Carol D. (1989) Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Wellbeing. *Journal of Personality and Social Psychology*, 57, 1069-1081.

Seligman, M.E.T., (1998). Optimism, hope and ending the epidemic of depression. Address given at the John Templeton Board of Advisors meeting, Philadelphia, Feb 10, as quoted in Koenig et al (2000). *Handbook of Religion and Health*. New York: Oxford University Press.

Tacey, D. (2003). *The Spirituality Revolution: The emergence of contemporary spirituality*. Sydney: Harper Collins.

Verbrugge, L.M. (1979). Marital status and health. *Journal of Marriage and the Family*, 41, 267-285.