A STUDY OF RELIGIOSITY AND PSYCHOLOGICAL WELL-BEING

A THESIS

PRESENTED TO

THE SCHOOL OF SOCIAL SCIENCES

AT NATIONAL COLLEGE OF IRELAND

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR

BA (Hons) IN PSYCHOLOGY

BY

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MAY 2015

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DECLARATION:

I DECLARE THAT THIS PROJECT WORK BELONGS TO ME AND SHOULD BE HELD RESPONSIBLE FOR ANY MATERIAL MISS USE.

EMILIA CHIME

ACKNOWLEDGEMENT:

I am using this opportunity to express my profound gratitude to everyone who supported me throughout the course of this undergraduate project work. I must thank you all for your inspiring guidance, invaluably constructive criticism, your friendly support and advice throughout the project work. I am sincerely grateful to you all for sharing your truthful and illuminating views on a number of issues in relation to my project. I express my warm thanks to Ms. McNally my supervisor for her invaluable criticisms, advice, and support throughout the course of my project work. I am also very grateful to all psychology teachers in NCI for their support and guidance and for the Rathfarnham community for their interest and participation. I would also like to thank my ever supporting husband and children for being there for me when I needed them most. Rosemary Okafor, your invaluable support was a miracle to this work, thank you. To all my course mates, I am grateful for your love care and concern in my difficult times in the course of these three years. God in his infinite mercy will reward you all abundantly. Thank you all.

ABSTRACT.

The present study was designed to investigate the relationship between religiosity and psychological well-being in a sample of Irish Christians. Previous research has revealed that personal devotion, participation in religious activities, and religious salience are positively associated with different aspects of psychological well-being. A sample of 70 men and 70 women age range of 20 to 78 years participated in the study. These were skewed with respect to church attendance (60% female) and education level (80% has high education level). Church attendance, frequency of prayer, obligatory prayers, religious services attendance and religious importance were selected as independent variables as well as measures of Religiosity while life satisfaction and self-esteem were selected as dependent variables because they reflects important dimensions of psychological well-being. Sex was significantly associated to church attendance, frequency of prayer and obligatory prayers. Women were shown to be more religious than men. Correlation analysis revealed that religious service attendance and obligatory prayers were associated with high level of self-esteem. Regression analysis also revealed a significant positive association between self-esteem and religiosity. A strong positive relationship was revealed between religious service attendance and psychological well-being. In contrast with the hypothesis that life satisfaction will be associated with self-esteem, correlation result showed a negative non- relationship between life satisfaction and self-esteem, The pent study supports the hypothesized positive association between religiosity and psychological well-being although the sample was only limited to a small portion of Irish population.

RELIGIOSITY AND PSYCHOLOGICAL WELL-BEING

INTRODUCTION

"Religion is part of the human make-up, it's also part of our cultural and intellectual history, religion was our first attempt at literature, the texts, our first attempt at cosmology, making sense of where we are in the universe, our first attempt at health care, believing in faith healing, our first attempt at philosophy" **- *Christopher Hitchens.***

In the recent times the world has become very inconsistent, resources for individual's livelihood has drastically reduced and technology has taken into extinction most natural resources that people now spend money for every bit of their needs making life very difficult for people to cope with socially, economically and psychologically and especially for the less privileged who have lost hope of the areal essence of the real essence of life and whatever life could offer. The uncertain and unreliable situation has enormously influenced the overall well-being of individuals thereby increasing feelings of loneliness, reduced self-esteem and decreased life satisfaction. As a result of this situation people are being exposed to unhealthy life style amounting to overall breakdown in mental health and overall well-being (Reinberg & Weaver, 2010). Enough lot of people have become more dissatisfied with life while so many others have lost their self-worth and as have resorted to seeking for well-being from other institutions that could reduce their undesirable feelings of self and uncontrollable worries. This is to help them reduce their therapy dependency. In the course of seeking for change of these difficult and unmanageable situations some individuals found life fulfilment and relaxation of mind within the umbrella of religion based on their respective beliefs (MacLeod & Moore, 2012).

Some studies suggested that Individual beliefs and commitments to religious activities are dependent on whether the individual has intrinsic or extrinsic aims and the value attached to this aims (Strawbridge, et al, 2013). Literature had shown that while some individuals use religious participation to reduce the distressing effects of their day to day activities, others indulges in praying to God as a source of getting out of their fears and feel better and confident that nothing bad will happen to them (Reinberg & Weaver, 2010). According to Strawbridge, et al, (2008) active religious involvement increased the chances of living longer than the average by 29%, and participation in public religious practises, such as church attendance, increased the chance of living longer by 43%. Also in a study investigating the role of religion on mental health positive relationship was revealed between frequency of prayers and health

outcomes (Hays, et al, 2007). Some individuals were found to experience some levels of schizophrenia and depression as well as low self-esteem (Watters, 2005).

The growing interest and media attention on the pros and cons of the role of religion in promoting health and wellbeing has resulted in a huge research studies exploring the relationship between religiosity and different aspects of well-being. Religion has been suggested to bring isolated people and communities together and bring positive outcomes to the lonely (Micklethwait & Wooldridge, 2009).

Though evidence has shown certain potentials for religiosity to affect positive behaviors, other studies suggested that the relationship is dependent on how religion was measured. They found that there was a stronger effect size when religiosity was measured by church attendance or participation than when religiosity measures were importance of religion, interest in religion and religious mindedness (Witter et al., 2003). A huge numbers of literature have consistently reported a desirable mental outcome with religious involvement (Ellison & Levin, 2012; Swinton, 2011). In general, studies have suggested that religiousness and most aspects of psychological well-being are positively associated with reduced level of loneliness (Koenig et al, 2000). A study examined the relationship between religiosity and mental health among USA samples in a protestant Christian context and significant association was revealed between religiosity and mental health. Frequency of religious activities (prayer and bible study) has also revealed a significant association with good mental health outcomes (Helm, et al, 2010). A meta-analysis involving 34 studies was conducted to investigate the association between life satisfaction, self-actualization as reflections of psychological well-being and religiousness revealed positive lower association in institutional religion and higher positive association in personal devotion and prayers and (Hackney & Sanders, 2003).

However, it was suggested that the non-association could be as a result of correlating different religious orientations with psychological outcomes. But Hackney and Sander, (2003) suggested that the relationship between religiousness and mental health could be as a result of different measures used in the study. In relation to the present study, George et al., (2012) suggested that irrespective of the empirical support gained for moderate relationship between religiosity and psychological well-being, the relationship still remains unspecified. The impact of religion and spirituality on mental health may be as a result of a combination of mechanisms such as increased social support, expanded psychological resources, positive health practice or a stronger sense of coherence (Helm, et al, 2010). Most literature reviewed had focused on four main religious aspects including religious involvement, behavior, attitude or orientation and all relates with mental health and overall well-being differently. However, the up to date research

studies has shown that the main focus has remained on four religious dimensions, participation in religious activities, Religious practices which involves prayers and meditation, Religious affiliation which includes religious denomination and groups and religious coping (George et al., 2012).

According to Ellison, (2009) the four dimensions of religiosity had shown positive health outcome although attendance at religious services has been suggested to be the most predictor of mental health, physical health and morality using a community based sample. Also religious coping was suggested to be the best predictor of quick survival and recovery from illness course and outcome study (Oxman, et al., 2013). The field of psychology has recently experienced a huge growing awareness on sociocultural behavioral sittings and this has given rise to the quest and enormous interest in investigating the relationship between religiosity and psychological well-being, not just in one context but in different contexts just to get the best answer to so many unanswered questions in human life and existence (Simpson, 2002). This awareness and recognition of sociocultural, economic and worldwide epidemic of life uncertainty had driven people to sort for options that could help them withstand the pressure of life distress and this consolation some people had found in religion and as protective factor to stressful life and answers to some of their unanswered questions. According to De St Aubin, (2006), religiousness was seen as an institutionalized system of beliefs and practice whose meaning can only be understood by the traditions upon which it was established.

These research finding suggested that there could be variations in the role religion could play in different population and culture. Religiosity was suggested to be measured in relation to participation in religious activities within and outside the church environment, beliefs salience and frequency of prayers (Yeung & Chan, 2013). Variables such as life satisfaction (absence of psychological distress, loneliness and overall psychological well-being) could also be measured. Religious belief and spirituality also played important and powerful role in human relationships and especially in relation to marital stability and life satisfaction (Keyes et al., (2011). Some individuals have shown positive impact of religious commitment through changes in their life style when compared to what it was when they were less committed to religious activates. The tremendous and emotional impact of religion and spirituality in both the religious and the non-religious could easily be observed in their relationships with others (Lippman, et al., 2006) According to Edwards, (2005), psychological well-being was described as a positive mental health and a multidimensional concept that could result from the combination of personality characteristics, emotional regulation, life experience and identity formation. Ryff, (2012) suggested that Psychological well-being could be increase with

extraversion, age, education and consciousness but decreased with neuroticism. Some aspects of religious attitude and involvement were positively associated with positive mental health outcomes (George, et al., 2012). Religions that internalise some set of values are at reduced risk of depression when compared to those who are under obligation to attend religious meetings and gatherings (Margetic, et al., 2008). This could be an indication that the intention of attending religious gathering may be more important than the act of attending the gatherings and Wachholtz & Pargament, (2005) suggested that prayer/meditation can suppress stress reactions regardless of the type of the prayer used. It was also noted that individual's commitment and involvement towards religious gathering could be based on the fact that their parents wants them to and not out of their free will and in such situations, it becomes difficult to understand the true effect of religiosity on psychological well-being (Margetic, et al., 2008). King and Shafer, (2013) found that higher levels of religiosity was associated with lower levels of personal distress. This could be because individuals who attend religious gatherings meet more people, discuss their problems and often times gets help, company and support which reduces the impact of loneliness and isolation as well as decrease distress that may occur due to the problems. Also religious beliefs were found to be associated with schizophrenia, depression and low self-esteem which according to Watters, (2005) could be caused by individuals trying to reconcile what they believe in with what is going on around their lives and in the process develops disharmony or dissonance. When this happens, may lead to depression or reduced self-esteem and schizophrenia. In spite of all this claims, recent studies still reveal substantial positive results to suggest that individuals who thinks that whatever happens to them is the way God wants it are more likely to look at their circumstances and with this mechanism or pattern of thought may be more psychologically sound that those that thinks that anything bad that happens to them is because they are not good enough and therefore the end world. In light of this it was suggested more religious people indulges in more positive and less self-blame thought which are psychologically important for good mental health (Foskett, et al., 2012). This suggested a reason for the present study to statistically investigate the amount of religious input that could impact on individual's psychological wellbeing.

Recently, a lot of Christians had deviated from their belief in God and his power over human existence and individual's well-being. In the past, Christianity and religiosity was used to be the bases upon which individuals rely on for solution to their problems. But now studies had shown that such beliefs are no longer sufficient rather recent studies had shown that there are more than only beliefs that could impact negatively or positively on individual's health condition within the population such as (social isolation, income status, education status etc.

(Hall, 2012 & Stavrakakis, 2013). This has opened more doors to investigating other possible ways to reduce unhealthy life style and increase psychological well-being of individuals. Some members of Polynesians that belong to the Latter Day Saints were found to be influenced by missionaries because they looked at them as God's chosen people. They attached a lot of meanings to the teachings of those missionaries, believed so much in them and looked at them as portraying the likes of their cultural and family values as well as maintaining the principles of their collectivistic beliefs. Psychologically, they were influenced by these beliefs which helped them adjust to their cultural beliefs. They believed that through religious commitment and participation they developed a different way of coping which subsequently impacted in their overall psychological well-being (Yeh, et al., 2009, Cervantes & Parham, 2005). Within ethnic and racial minorities, studies had also shown that individuals saw religion as a source of peace and hope for a better future and so chose to be religious in order to shield themselves from distress in times of psychological breakdown. In order to achieve this people tried to exhibit certain coping strategies and beliefs that were highly rooted in religion.

Those beliefs and strategies acted as helpful thoughts that facilitated their coping thus; "God will provide and help me in any situations that seems difficult" or by engaging more in religious activities and, as well as reading scriptures more often than normal, I will get more encouragement form the word of God (Ghorpade et al., 2010). Other studies also revealed increased positive mental health outcome through religious activities and practices among African Americans and Jewish Israeli students (Sue & Sue, 2008). Also some review studies had shown significant evidence that social isolation and loneliness were strong predictors of negative psychological wellbeing. These health problems were significantly reduced through religious gathering and participation (Ghorpade et al., 2006). Religiosity was therefore, suggested to have a moderating effect on the relationship between loneliness and psychological wellbeing (Hall, 2004, Findlay, 2003). A study conducted with the elderly revealed that at some stage of life transition or divine existence level (a stage of life where individuals are more concerned about their relationship with aging). At this stage, individuals developed some changes in relation to meaning and importance of relationships, they had little or no interest on superficial relationships rather they became very selective in the type of associations they kept and more over they became less material focused (Jonson & Magnusson, 2004). It was suggested that the stage of divine existence was a good time to search for more fertile and conducive atmosphere for the aging. And also the best time to search for religion and spirituality and more importantly to give them time to focus more on meditation rather than focusing on material things and relationships that are superficially social (Findlay, 2005).

Although most studies in the literature had not done an in-depth research on religiosity and psychological well-being, other scientific studies and investigations had found religiosity a significant predictor of psychological well-being. Religiosity was therefore seen as a source of developing more conducive and relaxed atmosphere that creates psychologically stable and stress free environment for aging and life transmission from young to old adulthood (Bruyneel et al., 2005). Dalby (2006) also examined the moderating effect of religiosity on social isolation and psychological well-being among older Malay Muslims. The result suggested that social isolation and psychological well-being were significantly moderated by religiosity, after controlling for age, sex, marital status, educational status, employment status and household income. In the study, individuals that reported higher levels of religiosity revealed higher levels of psychological well-being than those that reported lower levels of religiosity. According to Bishop, (2008) individuals with improved ego-integrity were found to fundamentally accept and enjoy wholeness of life. Therefore, individual relationship with aging process was agued to have played a huge and important role in enhancing psychological well-being among religious older adults. In the context of the effect of social isolation on psychological well-being, religiosity was also found to significantly reduce social isolation and improve psychological well-being (Sadler & Biggs, 2006). Most literature had revealed that individuals who identify themselves as been in a particular denomination that helps them to be traditionally religious feel more satisfied with life, more psychologically stable and with increased self-esteem irrespective of the situation they find themselves because they feels that God will come to their aid and solve their problems (Keyes, & Reitzes 2007).

It is important to note that irrespective of all the positive association between religion and psychological well-being, there are a host of other scientific research that has suggested positive or negative association between health and well-being apart from religion. For instance, age was negatively associated with health in a study that examined decline in health over the life course. Also, a curvilinear relationship with well-being revealed that well-being increased until middle age and after which decreases throughout the adulthood (Mirowsky & Ross 2011). According Sadler & Biggs, (2006), age was revealed to play a huge part in individual's level of religiosity. Older people were shown to be more likely to be committed in religious activities and thereby derive increased life satisfaction while the younger adults who are less involved in religious engagements such as attending church services or prayers exhibit reduced life satisfaction. In the other hand, Benjamin & Finlayson (2007) suggested that income is positively associated with psychological well-being and physical health, arguing that people that are financially stable are more likely to seek medical attention as well as enjoy the basic

things of life and so are more psychologically stable than those that are cannot afford those basic needs. (Faiver et al., (2005) in a study among older religious women, found that religious involvement decreased social activities but were not experiencing loneliness which was an opportunity to seek for the divine mercy of God.

In the quest to reduce mental health problems counsellors and psychotherapists resorted to considering client's religious beliefs as a factor to be investigated in relation to therapeutic intervention process. This approach was used in a study involving depressed African Americans and a positive significant result was revealed especially in loneliness level reduction (Melia 2002). Consequently, researchers had utilized the growing opportunity of positive results from religious impact on well-being to investigate the consequences on mental health and general well-being and more importantly its implication in the field of counselling and psychotherapy (Baker, 2003). Researchers had also gone as far as investigating impact of demographic variables (e.g. age, gender, marital status, educational status income and number of children as intervention strategy) in relation to well-being. Although it was hypothesized that no significant relationship will be found between the demographic variables and religious commitment (Faiver et al. 2000), the present study tried to investigate this hypothesis in the Irish population.

A lot of studies had been done investigating the impact of religion on adolescents this is ab important stage in the course of life, a transitional stage, during which time individuals learn to be more independent and at the same time develop a number of emotional and biological changes. However, most adolescents experience reduced levels of physical and emotional well-being making this stage of their life a distressing period and as such the risk of facing emotional misbalance is unavoidable (Adkins et al., 2009; Mirowsky & Ross, 2011).

In light of these facts, researchers suggested that closeness to family with socially stable resources during the transitional stage is associated with lower psychological well-being (Avison, 2010; Meadows et al., 2006). But in the other hand, religious participation was associated with positive health outcomes, reduced prosocial behaviour and risk of delinquent activities as well as increased level of academic success and overall well-being (Petts, 2009; Smith & Denton, 2005). In relation to adolescent's well-being, involvement in religious activities was found to influence certain pattern of psychological well-being especially their sexual relationship (Regnerus, 2014). Religious gatherings offered youths opportunity to belong and be able to assess some social support services which exposes them to a lot of religious teachings that impacts on their perspective about life and invariably helps them in coping when they face difficulties and stressful situations which are obvious as far and life exists (Smith, 2005). According to Dew et al., (2008), religious attendance and commitment to

obligatory prayers were associated with reduced symptoms of psychiatric problems in adolescent, few delinquent behaviors, reduced depression and stable pattern of life.

A huge number of literature had also suggested negative relationship between mental health of youths and religious participation arguing religious involvement declines in adolescence because during this stage of life youths seek more independent and freedom and tends to leave social support to enable them do things their own way for a change and in doing this they were found struggle with certain difficulties that proceeds adolescent stage. This invariably impacted negatively to their psychological well-being (Smith & Snell, 2009; Jolliff, 2008). Whereas, in the other hand, those that frequently engaged themselves in religious activities in attempt to either get answers to their problems or as a coping strategy were shown to be socially supported and exhibited greater psychological stability (Regnerus & Uecker, 2006). According to Wong et al., (2006), adolescents who are exposed to religious community were more likely to experience potential reinforcement through parent involvement and attachment to religious teachings. This was evident in the increased well-being of the youths that took part in the study. The present study was designed to investigate the relationship between religiosity and psychological well-being in a sample of Irish Christians. In Irish culture, there are a lot of activities cultural, religious, and political (Halloween, All saints, Christmas fairs, holy weeks of obligation and political rallies). These depicted how involved and penetrated people were in customs and traditions of the Irish and their way of life. In the history of the world, going back to the late Irish culture, Ireland was reorganized as one of the most devoted Christians especially in the catholic faith (Stavrakakis, 2012). Eurobarometer survey revealed that Irish younger generation were the most religious youth in Europe but with the recent changes in religious participation the trend seems to have changed although the difference may be very insignificant which is anticipated to be revealed in the present study (2002).

In relation to the previous literature, the present study has developed certain aims and objectives to assist in investigating what has changed or has not changed in relation to the impact that religion has on well-being and thus:

Research Aims and Objectives:

This study aimed at investigating the relationship between religiosity and life satisfaction (where religiosity was measured by involvement in religious activities such as church attendance, frequency of prayer, obligatory prayers and religious importance) with outcomes being life satisfaction and self-esteem which measured psychological well-being. The study

also examined the relationship between life satisfaction and self- esteem while controlling for age, sex, number of children and educational status.

In relation to some previous research evidences, it was hypothesised that participants who are more religious will exhibit better life satisfaction and psychologically less distressed (Beit-Hallami & Argyle, 1997). In respect of suspicion, the present study will investigate the following hypotheses:

Experimental Hypothesis:

- Increased religious service attendance and religious importance will be significantly associated self-esteem.
- Increase religious importance will be associated with increased life satisfactions in the Irish population.
- Increase in life satisfaction will lead to increase in self-esteem.

Rationale*:*

The progressive relationship amongst religious involvement, personal and communal well-being has been of great and increasing interest to researchers. The media has increasingly reported this relationship as was seen in the Time magazine cover story issued on the 23 February, 2009 with the title *'How faith can heal'*. The increasing evidence attesting to a correlational and connective relationship between religiosity and psychological well-being has led psychiatrists and clinical professionals to a review on the appropriate role of religion in people's well-being. For instance, it is increasingly contended that if a patient is religious, it should be considered by psychiatrist and as well as seen to be a hypothetically constructive force in the person's life that has a role to play in the therapeutic process (William et al, 2011). A longitudinal study also revealed that regular attendance to religious gatherings lead to decreased psychological distress and reduced loneliness (Margetic et al. 2005). In respect to these studies, religiosity to certain extent had shown positive relationship to psychological well-being. Based on existing evidences and in the interest of credibility, it may be worth investigating more facts and relationships in regards of religiosity and psychological well-being to avoid negligence. Again in a situation where religiosity has resilient subjective benefits, apparently, it may have collective benefits as well? However, if large number of people practices religion within a population, the impact will be felt by the general public. This may be suggested as evidence that religion to an extent impacts positively on well- being. But the evidences are still not very strong. The present study is therefore designed to investigate further, the impact of religion on psychological well-being within the Irish population.

METHODS:

The present study was based on the literature of previous studies, so search strategies (e.g. Psych-Articles and Psychological Journal articles) were used to identify the basic and related literature that had been published in relation to the key issues of the present study (e.g. Religion, psychological well-being, life satisfaction and self-esteem).Different questionnaire survey with different scales specifically used for the variables used in the present study were assessed. In order to quicken participants' response, closed ended questions were employed. Participants were detailed of what the study was involved and the implications of their taking part in the study. Anonymity was also assured in accordance with the ethics of psychology proposed by American Psychological Association (APA, 1986).

Participants:

140 participants including 70 male and 70 female Christians took part in the study. The age of the participants ranged from 20 to 78 years and a mean age of 45.43 years and standard deviation of (SD = 15.77). About .7% of the respondents were non educated, 49.3% were secondary/higher diploma holders, 42.1% were undergraduates, 5.7% were master's degree holders, 1.4% were doctorate degree holders while the remaining .7% either dropped out of school or did other training. The participants were affiliated to different denominations and religious settings within Ireland. About 50% of the participants were recruited from Catholic Church within Rathfarnhm while 50% were randomly selected from the general public. However most participants were Christians and reside within the same geographical area though with different views about religion. Majority of the participants were married with children. The participants varied in age, educational status, gender, marital status and in their levels religious participation but about 97% were Irish and the reaming 3% were from other ethnic groups. The questionnaire included demographic questions such as (age, sex, religion; marital status; number of kids and educational status). About 200 people were approached to take part in the study but only 140 took responded and took part in the study. Some people did not return their questionnaire and about 4 people withdrew after a week of retuning their questionnaire but no reasons were given. The questionnaire was completed independently with pen and pencil. For ethical reasons participants were advised to be involved voluntarily and to feel free to withdraw at any point they wish and there was no penalty attached for withdrawal. Confidentiality and anonymity were also assured to all participants. The participants were promised to get the Feedback and outcome of the study through the community newsletter.

Procedure:

A research proposal with information letter and consent form was submitted to the college ethics committee for approval and recommendations in line with the APA ethical procedure.

After the approval, a supervisor was assigned to the researcher. Then few people were contacted for a feasibility study that lasted for two weeks to avoid delay in starting the actual research study.

Pilot Study: A short term pilot study of about two weeks was done using cross-sectional design. This was done to examine some potential roadblocks before the research study was fully implemented. The study was carried out as a form of feasibility study which had a clear purpose that led to certain inclusions and exclusions that helped to identify the categories used in the data collection. The measures and key variables included were measurement of religiosity, Satisfaction with life and self-esteem.

The consent form and information about the study were attached to each prospective participant's questionnaire. The participant were asked to complete the consent form and the information letter was given to the participants to help them contact the research incise they change their mind. The questionnaire was them given out and date and venue of collection was agreed between the researcher and the individual participants. Completion of the data took approximately 30 minutes. After collection of the data, the statistical analysis started with imputing the data into the SPSS for analysis and results section. The whole study lasted for about seven month from September, 2014 with the development of project ideas to May with the final submission but the actual study lasted about six months. The participants were promised to be rewarded by informing them of the outcome of the study through the community newsletter. Anonymity was assured and data was collected through pen and paper questionnaire.

Religiosity:

The present study measured religiosity in terms of the following variables (Religious services attendance, using questions like "how many times do you attend religious services in a week"? responses ranged from 0 (once) to 3 (greater than ten). This was to determine the impact of individual's religious service attendance on their psychological well-being. Frequency of prayer was also assessed using questions such as "how many obligatory prayers do you perform in a day? This was to ascertain individual's commitment to the worship of God in order to understand the impact of prayer on well-being. The response ranged from 0 (none) to 3 (greater than ten). Finally, religious importance was measured with the questions like, "In general, how important is religion to you? This was meant to determine individual's attachment to religion and its meaning and response ranged from 1 (not at all important) to 5 (very important). The Cronbach alpha in some previous study was .92 with 11 items compared Cronbach's alpha of the present study, .85 with 5 items.

Psychological well-being:

Life satisfaction and self-esteem dependent variables used as measures of mental well-being. These variables were used because they mirror significant measurements of psychological well-being.

Satisfaction with Life Scale: (SWLC) (Diener, et al; 1985). Overall life satisfaction was chosen as a predictor of psychological well-being. A 5-Item measure of satisfaction with life assessed the cognitive judgement of life satisfaction (Diener et al; 1985). Scale measured each level of life satisfaction rated from 1("strongly disagree or disagree/slightly disagree") to 5 ("strongly agree or agree/slightly agree or neither agree nor disagree"). Scores ranged from 5-35 with the higher scores indicating higher satisfaction with life. The Cronbach's alpha of .71 with 4 items was recorded in the present study compared to .78 in some previous studies.

Rosenberg Self-Esteem: Rosenberg, (1965). A 10-item scales that measures global self-worth by measuring both positive and negative feelings about the self. The scale was believed to be unit-dimensional. All items were answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. Items 2, 5, 6, 8, 9 are reverse scored. Given "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Scores are kept on a continuous scale with higher scores indicating higher self -.esteem. The scores were summed for all the ten items. The internal consistency reliability of the present study was found to be .83 with 10 items compared to .87 (Rosenberg, (1965).

he Research Design

The study was a within group and cross-sectional research design without a control group. The independent (IVs) were frequency of prayer, church attendance, Religious service attendance, obligatory prayers and Religious importance. (Age, gender, number of children, educational attainment and marital status) were considered as confounding variables. The Dependent (DVs) variables were life satisfaction and self-esteem. Both the IVs and DVs were measured at one time point. Measures of religiosity and psychological wellbeing were taken to ascertain the predictive strength of the variables. Correlation and regression analysis were used to assess the relationships between the variables used in the present study. SPSS software was used for the statistical analysis.

STATISTICAL ANALYSIS:

The statistical analysis involved the descriptive analysis of the variables which were used in the method section. Correlation and multiple Regression analysis were used to examine the relationships between measure religiosity and psychological well- being. Some associations were investigated thus; the relationship between religiosity and life satisfaction, the relationship

between religiosity and self-esteem and the relationship between life satisfaction and self-esteem were investigated through correlation statistics. Through correlation the association was identified while regression revealed the predictive power of the variables investigated.

H1: Religiosity and Life Satisfaction*:*

The relationship between religiosity and life satisfaction were investigated through correlation and regression. The result revealed that religiosity had a positive correlation to life satisfaction while considering frequency of prayer and religious service attendance as measures of religiosity. The positive correlation was suggested to be as a result of individual's belief (such as; whatever happens to them was the way God wanted it) thereby, attributing their problems to God's will which in turn reduced regrets and increased psychological well-being.

H2: Religiosity & Self-Esteem:

The relationship between religiosity and self-esteem levels were statistically analysed and Scatter plot was used to illustrate the relationship between self-esteem and religiosity which revealed a negative correlation. This suggested that as religiosity increased, self-esteem decreased thus supporting the hypothesis that increased religiosity will decrease self-esteem. The more individuals go for religious gathering and participate in obligatory prayers, the more humble they get and the better they feel about themselves. This increases their psychological stability. This was suggested to be as a result of constant meditation which produces a calming effect and a sense of being close to God (Maltby, et al., 2010 and Wachholtz & Pargament, 2005).

H3: Life Satisfaction and Self-Esteem:

The analysis of this relationship revealed that as life satisfaction increased, individual's self-esteem decreased. The results disagreed with the alternative hypothesis that increased life satisfaction will increase self-esteem. It was suggested that possibly those that have got all that they need in life have no need to seek for God's help while those that are religious attribute their problems to the wrath of God for perceived transgressions or immoralities and humbles themselves in order to seek for God's mercy (Dillon & wink, 2005).

RESULTS:

To produce results from the present study some primary investigations were carried out describe the data. The frequency tests was performed to which yielded the means, standard deviation skewness and kurtosis as well as to identify any missing values. Normality test was also performed to ascertain how well the data was distributed, the score range and the outliers. The tables below explained the results of the primary examination. In the present study, some correlations were found between religiosity measures and psychological well-being measures. However, multiple regression analysis results also showed evidences of correlation between (IV^S) and the (DV^S).

Descriptive table

Mean	45.43
Standard deviation	15.77
Skewness	.04
Kurtosis	-.17

Table A: Information about demographic variables (N=140)

Variable	Frequency	Valid Percentage
Gender		
Male	70	50
Female	70	50
Marital status		
Married	78	55.7
Single	55	39.3
Divorced/Separated	4	2.9
Cohabiting	3	2.1
Ethnic group		
Irish	109	77.9
African Irish	30	21.4
Others	1	.7

Religious denominations		
Catholic	75	53.6
Non-denominational	32	22.9
Presbyterian	4	2.9
Pentecostal	13	9.3
Islam	8	5.7
Buddhist	4	2.9
Others	3	2.1

TABLE B: (Correlation between Measures of Religiosity and Measures of Psychological Wellbeing.

Variables	AGE	GEN	FP	CA	RSA	OP	RI	LS	SE	ED
1. AGE	1									
2. SEX	-.18*	1								
3. FP	.25**	.19*	1							
4. CA	.62**	.00	.40**	1						
5. RSA	.46**	.49**	.46**	.55**	1					
6. OP	.56**	.29**	.39**	.53**	.72**	1				

7. RI	.46**	.29**	.36**	.48**	.67**	.63**	1			
8. LS	-.04	-.08	-.05	-.10	-.18*	-.07	-.12*	1		
9. SE	.10	.42**	.12	.14	.42**	.33**	.37**	-51**	1	
10. ED.	-.18	.01	-.05	-.14	-.16	-.11	.12	.45**	-.05	1

- Note. Statistical significance: *$p < .05$; **$p < .01$; ***$p < .001$

FR = Frequency of prayer

CA = Church attendance

RSA = Religious service attendance

OP = Obligatory prayer

RI = Religious importance

ED = Educational status

Reports of correlation results:

The relationship between religiosity and life satisfaction was investigated using Pearson correlation coefficient. Preliminary analysis were performed to ensure that there was no violation of the assumptions of normality, linearity and homoscedasticity. Correlation analysis between the variables of the constructs used in the study revealed some significant relationship between the various measures of religiosity, and psychological well-being There was a weak, negative correlation between life satisfaction and religious service attendance, r = - .18, n = 140, p < .05, with low levels of religiosity associated with high level of life satisfaction. There was a strong positive correlation between self-esteem and religiosity service attendance, r = .42, n = 140, p < .01 with high levels of religious importance associated with high levels of self-esteem. The relationship between life satisfaction and self-esteem revealed a weak, negative correlation r = -51, n = 140, p < .01 with high level of life satisfaction associated with low level of self-esteem. There was also a strong positive association between education and life satisfaction r = .45, n = 140, p < .01 with high level of education associated with high level of life satisfaction.

TABLE C:

Results of Multiple Regression Model (IVS and SE as a measure of psychological well-being.

	R^2	β	B	SE	CI 95% (B)

Model	.21***				
Frequency of prayer		-.07	-.43	.54	1.49 / .63
Church attendance		-.15	-.92	.60	2.10 / .26
Religious service attendance		.14*	1.44	.50	.46 / 2.43
Obligatory prayer		.37**	.26	.52	-.76 / 1.28
Religious importance		.06	.86	.52	-.17 / 1.89

Note. Statistical significance: *$p < .05$; **$p < .01$; ***$p < .001$

R^2 = amount of variance explained by IVs
β = Standardized coefficient (values for each variable are converted to the same scale so they can be compared)
B = Unstandardized coefficient
SE = Standard Error
CI = Confidence Interval

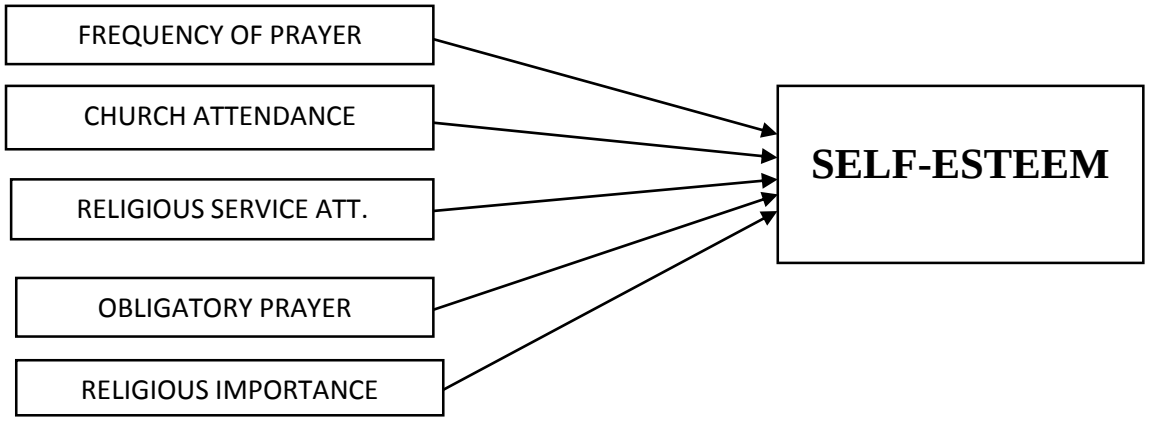
Reporting result of multiple regressions:

Multiple regressions was performed to investigate how much frequency of prayer, church attendance, Religious service attendance, obligatory prayers and Religious importance predicted levels of psychological well-being (using self-esteem as a measure). Preliminary analyses were conducted to avoid violation of the assumptions of normality, linearity and homoscedasticity. Moreover, correlation analysis of the predictor variables used in the present study were inspected. All correlations were weak to moderate and strong and ranged between $r = .14$, $p < .05$ and $r = .37$, $p < .01$. This showed that multi-collinearity was unlikely to be a problem (Tabachnick and Fidell, 2007). The five predictor variables were statistically correlated with self-esteem but RSA and RI has small negative association with life satisfaction. This indicated that the data was appropriately correlated with the dependent variable. This was used for examination and to ensuring that a reliable multiple linear regression was done.

Also, to define the order in which the predictor variables fall, a direct technique was used for the multiple linear regression analysis. The result showed that the five independent variables explained 21% (.209 x 100%) variance in dependent variable, (self-esteem), $F(5, 134) = 7.09$, $p < .0005$).

The results from this model revealed significant levels with religious service attendance showing a higher Beta value ($\beta = .37$, $p < .01$) followed by religious importance ($\beta = .18$), obligatory prayers ($\beta = .06$), frequency of prayer ($\beta = -.07$) and church attendance ($\beta = -.15$).

REGRESSION MODEL



FP = Frequency of Prayer -.07

CA = Church Attendance -.15

RSA = Religious service Attendance .14*

OP = Obligatory Prayer .37**

RI = Religious Importance .06

LIMITATIONS:

Correlation analysis was used in this study and so cannot really predict the actual cause of the effect. The non-control group may also have affected the result. The sample was only a small portion of the large Irish population and so may not be a true representation of the population. Sample size was not as large as to give room for identification of the real differences and in future research larger sample could be considered.

DISCUSSION:

The present study was designed to investigate the relationship between religiosity and psychological well-being by examining the association between the measures of religiosity and measures of psychological well-being and based on existing literature. It was also designed to investigate the association between the dependent variables (life satisfaction and self-esteem) in a sample of Irish population. The study was proposed to have a control group but due to time limit and difficulty in recruiting control group, it was not possible. However, some significant information was revealed in the study either in consistent with or in contrast with previous literature. Results of correlation analysis showed some important relationship within and between religiosity and psychological well-being measures (table c). Religious service attendance (RSA) was suggested to be the highest predictor of self-esteem and in consistent with previous literature (example, Ellison, 2009) this could be as a matter of their belief and

keenness to live up to what their faith says, for instance "Those who exalt themselves will be humbled, and those who humble themselves will be exalted" (Mathew, 23:12). Believing in this they seem to humble themselves and so more likely to see their problems as God's will and not as a result of their sins. This may reduce self-condemnation and improve their psychological well-being (William et al, 2011). There was a significant positive association between obligatory prayer and self-esteem and according to Dew, et al., (2008) people committed to routine prayers believes that sharing their problems with those that share the same faith with them makes them feel well through the support and companionship. Knowing that other people cares for them could also increase their self-worth, and at the same time make them feel that the circumstances around them are not peculiar to them rather a test of their faith in God. However, Wachholtz & Pargament, (2005) suggested that supplication and reflection in God can overcome anxiety reactions irrespective of the type of the supplication used. Therefore, individual may be more committed to obligatory prayers to commit their problems to God, believing that God is in control of their life and will take care of their problems. This will help them maintain their level of self-esteem and also psychologically stable (Ellison, et al., 2012). The present study has also revealed a significant relationship between gender and religiosity variables with female scoring higher than male in Religious service attendance, obligatory prayer and Religious importance. This is consistent with existing literature although only a small sample of Irish population was used for the present study and may not have represented the population well and so a tentative support of what is obtainable in other population used in previous studies. The religious variables were not correlated to life satisfaction while some showed low self-esteem. Watters, (2005) suggested that the low self-esteem could be as a result of individuals struggling to reconcile their faith and belief with circumstances around them. And in the course of doing this individuals may experience conflicts and low self-esteem and the lack of negative correlation between life satisfaction and the religious variables might be as a result of the religiosity measured in the present study and could be investigated in future studies. A study among older religious women found that religious involvement decreased social activities although they did not experience loneliness. The declined social involvement was seen as a suitable opportunity to solicit for God's intervention in their circumstance. The explanation to the importance they attached to their faith, belief and prayer could be ways they endure the tough times, manage situations and increase self-worth and as well become more satisfied (Faiver et al., 2005).

This is disparity with previous literature. It could be as a result of the non-control group whicn would have countered the impact of the experimental group or due to the sample which was

only a small part of the large Irish population and may not be a true representation of the population The present study also found some differences in the reliability of the measures used in this study compared to some literature Rosenberg, (1965) with reliability .87 against .83 of the present study. The differences in the reliability could be as a result of difference in the number of items used and other confounding factors such as non-realistic answers given by the participants as well as errors that were not noticed during the analysis. It is possible that other factors contributed to the effect of religion on well-being and as such there is a huge need for more studies to tackle such factors like phobia.

CONCLUSIONS:

The positive connection between religiosity and psychological well-being has for a long time captured the attention of most researchers. Considering the existing literature of which most have been mentioned in the present study. A lot of emphases have been laid on its clinical and psychiatric effects. In this instance, it will be important that some other measures be used to investigate and identify the real effect of religiosity. If this is done, it will provide a wider avenue to channel and implement some of these findings to improve mental health rather than living on some unverified and non-researched stereotypes because they have been there. This is important because irrespective of the fact that a huge number of literatures support the positive connection between religiosity and good mental health. Some have also argued against it. Most studies in this respect make a vague conclusion suggesting that there is yet no strong evidence to this even with all the positive evidences. It could be a better idea to adopt a different technique to bring this to a conclusion so that medical personnel. Counsellors as well as the public would implement them to improve their well-being which is of outmost importance. Through religion, people get support, companionship, emotional as well as motivation from the groups they pray and worship with and so should be encourage. It could also be used to help in therapeutic intervention to identify changes from time one to time two and other factor other than religion that could impact positives when combined with religion. It could also be worth using larger samples and control group as well as samples from two different populations. In this study, religion has been found to be significant for well-being and can be used as a coping mechanism to help depressed patients (Bishop, A. (2008).

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APPENDICES:

Descriptive table for self-esteem normality assessment

Descriptive

	Gender of participants			Statistic	Std. Error
SE. Total	Male	Mean		19.5286	.50205
		95% Confidence Interval for Mean	Lower Bound	18.5270	
			Upper Bound	20.5301	
		5% Trimmed Mean		19.5000	
		Median		20.0000	
		Variance		17.644	
		Std. Deviation		4.20049	
		Minimum		10.00	
		Maximum		30.00	
		Range		20.00	
		Interquartile Range		6.00	
		Skewness		.152	.287
		Kurtosis		-.016	.566
	Female	Mean		24.6714	.80493
		95% Confidence Interval for Mean	Lower Bound	23.0656	
			Upper Bound	26.2772	

5% Trimmed Mean	24.7540	
Median	25.5000	
Variance	45.354	
Std. Deviation	6.73456	
Minimum	12.00	
Maximum	37.00	
Range	25.00	
Interquartile Range	11.25	
Skewness	-.188	.287
Kurtosis	-1.201	.566

Descriptive table for normality assessment on life satisfaction

Descriptive

	Gender of participants			Statistic	Std. Error
LS. Total	Male	Mean		22.5286	.60080
		95% Confidence Interval for Mean	Lower Bound	21.3300	
			Upper Bound	23.7271	
		5% Trimmed Mean		22.5952	
		Median		23.0000	
		Variance		25.267	
		Std. Deviation		5.02666	
		Minimum		9.00	
		Maximum		32.00	
		Range		23.00	
		Interquartile Range		8.00	
		Skewness		-.290	.287
		Kurtosis		-.556	.566
	Female	Mean		21.5000	.85120
		95% Confidence Interval for Mean	Lower Bound	19.8019	
			Upper Bound	23.1981	

	5% Trimmed Mean	21.5317	
	Median	21.0000	
	Variance	50.717	
	Std. Deviation	7.12161	
	Minimum	5.00	
	Maximum	35.00	
	Range	30.00	
	Interquartile Range	12.50	
	Skewness	-.024	.287
	Kurtosis	-.966	.566

INFORMED CONSENT LETTER FOR RESEARCH PARTICIPANTS

The main purpose of this informed consent letter is to communicate participants in an understandable language about what is involved in the study and how their privacy will be managed, what is expected to be done and the the possible risks involved. In overall, it is designed to getting participants to be aware of their involvements and willingly agree or disagree to participate in the research study.

PURPOSE OF THE STUDY:

As part of the requirement for my degree in Psychology in National college of Ireland, I am required to carry out a research study in my final year in Psychology. The study is designed to investigate the relationship between religiosity and psychological well-being. It sought to find out whether people that are more religious have better psychological well-being than those that are less or non-religious. The study will involve collecting data from participants through the use of questionnaire. The questionnaire will highlight levels of religious participation (hours spent in the church weekly, number of times of prayers in a week and some other similar questions). The questionnaire will take approximately about 30 minutes to be completed. The questionnaire will also seek the participant to show the level of commitment or non-commitment in order to help the researcher identify where the difference lies during analysis.

WHY YOU HAVE BEEN CHOSEN:

You have been approached to take part in this study because you fall into the category of participants suitable to provide the data needed for this research study. You do not have to take part if you do not want because you are not under any obligations and participation is voluntary. You will be giving a copy of the information sheet and a copy of the consent form. You also have the option of withdrawing before the study commences even though you have agreed to participate or discontinue after data collection has started and you are given a period of two weeks of participation to ask for your data to be destroyed if you wish to withdraw at any point.

CONFIDENTIALITY AND ANONYMITY:

Your participation in the study will be kept anonymous and your identity will not appear in the thesis and if anything you said has to appear in the thesis it will be anonymous. All data collected will be kept for the period of the study and six months after the study and then be destroyed.

The results of the research will be presented in the thesis and submitted to my supervisor, external examiner and may be a second marker who will grade the work according to the rules and regulations of the college. The thesis may also be kept for future students to read and may also be published in a Research journal or Peer Review Journal.

POSSIBLE DISADVANTAGES:

Some possible disadvantages of taking part may include giving your time to participate in this study, filling the questionnaire which is also time consuming, the stress of reflecting in your past to retrieve information that might help you in answering the questions. In general I do not envisage any negative consequences in your taking part though talking about your past experiences may cause you some distress.

At the end of the procedure (interview or questionnaire), I will have a discussion with you on what your experience was and your feelings. If you are distressed you have the right to contact the investigator (01- 4899278; the Samaritans (01-6688451) or your GP if you wish.
This study was passed and approved by the National college of Ireland ethics committee and the psychological Association of Ireland (PSI) may also approve it if need be.
If you need any further information on the study you can contact me.

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College: National College of Ireland
Phone No: 0899528511
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PROJECT SUPERVISOR:
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IFSC House,
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CONSENT FORM:
Could you please sign the consent form overleaf if you agree to participate in the study?
PLEASE TICK YES OR NO IN THE BOX:
I……agree to participate in investigating the impact of religiosity on psychological well-being research study ☐
The purpose and nature of the study has been explained to me in writing ☐
I am participating voluntarily ☐
I give permission to Emilia Chime to document, record and published results from my interview or questionnaire if need ☐
I give permission to future students to read the published outcome of the study ☐
I understand that I can withdraw from the study without consequences at any time, before it starts or while I am participating ☐
I understand that I can withdraw permission to use the data within two weeks and in which case the material will be deleted ☐
I understand that anonymity will be ensured in the write-up by disguising my identity ☐
I understand that disguised extracts from my interview may be quoted in the thesis or other publications if I give my permission ☐
I agree to quotation/publication of extracts from data collected from me ☐
I do not agree to quotation/publication of extracts from the data collected from me ☐
Signed……. Date……

DEMOGRAPHIC INFORMATION

Age: _____

Gender: _____

Marital status: _____

Race: _____

Number of children_____

Education status_____

Buddhist _____

Pentecostal _____

Atheist _____

Islam _____

Hindu _____

None_____

Religion (please tick one):

Catholic _____

Presbyterian _____

Non-denominational Christian _____

Baptist _____

Methodist _____

Other (Specify) _____

You are expected to complete the information below indication how best the statements fit you and please

(Honesty will be highly appreciated).

RELIGIOSITY QUESTIONNAIRE:

How many times per week do you pray? (Please tick one)

_____ 0-3 _____ 4-6 _____ 6-9 _____ greater than 10

How many times per month do you attend church, temple, mosque, or youth group.

_____ 0-3 _____ 4-6 _____ 6-9 _____ greater than 10

How often do you attend religious services in a week?

1 2 3 4 5 (1 none to 5 greater than 10)

How many obligatory prayers do you perform in a day?

None 1 2 3 4 5 (1 none to 5more than 10)

In general, how important is religion to you

Not important 1 2 3 4 very important

Life satisfaction scale:

Below are five statements that you may agree or disagree with. Using the 1 – 7 scale below indicates 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

-In most ways my life is close to my ideal.

-The conditions of my life are excellent.

- I am satisfied with my life.

- So far I have gotten the important things I want in life.

- If I could live my life over, I would change almost nothing.

SELF-ESTEEM SCALE:

The statements below measures general feelings about you. Please indicate how strongly you agree or disagree with each statement (Honesty will be highly appreciated)
Add the numbers you wrote beside each of the five questions to get a total.

1. On the whole, I am satisfied with myself.
Strongly Agree Agree Disagree Strongly Disagree

2. At times I think I am no good at all.

Strongly Agree Agree Disagree Strongly Disagree

3. I feel that I have a number of good qualities.

Strongly Agree Agree Disagree Strongly Disagree

4. I am able to do things as well as most other people.

Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.

Strongly Agree Agree Disagree Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree Agree Disagree Strongly Disagree

8. I wish I could have more respect for myself.

Strongly Agree Agree Disagree Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

Strongly Agree Agree Disagree Strongly Disagree

10. I take a positive attitude toward myself.

Strongly Agree Agree Disagree Strongly Disagree