



4-1-2004

# Religiosity and Life Satisfaction among LDS Women

Sherrie Mills Johnson

Follow this and additional works at: <https://scholarsarchive.byu.edu/irp>

---

### Recommended Citation

Johnson, Sherrie Mills (2004) "Religiosity and Life Satisfaction among LDS Women," *Issues in Religion and Psychotherapy*: Vol. 29 : No. 1 , Article 2.

Available at: <https://scholarsarchive.byu.edu/irp/vol29/iss1/2>

This Article or Essay is brought to you for free and open access by the All Journals at BYU ScholarsArchive. It has been accepted for inclusion in *Issues in Religion and Psychotherapy* by an authorized editor of BYU ScholarsArchive. For more information, please contact [scholarsarchive@byu.edu](mailto:scholarsarchive@byu.edu), [ellen\\_amatangelo@byu.edu](mailto:ellen_amatangelo@byu.edu).

# Religiosity and Life Satisfaction among LDS Women

SHERRIE MILLS JOHNSON, PhD

Brigham Young University

*Because of their high religiosity, LDS women are an excellent population group to study the effects of religiosity. Very little published research regarding this segment of the general population exists. This study examines the religiosity of LDS women by comparing two national samples of LDS women to a sample of non-LDS women taken from the National Survey of Families and Households (NSFH), in order to determine differences in their life satisfaction and mental well-being. This study also compares two subgroups of LDS women, measuring if increased levels of adherence to the same religious beliefs has an effect on satisfaction and mental well-being. Comparisons between the LDS groups and the NSFH women showed (1)depression levels among both groups of LDS women were significantly lower than the NSFH sample, (2)general life satisfaction was similar for all groups, and (3)self-esteem was lower in the LDS women than in the NSFH women. Structural equation modeling showed that for a group of LDS women who have not served missions (NM-LDS), experiential religiosity plays an important role in predicting life satisfaction and self-esteem. For LDS women who have served as missionaries (RM-LDS), experiential religiosity plays an important role in predicting higher self-esteem, lower depression, and higher life/marital/parenting satisfaction. Conclusions are that personally experiencing religion rather than only participating socially in religious groups seems to be an important factor in influencing satisfaction and mental well-being in LDS women – and therefore is an important point to address when counseling them.*

As early as 1897, many researchers have studied the relationship between religious affiliation and aggregate measures of psychological well-being. It has been found that, in general, religious affiliation has a significant positive effect on psychological well-being (Durkheim, 1897; Bergin, 1983; Ellis, 1980; Ellison, 1991; Idler & Kasl, 1992; Ross, 1990; Williams, et al., 1991).

Despite this consensus, in Utah (a state established by LDS people and still predominantly LDS) a stereotype of LDS women as being depressed has been perpetuated. This stereotype appeared after Louise Degn of KSL Television produced a three-part documentary (1979) on depression, the second part of which was titled "Mormon Women and Depression." Degn never claimed Mormon women were more depressed than other

women, but instead highlighted the problems encountered by Mormon women who experience depression. This proved to be a very important broadcast, in that it encouraged many women who were suffering from depression to seek professional help. However, the program also began a public discussion that depicted

---

*Sherrie Mills Johnson, a graduate of Brigham Young University (PhD), Utah State University (M.A.) and Weber State University (B.A.), currently teaches in the Department of Ancient Scripture at Brigham Young University. She is the author of Spiritually Centered Motherhood (Bookcraft, 1983) and Man, Woman and Deity (Deseret Book, 1991). Portions of this study were presented at the AMCAP Convention, April 1, 2004. Address for correspondence: Sherrie Mills Johnson PhD, 316R JSB, Brigham Young University, Provo Utah 84602 email <sj226@email.byu.edu> (801) 422-3197*

Mormon women in general as depressed.

In March of 1994, Cherrill Crosby added to this discussion with an article published in the *Salt Lake Tribune* entitled "The Ups and Downs of Prozac." This article reported that the anti-depressant drug Prozac was "the most prescribed drug in Utah." Crosby quoted a psychiatrist who claimed that:

some members of the Church of Jesus Christ of Latter-day Saints have had some "suspicions" [about] psychiatric counseling, making it easier for them to accept that they are suffering from a "chemical imbalance" rather than a deep-rooted psychological problem. (Crosby, 1994, p. A1)

Although Crosby's statistics were about Utah women, the dialogue clearly implicated LDS women. Subsequently, the article was contested by two of the doctors Crosby had interviewed. Both claimed they had been misinterpreted. One of them, Dr. Noel C. Gardner (1994), claimed the article assumed "a sinister explanation for the fact that Prozac is the number one prescribed medication in Utah," and said in his rebuttal that Crosby (1994) had chosen to:

ignore one of my most important observations: the fact that Prozac is widely used in Utah may be evidence that [psychiatric] treatment in Utah is superior to other parts of the United States which might benefit from increased prescriptions of antidepressants. Epidemiologic studies clearly show that depression is markedly under-diagnosed and under-treated in the United States. How different the article would have been had the author used this point as her underlying assumption! (Gardner, 1994, p. A19)

The debate still continues as to why Prozac sales are high in Utah. To date no conclusive evidence has been presented which proves that LDS women are more depressed or take more anti-depressants than other women. However, because Utah is predominantly LDS, the assumption is that the Utah figures apply to LDS women, and therefore justify the stereotype of LDS women as being depressed. Using claims from early social scientists and some feminist critics (Freud, 1927; Daly, 1992; Ruether, 1992) that the demands of a conservative religion are constraining and that LDS women are discouraged from pursuing careers and other courses that bring satisfaction and provide for

mental well-being, these discussions depict depression as a pervasive problem among LDS women.

### RELIGIOSITY AND MENTAL HEALTH

However, a review of research regarding the relationship between the LDS religion and mental health (Judd, 1999) found that, of the many anecdotal reports and essays concerning depression among LDS people, 58 were actual research studies reflecting "sound research methodology" (Judd, 1999, p. xii). However, only three of these studies dealt specifically with LDS women and depression. In short, most of what has been written concerning LDS women and depression is anecdotal.

One of the three studies dealing with LDS women and depression (Spendlove, West & Stanish, 1984) compared 143 LDS and 36 non-LDS women living in Salt Lake City; this study concluded there was "no difference in the prevalence of depression" (p. 491). This study constituted a beginning of research concerning depression and LDS women, but its small sample size and localized population preclude accurate generalizations from this study.

Judd (1999) also cited more recent research (Jensen, Jensen & Wiederhold, 1993) based on a larger sample: In 1993 a study of 3,835 Catholic, Protestant, and LDS university students attending Notre Dame University, Southwest Texas State University, Washington State University, University of Texas at Houston, and Brigham Young University was conducted. Findings showed that

women in the LDS denomination reported less depression than women in the other denominations, but scores for LDS men were similar to those of Catholics and Protestants. (Jensen, Jensen & Wiederhold, 1993)

Because this study consisted of only university students it cannot be considered to represent the general church membership.

A third study (Williams, 1999) compared depression levels of 84 LDS women to 114 Protestant women in New Mexico and found "no significant difference in depression scores between Mormon and Protestant women" (Williams, 1999, p. 58). However, the sample size of this study is small and represents only a limited geographic distribution.

Therefore, while these three studies do report depression among LDS women to be the same or lower than

non-LDS women, they do not utilize large enough samples, cover broad enough geographic areas, or represent broad enough age groups to substantiate firm conclusions about LDS women in general.

Note, also, that studies concerning other indicators of life satisfaction such as global happiness, marital satisfaction, and self-esteem among LDS women have yet to be published.

### METHODOLOGY

The data used in this study were gathered in two national surveys (McClendon, 2000; Janson, 2002) of members of The Church of Jesus Christ of Latter-day Saints, and were compared to a sample of women of corresponding age groups (NSFH Wave 2) drawn from a national survey (Sweet & Bumpass, 1996). The first of the LDS studies reported here uses the female respondents from a survey of LDS returned missionaries (hereafter referred to as the RM study). The data was originally collected by Richard McClendon in the spring of 1999 using a mail survey from a random sample of 2,000 LDS women in the United States. Surveys were sent to 500 women who had been home from their missions 2, 5, 10, and 17 years, respectively. After eliminating surveys that were undeliverable or that did not meet the criterion, a total of 1,519 valid responses to the standard mail survey procedures resulted in a response rate of 84% (McClendon, 2000).

The second data set was collected in 2000 by Darrell Janson (2002). His study surveyed LDS people who had not served missions (hereafter referred to as the NM study). This instrument was mailed to members of the same age cohorts as the McClendon (2000) study. Of the 2,000 women who were sent surveys, 617 responded to the standard mail survey procedures, giving a response rate of 31%. Although this is a much lower response rate than the RM study, and while a higher response rate was anticipated, these 617 respondents do represent a national random sample of LDS women who have not served missions. Since only 4% to 8% of single LDS women serve a mission from any age cohort, the NM study is actually more reflective of the general LDS female population than is the RM study.

To make the comparison between the LDS women and other women, I used the 1992-1994 (Wave 2) National Survey of Families and Households (NSFH), a national probability sample of the adult, non-institu-

tionalized U. S. population (Sweet & Bumpass, 1996). Wave 1 (1987-1988) of the NSFH study included 13,007 people from a main cross-section of 9,637 households with an over-sampling of blacks, Puerto Ricans, Mexican Americans, single-parent families, families with step-children, cohabiting couples and recently-married persons. One adult per household was randomly selected as the primary respondent. NSFH2 was a five-year follow up which included personal interviews with the original respondents as well as interviews with spouses or cohabiting partners.

The NSFH2 was conducted from 1992 to 1994. Therefore, women who were born 24 to 44 years before 1993 make up the national comparison sample used in the present analysis. The few cases of women younger than 24 in the LDS samples were dropped so that all of the samples would consist of women 24 to 44 years of age at the time they were surveyed. The NSFH2 sample contained 67 women who were LDS. These were omitted to insure a clearly non-LDS NSFH2 sample of 3,075 women.

All three of the instruments contained similar variables of life satisfaction. However, because of the large number of housewives in the LDS samples, the "satisfaction with work" variable was dropped from the *Life Satisfaction* scale. The factor loading scores for the remaining five items ranged between .552 and .751 for the NM women. For the RM women they ranged between .546 and .722, and for the NSFH women they ranged from .545 to .712. The scaled mean scores were exactly the same (3.82) for the RM and NSFH2 women and only .06 points lower (3.76) for the NM women. The *alpha* scores in all three groups were a little low, but considering the size of the samples this is normal.

All three surveys included similar measures of self-esteem and depression. Self-esteem was determined by using items from the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965), and depression was measured by using the *Center for Epidemiological Studies Depression Scale* (Radloff, 1977).

The only measure of religiosity available for the NSFH2 women was "attendance at religious services" or "public religiosity." The NSFH2 question was asked in two parts: the first part was the number of times the women attended religious services and the second part asked if that number applied to a day, week, month or year. For example, in Part 1 a woman could report that

she attended services 25 times and in Part 2 report “per month.” These two questions were merged and recoded so they matched the LDS surveys’ format. This new coding format ranged from 1, which was “never attending,” to 6, which was “attendance almost every week.” These findings were compared to the sacrament meeting attendance of both groups of LDS women.

**FINDINGS**

**Public Religiosity**

Comparisons of levels of public religiosity (see Table 1) show that the NM and RM women both

attended church services significantly more often than the NSFH2 women. The RM women attended weekly religious services almost 3 times more often than the NSFH2 women. Almost half of the NSFH2 women reported attendance at religious services six times a year or less, while only 17% of the NM and 3% of the RM reported low or non-attendance. When rounded to the nearest format-number, the RM attendance mean was “weekly,” the NM attendance mean was “2-3 times a month,” and the NSFH2 mean was “once a month.” This supports the assumption that both groups of LDS women are more active in church services and have higher levels of public religiosity.

**Table 1**  
*Public Religiosity of the Adult NM, RM and NSFH2 Women*

	Never	Few times a year	Every other month	Once a month	2-3 times a month	Almost every week	Mean
Attendance at Religious Services							
NM	08%	07%	02%	03%	07%	73%	5.14
RM	01%	01%	01%	01%	07%	90%	5.79
NSFH2	25%	18%	02%	09%	13%	32%	3.62*

NM (N=608) RM (N=1526) NSFH2 (N=3006) \* The NSFH2 is significantly different from the NM and the RM groups at p<.001

**Table 2**  
*Experiential Religiosity of the Adult NM and RM Women*

	Not at all	Not very much	Some-what	Very Much	Exactly	Total %	Mean
Relationship to God <sup>1</sup>							
NM	<01%	01%	06%	27%	67%	102	4.60
RM	<01%	<01%	01%	20%	79%	102	4.77
Inspired by the Holy Ghost <sup>2</sup>							
NM	02%	04%	15%	34%	44%	99	4.13
RM	<01%	01%	08%	31%	59%	100	4.47
Repentance <sup>3</sup>							
NM	03%	07%	18%	23%	49%	100	4.09
RM	01%	02%	15%	28%	55%	101	4.35
Felt the Spirit in Meeting <sup>4</sup>							
NM	05%	03%	11%	27%	55%	101	4.25
RM	01%	02%	10%	25%	63%	101	4.48
Spirit influence in life <sup>5</sup>							
NM	03%	03%	11%	28%	56%	101	4.31
RM	<01%	01%	06%	25%	68%	101	4.59
Scaled Mean Scores							
NM							4.28
RM							4.53*

NM (N=603), RM (N=1508) \*difference in mean scores significant at p <.001

Questions: How well do the following statements describe your personal experiences, feelings, or beliefs?

<sup>1</sup>My relationship to God is important to me

<sup>2</sup>I have been guided or inspired by the Holy Ghost with my problems and decisions

<sup>3</sup>I know what it feels like to repent and be forgiven

<sup>4</sup>I have felt the Spirit of God in Sacrament meeting

<sup>5</sup>The Holy Ghost is an important influence in my life

**Experiential Religiosity**

In addition to the public religiosity factors, the LDS studies included questions concerning experiential and private religiosity. The factors that determined experiential religiosity concerned the woman’s personal experience with the spiritual beliefs she espoused. The questions scaled included: “How well do the following statements describe your personal experiences, feelings, or beliefs?” (1) My relationship to God is important to me, (2) I have been guided or inspired by the Holy Ghost with my problems and decisions, (3) I know what it feels like to repent and be forgiven, (4) I have felt the Spirit of God in Sacrament meeting, (5) The Holy Ghost is an important influence in my life.

The responses, as shown in Table 2, indicate that the RM women consistently scored higher than the NM women on all of the experiential religiosity measures and that the differences were statistically significant. Both scores were high, falling between a “very much” response and an “exactly how I feel” response in all five of the measures. The largest difference in the experiential religiosity variables was in response to the statement “I have been guided or inspired by the Holy Ghost with my problems and decisions.” Forty-four percent of the NM women and 59% of the RM women agreed. While both groups exhibit very high experiential religiosity, the

RM group averages closer to the “exactly how I feel” level while the NM women are closer to the “very much how I feel level” – indicating that the RM women are more familiar with spiritual experience.

**Private Religiosity**

Private religiosity includes practices such as scripture study, personal prayer, and how often a woman thinks seriously about religion. While the differences in all three practices and in the scaled mean were statistically significant, the largest difference, as shown in Table 3, occurred in the daily scripture study question. Over half of the RM women study scriptures on a daily to a few times per week basis, while only 38% of the NM women do so. Almost twice as many NM women (34%) than RM women (18%) answered that they read scriptures once a month or less. Again both groups are high, but the RM mean (5.12) which is “about once a week,” is almost a whole point higher than the NM (4.34) mean which is “2-3 times a month.”

**Religious Behavior**

In order for LDS people to participate in temple rituals, they must declare before their ecclesiastical leaders that they are practicing the principles of the LDS Church. They are then given a temple recommend

**Table 3**  
*Private Religiosity of the Adult NM and RM Women*

	Not at All	Less than once a month	About once a month	2-3 times a month	About once a week	A few times a week	Everyday	Total	Mean
<b>Read scriptures<sup>1</sup></b>									
NM	11%	15%	08%	11%	17%	26%	12%	100%	4.34
RM	03%	09%	06%	12%	15%	35%	20%	100%	5.12*
<b>Pray privately<sup>2</sup></b>									
NM	03%	04%	04%	07%	07%	25%	50%	100%	5.86
RM	01%	02%	02%	04%	06%	23%	62%	100%	6.27*
<b>Think about religion<sup>3</sup></b>									
NM	03%	03%	04%	06%	11%	32%	41%	100%	5.82
RM	01%	01%	02%	04%	10%	33%	50%	101%	6.20*
<b>Scaled Mean Scores</b>									
NM									5.34
RM									5.86*

NM (N=608), RM (N=1507) \*difference in mean scores significant at p <.001

Questions: During the past year how often did you do the following:

<sup>1</sup>Read the scriptures by yourself

<sup>2</sup>Pray privately

<sup>3</sup>Think seriously about religion

**Table 4**  
*Public Religiosity of the LDS Women During High School*

	Never/ rarely	6-12 times year	2-3 times a month	Almost every week	Total	Mean
Sacrament Meeting <sup>1</sup>						
NM	09%	04%	07%	80%	100%	5.44
RM	01%	01%	03%	95%	100%	5.89*
Young Women <sup>2</sup>						
NM	10%	05%	08%	77%	100%	5.36
RM	02%	02%	04%	92%	100%	5.84*
Sunday School <sup>3</sup>						
NM	10%	04%	09%	77%	100%	5.35
RM	02%	02%	05%	92%	101%	5.84*

NM (N=545), RM (N=1350) \*NM and RM difference significant at p <.001

Questions: During high school, how often did you attend:

<sup>1</sup>Sacrament meeting

<sup>2</sup>Young Women

<sup>3</sup>Sunday School

**Table 5**  
*Private Religiosity of the LDS Women During High School*

	None/rarely	1-3 times/month	Once/week	Few times/week	Every day	Total	Mean
Scripture study <sup>1</sup>							
NM	29%	21%	13%	27%	10%	100%	4.18
RM	11%	16%	14%	38%	21%	100%	5.22*
Private prayer <sup>2</sup>							
NM	11%	10%	09%	26%	44%	100%	5.63
RM	03%	06%	05%	27%	59%	100%	6.26*
Think about religion <sup>3</sup>							
NM	12%	17%	13%	31%	27%	100%	5.19
RM	03%	08%	12%	37%	41%	101%	5.97*

NM (N=547), RM (N=1533) \*NM and RM difference significant at p <.001

Questions: During high school, how often did you:

<sup>1</sup>Read the scriptures by yourself

<sup>2</sup>Pray privately (other than blessing on the food)

<sup>3</sup>Think seriously about religion

**Table 6**  
*Family Religious Practices of the LDS Women During High School*

	Not at All	Once a month or less	2-3 times a month	2-4 times a month	About once a week	A few times a week	Every day	Total	Mean
Family prayer <sup>1</sup>									
NM	31%	15%	05%	n/a	07%	14%	28%	100%	3.99
RM	16%	15%	07%	n/a	09%	16%	38%	101%	4.83*
Family scripture study <sup>2</sup>									
NM	40%	25%	n/a	17%	n/a	11%	06%	101%	2.85
RM	27%	24%	n/a	23%	n/a	15%	12%	100%	3.57*
Family Home Evening <sup>3</sup>									
NM	33%	31%	17%	n/a	19%	00%	n/a	100%	2.69
RM	20%	31%	18%	n/a	29%	03%	n/a	101%	3.32*

NM (N=543), RM (N=1349) \*NM and RM difference significant at p <.0

Questions: During high school, how often did you:

<sup>1</sup> Pray as a family (other than blessing on the food)

<sup>2</sup> Study the scriptures as a family

<sup>3</sup> Hold Family Home Evening

which permits them to participate in temple worship services. Thus, the recommend becomes a measure of professed religiosity for LDS people. Temple recommends are held by 64% of the NM and 90% of the RM women. This is a significant difference. One of the requirements for obtaining a temple recommend is that the person agrees to obey the Word of Wisdom (D&C 89) which means abstinence from coffee, tea, alcohol, and illegal drugs. The Word of Wisdom is completely obeyed by 83% of the NM women and 98% of the RM women. Another requirement for a temple recommend is that the woman pay 10% (tithing) of her income to the Church. Tithing is paid by 69% of the NM and 91% of the RM women. While these statistics show a discrepancy between the NM and RM women, it is important to remember that both of these groups are highly religious and that even the percentage of NM tithe payers is very high.

At first it may be tempting to attribute the higher religiosity of the RM women to the experience provided them while serving as missionaries. However, the difference in religiosity was apparent even before these women served missions, as the questions concerning home-life while in high school demonstrated (see Table 6). The emotional and physical ecology of the families these women were raised in were very similar. Most were raised in traditional two-parent homes. In both groups there were few transitional changes, emotional problems, physical strains, alcohol or drug problems, or acute financial pressures.

However, there were significant differences in the religious practices of the families of origin and in the private religious practices of the RM and NM women during their high school years. The RM women came from homes where there were more occurrences of family prayer, family scripture study, and Family Home Evening (see Table 6). In addition more RM women (84%) graduated from seminary than did the NM women (69%). The RM women also reported higher attendance at religious services (see Table 4) during their high school years and an increase in private religious practices such as scripture study, private prayer, and thinking about religion (see Table 5). In other words, the difference in religiosity between the RM and NM women was not caused by their mission service; instead, mission service seems to be an outgrowth of their original higher religiosity.

As these statistics demonstrate, both LDS groups

constitute highly religious populations. However, since the RM group demonstrates a higher level of religiosity, this provides the opportunity to analyze the effect of religiosity between two groups who adhere to the same religious belief system but demonstrate varying degrees of adherence to the espoused beliefs.

If past studies on religiosity are correct, we would expect that the higher the religiosity, the higher the levels of satisfaction and mental well-being. Therefore, we would expect the LDS women to score higher than the NSFH2 women in measures of life satisfaction and mental well-being. In addition, we would expect the RM women to demonstrate higher levels of life satisfaction and mental well-being than the NM women.

### Life Satisfaction

In comparing the adult LDS women with the NSFH2 women, we find (as can be seen in Table 7) that all three groups responded very similarly to the *life satisfaction* questions, with none of the differences being significant. The largest difference between the groups occurred in the *satisfaction with health* variable. This is a little surprising in that many studies have shown LDS people generally have longer life spans and better health. However, the ages of this group of women fall mostly in the childbearing years — in that the LDS women have more children than the national average, this may reflect the fact that many of them are experiencing or have experienced pregnancy and its accompanying health problems. It could also be that the increase of family size and additional pregnancies cause fatigue and health concerns not experienced by the national group. It could also be that expectations for good health are higher among LDS women.

The differences in general life satisfaction were not significant, and indicate that the highly religious LDS women do not feel any more or any less satisfied with their lives than other women. They are just as content with their family life, financial situation, friendships, and with the place they live as are other women.

### Happiness

In answer to the global question, “Taking all things together, how would you say things are these days?” almost twice as many of the LDS women as NSFH2 women answered that they were “very happy” rather than only “happy” (see Table 8.) And about three times



**Table 7**  
*Life Satisfaction of NM, RM, and NSFH2 Women*

	Very dissatisfied	Dissatisfied	Mixed feelings	Satisfied	Very satisfied	Total %	Mean
<b>satisfaction with place you live</b>							
NM	04%	05%	17%	41%	34%	101%	3.96
RM	02%	05%	19%	42%	32%	100%	3.98
NSFH2	03%	10%	16%	47%	24%	100%	3.80
<b>work</b>							
NM	02%	02%	23%	43%	29%	99%	3.92
RM	02%	04%	23%	45%	25%	99%	3.88
NSFH2	06%	10%	14%	47%	23%	100%	3.70
<b>friendships</b>							
NM	02%	06%	20%	48%	24%	100%	3.87
RM	01%	06%	20%	47%	26%	100%	3.91
NSFH2	01%	06%	11%	51%	31%	100%	4.05
<b>health</b>							
NM	04%	10%	24%	42%	20%	100%	3.62
RM	04%	10%	22%	45%	20%	101%	3.69
NSFH2	02%	07%	12%	51%	29%	101%	3.97
<b>family life</b>							
NM	03%	02%	15%	41%	39%	100%	4.11
RM	02%	02%	14%	40%	42%	100%	4.17
NSFH2	02%	06%	9%	48%	36%	101%	4.10
<b>financial situation</b>							
NM	11%	17%	26%	33%	14%	101%	3.24
RM	08%	14%	27%	38%	14%	101%	3.36
NSFH2	10%	22%	21%	39%	09%	101%	3.16
<b>Scaled Scores<sup>1</sup></b>							
NM							3.76
RM							3.82
NSFH2							3.82

NM (N=595), RM (N=1510), NSFH (N=2950) <sup>1</sup> (Scale includes all of the variables in Table 5-7 except work)

Factor Loadings	NM	RM	NSFH2
Place you live	.552	.546	.545
Friendships	.692	.673	.692
Health	.671	.697	.652
Family life	.751	.722	.712
Financial situation	.670	.663	.634
Eigenvalue	2.247	2.197	2.110
Alpha	.684	.675	.648

**Table 8**  
*Self-Reported Happiness of the NM, RM and NSFH2 Women*

	Very unhappy	Unhappy	Mixed	Happy	Very happy	Total%	Mean
NM	02%	01%	17%	47%	33%	100%	4.08
RM	01%	02%	16%	48%	34%	101%	4.12
NSFH2	01%	07%	16%	57%	18%	99%	3.84*

NM(N=604), RM(N=1510),NSFH2 (N=2618)  
\* This score is significantly different from both the NM and RM women at p < .001.

Question:  
1 Taking things all together, how would you say things are these days? Would you say you are...

as many NSFH2 women as LDS women reported they were “unhappy.” For the RM women, the mean for the level of happiness was 4.12, for the NM women it was 4.08, and for the NSFH2 women 3.84. T-tests showed that the difference between the two LDS groups was not statistically significant, but that the differences between both of the LDS groups and the NSFH2 group were significant, indicating that both of the LDS groups have higher levels of self-reported happiness than the women from the national sample.

**Marital Satisfaction**

More of the NM and RM women than the NSFH2 women were married at the time of the surveys, as shown in Table 9. The NSFH2 women had experienced divorce four times more than the NM women and eight times more than the RM women. The NM women had the smallest *never married* group at 08%, whereas the NSFH2 women reported 17% and the RM women 26%. It is important to remember that in all three samples the women were 24 to 44 years old at the time of the survey. Therefore, many of these women likely could marry later, so these figures can not be interpreted as “women who never marry.”

Substantially, more RM (62%) and NM (52%) women reported being “very happy” with their marriage relationship than did NSFH2 women (38%), as shown in Table 9. However, fewer of the NSFH2 women reported being “very unhappy.” When the “very unhap-

py” and “unhappy” responses are combined, 11% of the NM, 7% of the RM and 6% of the NSFH2 women were unhappy. The mean difference between the RM (4.35) and NSFH2 (4.17) groups was statistically significant. The mean for the NM women (4.10) was lower than that of the NSFH2 (4.17) women; however, this difference was not statistically significant. Further research is warranted to determine why the NM and RM women report significant differences in their satisfaction with marriage and why the NM women score lower than the national women.

**Self-esteem**

Only three of the Rosenberg (1965) self-esteem questions were included in the NSFH2 survey. These questions were, “On the whole, I am satisfied with myself,” “I am able to do things as well as other people,” and “I feel that I am a person of worth, at least on an equal plane with others.” In the self-esteem questions, the answers for the individual questions ranged from 1 (strongly agree) to 5 (strongly disagree); thus, the lower the score the higher the self-esteem.

The mean scores of all three questions for the NM, RM and NSFH2 hovered around the “agree” response (see Table 10). The question “I am satisfied with myself” showed the least amount of difference, with very little variation between the three groups. The question, “I am able to do things as well as other people” showed the most variation between the three groups with 86% of

**Table 9**  
*Marital Status and Marital Happiness of NM, RM, and NSFH2 Women*

	Married	Separated	Divorced	Widowed	Never married	Total %	
Marital Status							
NM	87%	02%	04%	00%	08%	101%	
RM	72%	01%	02%	<1%	26%	102%	
NSFH2	59%	06%	17%	02%	17%	101%	
NM (N=617) RM (N=531) NSFH2 (N=3075)							
	Very Unhappy	Unhappy	Mixed	Happy	Very Happy	Total %	Mean
Marital Happiness							
NM	09%	02%	11%	26%	52%	100%	4.10
RM	06%	01%	07%	24%	62%	100%	4.35
NSFH2	01%	05%	07%	49%	38%	100%	4.17***
NM (N=530), RM (N=1107), NSFH2 (N=1642)							
*** The difference between the RM mean and NSFH2 mean was significant at p < .001. The difference between the NM mean and NSFH2 mean was not significant							

Questions:  
1. LDS: All things considered, how happy is your marriage?  
2. NSFH2: Taking all things together how would you describe your marriage?

the NSFH2 but only 75% of the NM and 77% of the RM women reporting they “agree” or “strongly agree” with the statement. The *person of worth* question had the greatest number reporting agreement in all three groups with 80% of the NM, 83% of the RM and 89% of the NSFH2 agreeing or strongly agreeing that they feel they are a person of worth.

It is important to keep in mind that with the self-esteem score, the lower the score the higher the self-esteem. The mean scaled score for the NM women was 2.10, for the RM women 2.05 and for the NSFH2 women 1.93. The two LDS groups’ self-esteem scores were not significantly different from each other, but both were significantly different from the NSFH2 women’s self-esteem.

Thus the highly religious groups both scored lower on

self-esteem than did the national group.

This could be a reflection of the higher standards that are espoused by the LDS Church. Research by Gartner (1983) and Moberg (1983) claims that measures used in self-esteem research are biased against orthodox subjects. Payne et al. (1991, p. 15) conclude that the very language used in self-esteem questions is contrary to religious ideals such as humility – and therefore may account for negative findings.

Others have also found problems with research that evaluates self-esteem measures by religious standards. Emler (2001) has attacked self-esteem measures in general, finding no evidence that low self-esteem causes antisocial behavior or is the social disease some (see Emler, 2001, for references) have alleged it to be. Emler (2001) contends that the societal focus on promoting self-esteem

**Table 10**  
*Self-esteem of the NM, RM and NSFH2 Women*

	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	Total %	Mean
Satisfied with self							
NM	22%	45%	25%	06%	02%	100%	2.20
RM	20%	51%	23%	05%	02%	101%	2.18
NSFH2	22%	55%	13%	09%	02%	101%	2.12
Able to do things							
NM	25%	50%	16%	06%	04%	101%	2.13
RM	27%	50%	16%	05%	03%	101%	2.08
NSFH2	32%	54%	9%	04%	01%	100%	1.89
Person of worth							
NM	30%	50%	15%	02%	03%	100%	1.98
RM	35%	48%	12%	02%	02%	99%	1.88
NSFH2	38%	51%	07%	03%	01%	100%	1.78
Scaled Mean Scores							
NM							2.10
RM							2.05
NSFH2							1.93***

NM (N=603), RM (N=1492), NSFH2 (N=2971)  
\*\*\* This score is significantly different from both the NM and RM women at  $p < .001$ .

Questions:

1. On the whole, I am satisfied with myself.
2. I am able to do things as well as other people.
3. I feel that I'm a person of worth, at least on an equal plane with others.

Factor Loadings, Eigenvalues, and Reliability Scores for Self-esteem Scale

Variables	Factor Weights		
	NM	RM	NSFH2
Satisfied with Self <sup>1</sup>	.788	.767	.742
Able to do things <sup>2</sup>	.713	.792	.794
Person of worth <sup>3</sup>	.798	.824	.759
Eigenvalue	1.766	1.894	1.757
Alpha	.6460	.7065	.6436
Scaled Mean Scores	2.10	2.05	1.93***

is unwarranted, and that young people who score high on self-esteem measures are more likely than others to hold racist attitudes, reject social pressures from adults and peers, and engage in physically risky pursuits such as drunk driving or driving too fast. In light of Emler's research (2001), further study is warranted to determine if lower self-esteem among this highly religious population (i.e., the NM and RM groups) is a problem or not.

## Depression

The Center for Epidemiological Studies Depression Scale (Radloff, 1977), used to determine depression levels, consists of twelve questions that reflect symptomatic manifestations of depression. These questions cover such things as poor appetite, inability to sleep, loneliness and feelings of fear (see Table 11). The respondents answered the questions according to how many days

**Table 11**

*Depression Scales and Factor Loadings of the NM, RM and NSFH2 Women*

Variables	NM (N=570)	RM (N=1400)	NSFH2 (N=2915)
Feel Bothered <sup>1</sup>	1.16	1.12	1.73
Not Eating <sup>2</sup>	.63	.47	1.19
Can't shake blues <sup>3</sup>	.75	.63	1.25
Can't keep mind on task <sup>4</sup>	1.33	1.26	1.46
Feel depressed <sup>5</sup>	1.11	.89	1.51
Everything is an effort <sup>6</sup>	1.53	1.48	1.49
Feel fearful <sup>7</sup>	.65	.54	.88
Sleep restlessly <sup>8</sup>	1.73	1.61	1.79
Talk less <sup>9</sup>	.57	.54	.99
Feel lonely <sup>10</sup>	1.12	1.05	1.29
Feel sad <sup>11</sup>	1.30	1.12	1.55
Couldn't get going <sup>12</sup>	1.44	1.33	1.55
Scaled Mean Scores	1.11	1.00	1.39*
SD	1.27	1.05	1.41
Factor Loadings and Reliability Scores for Depression Scale			
Variables	NM	RM	NSFH2
Feel Bothered <sup>1</sup>	.760	.602	.675
Not Eating <sup>2</sup>	.492	.568	.616
Can't shake blues <sup>3</sup>	.857	.800	.848
Can't keep mind on task <sup>4</sup>	.691	.614	.778
Feel depressed <sup>5</sup>	.889	.846	.860
Everything is an effort <sup>6</sup>	.749	.685	.749
Fear fearful <sup>7</sup>	.693	.636	.730
Sleep restlessly <sup>8</sup>	.647	.567	.668
Talk less <sup>9</sup>	.773	.685	.763
Feel lonely <sup>10</sup>	.743	.669	.783
Feel sad <sup>11</sup>	.852	.816	.844
Couldn't get going <sup>12</sup>	.741	.696	.739
Eigenvalue	6.706	5.679	6.896
Alpha	.922	.889	.931

\* The NSFH2 score is significantly different from both the NM and RM scores at  $p < .001$

Questions: On how many days during the past week did you:

1. feel bothered by things that usually don't bother you?
2. not feel like eating; your appetite was poor?
3. feel that you couldn't shake off the blues even with help
4. have trouble keeping your mind on what you were doing?from your family or friends?
5. feel depressed
6. feel that everything you did was an effort?
7. feel fearful?
8. sleep restlessly?
9. talk less than usual?
10. feel lonely?
11. feel sad
12. feel you could not get going?

they usually felt these symptoms. Therefore, answers ranged from 0 to 7; the higher the number the greater the level of depression.

As shown in Table 11, for all of the symptoms, the lowest scores were reported by the RM women. The NM women scored between the RM and the NSFH2 women except for one question, and the NSFH2 women had the highest scores in all but that one symptom. The exception occurred in the question, "On how many days during the past week did you feel that everything you did was an effort?" Note, however that the differences between the responses to this question were small. The three groups were also very close in response to the "sleep restlessly" question, with all groups reporting they didn't sleep well between 1 or 2 days during the last week.

The largest spread in scores came from the question concerning poor appetite. The NM mean was .63, the RM mean .47, and the NSFH2 mean 1.19. In other words, the NSFH2 women had a loss of appetite about three-fourths of a day per week more than the LDS women did. The NSFH2 women also reported that they felt bothered, weren't able to shake off the "blues," felt depressed, talked less, and felt fearful for about a half a day per week more than the LDS women felt these things.

When the twelve questions were combined into a depression inventory, the mean score for the RM women was 1.00, for the NM women 1.11, and for the NSFH2 women 1.39. The two LDS groups were not significantly different from each other, but both were significantly lower than the NSFH2 women.

That is, both LDS groups experienced the symptoms of depression about one day a week while the NSFH2 women experienced them about 1.4 days a week.

In addition to the depression inventory, the question was asked in the RM and NM surveys, "During the past year, did you ever receive professional counseling or prescribed medication for any emotional problems such as depression, anxiety, or eating disorder?" In response, 18% of the NM and 14% of the RM women said "yes." According to Williams (1999), the national average for receiving mental health help among women is 20%.

### STRUCTURAL EQUATION MODEL

To determine the effect of religiosity, age, education, and employment on the satisfaction and well being of the LDS women, five structural equation models were

run for both the RM and NM women (see Figure 1). In each model private, public and experiential religiosity competed against each other as well as age, education and full- and part-time employment, to see how each predicted the five measures of well-being:

1. life satisfaction
2. marital satisfaction
3. parental satisfaction
4. depression
5. self-esteem.

#### NM women

For the NM women, experiential religiosity showed the strongest relationship to self-esteem with a *beta* of .347 while education also contributed a positive effect (see Figure 2). The only predictor for the NM women in the depression model was education, which showed that education has a negative effect on depression (see Figure 3). No variables in the model were significant in predicting parenting satisfaction (see Figure 4) for the NM group. In the marital satisfaction model, the only significant variable was date of birth – indicating that the younger the woman, the more satisfied she was with her marriage (see Figure 5). Life satisfaction in the NM model was predicted by experiential religiosity (*beta* .337) and education (see Figure 6).

#### RM women

For the RM women, the most important predictor of self-esteem was experiential religiosity. Education also predicted higher self-esteem with date of birth showing a slightly positive effect meaning that the younger the woman the higher the self-esteem (see Figure 2). Experiential religiosity also predicted a negative relationship to depression levels with private religiosity and education demonstrating moderate negative effects on depression levels (see Figure 3). Parenting satisfaction was most influenced by date of birth among the RM women, but experiential religiosity proved to be a good predictor of parenting satisfaction, and education had a slight effect (see Figure 4). Increased marital satisfaction was influenced by experiential religiosity and date of birth – and, interestingly, part-time employment decreased levels of marital satisfaction (see Figure 5). Experiential religiosity was the strongest predictor for an increase in life satisfaction among the RM women, with private religiosity and age also being influential.

Again, it was interesting to find that employment – this time full-time employment – had a negative effect on life satisfaction for the RM women (see Figure 6).

Even though only 5 to 27 percent of the variance is being accounted for in any of these models, religiosity – especially experiential religiosity – seems to play an important role in predicting satisfaction and well-being in both groups.

When comparing these models, experiential religiosity was significant in predicting all five of the well-being measures for the RM women and in predicting self-esteem and life satisfaction among the NM women.

### CONCLUSION

This study shows that both groups of LDS women demonstrate a markedly higher level of *public religiosity* than the NSFH2 national sample of women. Concerning the *private* and *experiential religiosity* scores, both LDS groups are high, but the RM women (who adhere more strongly to their professed beliefs) consistently score higher than the NM women. Despite the difference in levels of religiosity, there were no major differences between the LDS groups and the NSFH2 women concerning *life satisfaction*. However, *self-esteem* scores were actually lower for the groups demonstrating higher religiosity (it was pointed

out that interpreting this result warrants further research). *Depression* among both groups of LDS women was significantly lower than among the national sample.

The women demonstrating the highest religiosity, the RM women, were more satisfied with their marriages than the NSFH2 women were, while the NM women were less satisfied than the NSFH2 women.

Both the RM and NM women report higher levels of general happiness than do the NSFH2 women. Why depression should be less and happiness greater, yet self-esteem lower, among the highly religious women certainly warrants further study.

The most substantial finding of this study, however, is that among women professing the same religious belief system, increased religiosity predicted increased life satisfaction and mental well-being. Whereas *public religiosity* showed no effect, *private religiosity* among the RM women demonstrated moderate effects – and *experiential religiosity* was significant in predicting all five satisfaction and well-being outcomes; *experiential religiosity* also had a strong effect on predicting higher self-esteem and life satisfaction among the NM women.

Personally experiencing religion, rather than only participating socially in religious groups, seems to be an important factor in influencing satisfaction and mental well-being in LDS women.

### REFERENCES

- Bergin, A. (1983). Religiosity and Mental Health: A Critical Reevaluation and Meta-Analysis. *Professional Psychology: Research and Practice* 14(2), 170-84.
- Christ, C. & Plaskow, J. (1992). *Womanspirit Rising: A Feminist Reader in Religion*. San Francisco: Harper.
- Crosby, C. (1994, March 27). The Ups and Downs of Prozac. *The Salt Lake Tribune*, A1.
- Daly, M. (1992). After the Death of God the Father. In Christ & Plaskow, 53-62.
- Degn, L. (1979). Mormon Women and Depression. KSL-TV broadcast, Salt Lake City, February 17, 1979. Transcript printed in *Sunstone*, May 1985, 19-27.
- Durkheim, Emile (1898) (Fields, K., trans., 1995). *The Elementary Forms of Religious Life*. New York: Free Press.
- Ellis, A. (1980). Psychotherapy and Atheistic Values: A response to A.E. Bergin's Psychotherapy and Religious Values. *Journal of Consulting and Clinical Psychology*, 48, 635-39.
- Ellison, C. (1991). Religious Involvement and Subjective Well-Being. *Journal of Health and Social Behavior*, 32, 80-99.
- Emler, N. (2001). *Self-esteem: The Costs and Causes of Low Self-Worth*. Layerthorpe, UK: York Publishing Services.
- Freud, S. (1927) (Strachey, J., trans., 1961). *The Future of an Illusion*. New York: WW Norton.
- Gardner, N. (1994, April 15). Prozac is Effective in Treating Depression. *The Salt Lake Tribune*, A19.
- Idler E. & Kasl, S. (1992). Religion, Disability, Depression, and the Timing of Death. *American Journal of Sociology*, 97(4), 1052-79.
- Janson, Darrell A. (2002). *Religious Socialization and LDS Young Adults*. Doctoral dissertation, Brigham Young University. *Dissertation Abstracts International*, 63/12, June 2003, 4264.
- Jensen, L., Jensen, J. & Wiederhold, T. (1993). Religiosity, Denomination and Mental Health among Young Men and Women. *Psychological Reports*, 72, 1157-58.
- Judd, D. (ed.) (1999). *Religion, Mental Health and the Latter-day Saints*. Provo: Brigham Young University Religious Studies Center.

McClendon, R. (2000). *The LDS Returned Missionary: Religious Activity and Post-Mission Adjustment*. Provo: Brigham Young University Department of Sociology.

Radloff, L.S. (1977). Center for Epidemiologic Studies Depression Scale [CES D]. In APA Task Force for the Handbook of Psychiatric Measures, 2000, *Handbook of Psychiatric Measures*. Washington DC: American Psychiatric Association, 523-526.

Ringger, M. (1995). The relationship between private religious behavior, religious identity, and self-esteem among Latter-Day Saint adolescents in the context of familial and religious socialization. Doctoral dissertation, Brigham Young University. *Dissertation Abstracts International*, 55(11-A), 3656.

Ruether, R. (1992) *Motherearth and the Megamachine: A Feminine View*. In Christ & Plaskow, 43-52.

Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. Princeton, NJ: Princeton University Press.

Ross, C. (1990). Religion and Psychological Distress. *Journal for the Scientific Study of Religion*, 29(2), 236-45.

Spendlove, D., West, D. & Stannish, W. (1984). Risk Factors and the Prevalence of Depression in Mormon Women. *Social Science and Medicine*, 18, 491-95.

Sweet, J. & Bumpass, L. (1996) *The National Survey of Families and Households - Waves 1 and 2: Data Description and Documentation*. Madison: University of Wisconsin Center for Demography and Ecology. <<http://www.ssc.wisc.edu/nsfh/home.htm>>

Williams, D., Larson, D., Buckler, R., Heckmann, R. & Pyle, C. (1991). Religion and Psychological Distress in a Community Sample. *Social Science and Medicine*, 32(11), 1257-62.

Williams, M. (1999). Family Attitudes and Perfectionism as Related to Depression in Latter-day Saint and Protestant Women. In Judd, 47-66.

Figure 1  
Conceptual Model Predicting Life and Family Satisfaction, Depression, and Self-Esteem in LDS Women

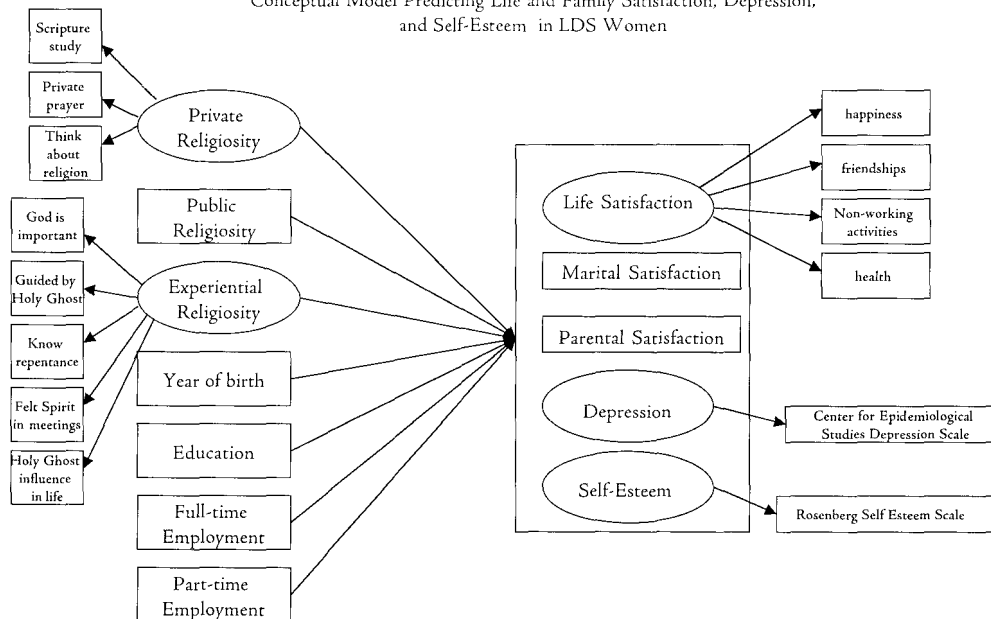


Figure 2  
Model Predicting Self Esteem In LDS Women

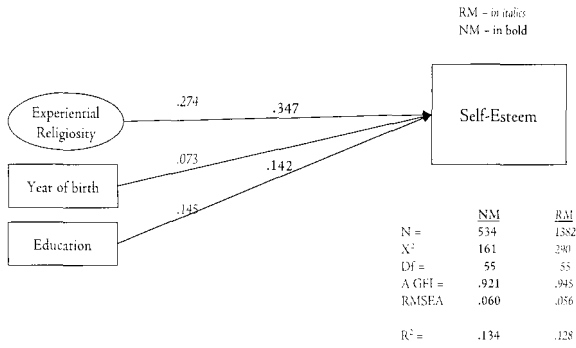


Figure 3  
Model Predicting Depression In LDS Women

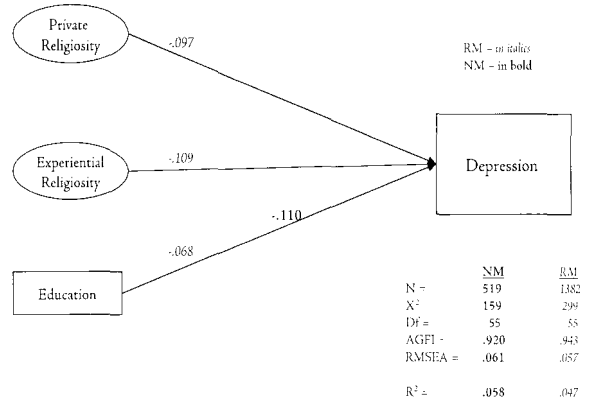


Figure 4  
Model Predicting Parenting Satisfaction In LDS Women

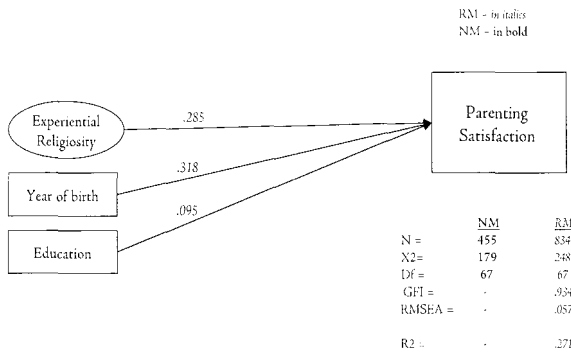


Figure 5  
Model Predicting Marital Satisfaction In LDS Women

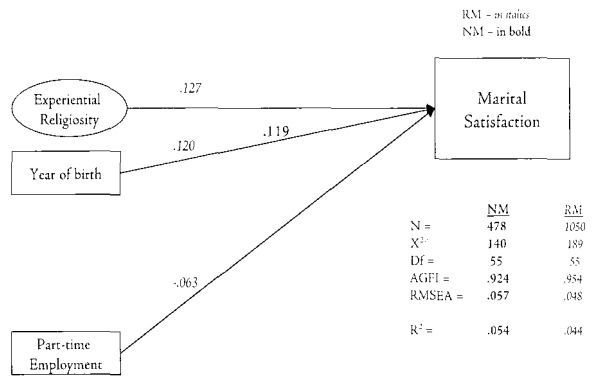


Figure 6  
Model Predicting Life Satisfaction In LDS Women

