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This is a draft and expanded version of the paper that appears with the same title in *Psychology of Religion and Spirituality*, 2017. In this version personality variables are included and analysis was conducted with the total sample – atheist participants and personality variables were excluded in the published version. Results are similar to the published version but some coefficients are slightly different. Published version also included improvements in English.

Religiosity, psychosocial factors, and well-being: An examination among a national sample of Chileans

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Running Head: RELIGIOSITY, PERSONALITY, PSYCHOSOCIAL FACTORS AND WELLBEING.

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Abstract

This study analyzes the association between public religiosity or attendance to collective rituals, private religiosity or praying, and satisfaction with life in a representative sample of the Chilean population. Religiosity was associated to low income and socioeconomic status, being older and female, variables that were negatively associated to satisfaction with life. However, attendance to collective religious rituals was associated to satisfaction with life, while private religiosity was unrelated, supporting that it is the social aspect of religion that benefits well-being. Controlling for gender, age and socioeconomic variables, public religiosity predicts specifically satisfaction with life. Attendance to religious rituals was associated to high social support, low negative and high positive affect, as well as to personality traits of Consciousness and Low Neuroticism, all variables associated to wellbeing. It was also associated to low Extroversion and low positive life events changes and unrelated to negative life events. Mediational analysis that included all variables related to public religiosity (main predictor) and to satisfaction with life (dependent variable) showed that attendance to religious rituals has direct effect on well being and significant indirect effect trough high social support, high positive affect and low negative affect. Results are discussed in the framework of a socio-emotional approach to positive effect of religion on wellbeing and by respect to the role of public rituals in the Chilean collectivistic culture.

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Keywords: Religiosity, Wellbeing, Personality, Psychosocial factors.

Introduction

Hundreds of studies showed an association between religiosity and well-being, even after controlling for age, gender and socioeconomic status, with a mean effect size of r=.09 - .12 (Bergin, 1993; Hackney & Sanders, 2003; Moreira-Almeida, Lotufo, & Koenig, 2006). Religiosity explains 5 to 7% of satisfaction with life and 2 - 3% of happiness or affective well-being (Ellison, 1991). However, most studies were conducted in the USA and the effects may be different in other countries, in particular in countries where the social functions of churches are less prominent and believers a minority. In fact, the association between religiousness and happiness appears to be positive, but weak in European secularized countries as The Netherlands and Denmark (average + .05, none significant – Snoep, 2007). On the other hand, studies using the World Values Survey samples confirm that within most countries religious people are happier than non-religious. However, studies also show that believers tend to have lower incomes, that is related negatively to wellbeing. Moreover, in ex-URSS nations, where most of believers are in difficult socioeconomic conditions, religiosity is negatively related to well-being, reflecting a recent influx of unhappy people, who have turned to religion following the social disorganization and collapse of the Marxist secular ideology, which once provided a sense of meaning and certainty for many people (Inglehart, 2010). Nevertheless, what we want to do when talking about religiosity is not simply to propose a unique definition stating what is understood by religious, especially when taking into account the intrinsic (i.e., substantial definition) and extrinsic (i.e., functional definition) that religious dimension has. The first kind of definition understands the sacred, unexplained, mysterious, and transcendent aspects of the religious, and therefore considers it as the only way to provide some answers to the fundamental questions of humanity, such as those about the experience of death (Berger, 1967). The second kind of definition (the extrinsic one) understands religious in a social context and as an interpretation system of the world that

articulates the self-comprehension of peoples and their places in the world. It is therefore a belief system as well as practices through which a group of people cope with fundamental problems in life (Yinger, 1961). In this paper, the religious is understood as a broad concept that encompasses at least two aspects of religion and spirituality, defined as a belief system in a supreme power which considers a set of devotion practices or worship rituals directed to the supreme power (Furnham & Heaven, 1999).

Religiosity is not only associated to socioeconomic status but also to personality. Meta-analytical evidence shows a relatively stable cross-cultural strong association of religiosity and spirituality with some Big Five dimensions of personality, namely Agreeableness (r=.20) and Conscientiousness (r=.16). Spirituality and religious fundamentalism also show a negative association with Neuroticism and a positive and negative relation respectively with openness to experience (Ahston & Lee, 2015; Saroglou, 2002). These associations may be explained because they are related to important functions of religions: agreeableness is related to social connections and concerns with others' well-being, consciousness and low neuroticism to ordering the world cognitive, practically and affectively, helping to personal stability (Saroglou, 2010). The review of evidence concluded that personality dimensions seem to predict religiousness rather than be influenced by it (Ahston & Lee, 2015; Saroglou, 2002).

While personality traits are conceived as dispositional factors, other variables are proposed as mediators explaining the positive effects of religiosity (Ellison, 1991; Campos et al, 2004; Moreira-Almeida et al., 2006). Besides socioeconomic status and personality, religiosity has been associated with different factors which explain well-being, such as social support of religious communities, public religious rituals such as funerals which help emotional regulation, religious attendance, and private devotion, with the latter two also

considered as mediators for life satisfaction, that can explain the positive effects of religiosity (Ellison, 1991; Campos et al, 2004; Moreira-Almeida et al., 2006).

With respect to explanatory processes of the positive influence that religiosity has on well-being, social, emotional, and stress buffering mechanisms have been proposed. First, religion helps to social integration and social identification. Generally, people are happier when they find themselves with others and in a supportive environment. Participation in religious rituals is associated with giving and receiving social support, with the feeling of belonging to a community, with personal and collective self-esteem and as a consequence with feelings as closeness to others (Emmons, 2005). The association between religiosity and social support was confirmed by 19 out of 20 studies (Moreira-Almeida et al., 2006). A longitudinal study confirmed the central role of religious rituals in social identity: pilgrims compared to others Indians who did not attend the collective gathering ritual, showed one month after the event enhanced social identification as a Hindu (Kahn et al, 2015). Similarly, Greenfield and Marks (2007) found that religious participation was associated with having a stronger religious social identity, which, in turn, was associated with higher well-being. A review of studies concluded that positive effects of religiosity were mainly explained by social integration and participation (Gartner, Larson y Allen, 1991) and a recent study in 24 EU nations (Cuñado, Sison, & Calderón, 2011) have found that participation in religious public rituals are the most important predictor of well-being, above praying and being religious. Attendance at services could provide more social support than praying, which could be done individually. Nevertheless, attendance at religious services does not necessarily imply firmer beliefs nor more positive religious experiences than individual praying. Social support, although important, is not the only mechanism by which religion influences health. Religion still has beneficial effects even when social support is a controlled variable (García, Páez, Cartes, Neira, & Reyes, 2014; Moreira-Almeida et al., 2006).

Second, religious beliefs, private and public rituals should increase positive affect, and emotions such as hope, closeness to others, inspiration, calm and joy (Van Cappellen & Rime, 2015), and should decrease negative emotions and affect, such as anxiety, sadness and anger (Burris & Petrican, 2015). Offering fellowship in times of stress, religion buffers the impact of anxiety and other negative emotions (Pargament, 1997). Previous studies suggest that participation in collective gatherings like public rituals induces positive affect and emotions like closeness to others and joy (Páez, Rime, Basabe, Wlodarzyck, & Zumeta, 2015). Religious rituals also infuse hope, with the expectation of Good mercies, of symbolic immortality and a better fate in the afterlife (Van Cappellen and Rime, 2015). Twelve out of 14 studies confirm that religiosity was associated with optimism and hope (Moreira-Almeida et al, 2006). Studies show that spiritual collective gatherings reinforce joy, but also calm, and to a lower extent love/closeness, gratitude, awe, and inspiration, admiration or elevation (Van Cappellen & Rime, 2015). Religiousness is associated with lower level of depressive symptoms with a r=-.096 (Moreira-Almeida et al, 2006). Moreover, Tewari, Khan, Hopkins, Srinivasan and Reicher (2012) found that participants in a peregrination ritual reported a longitudinal increase in well-being relative to those who did not participate. However, Pargament (1997) review of studies suggest that participation in religious rituals were positively associated with both negative and positive affect, probably because of the fact that anxious people use rituals to cope with negative affect. There is also evidence of the association of religiosity with negative affect, due to the ambivalent aspects of religious ideology, emphasizing guilt and sin (Diener, Tay, & Myers, 2011).

A buffer role of religion in front of stress is another explanatory process. Positive effects of religiosity in social support and affect can helps to decrease the impact of negative life conditions. Data show that people from strongly religious low-income countries are substantially happier than people from less religious low-income countries (Inglehart, 2010).

Concluding, even if religious participation may have negative effects and cost, increasing negative emotions like guilt, hatred and outgroup negative stereotypes of non-believers for instance (Saroglou, 2015), religiosity might reinforce well-being. By enhancing social integration and social identity, religiosity may support positive relationships with others. By strengthening participants' affect and emotions, collective gatherings enhance hedonic well-being (Van Cappellen & Rime, 2015).

With respect to the specific cultural context of this study, and together with other Latin American nations, Chile is one of the collectivist nations and much more collectivistic than Spain according to the Individualism/Collectivism dimension of Hofstede's national values survey (2001), which measures the priority given to the person, group, or collective, and often the extended family (Basabe & Ros, 2005). Chile has historically been a Catholic country. Nowadays, the majority of the population self-identifies as Roman Catholic (57% in Latinobarómetro 2013), and believers are the huge majority – while in Spain non-believers are 20% of the population, for instance. Moreover, 70% of Chileans consider themselves highly religious (i. e., religion plays a central role in their life) similar to 62% in the USA, 72% in Brazil, and at odds with 27% in Spain (Vázquez & Páez, 2011). Since religious coping with stress (by public and religious rituals) correlates with collectivistic values (tradition and conformity) in Latin American cultures (Vázquez & Páez, 2011), it may be hypothesized that the collectivist facet of Chilean culture enhances well-being through the social component of religious rituals.

The first goal of this study is to replicate the association between religiosity and hedonic well-being or satisfaction with life in a developing nation like Chile, in which believers are a majority (akin to USA studies), but also religiosity is strong in the working class and poor people. On the one hand, results suggest that controlling for income and social status should reinforce the association between religiosity and well-being. On the other hand,

results suggest that religiosity could buffer low quality in life and that an interaction effect should be expected: strong religiosity should enhance well-being particularly on low socioeconomic status persons and people living stressful life events. The second aim of this study was to examine the association of religiosity with satisfaction with life and with potential explanatory process like social integration and positive and negative affect, controlling for personality as well as social variables such as income and status, age, gender and self-perceived health. The second aim of this study is to examine the association of religiosity with life satisfaction and with potential explanatory processes like social integration and positive and negative affect, while controlling for social variables, such as income and status, age, gender, and self-perceived health. The mediational role of these variables between religiosity and well-being is also contrasted. Finally, because of the Chilean collectivistic culture we expect that the social component of religious rituals plays the most important role enhancing well-being.

Method

Participants

The sample consisted of 2535 participants between the age of 18 and 90 years old (*M*=44.60 years, *SD*=17.38). 62.7% were female. It was a representative sample of Chilean population collected by the study "Informe de Desarrollo Humano en Chile" **(**PNUD, 2012).

Procedure and data analysis

Participants responded to the questionnaire on 2012. Data was collected by interviewers trained for this survey. Data is of open access and was discharged from PNUD web. By respect to data analysis, first correlations were conducted to contrast the association components of religiosity, well-being and mediational variables. Multiple regression and mediational analysis were conducted to test for the unique contribution of religiosity and

service attendance in predicting life satisfaction, an indicator of well-being beyond the effects of other well-established predictors. This study then examines if perceptions of social support, positive and negative affect, and so on mediate the association between religiosity (i.e., attendance) and life satisfaction. To test how religiosity is associated to well-being by different explanatory process, mediational analysis using Preacher and Hayes procedure were performed. Data analyses were conducted excluding the 4% of atheists and found similar results and analysis with the total sample.

Measures

Different items of the PNUD survey were used to evaluate potential explanatory process of the benefits of religiosity. In this study, the level of religiosity was evaluated by frequency of praying and participation in religious rituals. Satisfaction with life was evaluated by items on satisfaction with domains of life. Social support was evaluated by items like low loneliness as measure of subjective social support Positive and negative life events were evaluated by a 14 items list of change events. Items related to positive and negative emotions were employed to have a measure of affect balance. Finally, control variables like age, gender, income and self-perceived health and illness were used.

Satisfaction with life. It was evaluated by 8 items of satisfaction with work, study or most important activity, economy, house, health, the self, fiends, leisure and acquisitive power. Reliability was satisfactory, α=.84).

Religiosity. As indicators of "public collective religious practice", we used the questions "How often do you attend religious services, apart from special occasions?" with three possible answers "I don't attend religious services", "I attend religious services occasionally" and "I regularly attend religious services". The item "How often do you pray apart from religious services?" was used as indicator of private religious practice, with three

answer categories: "No", "Yes, sometimes" and "Yes, frequently". These two items correlates strongly r=.43, p<.001.

Subjective social support. It was evaluated by the items "I feel very loved and valued", "people around me care much about me" and "I frequently feel lonely" (reversed) with a scale from 1=total disagreement" to 4="total agreement". Reliability was medium, with α=.62.

Affect Balance. *Positive affects:* the frequency of the "motivated", "optimist", "happy", "calm" and "amused" states of mind was used in which 1=seldom and 5=very often or always). Internal consistency was satisfactory, with α=.73.*Negative affects:* the frequency of the "angry", "stressed", "worried", "sad" and "bored" states of mind was used, with 1 meaning "seldom" and 5 "very often or always". Internal consistency was .77, according to Cronbach's alpha. Positive affect minus negative affect score was used as affect balance index.

Positive and negative life events. Participants were asked if they had live in the last sixth months eight negative valenced life events: a) personal serious illness, b) serious illness of a family member or close relative, c) dead of a family member or close relative, d) being fired of work personally or a relative, e) couple separation or rupture, f) important interpersonal or family conflict, g) unwanted pregnancy and h) another important negative event. Participants were also asked about sixth positive life events a) being married or living with a couple; b) wanted pregnancy; c) birth of a son or daughter; d) increases in status or salary at work; e) buying a house; f) another important positive event.

Personality Dimensions: short scales measured four of Big Five dimensions – with limited reliability. The first dimension "Extraversion" was measured by "I consider myself as a quiet, reserved person" and "I am an extroverted and sociable person", with an internal

consistency of .49. The second dimension "Consciousness" was measured by "I am a reliable, trustworthy person", "I am a messy, careless person" and "I am meticulous, detailed- oriented in the things I do", with an internal consistency of .46. The third dimension "Neuroticism" was assessed by "I am a calm person that handles stress well", "I tend to get angry with others easily" and "I get nervous easily", with an internal consistency of .50. Items were recoded and high scores means emotional stability. For the fourth dimension "Openness", the variables "I am a person with few artistic interests" and "I am a creative persons, with much imagination", with an internal consistency of .30 for Cronbach's alpha. The response categories for all the variables abovementioned are "strongly agree", "agree", "neither agree nor disagree", "disagree" and "strongly disagree", with scores ranging from 5 to 1. Items were recoded and high scores means high extraversion.

Control variables. Previous studies show that sociodemographic factors are associated with well-being as well as with religiosity (e.g., Vargas et al., 2015). To provide evidence for associations among formal religious practices and well-being independent of other factors, respondents' age, gender, income and self-rated physical health were controlled in all analyses. Dichotomous variables were created for gender (1 = female) and age was analyzed as a continuous variable.

Self- perceived health and illness. A subjective indicator of self-perception ranging from 1 ("very bad") to 5 ("very good") was included to measure this variable. *Illness.* A dichotomous (0=no; 1=yes) objective question about the occurrence of some illness or physical health condition that had limited daily activities for more than 10 consecutive days during the last year.

Socioeconomic status and income level. It was calculated based on dwelling characteristics**,** using the categories ACB1, C2, C3 and D with the first category

corresponding to the highest level and the last one to the lowest level. In addition, income brackets were considered. These brackets 11 intervals: less than $155000, between $155001 and $220000, between $220001 and $300000, between $300001 and $370000, between $370001 and $460000, between $460001 and $575000, between $575001 and $730000, between $730001 and $985000, between $985001 and $1500000, between $1500001 and $3000000 and more than $3000001. These variables correlates r= .68 and a total score was used as socioeconomic indicator.

Results

Descriptives and correlations between control variables, personality, social support, stress, affect, religiosity and satisfaction with life

Pearson bivariate correlations and point biserial correlations (for gender) were conducted between control variables, personality, social support, stress, affect, religiosity and satisfaction with life. Both forms of religiosity were associated to being female, older, with low social status and income, negative self-perceived health, high consciousness, highest social support and low positive life events. Public practices are related to lower neuroticism and extraversion, while private practice to openness, low perceived health and illness.

INSERT HERE TABLE 1

Being male, young, higher income and socioeconomic status, higher self-perceived health and absence of illness, consciousness, openness, extraversion and emotional stability, social support, high positive life events, low negative life events and affect balance (low negative affect and high positive affect) were associated to higher satisfaction with life. It is important to remind that public religiosity was associated to satisfaction with life, while private religiosity was unrelated. Public religiosity was also associated to all control and mediational variables, with the exception of perceived health, illness and openness. However

public religiosity was associated to introversion and to low positive life events, while it was extroversion and positive life events that were related to satisfaction with life.

Multiple regression

To examine the role of religiosity on satisfaction with life, controlling for income, socioeconomic status, age and gender a multiple regression was conducted, including public religiosity or participation in religious rituals and variables that were associated to both satisfaction of life and public religiosity. It is important to remark that being female, older and low status and income were associated simultaneously to religiosity and low satisfaction with life. Multiple regression presents an statistically significant explained variance of 39%, with $F_{(5,1917)} = 109.96$, $p<.001$. High Income and socioeconomic status, younger age, were significant predictors of satisfaction with life, but also attendance to religious rituals. Results suggest that when controlling for socio-economic variables, participation in religious rituals or public religiosity explain a unique part of wellbeing. However, interaction coefficients between high versus low income, high versus low negative stress and level of participation in religious rituals were not significant, rejecting the buffer role of religiosity in front of stress and negative life conditions.

Multiple regression was conducted, including public religiosity or participation in religious rituals and variables that were associated to both satisfaction of life and public religiosity. Multiple regression presents an statistically significant explained variance of 39%, with $F_{(10,1881)}= 109.04$, $p<.001$. Income, age, social support, positive affect and consciousness were significant predictors of satisfaction with life. Results suggest that when controlling for personality, social integration and emotions, participation in religious rituals or public religiosity did not explain wellbeing.

Multiple regression including self-perceived health did not alter mains results – positive perceived health being an important predictor of satisfaction with life (see Table 2).

INSERT HERE TABLE 2

Mediational analysis

In order to test the mediational effects, we used the SPSS macro for bootstrapping indirect effects (Hayes & Preacher, 2014), which provides indirect effect estimates for mediators, standard errors (*SE*s), and the confidence intervals (CIs) derived from the bootstrap distribution. Bootstrapped CIs are superior to standard forms of estimating *SE*s of indirect effects. An indirect effect is significant if the CI does not include 0 values.

Satisfaction with life was the dependent variable, subjective social support, positive and negative affect were mediational variables and public religiosity was the distal predictor. Age, income, stress, emotional stability and consciousness were covariables (see Figure 1) Frequency of attendance to religious rituals predicts high subjective support (β=.106), low negative affect (β=-.06) and high positive affect (β=.04). These variables mediated the effect of religiosity on well-being and showed an indirect effect of public religiosity through low negative affect (β=.029) and high subjective support (β=.018). All these coefficients were significant, controlling for age, income, stress and consciousness.

INSERT FIGURE 1

Moreover, the model show a significant direct effect of frequency of participation on religious rituals and satisfaction with life (coefficient=.076, SE=.038, t= 1.99, p<.046) and a significant total indirect effect (β = .079, *SE* = .020, *CI* [.038 - .115]). Indirect effects accounted for 52% of the total effect of religious practices on satisfaction with life, 41% through positive affect, 32% through negative affect, and 26% through high social support

Discussion

Public religiosity, but not private religiosity, show a weak significant association with satisfaction with life, with an effect size similar to Snoep (2007) in a context in which believers are a majority. Persons who frequently attend religious services tend slightly to enjoy higher subjective well-being compared to people who attend less often.

Both forms of religiosity were associated to being female, older, with low social status and income, negative self-perceived health, all variables negatively related to well-being. The association between satisfaction of life with higher income and socioeconomic status, higher self-perceived health and absence of illness, is congruent with previous studies (Diener, Suh, Lucas, & Smith, 1999). However, the association between age and gender are les general. Results showed that in the Chilean context religious people tend to have lower status (e.g. female in a patriarchal society and low socioeconomic status) and low resources (low incomes and being older), suggesting that believers are in difficult socioeconomic conditions and religiosity is typical of people who have turned to religion to cope with a difficult life. Suggesting that it is a real resource, at least public religiosity is related positively to wellbeing as in other studies (Inglehart, 2010). Moreover, when age, gender and socioeconomic status were controlled, attendance to public religious rituals showed a significant multivariate association with satisfaction with life. However, results did not support the buffer role of religiosity, because contrast of interaction between high versus low income, high versus low negative stress and level of participation in religious rituals were not significant.

By respect to personality, religiosity public and private was associated to consciousness congruent with previous studies (Saroglou, 2015). Public religiosity was also associated to low extraversion and emotional stability, results also found by respect to facet of religiosity in previous studies (Ahston & Lee, 2015), suggesting that people with high self-control and low ability for social connections participates more in religious rituals. Results support that religious practices are related to consciousness, helping to order cognitively and

behaviorally the world, and to low neuroticism, supporting emotional stability, but paradoxically to introversion that did not help to establish social connections. However, participation in public religious rituals, but not praying or private ritual, was also associated to high social support, and affect balance. Public religiosity was associated to low negative affect and high positive affect, while praying was only related to the last one.

Results support the idea that participation in religious rituals improves social integration– even if religious people tend to be introverted - and a satisfactory emotional experience – congruent with disposition to low negative affect. A selection explanation is partially valid for emotional and work competences (religious people tend to be emotionally stable and focused on doing normative behaviour), but for social support a compensatory process is more valid, As expected results also show that social support, high positive life events, low negative life events and affect balance (low negative affect and high positive affect) were associated to higher satisfaction with life (Diener et al., 1999).

These results are congruent with previous studies that found that participation in religious public rituals was the most important predictor of well-being, above praying and being religious. Attendance at services could provide more social support and had more important emotional impact than praying, which could be done individually. Studies suggest that collective rituals provides opportunity to higher optimal experience and positive affect, as well as to higher social support, in comparison with similar individual activities (Walker, 2012; Páez et al, 2015; Zumeta, Basabe, Wlodarczyk, Bobowik, & Páez, 2016). Participation in public religious rituals showed higher affective impact, because were associated with low negative and high positive affect. Private religiosity or praying was unrelated to satisfaction with life and associated with illness and unsatisfactory perceived health, but also to positive affect, supporting the idea that people use rituals to generate positive emotions to cope with stress, more than to decrease negative affect (Diener et al., 2011).

On the other hand, public religiosity was unrelated to negative life events and associated to low positive life events. These results suggest that religiosity did not buffer the impact nor decrease the probability of exposition to stressful events. Moreover, participation in religious rituals decrease exposition to positive life changes events.

Multiple regression showed that among a Chilean representative sample, attendance at religious services predicted a small but unique proportion of variance in life satisfaction after controlling for socio-demographical predictors, like low income, being female and age. Mediational analysis showed that attendance at religious services predicted a small but unique proportion of variance in life satisfaction after controlling for personality dimensions of consciousness, extraversion and low neuroticism and socio-demographical predictors, like low income, being female and age. Effect was significant when potential explanatory mediators like social support and affect balance were include in the analysis. Furthermore, social support and low negative affect, significantly mediated the association between participation in religious rituals and satisfaction with life. This study illustrates the unique contribution of a measure of public religiosity and provides new empirical evidence for the role of religion rituals in providing supportive relationships, improving emotional life and the benefits that such support conveys for well-being. The fact that attendance to collective religious rituals was associated to satisfaction with life, while private religiosity was unrelated, supports the idea that it is the social aspect of religion that benefits well-being.

Probably, the importance of public practices may be more relevant for people with extrinsic religious orientation, while intrinsic-oriented people take religion seriously as an end in itself, and are probably more likely to endorse private religious practices. In contrast, extrinsic-oriented people view religion as a useful means to an end, and therefore these individuals may use religion as a means to reach adaptive social goals because they are more likely to endorse public religious practices. Our results suggest that an extrinsic orientation

could be more relevant in Chile (Batson, Schoenrade, & Ventis, 1993), but unfortunately, and since these orientations were not measured, it is impossible to infer solid conclusions. Further, an analysis in 24 nations using Eurobarometer data also found that only the public practice of religions was associated with well-being, suggesting that this phenomenon is not specific to Chile (Cuñado, Sison, & Calderón, 2011). What is specifically related to Chile, however, are the values that are shared in its society; namely, Chile is a relatively collectivistic, high power distance, and materialistic culture, emphasizing conservatism (e.g., conformity, traditions), hierarchism (e.g., power, respect), and searching for security and survival values (Hofstede, 2001; Inglehart & Baker, 2000). In fact, the results support the hypothesis that in the collectivistic Chilean culture religiosity is associated with well-being through the social component of religious rituals. Moreover, collectivistic and materialistic values are strongly shared among working class people (Hofstede, 2001), and in the Chilean case religiosity characterizes them (Vargas et al., 2015). Religiosity is in general associated with collectivistic, materialistic, and hierarchical or high power distance values (Basabe & Ros, 2005), and the religion style present in the Chilean society (i.e., collectivistic and hierarchical) can partially explain the importance of public religiosity.

This study was not devoid of limitations: measures of personality dimensions were short and of limited reliability, indicators of income, of socioeconomic status, of public and private religiosity were monoitem. Data was cross-sectional and precludes causal conclusions. However, the sample was representative and personality, socioeconomic and psychosocial variables (stress, social support, affect) were included in multivariate analysis. Also others importants explanatory process of the positive effects of religion on wellbeing, like attribution of meaning and cognitive order, and enhancement of self-esteem and self-efficacy were not examined because of absence of indexes.

Conclusion

Results support the association between public religiosity or attendance to collective rituals and satisfaction with life in a representative sample of the Chilean population. This association occurs even if religiosity was associated to low income and socioeconomic status, being older and female, variables that were negatively associated to satisfaction with life, supporting that religiosity. Moreover, controlling for gender, age and socioeconomic variables, public religiosity predicts specifically satisfaction with life. Attendance to religious rituals was associated to personality traits of Consciousness and Low Neuroticism, as well as to high social support, low negative and high positive affect, all dispositional and mediational variables associated to wellbeing. Mediational analysis that included all variables related to the main predictor or public religiosity and to satisfaction with life as dependent variable, showed that attendance to religious rituals has direct effect on well being and significant indirect effect trough high social support and low negative affect, supporting the idea positive effect of religion on wellbeing because of participation in collective rituals provoking positive socioemotional outcomes.

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Table 1

Correlations between control variables, personality, social support, stress, affect balance, satisfaction with life and religiosity.

	N	*Mean*	*SD*	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1.- Sex	2531	1.51	.50	.01	-.06**	-.11***	-.09***	-.11***	.02	-.06**	-.15***	-.18***	-.08***	.02	-.02	.00	.08***	.13***	.00	.28***	.14***	-.06**
2.- Age	2531	46.53	17.41	–	-.29***	-.22***	-.22***	-.29***	-.05*	-.03	.03*	-.08***	-.03	-.06**	-.26***	-.14***	.09***	-.09***	-.11***	.23***	.23***	-.13***
3.- Income	2531	2.61	1.17		–	.68***	.81***	.30***	.01	.15***	.13***	-.10***	.12***	-.06**	.16***	.15***	.09***	-.13***	.18***	-.07**	-.09***	.30***
4.- Socioeconomic Status	2222	3.13	2.73			–	.93***	.32***	-.00	.19***	.17***	-.14***	.14***	-.05*	.19***	.18***	.08***	-.13***	.19***	-.09***	-.06**	.40***
5.- Socioeconomic Indicator	2222	10.11	12.15				–	.32***	-.08***	.17***	.16***	-.14***	.13***	-.07***	.18***	.16***	.08***	-.14***	.19***	-.08***	-.05*	.36***
6.- Self-Perceived Health	2529	3.54	.84					–	.03	.17***	.34***	-.30***	.27***	-.15***	.11***	.13***	.06**	-.24***	.12***	-.10***	-.03	.47***
7.- Illness	2531	1.80	1.68						–	.01	.01	-.01	.02	-.05**	-.01	.04*	-.02	.00	-.03	-.02	.02	-.00
8.- Social Support	2528	3.12	.55							–	.39***	-.30***	.37***	-.10***	.07***	.18***	.18***	-.28***	.16***	-.08***	.08***	.34***
9.- Affect Balance	2531	.95	1.26								–	-.86***	.83***	-.18***	.04*	.18***	.13***	-.44***	.17***	.03	.10***	.52***
10.- Negative Affect	2531	2.85	.78									–	-.42***	.19***	.01	-.10***	-.04*	.43***	-.08***	.00	-.09***	-.41***
11.- Positive Affect	2531	3.80	.72										–	-.12***	.08***	.21***	.19***	-.31***	.22***	.05**	.07***	.46***
12.- Negative life events	2531	1.09	1.22											–	.15***	.00	.02	.11***	.03	.04*	-.01	-.12***
13.- Positive life events	2531	.35	.69												–	.07***	.03	-.03	.07***	-.04*	-.08***	.11***
14.- Extraversion	2530	3.11	.90													–	.03	-.07***	.22***	.00	-.06***	.17***
15.- Consciousness	2530	4.03	.60														–	-.17***	.25***	.15***	.11***	.17***
16.- Neuroticism	2530	2.62	.77															–	-.13***	-.03	-.07***	-.25***
17.- Openness	2526	3.35	.84																–	.08***	.02	.19***
18.- Pray, recite or meditate	2527	1.35	.72																	–	.43***	-.01
19.- Religious practices	2524	.82	.77																		–	.04*
20.- Life Satisfaction Scale	2200	7.17	1.57																			–

Table 2

Multiple regression of satisfaction with life on socio-demographics variables, personality, social support, stress, affect balance, self-perception of health and religiosity.

	Model 1			Model 2			Model 3		
	β	t	IC 95%	β	t	IC 95%	B	t	IC 95%
Sex	.05*	2.04	[.03. .30]	-.01	-.50	[-.15, .09]	-.02	-.84	[-.16, .06]
Age	-.08***	-2.90	[-.01. -.00]	-.10***	-5.01	[-.01, -.01]	-.02	-.83	[-.01, .00]
Socioeconomic Indicator	.34***	15.82	[.04, .05]	.25***	13.15	[.03, .04]	.20***	10.43	[.02, .03]
Religious practices (going to Mass or to other service)	.08***	3.70	[.08. .26]	.02	1.29	[-.03, .13]	.02	1.22	[-.03, .12]
Extraversion				.03	1.45	[-.02, .11]	.02	.91	[-.03, .09]
Consciousness				.07***	3.60	[.08, .28]	.06**	3.41	[.07, .25]
Emotional Stability				-.00	-.07	[-.09, .08]	-.04	-1.93	[-.16, .00]
Subjective Support				.10***	4.78	[.17, .39]	.10***	5.09	[.18, .39]
Positive Affect				-.24***	-11.02	[-.58, -.40]	-.18***	-8.39	[-.45, -.28]
Negative Affect				.29***	13.71	[.56, .74]	.27***	13.22	[.51, .69]
Positive life events				.01	.48	[-.06, .10]	.01	1.01	[-.04, .12]
Negative life events							-.01	-.29	[-.05, .04]
Self-Perceived Health							.27***	12.86	[.43, .59]
Illness							-.03	-1.87	[-.27, .01]
R^2		.14			.39			.44	
F		79.38			109.96			109.04	
ΔR^2		.14			.25			.06	

* p. < .05; ** p. < .01; *** p. <.001

Figure 1. Mediational analysis