Deification of Suffering in Religiously Observant College Students:
Assessing the Differences in Symptomology for Orthodox versus Non-Orthodox Jews

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“A religious man is a person who holds God and man in one thought at one time, at all times”

- Abraham Joshua Heschel
Abstract

In the past decade, much research has been done in an effort to understand the relationship between religion and spirituality and mental health. The vast majority of research shows a positive correlation between mental health and religion and spirituality. Furthermore, religiosity and spirituality have been linked to decreased levels of anxiety and depression, as well as increased levels of happiness and life satisfaction. The present study aims to assess the deification of suffering, as understood through positive and negative religious coping among religiously highly observant and less observant college students (Orthodox versus non-Orthodox Jews). The results show differential associations between religious coping and symptomology of depression, anxiety, and stress by level of observance, with Orthodox Jews being more likely to intertwine religious coping (positive and negative) into symptomology. The current study offers preliminary evidence suggesting merit to future research on deification of suffering among observant Orthodox Jews as well as potentially observant members of other faith traditions.

Keywords: Judaism, College, Religion, Spirituality, Pathology, Anxiety, Depression, Stress
Deification of Suffering in Religiously Observant College Students:

Assessing the Differences in Symptomology for Orthodox versus Non-Orthodox Jews

In the past decade, much research has been done in an effort to understand the relationship between spirituality and mental health (Rosmarin, Pargament, & Flannelly, 2009). The vast majority of this research shows a positive correlation between mental health and religion/spirituality (Koenig, McCullough, & Larson, 2001), with a meta-analysis showing a moderate association over 147 studies (Smithe et al, 2003). Religiosity and spirituality also have been connected to decreased levels of anxiety (Koenig, Ford, George, Blazer, & Meador, 1993) and increased levels of happiness, life satisfaction, and well-being (Ellison, 1991; Koenig et al., 2001).

While the research suggests that religiosity and spirituality lead to an overall increase in quality of life, another body of research suggests that within the deification daily living, spiritual struggle leads to a decrease in physical and mental health (Magyar, Pargament, & Mahoney, 2000). Spiritual struggle can be understood as an “effort to conserve or transform a spirituality that has been threatened or harmed” (Pargament, Murray-Swank, Magyar, & Ano, 2005, p. 247), and can be classified into three categories: interpersonal, intrapersonal, and divine (Pargament, et al., 2005). Interpersonal struggles involve conflicts with other people regarding religious and spiritual matters; intrapersonal spiritual struggles involve struggles with oneself regarding religion and spirituality; and divine spiritual struggles involve tension with one’s relationship with God (Rosmarin et al., 2009). It is important to understand that all three types of struggles are in conflict with an individual’s desired or expected spiritual state. Therefore, on a psychological level, spiritual struggle can be connected to a decrease in mental health.
One area of spiritual struggle to attract substantial research interest is negative religious coping (Pargament et al., 1998), a phenomenon in which individuals view the deity as harsh, punitive, or disapproving. Negative religious coping expresses a tenuous relationship with God, a threatening view of the world, and a struggle to find meaning (Bjorck & Thurman, 2007). Negative religious coping behaviors are manifested as “punitive religious appraisals, demonic religious reappraisals, (negative) reappraisals of God's power, spiritual discontent, self-directing religious coping, and interpersonal religious discontent” (Pargament et al., 1998, p. 712). Negative religious coping has been correlated to negative health and psychological functioning (Koenig, Pargament, & Nielson, 1998).

In contrast, positive religious coping expresses spirituality, fulfillment and life satisfaction, positive and secure relationship with God, and spiritual connectedness. This type of religious foundation is expressed in coping techniques such as “benevolent religious reappraisals, collaborative religious coping, seeking spiritual support, spiritual connection, religious purification, seeking help from clergy or church members, religious helping, and religious forgiving” (Pargament et al., 1998, p. 712). Positive religious coping mechanisms are found to be employed more than those of negative religious coping, particularly in stressful life situations (Pargament et al., 1998).

More devout adherents to all faiths have overall been shown to have higher levels of both positive and negative religious coping (Pargament 1997) around negative life events and related suffering, which constitutes a deification of suffering (Hood et al, 1996). Hood emphasizes that for highly religiously observant a theistic relationship informs a worldview, to include positive and negative, daily and exceptional life events. While religion has typically been proven to act as a stress buffer (Koenig 1998, Koenig 2012 for a review), Pargament (1997) argues that religious
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Coping methods mediate one’s religious orientation and the way in which one may deal with major life events.

Although level of observance and deification of suffering, as well as its stress buffering effects, seem to be consistent across different Christian denominations (Koenig et al., 2001), as well as Muslim and Hindu populations (Tarakeshwar, Pargament, & Mahoney, 2003; Abu Raiya, Pargament, Mahoney, & Stein, 2008), with regards to the Jewish population it is not as clear-cut (Rosmarin et al., 2009). While the positive relationship between religion and well-being has been observed among Reform and Conservative Jews, among Orthodox Jews, research suggests that higher levels of spiritual struggle are associated with increased mental health (Rosmarin et al., 2009). The apparent disparity in spiritual struggle between religious groups suggests that a distinction must be made with clinical implications for populations with different religious observances.

**Spiritual Struggle and Development**

The aforementioned studies have examined individuals with a mean age of midlife (approximately 40-50 years of age), with subjects ranging in age from 17-96. This nondiscriminatory age range fails to address implications of spiritual struggle at different developmental stages. The college years are a particularly interesting developmental stage to examine with regard to spiritual struggle, as it is a unique “prolonged period of active engagement with, and exploration of, competing roles and ideologies…[including] anything that challenges people to examine what they believe and why” (Holcomb & Nonneman, 2004, p. 100). In the college-aged population, research on religion and spirituality suggests that religion is generally a source of comfort rather than strain or conflict, but spiritual struggle, which affects approximately one fifth of college students (Bryant & Astin, 2008), was found to be associated
with greater levels of depression (Exline, Yali, & Sanderson, 2000; Jansen, Motley, & Hovey, 2009). It is clear that spiritual struggle affects a sizeable portion of college students and is associated with a decrease in mental health, which should be of concern to mental health professionals dealing with college students, as well as college administrators. It would be during the college years, then, that positive and negative religious coping might substantially inform the experience of questioning, search, and related depression and anxiety, as they are a period of major life changes.

While the data on religiosity and spirituality in the college sample is supported in the literature, it fails to address the important distinction that must be made between individuals across religions, as it is focused either on religion in general (Bryan & Astin, 2008) or exclusively on the Christian sample (Exline et al., 2000). Moreover, the literature presents no data on research across different levels of observance or sub-denominations within religious faiths (i.e. Orthodox versus non-Orthodox Jews) in a college sample. It would seem plausible, then, that among Orthodox Jews, for whom positive and negative religious coping are foundational to daily understanding of lived experience, religious coping also informs the experience and views of suffering.

Based on the available research, we entertained two research hypotheses. Firstly, we predicted, as similarly hypothesized by Rosmarin et al. (2009), that under the Universal Effects Model, spiritual struggle amongst Orthodox and non-Orthodox Jewish College students would follow the same pattern as it does in other religious groups (the same way in which this construct works with Christianity, Islam, and Hinduism). This means we predicted that greater levels of spiritual struggle will lead to decreased levels of mental health for both Orthodox and non-Orthodox Jewish college students. Second, we hypothesized that the nature of depression and
anxiety would be understood as spiritual struggle in Orthodox versus non-Orthodox Jewish college students. Symptoms of depression, anxiety and stress, as markers of suffering, will be more bound by theistic understanding in the Orthodox sample than in the non-Orthodox sample.

In sum, we conducted an exploratory pilot study in which we hypothesized that (1) under the Universal Effects Model spiritual struggle would lead to a marked decrease in mental health for all groups. Additionally, we hypothesized that (2) the nature of this decrease in mental health would be linked to spiritual struggle in the Orthodox sample. The second hypothesis expected that suffering for the Orthodox sample would have more religious theistic significance.

**Method**

**Participants**

To conduct an exploratory study on spiritual struggle and mental health, we surveyed only students who self-identified as Jewish. The sample was comprised of 37 undergraduate students at Columbia University ranging from 19 to 23 years, with a mean age of 21 years ($SD = 1.05$). Female subjects comprised 70.30% of the sample. All of the subjects were enrolled in a 4-year undergraduate bachelor’s degree program at one of the four undergraduate schools of Columbia University. Of the 37 subjects, 21 self-identified as Orthodox (56.80%) and 16 identified as non-Orthodox (43.20%). Additionally, 20 (54.10%) of the subjects spent a year between high school and college in Israel, 19 (95%) of whom attended a seminary or yeshiva. A complete breakdown of the demographics of the sample can be seen in Table 1.

**Procedure**

Participants were solicited through flyers and word of mouth on the Columbia University undergraduate campus and were asked to come to a classroom on the Teachers College of Columbia University campus in order to participate in the study. Participants were then asked to
complete surveys and scales by hand, which assessed general demographics, anxiety, depression, stress, religiosity and spirituality, religious coping, happiness, and guilt. All surveys were completed anonymously in a university classroom on the Columbia campus.

**Measures**

Religious identification and background were assessed through the general demographics section. Questions regarding participants’ educational and religious backgrounds were included in order to understand participants’ present religious identification, as well as their Jewish background.

In order to assess positive and negative religious coping, participants filled out the Brief Jewish RCOPE (Rosmarin, Pargament, Krumrei, & Flannelly, 2009). This 16-item scale includes two subscales assessing positive and negative religious coping, respectively. Positive items (i.e. “I try to see how God may be trying to teach me something”) include benevolent religious reappraisals, collaborative religious coping, seeking spiritual support, spiritual connection, seeking assistance from clergy members, religious helping, and religious forgiveness. Negative items (i.e. “I get mad at God”) include punitive religious reappraisals, spiritual discontent, and reappraisal of one’s relationship with God. Items were scored on a 5-point scale (1 = never, 5 = always).

Mental health was assessed using the DASS-21, a quantitative measure of distress along the 3 axes of depression, anxiety, and stress (Antony, Bieling, Cox, Enns, & Swinson, 1998). Participants were asked to report their symptoms over the past two weeks.

See table 1 for all study variables by Orthodox versus non-Orthodox. Additionally, see Appendix A for complete survey and scale questions.

**Data Analysis**
All data analysis was completed via SPSS. To address the first hypothesis (spiritual struggle would lead to a marked decrease in mental health for all groups) and the second hypothesis (the nature of this decrease in mental health would be linked to spiritual struggle in the Orthodox sample), first the data was stratified by level of religious observance (Orthodox versus non-Orthodox), and then Pearson correlations were run between measures of religious coping (positive and negative religious coping) and symptomology (depression, anxiety, stress). The correlation matrix of symptoms and religious coping were then put to factor analysis to identify latent constructs underlying the associations between scores on symptomology (DASS-21: anxiety, depression, stress) and religious coping (JCOPE: positive religious coping, negative religious coping) were factor analyzed. Factors with an eigenvalue greater than 1 were interpreted.

**Results**

The findings of this pilot study only partially confirm our a priori hypotheses but generated new hypotheses for future research. Overall we had predicted that in a college sample, those who identified as Orthodox would have lower levels of anxiety, depression, and stress in comparison with their non-Orthodox counterparts. Orthodox subjects’ anxiety scores were significantly lower versus non-Orthodox college students on the anxiety measure ($t(35) = 2.27, p < .05$). Whereas Orthodox students had an average score of 2.67 ($SD = 2.83$), non-Orthodox students’ average score was 5.38 ($SD = 4.11$). Among the other mental health measures (depression and stress) sub scores, there was no statistically significant difference between Orthodox and non-Orthodox subjects.

Table 2 and Table 3 show Pearson correlations between symptoms and religious coping. Neither hypothesis 1 nor hypothesis 2 were supported by the findings, as there were no
statistically significant correlations to report associated with hypothesis 1 or 2. As predicted, anxiety and stress were positively correlated for both groups (Orthodox: $r(19)=.656, p < .01$; non-Orthodox: $r(14)=.805, p < .01$).

**Factor Analysis**

Table 4 shows the factor loadings and eigenvalues by level of religious observance (orthodox versus non-orthodox) over the five study measures of mental health (symptoms of anxiety, depression and stress) and religious coping (positive religious coping, and negative religious coping). Overall exploratory factor analysis generated two oblique factors among Orthodox students, in comparison with a three-factors for non-Orthodox students.

The factor structure of the Orthodox sample shows that mental health measures are inextricably linked to religious coping. Factor 1 shows that for 44% of the variance, anxiety and stress are inextricably intertwined with both positive and negative religious coping. For factor 2, representing 29% of the variance, depression was inversely associated with positive coping.

The factor structure of the non-Orthodox sample presented a 3-factor structure. Factor 1 illustrates that for 43% of the variance, mental health was not associated with religious coping. Factor 2, representing 24% of the variance, shows an inverse relationship between anxiety and religious coping. Furthermore, for 23% of the variance of the non-Orthodox sample, positive religious coping is inversely associated with depression.

**Discussion**

The present study provides partial support of the a priori hypotheses and offers exploratory hypotheses for future research on spiritual struggle within the deification of suffering among the highly religiously observant.
The Universal Effects Model, which proposes that spiritual struggles are associated with decreases levels of mental health (Rosmarin et al., 2009), is supported by the similarity of the structures of factor 2 in the Orthodox sample and factor 3 in the non-Orthodox sample. In both cases, there is an inverse relationship between positive coping and depression. In both samples, they explain about 23% of the variance. This speaks directly to the hypothesis that there is an inverse relationship between depression and positive religious coping. This data confirms hypothesis number 1. For both groups, there is an inverse association between depression and positive religion coping.

The second hypothesis, proposed an association between deification of suffering and overall mental health. We hypothesized that for the Orthodox sample, mental health would be linked to spiritual struggle. Our prediction was confirmed by the differential structures of factor 1 for both samples. In factor 1 for the Orthodox sample, mental health measures (anxiety and stress) were associated with both positive and negative religious coping. Yet, in the non-Orthodox sample there appears to be evidence for the experience of symptoms without religious coping (positive or negative). This is supported by factor 1 of the non-Orthodox sample. A factor structure of suffering without religious content is only found in the non-Orthodox. There exists a different relationship between the experience of suffering and the relationship with the creator by level of observance, as well as a differential understanding of suffering based on level of observance.

Beyond this shared umbrella of the Universal Effects Model, this exploratory study suggests that there may be a different relationship and understanding of suffering between the Orthodox and non-Orthodox. Among the non-Orthodox, factor 1 explains suffering with no religious coping. Among the Orthodox subjects, we found a strong connection between positive
and negative religious coping. This daily struggle and personal relationship with the divine, both positive and negative, appears to be linked to one’s suffering. This suggests a unified view that God or some understanding of a divine being is intertwined with life experience. That said, factor 2 in the non-Orthodox shows that some lived connection with the creator is associated with less anxiety. There is an inverse association between anxiety and some salient religious coping (both positive and negative). This may be due to a threshold effect among a less observant culture; simply the presence of religious coping is protective against anxiety.

For the religiously observant in this study, understanding of religion and spirituality may be a more comprehensive way of living versus being a separate focus and factor in one’s life is clear in this particular sample. A deification of both daily living and extraordinary events has been associated with high religious observance in samples of Christians, yet this exploratory study is the first to examine a sample of Jewish College students to the best of our knowledge.

**Limitations and Future Research**

This study provided an exploratory analysis of the relationship between religion and spirituality and mental health in a Jewish college-age sample, as well as more specifically the symptomology and pathology with regard to religious coping. Due to these limitations, we view these results as preliminary and exploratory. A factor analysis’ stability with a sample of 37 subjects is rather speculative until a more stable correlation matrix is obtained. We hope to conduct confirmatory factor analysis, and we predict that future research on a larger sample will provide a confirmatory factor analysis.

Additionally, the study is limited by the exclusive reliance on self-report methods and its failure to address the specific aspects of positive and negative religious coping that are employed by Orthodox versus non-Orthodox subjects. Future studies could address these limitations by
using different types of measures to assess religiosity and spirituality. It is our hope that these findings can be replicated in a larger sample.

Naturally the findings are cross section in design and cannot be interpreted to suggest causality of protective benefit of religious coping. Depressed students may be more likely to think that all relationships, including that with the Divine, are punishing. In order to assess the hypothesis of comprehensive religious practice providing protective effects against anxiety and stress, it is suggested that this study be repeated across different religions. By doing this, we will be able to evaluate whether or not this is unique to Judaism or if this is also the experience of non-Jewish college students as well.

Despite these limitations, this study is the first to examine religious observance in Jews as predictive of the deification of suffering and its association with overall level of mental health. The exploratory findings suggest that the religious meaning of symptomology of anxiety and stress is differential for Orthodox Jews and non-Orthodox Jews, and that this potential differences in the deification of suffering and deserves further exploration. Were findings to be confirmed by follow up longitudinal study on a large sample, the deification of suffering carries clinical implications as well as relevance to current cultural events.
References


Table 1

*Study Variables by Orthodox versus Non-Orthodox (N=37)*

<table>
<thead>
<tr>
<th></th>
<th>Orthodox (N=21)</th>
<th>Non-Orthodox (N=16)</th>
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<td>21.313 0.946</td>
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<td>Gender (Female)</td>
<td>15 (71.40%)</td>
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<td>4 (25%)</td>
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<td>Attended Seminary or Yeshiva</td>
<td>16 (76.20%)</td>
<td>3 (18.80%)</td>
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<td>2.625 3.704 0.721</td>
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<td>7.750 4.946 0.113</td>
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*Note.* Frequencies and proportion of sample size are presented for gender and the first three Jewish Observance measures; Mean and standard deviation are presented for all other variables.

*Scale Key:*

- *Jewish RCOPE: Positive Coping, 12 Items, Range: 0-60*
- *Jewish RCOPE: Negative Coping, 4 Items, Range: 0-20*
- *DASS-21: Anxiety, 7 Items, Range: 0-28*
- *DASS-21: Depression, 7 Items, Range: 0-28*
- *DASS-21: Stress, 7 Items, Range: 0-28*
Table 2

Correlations of all Study Variables for Orthodox Subjects (N=21)

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<th>Age in Years</th>
<th>Gender</th>
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<th>Attendance at Seminary or Yeshiva</th>
<th>Frequency of Observance</th>
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<td>.607**</td>
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**p < 0.01
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### Table 3

**Correlations of all Study Variables for non-Orthodox Subjects (N=16)**

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**p < 0.01
*p < 0.05**
Table 4

*Factor Loadings of Study Variables by Orthodox and Non-Orthodox*

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Appendix A

1. General Demographics:

1. ID Number: ____________
2. Age: __________________
3. School: ________________
4. Year in School: __________
5. What is your current religious affiliation?
   a. Hassidic
   b. Chabad/Lubavitch
   c. Yeshiva Orthodox
   d. Modern Orthodox
   e. Conservative
   f. Reform
   g. Reconstructionist
   h. Jewish Renewal
   i. Humanistic
   j. Sephardic-Religious
   k. Sephardic-Traditional
   l. Sephardic-Secular
   m. Sephardic-Other
   n. Other (Jewish) __________
   o. Not Jewish
6. Did you attend Jewish day school? [ Y / N ]
   If YES: Where?
7. Did you spend a year in Israel between high school and college? [ Y / N ]
   If YES: How long?
   Were you attending seminary or Yeshiva while there?
   If YES: Where?
   If NO: What did you spend your time doing?
8. Do you currently attend or participate in any organized Jewish outreach programs?
   If YES: Where?
   How often?
9. Have you been diagnosed with a personality disorder, mania, or an eating disorder? [Y/N]
10. Have you been diagnosed with having anxiety, depression, or an addiction? [Y/N]
    If YES, was the diagnosis made:
    During your time in Israel? [Y / N]
    During your time in college? [Y / N]

2. Depression Anxiety Stress Scale (21)

Please answer the following questions with these options: [Did not apply to me at all (0), Applied to me to some degree, or some of the time (1), Applied to me to a considerable degree, or a good part of time (2), Applied to me very much, or most of the time (3)]

1. I found it hard to wind down
2. I was aware of dryness of my mouth
3. I couldn't seem to experience any positive feeling at all
4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)
5. I found it difficult to work up the initiative to do things
6. I tended to over-react to situations
7. I experienced trembling (e.g., in the hands)
8. I felt that I was using a lot of nervous energy
9. I was worried about situations in which I might panic and make a fool of myself
10. I felt that I had nothing to look forward to
11. I found myself getting agitated
12. I found it difficult to relax
13. I felt down-hearted and blue
14. I was intolerant of anything that kept me from getting on with what I was doing
15. I felt I was close to panic
16. I was unable to become enthusiastic about anything
17. I felt I wasn't worth much as a person
18. I felt that I was rather touchy
19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)
20. I felt scared without any good reason
21. I felt that life was meaningless

3. Brief Jewish RCOPE


This questionnaire asks about different ways in which you might rely on religion to deal with stress. Choose the answer that best describes how often you do the following things when you have a stressful problem.

1 – Never
2 – Hardly
3 – Ever Sometimes
4 – Most of the Time
5 – Always

WHEN I HAVE STRESSFUL PROBLEMS:

1. I ask G-d to forgive me for things I did wrong.
2. I get mad at G-d.
3. I try to be an inspiration to others.
4. I try to see how G-d may be trying to teach me something.
5. I think about what Judaism has to say about how to handle the problem.
6. I do the best I can and know the rest is G-d's will.
7. I look forward to Shabbat.
8. I talk to my rabbi.
9. I look for a stronger connection with G-d.
10. I question whether G-d can really do anything.
11. I pray for the well-being of others.
12. I pray for G-d's love and care.
13. I wonder if G-d cares about me
15. I try to remember that my life is part of a larger spiritual force.
16. I question my religious beliefs, faith and practices.

Positive Subscale Items: 1, 3, 4, 5, 6, 7, 8, 9, 11, 12, 14, 15
Negative Subscale Items: 2, 10, 13, 16