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# The impact of individualised religiosity on meaning in life and mental ill-health among Norwegian Protestant Christians

Hovedoppgave i Profesjonsstudium i psykologi

Veileder: Henrik Nordahl

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Norges teknisk-naturvitenskapelige universitet  
Fakultet for samfunns- og utdanningsvitenskap  
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## Preface

Work on this study started after reading Ole Jacob Madsens *Therapeutic Turn*. It sparked an interest in the increasing individualisation in society, and what that means for personal beliefs. I drafted a project proposal and chose a quantitative direction for the study in February 2022. As an inexperienced researcher I am very grateful that Henrik Nordahl agreed to be my counsellor around that time. Thank you for your interest, guidance and patience.

During the spring semester most days were spent researching studies and questionnaires on individualisation of religiosity and finishing the study's hypotheses. I tried and failed many times to find a co-counsellor with an interest in psychology of religion. Luckily, I got some good advice along the way: Associate professor Marianne Nilsen was kind enough to send me some useful resources. By the beginning of the fall semester, I had finally started on translating the questionnaires. Thank you to my English proficient, cousin Ane, for enabling a blind back translation.

From there the online questionnaire was distributed across social media, different churches, on faculty emails and printed and strewn around campus and Trondheim. Statistical analysis and writing soon followed: Both more strenuous and complicated than imagined in advance. Fortunately, it was manageable in the end.

The thesis would not have been completed without the distributing help, proof reading and general support from Sverre Markus, Otilie, Frøy, Baldur, Sigrid, Gunnar and my family. I would also like to thank the participants for contributing their time and answering personal questions about religiosity and mental health.

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## Sammendrag

**Bakgrunn:** I Norge og globalt observeres det en økende trend av individualisering og sekularisering. Individualisering innebærer en de-institusjonalisering og privatisering av personlig tro. Likevel identifiserer om lag halvparten av den norske befolkningen seg som troende, og hovedvekten av befolkningen er medlem av statskirken. Religiositet er assosiert med bedre mental helse og høyere grad av opplevd mening i livet. Det er imidlertid få studier som har undersøkt påvirkningen av individualisering på mening i livet og mental helse. Formålet til denne studien var å teste hvorvidt individualisering av religiositet, i form av religiøs privatisering og post-kristen spiritualitet, var relatert til mindre grad av mening i livet i et norsk utvalg bestående av protestantisk kristne. I tillegg undersøkte studien om mening i livet medierte forholdet mellom individualisert religiositet og mental uhelse.

**Metode:** Analysene baserer seg på data som ble samlet inn høsten 2022 ved hjelp av et elektronisk spørreskjema. Totalt ble 173 av 421 respondenter inkludert i studien, der resterende utvalg ble ekskludert ettersom de ikke identifiserte seg som protestantisk kristne. Utvalget var et bekvemmelighetsutvalg, hvor deltakere ble rekruttert gjennom blant annet sosiale medier, flygeblad og e-posttråder. Respondentene fikk spørsmål om religiositet, depressive plager, engstelse, og mening i livet. En multippel lineær regresjonsanalyse og medieringsanalyse ble benyttet for å undersøke individualisering av religiositet i form av post-kristen spiritualitet og religiøs privatisering, mening i livet og mental uhelse.

**Resultater:** Det ble funnet at religiøs privatisering korrelerte med lavere grad av opplevd mening i livet hos protestantiske kristne. Post-kristen spiritualitet var ikke assosiert med mening i livet. Videre ble det funnet en sammenheng mellom individualisering og mental uhelse, dette forholdet ble imidlertid ikke mediert av mening i livet.

**Konklusjon:** Funnene indikerer at individualisering av religiositet korrelerer med mindre grad av mening i livet, og større grad av mental uhelse. Videre forskning bør utarbeide og enes om et helhetlig mål for individualisering av religiositet, og foreta longitudinelle undersøkelser på sammenhengen mellom individualisering og ulike mål på psykisk helse, grunnet den forventede økte forekomsten av religiøs individualisering fremover.

*Nøkkelord:* Individualisering, privatisering, spiritualitet, religiositet, mening i livet, psykisk helse, depresjon, angst, mental helse, kristendom



## Abstract

**Background:** There is an increasing trend of individualisation and secularisation in Norway and globally. Individualisation implies a de-institutionalisation and privatisation of personal beliefs. Nevertheless, around half of the Norwegian population identify themselves as believers, and the majority of the population are members of the Protestant state church. Religiosity is associated with better mental health and a higher degree of perceived meaning in life. However, few studies have examined the influence of individualisation on meaning in life and mental health.

**Purpose:** The study researched whether individualisation of religiosity, in the form of religious privatism and post-Christian spirituality, was related to a less meaning in life in a Norwegian sample of Protestant Christians. In addition, the study examined whether meaning in life mediated the relationship between individualised religiosity and mental ill-health.

**Method:** The analyses are based on data that was collected in autumn 2022 using an electronic questionnaire via nettskjema.no. A total of 173 out of 421 respondents were included in the study, with the remaining sample excluded as they did not identify as Protestant Christians. The sample was a convenience sample. Participants were recruited through social media, flyers and email threads etc. Respondents were asked questions about religiosity, depressive symptoms, anxiety and meaning in life, in which various questionnaires were included. A multiple linear regression analysis and mediation analysis were used to examine individualisation of religiosity, meaning in life and mental illness.

**Results:** Religious privatism was correlated with a lower degree of perceived meaning in life within a Norwegian sample of Protestant Christians. Post-Christian spirituality had a non-significant relationship with meaning in life. Furthermore, the mediation analysis revealed that individualisation had a weak correlation with mental ill-health. However, this correlation was not mediated by meaning in life.

**Conclusion:** The findings indicate that individualisation of religiosity correlates with a lower degree of meaning in life, and a greater degree of mental ill-health. Further research should develop a measure for the individualisation of religiosity and carry out longitudinal research on the association between individualisation and various measures of mental health, due to the expected increased incidence of religious individualisation in the future.

*Keywords:* Individualisation, privatism, spirituality, religiosity, meaning in life, mental health, depression, anxiety, mental health, Christianity

## **The impact of individualised religiosity on meaning in life and mental ill-health among Norwegian Protestant Christians**

One of the key concepts which defines and diagnose the 21st century is individualisation, which presuppose an increase in self-referential behaviour in the population (Rasborg, 2017). Similarly, increasing individualisation is one of the most effective depictions of modern religiosity and spirituality, especially in Western society (Streib & Hood, 2016). Individualisation of religiosity refers to a type of religiosity that places significance on the subjective experience and activities of the individual, which gradually replaces external authority and religious institutions (Arnett & Jensen, 2002; Fuchs & Rüpke, 2015; Motak, 2009). Several studies have shown that religiosity and spirituality have an impact on psychological well-being (Vieten & Lukoff, 2022), and most studies indicate a positive relationship between the two (Malinakova et al., 2020). One explanation for the significant impact on mental health by religiosity and spirituality has been thought to be the meaning in life which being religious can provide (Fletcher, 2004; Park, 2013). Research has found positive correlations between different measures of religiosity and meaning in life (Chamberlain & Zika, 1988; Nelson et al., 2021; Shiah et al., 2015). Although studies have researched the association between religiosity, meaning in life and mental health, few studies have looked at the impact of individualisation of religiosity on this association.

### **Religiosity**

To many people, religiosity is undeniably an important part of life (Park, 2013). Religiosity informs beliefs, attitudes, behaviour and gives rise to a greater sense of meaning (Vieten & Lukoff, 2022). It does so on the individual level, within groups and larger cultures. Also, religiosity develops across the lifespan (Walsh, 2011). Understandably, it is difficult for psychologists of religion to agree on one definition of religiosity (Pargament, 1999), with all its complexity and diversity. A broad definition is applied in this study namely defining religiosity as any conviction towards a divinity (Gallagher & Tierney, 2013).

Historically and phenomenologically there have been, and still are, strong associations between psychological functioning and religious experience. Whether it is people believing mental illness symbolises demonic possession or the healing of illness (Kao et al., 2020) or the use of prayer for alleviating a distressed mind (Koenig, 2005), to name a few. Substantial attention was given to religion by most of the early theorists of psychology (Freud, 1907; Hall, 1891; James, 1902). Despite this, the psychology of religion has been under-researched (Paloutzian & Park, 2005). This could be due to the tendency of psychologists to be

considerably less religious compared to the general population (Hill et al., 2000), lack of training (Vieten & Lukoff, 2022), and negative biases with some notable thinkers even viewing religiosity as pathological or at least unimportant (Ellis, 1983, p. 2 as cited in Rosmarin et al., 2013; Vieten & Lukoff, 2022)

In the last two decades, however, research in this field has started to grow (Delaney et al., 2007). Of special interest for psychological researchers has been the difference between, and unification of, religiosity and spirituality (Bockrath et al., 2022). This study does not differentiate between the two. Instead, individualisation is used to differentiate religiousness. Individualisation is arguably very similar to spiritualisation, but spiritualisation is a flawed term in that both its subjective meaning and objective conceptualisations vary greatly (Popp-Baier, 2010). Individualisation is a broader, more encompassing, conceptualisation of the turn of religiosity in the West (Motak, 2009).

### **Individualisation of religiosity**

The theory of *individualisation* used in this study stems primarily from sociological literature and can be traced back to early theorists like Weber, Durkheim and Troeltsch (Greer & Roof, 1992). More recent, sociologist Ulrich Beck explains the concept of individualisation as the erosion of group-specific and collective sources of meanings within industrialised societies (Beck, 1994). When individualisation theory is applied to the study of religion it supposes a fundamental change in religiosity with modernity (Bellah, 1985; Heelas & Woodhead, 2005; Hervieu-Léger, 2003; Roof et al., 1999). This can be seen in opposition to the better known *secularisation* theory of religion, which postulates a decline in religiosity with increasing modernisation and scientific progress (Pollack & Pickel, 2007). Psychologists have predicted and researched secularisation since the early 1900s by looking at the world's top scientists (Leuba, 1916), and found a decrease in religious scientists from 30% to 7% between 1914 and 1998 (Larson & Witham, 1998). In Norway there is a documented gradual, negative decline in the general population's adherence to religion measured between 2011 and 2020 (Statistics Norway, n.d.), and more than a twofold increase, from 10% to 26%, in the number of atheists between 1991 and 2018 (Østhus, 2021). However, 47% of the Norwegian population still consider themselves religious (Statistics Norway, n.d.) Additionally, a study looking at the responses to the World Value Survey from 85 countries ( $N = 223\ 016$ ) concluded that the secularisation thesis did not adequately explain different religious patterns we see in the world today, despite a general tendency of religiosity declining in socially equal

countries (Hekmatpour, 2020). Individualisation theory might help explain the religious trends that we observe in modern society, where the secularisation thesis evidently falls short.

As the name implies individualism is at the core of modern religiosity, according to theory on individualisation of religiosity (Hervieu-Léger, 2003). This entails de-institutionalisation and privatisation, i.e., a decline in church attendance and an increase in autonomously selecting and creating one's own religion outside of congregational institutions (Luckmann, 1967 as cited in Pollack & Pickel, 2007). Individualisation emphasises the growing importance of self-fulfilment, a religiosity that shifts away from “judgement” and “salvation” to “health” and “happiness” (Roof et al., 1999), and taking responsibility of your own self-fulfilment (Westerlund, 2016). Also interestingly, some mention the *therapeutisation* of religiosity in this framework which presupposes an increase of psychologisation in the way we handle everyday life, replacing “God” with the “Self”, the priest with the therapist and so forth (Madsen, 2017). Individualisation goes along the lines of positive psychology's focus on self-growth outlined by the likes of Maslow with the ultimate goal of self-transcendence, and Erikson with generativity as opposed to stagnation (Leak et al., 2007).

There is documentation of religious individualisation in the West, although quantitative research on the matter is rare (Houtman & Tromp, 2021). An article examining the empirical value of individualisation by looking at religious affiliation in Germany found evidence for increasing individualisation, emphasising it as a component along a predominant trend of secularisation (Pollack & Pickel, 2007) There has been a documented increase in *post-Christian spirituality* from 1981 to the 2000s in Europe and the United States, ( $N = 61,352$ ) (Houtman & Aupers, 2007). The term post-Christian spirituality is arguably synonymous with individualisation (Popp-Baier, 2010). There were missing data from Norway in the year 2000 in the study, but there was a significant increase from 1980 to 1990 in post-Christian spirituality in Norway as well (Houtman & Aupers, 2007). Also, a qualitative analysis looking at a Norwegian sample of Muslims found evidence in support of a general focus and attentiveness towards the subjective inner life and goals of emotional well-being amongst fifteen participants, which it concludes mirrors a broader therapeutisation trend in society (Aarvik, 2021).

This study will look closer at two components of individualisation: The above-mentioned post-Christian spirituality (Houtman & Tromp, 2021), and religious privatism (Greer & Roof, 1992). Proponents of post-Christian spirituality argue that modern religiosity is individualised, but people holding these beliefs share central ideas with regards to their

faith such as bricolage (drawing on different religions) and self-spirituality amongst others (Houtman & Tromp, 2021). Religious privatism is an earlier term, and identified as another component, of religious individualisation in this study. Religious privatism does not concern itself with the contents of the individualised faith in the same way as post-Christian spirituality, but rather what individualised beliefs stands in opposition to, namely: Traditional religious values such as church-attendance, believing in god without a doubt and following faithfully the teachings of the church (Greer & Roof, 1992). Post-Christian spirituality and religious privatism are distinct concepts, but they also complement each other in the assumption that an individualised faith both include for example less church attendance and a more bricolaged faith. A combination of both gives a more in-depth view of religious individualisation.

### **Religion and meaning in life**

Meaning in life can be viewed as a basic human need, as maintained in the classic works of Victor Frankl (Frankl, 1946/1985), see also more recently Routledge and FioRito, (Routledge & FioRito, 2021). Religion and meaning making are inextricably linked: Some even theorise that religion grows out of the distinctly human need to make meaning of our existence (Park, 2013). Social psychologist Roy Baumeister argues for the wide appeal of religiosity. It provides the highest levels of meaning by invoking eternity, giving value to the otherwise mundane things in life (Baumeister, 1991, p. 184). In a cognitive behavioural conceptualisation, religiosity as a mental model can serve as a meaning-making function by contributing to appraisals. Especially when coping with stressful life events, religiosity can give a sense of predictability and control in this regard depending on the salience of the religious framework (James & Wells, 2003). Empirical research indicate that religious coping is used by many during stressful times, such as after a loss (Koenig et al., 1992; McCrae, 1984).

Ironically this study's focus on the experience of meaning and mental health with regard to religiosity, can in itself be viewed as a symptom of modernisation and increasing individualisation (Aarvik, 2021; Carlisle et al., 2009). But this assertion is not unfounded or based on new ideas. Individualisation, although striving for self-growth, might invoke less meaning due to the loss of something greater than oneself (Madsen, 2021). Terror Management Theory further emphasises this, by addressing the importance of believing in transcendental cultural worldviews in handling existential dread (Solomon et al., 1991). This is termed the need for symbolic immortality in the meaning maintenance model, a model

which also addresses the human need for certainty, affiliation and self-esteem in maintaining a sense of meaning in life (Heine et al., 2006). In addition, several theoretical accounts have brought up collective connectedness as an important contributor to meaning in life, in addition to intimate and relational connectedness (Stavrova & Luhmann, 2016). Baumeister and Vohs (2002) write about the needs for meaning, and state that the relative lack of firm and consensually recognised values is a problem in modernity in the quest for meaning (Baumeister & Vohs, 2002). This sentiment is reverberated in Luckmann's writing on individualisation of religiosity, stating that the weakening position of religious institutions affects norms proposed by those institutions' ability to interpret the world as a whole, which in turn impairs general meaning making (Luckmann, 1967 as cited in Pollack & Pickel, 2007). Both collective connectedness and collectively recognised values are weakened within individualised religiosity, as is the strength of the belief in something outside of the self. Being a member of a church or another religious community for example implies sharing some degree of common meaning and value.

### **Demographic variables and personality**

This study will control for three known variables that have great influence on religiosity: Age, gender and personality. First, age is an important factor when it comes to religiosity and spirituality: Research indicates that people become more religious as they get older (Koenig, 2006). Findings from a longitudinal study also found a significant increase in spirituality between the mid-50s or early 60s and late adulthood (Wink & Dillon, 2002). Later research from the same study found that religiousness, but not spirituality, buffered against depression related to problems with physical health in late adulthood (Wink et al., 2005). Spirituality was in those studies defined as "adherence to noninstitutionalized religious beliefs and practice" (Wink et al., 2005), which is similar to this study's definition of individualisation. With regards to meaning in life, one study found that *eudemonic well-being* (i.e. meaning in life and sense of purpose) was related to increased quality of life and health in ageing people (Steptoe et al., 2015).

Second, women tend to be more religious and spiritual than men (Francis & Penny, 2014; Schnabel, 2017). This is especially true among Christians and in Christian-dominant countries (Schnabel, 2017). One survey found this gender difference on all measures of religiosity, such as church attendance and frequency of prayer (Hackett et al., 2016). A study by Lace et al. found that women are more likely to identify as both spiritual and religious, men are more likely to identify as neither or only religious, and both genders identify equally

as only spiritual (Lace et al., 2020). Again, their study's definition of spirituality is comparable to this study's definition of individualisation.

Third, the Big-Five personality traits seem to correlate with different aspects of religiosity and spirituality. Openness has been found to positively correlate with spirituality and negatively correlate with religiosity (Lace et al., 2020; Saucier & Skrzypińska, 2006). There is additionally evidence to suggest that agreeableness and conscientiousness are more related to religiousness compared to spirituality, but there is less evidence to back this claim (Streib & Hood, 2016). In general, religiosity and spirituality displayed low and moderate correlations with the Big-Five personality traits (Lace et al., 2020; Streib et al., 2016).

### **Research on individualisation of religiosity, meaning in life and mental ill-health**

A recent meta-analysis summarised 48 longitudinal studies and found evidence of a positive and small effect of religiosity and spirituality on mental health (Garssen et al., 2021). When looking at specific religious variables, only the importance of religion and participation in public religious activities were significantly correlated with mental health. Other measures such as positive religious coping, private religious activity and intrinsic religiousness did not show any significant effect (Garssen et al., 2021). The overall true effect might have been bigger if the study had taken into account known mediators, such as neuroticism and social well-being (Koenig et al., 2021). The reason for the positive effects of religiosity on mental health, however, remains unclear (Delaney et al., 2007).

Evidence in the support of meaning in life as a mediator in the relationship between religiosity and mental health has been shown when it comes to life satisfaction, self-esteem and optimism (Steger & Frazier, 2005). This was later supported by documentation that showed meaning in life as a mediator between religiosity and subjective well-being (Diener et al., 2011). Another study has found meaning in life to mediate the relationship between religiosity and life satisfaction, but not between religiosity and positive or negative affect (Krok, 2014). Meaning in life had significant positive correlations with mental health and religiosity, and significant negative correlations with anxiety (Shiah et al., 2015). A newer study expands on this: It found that intrinsic (i.e. personal) religiosity had a protective effect on depression symptoms when mediated by meaning in life (Campos et al., 2020).

An integrative literature review has shown meaning in life to be protective against negative well-being dimensions, such as psychopathology, drug abuse and suicidality (Glaw et al., 2017). Perhaps even more importantly, meaning in life has been identified as a stronger

contributor to positive well-being (Zika & Chamberlain, 1992), such as self-esteem, positive affect and sociability (Glaw et al., 2017).

One study investigated individualised religiosity and health behaviour in a Danish sample. It found that public religiosity was associated with a healthy lifestyle, especially diet, as opposed to private religiosity or not being religious. This was not mediated by social connectedness (Svensson et al., 2022). Outside of that study, no other quantitative research could be found that directly assessed individualisation of religiosity and variables related to mental ill-health or meaning in life. This highlights the lack of - and a need for - research that investigates the contribution of individualised religiosity on mental health variables.

### **Objective of the study**

The main objective of this study is to investigate whether individualisation of religiosity is related to meaning in life. The secondary objective of this study is to examine whether meaning in life mediates the relationship between individualised religiosity and mental ill-health. Despite the increasing secularisation of society (Pollack & Pickel, 2007), religiosity still persists and is becoming more individualised (Houtman & Aupers, 2007). Studies have shown that religiosity is positively associated with meaning in life (Nelson et al., 2021), and mental health (Garssen et al., 2021). Meaning in life has been shown to mediate the relationship between religiosity and positive mental health measures (Diener et al., 2011; Krok, 2014; Steger & Frazier, 2005). However, as religiosity becomes more individualised, the role that religion plays in providing meaning in life and foster positive mental health outcomes may change. Understanding the impact of these changes is important for mental health professionals and policymakers in developing interventions and support systems that are responsive to the evolving spiritual and religious landscape of society. It is worth noting that religiosity remains an important aspect of the lives of many Norwegians, with almost half of the population identifying as religious and the majority affiliated with the state church (Norwegian Statistics Bureau, 2020). This study stands out with use of quantitative methods to explore the individualisation of religiosity within a Norwegian sample of Protestant Christians. The study tested the following hypotheses:

1. More individualisation of religiosity, in the form of religious privatisation and post-Christian spirituality, predict less meaning in life.
2. Meaning in life mediates the association between individualisation of religiosity and mental ill-health.



## Methods

### Participants and procedure

The participants for the study were invited to an online survey on meaning in life, mental health and religiosity. Only people above the age of 16 could fill out the form, there were no other exclusion or inclusion criteria. The survey was not registered with any Norwegian institutions for research ethics as it did not collect any sensitive data. This conclusion was reached following the guidelines of, and after correspondence with, the Norwegian Centre for Research (NSD). Digital anonymity was assured by using *Nettskjema*, an online platform for the making and distribution of online forms for research created by the University of Oslo, Norway.

Out of the 421 participants (Md = 26 - 35 years, SD = 1.23, 67% female), only 173 participants (Md = 26 - 35 years, SD = 1.28, 77% female) were included in the study after being identified as Protestant Christians. Of the participants 31% were between 16-25 years, 25% were between 26-35 years, 13% were between 36-50 years, 28% were between 51-70 years and 3% were 70 plus years of age. The Protestant Christians were identified by having ticked off the box for Protestant Christianity. In addition to having identified as Protestants, the ones who also identified as Agnostic (19) and/or spiritual (7) and/or Humanistic (7) and/or Catholic (4) were included. Participants who identified as atheists and/or Muslims were excluded from the sample. Those who had ticked the “other” box (2) were included if they identified as protestant, and what they had written corresponded with having a Christian faith.

### Measures

*The Meaning in Life Questionnaire* (MLQ; Steger et al., 2006)) assesses two dimensions which together make up life meaning on a seven-point Likert scale (1-7), where a higher score indicates more meaning in life. This study will look at the total MLQ score. It measures the subjective impression that one’s life is meaningful (e.g. “I understand my life's meaning.”) and the drive toward finding meaning (e.g. “I'm seeking a purpose or mission for my life.”). Total scores range from ten to 70. The internal consistency was good ( $\alpha = 0.84$ ).

Two separate measures are applied to measure the individualisation of religiosity: The Religious Privatism Scale (Greer & Roof, 1992) and The Post-Christian Spirituality Scale (Houtman & Tromp, 2021). *The Post-Christian Spirituality Scale* measures what the authors' coin as post-Christian spirituality. Post-Christian spirituality, unlike religious privatism, emphasises that individualisation of religiosity is “(...) collectively embraced by those

concerned”. In other words, their version of individualisation of religiosity constitutes a shared worldview (Houtman & Tromp, 2021). According to proponents of post-Christian spirituality, individualisation of religiosity is not as “pick-and-mix” and uncommitted as the proponents of religious privatism claim it to be. The Post-Christian Spirituality Scale measures seven shared and interrelated ideas measured across seven items, those are: Perennialism, bricolage, diffuseness and immanence of the sacred, aliveness of the cosmos, holism, self-spirituality and experiential epistemology. The items (e.g., “Personal spirituality is more important than allegiance to a religious tradition” and “The cosmos is a living entity”) are measured across a six-point Likert scale (1-6, six equals not knowing and was not included in total scores), with higher scores indicating greater individualisation of religiosity/post-Christian spirituality. Total scores were ranging from seven to 35. The internal consistency was acceptable ( $\alpha = 0.72$ ).

*The Religious Privatism Scale* measures religious privatism. Privatism can be defined as a highly personal and subjective form of religion (Greer & Roof, 1992). People with a highly privatised religiosity can be said to view their religion in an individualistic manner (Greer & Roof, 1992), which aligns with the definition of individualisation of religiosity used in this study. The Religious Privatism Scale is more concerned with identifying what an individualised viewpoint *is not*, unlike the Post-Christian Spirituality Scale which tries to define what such a viewpoint might entail. Four of the five items from the original article were included on a five-point Likert scale (1-5), with higher scores indicating greater individualisation of religiosity. The items were in continuation to the question “How important is...” and included “To attend regularly religious services at church or synagogue?”, “To believe in God without question or doubt?”, “To follow faithfully the teachings of their church or synagogue?” and the reversed question “To follow one's conscience even if it means going against what the churches and synagogues”. The last question in the original article, which asked about the importance of church teachings on decision-making, was excluded due to the phrasing of it not being explicitly stated in the original article. Total scores were ranging from four to 20. The internal consistency was low but acceptable ( $\alpha = 0.66$ ).

The mental ill-health variable was assessed by a combined score of the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001) and the General Anxiety Disorder 7-item (GAD-7; Spitzer et al., 2006). Prior research have documented the effectiveness, accuracy and practicality of a combined assessment tool for research and clinical practice when measuring these two prevalent psychological conditions, as they often co-occur (Kroenke et

al., 2016). The questionnaires assess the severity of depression symptoms and anxiety symptoms, respectively, during the past two weeks. Both are measured on a four-point Likert scale (1-4, in the present study) where higher scores indicate higher severity of depression and anxiety. PHQ-9 has nine items that measure depression (e.g., “Little interest or pleasure in doing things” and “Poor appetite or overeating”) with total scores ranging from four to 36. GAD-7 has seven items to measure anxiety (e.g., “Feeling nervous, anxious or on edge” and “Trouble relaxing”) with total scores ranging from seven to 28. The internal consistency was good ( $\alpha = 0.89$ ).

The Big Five Inventory 10 (BFI-10; Rammstedt & John, 2007) measures the Big-Five personality traits corresponding with the NEO-PI-R: Neuroticism, extroversion, openness, agreeableness and conscientiousness. The inventory consists of ten items to answer the question “I see myself as someone who...” (e.g. “... is generally trusting” and “...gets nervous easily”) on a 5-point Likert scale. Results have indicated that the BFI-10 has good psychometrics with significant levels of validity and reliability (Rammstedt & John, 2007). Cronbach’s alpha was not calculated, as each trait is indicated by two items.

### **Translation**

I translated both the Post-Christian Spirituality Scale and the Religious Privatism Scale into Norwegian with the help of my peers since there were no existing translations. A Norwegian teaching fellow at a university in England then performed a blind back translation of the questionnaires. After assessing both the Norwegian translation and the English blind back translation, I corrected minor errors before distributing. The Norwegian translation and the original Post-Christian Spirituality Scale (Houtman & Tromp, 2021) can be found in the appendix and as a comment on Research Gate related to the original article on post-Christian spirituality by one of the authors. Unfortunately, I was unable to get in touch with the authors of the Religious Privatism Scale (Greer & Roof, 1992), so neither the original scale nor its translation is included in this study.

### **Statistical analyses and assumptions**

The Statistical Package for the Social Sciences (SPSS) version 28 was used to run the statistical analyses. The analyses included an 1) exploration of the strength and direction of the relationships between the different variables in the study using bivariate Pearson correlation. Thereafter 2) a linear regression analysis was conducted to determine predictors for meaning in Life, testing the first hypothesis. The bootstrapping statistical computer tool

Process Macro, which is a free and available extension for SPSS (Hayes, 2017), was used to conduct the final 3) mediation analysis to answer the second hypothesis.

Assumptions for bivariate Pearson correlation, multiple linear regression and mediation analyses were met. An analysis of standard residuals was carried out and showed that the data contained no outliers (Std. Residual Min = -2.66, Std. Residual Max = 2.18). Multicollinearity was not a concern, as tests to see if the data met the assumption of collinearity showed that VIF was never above 10, and tolerance never less than 0.1, on any of the variables in the regression. The data met the assumption of independent errors (Durbin-Watson value = 1.21). The histogram of standardised residuals indicated that the data contained approximately normally distributed errors, as did the normal P-P plot of standardised residuals, which showed points mostly completely on the line or close. The scatter plot of standardised predicted values showed that the data met the assumptions of homogeneity of variance and linearity. The data also met the assumption of non-zero variances.

### **Missing data**

To explore the pattern of the missing data, Little's MCAR test was performed in SPSS, which indicated that the data were missing completely at random (Little, 1988). Although difficult to determine, MCAR implies that there are no patterns in the missing entries and that the missing data are not related to other variables in the study, which permits listwise deletion (Schlomer et al., 2010). Missing data was accounted for by applying a syntax where approximately 80 per cent of the items had to be answered, to obtain a sum value on each scale. A missing rate of 20% is typical within the behavioural sciences (Schlomer et al., 2010). The remaining participants with sum scales were considered completers and used in further analyses. If only 1 per cent were missing the choice was made to not remove the values from the study, due to the non-significant impact on the overall results. This was the case with Conscientiousness with 2 (1%) values missing and gender with 1 (1%) value missing. With the PCSS scale, 15 (7.9%) values were missing, and those missing data were therefore deleted from the study.

## **Results**

Table 1 shows the bivariate correlations between age, gender, post-Christian spirituality, religious privatism, meaning in life, mental ill-health (consisting of GAD-7 and PHQ-9) and the five personality traits (BFI; neuroticism, extroversion, openness, agreeableness, conscientiousness). Post-Christian spirituality was significantly weak and

positively correlated with religious privatism, openness and identifying as a woman. Religious privatism had a significant, weak and negative correlation with meaning in life and a significant, weak and positive correlation with openness and mental ill-health. Meaning in life had significant, weak and negative correlations with neuroticism and mental ill-health, and significant, weak and positive correlations with extraversion, openness and conscientiousness. Mental ill-health had a significant, moderate and positive correlation with neuroticism, weak and negative correlations with extraversion and conscientiousness.

**Table 1***Descriptive Statistics and Correlations*

|                                | 1      | 2     | 3     | 4      | 5      | 6      | 7      | 8     | 9     | 10    | 11   |
|--------------------------------|--------|-------|-------|--------|--------|--------|--------|-------|-------|-------|------|
| 1. Age <sup>1</sup>            | -      |       |       |        |        |        |        |       |       |       |      |
| 2. Gender <sup>2</sup>         | -.15   | -     |       |        |        |        |        |       |       |       |      |
| 3. Post-Christian spirituality | .05    | .22** | -     |        |        |        |        |       |       |       |      |
| 4. Religious privatism         | .03    | .11   | .24** | -      |        |        |        |       |       |       |      |
| 5. Meaning in life             | .07    | .09   | .08   | -.33** | -      |        |        |       |       |       |      |
| 6. Mental ill-health           | -.13   | .13   | .11   | .14*   | -.16*  | -      |        |       |       |       |      |
| 7. Neuroticism                 | -.24** | .12   | .03   | 0.05   | -.23** | .58**  | -      |       |       |       |      |
| 8. Extraversion                | .01    | .15*  | -.02  | -0.11  | .26**  | -.19** | -.25** | -     |       |       |      |
| 9. Openness                    | .12    | .13   | .19*  | .20**  | .16*   | .06    | -.01   | .02   | -     |       |      |
| 10. Agreeableness              | .16*   | .11   | -.04  | .05    | .03    | -.34** | -.29** | .24** | .15** | -     |      |
| 11. Conscientiousness          | .18*   | .14   | .04   | .07    | .26**  | -.35   | -.34** | .19*  | .16*  | .21** | -    |
| <i>M</i> =                     | -      | -     | 22.49 | 14.54  | 53.46  | 11.35  | 5.17   | 7.74  | 7.70  | 7.70  | 8.00 |
| <i>SD</i> =                    | 1.28   | -     | 4.91  | 3.09   | 8.94   | 3.78   | 2.13   | 1.81  | 1.93  | 1.54  | 1.63 |

*Note.* *N* = 173. <sup>1</sup>: The participants were separated into five age groups, between the ages of 16-25 = 1, 26-35 = 2, 36-50 = 3, 51-70 = 4, and 71+ = 5, <sup>2</sup>: *M* = 2, *F* = 1, \**p* < .05 \*\**p* < .01.

### **Predictors of meaning in life**

To test the first hypothesis a hierarchical regression analysis was performed (Table 2). It examined the predictive ability of age, gender, individualisation of religiosity measured by the Post-Christian Spirituality Scale and the Religious Privatism Scale, mental ill-health measured by a combined score of PHQ-9 and GAD-7, and the five personality traits: Neuroticism, extraversion, openness, agreeableness and conscientiousness on the outcome variable: Meaning in life.

The first step, consisting of age and gender, explained very little ( $R^2_{adj} = .01$ ) of the variance of meaning in life ( $F(2, 171) = 1.46, p = .24$ ). In the second step the explanation factor increased significantly by 15% ( $R^2Change = .15$ ), after adding the variables post-Christian spirituality and religious privatism ( $F(4, 169) = 8.12, p < .001$ ). The explanation factor increased further by 1% ( $R^2Change = .01$ ) in the third step ( $F(5, 168) = 7.03, p < .001$ ) after adding the variable mental ill-health. In the last and fourth step, the explanation factor increased by 13 % ( $R^2Change = .13$ ) after adding the personality traits ( $F(10, 163) = 6.89, p < .001$ ). The fifth regression explained in total 26% ( $R^2_{adj} = .26$ ) of the variance in meaning in life.

The biggest predictor for meaning in life was religious privatism ( $\beta = -.40, p < .001$ ) which had a significant weak negative effect on the outcome variable. This was in support of the hypothesis. Surprisingly, the post-Christian spirituality did not have any significant effect on meaning in life. This variable was excluded from further analysis. The personality traits openness ( $\beta = .19, p < .01$ ) and conscientiousness ( $\beta = .19, p < .05$ ) and extraversion ( $\beta = .15, p < .05$ )

**Table 2***Hierarchical Regression Analysis of Predictors of Meaning in Life*

| Predictor                   | <i>b</i> | <i>SE b</i> | $\beta$ | <i>t</i> | <i>R</i> <sup>2</sup> <i>adj</i> | <i>R</i> <sup>2</sup> <i>Change</i> |
|-----------------------------|----------|-------------|---------|----------|----------------------------------|-------------------------------------|
| Step 1                      |          |             |         |          | .01                              | .02                                 |
| Age                         | 0.65     | 0.54        | .09     | 1.20     |                                  |                                     |
| Gender                      | 2.24     | 1.62        | .11     | 1.38     |                                  |                                     |
| Step 2                      |          |             |         |          | .14***                           | .15***                              |
| Age                         | 0.69     | 0.50        | .10     | 1.36     |                                  |                                     |
| Gender                      | 2.44     | 1.55        | .12     | 1.58     |                                  |                                     |
| Post-Christian spirituality | 0.27     | 0.14        | .15*    | 1.99     |                                  |                                     |
| Religious privatism         | -1.13    | 0.21        | -.39*** | -5.34    |                                  |                                     |
| Step 3                      |          |             |         |          | .15***                           | .01***                              |
| Age                         | 0.56     | 0.51        | .08     | 1.09     |                                  |                                     |
| Gender                      | 2.60     | 1.55        | .12     | 1.68     |                                  |                                     |
| Post-Christian spirituality | 0.28     | 0.14        | .16*    | 2.08     |                                  |                                     |
| Religious privatism         | -1.08    | 0.21        | -.37*** | -5.09    |                                  |                                     |
| Mental ill-health           | -0.26    | 0.17        | -.11    | -1.55    |                                  |                                     |
| Step 4                      |          |             |         |          | .26***                           | .13***                              |
| Age                         | 0.13     | 0.49        | .04     | 0.26     |                                  |                                     |
| Gender                      | 1.30     | 1.53        | .08     | 0.85     |                                  |                                     |
| Post-Christian spirituality | 0.23     | 0.13        | .10     | 1.76     |                                  |                                     |
| Religious privatism         | -1.16    | 0.20        | -.39*** | -5.69    |                                  |                                     |
| Mental ill-health           | 0.07     | 0.20        | .03     | 0.37     |                                  |                                     |
| Neuroticism                 | -0.65    | 0.37        | -.15    | -1.76    |                                  |                                     |
| Extraversion                | 0.75     | 0.35        | .15*    | 2.15     |                                  |                                     |
| Openness                    | 0.87     | 0.32        | .19*    | 2.68     |                                  |                                     |
| Agreeableness               | -0.59    | 0.43        | -.10    | -1.36    |                                  |                                     |
| Conscientiousness           | 1.06     | 0.41        | .19*    | 2.56     |                                  |                                     |

Note. *N* = 173. \* *p* < .05, \*\*\**p* < .001.

### Mediation by meaning in life on individualisation of religiosity and mental ill-health

To test the second hypothesis, a mediation analysis was conducted (Table 3 and Figure 1). It assessed the mediating role of meaning in life between individualisation of religiosity and mental ill-health, controlling for the Big-Five personality traits, age and gender. The study used Hayes (2017) Process Macro via bootstrapping method to conduct the analysis. The indirect effect would be accepted as statistically significant if the bias corrected 95% confidence interval around the indirect effect from 5000 bootstrap re-samples excluded zero.

The results revealed that there was no significant mediation ( $t = 4.783$ ) by meaning in life on the association between religious privatism and mental ill-health. The direct effect of religious privatism on mental ill-health in the presence of the mediator was significant at the



.05 level ( $p = .021$ ), although the effect was small. Hence, the individualisation of religiosity had a small effect on mental ill-health, but it was not mediated by meaning in life.

**Table 3**

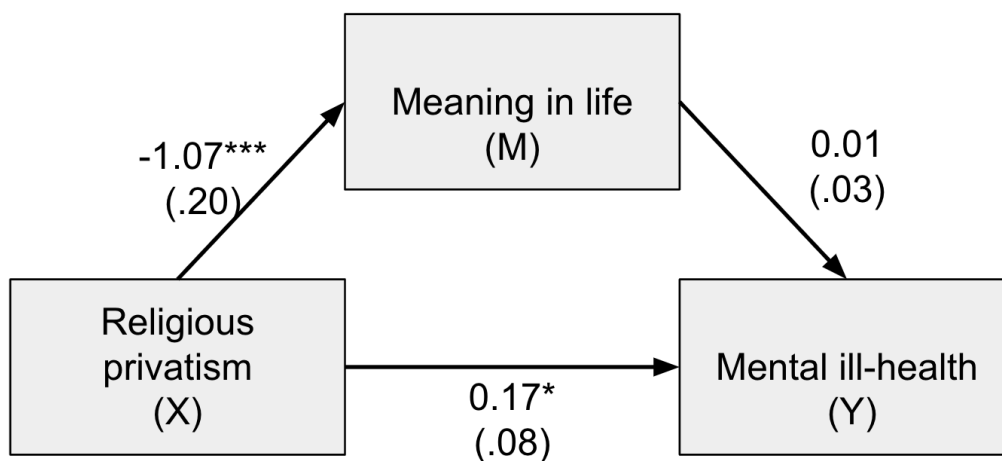
*Mediation Table with Meaning in Life as the Mediator, Religious Privatism as the Predictor and Mental ill-health as the Outcome*

| Relationship   | Total Effect | Direct Effect | Indirect Effect | Confidence Interval | Interval       | t-statistics |
|--|--------------|---------------|-----------------|---------------------|----------------|--------------|
| Religious<br>privatism →<br>Meaning →<br>Mental ill-<br>health | 0.16*        | 0.17*         | -0.01           | Lower<br>Bound      | Upper<br>Bound | -0.41        |
|  |              |               |                 | -0.08               | 0.06           |              |

*Note.* Covariates: Age, gender, BFI-10; Neuroticism, extraversion, openness, agreeableness and conscientiousness. \*:  $p < .05$ , \*\*\*:  $p < .001$

**Figure 1**

*Mediation Table with Meaning in Life as the Mediator, Religious Privatism as the Predictor and Mental ill-health as the Outcome*



*Note.* Beta values represent the unstandardised regression coefficients. Values in parenthesis are the standardised coefficients. Covariates: Age, gender, BFI-10; Neuroticism, extraversion, openness, agreeableness and conscientiousness. \*:  $p < .05$ , \*\*\*:  $p < .001$

## Discussion

This study investigated the relationship between individualisation of religiosity, meaning in life and mental ill-health amongst Protestant Christians in a Norwegian sample. The results showed that individualisation of religiosity in the form of religious privatism had a significant, small and negative relationship with meaning in life. In contrast, individualisation in the form of post-Christian spirituality had no significant relationship with meaning in life. The findings partially support the first hypothesis, indicating that some forms of individualised beliefs correspond with less meaning in life, whereas others do not. There was a significant, negative and small correlation between mental ill-health and religious privatism. However, the second hypothesis was not supported: Meaning in life did not significantly mediate the association between individualisation of religiosity and mental ill-health. Only religious privatism was included in the mediation analysis, as there were no associations between post-Christian spirituality and meaning in life in prior analyses. The findings suggest that the relationship between religious privatism and mental ill-health cannot be explained by the sense of meaning that being religious provides (or lack thereof). The results were obtained after controlling for age, gender and personality traits. Additional findings of interest include positive but weak correlations between religious privatism and post-Christian spirituality, which both were positively correlated with the personality trait of openness. Identifying as a woman had weak and positive association with post-Christian spirituality.

### **Does individualised religiosity predict less meaning in life?**

Being religious is associated with experiencing more meaning in life (Chamberlain & Zika, 1988; Shiah et al., 2015). Some suggest an implicit relationship exists between religiosity and meaning (Baumeister, 1991; A. James & Wells, 2003) and that people become religious due to the meaning it provides (Fletcher, 2004; Park, 2013). However, per the first hypothesis, religious privatism was weakly associated with *less* meaning in life within a Norwegian Protestant Christian sample. These findings seem new within the psychology of religion, but they align with the documented importance of public religious behaviour and the salience of religiosity for mental health (Garssen et al., 2021). As mentioned, religious privatism concerns the degree of individualistic attitudes towards religious authority and traditional religious values and is related to a lesser degree of church attendance and following the church's teachings and more doubtful religious beliefs (Greer & Roof, 1992). To further explore the findings, these two central elements of religious privatism will be

discussed: Public religious behaviour and religious certainty.

The lack of public religious behaviours within an individualised religiosity might contribute to less meaning in life. For example, church attendance positively relates to experiencing a sense of purpose (Robbins & Francis, 2000). Purpose is a facet of the concept of meaning, and is often regarded as a synonymous construct to meaning (Martela & Steger, 2016). There could be various reasons for the association between church attendance and meaning. First, there is the social aspect of attending church. Some argue that meaning is created mainly in interaction with others (Berger, 1967, p. 16; Neimeyer et al., 2002). Even informal social support increases religious meaning in life (Krause, 2008). The church unquestionably provides a suitable arena for those interactions by providing a social arena and stable social relationships. Second, evidence suggests that religious behaviours in and of themselves, rather than religious attitudes, contribute to positive mental health (Gartner et al., 1991). Behaviours such as prayer are thought to reduce self-focus and worry and contribute to positive mental health through self-regulation (A. James & Wells, 2003). Whilst religious behaviour in the form of prayer and rites might be part of an individualised religiosity, it is almost inevitable to partake in such activities as a churchgoer.

Research on the connection between religiosity and life satisfaction has found that individuals with higher levels of religious certainty report feeling happier, experience greater satisfaction with life and handle stressful life events better (Ellison, 1991). This is conceivably because religious explanations may be less helpful for those who are less certain of their faith, leading to more questions and negative appraisals (A. James & Wells, 2003). Further, the human need for a greater sense of certainty while facing existential threat has been reiterated in other influential theories of meaning making such as the meaning maintenance model and terror management theory (Simchon et al., 2021). Religious privatism emphasises the antithesis of following God with certainty (Greer & Roof, 1992), which may be a consequence of the lack of meaning that the religiosity provides, or it may in itself lead to less meaning in life. Uncertainty with regards to beliefs is closely associated with the concept of doubt. There are different opinions regarding religious doubt and mental health outcomes, where some suggest that doubt leads to personal development and growth (Allport, 1950). However, research does not find any association between doubt and well-being to back this claim (Krause, 2006), in contrast there is documented associations between depression and religious doubt (Krause & Wulff, 2004; Willis et al., 2019).

There were no association between post-Christian spirituality and meaning in life. This contradicted the expectations set in this study that both measures of individualised religiosity would correlate with having less meaning in life. It challenges the assumption that individualised beliefs are inherently less meaningful than traditional religious beliefs. The results also highlight important nuances when discussing individualised faith: Religious privatism and post-Christian spirituality seem to represent different aspects of modern beliefs. This assumption is corroborated by the weak correlation between the two. The lack of overlap suggests that, although they theoretically belong to the same construct, it is possible that the construct consists of different factors. For example, religious privatism might be more strongly related to feelings of uncertainty and lack of meaning, whereas post-Christian spirituality might represent a more resolved individualised faith. Considering what has been proposed to be of importance for meaning in life in this study, such as relational connectedness (Stavrova & Luhmann, 2016), behaviour (Gartner et al., 1991; A. James & Wells, 2003) and well-established and widely accepted values (Baumeister & Vohs, 2002), the results seem unexpected. However, unlike other scholars theorising around individualisation as a strictly self-focused (Roof et al., 1999), create-your-own religiosity (Pollack & Pickel, 2007), the authors behind post-Christian spirituality argue that people who adhere to it share a coherent, unifying, and underlying worldview (Houtman & Tromp, 2021). They emphasise that those adhering to such beliefs are not solely individualistic, but rather collectively embodying individualism (Houtman & Tromp, 2021). Considering this, individualism may not be antithetical to community, but rather a way of expressing individual values and needs within a larger social context. Further research is needed to fully understand the complex interplay between different aspects of modern individualised beliefs and their impact on people's sense of meaning.

### **Does meaning in life have a mediating effect on the association between individualisation of religiosity and mental ill-health?**

There was no mediating effect of meaning in life on the association between the individualisation of religiosity in the form of religious privatism and mental ill-health. In other words: Religious privatism's association with mental health could not be explained by the degree of meaning that being religious provides, refuting the study's second hypothesis. The result is surprising considering the positive associations between psychopathology and meaninglessness (Glaw et al., 2017), and meaning in life and religiosity (Baumeister, 1991; Park, 2013). Also, considering the evidence in support of meaning in life as a mediator in the

relationship between religiosity and different measures of well-being (M. Steger & Frazier, 2005). However, the relationship between the individualisation of religiosity and mental ill-health is complex and multifaceted. While meaning in life was expected to be one factor that influences this relationship, it is essential to consider other potential factors as well in order to gain a more comprehensive understanding of this relationship.

One possible interpretation as to why there was no mediation by meaning in life can lie in the over-emphasis on the notion that a meaningful life necessarily entails a lesser degree of psychological pain, and vice versa. An example of this point is parenthood. Parents seem to experience more worry and greater degrees of anxiety and depression compared to non-parents (Evenson & Simon, 2005; McLanahan & Adams, 1987). At the same time, studies have consistently shown that parenting is meaningful, whilst it may be challenging (Nelson et al., 2014). It serves to illustrate the point that typical measures of well-being, such as lack of anxiety and meaning in life, although often correlated, describe different parameters of what it can entail to live a good life. A seminal study on happiness and meaningfulness elaborates on the distinctness between happiness and meaning in life: It seems that the former is more focused on meeting our current needs and desires, while the latter takes a more holistic approach by incorporating the past, present and future and prioritising giving over receiving (Baumeister et al., 2013) Evidence suggest that symptoms of anxiety and depression have a stronger correlation with happiness than with meaning in life (Li et al., 2019). This might indicate that lower levels of experienced happiness, rather than a lack of meaning, is the reason for higher mental ill-health scores among individuals with a more individualised faith.

The association between mental ill-health and meaning in life can also be explained by other factors. It could be that mental health challenges propel individuals towards more individualistic religious beliefs, or it could be that such beliefs render individuals more vulnerable to mental health struggles as implicated by the directionality of the hypotheses in this study. Regardless, many of the same discussion points with reference to meaning in life and individualisation, can be applied to the relationship between individualisation and mental ill-health: Studies have pointed to church attendance's protective abilities against depression (Norton et al., 2006, 2008), and its positive impact on psychological well-being (Snider & McPhedran, 2014), and the association between religious doubt and depression (Krause & Wulff, 2004; Willis et al., 2019). As to not reiterate what has been previously mentioned, I will address two new interpretations more specifically related to mental ill-health: The modern focus on the self, and lack of control.

Individualised religiosity which emphasises self-fulfilment, health, and happiness (Madsen, 2017; Roof et al., 1999; Smith & Denton, 2009), has been linked to the increase in mental health issues among Swedish youth (Westerlund, 2016). This trend is mirrored amongst Norwegian youth (Bakken, 2018). There are also multiple indications that the rate of mental disorders is rising within the adult population in Norway (Tesli et al., 2016); however, there is little research regarding grown-ups. According to the paper discussing this trend in Sweden, individualisation places a great deal of responsibility on young people for their future success and happiness, which can lead to feelings of failure and disappointment (Westerlund, 2016). A paper aiming to answer whether modernity causes an epidemic of depression found that available data indicate a rising prevalence of depression associated with different aspects of modernisation (Hidaka, 2012). The paper cites studies, such as one from 1983, that found that major depressive disorder was less common among the Amish community (Egeland & Hostetter, 1983). Another one from 1981, discovered that British households with more traditional values had lower depression rates (Brown & Prudo, 1981). The article attributes these findings, amongst others things, to the increased societal focus on self-determination (Hidaka, 2012). Although personal freedom and self-determination are essential values, excess of it can increase feelings of blame, regret and dissatisfaction, leading to higher depression rates (Schwartz, 2000). Cultural norms such as those provided by religious institutions, whilst being experienced by many at times as oppressive and painful, limits personal choice in a world with too much information for each person to satisfactorily decide everything for themselves (Luckmann, 1967 as cited in Pollack & Pickel, 2007; Schwartz, 2000).

Very closely linked to the individualistic idea of having responsibility of your own life, is the idea of control. As mentioned, religious framework can be viewed as important for psychological functioning as it can provide predictability and control when coping with adverse events (A. James & Wells, 2003). Many argue that the primary function of religion is that it satisfies the need for control, meaning and sociality (Krause, 2011). In general, the human need for control has been well-documented within the field of psychology (Leotti et al., 2010). Research has shown that individuals who believe their environment is responsive to their efforts to change it are better able to cope with life's challenges (Krause, 2011) i.e., having an internal locus of control. Having an external locus of control is associated with depression and other negative implications for mental health (Benassi et al., 1988). Despite religiousness in the more traditional sense may be providing more control in the form of answers to existential questions, one could assume that individualised religious beliefs were

associated with more internal locus of control due to greater religious autonomy. Somewhat counterintuitively then, an observational study ( $N = \text{over } 20\,000$ ) found that individuals with an internal locus of control were more likely to attend religious services (Iles-Caven et al., 2020). Conversely, a study on cancer patients ( $N = 62$ ) found that those who credited God for controlling their illness had more self-esteem, and less regressive behaviour. However, despite these patients seemingly having an external attribution of control, several described accessing control of their disease through prayer and faith (Jenkins & Pargament, 1988). This could illustrate a more interactional relationship between the individual and God, rather than a passive transmission of control to an outside force (Jenkins & Pargament, 1988). These findings suggest why individualised beliefs might not satisfy the human need for control, as the religious framework might be less salient and associated with more uncertainty than those with more traditional beliefs. However, to validate these assumptions, more research is needed on experienced control, uncertainty and personal choice aspects of individualised beliefs.

### **Implications**

The findings of this study have several implications for researchers and mental health professionals. First, the results indicate that individualisation of religiosity has a negative and small effect on meaning in life and mental health. This may imply that we will see less of the positive effect of religiosity on psychological well-being in the future, as religiosity seemingly becomes more individualised with increasing modernisation (Houtman & Aupers, 2007; Pollack & Pickel, 2007). This could have significant implications for the well-being of the population, especially in countries with large religious communities. These implications highlight the importance of future psychological research explicitly investigating individualisation, a concept that has gained popularity in sociological research (Pollack & Pickel, 2007) but has yet to be fully explored in the field of psychology. Second, the lack of significant relationships between post-Christian spirituality, meaning in life and mental ill-health suggests that some forms of individualised religiosity are not associated with negative mental health outcomes. The result emphasises the significance of acknowledging the variety of religious and spiritual beliefs and practices in modern societies. This is relevant for mental health professionals and researchers who need to approach these differences with sensitivity and awareness when crafting interventions or engaging in research about religiosity. Overall, the results of this study contribute to our understanding of the complex relationship between individualised religiosity, meaning in life, and mental health outcomes.

## **Strengths and limitations**

A notable strength of this study is that the sample of believers is determined by self-identifying as religious, and not by other indirect measures of religiousness. Some of the most used indicators of religiosity within psychology are church attendance and religious membership (Hill & Pargament, 2008). More people in Norway are members of the state church and attend church service yearly, than there are people identifying as religious (Statistics Norway, n.d.). This highlights the need for other indicators to obtain data that reflects the feelings and attitudes of actual religious people. Having the option to self-identify in this study, increases the specificity of the findings. Further, only Protestant Christians were included in the study for two interrelated reasons. First, due to Norwegian demographics and availability, Protestant Christians were anticipated to make up the majority of the participants, making generalised statements regarding different religious orientations flawed to begin with. Second, a common mistake within the psychology of religion has been reductionism, applying concepts from the researcher's own cultural and religious world, assuming little difference between distinct religious orientations (Hökelekli, 2013).

Despite it being common practice within psychology, the use of self-report measures can be viewed as a limitation. This can be attributed to self-reports apparent lack of objectivity, although this is debated (Haefffel & Howard, 2010). All measures in this study were based on self-report. Then again meaning in life, mental health, personality and religiosity are inherently subjective concepts. Religiosity is of particular risk when it comes to the use of self-report measures, as one can view it as a sensitive and private topic which might increase the risk of misreporting (Tourangeau & Yan, 2007). This concern seems to be valid to some extent. Some of the respondents reported that it was difficult to answer the questions on religiosity as it did not capture their beliefs in a fulfilling way. Also, one study discusses findings associating social desirability with general measures of religiosity, and contextual effects when researching religiosity and health, which might lead to response bias (de Oliveira Maraldi, 2020).

Several other limitations should be noted. Firstly, all the relevant correlations that were discussed were weak, limiting the study's predictive value and increasing the chance that the associations observed have little practical importance (Field, 2013). As with any cross-sectional study, it is not possible to infer any causality from the analyses (De & Singh, 2019), making predictions regarding directionality speculative. The study employed voluntary response sampling, which is problematic as it restricts generalisability (Etikan et al., 2016). The method was nevertheless useful, considering the large population being



studied and the limited workforce behind the study. To ensure anonymity, little information is known about the respondents. This might impair the validity of the answers given (one person might fill out the form several times, one could more easily lie etc.), at the same time anonymity have been linked to more truthful answers to sensitive questions (Ong & Weiss, 2000) combating response bias. Generalisability is also weakened due to the skewed distribution when it comes to gender, with 77% of the participants being female. As mentioned, however, women tend to be more religious and spiritual compared to men (Francis & Penny, 2014; Schnabel, 2017).

The study could also have benefitted from using other questionnaires. The scales that were used to measure mental health, the GAD-7 and PHQ-9, are screening tools used to detect the severity of symptoms related to generalised anxiety disorder and depression (Sawaya et al., 2016). Despite being among the most commonly used measures of mental health (Kroenke et al., 2016), the questions used in these questionnaires might feel more sensitive to the respondent compared to for example the Well-Being Index (WHO-5) which is considered less invasive (Topp et al., 2015). With regards to the measures of religiosity, there is a lack of studies employing the Post-Christian Spirituality Scale (Houtman & Tromp, 2021). The same is true for the Religious Privatism Scale. This might impair the questionnaires predictive ability (Houtman & Tromp, 2021). In addition, it is important to note that due to the limitations of resources, the Post-Christian Spirituality Scale and Religious Privatism Scale were not professionally translated, which could affect the questionnaires validity. However, measures were taken to ensure that the translations were as accurate as possible, including consulting with peers and performing a blind-back translation.

### **Further research**

To deepen our knowledge of individualisation within the field of psychology and religion, further research is needed. Future research could use longitudinal designs to better understand the temporal relationship between individualisation of religiosity, meaning in life, and mental health outcomes. Given the concept of individualisation's suitability for analytical purposes compared to the ambiguous and varied meanings of the concept of spirituality (Popp-Baier, 2010), it would be valuable to construct or agree upon a questionnaire for examining the individualisation of religiosity. Currently, there seems to be no consensus among researchers regarding the best questionnaire to use for this purpose. Future research should also aim to identify which components of individualisation contribute to psychological well-being and how. In addition, it would be valuable to investigate the

relationship between individualisation of religiosity and meaning in life in different cultural contexts. The majority of research in this area has focused on white Christian students (Paloutzian & Park, 2005). Therefore, further research on individualisation of religiosity within various religious and cultural groups is essential for expanding and developing our understanding of the impact of individualisation and modernisation.

## **Conclusion**

This study found that individualisation of religiosity through religious privatism was weakly related to lower levels of meaning in life. The results did not show a significant relationship between individualised religiosity via post-Christian spirituality and meaning in life. These results highlight the need for future research to explore the underlying factors that influence the relationship between individualisation of religiosity and meaning in life. Further, religious privatism and mental ill-health had a negative and weak association. The results did not show a significant mediation by meaning in life on the association between religious privatism and mental-ill health. No quantitative research could be found that investigated individualisation of religiosity specifically and its associations with psychological variables. However, the results can be seen as supporting already existing theories on individualisation's implications for mental health. This gap between theory and empirical evidence highlights the need for more research on individualisation of religiosity in general. Additionally, future research should use more longitudinal studies when looking at religion and create better questionnaires for measuring individualisation of religiosity. Overall, the findings of this study contribute to our understanding of the complex interplay between religion and individualisation and how this affects mental health in modern society. It is hoped that this study will stimulate further research on individualisation of religiosity, as it has possible implications for meaning in life and mental health.

## References

- Aarvik, S. (2021). 'Prayer is not for god, it's for us': Therapeutisation of Islam among young adult Muslims in Norway. *Nordic Journal of Religion and Society*, 34(1), 29–39.  
<https://doi.org/10.18261/issn.1890-7008-2021-01-03>
- Allport, G. W. (1950). *The individual and his religion: A psychological interpretation* (pp. xi, 147). Macmillan.
- Arnett, J. J., & Jensen, L. A. (2002). A congregation of one: Individualized religious beliefs among emerging adults. *Journal of Adolescent Research*, 17(5), 451–467.  
<https://doi.org/10.1177/0743558402175002>
- Bakken, A. (2018). *Ungdata 2018. Nasjonale resultater* [Report]. Oslo Metropolitan University - OsloMet: NOVA. <https://oda.oslomet.no/oda-xmlui/handle/20.500.12199/5128>
- Baumeister, R. F. (1991). *Meanings of life*. Guilford press.
- Baumeister, R. F., & Vohs, K. D. (2002). The pursuit of meaningfulness in life. *Handbook of Positive Psychology*, 1, 608–618.
- Baumeister, R. F., Vohs, K. D., Aaker, J. L., & Garbinsky, E. N. (2013). Some key differences between a happy life and a meaningful life. *The Journal of Positive Psychology*, 8(6), 505–516. <https://doi.org/10.1080/17439760.2013.830764>
- Beck, U. (1994). The debate on the “Individualization Theory” in today’s sociology in Germany. In B. Schäfers (Ed.), *Soziologie: Journal of the Deutsche Gesellschaft für Soziologie* (pp. 191–200). VS Verlag für Sozialwissenschaften.  
[https://doi.org/10.1007/978-3-322-95756-6\\_13](https://doi.org/10.1007/978-3-322-95756-6_13)
- Bellah, R. N. (1985). *Habits of the heart: Individualism and commitment in American life*. University of California Press.

- Benassi, V. A., Sweeney, P. D., & Dufour, C. L. (1988). Is there a relation between locus of control orientation and depression? *Journal of Abnormal Psychology, 97*(3), 357–367.  
<https://doi.org/10.1037/0021-843X.97.3.357>
- Berger, P. L. (1967). *The sacred canopy: Elements of a sociology theory of religion*. Doubleday.
- Bockrath, M. F., Pargament, K. I., Wong, S., Harriott, V. A., Pomerleau, J. M., Homolka, S. J., Chaudhary, Z. B., & Exline, J. J. (2022). Religious and spiritual struggles and their links to psychological adjustment: A meta-analysis of longitudinal studies. *Psychology of Religion and Spirituality, 14*(3), 283–299.  
<https://doi.org/10.1037/rel0000400>
- Brown, G. W., & Prudo, R. (1981). Psychiatric disorder in a rural and an urban population: 1. Aetiology of depression. *Psychological Medicine, 11*(3), 581–599.  
<https://doi.org/10.1017/S0033291700052880>
- Campos, J., Bredemeier, J., & Trentini, C. (2020). Meaning in life as a mediator of the relationship between intrinsic religiosity and depression Symptoms. *Trends in Psychology, 28*(4), 560–568. <https://doi.org/10.1007/s43076-020-00036-0>
- Carlisle, S., Henderson, G., & Hanlon, P. W. (2009). ‘Wellbeing’: A collateral casualty of modernity? *Social Science & Medicine, 69*(10), 1556–1560.  
<https://doi.org/10.1016/j.socscimed.2009.08.029>
- Chamberlain, K., & Zika, S. (1988). Religiosity, life Meaning and wellbeing: Some relationships in a sample of women. *Journal for the Scientific Study of Religion, 27*(3), 411–420. <https://doi.org/10.2307/1387379>
- De, D., & Singh, S. (2019). Basic understanding of study types and formulating research question for a clinical trial. *Indian Dermatology Online Journal, 10*(3), 351–353.  
[https://doi.org/10.4103/idoj.IDOJ\\_56\\_19](https://doi.org/10.4103/idoj.IDOJ_56_19)

- de Oliveira Maraldi, E. (2020). Response bias in research on religion, spirituality and mental health: A critical review of the literature and methodological recommendations. *Journal of Religion and Health, 59*(2), 772–783. <https://doi.org/10.1007/s10943-018-0639-6>
- Delaney, H. D., Miller, W. R., & Bisonó, A. M. (2007). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Professional Psychology: Research and Practice, 38*(5), 538–546. <https://doi.org/10.1037/0735-7028.38.5.538>
- Diener, E., Tay, L., & Myers, D. G. (2011). The religion paradox: If religion makes people happy, why are so many dropping out? *Journal of Personality and Social Psychology, 101*(6), 1278–1290. <https://doi.org/10.1037/a0024402>
- Egeland, J. A., & Hostetter, A. M. (1983). Amish Study: I. Affective disorders among the Amish, 1976–1980. *The American Journal of Psychiatry, 140*, 56–61. <https://doi.org/10.1176/ajp.140.1.56>
- Ellison, C. G. (1991). Religious involvement and subjective well-being. *Journal of Health and Social Behavior, 32*(1), 80–99. <https://doi.org/10.2307/2136801>
- Etikan, I. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1. <https://doi.org/10.11648/j.ajtas.20160501.11>
- Evenson, R. J., & Simon, R. W. (2005). Clarifying the relationship between parenthood and depression. *Journal of Health and Social Behavior, 46*(4), 341–358. <https://doi.org/10.1177/002214650504600403>
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. sage.

- Fletcher, S. K. (2004). Religion and life meaning: Differentiating between religious beliefs and religious community in constructing life meaning. *Journal of Aging Studies*, 18(2), 171–185. <https://doi.org/10.1016/j.jaging.2004.01.005>
- Francis, L. J., & Penny, G. (2014). Gender differences in religion. In *Religion, personality, and social behavior* (pp. 313–337). Psychology Press.
- Frankl, V. E. (1985). *Man's Search For Meaning*. Simon and Schuster.
- Freud, S. (1907). *Obsessive acts and religious practices*. Hogarth Press.
- Fuchs, M., & Rüpke, J. (2015). Religious individualisation in historical perspective. *Religion*, 45(3), 323–329. <https://doi.org/10.1080/0048721X.2015.1041795>
- Gallagher, S., & Tierney, W. (2013). Religiousness/Religiosity. In M. D. Gellman & J. R. Turner (Eds.), *Encyclopedia of Behavioral Medicine* (pp. 1653–1654). Springer. [https://doi.org/10.1007/978-1-4419-1005-9\\_489](https://doi.org/10.1007/978-1-4419-1005-9_489)
- Garssen, B., Visser, A., & Pool, G. (2021). Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies. *The International Journal for the Psychology of Religion*, 31(1), 4–20. <https://doi.org/10.1080/10508619.2020.1729570>
- Gartner, J., Larson, D. B., & Allen, G. D. (1991). Religious commitment and mental health: A review of the empirical literature. *Journal of Psychology and Theology*, 19(1), 6–25.
- Haefel G. J. & Howard G. S.. (2010). Self-Report: Psychology's four-letter word. *The American Journal of Psychology*, 123(2), 181–188. JSTOR. <https://doi.org/10.5406/amerjpsyc.123.2.0181>
- Glaw, X., Kable, A., Hazelton, M., & Inder, K. (2017). Meaning in life and meaning of life in mental health care: An integrative literature review. *Issues in Mental Health Nursing*, 38(3), 243–252. <https://doi.org/10.1080/01612840.2016.1253804>

- Greer, B. A., & Roof, W. C. (1992). 'Desperately seeking sheila': Locating religious privatism in American society. *Journal for the Scientific Study of Religion*, 31(3), 346–352. <https://doi.org/10.2307/1387125>
- Hackett, C., Murphy, C., & McClendon, D. (2016). The gender gap in religion around the world. *Washington, DC: Pew Research Center*.
- Hall, G. S. (1891). The moral and religious training of children and adolescents. *The Pedagogical Seminary*, 1(2), 196–210. <https://doi.org/10.1080/08919402.1891.10533932>
- Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford publications.
- Heelas, P., & Woodhead, L. (2005). *The spiritual revolution: Why religion is giving way to spirituality* ([Nachdr.]). Blackwell.
- Heine, S. J., Proulx, T., & Vohs, K. D. (2006). The meaning maintenance model: On the coherence of social motivations. *Personality and Social Psychology Review: An Official Journal of the Society for Personality and Social Psychology, Inc*, 10(2), 88–110. [https://doi.org/10.1207/s15327957pspr1002\\_1](https://doi.org/10.1207/s15327957pspr1002_1)
- Hekmatpour, P. (2020). Inequality and religiosity in a global context: Different secularization paths for developed and developing nations. *International Journal of Sociology*, 50(4), 286–309. <https://doi.org/10.1080/00207659.2020.1771013>
- Hervieu-Léger, D. (2003). Individualism, the validation of faith, and the social nature of religion in modernity. *The Blackwell Companion to Sociology of Religion*, 161–175.
- Hidaka, B. H. (2012). Depression as a disease of modernity: Explanations for increasing prevalence. *Journal of Affective Disorders*, 140(3), 205–214. <https://doi.org/10.1016/j.jad.2011.12.036>

- Hill, P. C., & Pargament, K. I. (2008). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *Psychology of Religion and Spirituality*, *S*(1), 3–17. <https://doi.org/10.1037/1941-1022.S.1.3>
- Hill, P. C., Pargament, K. II., Hood, R. W., McCullough, M. E., Jr., Swyers, J. P., Larson, D. B., & Zinnbauer, B. J. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behaviour*, *30*(1), 51–77. <https://doi.org/10.1111/1468-5914.00119>
- Houtman, D., & Aupers, S. (2007). The spiritual turn and the decline of tradition: The spread of post-Christian spirituality in 14 Western Countries, 1981–2000. *Journal for the Scientific Study of Religion*, *46*(3), 305–320. <https://doi.org/10.1111/j.1468-5906.2007.00360.x>
- Houtman, D., & Tromp, P. (2021). The Post-Christian Spirituality Scale (PCSS): Misconceptions, obstacles, prospects. In A. L. Ai, P. Wink, R. F. Paloutzian, & K. A. Harris (Eds.), *Assessing Spirituality in a Diverse World* (pp. 35–57). Springer International Publishing. [https://doi.org/10.1007/978-3-030-52140-0\\_3](https://doi.org/10.1007/978-3-030-52140-0_3)
- Iles-Caven, Y., Gregory, S., Ellis, G., Golding, J., & Nowicki, S. (2020). The relationship between locus of control and religious behavior and beliefs in a large population of parents: An Observational Study. *Frontiers in Psychology*, *11*, 1462. <https://doi.org/10.3389/fpsyg.2020.01462>
- James, A., & Wells, A. (2003). Religion and mental health: Towards a cognitive-behavioural framework. *British Journal of Health Psychology*, *8*(3), 359–376. <https://doi.org/10.1348/135910703322370905>



- James, W. (1902). *The varieties of religious experience: A study in human nature: being the Gifford lectures on natural religion delivered at Edinburgh in 1901-1902*. Longmans, Green.
- Jenkins, R. A., & Pargament, K. I. (1988). Cognitive appraisals in cancer patients. *Social Science & Medicine*, 26(6), 625–633. [https://doi.org/10.1016/0277-9536\(88\)90027-5](https://doi.org/10.1016/0277-9536(88)90027-5)
- Kao, L. E., Peteet, J. R., & Cook, C. C. H. (2020). Spirituality and mental health. *Journal for the Study of Spirituality*, 10(1), 42–54.  
<https://doi.org/10.1080/20440243.2020.1726048>
- Koenig, H. (2005). Faith and mental Health: Religious resources for healing. *Bibliovault OAI Repository, the University of Chicago Press*.
- Koenig, H. G. (2006). Religion, spirituality and aging. *Aging & Mental Health*, 10(1), 1–3.  
<https://doi.org/10.1080/13607860500308132>
- Koenig, H. G., Cohen, H. J., Blazer, D. G., Pieper, C., Meador, K. G., Shelp, F., Goli, V., & DiPasquale, B. (1992). Religious coping and depression among elderly, hospitalized medically ill men. *The American Journal of Psychiatry*, 149(12), 1693–1700.  
<https://doi.org/10.1176/ajp.149.12.1693>
- Koenig, H. G., Hill, T. D., Pirutinsky, S., & Rosmarin, D. H. (2021). Commentary on “Does spirituality or religion positively affect mental health?” *The International Journal for the Psychology of Religion*, 31(1), 27–44.  
<https://doi.org/10.1080/10508619.2020.1766868>
- Krause, N. (2006). Religious doubt and psychological well-being: A longitudinal investigation. *Review of Religious Research*, 47(3), 287–302. JSTOR.
- Krause, N. (2008). The social foundation of religious meaning in life. *Research on Aging*, 30(4), 395–427. <https://doi.org/10.1177/0164027508316619>

- Krause, N. (2011). Religion and health: Making sense of a disheveled Literature. *Journal of Religion and Health*, 50(1), 20–35. <https://doi.org/10.1007/s10943-010-9373-4>
- Krause, N., & Wulff, K. M. (2004). Religious doubt and health: Exploring the potential dark side of religion. *Sociology of Religion*, 65(1), 35–56. <https://doi.org/10.2307/3712506>
- Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9. *Journal of General Internal Medicine*, 16(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
- Kroenke, K., Wu, J., Yu, Z., Bair, M. J., Kean, J., Stump, T., & Monahan, P. O. (2016). The Patient Health Questionnaire Anxiety and Depression Scale (PHQ-ADS): Initial Validation in Three Clinical Trials. *Psychosomatic Medicine*, 78(6), 716–727. <https://doi.org/10.1097/PSY.0000000000000322>
- Krok, D. (2014). The religious meaning system and subjective well-being: The mediational perspective of meaning in life. *Archive for the Psychology of Religion*, 36(2), 253–273. <https://doi.org/10.1163/15736121-12341288>
- Lace, J. W., Evans, L. N., Merz, Z. C., & Handal, P. J. (2020). Five-factor model personality traits and self-classified religiousness and spirituality. *Journal of Religion and Health*, 59(3), 1344–1369. <https://doi.org/10.1007/s10943-019-00847-1>
- Larson, E. J., & Witham, L. (1998). Leading scientists still reject God. *Nature*, 394(6691), Article 6691. <https://doi.org/10.1038/28478>
- Leak, G. K., DeNeve, K. M., & Greteman, A. J. (2007). The relationship between spirituality, assessed through self-transcendent goal strivings, and positive psychological attributes. *Research in the Social Scientific Study of Religion*, 18, 263.
- Leotti, L. A., Iyengar, S. S., & Ochsner, K. N. (2010). Born to choose: The origins and value of the need for control. *Trends in Cognitive Sciences*, 14(10), 457–463. <https://doi.org/10.1016/j.tics.2010.08.001>

- Leuba, J. H. (1916). *The belief in God and immortality: A Psychological, Anthropological and Statistical Study*. Boston: Sherman, French & Co.
- Li, P. F. J., Wong, Y. J., & Chao, R. C.-L. (2019). Happiness and meaning in life: Unique, differential, and indirect associations with mental health. *Counselling Psychology Quarterly*, 32(3–4), 396–414. <https://doi.org/10.1080/09515070.2019.1604493>
- Little, R. J. A. (1988). A Test of Missing Completely at Random for Multivariate Data with Missing Values. *Journal of the American Statistical Association*, 83(404), 1198–1202. <https://doi.org/10.1080/01621459.1988.10478722>
- Madsen, O. J. (2017). *Den terapeutiske kultur*. Universitetsforlaget.
- Madsen, O. J. (2021). The Pathologies of Modernity. In O. J. Madsen (Ed.), *Deconstructing Scandinavia's 'Achievement Generation': A Youth Mental Health Crisis?* (pp. 19–39). Springer International Publishing. [https://doi.org/10.1007/978-3-030-72555-6\\_2](https://doi.org/10.1007/978-3-030-72555-6_2)
- Malinakova, K., Tavel, P., Meier, Z., van Dijk, J. P., & Reijneveld, S. A. (2020). Religiosity and mental health: A contribution to understanding the heterogeneity of research findings. *International Journal of Environmental Research and Public Health*, 17(2), 494. <https://doi.org/10.3390/ijerph17020494>
- Martela, F., & Steger, M. F. (2016). The three meanings of meaning in life: Distinguishing coherence, purpose, and significance. *The Journal of Positive Psychology*, 11(5), 531–545. <https://doi.org/10.1080/17439760.2015.1137623>
- McCrae, R. R. (1984). Situational determinants of coping responses: Loss, threat, and challenge. *Journal of Personality and Social Psychology*, 46(4), 919–928. <https://doi.org/10.1037/0022-3514.46.4.919>
- McLanahan, S., & Adams, J. (1987). Parenthood and psychological well-being. *Annual Review of Sociology*, 13(1), 237–257. <https://doi.org/10.1146/annurev.so.13.080187.001321>

- Motak, D. (2009). Postmodern spirituality and the culture of individualism. *Scripta Instituti Donneriani Aboensis*, 21. <https://doi.org/10.30674/scripta.67348>
- Nelson, S. K., Kushlev, K., & Lyubomirsky, S. (2014). The pains and pleasures of parenting: When, why, and how is parenthood associated with more or less well-being? *Psychological Bulletin*, 140(3), 846–895. <https://doi.org/10.1037/a0035444>
- Nelson, T. A., Abeyta, A. A., & Routledge, C. (2021). What makes life meaningful for theists and atheists? *Psychology of Religion and Spirituality*, 13(1), 111–118. <https://doi.org/10.1037/rel0000282>
- Norton, M. C., Singh, A., Skoog, I., Corcoran, C., Tschanz, J. T., Zandi, P. P., Breitner, J. C. S., Welsh-Bohmer, K. A., Steffens, D. C., & for the Cache County Investigators. (2008). Church attendance and new episodes of major depression in a community study of older Adults: The Cache County study. *The Journals of Gerontology: Series B*, 63(3), P129–P137. <https://doi.org/10.1093/geronb/63.3.P129>
- Norton, M. C., Skoog, I., Franklin, L. M., Corcoran, C., Tschanz, J. T., Zandi, P. P., Breitner, J. C. S., Welsh-Bohmer, K. A., Steffens, D. C., & for the Cache County Investigators. (2006). Gender differences in the association between religious involvement and depression: The Cache County (Utah) Study. *The Journals of Gerontology: Series B*, 61(3), P129–P136. <https://doi.org/10.1093/geronb/61.3.P129>
- Ong, A. D., & Weiss, D. J. (2000). The impact of anonymity on responses to sensitive questions1. *Journal of Applied Social Psychology*, 30(8), 1691–1708. <https://doi.org/10.1111/j.1559-1816.2000.tb02462.x>
- Østhus, A. (2021, December 13). *Sekularisering i Norge*. Statistics Norway. <https://www.ssb.no/kultur-og-fritid/religion-og-livssyn/artikler/sekularisering-i-norge>
- Paloutzian, R. F., & Park, C. L. (Eds.). (2005). *Handbook of the psychology of religion and spirituality*. Guilford Press.

- Pargament, K. I. (1999). The Psychology of religion and spirituality? Yes and no. *The International Journal for the Psychology of Religion*, 9(1), 3–16.  
[https://doi.org/10.1207/s15327582ijpr0901\\_2](https://doi.org/10.1207/s15327582ijpr0901_2)
- Park, C. L. (2013). Religion and meaning. In *Handbook of the psychology of religion and spirituality*, 2nd ed (pp. 357–379). The Guilford Press.
- Pollack, D., & Pickel, G. (2007). Religious individualization or secularization? Testing hypotheses of religious change – the case of Eastern and Western Germany. *The British Journal of Sociology*, 58(4), 603–632. <https://doi.org/10.1111/j.1468-4446.2007.00168.x>
- Popp-Baier, U. (2010). From religion to spirituality—Megatrend in contemporary society or methodological artefact? A contribution to the secularization debate from psychology of religion. *Journal of Religion in Europe*, 3(1), 34–67.  
<https://doi.org/10.1163/187489209X478337>
- Rammstedt, B., & John, O. P. (2007). Measuring personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *Journal of Research in Personality*, 41(1), 203–212. <https://doi.org/10.1016/j.jrp.2006.02.001>
- Rasborg, K. (2017). From class society to the individualized society?: A critical reassessment of individualization and class. *Irish Journal of Sociology*, 25(3), 229–249.  
<https://doi.org/10.1177/0791603517706668>
- Religion i Norge*. (n.d.). Statistics Norway. Retrieved 30 June 2022, from <https://www.ssb.no/kultur-og-fritid/faktaside/religion>
- Robbins, M., & Francis, L. J. (2000). Religion, personality, and well-being: The relationship between church attendance and purpose in life. *Journal of Research on Christian Education*, 9(2), 223–238. <https://doi.org/10.1080/10656210009484908>

- R. A. Neimeyer, R.A., Prigerson, H.G. & Davies, B.. (2002). Mourning and meaning. *American Behavioral Scientist*, 46(2), 235–251.  
<https://doi.org/10.1177/000276402236676>
- Roof, W. C., Patrick, A. E., Grimes, R. L., & Leonard, B. J. (1999). Forum: American spirituality. *Religion and American Culture: A Journal of Interpretation*, 9(2), 131–157. <https://doi.org/10.2307/1123861>
- Rosmarin, D. H., Green, D., Pirutinsky, S., & McKay, D. (2013). Attitudes toward spirituality/religion among members of the Association for Behavioral and Cognitive Therapies. *Professional Psychology: Research and Practice*, 44(6), 424–433.  
<https://doi.org/10.1037/a0035218>
- Routledge, C., & FioRito, T. A. (2021). Why meaning in life matters for societal flourishing. *Frontiers in Psychology*, 11.  
<https://www.frontiersin.org/articles/10.3389/fpsyg.2020.601899>
- Saucier, G., & Skrzypińska, K. (2006). Spiritual but not religious? Evidence for two independent dispositions. *Journal of Personality*, 74(5), 1257–1292.  
<https://doi.org/10.1111/j.1467-6494.2006.00409.x>
- Sawaya, H., Atoui, M., Hamadeh, A., Zeinoun, P., & Nahas, Z. (2016). Adaptation and initial validation of the Patient Health Questionnaire – 9 (PHQ-9) and the Generalized Anxiety Disorder – 7 Questionnaire (GAD-7) in an Arabic speaking Lebanese psychiatric outpatient sample. *Psychiatry Research*, 239, 245–252.  
<https://doi.org/10.1016/j.psychres.2016.03.030>
- Schlomer, G. L., Bauman, S., & Card, N. A. (2010). Best practices for missing data management in counseling psychology. *Journal of Counseling Psychology*, 57(1), 1–10. <https://doi.org/10.1037/a0018082>

- Schnabel, L. (2017). Gendered religiosity. *Review of Religious Research*, 59(4), 547–556.  
<https://doi.org/10.1007/s13644-017-0302-9>
- Schwartz, B. (2000). Self-determination: The tyranny of freedom. *American Psychologist*, 55(1), 79–88. <https://doi.org/10.1037/0003-066X.55.1.79>
- Shiah, Y.-J., Chang, F., Chiang, S.-K., Lin, I.-M., & Tam, W.-C. C. (2015). Religion and health: Anxiety, religiosity, meaning of life and mental health. *Journal of Religion and Health*, 54(1), 35–45. <https://doi.org/10.1007/s10943-013-9781-3>
- Simchon, A., Turkin, C., Svoray, T., Kloog, I., Dorman, M., & Gilead, M. (2021). Beyond doubt in a dangerous world: The effect of existential threats on the certitude of societal discourse. *Journal of Experimental Social Psychology*, 97, 104221.  
<https://doi.org/10.1016/j.jesp.2021.104221>
- Smith, C., & Denton, M. L. (2009). *Soul searching: The religious and spiritual lives of American teenagers* (Reprint edition). Oxford University Press.
- Snider, A.-M., & McPhedran, S. (2014). Religiosity, spirituality, mental health, and mental health treatment outcomes in Australia: A systematic literature review. *Mental Health, Religion & Culture*, 17(6), 568–581. <https://doi.org/10.1080/13674676.2013.871240>
- Solomon, S., Greenberg, J., & Pyszczynski, T. (1991). A terror management theory of social behavior: The Psychological Functions of Self-Esteem and Cultural Worldviews. In M. P. Zanna (Ed.), *Advances in Experimental Social Psychology* (Vol. 24, pp. 93–159). Academic Press. [https://doi.org/10.1016/S0065-2601\(08\)60328-7](https://doi.org/10.1016/S0065-2601(08)60328-7)
- Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092–1097. <https://doi.org/10.1001/archinte.166.10.1092>

- Stavrova, O., & Luhmann, M. (2016). Social connectedness as a source and consequence of meaning in life. *The Journal of Positive Psychology, 11*(5), 470–479.  
<https://doi.org/10.1080/17439760.2015.1117127>
- Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology, 53*(1), 80–93.
- Steger, M., & Frazier, P. (2005). Meaning in life: One link in the chain from religiousness to well-being. *Journal of Counseling Psychology, 52*, 574–582.  
<https://doi.org/10.1037/0022-0167.52.4.574>
- Stephens, A., Deaton, A., & Stone, A. A. (2015). Subjective wellbeing, health, and ageing. *Lancet (London, England), 385*(9968), 640–648. [https://doi.org/10.1016/S0140-6736\(13\)61489-0](https://doi.org/10.1016/S0140-6736(13)61489-0)
- Streib, H., & Hood, R. W. (2016). Understanding “spirituality”—Conceptual considerations. In H. Streib & Jr. Hood Ralph W. (Eds.), *Semantics and Psychology of Spirituality: A Cross-Cultural Analysis* (pp. 3–17). Springer International Publishing.  
[https://doi.org/10.1007/978-3-319-21245-6\\_1](https://doi.org/10.1007/978-3-319-21245-6_1)
- Streib, H., Klein, C., & Hood, R. W. (2016). Personality dimensions and versions of “spirituality”. In H. Streib & Jr. Hood Ralph W. (Eds.), *Semantics and Psychology of Spirituality: A Cross-Cultural Analysis* (pp. 189–203). Springer International Publishing. [https://doi.org/10.1007/978-3-319-21245-6\\_12](https://doi.org/10.1007/978-3-319-21245-6_12)
- Svensson, N. H., Larrabee Sonderlund, A., Wehberg, S., Hvidt, N. C., Søndergaard, J., & Thilsing, T. (2022). The association between individualised religiosity and health behaviour in Denmark: Are social networks a mediating factor? *Journal of Religion and Health, 61*(6), 4738–4757. <https://doi.org/10.1007/s10943-022-01650-1>



- Tesli, M. S., Handal, M., Kirkøen, B., Torvik, F. A., Knudsen, A. K. S., Odsbu, I., Gustavson, K., Nesvåg, R., Hauge, L. J., & Reneflot, A. (2016, August 8). *Mental illness among adults*. Norwegian Institute of Public Health.  
<https://www.fhi.no/en/op/hin/mental-health/psykisk-helse-hos-voksne/>
- Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: A systematic review of the literature. *Psychotherapy and Psychosomatics*, 84(3), 167–176. <https://doi.org/10.1159/000376585>
- Tourangeau, R., & Yan, T. (2007). Sensitive questions in surveys. *Psychological Bulletin*, 133(5), 859–883. <https://doi.org/10.1037/0033-2909.133.5.859>
- Vieten, C., & Lukoff, D. (2022). Spiritual and religious competencies in psychology. *American Psychologist*, 77(1), 26–38. <https://doi.org/10.1037/amp0000821>
- Walsh, R. (2011). Lifestyle and mental health. *American Psychologist*, 66(7), 579–592.  
<https://doi.org/10.1037/a0021769>
- Westerlund, K. (2016). Spirituality and mental health among children and youth – a Swedish point of view. *International Journal of Children's Spirituality*, 21(3–4), 216–229.  
<https://doi.org/10.1080/1364436X.2016.1258392>
- Willis, K. D., Nelson, T., & Moreno, O. (2019). Death Anxiety, religious doubt, and depressive symptoms across race in older adults. *International Journal of Environmental Research and Public Health*, 16(19), Article 19.  
<https://doi.org/10.3390/ijerph16193645>
- Wink, P., & Dillon, M. (2002). Spiritual development across the adult life course: Findings from a longitudinal study. *Journal of Adult Development*, 9(1), 79–94.  
<https://doi.org/10.1023/A:1013833419122>
- Wink, P., Dillon, M., & Larsen, B. (2005). Religion as moderator of the depression-health connection. *Research on Aging*. <https://doi.org/10.1023/A:1013833419122>

href="https://dx.doi.org/10.1177/0164027504270483">https://dx.doi.org/10.1177/0164027504270483</a>

Zika, S., & Chamberlain, K. (1992). On the relation between meaning in life and psychological well-being. *British Journal of Psychology*, 83(1), 133–145.  
<https://doi.org/10.1111/j.2044-8295.1992.tb02429.x>

## Appendix

### Post-Christian Spirituality Scale

#### *Original questionnaire*

Please indicate how much you agree or disagree with each statement using the scale below. 1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, 5 = strongly agree, 6 = don't know.

- 1) Personal spirituality is more important than allegiance to a religious tradition.
- 2) Every person has a higher spiritual 'self' that can be awakened and enlightened.
- 3) There is some sort of spirit or life force which permeates all life.
- 4) The divine does not originate outside, but within every person.
- 5) The one and only true religion does not exist, but there are truths that one can find in all religions of the world.
- 6) The cosmos is a living entity.
- 7) The entire universe springs from one universal spiritual energy.

#### *Norwegian translation*

Benytt skalaen for å vise hvor mye du er enig eller uenig med hver påstand. 1 = Svært uenig, 2 = Uenig, 3 = Verken enig eller uenig, 4 = Enig, 5 = Svært enig, 6 = Vet ikke.

- 1) Personlig spiritualitet er viktigere enn troskap til en bestemt religiøs tradisjon
- 2) Et hvert menneske har et høyere åndelig 'selv' som kan bli vekket og opplyst
- 3) Det er en form for ånd eller livskraft som gjennomsyrer alt liv
- 4) Det guddommelige kommer ikke utenfra, men innenfra hos hver enkelt
- 5) Den ene og eneste sanne religion eksisterer ikke, men det finnes sannheter i alle verdens religioner
- 6) Universet er en levende helhet
- 7) Hele universet springer ut ifra én altomfattende åndelig kraft

