

# Well-being and religious coping in three Italian groups: Homosexual believers, Charismatics and Catholics

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## INTRODUCTION

**Aims.** The aim of this research is to study how a person's psycho-physical well-being is influenced by his or her religious group. In particular, we are interested in understanding: 1) what religious/spiritual dimensions promote or threaten well-being; 2) how this relationship changes across the various groups and levels of spirituality/religiosity; 3) the role of religious coping in its relationships with well-being measures; 4) the possible increase in subjective well-being through the action of attending a specific religious group (Homosexual, Charismatic). For "charismatic", we mean Catholics adhering to Catholic Charismatic Renewal; for "Homosexuals", participants in the Groups of Homosexual believers scattered in Italy and for "Catholics", research participants who do not belong to the two previous groups.

**Sample.** The sample is made up of 134 Catholics participating in Charismatic, Homosexual and other Catholic (control group) groups, who identified themselves as Religious and/or Spiritual.

### Groups and R/S orientation frequencies

	Charismatics	Homosexual	Catholics	
f	43	47	44	
%	32,1	35,1	32,8	

  

	Religious	Spiritual	R & S	None
f	44	38	46	6
%	32,8	28,4	34,3	0,5

## MEASURES

### Psychological and subjective well-being

**Psychological Well-Being Scale (PWBS).** It measures psychological well-being based on a multidimensional model (Ryff, 1989). For this study, the Italian, short form was used (Sirigatti et al., 2012) which retains the original 6 dimensions: **Self-acceptance:** self-knowledge, harmonious integration of merits and defects; **Purpose in Life:** the degree of significance of one's existence with goals to be pursued; **Environmental Mastery:** competence in dealing with external demands; **Positive Relations:** Experience warm relationships, empathy and trust with others; **Personal Growth:** continuous growth, self-realization and vitality; **Autonomy:** The individual self-directs and self-determines by following his values.

**Positive and Negative Affect Scale (PANAS).** It measures subjective well-being and investigates the frequency with which various affect are experienced in a given time span (Watson, Clark & Tellegen, 1988). It consists of: **PAS** - positive affect; **NAS** - negative affect; **ABS:** difference between positive and negative (PAS-NAS). Within the

Charismatic and Homosexual groups, this scale was presented twice: T1 "how did you feel before joining [the group]"; T2 "how did you feel after joining it".

**Satisfaction With Life Scale (SWLS).** It measures **subjective well-being** in terms of global cognitive assessment of satisfaction in life (Diener et al., 1985).

### Coping and Religious/Spiritual orientation

**Brief RCOPE.** It allows to integrate the religious dimension into theoretical models and studies that imply stress, coping and health (Pargament et al., 1998). The Italian version was translated and validated by Giaquinto et al. (2011). It consists of 14 items grouped into 2 subscales that measure **Positive religious coping** (including spiritual connection, religious forgiveness, collaborative behaviors, benevolent religious re-evaluation) and **Negative religious coping** (which includes spiritual and interpersonal religious discontent, the punitive re-valuation of God and the power of God).

**IQ-R Scale.** It is a short version of the IE-R scales by Gorsuch and McPherson (1989) and the Quest Scale by Altemeyer and Hunsberger (1992) adapted to be used within the Italian context (Rossi, 2010): **Intrinsic orientation** and **Quest orientation**.

### Psycho-physical health and Self-esteem

**General Health Questionnaire (GHQ).** It explores the psychological and the perceived psychophysical well-being and, particularly, the general state of health and disturbances evaluated over the last few weeks (Bellantuono et al., 1987).

**Difficulties in Emotion Regulation Scale (DERS).** It evaluates the difficulties in regulating emotions and the precursors of anxiety and depression (Gratz & Roemer, 2004). The Italian version was validated by Sighinolfi et al. (2010). The 36 items are measured on 6 scales: **Nonacceptance** (non acceptance of emotional responses); **Awareness** (lack of emotional awareness); **Strategies** (limited access to emotion regulation strategies); **Goals** (Difficulties engaged in a direct behavior for the purpose when emotionally excited); **Impulse** (difficulty in controlling impulses); **Clarity** (lack of emotional clarity),

**Rosenberg Self-Esteem Scale (RSE).** It measures self-esteem as a global concept (Rosenberg, 1965). For this study, the Italian version validated by Prezza et al. (1997) was used.

## RESULTS

**Relationship between Group and R/S orientation**  
Disregarding the individuals who had no orientation R and S (N=6), the frequencies by groups, indicates that Charismatics and Homosexuals define themselves as Spiritual or R&S while the Catholic group identifies itself as "Religious".

Using a  $\chi^2$  approach and analyzing adjusted standardized residual (AjR, interpretable as z points), the contingency table ( $\chi^2 = 45.482$ ;  $df=4$ ;  $p<.001$ ) shows how the number of Charismatics with Religious orientation is lower than expected (-4.3) and above (2.6) for Spiritual orientation. The Homosexual Group is less associated with Religious Orientation (-2.3) and Catholics are closely related to Religious Orientation (6.6) but not Spiritual (-3.1) or R&S (-3.6). Charismatics and Homosexuals thus seem to perceive an aspect of religion that goes beyond what is usually understood, and that is experienced differently from what one would expect.

*Groups by R/S orientation*

	Religious		Spiritual		R&S		Tot
	f	AjR	f	AjR	f	AjR	
Charismatics	3	-4.3	18	2.6	19	1.8	40
Homosexual	10	-2.3	15	0.5	21	1.7	46
Catholics	31	6.6	5	-3.1	6	-3.6	42
Total	44		38		46		128

**Relationship between Group and I/Q orientation**

The Univariate Anova between the Group and Quest orientation shows that the highest score is found within the Homosexuals and the lowest one within the Charismatics ( $F=10.18$ ;  $df=2,119$ ;  $p<.001$ ). Post-hoc comparisons indicate that the Homosexuals differ from Charismatics and Catholics. For Intrinsic orientation, the Charismatics had the lowest score ( $F=17.29$ ;  $df=2,123$ ;  $p<.001$ ) and in fact the comparisons point out that Catholics and Homosexuals significantly differed from Charismatics.

*Anova Groups by Quest and Intrinsic orientation*

	Quest			Intrinsic		
	M	sd	p ( $\eta^2$ )	M	sd	p ( $\eta^2$ )
Charismatics	28,54	15,9	<.001	21,79	4,9	<.001
Homosexual	44,09	14,6	(,16)	18,11	5,1	(,19)
Catholics	37,05	15,7		16,55	4,6	

**Relationship between Group and Religious coping, Self-esteem, PANAS**

Within the Charismatic Group, the use of Religious coping (both positive and negative) correlates negatively with Self-esteem. In the Homosexual group, Negative coping positively correlates with Negative Affects after joining the group.

*Religious coping*

Pearson's r		N=37	N=38
p<.05		Self-esteem	NAS post
Coping	Positive	Charismatics	-0,42
		Homosexual	-
	Negative	Charismatics	-0,34
		Homosexual	-
			0,34

The three groups did not show the same level of use of Positive religious coping ( $F = 17.54$ ;  $df = 2, 121$ ;  $p < .001$ ). In fact, post-hoc comparisons revealed that Charismatics showed a significantly higher use of Positive religious coping than the other two groups, whereas no significant differences emerged when comparing Homosexuals versus Catholics.

*Groups by Positive religious coping*

	Positive religious coping			
	M	sd	p	$\eta^2$
Charismatics	23.54	3.9	<.001	0.23
Homosexual	19.61	3.5		
Catholics	18.19	5.0		

In both Charismatic and Homosexual groups, the difference between Positive and Negative Affect before and after joining the respective groups is statistically different and shows a decrease in Negative affect over time, hence an improvement.

*Panas: Pos. - Neg. Affect*

		M	sd	t	df	p
		Charismatics	ABS Pre	13,76	13,0	-5,4
	ABS Post	23,87	7,8			
Homosexual	ABS Pre	8,41	13,7	-4,8	28	<.001
	ABS Post	19,10	10,0			

Some well-being measures (subjective and psychological) are statistically greater in the Charismatic than in the Homosexuals.

*Well-being in Charismatics and Homosexual*

		Charismatics		Homosexual		t	df	p	
		M	sd	M	sd				
Well-being	Psycholog. Subject.	Positive affect	40,43	4,6	36,12	5,5	3,75	69	0,001
		Satisfaction with life	26,97	4,8	23,60	5,7	2,91	82	0,005
		Environmental control	13,76	2,4	12,14	3,3	2,52	81	0,014
	Positive Relationships	15,14	2,7	13,89	2,6	2,17	81	0,033	

**Relationship between Group and Religious coping and DERS**

The correlations between DERS and Religious coping are consistent with the type of coping used (negative – negative and positive – positive). The use of a Negative coping in Charismatic is associated with the lack of emotional clarity, while in the Homosexuals the inability to accept negative emotions and to be able to handle emotions in general. For Catholics, Negative coping is associated with lack of emotional clarity, lack of ability to handle emotions in general and corresponding impulse management issues.

*DERS and Negative coping*

DERS	Religious coping		
	Charismatics	Homosexual	Catholics
Pearson's r			
Nonacceptance	-	.366	-
Impulse	-	-	.475
Strategies	-	.362	.374
Clarity	.403	-	.457

**CONCLUSIONS**

**Charismatics.** They are predominantly Spiritual with an orthodox approach, fewer questions are asked and have a more firm faith (Intrinsic). They use both Positive and negative religious coping. They have high scores of Psychological and subjective well-being. Participation in group activities increases Subjective well-being.

**Homosexual.** They are mostly Spiritual or Religious & Spiritual, they ask more questions and more critically address their religiosity (prevalence not to be considered Religious orientation and higher Quest scores). They mainly use Negative religious coping. The Subjective well-being is higher in the more spiritual subgroup and lower in the less religious subgroup. Participation in group activities increases Subjective well-being

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