

Spirituality/religiosity of man from the perspective of quality of life – a review of Polish research in social studies

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Abstract

Research into the spirituality/religiosity of patients is considered as an important area of study, together with studies of quality of life (QoL). The purpose of this article was to recognise if and how the category of spirituality/religiosity is regarded from a QoL perspective. To reach this goal, a review of Polish research in various fields of social sciences (psychology, sociology, pedagogy) was conducted. The scope of these studies was determined and indicators of spirituality/religiosity were explored from the viewpoint of various theories with special emphasis on those relating to the QoL. *JRCD* 2018; 3 (8): 259–265

Key words: spirituality, religiosity, quality of life

Introduction

The scientific categories indicated in the title of this article: spirituality, religiosity and quality of life (QoL) are part of an area of scientific interests of several scientific disciplines such as: psychology, sociology, theology, gerontology, medicine, economics, pedagogy, philosophy etc., which in turn translates into their use in various fields of research, more and more often of an interdisciplinary nature. In a literature review of the mentioned disciplines, there were many Polish studies regarding life categories of the QoL [1-7]. However, the topics of spiritual and religious needs, especially in the social sciences, have not been thoroughly investigated. In this paper, we discuss Polish studies relating to these topics conducted in the field of social sciences. Personal and religious beliefs are considered important indicators of QoL in the holistic model [5].

Spirituality as an indicator of quality of life

Nowadays the quality of life is counted among categories arousing great interest in the interdisciplinary scientific research with

awareness of its extraordinary complexity. This is mainly due to the difficulty in clearly defining this category [8]. In various fields of science, different aspects may define QoL. In the social sciences, QoL includes a wide range of components, such as life satisfaction, fulfilment of basic needs, ability to lead a “normal life”, the achievement of life goals, quality of the environment, well-being, life contentment, etc. Furthermore, these terms are often used interchangeably [9, 4] and combined with various spheres of human life, including health [10]. In addition, QoL in social sciences is often determined from the perspective of environmental factors, such as place of residence, work and life environment, organisation and management of leisure time [11], or basic human needs [12]. The ambiguity, revealed through interchangeably used categories or accepted research perspectives, partially comes from the variety of definitions from particular disciplines and areas of life to which they refer (see Table 1).

The concept of QoL, as described above, is quite diverse and depends on the field and discipline. This confirms that the concept of QoL is dynamic, complex, and multifaceted. Moreover, the established perspectives of the studied individuals (objective-subjective-mixed) and the perspectives chosen by researchers play decisive roles (correlations between indicators in accordance with the chosen definition, the QoL model, and the determining indica-

Table 1. Selected definitions of the quality of life in selected disciplines

Discipline	Term / research category	Indicators
Medicine ^a	Quality of life conditioned by the state of health	(I) state of health, present illness, disability, the natural process of ageing [13] (II) mental and physical health with regard to everyday human functioning [8]
Gerontology	Quality of life/Good life	(I) independence of functioning in physical, emotional / psychological and social aspects [8] (II) social relations (family, acquaintances, friends), housing conditions, financial conditions [14] (III) subjective and objective health assessment [14]
Psychology	Quality of life/ welfare/ satisfaction with life	(I) sense of contentment and happiness [15, 16] (II) subjective and objective [1,4]
Sociology	Quality of life/satisfaction with life/ frame of mind	(I) social norms conditioning quality, principles and system of values of social life; social support [3]
Pedagogy (andragogy)	Quality of life	(I) hierarchy of values, life goals, life aspirations of an individual / group (II) satisfying the needs: existential, of security and of social relations [17, 18, 6] (III) holistic [3,7] (IV) subjective and objective [2]
Economics	Quality of life	(I) social minimum, consumption, cost of goods and services, social benefits, basic needs
Interdisciplinary / holistic	Quality of life	(I) – expressed satisfaction (life satisfaction, psychological well-being, positive self-image) - physical and psychological well-being (physical health, disability, dependence) - socio-economic status (income, profession, marital status, standard of living) - quality of environment (warmth, comfort, safety, psychological space) - intended activity (everyday activities, work, recreation, interests) - social integration (social context, family relations, social roles, civic sense) - social indicators (age, gender, social class, race, religion) - personal autonomy (the right to choose, to make decisions, control, privacy) [5,20]

Source: own elaboration based on research conducted by the authors cited in the table.

^a The assessment of the quality of life in various medical fields with the use of diverse tools has been undertaken, among others, in: cardiovascular and circulatory system diseases (the most frequently used questionnaires: SF-36, EQ-5D, SF-12, VascuQoL, ALDS), in neurological disorders (the most frequently used questionnaires: SF-36, EQ-5D), in connective tissue diseases (the most frequently used questionnaires: SF-36, SF-6D, WHOQOL-BREF), the diseases of the digestive system (the most frequently used questionnaires: SF-36, EQ-5D, SF-6D), in diabetology (the most frequently used questionnaires: SF-36), in gynaecological diseases (the most frequently used questionnaires: SF-36, EQ-5D), in transplantology (the most frequently used questionnaires: SF-36, QoL, HRQoL), in oncology (the most frequently used questionnaires: Multidimensional Scale of Perceived Social Support, SF-36) [19]

tors). The ambiguity of QoL is also evident in the most commonly accepted definition as proposed by the World Health Organisation (WHO), which defines it as “an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationship to salient features of their environment” [21]. Hence, the category of QoL as a multidimensional construct [15,5] essentially refers to normative expectations in the context of objective conditions of human life and their consequence for mental life. This is extremely important from the perspective of research for all disciplines in which humans are the main subject of scientific interest, especially since various indicators of QoL are often unequally represented in research. [22]. This also applies to the category of spirituality/religiosity, which is the primary interest of this article. Reviewing different models of quality of life (among them: subjective feeling of quality of life A. Campbell [23]; multidimensional discrepancies A.C. Michalos [24]; dominant spheres of human life considered, subjectively, as important J.C. Flanagan [25]; objective and subjective dimensions of quality of life A. Lawton [26]; subjective and

objective components of quality of life R.E. Lane [27,28]; or more generally: models containing objective indicators that include the following determinants of quality of life: social health models measured by indicators of social networks, social support, integration in the local community, models of social cohesion and social capital [29] it can be observed that those in which spirituality/religiosity are displayed as one of the leading components of the quality of life, are few. It can be found in the conceptual model of life by John Bond [10], who mentions factors determining QoL along with cultural factors, which are determined by indicators such as religion, age, gender, ethnicity, and social class. Additionally, a QoL model from the Centre for Health Promotion at the University of Toronto defines QoL from three perspectives: being, belonging, and becoming. In the first of the above-mentioned perspectives, we find the category spiritual being next to physical being and psychological being [30]. Omission of such a crucial indicator as spirituality/religiosity, and including it or treating it as a category of mental health, psychological and emotional well-being, is in some sense a neglect – from the perspective of the subject which is a human being – for whose quality of life spiritual/religious sphere is tremendously important. Absence of recognition of this human sphere, from both the subjective and objective perspectives, makes it im-

Table2. Selected studies on spirituality/religiosity in various disciplines of social sciences

Discipline	Period of life of the studied in terms of E. Erikson	Researcher / research period	The studied contexts of religiosity/spirituality
Psychology	Early adulthood (age: 18-35 years)	Glaz [35, 36, 37, 38, 39, 40, 41, 42]	<p>Religious experiences, religiosity, religion:</p> <ul style="list-style-type: none"> - gender directly and significantly affects the religious experiences of god's presence and indirectly of god's absence; instrumental and final values have a direct impact on the religious experience of god's presence and absence; instrumental values of moral character have a greater impact on the religious experience of god's presence or absence, than competence ones; final values of personal character have a greater effect on religious experience of god's presence or absence, than social ones; - stronger influence on the religious experience of god's presence in the group of women has openness, and in the group of men – conscientiousness; for experience of absence of god for women – purpose in life, for men – the sense of meaning of life; in a group of adolescents satisfied with themselves a stronger influence on the religious experience of the presence of god has the sense of meaning in life and in the group of those dissatisfied with themselves – fear of superficiality. When it comes to experience of god's absence the first group shows openness, the second conscientiousness; openness has greater influence on the religious experience of god's presence in the group of people with high motivation to seek the meaning and purpose of life, in the group with poor motivation – the physical sphere. The religious experience of god's absence in the first group is strongly influenced by a fear of emptiness and meaninglessness, and in the second group – a fear of death; final values of social character have stronger influence on religious experience of god's presence in the first group, and final values of personal character have stronger influence in the second; among those satisfied with themselves instrumental values of competence character have a lesser impact on religious experience of god's presence, and among those dissatisfied with themselves – instrumental values of moral character do; - religiosity generates following positive emotions: joy, happiness, sense of inner satisfaction; religious experiences intensify the religious life of people and form positive references/connotations to one's self and thus improve insight into one's own problems and aspirations. - individual and communal religious experiences determine individual's well-being.
		Rydz [43]	<p>The content aspect of religiosity. Structural and functional changes, as well as the dynamics and processes that young adult's religiosity is subjected to:</p> <ul style="list-style-type: none"> - young adults focus on the fundamental aspects of religiosity; women more often than men become aware of the social aspect of the formation of religiosity, of its interpersonal transmission; the young intensely search for the direction of development of their religiousness; the sense of religious beauty in contact with religious content evokes existential reflections; religion matters in the sense of changing life, changing the preference system, planning life; with age the awareness of the participation of communities genuinely living in faith increases in the development of personal morality – god, apart from religious truths and principles/rules, is a transcendent source of religious morality.
		Pysik, Bokszczanin [44]	<p>The degree of religiosity and sense of life, feeling of stress and the use of a specified style of coping with it:</p> <ul style="list-style-type: none"> - the more religious youth (students) feel a higher degree of meaning of life than those less religious; people with higher sense of the meaning of life experience lower levels of stress
	Early and middle adulthood (age: 18-35 years and 35-55(65) years)	Paluch, Bokszczanin [45]	<p>Attitudes towards suicide and religiosity and stress:</p> <ul style="list-style-type: none"> - the attitude of young people towards suicide is more conservative the more religious they are; religiosity is most strongly linked to the attitude on suicide
		Krok [22]	<p>Relations between religiosity, quality of life and following factors: social, belief, individual.</p>
		Middle adulthood (age: 35-55(65) years)	Jaworski [46, 47, 48, 49]
Jarosz [50]	<p>Social "I" and the type of relationship with god:</p> <ul style="list-style-type: none"> - mature types of relation to god indicate strong connections with types of orientations in social behaviours (among them: lack of suspicion and hostility, close relations with people, providing support) 		

Psychology	Late adulthood (age: 55(65) years and over)	Stecler [51]	Religion and the quality of life, satisfaction with life: - religion has a beneficial effect on health (lower incidence of, for example, heart disease, lung disease) and perceived level of the quality of life; lower rate of suicide	
		Zych, Bartel [52]	Religiosity as an aspect of the life situation of the elderly: - with age religiosity strengthens and intensifies	
		Brudek, Steuden [53]	Religious correlatives of satisfaction with marriage: - the more important role of the religious system of meanings, the higher the level of personal religiosity, the greater the satisfaction with marriage	
Sociology	Early adulthood (age: 18-35 years)	Dyczewski [54]	The importance of religiosity of youth for building ideas about marriage and family: - religiosity of young people determines the ideas on marriage and family; religious youth assesses their parent's relationship higher, religious orientation determines the way of thinking about marriage and family.	
		Sroczyńska [55]	Religiosity of teachers: - religiosity strengthens with age; religiosity correlates with gender (women are more religious) and environmental background (people with rural roots are more religious), education (the higher the education the less religious the person); attitude towards religion depends on the scientific speciality.	
	Late adulthood (age: 55(65) years and over)	Libiszowska-Żółtkowska [56]	Religiosity – atheisation of academic professors: - the respondents mostly express two attitudes: deep faith and anti-theism	
		Borowik [31]	Religious involvement/engagement: - increases with age, characterized by ritualism	
		Borowik, Doktor [57]	Religiosity: - women declare themselves as more religious than men (non-religious or religious is small degree); declarations of religiosity increase after the end of professional activity; older people rarely declare their faith in an impersonal god; women aged 70 and over are twice as often participating in masses and practices (participation is positively correlated with age).	
		Pędich [58]	Religiosity conditioned by socio-demographic factors: - less educated people living in rural areas display religiosity through ceremonial practice	
		Borowik [59]	Religious practices: - compensating character (a substitute for declining, with age, social contacts; increase of involvement in community activities)	
		Woźniak [60, 61]	Religious involvement and health: - involvement affects health: reduces stress, enables positive adaptation to old age	
		Early, middle and late adulthood (age: 18-35 years, 35-55(65) years and 55(65) years and over)	Boryszewski [62]	Religiosity/spirituality of Christians of different churches: - elderly rarely exhibit future-transcendent orientations (visible it religious practices and religiosity) which is a stark contradiction to the common impression of this group
			Pedagogy	Early adulthood (age: 18-35 years)
Wysocka [66, 67, 68]	Types of religious positions/attitudes, the social scope of religiosity, religiosity and tolerance, functions of religion: - the type of religiosity determines the direction (type) of attitude towards diversity and the way of assessing its phenomena, although only in the sphere of morality and contrasting views - the dynamics of religious attitudes reflect the tendency of departing from religion. The method of defining religiosity indicates the superficiality of its understanding which confirms the lack of reflexivity of youth in this area (understanding religiosity through the prism of practices, lack of spiritual elements and spiritual identity of religion). Departure from religion is associated with a more and more frequent approach to building realistic vision of one-self and the world.			
Surzykiewicz [69]	Religiosity and spirituality and the choice of profession			

Pedagogy	Late adulthood (age: 55(65) years and over)	Halicka, Halicki [70]	Religiosity: - with age religiosity deepens, especially among women (external aspect for example rituals – yes, but meagre involvement in charity groups, internal aspect e.g. religious reflection is missing)
		Celary [71]	Spiritual aspect of religion: - god as the source of support and comfort for the elderly
		Pikuła [72, 6]	Religiosity and human needs: - religion as a source of sense of meaning of life in the old age
		Łukasik, Pikuła Jagielska [73, 74]	Spiritual needs: - religion and its spiritual aspect are the foundation for sense of meaning of life, of understanding one's own life and achievements, of understanding suffering or that which awaits after death
		Jagielska [7]	Religiosity and the quality of life: - religious approach helps in the process of adaptation to the old age, correlates with physical health and contributes to the sense of usefulness and activeness

Source: own elaboration based on research conducted by the authors cited in the table.

possible to fully and reliably understand the quality of human life. Lack of separation (in quality of life studies) of an aspect pertaining to spirituality/religiosity gives us an incomplete picture of the quality of one's life.

Spirituality/religiosity in the study of social sciences

Spirituality/religiosity is not a leading category in social studies. This applies not only to the study of QoL with regard to age and developmental phases, but also to human functioning, sense of life, and other related areas. In a literature review on the subject, this category is mostly considered from the sociological, psychological, theological, and pedagogical perspectives.

Religiosity is often combined with spirituality. Spirituality is, in this approach, one of the aspects of religiosity and is understood as a transcendent connection with a deity. In the sociology of religion, religiosity is most broadly described as “a variety of contents and forms of the manifestation of the basic subjective belief, that the meaning of human life is not exhausted in its biological existence” [31]. Religiosity is always considered as “someone's”, since it is a subjective dimension of the functioning of religion in a community or an individual, and is understood as relationship to religion which is characteristic for a particular individual, social group, or time interval [31]. Regarding the contents of religiosity, according to Irena Borowik, they are acquired through individual search and culturally inherited beliefs about the nature of the world, man, purpose, destiny, and moral norms, etc. Forms, on the other hand, are the actions conditioned by accepted convictions expressed in the possession and manifestation of attachment to symbols, as well as in the exercise of worship and of belonging to a community [31]. Religiosity in the context of form can be viewed through the prism of five dimensions: ritual, ideological, experiential, intellectual, and consequential (practical application of faith, knowledge, practices, and experiences in relation to another human being, and thus to God) [31]. Spirituality/religiosity, according to Janusz Mariański [32], is always located in a specific socio-cultural context. As noted

by Peter Berger [33] in past eras, religion and faith gave people hope of being under divine providence. Religion, religiosity, faith, and piety gave them a sense of security, while organized understanding of experiences gave them meaning (of fate that befalls man) and strength (faith, hope, meaning – providence) to overcome that which is difficult, unpredictable, unfamiliar, new, or marked with suffering. Religion and faith spread a protective “coat” over man, thanks to which he felt safe and believed that he would overcome all hardships. At present, as Irena Borowik emphasises [34], religiosity and faith rather come down to rituals and external deeds (shallow religiosity without comprehension or insight, for show), and so are less based on reflection, trust in God, or entrusting God (divine providence). It becomes “something just in case” should it turn out that reason, medicine, and technology cannot help one to face life's struggles.

Taking into account the outlined contexts of understanding spirituality/religiosity, it is important from research perspective to know: (1) to what extent research on spirituality/religiosity is conducted in social sciences, and (2) to what extent do they relate to the QoL or indicators defining it. In order to answer these questions, we performed a literature review of studies conducted by Polish researchers since the late 1980s (after Transformation [Transformation in Poland: a period of political, social, cultural, and economic changes that began after the “Round Table” negotiations, resulting in rejection of USSR totalitarian system, emancipation from communism, shift towards a market economy, and shaping a new democratic system]) in the field of social sciences. An analysis of the research content is presented in Table 2. Due to the limited scope of this article, only the most important research in the following disciplines are presented: psychology, sociology, pedagogy. The results of our research are presented in relation to the period of development of the studied persons using Erik Erikson's terminology. (This developmental concept was chosen because QoL, in particular stages of development, is dependent upon specific factors that are characteristic to it. The spiritual dimension is that which leads to: a complete feeling of the quality of life, giving life a defined shape that determines the quality in particular spheres of functioning in a given period of life).

Spirituality/religiosity is a subject of research interest in various disciplines of social sciences. It is most often perceived through the prism of needs, attitudes, behaviours, religious experiences, characteristic rituals, and the meanings they hold for individuals in various stages of development. Sporadically however in the context of the quality of life (whether in holistic approach or only spiritual/religious one). The specifics of research in particular disciplines, conditioned mainly by the subject of scientific interests, are worth emphasising. Psychologists most often study spirituality/religiosity in the context of QoL, meaning of life, sense and value for the development of emotional and spiritual spheres, or a better understanding of one's own life during the process of building and redefining identity. Psychological research in this category (regardless of the age of the respondents) confirms that religious people with extensive internal spiritual lives are better at dealing with difficult situations, have lower propensity towards self-destructive activities, and feel greater satisfaction and contentment with life (including marital life). In sociological research, the main factor determining its essence is the importance of spirituality/religiosity for the development of society. Sociologists reveal the important processes and phenomena manifested in specific rituals, rites, attitudes, and behaviours resulting from one's knowledge and level of awareness. Greater knowledge and understanding of religious practices leads to a higher level of religious development in a society and to a better quality of social functioning. Regarding research on spirituality/religiosity in pedagogy, these categories are particularly important for the life-long processes of education and shaping attitudes towards oneself, the world, and others (tolerance, acceptance). This category is especially crucial for education from the perspective of coping with developmental crises. In the process of education, for which one's spiritual dimension is exceptionally relevant, a human being is prepared to understand the crisis and to take actions to overcome/counteract it and to develop. Taking into consideration age, it is noteworthy that spirituality/religiosity is least studied among people in the middle-adulthood phase of life and is most studied among those in late adulthood. This is likely due to the fact that old age is often associated with religiosity since individuals in this stage of life need to "get one's affairs in order", the desire to organise it, and to determine their past successes and failures. Furthermore, the awareness of impending death (waning life) makes an individual more reflective (stronger aspect of inner, spiritual life; pursuit of transcendence).

Summary

The review of research on spirituality/religiosity, one of the aspects of QoL, presented in the article allows to state that the category itself, more often narrowed to religiosity, is the subject of interest of many researchers of various disciplines in the field of social sciences. However, only a small number of these researchers conduct studies from the perspective of quality of human life. Similarly, the analysis of research on the QoL shows that the aspect of spirituality/religiosity alone is rarely undertaken, and even when happens it is narrowed down to: religion, rite, ritual and seldom to the transcendent dimension of religiosity (spirituality). Therefore, there is a need to explore the issues of human spirituali-

ty/religiosity from the perspective of QoL, as this aspect forms the foundation of an integral approach to human as a being. It is this aspect that determines QoL in the physical sphere, good health, general well-being, interpersonal relations, self-acceptance, life satisfaction, and life fulfilment.

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