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Dominance Diminishes, Whereas the Centrality of Religion Enhances Well-Being: The Mediating Role of Depression, Anxiety, and Stress

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Abstract
This paper explores the opposing psychological effects of dominance and religiosity on the individual well-being especially the mediating processes of depression, anxiety and stress. On a sample of 571 university students whose mean age was around 21 years old, we tested the direct and indirect effects of dominance and the centrality of religion on the constructs of the well-being as specified by the PERMA model. Positive emotions, engagement, relationships, meaning and accomplishment were used to operationalize well-being. To determine important constructs, Social Dominance Orientation (SDO), Centrality of Religiosity Scale (CRS-15), Depression Anxiety Stress Scales (DASS-21), and the PERMA profiler were used. Findings indicated that causal relationships existed between dominance and well-being in the negative direction, and such an association was mediated by elevated levels of depression, anxiety, and stress symptoms. Religiosity was in turn also strongly and positively related to well-being, but some of this relationship was mediated by less psychological distress. These data indicate that the mental expenses of supremacy-seeking behavior and the related psychological well-being of a robust religious orientation can be realized.

Keywords: *Dominance; Religiosity; Wellbeing; Depression; Anxiety; Stress; PERMA.*

Introduction
The research on psychological well-being has gained attention in both non-religious as well as spiritual psychology in modern times. This study investigate how dominance and religiosity influence well-being, considering depression, anxiety, and stress as potential mediators. The conceptual framework aligns with Seligman's PERMA model, capturing five dimensions of flourishing: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (Butler & Kern, 2016). Well-being, as a multifaceted psychological construct, has increasingly become the focus of present-day psychological research. According to Seligman's (2011) PERMA model, flourishing includes five elements: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment. While other environmental, cognitive, and affective factors contribute to well-being, social orientation and spiritual identity have become the main focus for research and investigation.

The two key concepts; dominance and religiosity, have emerged as important, yet contrasting, factors. Dominance, as conceptualized in social hierarchies, involves coercive techniques to gain influence (Zeng et al., 2022). These tendencies have a negative impact on interpersonal harmony and emotional regulation, which result in psychological distress (Pratto et al., 1994). Conversely, religiosity has a positive correlation with mental health and subjective well-being (George et al., 2002). Religious centrality provides a strong basis for meaning, belonging, and resilience

against life's adversities (Cook, 2020). However, the link between religiosity and well-being is moderated by factors such as religious orientation, coping style, and social context (Hoogeveen et al., 2022; Berthold & Ruch, 2014).

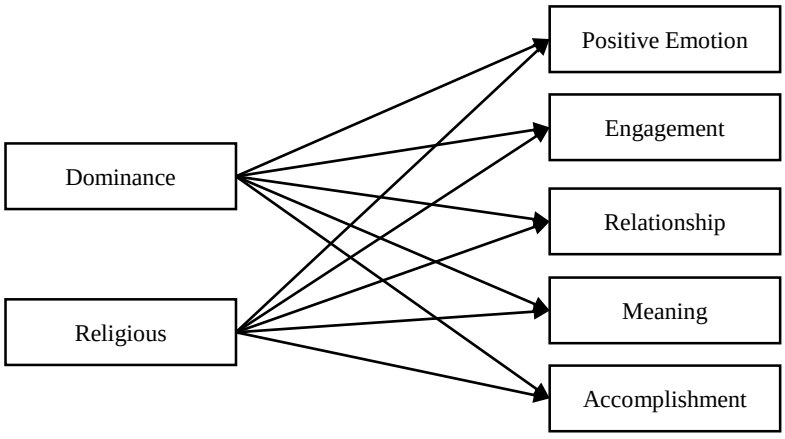
Social Dominance Orientation (SDO) refers to differences in preference for hierarchy among individuals within any social system and the need for dominance over lower-status groups (Pratto et al., 1994). Dominance involves patterns seen in social hierarchies where individuals exploit power imbalances using hostility, coercion, or terrorizing to gain benefits (Zeng, Cheng, & Henrich, 2022). Though beneficial in resource acquisition, dominance-based behaviors negatively affect social bonds, decreases empathy, and increases stress, ultimately destroy psychological well-being. In contrast, religiosity, particularly intrinsic religiosity, has been associated with healthy coping mechanisms, existential meaning, and greater resilience (George, Ellison, & Larson, 2002; Cook, 2020).

The centrality of religion, as described by Huber and Huber (2012), includes both belief-based and behavioral aspects, highlighting the significance of religion in an individual's life. People who are religious frequently participate in activities that foster a sense of purpose, connect with supportive communities, and follow organized practices, all of which are associated with improved mental well-being. However, both dominance and religiosity may exert their influence on well-being through psychological distress, including symptoms of depression, anxiety, and stress. Depression involves persistent sadness and loss of interest, anxiety includes excessive fear or worry about the future, and stress refers to emotional strain in response to demanding circumstances (Lovibond & Lovibond, 1995). The present study explores how these emotional states mediate the impact of dominance and religiosity on well-being.

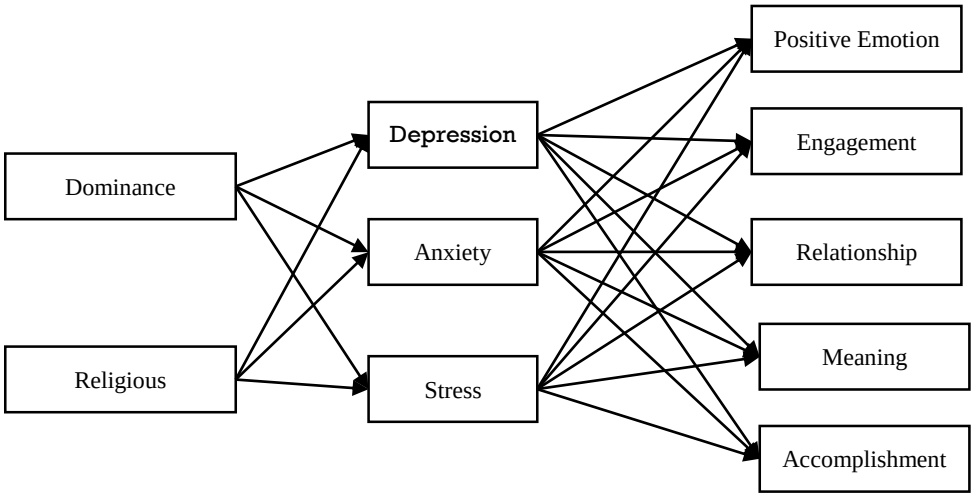
Theoretical Framework

This study is grounded in Seligman's (2011) PERMA model of flourishing and incorporates constructs from social dominance theory (Sidanius & Pratto, 1999) and the psychology of religion. Our conceptual models test both direct effects (dominance/religiosity → PERMA) and indirect effects through emotional distress (dominance/religiosity → depression/anxiety/stress → PERMA).

Conceptual Model 1 Direct Effect



Conceptual Model 2 Indirect Effect



Hypotheses:

H1: Dominance will adversely, and centrality of religion will positively affect well-being through the mediation of depression, anxiety, and stress.

H2: There will be a significant correlation among the study's variables.

METHODS

Participants

The sample selection was determined by accessibility and involved inviting university students to participate. A total of 571 undergraduate students of the age mean 21 from diverse faculties and departments at the Universities were included. Ethical considerations were followed in treating participants, ensuring anonymity, obtaining free and informed consent, and maintaining absolute confidentiality. The sample selection utilized the purposive sampling technique.

1. Social Dominance Orientation Scale

A balanced SDO6 scale was calculated with 16 items (Pratto et al., 1994). The items include statements concerning general group-based egalitarianism and were answered in a scale of 1- 7 points, with strongly disagree at point 1, and strongly agree at point 7. The social dominance orientation scale that consisted of 16 items demonstrated internal consistency having a Cronbach A of 0.84 and an average of item-total correlation of 0.48. The score of each participant (SDO) was computed through the mean of a response to the 16 questions.

2. Centrality of Religion Scale

The dimensions that this scale measures are; the general practice, the dimensions of privates practice, religious experience, ideology, and intellectual dimensions of religiosity. CRS-15 is a 15 item questionnaire where there are three questions in each dimension. The scores are assigned using the five-option Likert scale; the score is higher meaning that the level of religiosity is high. The Cronbach alpha coefficients were 0.83, 0.86, 0.89, 0.59, 0.83, and 0.92, respectively, on the basis of public practice, private practice, religious experience, ideology, intellectual dimensions, and general scale.

3. DASS

The DASS-21 item questionnaire was developed by Lovibond and Lovibond in 1995 and is widely used to assess depression, anxiety, and stress levels. The self-reported test comprises seven items for each subscale (depression, anxiety, and stress), with

responses rated on a four-point Likert scale ranging from 0 ("never") to 3 ("always"). The depression, anxiety, and stress levels were classified as usual, mild, moderate, or severe, based on the scores obtained. The reliability of the short-form DASS subscales was found to be satisfactory for all three subscales, i.e., .70 for each depression, anxiety, and stress.

4. PERMA Profiler

The wellbeing of the PERMA profiler is a self-report scale that consists of 11-point Likert scale with a total of 23 items and 8 subscales (3 items per subscale with exception of Loneliness subscale that only has single item) which include Meaning, Positive Emotion, Relationships, Engagement, Accomplishment, Negative Emotion, Loneliness and Health (Butler& Kern, 2015). Total wellbeing is computed with the addition of all the items excluding the items in subscales, that is Negative Emotion, Health and Loneliness which are used as filler subscales. PERMA score is positive when its high score exhibits overall wellbeing. The Cronbach reliability was also fine on the scale (a = .76).

Procedure

The first step that was taken was the authorization of the institution heads who were the initial step taken in order to start the data collection process. The second step entailed the application of a purposive sampling method in approaching students. On the third stage, there was a detailed briefing of the students where they were explained that their participation in the research survey is purely voluntary and no academic rewards are going to be offered to encourage them to participate in the research survey. The questions were administered through questionnaires that were distributed in the lessons and the time consumed in the tasks was recorded as about 15 to 20 minutes. After the data collection had ended, the responses of the questionnal were combined, the records were entered into software of data management namely SPSS and AMOS, and they were then computed.

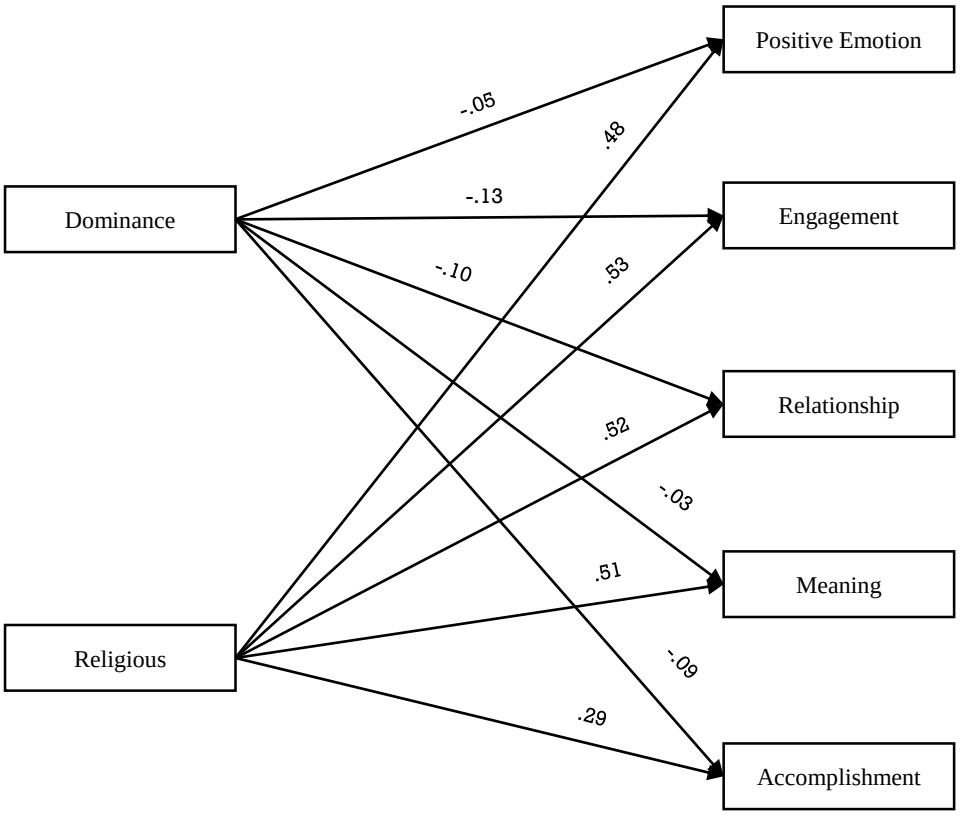
Ethical approval

After discussing the purpose of the current research with the subjects and making it clear to them, their consent was obtained willingly. Since this is not a formal ethics committee in our institutions, every ethical point was well followed and considered during the whole study.

Result of the Study

Correlation analyses indicated significant relationships among dominance, religiosity, mental health variables, and well-being outcomes. Dominance negatively correlated with PERMA dimensions, while religiosity positively correlated with the same. Depression, anxiety, and stress showed significant negative correlations with PERMA dimensions. Path analysis (AMOS) supported both direct and indirect models. Dominance had a direct negative effect on well-being, and religiosity had a strong direct positive effect. Mediation analysis showed that depression, anxiety, and stress significantly mediated these relationships.

Path Model of the Study (Direct Effect)



Path Model of the Study (Indirect Effect)

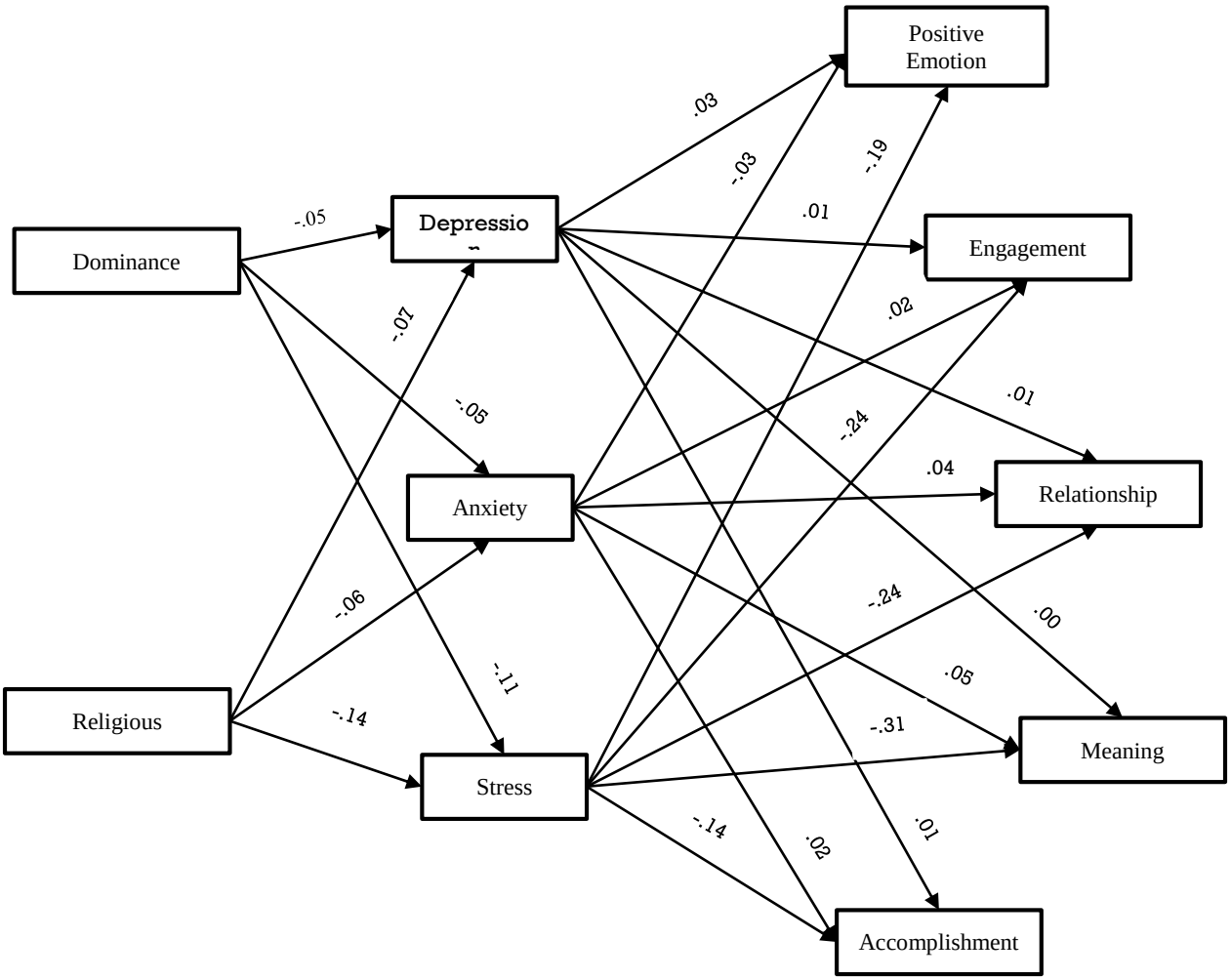


Table 1 - ***Evaluation Table of Correlation among Variables of the study model (N=412)***

Variable	Mean	SD	1	2	3	4	5	6	7	8	9	10
Dominance	67.85	14.03	-	-	-	-	-	-	-	-	-	-
Religious	13.28	5.40	-.089	-	-	-	-	-	-	-	-	-
Depression	6.96	3.70	-.046	-.062	-	-	-					
Anxiety	8.30	3.95	-.046	-.056	.718**	-	-	-	-	-	-	-
Stress	6.80	4.36	-.093	-.129**	.713**	.725**	-	-	-	-	-	-
Positive Emotion	16.76	6.65	-.097	.485**	-.124*	-.145**	-.186**	-	-	-	-	-
Engagement	17.26	7.01	-.176**	.542**	-.148**	-.146**	-.217**	.737**	-	-	-	-
Relationship	17.45	6.80	-.147**	.530**	-.136**	-.131**	-.206**	.701**	.727**	-	-	-
Meaning	17.50	6.80	-.078	.508**	-.183**	-.174**	-.273**	.688**	.713**	.765**	-	-
Accomplishment	15.09	6.73	-.112*	.299**	-.083	-.081	-.126*	.560**	.579**	.599**	.611**	-

p<.001 *. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

The table 1 indicates that these individuals, who are indicate to demonstrate the style of dominant behavior, report on low psychological well-being. They have reduced chances of positive emotion, engagement to life, having satisfactory relationships as well as a sense of accomplishment. On the contrary, persons who have a strong sense in religion are found to have a better general well-being. They are emotionally more positive, have a more involved relationship with life and better relationship and greater sense of accomplishment. Also, religiosity correlates with being less stressed and distressed emotionally, implying that religious orientation can provide psychological immunity. Depression, anxiety and stress are some forms of obstruction that hinder well-being and religiosity appears to provide a form of defence against all these feelings of negatively. All these relationships are indicative of the multilateral interrelationships that exist among power, belief, emotion and well-being in the human life.

Discussion

Findings suggest that dominant individuals, despite perceived social power, experience diminished psychological well-being. The findings also reinforce the existing literature suggesting that dominance is detrimental to well-being, likely due to its association with aggression and hierarchical control (Zeng et al., 2022). This supports existing evidence on the social cost of coercive leadership and hierarchical behaviors (Zeng et al., 2022). Dominance erodes supportive relationships, increases psychological strain, and limits meaningful engagement which are key ingredients of well-being. Conversely, religiosity contributes positively to well-being by providing purposefulness, organized belief frameworks, and a supportive social environment. These factors help protect against psychological distress and foster greater involvement, hopefulness, and a sense of achievement (Cook, 2020; Hoogeveen et al., 2022). Religiosity, particularly when it is intrinsic and meaning-oriented, enhances psychological well-being.

Students with higher religiosity scores showed significantly greater levels of positive emotion, meaning, and relationship quality. These findings are consistent with theories that posit religion as a source of identity, existential security, and emotional support (George et al., 2002; Cook, 2020). Furthermore, depression, anxiety, and stress mediated the impact of both dominance and religiosity on well-being. Dominant individuals may experience increased internal conflict and isolation, exacerbating psychological distress. Meanwhile, religious individuals may benefit from coping mechanisms such as prayer, social support, and spiritual meaning, thus buffering against negative emotional states (Abu-Raiya, 2013; Weber & Pargament, 2014). The data also reflect the bidirectional influence between religiosity and mental health, suggesting that people with better mental health may be more inclined toward spiritual activities, reinforcing the complex causality proposed by Hoogeveen et al. (2022).

Conclusion

This paper brings out the dichotomous behaviors of dominance and religiosity in well-being. Dominance is related to lower well-being since it is linked to increased levels of psychological distress whereas religiosity positively affects well-being providing emotional, cognitive as well as social resources. Depression, anxiety and stress have mediating effects and therefore internal psychological states need consideration in well-being interventions. These findings support policy change suggestions of new educational and treatment methods which minimize dominance-based social processes in the community and promote positive and constructive involvement in religion or spirituality.

Limitations

1. The study's cross-sectional design limits causal interpretations.
2. Use of self-report questionnaires may introduce response bias.
3. Sample limited to university students may affect generalizability.
4. Cultural context (religious population) may have influenced results.
5. Cross-sectional design limits causal inference.
6. Self-report tools: Possibility of social desirability bias.

Significance of the Study

This research contributes an important piece of empirical work in a part of the puzzle of the relationship among the social, spiritual, psychological well-being, expanding what we have learned about how dominance and religiosity are related to human flourishing. The findings lay emphasis on the importance of reducing dominance-seeking spirit in personal and institutional environment and embracing genuine spiritual practice as a means of achieving well-rounded mental health. The research opens a new frontier by making a proposal that highlights an integrative nature of the relationship between dominance, religiosity, and well-being and how depression, anxiety, and stress mediate the complicated relationships. Besides, it underlines the role of culturally sensitive interventions that seek to reduce power-based actions and create spiritual strength. By so doing the study helps to advance the knowledge on religion and mental health, especially to show how intrinsic religiosity helps to protect the young adults.

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