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Religion and positive well-being among Israeli and diaspora Jews: Findings from the World Values Survey

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This study investigates the impact of selected religious indicators on two measures of positive well-being among Jews. Using data from subsamples of Jewish respondents from Israel ($N=1,023$) and the diaspora ($N=859$) taken from the World Values Survey, single-item measures of happiness and life satisfaction were regressed onto six measures of religiousness in the diaspora sample and onto the one religious measure available in the Israeli sample, adjusting for effects of age, gender, marital status, education, employment, and social class. Among Israeli Jews, affirming the importance of God in one's life is modestly associated with greater life satisfaction ($\beta=0.07$, $p < 0.05$), but not with happiness. In the diaspora, the same measure is associated with greater happiness ($\beta=0.13$, $p < 0.01$), as is more frequent attendance at synagogue services ($\beta=0.14$, $p < 0.01$), but neither is associated with life satisfaction.

Keywords: religion; happiness; life satisfaction; well-being; Jewish; Israel

Introduction

The past couple decades have seen an uptake of interest in research on the instrumentality and salience of religious participation for social indicators and psychosocial outcomes among Jews. Much of this interest probably relates to the presence of large-scale databases, such as the two most recent National Jewish Population Surveys in the U.S. Some of this work has focused on health-related quality of life indicators, broadly defined. Existing evidence links religiousness to selected health outcomes and to domains of mental health and psychological distress, stitched together from studies in Israel and in the U.S. and elsewhere in the Jewish diaspora (see Levin, 2011, in press). A picture is beginning to emerge of the impact of Jewish religious involvement on general well-being, but the case is being made in piecemeal fashion. Only some of this work is of recent vintage, studies typically do not take a comparative look at the whole of the world's Jewish population, no one study has considered a wide range of multiple religious measures, and, more importantly, certain domains of outcomes have not yet been systematically explored. Among these is positive well-being.

This domain of constructs comprises measures of the “positive” polarity of psychological well-being, such as happiness and life satisfaction. These two constructs

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have been associated with various predictors, such as age, health, socioeconomic status, and personality, as well as with other more distal outcomes, such as psychosocial adjustment (Lent, 2004) and national indicators of economic development (Inglehart, Foa, Peterson, & Welzel, 2008). Substantial bodies of empirical findings on happiness and life satisfaction have accumulated within several fields, notably psychology, gerontology, and social indicators research. Comprehensive reviews have been available for many years (e.g., Diener, Suh, Lucas, & Smith, 1999) and summarize results of studies that identify “who is happy” (Myers & Diener, 1995). One of the answers to this question appears to be religious people.

Religion has emerged as a significant predictor of positive well-being, across the life course, in numerous studies. Systematic reviews in the 1990s and 2000s summarized empirical research identifying measures of public religious behavior, private religious practices, religious attitudes, and subjective self-ratings of religiousness as salient determinants of positive well-being in both cross-sectional and longitudinal studies, and regardless of age, gender, social class, and race or ethnicity (see Koenig, McCullough, & Larson, 2001; Levin, 1997). Yet most of this research has been conducted using North American samples, and most study respondents have been Christians, of one or another denomination or communion. It is difficult to explore this issue among Jews for a few reasons: (a) there are proportionally too few Jews available in national probability samples outside of Israel to enable meaningful data analyses; (b) there are typically few if any questions on religion in large-scale health and well-being studies with modest Jewish subsamples, nor are the branches of Judaism typically differentiated; and (c) there are rarely any questions on health or well-being in population-based Jewish community samples or in studies of Jewish religious life. This has created a perfect storm that inhibits investigating religion-well-being linkages in this population. One is left to piece together bits of evidence from existing surveys and then, one hopes, bootstrap some general conclusions from across studies.

In the case of positive well-being, questions remain to be answered: Does religion matter for the well-being of Jews in the same way that it does in other populations and in the same way, apparently, that it does for other outcomes? Does this depend upon the particular measures of positive well-being that are used? And does it matter whether we are speaking of Israeli Jews or those living in the diaspora, such as the U.S.? Any such research must also confront differences in normative Jewish religious expression, in Jewish religious self-identification, and in the cultural, social, and political context of Judaism between Israel and diaspora communities (Don-Yehiya, 2005).

The literature on well-being, broadly defined, can appear a maze of concepts, constructs, domains, dimensions, and so on (see Levin & Tobin, 1995). The present paper examines religious correlates and predictors of respective measures of happiness and life satisfaction. These are among the “positive” polarity of a larger pool of constructs that define psychological well-being and distress, such as negative affect, mood tone, and psychosomatic and psychiatric symptoms. Psychological well-being, in turn, along with constructs such as self-esteem, morale, and self-efficacy are often grouped together as dimensions of the broader meta-construct of subjective well-being, which along with measures of objective well-being (e.g., socioeconomic status, functional capacity, health status) is part of the more encompassing construct of quality of life, a term more typically used in clinical medicine and social indicators research. This description should not be taken as a definitive map; these terms are often used interchangeably and other investigators may prefer other configurations. Psychological distress, alone, is its own maze of constructs, notably involving depression, which, depending upon the conceptual

scheme or measure being considered, may itself be highly multidimensional and which has been modestly but significantly associated with religious indicators (Smith, McCullough, & Poll, 2003). Within clinical medicine and psychiatric epidemiology, this latter construct is typically grouped with other axes or domains of conditions under the rubric of mental illness or psychopathology, which has its own parallel traditions of nosology and taxonomy and which is also notable for studies identifying religious correlates (Loewenthal, 2007).

Positive well-being has been said to comprise affective, cognitive, and conative (dispositional) components or aspects (Stull, 1987). Questions about happiness exemplify the positive-affect component of well-being. Questions about life satisfaction assess what is also termed congruence, or the sense in which life goals and current circumstances map onto each other; this involves a cognitive-appraisal component. In the present analyses, no measures of behaviors or motivations related to positive well-being are available.

Existing findings are cautiously suggestive of a religious impact on positive well-being among Israeli and diaspora Jews, but these findings are inconclusive, due to sampling limitations and general inconsistency. A small British study found strong associations between several religious indicators and a measure of positive affect in a mixed sample of Jews and Protestants (Loewenthal, MacLeod, Goldblatt, Lubitsh, & Valentine, 2000). Another study found lower levels of life satisfaction among Jewish than non-Jewish respondents in a small sample of elderly respondents from the U.K. (Bowling, Farquhar, & Leaver, 1992). More recently, in a recruited sample of Canadian Jews, greater happiness was associated with greater trust in God, but not with other more standard religious indicators (Rosmarin, Pargament, & Mahoney, 2009).

Israeli studies are a bit more consistent, but not unanimous, in identifying a salutary religion-well-being linkage among Jews. In a small study of Jewish settlers in Gaza and the West Bank, moderately higher scores on a measure of current life satisfaction were found among self-identified "national-religious" and "national-ultra-religious" respondents than among "traditional" (less strictly religious) Jews (Levav, Kohn, & Billig, 2008). Another study identified a striking dose-response gradient in life satisfaction associated with increasing levels of religiosity among both "traditional" and "religious" respondents (Shkolnik, Weiner, Malik, & Festinger, 2001). One recent study found modest associations of religious belief and behavior with positive psychological well-being, mediated by a measure of meaning in life, a construct somewhat similar to congruence (Vilchinsky & Kravetz, 2005). By contrast, earlier studies found that a self-rating of religiosity among a sample of retirees was inversely associated with life satisfaction, an association that strengthened over time (Anson, Antonovsky, & Sagy, 1990), and that one's status as a "secular," "traditionalist," or "observant" Jew was unrelated to measures of life satisfaction (Shmotkin, 1990). This latter finding, among "secular," "traditional," and "religious" Israelis, was replicated in a combined sample of over a dozen years of social indicators surveys from the 1960s and 1970s (Landau, Beit-Hallahmi, & Levy, 1998). The most recent study, drawing on a sample of immigrants, found that higher scores on a measure of observance of religious traditions were indeed strongly associated with life satisfaction (Amit, 2010).

Besides the inconsistency of these findings, two other characteristics of the modest literature on this subject are an absence of analyses drawing on large, population-based probability samples and an absence of comparative studies of Israeli and diaspora Jews. As noted earlier, one is left to piece together conclusions drawn from disparate small samples in different locales using different measures of religiousness and of positive well-being. These are all nicely done studies that contribute considerably to an

understanding of Jewish well-being, but more general conclusions, to now, have been elusive.

Another important question for researchers involves the “how” or “why” of a putative connection between religiousness and positive well-being among Jews. Theoretical work suggests that greater religiousness may serve, on average, to motivate and reinforce behaviors promotive of well-being, to encourage fellowship with co-religionists that provides tangible and emotional support, and to engender salutary emotions, health-directed beliefs, and positive expectations (see Levin, 2010). Other hypothesized explanations for a salutary impact of religiousness on positive well-being have broached neurobiological, psychodynamic, and transpersonal concepts. A recent review suggests that a common thread here is religion’s manifest influence on well-being through promoting or eliciting self-control and self-regulation, such as through association with certain personality traits and through systematizing goal selection, promoting self-monitoring, and building a sense a mastery (McCullough & Willoughby, 2009). For Jews, one can see in this framework a mechanism to make sense of findings reporting higher scores on mental health indices among more ritually and *halakhically* observant Jews, such as in the work of Rosmarin and colleagues (Rosmarin, Krumrei, & Andersson, 2009; Rosmarin, Krumrei, & Pargament, 2010; Rosmarin, Pargament, & Flannelly, 2009; Rosmarin, Pargament, & Mahoney, 2009; Rosmarin, Pirutinsky, Pargament, & Krumrei, 2009). Whether this translates to measures of constructs like positive affect or congruence and how this might differ between Israeli and diaspora Jews remain open questions.

The World Values Survey (WVS) provides an ideal setting to explore this subject. There is an Israeli sample containing about 1,000 Jewish respondents (for details, see Methods, below), as well as a comparable number of Jewish respondents, in total, distributed throughout the other samples of diaspora nations. Moreover, the WVS contains measures of both happiness and life satisfaction, as well as a vast number of religious measures (that differ across national surveys). Short of mounting a new global Jewish survey, this provides an ideal and no-cost opportunity available to investigate this issue empirically using an existing data source. The WVS data have been used for comparative multinational assessment of one or both of these positive well-being items (e.g., Diener, 2000; Suh, Diener, Oishi, & Triandis, 1998), including in studies of putative religious determinants of well-being (Diener & Clifton, 2002; Okulicz-Kozaryn, 2010).

Methods

The World Values Survey (WVS)

The WVS is a multinational program of social research investigating the beliefs and values of the world’s people. A common questionnaire is used for surveys conducted in respective nations (although not all variables are included in each national survey). Surveys are supervised by teams of academic social scientists in each nation, and are based on randomized probability sampling, where possible, and face-to-face interviewing. The data are publically available and, by now, have been used in thousands of scholarly publications (World Values Survey, n.d.).

The WVS has consisted of five independent rounds of cross-sectional data collection (i.e., it is not a multi-wave panel study): 1981–1984 (20 countries; 25,000 respondents), 1989–1993 (42; 61,000), 1994–1998 (52; 75,000), 1999–2004 (67; 96,000), and 2005–2008 (54; 77,000). A sixth round of data collection is ongoing for 2010–2012. The number of countries and respondents surveyed has varied across these rounds of study; only the

fourth round included Israel, with data being collected in 2001. In the Israeli sample ($N=1,199$), 85.3% of respondents ($N=1,023$) were Jewish. A total of 859 Jewish respondents were also found among all of the other national samples over the multiple rounds of WVS surveys. These individuals were gathered together into an aggregate diaspora sample for use in the present study. Jewish religious identity was ascertained through a self-report item on religious affiliation (“Do you belong to a religious denomination? In case you do, answer which one”; coded in 86 categories including “Jew”).

The Israeli sample was drawn using a multi-stage procedure which excluded the non-urban population (communities of less than 2,000 residents; about 9% of the Israeli population). The population was divided into strata based on geographic location, community size, and socioeconomic characteristics, and strata sampling procedures were used to interview selected numbers of persons with statistical units based on Kish-grid methods. The sampling frame comprised adults of both sexes, 18 years of age or older. The total number of starting names was 3,617; exclusions due to faulty addresses were 241, due to language difficulties were 278, due to no contacts at selected address were 296, due to refusals were 1,367, and due to other reasons were 236.

A defining feature of the WVS has been its focus on religion. One of the sections of the WVS integrated questionnaire is entitled “religion and morale,” and it contains 197 questions. In all, over 100 questions assessing religious participation, beliefs, attitudes, and values have appeared throughout the WVS surveys, with considerable variation in which of these are present within respective national samples. For the present study’s diaspora sample, which drew respondents from 59 national samples (the largest Jewish contingents being from Australia and the U.S.), only several of these variables were available for use; and only one religious variable was available in the Israeli sample (see Measures, below).

Measures

Two single-item outcome measures are used in this study, both indicators of positive well-being. These are *happiness* (“Taking all things together, would you say you are: ___?”; responses recoded as: 1 = “not at all happy,” 2 = “not very happy,” 3 = “quite happy,” 4 = “very happy”) and *life satisfaction* (“All things considered, how satisfied are you with your life as a whole these days? Please use this card to help with your answer.”; responses on a ladder scale from: 1 = “dissatisfied,” to 10 = “satisfied”).

In the diaspora sample, six single-item religious measures are used; only one of these is available in the Israeli sample. These six measures are *religious attendance* (“Apart from weddings, funeral and christenings, about how often do you attend religious services these days?”; recoded as: 8 = “more than once a week,” 7 = “once a week,” 6 = “once a month,” 5 = “only on special holy days,” 4 = “other specific holy days,” 3 = “once a year,” 2 = “less often,” 1 = “never/practically never”), *religious person* (“Independently of whether you go to church or not, would you say you are ___?”; recoded as: 1 = “a convinced atheist,” 2 = “not a religious person,” 3 = “a religious person”), *believe in God* (“Which, if any, of the following do you believe in?: God.”; coded as: 0 = “no,” 1 = “yes”), *life after death* (“Which, if any, of the following do you believe in?: Life after death.”; coded as: 0 = “no,” 1 = “yes”), *God important* (“How important is God in your life?”; coded on a ladder scale from: 1 = “not at all important” to 10 = “very important”), and *religious comfort* (“Do you find that you get comfort and strength from religion?”; coded

as: 0 = “no,” 1 = “yes”). God important is the only one of these variables available in the WVS Israeli dataset.

Six single-item covariate variables are used in these analyses. These are *age* (in years), *gender* (0 = male, 1 = female), *marital status* (0 = not married or living together [collapsed from six categories], 1 = married or living together as married [collapsed from two categories]), *education* (eight ordinal categories from 1 = “inadequately completed elementary education” to 8 = “university with degree/higher education—upper-level tertiary certificate”), *employment status* (collapsed and recoded as: 1 = not employed, 2 = part-time, 3 = full-time or self-employed), and *social class* (a subjective self-rating, recoded as: 1 = “lower class,” 2 = “working class,” 3 = “lower middle class,” 4 = “upper middle class,” 5 = “upper class”). The latter was used in lieu of a measure of income which, in these samples, contained substantial numbers of missing values.

Data analysis

All analyses were conducted using SAS version 9.2. Descriptive statistics and Pearson correlations were obtained using the UNIVARIATE and CORR procedures, respectively (see Table 1). A strategy of OLS regression was used to model effects of the six religious measures separately on each of the two well-being variables, using the REG procedure (see Table 2). Only net results (i.e., adjusting for covariates) are presented in Table 2, as for any gross (i.e., unadjusted) analyses, bivariate regression (β) coefficients would recapitulate the Pearson correlation (r) coefficients in Table 1. The findings presented here are the multivariable results of each respective regression model run while adjusting for effects of age, gender, marital status, education, employment status, and social class. These regressions were conducted separately for the happiness and life satisfaction items and separately for the Israel and diaspora samples. Both standardized (β) and unstandardized (b) regression coefficients are reported, in order to enable comparison of associations both within and among respective subsamples.

Results

In Table 1, bivariate correlations are reported for associations among study variables. As would be expected, both well-being items are strongly related in both samples (diaspora: $r = 0.37$, $p < 0.001$; Israel: $r = 0.59$, $p < 0.001$). Among diaspora Jews, two religious measures are statistically significant correlates of happiness: religious attendance ($r = 0.09$, $p < 0.01$) and God important ($r = 0.10$, $p < 0.01$). None of the religious measures is significantly associated with life satisfaction. Among Israeli Jews, the lone religious measure, God important, is not significantly associated with either well-being outcome.

Examining the sociodemographic variables, several findings of note can be observed. Only social class is a statistically significant correlate of both well-being outcomes in both samples, such that higher self-perceived socioeconomic attainment is associated with greater happiness and life satisfaction among both diaspora and Israeli Jews. Age is inversely associated with both outcomes among Israeli Jews, but is positively associated with life satisfaction among diaspora Jews. Finally, more education is significantly associated with less religiousness, for every religious variable in both samples.

Table 2 examines the religion-well-being relationships multivariably, adjusting for effects of age, gender, marital status, education, employment, and social class. The two positive findings related to happiness among diaspora Jews remain statistically significant,

Table 1. Descriptive statistics and correlations for study variables, in Israel and the Jewish diaspora.*

Study Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	mean	sd
1. Happiness		0.59 ^c					0.00									
2. Life Satisfaction	0.37 ^c						0.05									
3. Religious Attendance	0.09 ^b	-0.05														
4. Religious Person	0.07	-0.04	0.20 ^c													
5. Believe in God	0.06	0.01	0.15 ^c	0.49 ^c												
6. Life After Death	0.07	0.06	0.19 ^c	0.28 ^c	0.33 ^c											
7. God Important	0.10 ^b	-0.03	0.27 ^c	0.53 ^c	0.60 ^c	0.42 ^c										
8. Religious Comfort	0.07	-0.04	0.38 ^c	0.50 ^c	0.44 ^c	0.37 ^c	0.62 ^c									
9. Age	-0.04	0.12 ^b	-0.07	-0.09 ^a	-0.01	-0.07	-0.03	-0.07								
10. Female	0.06	0.07	-0.03	0.09 ^a	0.05	-0.06	-0.02	-0.02	0.04							
11. Married	0.09 ^a	0.05	0.01	0.06	-0.01	-0.01	0.01	0.07	0.18 ^c	-0.03						
12. Education	-0.01	0.13 ^b	-0.21 ^c	-0.15 ^c	-0.14 ^b	-0.15 ^b	-0.17 ^c	0.19 ^c	-0.05	-0.05	-0.00					
13. Employed	0.03	0.00	-0.02	-0.05	-0.13 ^b	-0.08	-0.09 ^a	-0.05	-0.26 ^c	-0.23 ^c	0.12 ^b	0.20 ^c				
14. Social Class	0.09 ^a	0.20 ^c	-0.05	-0.07	-0.07	-0.08	-0.12 ^b	-0.11 ^a	0.06	0.03	0.03	0.32 ^c	0.07			
mean	3.1	6.7	4.6	2.6	0.91	0.59	7.0	0.75	43.6	0.50	0.61	5.3	2.0	3.0		
sd	0.69	2.4	2.5	0.57	0.29	0.49	3.1	0.43	17.3	0.50	0.49	2.2	0.95	1.1		

*Values for the diaspora are below the diagonal; values for Israel are above the diagonal.

^a $p < 0.05$; ^b $p < 0.01$; ^c $p < 0.001$.

Table 2. Regressions* of happiness and life satisfaction on religious measures, in Israel and the Jewish diaspora.

Religious indicators	Happiness				Life Satisfaction			
	Diaspora		Israel		Diaspora		Israel	
	β (b)	se	β (b)	se	β (b)	se	β (b)	se
Religious Attendance	0.14 (0.04) ^b	0.02			0.01 (0.01)	0.05		
Religious Person	0.08 (0.10)	0.06			-0.02 (-0.09)	0.21		
Believe in God	0.10 (0.22)	0.13			0.07 (0.58)	0.47		
Life After Death	0.07 (0.10)	0.09			0.06 (0.31)	0.33		
God Important	0.13 (0.03) ^b	0.01	-0.00 (-0.00)	0.01	0.09 (0.07)	0.04	0.07 (0.04) ^a	0.02
Religious Comfort	0.11 (0.17)	0.11			-0.00 (-0.01)	0.37		

*Adjusted for effects of age, gender, marital status, education, employment, and social class.

^a $p < 0.05$; ^b $p < 0.01$.

and are moderately strengthened: religious attendance ($\beta=0.14$, $p < 0.01$) and God important ($\beta=0.13$, $p < 0.01$). Among Israeli Jews, one of the previous non-findings—the association between God important and life satisfaction—is now statistically significant ($\beta=0.07$, $p < 0.05$).

Discussion

Prior research has identified significant religious correlates or predictors of selected health and mental health indicators among U.S. and Israeli Jews. Just in the past year, analyses of data from two other large-scale population surveys identified multiple religious predictors of two measures of health status in the U.S. (Levin, 2011) and of multi-item indices of psychological well-being and psychological distress in Israel (Levin, in press). Do these findings extend to measures of happiness and life satisfaction? The results of the present analyses suggest that the answer is a guarded yes—guarded because of the limitations of the samples and availability of measures used in this study, and because only selected religious measures are significantly associated with the study outcomes. Among Israeli Jews, affirming the importance of God in one's life is modestly, though significantly, associated with greater life satisfaction, but not with happiness. In the diaspora, the same measure is associated with greater happiness, as is more frequent synagogue attendance, but neither is associated with life satisfaction.

In a sense, then, these findings are mirror opposites. They both point to salutary religious effects, to be clear, but these effects are quite distinct. The benefit among Israeli Jews is for life satisfaction, a measure of congruence between one's life expectations and one's experienced reality, and containing a cognitive-appraisal component. The benefit for diaspora Jews is for happiness, a measure of positive affect that captures an emotional state or mood, perhaps more ephemeral in comparison with life satisfaction. The two constructs are significantly associated, but not hugely, and in this study they have distinct patterns of correlates. Why does religion matter for happiness among diaspora Jews, but

not for life satisfaction, and for life satisfaction among Israeli Jews, but not for happiness? What do these findings mean? And what might they tell us about the instrumentality and salience of religion for the well-being of Jews in Israel and throughout the world?

Perhaps answers may be found in a look at how the distinct cultural contexts of Jewish life in Israel and in the diaspora serve to shape the construction of positive well-being. An interesting and provocative take on this issue, not in relation to Judaism or to religion, detailed how a respective culture's individualist or collectivist ethos has a lot to say about how people define and gauge self-assessments of a good and satisfying life, especially one's own (Suh, Diener, Oishi, & Triandis, 1998). For people in largely individualist societies, well-being is judged more in terms of "inner emotional feelings" (p. 486)—it is mostly about positive affects, feeling good. By contrast, in largely collectivist societies, well-being is judged more in terms of succeeding in the normative task of maintaining "harmony with others by coming to terms with their needs and expectations" (p. 483)—it entails more of a rational, cognitive assessment, one might say. In other words, what positive well-being is, how it is experienced, and the dimensions of well-being that could be expected to reflect salutary correlates or predictors may vary depending upon the social or cultural context of where one experiences life.

How this might help us to interpret the present findings is not clear-cut. But one possibility is to consider differences in Jewish life in Israel and the diaspora. Among the many nations from which the present WVS diaspora sample was drawn are both "individualist" and "collectivist" countries, if indeed such a thing can be validly quantified. The largest numbers of Jews, however, come from several nations with mostly market-oriented economies and overt cultural emphases on individual achievement and self-actualization as signposts of success (e.g., the U.S.). Israel, while not a purely collectivist society as far as political-economy, at least for Jews has more strongly collectivist features than the stereotypical view of self-obsessed, materialistic Americans and Westerners. If these characterizations are partly accurate, then one might expect to find that indicators of a buy-in to an institution that provides a sense of meaning and direction and a way of engaging and ordering ultimate concerns (in other words, religion) are more or less salient for one or another type of well-being measure depending upon the society in question. So, for Jews in the more collectivist-oriented Israeli society, religion matters for cognitive appraisals of the congruence of one's life as experienced with normative expectations—because that is how a good life is defined; for Jews in the (presumably) more individualist-oriented diaspora, religion matters only for how one feels—because that is how a good life is defined, without reference to anyone else or to any norms or responsibilities.

Is this an accurate interpretation of the present findings? It is hard to say. For one, the depiction of an Israel-diaspora dichotomy along these lines may be simplistic and overstated. For Jews, the concept of "the diaspora" covers a lot of ground—in terms of countries, economies, languages, the political status of Jews, norms of Jewish religious life, and so on. Secondly, it would have helped to have recourse to a variable measuring Jewish religious identity and affiliation—à la the U.S.'s Orthodox, Conservative, Reconstructionist, and Reform movements or Israel's *haredi*, *dati*, *masorti*, and *hiloni* taxonomy. Such measures are available in other studies and have enabled identification of significant differences in physical and mental health outcomes and in religion-health associations across such categories, such as between secular and non-secular Jews. Recent findings from the Israel Social Survey, for example, identify significant such differences in life satisfaction (Van Praag, Romanov, & Ferrer-i-Carbonell, 2010), one of the constructs assessed in the present study. In the WVS, one is able to identify respondents as Jewish,

but without further specification. More depthful exploration of this subject, in the context of Jewish religious identity, secularization, modernization, and the response to contact with non-Jewish cultures—in Israel and in the diaspora—is thus not possible using these data.

A few other limitations were present here. In the Israeli sample, only one religious measure was available, and both a single-item self-rating of health and the full Affect Balance Scale that were included throughout many of the WVS national samples were not present and thus were excluded from diaspora analyses, as well. The diaspora sample was admittedly not perfect: it conglomerated Jewish respondents from different countries and from samples taken in different years; thus it may not be strictly comparable with the Israeli sample. Nor is the diaspora sample representative of the global distribution of the Jewish population. On the other hand, this study's two-sample comparative strategy was a reasonable way to bootstrap a preliminary look, for no cost, at an issue that has been underinvestigated. The presence of large samples of data from national probability surveys, as well as the global scope of the WVS, argue in favor of this approach, so long as the present findings are interpreted cautiously in light of the abovementioned caveats.

Other existing probability surveys from Israel, the U.S., and the rest of the Jewish diaspora each enable some aspect of the larger relationship of religion with health and well-being to be investigated. Besides the present analyses using the WVS data, studies have already been completed using data from the National Jewish Population Survey (Levin, 2011) and the Gallup World Poll's Israeli sample (Levin, in press), and other analyses are already ongoing or envisioned for the Survey of Health, Ageing and Retirement in Europe's Israeli sample, several major U.S. Jewish community surveys, the Israel Social Survey, and the World Mental Health Survey's Israel National Health Survey. Each of these data resources enables some aspect of this subject to be examined empirically. The present study provided an opportunity for a modest comparative look specifically at measures of positive well-being, in both Israel and the diaspora. For sure, more systematic research is needed, culminating ideally in a global Jewish health survey.

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