Religion and Well-Being: Differences by Identity and Practice

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ABSTRACT. Religion is often related to greater psychological well-being in college students (Burris, Brechting, Salsman, & Carlson, 2009). However, researchers have conceptualized *religion* in different ways. Although religious identity and practice tend to be related, they may be differentially related to well-being (Lopez, Huynh, & Fuligni, 2011), and this relationship may differ based on societal factors such as race and gender (Diener, Tay, & Myers, 2011). In the present study, 157 undergraduate students completed measures of religious identity, religious practice, public regard (the extent to which people feel that their race and gender identity is viewed positively or negatively by the broader society), and well-being. Regression analyses demonstrated that religious identity, but not practice, was associated with higher positive ($\beta = 0.25$, $p = .013$, $R^2_{Adjusted} = .28$) and lower negative affect ($\beta = -0.22$, $p = .030$, $R^2_{Adjusted} = .28$). Overall, results suggest that religious identity plays a more important role in well-being than religious practice. A marginal finding suggests that religious identity may be associated with more well-being when accompanied by a racial identity that is perceived by the individual to have higher public regard, but this result should be replicated. The relationship between religion and well-being is not affected by perceptions of public regard for gender.

Religion is a social identity grounded in a system of guiding beliefs, and may serve as a powerful tool to shape psychological and social processes (Ysseldyk, Matheson, & Anisman, 2010). Previous research has shown that, in and of itself, religion contributes to the experience of greater positive and fewer negative emotions for the people who believe in it (Kim-Prieto & Diener, 2009). Religion often provides a "moral compass" and allows people to identify with groups, which in turn may reduce feelings of uncertainty (Hogg, Adelman, & Blagg, 2010, p.76). Other research has shown that the social aspect of religion is a key factor in health and well-being (Knipscheer & Kleber, 2007). Religion has been shown to be specifically helpful for the well-being of college students (Burris, Brechting, Salsman, & Carlson, 2009), helping them cope with high levels of stress (Berry, 1997) as they adapt to new roles, handle greater responsibilities, cope with their separation from friends and family from home, and learn to navigate their new social environment (Credé & Niehorster, 2012).

However, despite the fact that religion and religious belief have largely been associated with well-being (Chamberlain & Zika, 1992), across studies, researchers have conceptualized *religion* in different ways. It is unclear which dimension of religion is most strongly linked with well-being, as research has shown that different dimensions of religion such as religious identity and practice may follow different trajectories despite the fact that they tend to be related (Lopez, Huynh, & Fuligni, 2011). These paths have been shown across a range of religions. This is why it is important to see how each of these dimensions is differentially related to well-being. For example, Cohen, Yoon, and Johnstone (2009) found that mental health was significantly correlated with positive congregational support, but not with private religious practices. This shows that it may be the aspect of strengthened communities, rather than the individual

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and intrinsic aspect of religion, that is the most important for well-being (Graham & Haidt, 2010). However, Chan, Tsai, and Fuligni (2015) found that, rather than religious practice, the importance that is placed on religious affiliation and practice was linked with a greater sense of meaning and purpose, but not with psychological well-being. Many studies have used different terms to describe similar aspects of religion. In the present study, these dimensions of religion have been grouped into two major categories: religious identity and religious practice.

Religious Identity

Identity is a way to describe and define a person's sense of self, group affiliations, and status, and "results from internal subjective perceptions, self-reflection, and external characterizations" (Peek, 2005, p. 217). Religious identity, in particular, has been shown to be associated with beneficial effects on well-being. The salience of religious identity alone may be enough to change a person's momentary emotional experience (Kim-Prieto & Diener, 2009). Identifying with a group can also have a positive impact on a group member's health, which can be explained, at least in part, by the social relationships that often result from a shared identity (Khan et al., 2015; Peek, 2005). A study by Keyes and Reitzes (2007) on older working and retired adults found that increased religious identity was associated with better mental health outcomes in terms of increased self-esteem and decreased depressive symptoms. In addition, Maltby and Day (2003) found that psychological well-being was positively associated with an intrinsic religious orientation (which includes religious identity), and was negatively associated with an extrinsic orientation (which includes religious practice). These findings were explained by the fact that religious attitudes determine the extent to which religion serves as a mechanism to appraise and cope with stressful life events, and explains the link between religious attitudes and well-being.

Religious Practice

Religious practice comprises both public practice, which includes praying with other people and attending religious services and events, and private practice, which includes praying privately, meditating, reading religious literature, and watching or listening to religious TV or radio programs (Capanna, Stratta, Collazzoni, & Rossi, 2013). There are some contradictory findings about whether religious practice is directly related to well-being.

Many studies have found that religious practice is linked to beneficial effects (Bierman, 2006; Maselko, Gilman, & Buka, 2009; Tewari, Khan, Hopkins, Srinivasan, & Reicher, 2012). Attendance at religious services has been shown to moderate the relationship between the effects of discrimination on negative affect for African Americans, such that African Americans who face discrimination and also attend religious services tend to have better emotional outcomes than African Americans who face discrimination but do not attend religious services (Bierman, 2006). In addition, people who participate in religious practice have been shown to be significantly less likely to experience a major depressive episode than people who do not participate in religious practice (Maselko et al., 2009). This protective effect has been seen across cultures. People in India who took part in a mass religious gathering during a month-long pilgrimage reported a longitudinal increase in well-being compared to those who did not participate (Tewari et al., 2012). According to the authors, the event led to close relationships and a shared identity, which had indirect effects on changes in self-reported health (Khan et al., 2015).

Despite associations with increased well-being, some studies show that religious practice may not be beneficial in and of itself. For example, religious practices performed as a result of upbringing and custom rather than out of an individual's own accord are less likely to contribute to well-being (Vilchinsky & Kravetz, 2005). Dezutter, Soenens, and Hutsebaut (2006) found that church attendance did not predict either psychological distress or psychological well-being. They claimed that this was because religious practice only examines surface level factors, whereas religious identity is more deeply rooted. Therefore, religious practices are more likely to be influenced by contextual factors and less representative of an individual's functioning.

Studies on religious identity and religious practice link each of the dimensions of religion to well-being, but it is still unclear which of the two accounts for the most well-being. The first goal of the present study was to assess whether religious identity or religious practice had the strongest influence in the relationship between religion and well-being. It was hypothesized that, although both religious identity and practice would be associated with more positive and less negative affect, this relationship would be stronger for religious identity. This is because religious identity has

almost consistently been shown to be related to well-being, although there have been conflicting findings regarding religious practice, which can be affected by factors such as habit (Vilchinsky & Kravetz, 2005).

Group Differences

Despite the fact that religion has overall been associated with well-being, research has shown that this relationship may be conditional on societal categorizations and circumstances that result from these categorizations (Diener, Tay, & Myers, 2011). Studies have shown that places with fewer resources are more likely to have a more religious population because religion allows them to compensate for feelings of deprivation (Beit-Hallahmi, 2014). In situations where people face discrimination, religious people report higher levels of subjective well-being than people who are not religious (Hoverd & Sibley, 2013). A qualitative study with Somali Muslim immigrants in the United Kingdom found that religion can help immigrants cope with difficult circumstances (Whittaker, Hardy, Lewis, & Buchan, 2005). Beit-Hallahmi (2014) cited Glock, Ringer, and Babbie (1967), who said that "being female, unmarried, old with little income, and little education are all forms of deprivation that would lead to greater religious involvement" (p. 58). The question that follows is whether religious involvement in situations where individuals face some sort of discrimination is associated with well-being. Specifically, the present study examined race and gender—two identities on the basis of which individuals are often stigmatized or discriminated against. There has been a great deal of research on the role of these identities in the relationship between religion and well-being, with conflicting results.

The first of these identities, race, has been extensively researched in the relationship between religion and well-being. Blaine and Crocker (1995) showed that Black students face more discrimination and stigma on university campuses, and are more religious than White students. Similarly, Patel, Ramgoon, and Paruk (2009) found that Black and Indian university students in South Africa had higher religiosity levels overall, but White students still had higher life satisfaction scores. Students of color have to cope with the stressors of stigmatization, which could explain lower life-satisfaction even when they are more religious.

Research regarding the strength of the link between religion and well-being for specific racial groups is inconsistent. A study by Ellison (1995) found that church attendance (religious practice) was linked with fewer depressive symptoms, but only for White, and not Black participants. Not having a denominational affiliation (religious identity) was also associated with more depressive symptoms only for Black participants. However, a study on university students in the United States found that religiousness was only associated with psychological well-being for Black students, and not White students (Blaine & Crocker, 1995). According to the authors, this is because attributions made to God enhanced the meaning of life and positive social identification for the Black students (Blaine & Crocker, 1995).

Research has shown that people implicitly categorize race in terms of a certain hierarchy, where Whites are on the top, followed by Asians, Blacks, and then Hispanics (Axt, Ebersole, & Nosek, 2014). Therefore, the current study hypothesized that the dominant group in the hierarchy, which is White people, would experience the relationship between religion and well-being in a different way from the nondominant groups in the hierarchy, which are people of color.

Another form of discrimination is gender. Research has demonstrated that women are generally more religious than men (Collett & Lizardo, 2009), which could be because they face more discrimination than men. Beyond this main effect, whether religion is differentially associated with well-being between genders is greatly disputed. A study by Jung (2014) revealed that religious practice was only associated with decreased stress and higher levels of happiness for women. Another study by Mirola (1999) found that religious practice, particularly prayer, was linked with decreased effects of depression in women, but no such relationship was found for men. However, other studies have shown that, although women receive more emotional support from church members than men do, religious practice such as church-based support is associated with more mental health benefits only for men (Krause, Ellison, & Marcum, 2002; McFarland, 2010).

To test the theory of discrimination further, the present study examined individuals' own perceptions of public regard, which is the extent to which people feel that their identity is viewed positively or negatively by the broader society (Sellers, Smith, Shelton, Rowley, & Chavous, 1998). People with stigmatized identities often have lower public regard and tend to feel like their identities are not

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respected, and that they are discriminated against by society. For example, Black students have lower estimations of public regard for their race (Sellers et al., 1998). Studies have shown that public regard functions differently than individuals' own perceptions of their group (Rivas-Drake, 2011), and having low public regard and perceiving discrimination has harmful effects on well-being (Schmitt, Branscombe, Postmes, & Garcia, 2014). Women and people of color tend to perceive more discrimination than men and White people (Schmitt et al., 2014), so will likely have lower estimations of public regard for these identities. Perception of public regard is an aspect of race and gender identity that has not been studied in much detail with regard to how it affects the link between religious identity and practice and well-being. This study considered whether the relationship works differently for public regard and group membership.

The second goal of this study was to assess whether religion is associated with the same positive effects on well-being for everyone. We examined whether it was simply differences by membership in dominant (White, men) or nondominant groups (people of color, women), or the perception that one's identity is devalued by society (public regard), that moderates the link between religion and well-being. We hypothesized that women and people of color would have a stronger relationship between religion and well-being than men and White people, and religion would be associated with greater well-being for individuals with lower public regard. This is because religion may counter the effects that low public regard has on a person's racial and gender identity.

Current Study

To summarize, we examined the links between religious identity and religious practice and well-being. Well-being was operationalized as positive and negative affect experienced on a day-to-day basis. This way of measuring well-being was based on Lazarus' (1997) assertion that emotions can describe the struggles and stressors faced by college students in a richer and more multidimensional way than focusing only on psychological stress.

We chose to measure religious practice and well-being with a daily diary method, allowing us to examine the ongoing experience of religious practice as well as subjective feelings within everyday situations. The fact that there was a minimal amount of time between the experience and its reporting reduced the likelihood of bias due to retrospection over long periods of time, and increased the likelihood of reliable and valid person-level information reported (Bolger, Davis, & Rafaeli, 2003).

In addition, we examined whether these aspects of religion are associated with the same benefits for people from different race and gender backgrounds, and for people who felt like their gender or race identity had low versus high public regard. We chose to look at these predictors in a college setting given that religion has been shown to be important to well-being in college students (Burris et al., 2009).

Method

Participants, Recruitment, and Procedure

This study was approved by all schools' ethics review committees (either through a process of accepting the host school's IRB approval or by conducting their own review). Participants were drawn from five colleges/universities in the Midwest. At each school, the Offices of Institutional Research used internal data to facilitate recruitment via a stratified random sample. They generated two lists of students, one of traditionally underrepresented backgrounds (which included students from underrepresented ethnic groups, lower socioeconomic backgrounds, or first-generation college students), and the other list of the remaining, currently enrolled, full-time undergraduates. The college officials then randomly selected 85 students from each list and provided us with those students' e-mail addresses. Across the five schools, a total of 850 students were recruited as potential participants (425 traditionally underrepresented and 425 well-represented).

Students were e-mailed and invited to take part in a study on "the daily lives of college students." The first component was a one-time survey that included questions about the participants' background including religious beliefs and current experiences. The other was the daily survey, which began the Sunday after they completed the one-time survey. Participants who completed some part of the one-time survey received an e-mail every evening for seven consecutive evenings that contained the link for the daily survey. These daily surveys focused on each day's experiences and emotions. Participants were asked to complete each checklist just before going to bed for the night. Each day's link was only active from 8 p.m. to 2 a.m., so participants had to complete each survey toward the end of the day, and they could not complete multiple daily surveys in one sitting. The daily diary

portion of the study was administered during the second week of November because officials at each school indicated that it was a "typical" week for their students (no breaks or exam periods).

Participants received $11 for completing the one-time survey, and $2 for completing each daily survey. If participants completed five out of the seven daily surveys, they also received a $10 bonus. In addition, four $25 Amazon gift cards were raffled on each day of the study, and every participant who completed a survey that day was entered into the drawing. These incentives resulted in high rates of participation: of the seven possible daily surveys, participants completed an average of $M = 5.75$, $SD = 1.53$ surveys. Across schools, the response rate ranged from 25.9% to 45.3%.

A total of 303 undergraduate participants completed at least some part of the study measures, but only the 157 participants who identified with a religion or faith were included in this study. These 157 participants were all full-time students between 18 and 25 years old ($M = 20.14$, $SD = 1.31$), and self-identified as White (79.0%), Asian (3.8%), Black (3.2%), Latino/a (5.1%), and Multiracial (7.6%). Two participants (1.3%) did not specify their race/ethnicity. For the purposes of analyses, the sample was divided into White ($n = 123$) and people of color ($n = 33$), given that the sample size of non-White participants was too small to examine differences between specific ethnic groups. Of the participants, 29.3% identified as men, 70.1% as women, one participant chose not to specify, and no participants selected the option of "other." Participants self-reported their religious beliefs in open-ended answers, which were coded into five categories. Of the participants, 111 were Christian (70.7%). Several denominations of Christianity were represented including Presbyterian, Lutheran, Evangelical, Episcopalian, and Protestant. Of the remaining participants, 29 were Catholic (18.5%), 2 were Unitarian Universalists (1.3%), 10 were Jewish (6.3%), 3 were Buddhist (1.9%), 1 practiced Mysticism (0.64%), and 1 identified as Alternative/ Spiritual (0.64%).

Measures

This study included measures of religion, public regard, and well-being. The source of each measure (i.e., one-time survey or daily surveys) is noted for each. Response rates for each are in Table 1.

Religious affiliation. On the one-time survey, participants reported their religious affiliation by answering the open-ended questions, "Do you have

a particular religion or faith?" and "If yes, what is it?" (Chan et al., 2015). Based on the large number of Christian participants, responses that stated specific denominations of Christianity that were not Catholic were grouped into the larger category of "Christian."

Religious identity. On the one-time survey, participants were asked four questions to assess their religious identity based on Chan et al.'s (2015) adaptation of Tyler and Degoey's (1995) measure of social identity: "I have a strong sense of belonging to my own religion," "Being a part of my religion is an important reflection of who I am," "In general, being a part of my religion is an important part of my self-image," and "I feel a strong attachment toward my own religion." Participants rated these items on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The items had an excellent internal reliability ($\alpha = .95$), and the means of all of the scores were taken such that higher scores indicated a stronger sense of religious identity.

Religious practice. On the daily survey, participants answered seven "Yes" or "No" questions about whether they participated in religious practice that day. Three of these were about public religious practice: "Did you attend religious services today?," "Did you attend any other special activities as a part of your religion or faith?," and "Did you pray with other people today?" Four of the questions were about whether they participated in private religious practice that day. These were adapted from the Private Religious Practice Subscale of the Brief Multidimensional Measures of Religiousness/ Spirituality-Italian Version (Capanna et al., 2013). These questions were: "Did you pray privately in places other than public places of worship today?," "Within your religious or spiritual tradition, did you meditate today?," "Did you read religious literature today?," and "Did you watch or listen to religious programs on TV or radio today?" The sum of all of the religious practice was taken for each person for each day of the study. Then, these sums were divided by the total number of days that participants completed diaries. Thus, this variable can be interpreted as the average number of times someone participated in religious practice on a given day.

Public regard for race and gender. Items from the Multidimensional Inventory of Black Identity–Teen (MIBI–T; Scottham, Sellers, & Nguyen, 2008) were adapted to examine a particular dimension of participants' race and gender identities public regard. On the one-time survey, participants were asked to rate three statements for race ($\alpha = .81$) and

three statements for gender (α = .84) on a 7-point Likert-type scale from 1 (*strongly disagree*) to 7 (*strongly agree*). These statements were: "People from other ethnic/gender groups think that my ethnic/gender group has made important contributions to society," "Most people think that people of my ethnic background/gender are as smart as people of other backgrounds/genders," and "People think that my ethnic/gender group is as good as other groups." The means of all of these scores were taken such that higher scores indicate a stronger sense of public regard.

Psychological well-being. Well-being was operationalized as the amount of positive and negative emotions that were experienced each day.

Positive emotions. On the daily surveys, participants responded to six items that asked the extent to which they had felt positive emotions on a 7-point Likert-type scale from 1 (*not at all*) to 7 (*extremely*). These positive emotions were relief, happiness, pride, love, gratitude, and compassion (Lazarus, 1997). These emotions had good internal reliability for each day of the study (Sunday: α = .82, Monday: α = .79, Tuesday: α = .80, Wednesday: α = .79, Thursday: α = .82, Friday: α = .75, Saturday: α = .82). Thus, for each day of the study, the average of these positive emotions was taken as an index of that day's positive emotions. Then, the mean of these daily means was taken in order to get each person's average positive emotions across the days of the study.

Negative emotions. On the daily surveys, participants responded to nine items that asked the extent to which they had felt negative emotions on a 7-point Likert-type scale from 1 (*not at all*) to 7 (*extremely*). These negative emotions were: anger, sadness, envy, jealousy, hopelessness, anxiety, fright, guilt, and shame (Lazarus, 1997). On each day of the study, these emotions had excellent internal reliability (Sunday: α = .88, Monday: α = .89, Tuesday: α = .87, Wednesday: α = .90, Thursday: α = .89, Friday: α = .89, Saturday: α = .92). The average of these negative emotions was taken as an index of that day's positive emotions. The overall mean of these daily means was then taken to get each person's average negative emotions across the days of the study.

Results

In this study, we used data from 157 people who reported having a religion. Religious identity, public regard for race, and public regard for gender were reported on the one-time survey, and religious practice, positive emotions, and negative emotions were averaged from daily reports. Descriptive statistics and correlations for all variables are presented in Table 1.

For the variables derived from daily surveys, initial analyses examined whether there was evidence that the act of completing the survey over several days influenced participants' responses. Table 2 shows the average religious practice, positive emotions, and negative emotions for each day of the study. Repeated-measures ANOVAs with Greenhouse-Geisser corrections indicated that mean religious practice, mean positive emotions, and mean negative emotions differed significantly between days (See Table 2). A series of paired sample *t* tests with the Bonferroni correction indicated that, as would be expected, religious practice was higher on Sunday than on all other days except for Wednesday. The other days did not differ from one another in terms of religious practice. For positive emotions, participants reported more positive emotions on Friday than Thursday. No other pair-wise comparisons of positive emotions reached significance with the Bonferroni correction. Finally, for negative emotions: Sunday and Monday did not differ from one another, but they were both more negative than Thursday, Friday, or Saturday (which did not differ from one another). In addition, Wednesday was less negative than Sunday and Tuesday.

Although some days differed more than others, there was little evidence of participant reactance over the days of the study. Instead, the differences

		n	%	M (SD)	1	2	3	4	5
TABLE 1									
Response Rates, Means, Standard Deviations, and Correlations									
1	Religious identity	157	100	3.77 (1.08)					
2	Religious practice	156	99.4	2.30 (1.86)	0.53**				
3	Positive emotions	156	99.4	4.68 (0.86)	0.24**	0.16**			
4	Negative emotions	156	99.4	2.32 (0.97)	-0.19*	-0.09	-0.39**		
5	Public regard - Race	157	100	5.45 (1.23)	0.15	0.04	0.29**	-0.14	
6	Public regard - Gender	157	100	5.21 (1.18)	0.08	0.11	0.15	0.05	0.34**

Note. * p < .05. ** p < .01.

	TABLE 2							
	Daily Means							
	Sun M (SD) n	Mon M (SD) n	Tue M (SD) n	Wed M (SD) n	Thu M (SD) n	Fri M (SD) n	Sat M (SD) n	statistical test
Religious practice	1.88_a (1.89) 142	1.42_b (1.50) 132	1.24_b (1.42) 133	$1.48_{a,b}$ (1.72) 131	1.30_b (1.45) 132	1.39_b (1.69) 113	1.15_b (1.46) 106	$F(4.73, 316.62) = 4.48$, $p = .001$
Positive emotions	$4.72_{a,b}$ (1.11) 134	$4.75_{a,b}$ (1.04) 129	$4.61_{a,b}$ (1.06) 134	$4.64_{a,b}$ (1.01) 132	4.61_a (1.08) 133	4.89_b (0.99) 114	$4.80_{a,b}$ (1.10) 104	$F(4.63, 282.36) = 2.92$, $p = .016$
Negative emotions	2.59_a (1.19) 134	$2.46_{a,d}$ (1.18) 129	$2.36_{a,b}$ (1.11) 134	$2.22_{d,e}$ (1.14) 132	$2.15_{b,c,e}$ (1.08) 133	$2.19_{b,c,e}$ (1.14) 114	$2.09_{b,c,e}$ (1.18) 104	$F(4.52, 275.72) = 6.32$, $p < .001$

	TABLE 3							
	Regression Analyses Predicting Positive and Negative Affect From Religious Identity and Practice							
	Affect							
	Positive				Negative			
	B	SE	β	p	B	SE	β	p
Religious identity	.20	0.08	.25	.013	-.20	-0.09	-.22	.030
Religious practice	.01	0.07	.01	.926	.03	0.08	.05	.664
Religious identity*Religious practice	.05	0.06	.07	.397	-.04	-0.07	-.05	.549
Adjusted R^2		0.05				0.02		
F		3.55				2.00		

	TABLE 4					
	ANCOVA Analyses Predicting Positive and Negative Affect From Religion and Race					
	Affect					
	Positive			Negative		
	F	p	η_p^2	F	p	η_p^2
Religious identity and race						
Religious identity	10.00	.002	.062	3.34	.066	.022
Race	2.30	.131	.015	0.52	.470	.003
Religious identity*Race	0.91	.341	.006	0.05	.816	.000
Religious practice and race						
Religious practice	5.11	.025	.033	0.54	.463	.004
Race	1.84	.177	.012	0.44	.506	.003
Religious practice*Race	1.05	.307	.007	0.12	.726	.001

	TABLE 5					
	ANCOVA Analyses Predicting Positive and Negative Affect From Religion and Gender					
	Affect					
	Positive			Negative		
	F	p	η_p^2	F	p	η_p^2
Religious identity and gender						
Religious identity	10.62	.001	.066	8.51	.004	.053
Gender	3.74	.055	.024	0.84	.361	.006
Religious identity*Gender	0.70	.406	.005	2.67	.104	.017
Religious practice and gender						
Religious practice	5.73	.018	.037	1.65	.201	.011
Gender	3.85	.052	.025	0.86	.356	.006
Religious practice*Gender	1.32	.253	.009	0.63	.429	.004

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between days were as would be expected from the day of the week (e.g., especially high religious participation on Sunday and especially positive affect on Friday). Regardless, this study was interested in examining between-person associations. For example, do people who engage in religious practice more often also tend to have more positive affect? To test our hypotheses, therefore, we took the average of the daily variables: religious practice was the average number of times each person participated in religious practices across the days of the study, and positive and negative emotions were the typical amount of positive or negative emotions experienced by each participant across the days of the study. The remaining analyses (reported below) used these aggregated variables.

Religious Identity and Practice as Predictors of Well-Being

The current study evaluated the hypothesis that religion is associated with well-being. It was predicted that both identity and practice would be linked with well-being, but that this relationship would be stronger for religious identity. Bivariate correlations showed that both religious identity $r(154) = .24$, $p = .002$ and religious practice $r(154) = .16$, $p = .043$ were associated with higher average levels of positive emotions. Religious identity was associated with lower average levels of negative emotions $r(154) = -.19$, $p = .019$. However, religious practice was not associated negative emotions $r(154) = -.09$, $p = .284$.

To determine the unique predictability of each aspect of religion on positive and negative affect, hierarchical regression models were run with religious identity, religious practice, and the interaction between them entered simultaneously as predictors. All regression coefficients are presented in Table 3. For average levels of positive affect, these predictors accounted for a significant amount of variance, $F(3,152) = 3.55$, $p = .016$, adjusted $R^2 = .047$. Higher religious identity was associated with higher average positive affect. Neither religious practice nor the interaction between religious identity and religious practice were significant predictors of average positive affect. For average levels of negative affect, these predictors, as a whole, did not account for a significant amount of variance in average negative affect, $F(3,152) = 2.00$, $p = .116$, adjusted $R^2 = .019$. Higher religious identity was associated with lower negative affect, but religious practice and the interaction between religious practice and religious identity were not linked with negative affect.

Moderation of Religion and Well-Being by Group Membership and Public Regard

The second research question examined whether or not religious identity and practice were liked with well-being for everyone.

Differences by group membership. To examine whether participant race or gender moderated the relationships between religious identity and religious practice and well-being, we conducted a series of Univariate Analyses of Covariance (ANCOVAs) in which we used tests of equal slopes to the test the interactions between the religious variables and group (i.e., race and gender). Altogether, we ran eight ANCOVAs—four models tested the interactions between religious variables and race (i.e., Religious Identity x Race predicting positive affect, Religious Identity x Race predicting positive affect, Religious Practice x Race predicting positive affect, and Religious Practice x Race predicting positive affect), and the remaining four models tested the interactions between religious variables and gender.

Across all models, race was never a significant predictor of either average positive or average negative affect (see Table 4). For gender, there was only a marginally significant association for positive, but not negative emotions (see Table 5). The key findings from these analyses, however, were that across all eight models, there were no significant interactions between group (race or gender) and religion (identity or practice). These null effects suggest that the associations between religious variables and well-being did not vary by gender or race (see Tables 4 and 5).

Differences by public regard. To examine whether perceptions of group public regard moderated the relationships between religious identity and religious practice and well-being, we ran a series of regression analyses with religious identity, religious practice, and public regard as predictors, and positive and negative emotions as outcomes (see Tables 6 and 7).

Four multiple regressions included religious variables and public regard for race as predictors (i.e., Religious Identity x Public Regard for Race predicting positive affect, Religious Identity x Public Regard for Race predicting negative affect, Religious Practice x Public Regard for Race predicting positive affect, and Religious Practice x Public Regard for Race predicting negative affect). Public regard for race was a significant predictor of positive, but not negative, affect (see Tables 6 and 7). However, the interaction between religious identity and public regard for race was only a marginally

significant predictor of positive emotions.

Although this interaction was only marginally significant, we explored the underlying pattern by running separate bivariate correlations for participants with a higher than average and a lower than average public regard for their race. Religious identity was correlated with positive emotions for all participants, but the association may be stronger among participants with a high public regard for

TABLE 6				
Regression Analyses Predicting Positive Affect From Religion and Public Regard				
	Positive Affect			
	B	*SE*	*β*	*p*
Religious identity and public regard for race				
Religious identity	.17	0.06	.21	.006
Public regard - Race	.19	0.05	.28	.000
Religious identity*Public regard	.08	0.05	.13	.097
Adjusted R^2	0.12			
F	8.26			
Religious practice and public regard for race				
Religious practice	.10	0.05	.15	.056
Public regard - Race	.21	0.05	.29	.000
Religious practice*Public regard	.06	0.04	.11	.141
Adjusted R^2	0.10			
F	6.84			
Religious identity and public regard for gender				
Religious identity	.19	0.06	.23	.003
Public regard - Gender	.10	0.06	.13	.089
Religious identity*Public regard	.01	0.05	.01	.855
Adjusted R^2	0.06			
F	4.25			
Religious practice and public regard for gender				
Religious practice	.09	0.05	.14	.086
Public regard - Gender	.11	0.06	.15	.061
Religious practice*Public regard	.05	0.04	.11	.304
Adjusted R^2	0.03			
F	2.74			

their race, $r(92) = .25$, $p = .014$, than for participants with low public regard for their race, $r(60) = .20$, $p = .121$.

We ran a similar series of four multiple regressions with public regard for gender, religious identity, and religious practice as predictors. Public regard for gender was only marginally associated with positive, but not negative, emotions, and there were no significant interactions in this model.

Discussion

College life can include many stressors for students (Credé & Niehorster, 2012), and if adequate coping strategies are not employed to deal with these stressors, students may experience lower psychological health (Berry, 1997). One such coping strategy is religion. Previous research has shown religion to be strongly associated with well-being (Chamberlain & Zika, 1992), and the present study aimed to examine this relationship further.

The first goal of this study was to determine which aspect of religion would be most strongly related to well-being. We predicted that, although religious identity and practice would both be associated with well-being, religious identity would have a stronger association for people who have a particular religion. These hypotheses were supported.

Both religious identity and religious practice were associated with well-being when examined separately. However, further analyses that examined the unique effect of each variable show that religious identity alone was associated with increased positive emotions and decreased negative emotions. This means that the initial association between religious practice and well-being may only be true because of the confounding influence of religious identity in this relationship. Results are supported by Greenfield and Marks (2007), who stated that religious identity mediates the relationship between religious practice and psychological well-being. They found that, although religious service attendance was associated with higher well-being, the strength of this relationship was eliminated when religious social identity was added as a variable to their models.

One of the reasons that religious identity was most strongly related to well-being may be because religious identity not only contributes to an intrinsic aspect of religion (Chan et al., 2015), but is associated with a shared identity through an "eternal group membership" unlike any other social group (Ysseldyk et al., 2010). Having a strong sense of shared identity provides social connections that

have a positive impact on group members (Khan et al., 2015). In addition, religious identity may offer specific emotional and cognitive benefits to individuals (Peek, 2005). According to Peek (2005), in the United States, religious identity can ease tensions that may arise by having identities that are not congruent with traditional American identities (e.g., being from an immigrant family). It can also be used to maintain individuality among the diverse multicultural landscape. This could be true especially in a college context where students may feel that they do not fit in with the larger campus community (Credé & Niehorster, 2012).

Another reason that religious identity, rather than religious practice, was more associated with well-being may be that religious identity in itself is not affected by external factors such as habit (Vilchinsky & Kravetz, 2005), but that religious practice may be influenced by habit and upbringing (Lazar, Kravetz, & Fredrich-Kedem, 2002). In a place such as a college campus, this may be a particularly significant reason that people participate in religious activity; students may be looking for ways to maintain a connection with their home culture. This means that religious practice is often a surface-level factor and may not accurately represent deeper religiosity (Dezutter et al., 2006), which may be why it was not associated with well-being in the present study.

The second goal of the study was to test whether religion would be equally associated with well-being across people with different racial or gender identities. Analyzing the results by group membership (race: White versus person of color; gender: men versus women) did not show any differences in associations. In other words, race and gender were not linked with the relationship between well-being and religious variables. Previous research has been inconsistent regarding the differences by race or gender in well-being as a function of religion (Blaine & Crocker, 1995; Ellison, 1995; Jung, 2014; McFarland, 2010). It is possible that findings from these studies were tapping into confounding variables that led to differences in well-being other than just religious variables, such as the fact that women may receive more social support from religious practice than men (Jung, 2014). However, for the nonsignificant race effect, we should highlight that because our sample was mostly White, we had to run analyses as White versus people of color. The people of color category might have been too broad to detect differences.

Results suggest that it is not actual identity

groups that play a role in well-being. Although we did not find overall group differences, one of the reasons that these differences were expected was related to how people feel that society views their identity, and not just group membership. To test this, we examined individuals' own perceptions of public regard for their identities and whether this would play a role in the relationship between religious identity or practice and well-being.

TABLE 7			
Regression Analyses Predicting Negative Affect From Religion and Public Regard			
	Negative Affect		
	B	*SE*	*β*	*p*
Religious identity and public regard for race				
Religious identity	-.15	0.07	-.17	.370
Public regard - Race	-.08	0.06	-.10	.218
Religious identity*Public regard	.05	0.05	.07	.359
Adjusted *R²*	0.03			
F	2.82			
Religious practice and public regard for race				
Religious practice	-.06	0.06	-.08	.317
Public regard - Race	-.11	0.06	-.14	.095
Religious practice*Public regard	-.01	0.05	-.02	.513
Adjusted *R²*	0.01			
F	1.33			
Religious identity and public regard for gender				
Religious identity	-.17	0.07	-.19	.017
Public regard - Gender	.05	0.07	.06	.443
Religious identity*Public regard	-.02	0.06	-.03	.725
Adjusted *R²*	0.02			
F	2.12			
Religious practice and public regard for gender				
Religious practice	-.06	0.06	-.09	.297
Public regard - Gender	.04	0.07	-.05	.583
Religious practice*Public regard	-.04	0.05	-.06	.461
Adjusted *R²*	0.01			
F	0.73			

One marginally significant finding suggests that having a stronger sense of religious identity may be associated with more well-being via positive emotions when accompanied by a racial identity that is perceived by the individual to have higher public regard. Had this been significant, this would have meant that, although religious identity is associated with greater well-being for everyone, this relationship may be especially true for people who feel like their racial identity is more respected by society. This would be contrary to our initial hypothesis and to previous research which states that religion often leads to greater well-being for people who face some form of discrimination compared to people who do not (Hoverd & Sibley, 2013; Jung, 2014). It is possible that religion acts as a buffer for people who use it to cope with discrimination, thus leading to an improved perceived public regard. Additionally, individuals with higher public regard do not have to cope with the stress of stigmatization, which can allow them to invest more fully in, and benefit from, their religious identity. Blaine and Crocker (1995) suggested that religiousness can protect and enhance people's self-perceptions, which could mean greater benefit for those who already have a positive self-perception. However, it is important to emphasize here that this finding was only marginal and many regression analyses were run in this study (increasing the possibility of finding an association by random chance alone). Thus, this result might have been found by chance and should be interpreted very cautiously. Future research should aim to provide significant evidence of this finding.

Similar to religious identity, the relationship between religious practice and well-being is not associated with public regard for race, despite the fact that a higher public regard for race is generally associated with more well-being. This may be because the link between religious practice and public regard for race is very strong. Although research has shown that some people of color, especially Black individuals, tend to practice religion more than White individuals (Johnson, Matre, & Ambrecht, 1991), results imply that this practice has little to do with how they think their racial identity is perceived by society. Religious practice is associated with greater social identification with other group members (Blaine & Crocker, 1995), but it does not play a role in their perception of public regard for their race because religion is not often practiced with members of other racial groups.

We also found that, contrary to our hypothesis,

the relationship between religious identity or religious practice and well-being was not affected by having a higher or lower public regard for gender. The reason that this relationship was not found for public regard for gender may be that both men and women face stressors related to their gender. For example, women are more likely to report internalizing disorders, and men are more likely to display externalizing disorders (Nolen-Hoeksema & Rusting, 2003). Although these stressors may be distinct from one another, they all may inhibit individuals from investing fully in their religious identity.

Limitations and Future Directions

There were some limitations to the current study which may have contributed to some of the findings and null results. One such limitation was the fact that only 303 participants out of the original 850 students who were recruited completed the surveys, and out of these, 157 were included in the current study. The low number of participants might have resulted in the study being underpowered. Furthermore, it is possible that the participants who were included in the study are not representative of religious college students in general. Thus, it is not clear to whom the results of this study might generalize.

In addition, although the current sample included students who attended five different colleges, the sample was not very representative of the general population—it was heavily weighted toward White, female, and Christian students. This lack of diversity in gender, race, and religion might have skewed the results by limiting the number of participants in each sample and not accurately portraying the benefits of well-being for each group. The fact that there was little religious diversity in the sample also meant that it was not possible to compare the differences in well-being between different religious groups. Past research has shown that there may be differences in well-being between religious groups (Patel et al., 2009), so it may be that religious identity and religious practice play different roles in well-being with people from different religious backgrounds. However, sample limitations meant that this study was unable to answer that question. Future research should examine similar relationships between religion and well-being for people from more diverse race, gender, and religious backgrounds. Other forms of social inequality such as socioeconomic status could also be studied to broaden the scope of identities for which people

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may perceive higher or lower public regard.

In addition, a similar study with the general population could test whether there are differences in the relationship between religion and well-being between the college population and general populations. College students could be more likely to practice religion as a way of connecting to home, but this relationship may be different outside of the college environment. Additionally, race, gender, and public regard may moderate the relationship between religion and well-being in different ways when not tested within a population that is taught to be active and aware regarding social issues around race and gender.

Another limitation is that there were many regression analyses run in this study, which means that some of the significant findings might have been attributable to chance. In general, the effect sizes in the study were very small, suggesting that although religious and group variables accounted for significant portions of variance in positive and negative affect, large amounts of variance in affect must be explained by other factors that were not assessed in this study. This is why the present study should be replicated in future research to determine whether the findings remain consistent.

In terms of more methodological concerns, although the use of self-reported data allowed us insight into participants' daily routines and feelings, it was also a limitation of the study. Although participants knew their responses were confidential, it is possible that they were not truthful in their answers in order to uphold a certain image of themselves. They might also have lacked the introspective ability to correctly identify the emotions they experienced throughout the day. Even if they did identify their emotions correctly, these were rated on a scale, which might have been interpreted differently by different participants. In a similar vein, there is no way to know whether participants understood the survey questions. There are a variety of ways in which to measure well-being, including cognitions such as life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985); psychosocial well-being such as loneliness, depression, and social support (Wright et al., 2017); and even physical health symptoms and behaviors such as diet, exercise, and sleep (Wright, Broadbent, Graves, & Gibson, 2016). Our study focused on emotions because of their ability to describe college students' experiences in a multifaceted way (Lazarus, 1997), which can be easily measured on a daily level. However, further research may involve using another measure of well-being.

Further research might also deepen understanding on religiousness by looking at certain variables, such as religious practice, in more detail by analyzing data at the daily level. Although the daily diary method used in this study obtained repeated meaures on participants, we chose to summarize each person's data in the form of means and standard deviations. This is because studies have shown that aggregates of empirical daily responses are closer to actual experiences than subjective aggregates, as they reduce systematic and random measurement errors (Bolger et al., 2003). However, more specific daily level analyses may be helpful to determine whether practicing certain religious acts multiple times a day has an effect on well-being.

This study demonstrates the importance of religious identity with regard to well-being. It also shows that religious identity has a stronger association with well-being for people who have higher public regard for their race. This indicates that college campuses should try to foster a sense of religious identity for all students who identify with any religion. Colleges should allow students space to connect with other students from their own religious background and to discuss issues they may face in regard to their religious identity. This could be done by having religious chaplains of diverse religious backgrounds who are present in the campus community with scheduled open hours to talk to students. This may also be achieved through encouraging the presence of religious organizations or religious identity collectives so students can connect with their peers of similar religious backgrounds, in addition to having spaces and events for students to practice their faith.

College campuses should strive to create inclusive and safe environments for students of all races, genders, and religious backgrounds. This is especially true for religious spaces, which often times are not very racially diverse, and are spaces mostly dominated by women. The fewer stressors that students face in relation to these identities, the more likely it is that they will benefit from their religious identity, which in turn is associated with greater well-being.

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Psi Chi President

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