ISSN 1522- 5668

Journal of Religion & Society

The Kripke Center Volume 19 (2017)

Does Faith Make You Healthy and Happy?

The Case of Evangelical Christians in the UK

Greg Smith, William Temple Foundation

Abstract

The science of happiness is a developing field which attempts to measure the health and emotional well-being of populations by reliable social survey techniques. One strand of research suggests that religious practice (believing and belonging) are positively associated with well-being measures. This paper assesses new evidence on the relationship between religiosity and the different dimensions of well-being (hedonic and eudaimonic). It makes direct comparisons between an opportunity sample of Evangelical Christians in the UK, and the reports of UK Office of National Statistics surveys of representative samples of the UK population. Evangelicals do show high scores on many standard indicators, with differences from the national population on eudaimonic scales that reach statistical significance. Their lifestyles are generally consistent with good health and well-being outcomes. However, when age profiles and income/social class are considered it remains to be established whether evangelical faith adds significant and measurable value to people's health and well-being, at least within this mortal life.

Keywords: religion, well-being, evangelicals, health, happiness

Introduction

Over recent years in the fields of social science, social policy, and public health the study and measurement of happiness and well-being has expanded rapidly. Numerous literature reviews on this topic have been written within the discipline of psychology (e.g., Diener et al; Dolan, Peasgood, and White; Kahneman and Krueger) and economics (e.g., Blanchflower and Oswald; Helliwell and Putnam). Such research has found its way into national policy and popular media reports. For example, the headline findings of a UK

government well-being survey as reported by the BBC suggest that "the British were happier than the French, Germans and Italians. The UK ranked 10th for life satisfaction out of 27 EU countries, according to the European Quality of Life Survey, with an average rating of 7.3 out of 10 in 2011."

More detailed analysis suggests young people (aged 16 to 19) and old people (65 to 79) reported satisfaction levels considerably higher than the UK average. In geographic terms, people living in built-up or former industrial areas, such as South Wales, the West Midlands, or London, tended to be less happy, while rural areas were the happiest. Thus, even estate agents have become attached to the happiness index as a marketing tool, ranking districts across the country by overall happiness, with Harrogate at the top and Barking and Dagenham at the bottom of their league tables (Roscoe).

The international research literature which is well documented, discussed, and theorized by the late John Atherton is vast and at times confusing and contradictory. Atherton, drawing on the work of Angus Deaton, places great emphasis on economics and argues that technological and economic advances of the past two centuries have had a direct and substantial positive impact, not only on health but on happiness and subjective well-being. Atherton locates the debate in the context of religious studies, and specifically around the role of Christianity in this area (the author gratefully acknowledges the friendship and advice of John Atherton in inspiring and framing the research study that is reported here).

A distinction can be made between the concept of happiness and that of well-being. In a multi-method empirical study of Canadian adults, Jongbloed and Andres find evidence that happiness is generally perceived as a mental condition while well-being involves several dimensions such as physical health, positive social relationships, time availability, work satisfaction, (and implicitly economic security) which are "geared together" in individual human lives. Proponents of Positive Psychology such as Boniwell point out that attempts to measure happiness as a one-dimensional concept are ill founded and concentrate on "the notion of hedonism – striving for maximization of pleasure (positive affect) and minimization of pain (negative affect)." Boniwell introduces a complementary dimension of "eudaimonic well-being," which can be traced back to Aristotle

> the originator of the concept of eudaimonia (from daimon – true nature). He deemed happiness to be a vulgar idea, stressing that not all desires are worth pursuing as, even though some of them may yield pleasure, they would not produce wellness. Daimon refers to potentialities of each person, realization of which leads to the greatest fulfilment. Efforts to live in accordance with one's daimon, the congruence between this and people's life activities, lead to the experience of eudaimonia.

This seems to resonate with the high level of personal need for self-actualization familiar to readers of Maslow and described commonly as personal spirituality. Boniwell argues that while*,* "Meaning may well be found in personal growth, yet it can also be found in serving others or in believing in God." This suggests that eudaimonic well-being may also be strongly linked to outward focused activity, such as worship of a divine other or compassion towards human others.

An early literature review by Levin suggests that "despite the inconclusiveness of empirical evidence and the controversial and epistemologically complex nature of religion as an epidemiologic construct, this area is worthy of additional investigation" (1475). Since then several researchers have sought to gather evidence that people with high religiosity score better than average on indices of health and well-being. Most scholars in the field distinguish between the impact of religious belief itself and social integration or belonging to a community of faith. Higher levels of subjective well-being may be particularly marked for those who are active participants in congregational life, which suggests the effect may be linked to social capital support effects (Putnam and Campbell; Layard; Graham). Putnam argues that the virtues and values of religion are more strongly transmitted within a community of faith because they are "morally freighted," i.e., loaded heavily with the ethical norms and narratives of the religious tradition. Baker's qualitative research has developed this into a theory of spiritual capital, which is the largely individual motivational force that drives community involvement, and religious capital, which comprises the more practical and institutional resources that enhance social well-being, within and beyond the local faith community.

Atherton (77ff.) contends that comforting beliefs, especially the hope of something beyond our mortal life (however vaguely and unorthodoxly that may be expressed theologically by ordinary Christians), generate positive emotions. Clearly, hope and a sense of purpose under the providence of God are likely to be especially conducive to eudaimonic well-being. These are then reinforced among church goers by the regular repetition of liturgical rituals such as collective hymn singing, prayer, and Eucharist, and by the everyday care and support derived from being in "real community with others, in all their awkwardness." Atherton contends that happiness and well-being, especially if measured at the level of nations over the long term, is strongly associated with economics. If it had not been for the agricultural revolution, the industrial revolution, and the medical and technological advances of modernity, few of us would be alive, thriving, or experiencing extended longevity today. All these may be taken as necessary conditions for a basic level of hedonic well-being, which, if we adopt a view involving a hierarchy of human needs (Maslow), are the foundations upon which eudaimonic well-being can be built.

Methodology

This paper assesses new empirical evidence on the relationship between religiosity and the different dimensions of well-being (hedonic and eudaimonic). It makes direct comparisons between an opportunity sample of Evangelical Christians in the UK and the reports of several different (government) Office of National Statistics (ONS) surveys of representative samples of the UK population. An attempt is made to control for demographic factors such as age structure and social class of the samples. It also explores some of the health-related behaviors that are reported by the Evangelical respondents with a view to investigating whether these may also enhance levels of well-being.

The methodology adopted by the ONS (2015b) in measuring well-being are presented in detail in a dedicated website and in Palmer and Evans. The most obvious limitation of their research and ours is that it relies on survey data and is therefore based substantially on self-report. There is no logical reason to suggest that clinical evidence of morbidity,

especially in mental health, would follow the same distribution patterns. However, intuitively it seems likely that there would be a positive correlation between clinical and self-report measurements.

The research reported here is based on survey data from the 21st Century Evangelicals research program of the Evangelical Alliance (EA) (Smith). Data was gathered from a quarterly online survey on various topics of relevance to Christians comprised of a panel of volunteers recruited through the membership and networks of the Evangelical Alliance. Around 4000 people were invited by email to complete the survey; the response rate was about 70% for the preceding wave and 30% of the total pool. Further open invitations via social media recruited a few hundred additional respondents in each wave of the survey. This is a self-selecting opportunity sample and cannot be taken as truly representative of a known and enumerated population of evangelicals. The boundaries of this term are rather ill-defined and contested, but it is focused through the organization which is widely recognized as representing the largest and broadest constituency of evangelicals in the UK. Although there is an element of churn or turnover in the panel each quarter, regular monitoring suggests a consistent demography in our sample in terms of age, gender, ethnicity, social class, places of residence and church denomination. Our health survey of around 1700 evangelical Christians carried out in summer 2015 allows us to investigate a wide range of self-reported indicators of health fitness and well-being. Some questions used were deliberately chosen to be identical with those used in ONS sample surveys.

Demographic and Socio-Economic Characteristics of the UK Evangelicals Sample

Experiences, views, and practices around health, well-being, sickness, and healing are known to vary according to demographic variables (age, gender, social class, income, education, ethno-religious identity, and place of residence). Therefore, it is best to control for these variables when looking for the influence of patterns of religious belief and belonging. Respondents to the EA health survey are predominantly of an older generation (51% were born in the 1940s or 1950s). There is good reason to believe that the age profile of the sample is reasonably consistent with the section of the church which identifies as evangelical. Compared to UK Census data for 2011, our sample over-represents people born between 1940 and 1969 (79% of the Evangelicals vs 51% for the UK) and under-represents those born later. Therefore, findings that present only overall marginal frequencies reflect that bias. To compensate for this, a weighting factor was calculated to bring the data in line with the demographic age profile of the UK population. Where comparisons and significance tests are made with external (ONS) survey data that uses representative sampling of the UK population, the age weighted data from our survey is used.

There is also a bias in the sample in terms of gender with 56.4% of our evangelical respondents being men, and the gender imbalance is most pronounced in older age. This could be unfortunate because in the church population of the UK women tend to outnumber men by a ratio of about 60 to 40, which becomes more pronounced in older age cohorts due to higher female life expectancy. However, since our comprehensive breakdowns by gender of the EA survey data yielded very few statistically significant differences on the relevant measures, and for the sake of simplicity, weighted data attempting to correct for this gender bias is not presented in this paper.

In the EA health survey no specific questions measuring social class were used. However, we have information from earlier panel surveys (Smith: 21-22) that the panel is predominantly middle to upper class. In the "Working faithfully?" survey in May 2013, 24% were higher professionals and a further 47% were intermediate professionals. In the "Do we value education?" survey in November 2012, 70% had a university degree and 41% had postgraduate qualifications. We suspect this reflects the reality of the church in the UK. In our panel, the bias is likely to be increased because we operate online and with high expected levels of literacy.

Widely replicated research findings show a clear correlation between poverty (especially in extremely unequal societies like the UK) and low levels of health and well-being. (Wilkinson and Pickett; Acheson). The relative absence of poverty among our evangelical sample could explain greater than average levels of health and well-being. Unfortunately, given the design of the questionnaire and the difficulty of finding and recruiting evangelicals who struggle with poverty for the research panel, it is impossible to rigorously test this hypothesis.

Initial Findings

How Healthy are Evangelicals?

Table 1 shows that just over 90% of self-defined evangelicals report fairly or very good health over the last 12 months, and the proportion reporting very good health increases notably when the weighting factor (to reflect the age structure of the UK population) is applied. Data for non-evangelicals (almost all Christians) show a significantly lower proportion (83.7%) reports very good or fairly good health.

Table 1. Health Over the Last 12 Months

	Evangelicals N = 1703	Percentage Unweighted	Weighted to Reflect UK Age Structure	Non-Evangelicals % (N=203) (Unweighted)
Very good	748	44.8%	47.2%	38.4%
Fairly good	758	45.4%	41.9%	45.3%
Not very good	139	8.3%	9.7%	13.3%
Not good at all	23	1.4%	1.2%	3.0%
	35	Missing	Missing	

It is possible to make some comparisons with UK Government ONS surveys. In the British Household Panel Survey: Waves 1-11, 1991-2002: out of 7409 respondents 1605 (22%) reported their health had been excellent, 3570 (48%) reported their health was good, 21% reported their health was "fair," and 9% reported their health was poor or very poor (BPHS). In the 2011 Census, 81% of the UK population described themselves as being in good or very good health, while 13% described their health as fair, and the remaining six per cent described their health as bad or very bad (ONS 2013). In the Northern Ireland Continuous Household Survey (2012-2013), a similar question answered by a sample of 3169

measured on a three-point scale produced 56% "good," 26% "fairly good," and 18% "not good." There is considerable variation in these three sets of findings. Precise comparisons between studies is not possible because of the variation of question wording and answer categories. However, it does seem clear from the data that self-reported perceptions of recent health as fairly good or better are at least 10% points higher among relatively elderly respondents who identify as evangelical Christians when compared to the general adult population of the UK.

Physical Fitness

An additional indicator of health and well-being included in the survey is self-reported physical fitness. Evangelical respondents for the most part have a positive evaluation of their fitness levels with 55% rating it as good or very good compared to 47% of non-evangelicals for the average for their age. For evangelical men, the figure is 60% compared with a significantly lower level of 50% for evangelical women. This raises questions as to whether lower rate among females could reflect more anxiety about the body in general or less active lifestyles.

Emotional Well-Being

We can now move on to discuss some well-tested measures of life satisfaction and happiness where we have directly comparable data from evangelicals and a large nationally representative sample of the adult population.

Table 2. Quality of Life in Relation to Psychological or Emotional Well-Being

	Evangelicals (N=1670)	Weighted for Age	Non-Evangelicals (N=203)	ONS Survey (N=296)
Very Good	44%	40%	33%	35%
Good	40%	43%	36.5%	41%
All Right	13%	13%	25%	23%
Bad	3%	4%	5%	1%
Very Bad	0.3%	0%	1.0%	0%

The first measure of emotional well-being is based on a question from the Opinions Survey, Quality of Life Module, December 2007 and January 2008 (ONS 2011) replicated in our survey (Table 2). In terms of self-rating of emotional well-being, over 82% of evangelicals (weighted for age) consider themselves to be in a good or very good situation. This is significantly higher ($P<0.001$ on Chi square) than for the non-evangelicals and for the relatively small sample of the general population who were asked this same question by ONS.

How Happy? Four Key Measures of Personal Well-Being

The ONS has, after testing many questions, identified four key measures of self-reported personal well-being, which are now often used as standard survey questions. The

rationale behind the selection of these questions draws on academic debate about the most appropriate reference period for affect measures documented in (OECD: 74). These are

1. How satisfied are you with your life these days?
2. To what extent do you feel that the things you do in your life are worthwhile?
3. How happy did you feel yesterday?
4. How anxious did you feel yesterday?

Questions 1 and 3 can be interpreted as testing hedonic well-being and 2 as testing eudaimonic well-being. Question 4, a scale with a negative relationship, is perhaps more ambiguously located.

Generally, people in the UK are reasonably content. Current average ratings for the four Office for National Statistics (ONS 2011) measures of personal well-being are:

- 7.4 points out of 10 for life satisfaction
- 7.6 out of 10 for feeling that what one does in life is worthwhile
- 7.4 out of 10 for happiness yesterday
- 3.0 out of 10 for anxiety yesterday

A multi-faith analysis of the same four question scales with a different sample (ONS 2015a) found significant associations with religious affiliation. The findings show that Christians tend to experience the highest level of personal well-being in the UK and Muslims and religious "nones," those who are not religiously affiliated, the lowest level of personal well-being. The Evangelical Alliance survey included these standard questions so we now present a more detailed comparative analysis, comparing ONS data with our sample of evangelicals (un-weighted and weighted to compensate for age group bias towards the over 60s).

- *Life satisfaction*. Evangelicals scored higher (7.7/weighted 7.5) than the national average (7.4), but the difference is not statistically significant (the two-tailed P=0.3087).

- *Feeling that what one does in life is worthwhile*. Evangelicals (8.0/weighted 7.8) scored higher than national average (7.6) and the difference is highly statistically significant (the two-tailed P <0.0001).

- *Happiness yesterday*. Evangelicals (7.0/weighted 6.9) scored lower than the national average (7.4) and the difference is highly statistically significant (the two-tailed P<0.0001). However, the distribution of scores appears skewed by the high proportion of respondents (18%) in the ONS sample who scored 10 out of 10 on this measure.

- *Anxiety yesterday*. Evangelicals scored lower (2.6/weighted 2.95) (are less anxious) than the national average (3.4) and the difference is highly significant statistically (the two-tailed P<0.0001).

These findings suggest a positive association between evangelical faith and measures related to eudaimonic well-being and little or some negative effect on measures of hedonic well-being.

The Puzzle of Age and Well-Being

A recent report based on ONS survey data (UK Department of Health) suggests that older people in the UK report higher levels of well-being than younger people.

> A paradox of ageing has been observed in later life: although advancing age is associated with physical and cognitive decline, well-being is consistently found to be higher in later life than among young or middle aged adults. This has been observed for the evaluative, affect and eudaimonic components of subjective well-being . . . where those aged 65-79 report significantly higher ratings for feeling worthwhile and happiness than any other age group. However, there is a dip after this peak at age 80 when people gave lower average well-being ratings, and there is also a decline in self-reported anxiety from those in their mid-50s and older. Interestingly, this relationship appears to be unique to the UK as other European countries tend to report a decline in well- being (particularly happiness) with age.

Similar patterns can be observed on most indicators for evangelical respondents in our study.

Testing the standard well-being indicators for age group (using one-way Anovas on three age groups), we find (Table 3) that on all four scales there are significant differences, with older respondents giving more optimistic and positive responses than younger ones.

Table 3. Evangelicals Age Group Differences – Mean Scores

	Born before 1960	Born 70s or 80s	Born after 1980
How satisfied are you with your life these days? **	8.1	7.2	7
To what extent do you feel that the things you do in your life are worthwhile? **	8.4	7.7	7.3
How happy did you feel yesterday? **	7.4	6.6	6.5
How anxious did you feel yesterday? **	2.1	3.2	3.7

Emotional Well-Being

On self-assessed emotional well-being, the most positive ratings come from the oldest age groups (more than 55% of those born before 1950 answered "very good") and then ratings decline with each decade cohort until the youngest age group (under 25). It is particularly striking that among evangelicals born in the 1980s over one in ten rate their psychological or emotional well-being as "bad," while those born in the 1970s have the lowest proportion (23%) saying "very good."

For the questions on stress, respondents were divided into two groups corresponding to those below or above pensionable age (currently 65 in the UK). Those born before 1950 (aged 65 or over) report (statistically significantly) less stress factors overall and 36% said they had none. Surprisingly, only 15% reported stress about their own health, only 18% reported stress about the health of or need to care for a family member, and 8% reported stress from bereavement. These figures showed no statistically significant difference from respondents under 65. For those under 65, the main stress factors were around work and money; 46% reporting stress about work load and responsibilities, 29% other work anxieties, 19% financial worries, 25% church responsibilities, 20% issues with family, and 18% relationship problems. All these rates are significantly higher than those for respondents who were over 65.

Physical Health and Fitness

It is unsurprising to find statistically significant differences by age group on physical health in the previous 12 months. However, and counter-intuitively, it is the younger cohorts who are more likely to report poor health. Just 8% of evangelicals born before 1960 say their health has been "not very good or not good at all"; the figure rises to 14% for those born after 1980 (Chi square, P=.019*).

The oldest respondents in the survey were most likely to rate themselves as fitter than their peers (64% "good" or "very good"), and those born in the 1970s and 1980s reported the lowest rates on physical fitness (40% "good" or "very good" compared with 55% for all evangelicals). 10% or more of younger respondents think of their physical fitness as "bad" compared with their peers. It may be that younger people see themselves in a couch potato lifestyle, though it seems more likely that they are making particularly negative comparisons with their peers in a culture and media environment which is increasingly health and fitness focused.

Limiting Long-term Illness and Disability

The reality is that physical limitations are increasingly likely with increasing age. Census analysis by the Joseph Rowntree Trust suggests 56% of people aged 75 to 85 in 2001 had a disability or long-term limiting illness; for essentially the same group of people it was 83% in 2011 (those now aged 85+). For evangelicals over 75 who completed our survey the figure for disability or long-term illness was around 10% lower. The low number of respondents reported here makes it difficult to test for statistical significance. One should also bear in mind that older people who have an illness or disability are considerably less likely to complete an online survey.

A more direct comparison on this question can be made between our survey of evangelicals and the ONS Omnibus Survey (2007), albeit with data that is now a decade old, on an identically phrased question. Respondents were asked whether they had a "limiting long-term illness, health problem or disability"; 26% of the evangelical sample (24% when weighted for age) and 23% of the UK sample reported they did. The difference is not quite significant (P>0.06 on Fisher's exact test).

Both evangelicals and the general population reported a rise in difficulties with increasing age. Under 20% of evangelical respondents born after 1980 reported such issues, and a quarter born before 1960 did so. The number rose to 46% for those born before 1940.

Evangelical Lifestyles, Health, and Well-Being

Lifestyle choices can have a significant impact on levels of health and well-being. The survey asked evangelicals relevant questions in this area to explore the stereotype of evangelical Christians living a disciplined puritanical lifestyle that might involve exercise, eating a healthy diet, and abstaining from harmful substances. Very few evangelicals admitted to the more harmful habits listed, although current overeating (7%) and inactivity (9%) were relatively common. Only 1% admitted currently smoking, 2% addiction to prescription drugs, and no one admitted illegal drug use. Despite the evangelical tradition of teetotalism, only 20% said they abstained from alcohol. Eating a healthy diet (over 80%) and maintaining an active lifestyle (54%) were the most common healthy strategies, with 65% avoiding particular foods and 18% following a strict exercise or fitness routine.

Overall, it appears that evangelicals, while not noticeably ascetic, are living or trying to adopt a healthy lifestyle. This may make a significant contribution to their generally positive accounts of personal health and well-being.

In terms of managing or reducing the impact of stress, the most frequently mentioned technique was personal prayer (60%). Taking holiday (50%), exercise (47%), and a regular weekly day of rest (Sabbath) (33%) were also frequently mentioned. Only a minority reported resorting to less wholesome strategies such as medication (12%), overeating (11%), or drinking alcohol (6%).

A few mentioned "alternative therapies": mindfulness (7%), meditation (5%), and yoga (1%). Detailed analysis showed statistically significant differences for gender and age, with women and those born after 1980 more likely to report using alternative methods of reducing stress. Non-evangelicals were also more likely to use yoga (3%) and mindfulness (20%). Indeed, these practices are controversial in some evangelical circles – around 50% of respondents thought a Christian should never try yoga, reiki, or hypnotherapy.

Conclusion

A comparison between our survey data and ONS data suggests that self-reported perceptions of recent health and fitness are significantly higher among evangelical Christians than among the general population of the UK. There is a negligible difference between the studies on more tangible indicators around disability and limitations related to illness, which increases with age.

Comparisons on emotional and psychological aspects of well-being is less straightforward. Evangelical Christians score higher than non-evangelicals and the general population on the "general life satisfaction scale" and "happiness yesterday scale," but when weighted for age there are no significant differences. On the other hand, evangelicals report significantly lower levels of "anxiety yesterday" and higher scores on the "life is worthwhile" scale and higher scores on "having a purpose in life." The pattern is much the same on several other similar indicators. Thus, it could be argued that there is little difference in terms

of indicators of hedonic well-being, but a significant difference in terms of eudaimonic indicators.

Statistically, our study finds only an association between evangelical well-being and non-evangelical well-being; no implication about causation should be drawn. Furthermore, it needs to be noted that survey questions are about perceptions rather than clinically diagnosed measures of health and well-being. Part of the explanation could be that evangelicals have a more optimistic view of life than non-evangelicals or have been specifically taught from the Bible to be content with their life situation. We cannot ignore the fact that the evangelicals in our survey are predominantly from an affluent and well-educated social class and that official surveys claim to be representative of all social classes.

Given the age profile of our sample of evangelicals, which we have reason to believe corresponds to that of the wider church in the UK, it is important to tease out age related patterns in the data. This has been done using weighted data in statistical tests and by breaking down findings by age group. The interesting and counter-intuitive pattern is that older respondents in our study report better general health and emotional well-being than younger respondents. However, these patterns are broadly consistent with what has been reported for the general population of the UK.

One might conjecture that the patterns we found could be linked with people in the life-stage of "hard working families" under particular stress compared with empty nesters and retirees. Alternatively, this could simply be an age cohort effect with the post 1945 baby boomer generation, being (and knowing) they have been particularly privileged to have enjoyed the security of cradle to grave care from the British welfare state, in an era of peace and prosperity with secure careers and good pensions. Another explanation could be that the generation who lived through the second world war and the children they raised in the post-war culture tend to maintain a "stiff upper lip" and are reluctant to express emotional or mental distress, and that subsequent generations have become increasingly more open about their emotions and unfulfilled expectations.

Finally, the data suggest that it is the economic and generational privilege of the evangelical faith community that provides the basis of their health and well-being. In general, the faith and values and the disciplined lifestyles reported by evangelicals appear to be beneficial to health and well-being. This could well be enhanced by their strong sense of purpose and belonging to God, stable families, and caring faith communities. However, it is yet to be established if evangelical faith in and of itself adds significant and measurable value to people's health and well-being.

Bibliography

Acheson, D.

1998 "Independent Inquiry into Inequalities in Health." London: The Stationery Office. Available online at https://www.gov.uk/government/publications/independent-inquiry-into-inequalities-in-health-report.

Atherton, John

2014 *Challenging Religious Studies: The Wealth, Wellbeing and Inequalities of Nations*. London: SCM.

Baker, C.

2013 "Moral Freighting and Civic Engagement: A UK Perspective on Putnam and Campbell's Theory of Religious-Based Social Action." *Sociology of Religion: A Quarterly Review* 74, 3: 343-69. Available online at http://socrel.oxfordjournals.org/content/early/2013/05/08/socrel.srt013.abstract.

BBC

2013 "Happiness Index Shows 'Small Improvement' in 2013, ONS Says." BBC (July 30). Available online at http://www.bbc.co.uk/news/uk-23501423.

British Household Panel Survey (BPHS)

2002 "Waves 1-11, 1991-2002: Teaching Dataset (Work, Family and Health)." UK Data Service. Available online at https://discover.ukdataservice.ac.uk/variables/variable/?id=4901_V601.

Blanchflower, David G., and Andrew J. Oswald.

2004 "Well-Being Over Time in Britain and the USA." *Journal of Public Economics* 88, 7: 1359-86. Available online at http://dx.doi.org/10.1016/S0047-2727(02)00168-8.

Boniwell, Ilona

2008 "What is Eudaimonia? The Concept of Eudaimonic Well-Being and Happiness." *Positive Psychology* (July 11). Available online at http://positivepsychology.org.uk/the-concept-of-eudaimonic-well-being.

Continuous Household Survey

2012-13 UK Data Service. Available online at https://discover.ukdataservice.ac.uk/variables/variable/?id=7564_V278.

Deaton, Angus

2013 *The Great Escape: Health, Wealth, and the Origins of Inequality*. Princeton: Princeton University Press.

Diener, Ed, Eunkook M. Suh, Richard E. Lucas, and Heidi L. Smith

1999 "Subjective Well-Being: Three Decades of Progress." *Psychological Bulletin* 125, 2: 276-302. Available online at http://dx.doi.org/10.1037/0033-2909.125.2.276.

Dolan, Paul, Tessa Peasgood, and Mathew White

2008 "Do We Really Know What Makes Us Happy? A Review of the Economic Literature on the Factors Associated with Subjective Well-Being." *Journal of Economic Psychology* 29, 1: 94-122. Available online at http://dx.doi.org/10.1016/j.joep.2007.09.001.

Graham, Elaine

2009 "Health, Wealth or Wisdom? Religion and the Paradox of Prosperity." *International Journal of Public Theology* 3, 1: 5-23.

Helliwell, John F., and Robert D. Putnam

2004 "The Social Context of Well-Being." *Philosophical Transactions-Royal Society of London Series B Biological Sciences* 359, 1449: 1435-46.

Jongbloed, Janine, and Lesley Andres

2015 "Elucidating the Constructs Happiness and Wellbeing: A Mixed-Methods Approach." *International Journal of Wellbeing* 5, 3. Available online at http://www.internationaljournalofwellbeing.org/index.php/ijow/article/view/371.

Joseph Rowntree Trust

2013 "Rate of Long-Term Limiting Illness or Disability by Age over Time." Available online at http://www.jrf.org.uk/data/rate-long-term-limiting-illness-or-disability-age-over-time.

Kahneman, Daniel, and Alan B. Krueger

2006 "Developments in the Measurement of Subjective Well-being." *The Journal of Economic Perspectives* 20, 1: 3-24. Available online at http://dx.doi.org/10.1257/089533006776526030.

Layard, Richard

2006 "Happiness and Public Policy: A Challenge to the Profession." *The Economic Journal* 116, 510: C24-C33.

Levin, Jeffrey S.

1994 "Religion and Health: Is There an Association, Is It Valid, and Is It Causal?" *Social Science & Medicine* 38, 11: 1475-82.

Maslow, Abraham H.

1943 "A Theory of Human Motivation." *Psychological Review* 50, 4: 370-96. Available online at http://dx.doi.org/10.1037/h0054346.

Organisation For Economic Co-Operation and Development (OECD)

2013 *OECD Guidelines on Measuring Subjective Well-Being*. Available online at http://public.eblib.com/choice/publicfullrecord.aspx?p=1182662.

Office for National Statistics (ONS)

2007 *ONS Omnibus Survey, Internet Access Module, April, July and October, 2004 and February 2005* [data collection]. 2nd Edition. UK Data Service. SN: 5542. Available online at http://dx.doi.org/10.5255/UKDA-SN-5542-1.

2011 *ONS Opinions Survey, Quality of Life Module, December 2007 and January 2008* [data collection]. UK Data Service. SN: 6863. Available online at http://dx.doi.org/10.5255/UKDA-SN-6863-1.

2013 "2011 Census: Key Statistics and Quick Statistics for Local Authorities in the United Kingdom." Available online at https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/keystatisticsandquickstatisticsforlocalauthoritiesintheunitedkingdom/2013-10-11.

2015a "How Does Personal Well-Being Vary by Sex, Disability, Ethnicity, and Religion?" Available online at http://www.ons.gov.uk/ons/dcp171776_400162.pdf.

2015b "Measuring National Well-being." Available online at http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html.

Palmer, Vicky, and Eleanor Evans

2015 "Opinions and Lifestyle Survey: Methodological Investigation into Response Scales in Personal Well-being." Office of National Statistics. Available online at http://doc.ukdataservice.ac.uk/doc/7715/mrdoc/pdf/7715_response_scales_in_personal_well-being.pdf.

Putnam, Robert D., and David E. Campbell

2010 *American Grace: How Religion Divides and Unites Us*. New York: Simon & Schuster.

Roscoe, Claire

2014 "Happy? You Are If You're In Harrogate: Yorkshire Town Crowned Happiest Place To Live In Great Britain." *Rightmove News* (May 21). Available online at http://www.rightmove.co.uk/news/articles/rightmove-news/happy-at-home-2014.

Smith, Greg, editor

2015 *21st Century Evangelicals: Reflections on Research by the Evangelical Alliance*. Watford: Instant Apostle.

UK Department of Health

2014 "Ageing Well." Factsheet available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277584/Ageing_Well.pdf.

Wilkinson, Richard G., and Kate Pickett

2010 *The Spirit Level: Why Equality is Better for Everyone*. London: Penguin.