Effect of Religiosity on the Self-Esteem and Life Satisfaction of Lesbians and Gay Men

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Abstract

The aim of the current study was to investigate any potential relationships in the variables by means of a quasi-experimental research design examining differences between the independent variable sexual orientation across the dependant variables religiosity, self-esteem and life satisfaction. The sample consisted of 157 participants (M=87, F=70). Participants completed an online survey comprised of the Rohrbaugh & Jessor Religiosity Measure, Rosenberg Self-Esteem Scale and The Satisfaction With Life Scale. Results showed that there was a significant relationship between religiosity and sexual orientation, with heterosexual participants having higher religiosity. There was not a significant relationship between sexual orientation and self-esteem between the two groups. Results also showed no significant relationship between sexual orientation and life satisfaction between the two groups. The study concludes that there is no significance between sexual orientation and religiosity in relation to self-esteem and life satisfaction for lesbians and gay men.
**Introduction**

The aim of the present study is to examine the relationship between the variables which are comprised of religiosity, self-esteem and life satisfaction and to draw conclusions about the effects these may have on lesbians and gay men. It will also examine any differences across sexual orientation by using a comparative heterosexual sample in addition gender and age will also be examined. The literature review will examine these variables individually in order to allow the current study to be put within a context and framework of previous research. In examining these variables the literature review will also investigate some of the themes and topics relevant to the study.

The term ‘lesbians and gay men’ will be used throughout the current piece of research as it was favoured for use in the questionnaires due to being more representative of the term preferred by the homosexual participants as the term ‘homosexual’ has negative connotations for many people due to its clinical nature coupled with the recent historical context of the pathologization of homosexuality. Homosexuality refers to sexual behaviour or attraction between people of the same sex, or to a sexual orientation. It may also refer to an individual’s sense of personal and social identity based on those attractions.

Religion often creates cultural meaning for interpersonal relations as individuals and societies develop interactively (Etengoff & Daiute, 2013). Even in the most secular countries in the world, religion is an unavoidable facet to society, contributing to the way people interpret themselves and the world around them. It may be argued that it is impossible for an individual to separate completely from the religious doctrine that contributed to the formation of the societies and communities in which the individual operates. One might call themselves an atheist, believing that they hold no value on religious teachings without realising how much of religion they have internalised and incorporated into their thinking. Previous work on the psychology of religion has produced vast amounts of research investigating the ways in which religious beliefs, at the level of the individual, contribute to, for example, physical and mental health, interpersonal relationships
and intergroup relations (Koenig, McCullough, & Larson, 2000; Paloutzian & Park, 2005). The current study is concerned with examining the implications this may have for particular sections of society, namely lesbians and gay men. Lesbians and gay men more often than not find themselves coming into direct conflict with some of the key messages in the doctrine of most organised religions as the vast majority of religions state that a homosexual orientation is ‘immoral and against all that is intrinsically good’ (Herek, 1987). Religion has influenced and shaped the behaviour and thinking of past generations, often in a very overt and dogmatically religious way, where religious values are enshrined in law. The effects of religion on society may be mostly positive, especially true of the past, but when it isolates sections of society is it endorsing discrimination? Previous research shows prejudice exists against people who are perceived to violate the religion’s value system, lesbians and gay men fall into that category for many religious groups (Duck & Hunsberger, 1999). As there is an increasing drive toward a distinct separation of church and state in most developed countries it is important to be aware of the amount of these religious values which have been placed in many of our systems such as schools which is a crucial stage of development in terms of forming a positive sense of identity in the context of forming an overall positive self-concept. This is supported by researchers who found that adolescence is considered to be, by many researchers and developmental psychologists, as the most sensitive period for spiritual exploration and development (Good & Willoughby, 2008). There is a great deal of research which shows that the idea of a higher power gives comfort to many people throughout their life and with very real and measurable differences in their stress, satisfaction with life and even their longevity with some studies providing evidence for the fact that people with a strong investment in some kind of religious belief system do indeed live longer lives than those who do not. McCullough, et. al., (2009) found religious involvement is one form of social engagement that has been linked with physical health, most notably with longevity. This has been shown in many studies and replicated across different samples and it seems that people with strong social ties and high levels of social engagement live longer and with better health on many metrics from alcohol
use to wound healing (Peirce, Frone, Russell, Cooper, & Mudar, 2000). It is very important to examine why this may be, is it the belief or the sense of freedom from the consequences of reality which offer these health benefits? Or might it be explained more easily by the social support network, sense of belonging and inclusiveness that religion lends an individual. The current study will look at whether these positives of religion are extended to lesbians and gay men, or if there might actually be negative effects on mental health as a consequence of a persons identity coming into conflict with some core teachings of religion through creating prejudice, as a large amount of research conducted on the relationship between religion and prejudice would indicate (Spilka, Hood, Hunsberger, & Gorsuch, 2003).

Religiosity

The psychologist James Leuba detected 48 distinct definitions of religion which in itself allows an appreciation of how difficult it is to tie down one, all-encompassing idea of what it is and means to people due to its highly personal nature. Koenig et al. (2006) defined it very succinctly as an organised system of beliefs, practices, rituals and symbols. Plante & Sherman (2001) attempt another definition stating that religion involves a social or institutional dimension and consists of beliefs, practices and congregational activities of an organised institution. Previous research documents significant findings in support of religiousness as a positive in terms of mental and subjective well being (Błazek, M., & Besta, T., 2012). Research which laid the foundation for these more recent investigations into the link between mental health and religion is abundant. Klein (1944) considered religion ‘a primary condition of a well-balanced personality’, emphasising the integrative striving that underlies all religious activity. According to Klein striving is the basic human trait and religion is the ultimate expression of this human trait. Symbols are needed to mark the process, if only to signify the direction of the striving. Klein rejected the idea that worship was an escape mechanism and stressed the importance of an integrative philosophy of life, going on to
talk about the ‘unity which it confers on the life that holds it’. Klein seemed to think that religion functioned as a cohesive agent for the many dimensions of the human psyche and helped them to function in unison in a balanced and healthy way.

Weber (1922) held the view that religion provided a solution to the irrational problems of life such as suffering, illness, fairness and evil. This view is supported by many others in research including Lerner (1980) who suggested that religious ideology helps adherents to satisfied in their desire to believe in a “just world” in which people “deserve what they get and get what they deserve”.

Some researchers adopt a system of justification perspective, which proposes that an important but less often discussed function of religion is that it provides ideological justification for the existing social order, and to establish the perception that prevailing institutions and arrangements are legitimate and just, and therefore worth obeying and preserving (Jost, Banaji, & Nosek, 2004; Jost & van der Toorn, 2012). There is substantial research that points to the way in which religion has been used in order to to segregate populations in the pursuit of power and control over others. Religion was cited as a defence of racial hierarchies and the institution of slavery (Faust, 1981; Fredrickson, 2002). This is perhaps the more extreme end of the spectrum in this regard, however these issues are still current today as is noted by (Finnegan, 2000) who observes slavery is still practiced in Mauritania and reported that the view of most of the Haratin is ‘to be against slavery is to be against religion’. This goes quite far in demonstrating how intimately intertwined religion, culture and law can be in our societies, past and present. (Guthrie, 1996) also highlights some of the same points saying that religion is symbolic, that is, religious ideas and symbols really are a covert means of pursuing varying social purposes, especially social cohesion and order. Going on to pose the question that if this is true, why does it so frequently work against its function, as in the case of sectarian warfare.

The difficulty in researching in the area of religion is that it cannot be easily quantified, there are no empirical scientific measures of the validity of the infrastructure of the belief systems
themselves. We can however, as with the current study, measure the effects these beliefs have on 
the behaviour of individuals and the implications of holding such a belief systems for the 
individual. Previous research has found that those individuals who may be more susceptible to the 
experience of stress or distress were among those to benefit most form some form of religious belief 
system. Maton (1989) conducted research which greatly supported the idea that perceived support 
form God had a positive effect in reducing depression as well as sustaining self-esteem and 
emotional adjustment in those under high stress, with few significant effects on those not under 
stress. This research would suggest that religious belief can be part of an effective coping strategy 
for an individual who encounters highly stressful events during their life. This research is supported 
by another study which found strong correlations between one’s religiosity and one’s physical and 
mental health (Taylor et al., 2004; Williams et al., 1991).

Freud (1907) explored his views on religion most extensively in his two texts ‘Totem and 
Taboo’ and ‘The Future of an Illusion’, making the comparison between religious rituals and 
obsessional neurosis, suggesting that a person’s guilt could be satiated by the repetitive nature of 
worship both privately and indeed publicly as in formal ceremonies, illuminating the social dynamic 
at play. Freud’s theory speculated that in the absence of these repetitive, symbolic religious rituals 
the individual would become very anxious, and so we can deduce that he was of the thought that 
religion offered itself as an outlet for a somewhat healthy level of neuroticism. Freud discusses God 
or any other divine entity not as real, but rather something created ultimately by the collective 
mental and emotional needs of humans across time. Freud attempts to account for religion in this 
book but does not directly advocate its elimination. However Freud ultimately believed that mature 
people should leave behind their infantile attachment to a protector God and employ instead the 
analytical reasoning of science.

Further research by Frey and Stutzer (2002), examines the several reasons why religion 
may raise an individuals happiness. Firstly, church attendance is an important source of social 
support; religion can instil life with meaning and purpose; religious people are better at dealing with
negative circumstances in life and church members live healthier lives and live longer which also contributes to happiness. The current study is interested in examining if this is the case across a sample of lesbian and gay participants in contrast with heterosexual participants. The current study is to investigate if these positive effects are relevant to society as a whole, or if in fact it may be argued that religiosity contributes to negative effects on self-esteem and life satisfaction for the relatively large LGBT portion of the population.

**Self-Esteem**

A great deal of previous research exists in the area of self-esteem with few who would dispute the relevance and impact of self-esteem across all areas of an individuals life. Self-esteem or self-regard is evaluative and refers to how much we like or approve of ourselves, how ‘worthy’ we deem ourselves to be, with Sloan (2002) defining it as ‘an individuals perceived feelings of value and self-worth’. This definition is supported by Coopersmith (1967) who defined it as ‘a personal judgement of worthiness, that is expressed in the attitudes the individual holds towards himself’. There are certain characteristics or abilities which hold greater value in society in general, and these obviously have an impact on our self-esteem. These values attached to particular characteristics will greatly depend on culture, gender, age and social background. It is quite clear that other factors which come into play when assessing our identity within the context of society are our religious beliefs and indeed another large part of identity for some individuals is their sexual orientation. Coppersmith (1969) found the origins of self-esteem not to be significantly based on external factors such as money, level of education or job but rather in the areas of home life and interpersonal relationships. Coppersmith goes on to explain that children reflect self-esteem through a process called ‘reflected self-appraisal’ where the child takes the opinions of others and from this builds their own sense of self-esteem. Existing research suggests self-esteem is indeed relevant for a number of important personal and social life outcomes. High self-esteem predicts closeness in romantic relationships, better job performance, and academic achievement (Judge & Bono, 2001;
Marsh & Craven, 2006; Murray, 2005), while low self-esteem predicts a number of maladaptive outcomes such as delinquency, poor physical and psychological health, and limited economic prospects (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; Orth, Robins, & Widaman, 2012; Trzesniewski et al., 2006; Zimmerman, Copeland, Shope, & Dielman, 1997). The current research is concerned with looking at self-esteem in relation to lesbians and gay men within the context of any relationship it may have with religiosity and furthermore any impact on life satisfaction. Previous research in the area has identified self-esteem, specifically the formation of a positive or high self-esteem for lesbians and gay men as often being a more difficult task.

Individuals who identify as lesbian, gay or bisexual are faced with unique stressors related to their minority sexual orientation (Hope, 2009; Meyer, 1995, 2003), such as sexual prejudice, which refers to negative attitudes towards an individual because of his or her sexual orientation (Herek, 2009a). Supporting this research, Feinstein, B. A., Davila, J., & Yoneda, A. (2012), conducted further research in a study which examined the associations among three aspects of self-concept (self-esteem, self-concept clarity and sexual identity confusion), self-stigma and depressive symptoms. It was a USA sample made up of 163 lesbians and 125 gay men with the results indicating that individuals with lower self-esteem, lower self-concept clarity and higher sexual identity confusion reported higher self-stigma. Furthermore, the negative association between self-concept clarity and self-stigma was significant for individuals with lower self-esteem, but not those with higher self-esteem. This would suggest the importance of being secure in one’s identity in avoiding negative mental health issues. The study goes on to present the findings that the positive association between self-stigma and depressive symptoms was significant for individuals with lower self-esteem, but not those with higher self-esteem, and it was stronger for those with lower sexual identity confusion. The conclusion of the study was to present the importance of the self-esteem and self-concept in the internalisation of sexual stigma and the consequences that would have for the individual. Identity development theorists (Cass, 1979, 1984; Fingerhut, Peplau, & Ghavami, 2005; Troiden, 1979, 1989) suggest that it is common for individuals to experience self-
stigma as they develop their sexual minority identity and overcoming self-stigma is essential to developing a healthy self-concept. Numerous other studies have demonstrated that self-stigma is associated with a range of negative psychological outcomes including greater depressive symptoms and lower self-esteem. Gonsiorek & Rudolph (1991) makes the point that the impact of this self-stigma is very diverse in the way it expresses itself ranging from self doubt to self hatred. The current study aims to build on this research by examining self-esteem among participants in relation to religiosity and satisfaction with life across both a lesbian and gay sample to examine any differences.

**Satisfaction with life**

Extensive research has been carried out by previous researchers in the area of satisfaction with life. Satisfaction with life is defined by Shin and Johnston (1978) as an overall perception of one’s quality of life based on the person’s expectations of what constitutes a ‘norm’. It is proposed by this previous research that an individual will compare their perceptions of how their life is to how they would like it to be. If it is close to the ideal then they will be satisfied with their life. Life satisfaction has been described as an attitude, a summary evaluation of objects along a dimension ranging form positive to negative (Petty, Wegener, & Fabrigar, 1997). Although the needs and values of people are often quite different and dependant on the particular values held by the individual’s cohort there are some distinct measurable qualities generally held by any given society which indicate life satisfaction. The traditional global and trait-like view of life satisfaction is very much based on the dispositional/tendency approach, where people are believed to exhibit considerable temperable stability and cross-situational consistency in their life satisfaction ratings that are associated with stable personality characteristics (Diener, Emmons, Larsen & Griffin, 1985). It is ‘The Satisfaction With Life Scale’ (Diener, Emmons, Larsen & Griffin, 1985) that will be used for the purpose of the current piece of research. Ultimately, this research points toward the
matching up between the aspirations of an individual to their actual achievements. If the individual feels that there is a general matching up, then they will be more satisfied with their life, if not then they will experience greater dissatisfaction with their life.

Previous research has linked satisfaction with life with many other aspects and dimensions of an individual's life including personality (McCrae & Costa, 1991), ethnicity (Markides & Mindel, 1987), health (Willits & Crider, 1988), social interaction (Gibsen, 1986), social class (George, 1990) and religion (Koenig, Kvale & Ferrell, 1988). There has been considerable research into the relationship between religion and satisfaction with life, although not as extensive as one would expect. Corrington (1989) looked at recovering alcoholics who were taking part in an Alcoholics Anonymous programme in order to examine the relationship between the participants' religiosity in relation to their recovery. Corrington concluded from the research that religiosity was closely linked to the participants' satisfaction with life and in turn their success in recovering from alcoholism. These findings would seem to be supported by another piece of research conducted where the participants had been admitted to hospital with a range of physical disorders ranging from spinal injuries to stroke patients. In the study Kim, Heinemann, Bode, Sliwa & King (2000) looked at the spirituality of the patients in relation to their satisfaction with life and found that there was a positive correlation between the two variables among the sample.

Dorahy et al., (1988) examined the relationship between religiosity and satisfaction with life specifically, by conducting a cross-cultural study involving participants from Ghana, Nigeria, Northern Ireland and Swaziland. The results of this particular study were very interesting as they showed a significant difference across gender. While they discovered no significant difference between religiosity and life satisfaction among female participants, they did find a significant association between these two measures for the male participants in three out of the four samples. This piece of research conducted by Dorahy et al., (1988) is very interesting as it might be concluded from the findings that the male participants looked toward religion for social support
more than the female participants who, it might be argued achieved greater satisfaction with life through family structures.

Lightsey et al., (2013) conducted research which suggested that life satisfaction is an important index of mental health and also predicts other important outcomes such as longevity and decreased mortality. The research goes on to conclude negative affect has a unique inverse relationship with life satisfaction across the life span and determining psychological factors that uniquely predict future life satisfaction and that reduce the trait negative affect life satisfaction relationship is ‘theoretically and clinically important’. These findings are supported by (Diener 1984; Pavot and Diener 2008) who suggest a cognitive, global evaluation of one’s life satisfaction, is an important aspect of psychological health and a key dimension of subjective well-being. However, since individuals assign different significance to a range of life domains such as marriage, health, spirituality and health, it may not always be the most representative. Anderson & Vogel (2003) point out that the advantage with the satisfaction with life measure is that individuals have the freedom to decide themselves what areas of their life they assign the most significance to, and so it yields a reliable score based on that individuals values.

The purpose of the present study is to examine any relationships between the variables of religiosity, self-esteem and life satisfaction for lesbians and gay men with a heterosexual sample for comparative purposes. The current study aims to build on existing research, which has examined these variables separately with little research on the current variables existing in a recent sample. The study hopes to support some of the previous findings while enhancing the body of knowledge in this area of interest. The specific research questions of the current piece of research hope to draw some conclusions and raise awareness around these issues and the populations they affect.
Hypothesis of Current Study

H1: There will be a significant difference between level of religiosity in participants who identify as heterosexual versus participants who identify as homosexual.

H2: There will be a significant difference in self-esteem between participants who identify as heterosexual versus participants who identify as homosexual.

H3: There will be a significant difference in life satisfaction between participants who identify as heterosexual versus participants who identify as homosexual.
Method

Participants

Participants were recruited for the study by means of convenience and snowball sampling. The sample originated with the student population in Dublin Business School and in addition friends and acquaintances who helped to distribute the online survey via social media to further friends and acquaintances who had an interest in the area. 157 participants in total took part in the study by completing the online survey. The sample which took part in the study was comprised of a cross section of nationalities, age, gender, sexual orientation and religious belief. The aim of the study was to examine a lesbian and gay population with a heterosexual sample for comparative purposes. There was an almost equal gender balance within the participants of the online survey, with male participants (54%) and female participants (46%). The average age of the participants fell between the (18 - 24) and (25 - 36) age bracket with a significant number of responses from the (35- 44) and (45 -54) brackets. There was only one response from the age brackets above the aforementioned and so data from these participants was omitted form the study. Exclusion criteria for participants were any sexual orientation or gender identity falling outside of those mentioned, so it is important to note that the study does not examine those of a bisexual orientation, asexual orientation or non-binary gender. As there was an excess of 38 participants who took part in the online survey, this information was omitted from the analysis. The age of the participants ranged form 18 -75 years, being mostly made up of the 18-44 range. Another exclusion criteria for the study was anybody under the age of 18. Participants received no form of payment for taking part in the study.
Design

The design of the study was a quasi-experimental research design. Between groups differences were sought between the independent variable of sexual orientation, participants who identified as lesbian/gay and participants who identified as heterosexual examining the dependant variable of religiosity. Between groups differences were also sought between the independent variable sexual orientation and the dependant variable self-esteem. Finally between groups differences will be sought between the independent variable sexual orientation and the dependant variable satisfaction with life.

Materials

The online survey for the current study was developed with Qualtrics online survey software and included brief demographic questions on age, gender and sexual orientation. It also contained an online version of the cover page informing the participant about all the details of the study as well as contact information and opening hours of helplines relevant to the issues being examined in the study. The remaining questions were comprised form amalgamating three separate questionnaires which had been developed and used in previous research in the area. These questionnaires included Religiosity Measure (Rohrbaugh & Jessor, 1975), Rosenberg Self-Esteem Scale (Rosenberg, 1965) and The Satisfaction With Life Scale (Diener, Emmons, Larsen & Griffin, 1985). All of these surveys have been used extensively in previous research and all have well established reliability and validity. In order to measure the participants level of religiosity in the current study (Rohrbaugh & Jessor, 1975) religiosity measure was used. The instrument is easy to administer and relatively short requiring a high school range reading competency, making it a very accessible measure. It was developed to measure the impact and influence of religion on the respondents daily secular life in addition to determining the extent of individual participation in ritual practices. Cronbach coefficient alphas were over .90, indicating high internal consistency for the instrument. This
measure is unidimensional and homogeneous, as indicated by an average of .55 for Homogeneity Ratios (Scott, 1960). Strong internal validity was indicated by the four sub scales for the original four student groups used to develop the study having an overall average correlation matrix coefficient value of 0.69. Discriminant validity analysis indicated that this instrument assessed the personal religious orientation of the individual, and was not primarily the result of his/her identification with an external religious network or social structure. In the measure, (Rohrbaugh & Jesser, 1975) place emphasis on cognitive orientation concerning a transcendent reality, hence it is applicable to religiosity in general. No particular affiliation or denominational creed is assumed.

The questionnaire was developed from Glock’s (1959) four dimensions of religiosity (ritual, consequential, ideological, and experimental), these were utilised in two-item sub scales, producing an eight item multiple choice instrument. Each item is scored from 0 (indicating least religiosity) to 4 (indicating greatest religiosity). The only exception is one item which asks about ‘attendance at religious services’, the respondent is asked to complete this question by means of a fill-in-the-blank option where they estimate the number of times they attended religious services in the previous year. The maximum score for each of the sub scales is 8 with a total possible score of 32 for the sub scales combined. Reverse scoring is utilised by the measure to minimise any obvious structure within the scale and this is achieved by reverse wording some of the questions at random intervals throughout the questionnaire. Items within the scale examining areas of an ideological nature contain the verb ‘believe’, and where experimental items are being examined the verb ‘believe’ is used. The questionnaire is scored so that a higher total indicates greater levels of religiosity so questions 2, 3, 5, 6 & 7 are scored 4-0/5-0 from A-D/A-E as appropriate and questions 4 & 8 are then scored 0-4/0-5 from A-D/A-E. (See Appendices 1.0).

In order to measure the variable of self-esteem in the current study the Rosenberg Self-Esteem Scale (Rosenberg, 1965) was utilised, the measure is a 10 item likert type scale designed to measure feelings about self-competency and self-worth. It requires the participant to directly report the feelings and beliefs they hold in relation to their self. The 10 items that make up the scale are
designed to optimise ease of administration and economy of time for the participant. The scale is comprised of statements such as ‘On the whole I am satisfied with myself’ and ‘I am able to do things as well as most other people’. Participants are asked to select the most appropriate response to them which is scored by means of a four point scale ranging from 1) strongly agree, 2) agree, 3) disagree and 4) strongly disagree resulting in a scale range of 10 - 40 where a higher score represents higher self-esteem. The scale has some reverse scored items in order to improve accuracy of results. The measure contains 5 positive self-esteem questions (questions 1, 3, 4, 7, 10) and 5 negative self-esteem (2, 5, 6, 8, 9). The validity of the Rosenberg Self-Esteem Scale (Rosenberg, 1965) is very well established, being used as a base for many other questionnaires examining self-esteem. Corcoran and Fischer (1987) found the scale to have a good internal consistency (alpha=.82) and a good test-retest reliability (.85). They also found it to correlate significantly with other self-esteem measures demonstrating good validity.

The Satisfaction With Life Scale (Diener, Emmons, Larsen & Griffin, 1985) was used in order to measure the participants cognitive-judgmental component to satisfaction with their life. The participants are allowed to judge their personal, subjective experiences in terms of their own values (Hammarat et al., 2001). Hence, measuring the individual’s own perceptions of their overall contentment with life. The scale is comprised of 5 items, made up of statements such as ‘In most ways my life is close to my ideal’ and ‘If I could live my life over I would change almost nothing’. These items are rated by the participant using a 7-point likert scale to identify to what extent they agree or disagree with each statement. The total scores range from 5 to 35, with higher scores reflecting a higher level of life satisfaction for the participant, with 5 signifying minimal satisfaction and 35 signifying maximum satisfaction. The validation sample shows evidence of good internal consistency reliability (.87) and good test-retest reliability (.82). The inter-item correlations range from 0.44 to 0.71 and from 0.61 to 0.81. It was found to be positively linked with other with other measures of subjective well being and negatively associated with psychopathology scales (Pavot et al., 1991).
Procedure

Participants were recruited by convenience and snowball sampling. All participants who took part in the study were asked to complete an online survey replicating the questionnaire booklet (See Appendix 1.0), including a cover letter detailing the study. The cover letter informed the potential participants of all the requirements of the survey and providing them with instructions as to how they would complete it. They were briefed as to the nature of the survey, advised not to answer any question which may cause them discomfort and that they may withdraw at any time before submission, while at the same time being informed that due to the anonymous nature of the survey they would not be able to withdraw after completion and submission of the online survey. Contact information for the relevant support networks and agencies were also included on the cover letter. Confidentiality was stressed and assured. The participants were asked to answer all questions truthfully without spending too much time on any one particular question. The instructions for each scale were included at the top of each section within the survey and any questions which required further clarification such as text entry had a generic example in brackets. There were also questions to provide a demographic picture of the respondents including gender, age and sexual orientation.

Data Analysis

The data obtained from the online questionnaire was entered into SPSS (Version 21) to analyse results by performing statistical tests. Descriptive statistics and frequencies were carried out to examine the demographics of the participants who took part in the online survey. A test for normal distribution was run in order to decide what would be the appropriate tests to analyse the data for the current study. Mean, Standard deviation and a number of bar graphs were performed to show the various relationships between variables.
ANOVA was used to determine if there was a relationship between religiosity, self-esteem and life satisfaction between the two groups of heterosexual participants and lesbian/gay participants.
Results

Descriptive Statistics

Descriptive statistics were carried out in order to examine the sample of 157 participants (M=87, F=70). There were 74 Gay participants (N=74), 9 Bisexual participants (N=9) and 74 Heterosexual participants (N=74). Preliminary tests were run to examine the data and to verify that there was no violation of the assumptions of normality. The range in age was 18 - 64, there were 45 participants in the (18 - 24) range, 49 participants in the (25 - 34) range, 41 participants in the (35 - 44) range, 20 participants in the (45 - 54) range and 2 participants in the (55 - 64) range. The mean and standard deviation for religiosity, self-esteem and life satisfaction are below in table 1. One of the measures of religiosity revealed a slightly skewed result, however as it was only for one of the items, church attendance, within the religiosity measure. It was decided the data was robust enough to run the parametric test ANOVA in order to examine the hypothesis.

Table 1: Descriptive Statistics of Variables

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religiosity</td>
<td>14.01</td>
<td>6.49</td>
<td>7</td>
<td>33</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>17.78</td>
<td>4.92</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>15.62</td>
<td>6.41</td>
<td>5</td>
<td>35</td>
</tr>
</tbody>
</table>

(N=157)
Inferential Statistics

A one-way between groups analysis of variance (ANOVA) was conducted to explore the impact of sexual orientation on religiosity scores across participants who were divided into groups based on sexual orientation, with sexual orientation as the independent variable and religiosity as the dependant variable. This revealed a significant between group difference: \[ F(3,154)=2.86, \ p=.039, \] and the differences between the mean scores of the groups were significant, please refer below to table 2. Post-hoc analysis using the Fisher’s LSD conversion confirmed that as expected lesbians and gay men show significantly lower levels of religiosity than heterosexuals. No significant differences were found between lesbian participants (M=11.38, SD=5.25) and gay participants (M=12.97, SD=5.24) although lesbians scored slightly higher on the religiously measure than gay men.

Table 2: ANOVA - Hypothesis One (H1) Religiosity

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>F</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>11.38</td>
<td>5.253</td>
<td>2.86</td>
<td>(3,154)</td>
<td>0.039</td>
</tr>
<tr>
<td>Gay</td>
<td>12.97</td>
<td>5.240</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>15.51</td>
<td>7.336</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(N=157\)
A one-way between groups analysis of variance (ANOVA) was conducted to explore the differences between self-esteem scores across participants who were divided into groups based on sexual orientation, with sexual orientation as the independent variable and self-esteem as the dependant variable. This did not reveal a significant between groups difference: \(F(3,154)=1.64, P=.181\)

Please refer to Table 3 below for differences between the mean scores of the groups.

Table 3: ANOVA - Hypothesis Two (H2) Self-Esteem

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>F</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>15.00</td>
<td>4.282</td>
<td>1.64</td>
<td>(3,154)</td>
<td>0.181</td>
</tr>
<tr>
<td>Gay</td>
<td>17.97</td>
<td>4.974</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>17.97</td>
<td>4.490</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(N=157)
A one-way between groups analysis of variance (ANOVA) was conducted to explore the impact of life satisfaction scores across participants who were divided into groups based on sexual orientation, with sexual orientation as the independent variable and life satisfaction as the dependent variable. This did not reveal any significant between groups difference: \( F(3,154)=1.22, P=.302 \).

Please refer to table 4 below for differences between the mean scores of the groups.

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>F</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>12.38</td>
<td>6.35</td>
<td>1.22</td>
<td>(3,154)</td>
<td>0.302</td>
</tr>
<tr>
<td>Gay</td>
<td>15.98</td>
<td>5.87</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>15.81</td>
<td>6.35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( (N=157) \)
Discussion

The present study set out to investigate three separate hypothesis regarding any potential relationships between religiosity and sexual orientation in terms of self-esteem and life satisfaction. The three hypothesis will be discussed individually. The first hypothesis was based on previous research that suggested religiosity would be lower for lesbians and gay men due to the negative implications on mental and physical health as a result of prejudice encountered by those who come into conflict with some of the core teachings of most organised religions (Spilka et al., 2003). It is accepted by existing research that an individual who is highly religious will subscribe to the beliefs held by their particular religion and this is one of the reasons the current study hypothesised that participants of a sexual orientation other than heterosexuality would have lower religiosity than those who were heterosexual. The results of the current study retained these previous findings revealing that the heterosexual participants did have a significantly higher score on the Rohrbaugh & Jessor (1975) Religiousity Measure when compared to the lesbian and gay sample. Although the findings were significant for the between groups hypothesis it is noteworthy that the overall religiosity was not as significant as expected with low religiosity across all groups. Maton (1989) conducted research which greatly supported the idea that perceived support form God had a positive effect in reducing depression as well as sustaining self-esteem and emotional adjustment in those under high stress, with few significant effects on those not under stress. It might go some way in explaining the overall low scores on the religiosity measure that there are now greatly improved mental health services available to the general population in the developed world. This would explain the lower religiosity as people are now finding alternative support in terms of coping and stress management in their day to day activities. The findings of the current study support also the previous research of Good & Willoughby (2008) who found that adolescence is considered to be, by many researchers and developmental psychologists, as the most sensitive period for spiritual exploration and development. This would support the current findings of a lower level of religiosity
within the lesbian and gay participants as the time in an individuals life where they begin to fully realise their sexual identity coincides directly with the stage thought by this previous research to be the most important in terms of forming a spiritual identity in the religious beliefs held. The research conducted by (Duck & Hunsberger, 1999) supports this by stating in their research that prejudice exists against people who are perceived to violate the religion’s value system and that lesbians and gay men fall into that category for many religious groups. It would then be expected that if the teachings of any particular religion came into conflict with the formation of another, more fundamental aspect of the individuals identity that the individual who finds themselves at odds with the values of the existing religion would experience a separation from the ideals of that particular doctrine and in turn the religion as a whole. Correspondently, it would be expected from the existing research that there would be higher religiosity among the heterosexual sample as according to McCullough et. al., (2009) who found religious involvement is one form of social engagement that has been linked with physical health, most notably with longevity.

The second hypothesis examined the relationship between the measure of self-esteem and sexual orientation and was rejected in the findings. The results showed no significant differences between the two groups. This is conflicting with the existing research of Feinstein (2012) who conducted a study examining the associations among three aspects of self-concept, namely, self-esteem, self-concept clarity and sexual identity confusion in addition to self-stigma and depressive symptoms among a sample of 163 lesbians and 125 gay men. The findings of the study found individuals with lower self-esteem, lower self-concept clarity and higher sexual identity confusion reported higher self-stigma. There were also significant findings in the study which indicated that there was a negative association between self-concept clarity and self-stigma for individuals with lower self-esteem but interestingly not for participants who had higher self-esteem. The discrepancies between the existing research and the current study may be explained by the sample populations as the existing research uses a U.S.A sample and the current research uses a mostly Irish sample, so cultural differences must be taken into consideration when interpreting and
comparing the results. The previous study by Feinstein (2012) was not as recent as the current investigations and although it is only two years older there have been monumental changes in the area of LGBT rights and equality within the elapsed time. The conclusion of the study by Feinstein (2012) was to present the importance of the self-esteem and self-concept in the internalisation of sexual stigma and the consequences that would have for the individual. The current study found no significant relationship in the lesbian and gay participants in terms of self-esteem as compared to the heterosexual sample. Coopersmith (1967) defined self-esteem as ‘a personal judgement of worthiness, that is expressed in the attitudes the individual holds towards himself’ which is interesting in terms of the findings of relatively similar self-esteem across both heterosexual and homosexual samples. This indicates a progression in the way lesbians and gay men are being accepted and integrated into society which is contrary to previous generations. Fingerhut et al. (2005) had put forward an identity development theory that suggested it was common for individuals to experience self-stigma as they develop their sexual minority identity, again the lack of significant findings in the current research would indicate a progression forward in the incorporating of a variety of new values in society.

The third hypothesis examined any the relationship between life satisfaction and sexual orientation and was rejected by the findings of the study. Shin and Johnston (1978) had defined life satisfaction as an overall perception of one’s quality of life based on the person’s expectations of what constitutes a ‘norm’. The current study hypothesised that there would be differences between the heterosexual participants and the lesbian and gay participants. The rationale for this was based on the previous research that lesbians and gay men often found themselves outside the ‘norms’ of what was expected from society. (Duck & Hunsberger, 1999) discuss this in terms of individuals being affected by the prejudice which is put in place within society due to particular religious values, which have in turn become social norms and values over the years. No significant differences were found in the results between the two samples. This was expected as there had already been no significant differences in self-esteem and the Satisfaction With Life Scale (Diener
et al., 1985) was expected to show similar results to the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The findings of no significant differences between groups on the life satisfaction scale would indicate based on previous research a shift in societal ‘norms’ with an emphasis being placed on the individual rather than fitting into measures set down by others. The research of Hammarat et al., (2001) supports this idea, making the observation that even within the Satisfaction With Life Scale (Diener et al., 1985) participants are allowed to judge their personal, subjective experiences in terms of their own values. This may be the hallmark of a developed society were the rigid structures of the organised religions may not be as useful and hence influential in helping to shape the ideals of society. Anderson & Vogel (2003) also supported this view and in their research talk about the freedom of the individual to decide for themselves what areas of life they choose to assign significance. The implications for this may be seen in the way people interpret their social interactions, rather than how those interactions are defined or perceived by others. The research of Etengoff & Daiute, (2013) discussed how religion creates cultural meaning for interpersonal relations as individuals and societies develop interactively, and although religiosity was low overall in the current study, we may observe form the similar satisfaction with life scores across both samples in the current study that as individuals develop their own means of determining their satisfaction with life based on what is important to them, religion may begin to come on board with creating new social values. The recent statements from the current pope demonstrate this interaction between religion and society, where by for the first time in history in an official capacity the pope has declared that he may acknowledge civil unions between people of the same sex. This would have a momentous impact on this interaction between religion and society discussed by Etengoff & Daiute, (2013). Furthermore, one might speculate that this would result in higher life satisfaction for those who incorporate any particular religious belief systems into their identity.
Limitations and future recommendations of the Current Study

There are a number of limitations to the present study. The sample of the current study as mentioned in the method section was obtained through convenience and snowball sampling by means of an online survey distributed primarily through social media and completed for the most part by fellow students at Dublin Business School as well as friends, who in turn distributed the survey to their own friends who have an interest in the area of research. Although it was a relatively large sample and encompassed a range of participants it is important to observe that this method of obtaining participants may not yield the most representative sample in terms of the general population. It is recommended that future research would take in a broader sample.

Another significant limitation to the current study is that the lesbian and gay sample was not entirely representative in terms of a gender balance, with significantly higher participation of gay men compared to lesbians. There are many gaps in the existing research in this area which is raised by previous researchers. In addition knowledge produced by the current study may be too abstract and general for direct application in terms of further research. Although the aim of the current study was not to examine those of a non binary gender or those of a sexual orientation outside of those mentioned in the current study it might be recommended for the purpose of future research in the area to include these categories also, as it may lead to more interesting findings. Further, although the Rohrbaugh & Jessor (1975) religiosity measure did not specify any particular religion it would be interesting to learn of any discrepancies between the different religions and it is recommended that future research might obtain the particular religious denomination within the demographic section of the survey. Finally, the survey used in the present study used only subjective self-report questionnaires and it would be recommended that in future research objective measures would also be used to further validate the findings. As the study did reveal a significance in relation to the slightly higher religiosity of the heterosexual sample in comparison with the lesbian and gay sample
it would be interesting to see more research which might lead to more inclusivity of all sexual orientations across religions organisations.

The study concludes that religiosity is not a significant factor in influencing self-esteem and life satisfaction among lesbians and gay men. Although the study concludes that there were no significant findings with respect to religiosity, self-esteem and life satisfaction for the lesbian and gay sample it did provide some insight into the area and further research would certainly be a rewarding endeavour for a future researcher.
References


Appendices

Dear Participant,

My name is George Tømas Beirne and I am a final year Psychology student in Dublin Business School. I am doing a research study on the relationship between intrinsic religiosity, self-esteem and life satisfaction across both a lesbian/gay sample and a heterosexual sample.

You are invited to take part in this study and participation involves completing the attached anonymous survey. While the individual component questionnaires within the survey ask some questions that might cause some minor negative feelings, they have been used widely in research. If any of the questions do raise difficult feelings for you, I have included the contact information for relevant support services on this page.

Participation is anonymous and confidential. No names should be included in the completed survey. Thus, responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the survey has been completed. This research is being conducted as part of my final year studies and will be submitted as part of my undergraduate thesis and for presentation at a college symposium.

The data collected will be stored on a password protected computer.

If you feel you may have been affected by any of the questions in this survey the contact information for support services around these issues are included below:

- Samaritans Ireland : 1850 60 90 90 or e-mail : jo@samaritans.ie
  (Available 24 hours a day, 365 days a year.)
- The Aware Helpline : 1890 303 302 or e-mail : info@aware.ie
  (Available Monday - Sunday, 10am - 10pm.)
- Gay Switchboard Ireland : 01 872 10 55 or e-mail : director@gayswitchboard.ie
  (Available Monday to Friday: 6:30pm – 9pm, Saturday: 2pm – 6pm.)

Should you require any further information about the research, please contact myself at

My supervisor can be contacted at
Demographic Information

Gender:

Age:

Sexual Orientation:
Religiosity Measures Questionnaire

Instructions: The following questionnaire consists of seven multiple-choice items with one fill-in-the-blank item. Please answer the following questions by circling the appropriate letter for the multiple-choice items and providing the most accurate number for the fill-in-the-blank question.

Ritual Religiosity

1. How many times have you attended religious services during the past year?
   ___ times.

2. Which of the following best describes your practice of prayer or religious meditation?
   A. Prayer is a regular part of my daily life.
   B. I usually pray in times of stress or need but rarely at any other time.
   C. I pray only during formal ceremonies.
   D. I never pray.

Consequential Religiosity

3. When you have a serious personal problem, how often do you take religious advice or teaching into consideration?
   A. Almost always
   B. Usually
   C. Sometimes
   D. Never

4. How much influence would you say that religion has on the way you choose to act and the way you choose to spend your time each day?
   A. No influence
   B. A small influence
   C. Some influence
   D. A fair amount of influence
   E. A large influence
Theological Religiosity

5. Which of the following statements comes closest to your belief about God?

A. I am sure that God really exists and that He is active in my life.
B. Although I sometimes question His existence, I do believe in God and believe He knows of me as a person.
C. I don’t know if there is a personal God, but I do believe in a higher power of some kind.
D. I don’t know if there is a personal God or a higher power of some kind, and I don’t know if I ever will.
E. I don’t believe in a personal God or in a higher power.

6. Which of the following statements comes closest to your belief about life after death (immortality)?

A. I believe in a personal life after death, a soul existing as a specific individual spirit.
B. I believe in a soul existing after death as part of a universal spirit.
C. I believe in a life after death of some kind, but I really don’t know what it would be like.
D. I don’t know whether there is any kind of life after death, and I don’t know if I ever will know.
E. I don’t believe in any kind of life after death.

Experimental Religiosity

7. During the past year, how often have you experienced a feeling of religious reverence or devotion?

A. Almost daily
B. Frequently
C. Sometimes
D. Rarely
E. Never

8. Do you agree with the following statement? “Religion gives me a great deal of comfort and security in life.”

A. Strongly disagree
B. Disagree
C. Uncertain
D. Agree
The Satisfaction With Life Scale

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

A. ____ In most ways my life is close to my ideal.
B. ____ The conditions of my life are excellent.
C. ____ I am satisfied with my life.
D. ____ So far I have gotten the important things I want in life.
E. ____ If I could live my life over, I would change almost nothing.
### Rosenberg Self-Esteem Scale

**Instruction**

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that I am a person of worth, at least on an equal basis with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I feel that I have a number of good qualities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. All in all, I am inclined to feel that I am a failure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I take a positive attitude toward myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. On the whole I am satisfied with myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I wish I could have more respect for myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I certainly feel useless at times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. At times I think I am no good at all.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>