The relationship between religiosity/spirituality and well-being in gay
and heterosexual Orthodox Jews

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Numerous studies have demonstrated positive relationships between religiosity/spirituality and emotional well-being. Little research exists, though, on these relationships in Orthodox Jewish and gay populations. Therefore, data from two studies focusing on heterosexual Orthodox Jews (Study 1, 52 females, 18 males) and gay Orthodox Jews (Study 2, 191 males) are presented. The studies assessed religiosity, spirituality, and well-being using validated self-report measures. In Study 1, religiosity and spirituality were generally positively correlated with well-being. In Study 2, spirituality was positively correlated with well-being, while religiosity entered into a complex pattern of relationships. For gay Orthodox Jews, religiosity may not have the same associations with well-being that it does for heterosexual Orthodox Jews, although spirituality may provide an alternative pathway for emotional benefits.

Keywords: gay; LGBT; Jewish; orthodox; religion; religiosity; spirituality; well-being

Numerous studies have demonstrated a positive relationship between religion and emotional well-being. Although few studies have examined this relationship using Orthodox Jewish samples, the studies conducted to date have reflected similar emotional benefits of religious observance and beliefs. However, for a variety of reasons (e.g., possible dissonance between their religious beliefs and their sexual identity), for gay Orthodox Jews the relationship between religion and mental health may be more nuanced and therefore warrants investigation.

The generally positive relationship between religion and mental health is well documented. For example, religiosity has been found to have a small (i.e., $r = .10$) but significant positive correlation with psychological adjustment (Hackney & Sanders, 2003) and has demonstrated a small association with fewer depressive symptoms (Smith, McCullough, & Poll, 2003). In their recent review of the literature, Koenig, King, and Carson (2012) found that, overall, the findings in this area appear to demonstrate a small but significant relationship between religiosity and mental health in the general population.

The majority of studies on religiosity and well-being to date have utilised predominantly Christian and heterosexual samples (see Koenig et al., 2012), limiting their generalisability with respect to Jewish samples. Judaism consists of several different denominations, the largest

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of which are Reform, Conservative, and Orthodox (Greenberg, 2004). Reform Judaism emphasises Jewish ethics over ritual aspects of Judaism and allows individual autonomy in interpreting the Bible. Conservative Judaism is grounded in conserving traditional Judaism rather than reforming it, although it posits that Jewish law should evolve to meet the demands of changing Jewish life. Orthodox Judaism, in contrast to the two other denominations, believes that Jewish law is divine and therefore immutable (Greenberg, 2004). Thus, for Orthodox Jews, given their differing beliefs (compared to Reform and Conservative Jews) and practices resulting therefrom, the relationship between various aspects of religious participation and mental health may likely be different than it is for Christians and other Jews. For example, Rosmarin, Pirutinsky, Pargament, and Krumrei (2009) investigated how components of religiosity related to mental health in samples of Orthodox, Conservative, and Reform Jews recruited via the Internet. The Orthodox sample demonstrated higher levels of belief than did the other two samples, and, among Orthodox Jews, higher levels of belief were related to lower levels of depression. For the Conservative and Reform participants, there were no relationships between belief and depression.

In a second study by Rosmarin et al. (2009) using similar recruitment methods and including a Protestant sample in addition to the three Jewish samples, Protestants reported significantly higher belief scores than did Jews, but the Orthodox participants reported significantly higher levels of beliefs than did the non-Orthodox Jewish participants. Among Orthodox Jews, both religious beliefs and religious practices were negatively related to depression and anxiety. Thus, for Orthodox Jews, beliefs appear to be a more salient component of their religious identity than for non-Orthodox Jews with respect to both mean level and relationship with adjustment, making this a denomination meritng further investigation. Although several additional studies with Jewish samples have supported the above findings concerning Orthodox Jews and Jews in general (e.g., Krumrei, Pirutinsky, & Rosmarin, 2013; Pirutinsky, Rosmarin, Pargament, & Midlarsky, 2011; Rosmarin, Krumrei, & Pargament, 2010), none have examined sexual minorities within the Orthodox community. For Orthodox Jews, Jewish law mandates the prohibition of homosexual activity (Rapoport, 2004). This prohibition may create dissonance or distress for gay Orthodox Jews between their religious beliefs and sexual orientation, thereby resulting in religiosity and mental health associations that differ from those of heterosexual Orthodox Jews.

With respect to the relationship between sexual orientation and emotional well-being, many studies have reported higher rates of mental illness and psychological distress among gay than heterosexual men. For example, in a Dutch study (Sandfort, de Graaf, Bijl, & Schnabel, 2001), gay males were significantly more likely to experience a mood (39%) or anxiety (31%) disorder than were heterosexual males (13% each for mood and anxiety disorders, respectively). Sandfort et al. also found significant differences with respect to substance abuse, with 13.4% of gay men reporting alcohol dependence, compared to 8.4% of heterosexual men. Drug dependence was also found to be significantly more prevalent among gay (4.9%) than heterosexual men (1.8%).

Using a US-based sample, Cochran, Sullivan, and Mays (2003) reported similar results, finding significant differences for mood and anxiety disorders, substance use disorders, and comorbidity rates between gay and heterosexual males. Illustratively, the prevalence rate for major depression was 31% in gay males and 10.2% in heterosexual males, and gay males were four times more likely to experience two or more comorbid disorders than were heterosexual males (19.6% compared to 5.0%). It is important, however, to note that in studies in this area the gay male sample generally is much smaller than the heterosexual sample, thereby limiting the results’ generalisability.

Little research currently exists on the relationship between religiosity/spirituality and mental health for sexual minorities. The extant data appear to indicate that religiosity, but not spirituality, has a negative relationship with emotional well-being for sexual minorities. For example, in a survey of 2246 lesbian, gay, and bisexual (LGB) individuals in New Zealand, Henrickson
(2007) found that participants tended to view religion as being more of a difficulty than a source of support. LGB persons disaffiliated with Christianity at rates that were 2.37 times higher than the general New Zealand population. Furthermore, LGB individuals who reported practicing no religion were more satisfied with their sexual identity than were LGB Christian respondents, and LGB individuals who were not raised religiously reported feeling higher levels of support from their families. Using data from a Northern California study which sampled 750 LGB persons, Rodriguez (2006) similarly found that gay persons who were involved in religious communities experienced higher levels of conflict than those who were not involved in any religion.

Consistent with these results, Schuck and Liddle (2001), employing qualitative and quantitative research approaches with a sample of 66 LGB persons, found that approximately two-thirds reported experiencing religious conflict. The participants reported that the outcomes of this conflict included difficulty coming out, depression, shame, and suicidal ideation.

The conflict that many LGB individuals appear to experience between their religious and sexual identities may be explicated by cognitive dissonance theory (Festinger & Carlsmith, 1959). Cognitive dissonance theory proposes that when individuals experience conflict between their beliefs and self-concept, a state of psychological distress arises from this dissonance. Individuals may attempt to resolve this dissonance in different ways (e.g., by celibacy, “reparative” or “conversion” therapy to attempt to alter their sexual orientation, or becoming less religious). Efforts to resolve dissonance may explain why LGB individuals often move away from institutional religion and towards spirituality, which involves having a relationship with God on a personal and noninstitutional level and includes transcendental experiences, values, meaning, and coping (Fetzer Institute/National Institute of Aging Workgroup, 1999; Yip, 2002).

All studies to date on sexual identity and Orthodox Jews specifically, and nearly all of the research on conflict between sexual and religious identity in general, have relied on qualitative methods, which limits the generalisability of their findings. Studies utilising quantitative methods could complement the extant research by helping to shed light on how conflict between religious and sexual identities affects the mental health and emotional well-being of gay individuals. The two studies reported here explored the relationships among religiosity/spirituality, sexual orientation, and emotional well-being in a sample of heterosexual Orthodox Jews (Study 1) and a sample of gay Orthodox Jews (Study 2). The purpose of these studies was to investigate how religiosity and spirituality relate to psychological well-being and life satisfaction in both heterosexual and gay Orthodox Jewish samples. Identifying factors related to psychological well-being and life satisfaction in these understudied populations could have important implications for interventions geared towards helping these individuals on both therapeutic and communal levels. Based on the research summarised above, it was expected that in Study 1 both religiosity and spirituality would be positively associated with well-being, and in Study 2 religiosity would be negatively associated with well-being while spirituality would be positively associated with well-being.

**Study 1**

**Method**

**Participants**

The participants for Study 1 were males and females over the age of 18 recruited from a north-eastern college that combines contemporary education with traditional Jewish study and from Orthodox synagogues via snowball or chain-referral sampling (a nonprobability sampling method generally considered adequate in investigating difficult-to-access populations; Volz
& Heckathorn, 2008) in the New York metropolitan area. The resulting sample of 70 participants consisted of 52 (74.3%) women and 18 (25.7%) men. Participants’ ages ranged from 18 to 73 ($M = 25$, $SD = 10.46$). The majority (59%) were between ages 19 and 21. Approximately half (47%) of the participants reported completing undergraduate college ($n = 32, 45.7$), 35.7% reported completing high school only or being currently in college, and 18.6% reported completing graduate school. All participants endorsed a self-report item that assessed if they currently self-identified as Orthodox. A majority considered themselves to be either religious (48.6%) or very religious (38.6%). Seven participants (10%) rated themselves as somewhat religious, and the two remaining participants rated themselves as either not religious or not religious at all.

**Measures**

**Religiosity/spirituality measures.** The Orthodox Jewish Religiosity Scale (OJRS) assessed overall religiosity. The OJRS was developed for this study as a religiosity measure specifically for use with Orthodox Jews. Its 34 items were derived from discussions concerning examples of religiosity with Orthodox rabbis and with lay members of the Orthodox community. The OJRS contains greater face validity than religiosity measures that were not developed for use with Orthodox Jews and demonstrated convergent validity with other religiosity measures used in this study (see below). Furthermore, a principal component analysis of the OJRS supported a five-component model for the measure (Harari, 2012). The items are scored on a scale from 1 (strongly disagree) to 5 (strongly agree), with five items reverse coded to control for acquiescence. The five components of the measure include religious beliefs (e.g., the coming of the messiah) lifestyle-related rituals (e.g., blessings before and after meals), identity-related rituals (e.g., wearing a skull cap), communal immersion (e.g., having orthodox friends, neighbours, and coworkers), and recreational activities (e.g., listening to Jewish music). The OJRS’s internal consistency reliability in the present study was .94.

The Intrinsic/Extrinsic-Revised Scale (I/E-R; Gorsuch & McPherson, 1989) was utilised to assess religious orientation and to evaluate the OJRS’s convergent validity. The I/E-R consists of 14 items scored on a 1 (strongly disagree) to 5 (strongly agree) scale and comprises three subscales empirically derived from factor analysis, Intrinsic (I), Extrinsic social (Es), and Extrinsic personal (Ep). Intrinsic religiosity refers to viewing religion as way to develop closeness with the divine, with religion being an end rather than a means to some other end (e.g., “It is important to me to spend time in private thought and prayer”). Extrinsic religiosity, on the other hand, refers to practicing religion as a means to other ends, such as comfort, status, or social support. Personal extrinsic religiosity involves participating in religious activities for physical and psychological benefits, such as relief and happiness, while social extrinsic religiosity involves religious participation for the perceived social benefits of those activities, such as building a support network and making friends. In the current study, the internal consistency reliabilities were .83 for the Intrinsic subscale, .86 for the Extrinsic social subscale, and .56 for the Extrinsic personal subscale.

The Daily Spiritual Experiences Scale (DSES; Underwood & Teresi, 2002) assessed spirituality. It is intended to measure an individual’s sense of the divine in everyday life. Items address several components of spirituality, including sense of wholeness, awe, gratitude, transcendence, mercy, inspiration, and love. The measure consists of 16 items; 15 items are phrased as statements, with individuals responding on a 1 (many times a day) to 6 (never or almost never) scale with respect to the frequency of a particular experience (e.g., “I am spiritually touched by the beauty of creation”). An additional item (“In general, how close do you feel to G-d?”) is scored on a 1 (not close at all) to 4 (as close as possible) scale. The DSES was developed as a universal measure of spirituality which transcends religion and has demonstrated reliability
and validity across various faith groups (Underwood & Teresi, 2002). The DSES’s internal consistency reliability in the present study was .92.

**Well-being measures.** The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) assessed life satisfaction. The SWLS is a measure of global life satisfaction (e.g., “In most ways my life is close to my ideal”). It consists of five items scored on a 1 (strongly disagree) to 7 (strongly agree) scale. The SWLS’s internal consistency reliability in the present study was .89.

The Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988) assessed emotional well-being. Positive affect (10 items) reflects a person’s enthusiasm, energy level, and alertness, while negative affect (also 10 items) measures a person’s aversive mood states, such as anger, fear, contempt, disgust, and nervousness. Items are presented as single words, such as “scared” or “inspired,” and participants rate on a 1 (very slightly or not at all) to 5 (very much) scale the extent to which they have felt that way “in the past few weeks.” The internal consistency reliabilities for the PANAS in the present study were .86 for Positive Affect and .89 for Negative Affect.

The Brief Symptom Inventory (BSI; Derogatis, 1993) assessed psychiatric distress. The BSI is a 53-item psychological symptom scale developed from the Symptom Checklist-90-Revised (SCL-90-R). Participants rate on a 0 (not at all) to 4 (extremely) scale how much they have been distressed in the manner reported by an item during the past week (e.g., “feeling tense or keyed up”). Items load on nine primary symptom subscales: somatisation, obsessive-compulsive, interpersonal sensitivity (i.e., lack of ease in social situations), depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. The BSI’s internal consistency reliability in the present study was .97.

**Procedure**

Participants were told that they would be contributing to the development of a measure of religiosity for Orthodox Jews which could be used in physical and mental health research. They then were individually administered a demographic page and a set of religiosity/spirituality and well-being measures. The well-being measures were presented prior to the religiosity/spirituality measures in order to prevent participants from becoming sensitised to the nature of the study and biasing their responses.

**Results**

**Preliminary analyses**

Bivariate Pearson product–moment correlations were calculated to determine if there were any significant relationships between the measures and the demographic variables. No significant t-test differences were found between men and women on any of the measures. Age was significantly negatively correlated with OJRS religiosity, \( r(63) = -0.26, p < .05 \), I/E-R intrinsic religiosity, \( r(68) = -0.34, p < .01 \), I/E-R extrinsic religiosity for personal purposes, \( r(69) = -0.31, p < .01 \), and DSES spiritual experiences, \( r(66) = -0.31, p < .05 \). However, age was significantly positively correlated with I/E-R extrinsic religiosity for social purposes, \( r(69) = 0.44, p < .001 \). Additionally, age was negatively correlated with distress as measured by the BSI, \( r(68) = -0.24, p < .05 \).

All of the religiosity and spirituality measures were significantly positively correlated with each other, except for I/E-R extrinsic religiosity for social purposes, which did not enter into any significant correlations. Of note, given its creation for this study, the OJRS was significantly
positively correlated with a single item measuring participants’ self-rated religiosity, \( r(63) = .77, p < .001 \), as well as with I/E-R intrinsic religiosity, \( r(62) = .76, p < .001 \), I/E-R extrinsic religiosity for personal purposes, \( r(63) = .29, p < .05 \), and DSES daily spiritual experiences \( r(62) = .66, p < .001 \), thereby demonstrating convergent validity.

**Relationships between religiosity/spirituality and well-being**

OJRS religiosity was positively correlated with SWLS life satisfaction \( r(62) = .46, p < .001 \), and negatively correlated with PANAS negative affect \( r(62) = -.31, p < .05 \), but was not significantly correlated with PANAS positive affect. I/E-R Intrinsic religiosity also was positively correlated with SWLS life satisfaction \( r(67) = .41, p < .01 \) and negatively correlated with PANAS negative affect \( r(67) = -.26, p < .05 \). I/E-R extrinsic religiosity for personal purposes was significantly positively correlated with SWLS life satisfaction \( r(68) = .29, p < .05 \), but not correlated with either PANAS positive or negative affect. I/E-R extrinsic religiosity for social purposes was not significantly correlated with any of the well-being measures.

DSES spirituality was significantly positively correlated with both SWLS life satisfaction \( r(65) = .32, p < .01 \), and PANAS positive affect \( r(66) = .28, p < .05 \). Neither the BSI overall score or its nine subscales were correlated with any of the religiosity and spirituality measures.

**Discussion**

The findings support the extant literature on the relationship between religiosity/spirituality and well-being, extending it to an understudied population, Orthodox Jews. The results suggest that, for heterosexual Orthodox Jews, religiosity (except for social purposes) is related to increased life satisfaction and lower negative affect, while spirituality is related to increased life satisfaction and higher positive affect, although neither religiosity nor spirituality is related to psychiatric distress. They also provide preliminary support for the OJRS as a measure of religiosity for Orthodox Jews, with its high internal consistency and its convergent validity with existing measures of religiosity and spirituality.

**Study 2**

**Method**

**Participants**

The participants for Study 2 were 191 males recruited via the Internet through email listservs intended for gay Orthodox Jews. All participants identified themselves as either currently or formerly Orthodox based on the same self-report item used in Study 1. Those identifying as formerly Orthodox were included in the analyses because though they may not identify as Orthodox due to their lack of religious observance, Orthodox Judaism likely still represents an integral component of their identity as evidenced by their participation in a listserv intended for Orthodox Jews. The participants’ ages ranged from 18 to 70, \( M = 31 \) years, \( SD = 10.05 \). The majority (75%) were between the ages of 18 and 35. Most participants reported completing a bachelor’s (42.9%) or a master’s level degree or above (40.3%). A smaller portion of the sample (14.1%) had completed some college without yet attaining a degree, and 2.6% reported completing high school or some high school without attending college.

A majority considered themselves to be either exclusively (62.8%) or predominantly (30.4%) attracted to men. Ten participants (5%) rated themselves as being equally attracted to both men and women. Forty-four participants (23%) reported, in response to a question on the demographic
sheet, that they had attended treatment to try to alter their sexual orientation, and six (3.1%) reported currently being involved in such treatment. The length of time that these individuals had been involved in this type of therapy ranged from 1 month to 8 years ($M = 23.3$ months).

A majority (80.6%) reported being raised Orthodox, with most of these reporting their upbringing having been either religious (52.9%) or very religious (26.2%). A majority (63.9%) of the sample also considered themselves currently Orthodox, with most of these reporting being currently either religious (32.5%) or somewhat religious (30.9%).

**Measures**

**Religiosity/spirituality measures.** As in Study 1, the OJRS and I/E-R were utilised to assess religiosity, and the DSES to assess spirituality. The OJRS’s internal consistency reliability in the present study was .96. The internal consistency reliabilities for the I/E-R were comparable to those obtained in Study 1, being .79 for the Intrinsic subscale, .84 for the Extrinsic Social subscale, and .60 for the Extrinsic Personal subscale. In the current study the DSES’s internal consistency reliability was .92.

**Well-being measures.** As in Study 1, the SWLS was used to assess life satisfaction, the PANAS to assess emotional well-being, and the BSI to assess psychiatric distress. The SWLS’s internal consistency reliability was .84. The internal consistency reliabilities for the PANAS were .88 for Positive Affect and .89 for Negative Affect. The BSI’s internal consistency reliability was .78, which, although lower than that in Study 1, was similar to those reported in the norming samples (Dero- gatis, 1993).

**Procedure**

Potential participants were informed of the study by means of Internet listservs intended for gay Orthodox Jews. Those interested in participating were directed to a web-based survey company. They were then directed to a page with a consent form informing them that they would be participating in a study investigating the factors associated with emotional well-being in Orthodox Jews experiencing attractions towards members of the same sex. The participants were asked to click “Agree” if they were over the age of 18 and consented to participate. To ensure anonymity and promote honest responding, identified informed consent was not obtained. IRB approval for this procedure was obtained from Fordham University. After clicking “Agree,” participants were directed to a demographic form and the religiosity/spirituality and well-being measures. As in Study 1, the well-being measures were presented prior to the religiosity and spirituality measures. After completing the measures, participants clicked “Submit” and were thanked for their participation.

**Results**

**Preliminary analyses**

As in Study 1, bivariate Pearson product–moment correlations were calculated to determine if there were any significant relationships between the measures and the demographic variables. Age was significantly positively correlated with the self-report item of current religiosity, $r(191) = .24, p < .001$, OJRS religiosity, $r(141) = .22, p < .01$, I/E-R intrinsic religiosity, $r(160) = .27, p < .001$, and DSES daily spiritual experiences, $r(159) = .31, p < .001$. Additionally, age was significantly negatively correlated with the BSI overall score, $r(142) = -.18, p < .05$. 
All of the religiosity and spirituality measures, except for I/E-R extrinsic religiosity for social purposes, were significantly positively correlated with one another. In particular, the OJRS was significantly positively correlated with a single item measuring participants’ current self-rated religiosity, r(181) = .83, p < .001, and was positively correlated with I/E-R intrinsic religiosity, r(133) = .74, p < .001, I/E-R extrinsic religiosity for personal purposes, r(139) = .43, p < .001, and DSES daily spiritual experiences r(130) = .71, p < .001.

Relationships between religiosity/spirituality and well-being
OJRS religiosity was not significantly correlated with any of the well-being measures. Similarly, I/E-R religiosity, both intrinsic and extrinsic, was not significantly correlated with either SWLS life satisfaction or PANAS affect (both positive and negative). However, I/E-R intrinsic religiosity had significant, albeit low, negative correlations with the BSI hostility subscale, r(151) = −.17, p < .05, and the BSI interpersonal sensitivity subscale, r(156) = −.17, p < .05; these findings were not in the expected direction. I/E-R extrinsic personal religiosity had significant positive correlations with the BSI phobic subscale, r(159) = .25, p < .001, the BSI psychoticism subscale, r(162) = .16, p < .05, and the BSI somatisation subscale, r(157) = .18, p < .05; these findings were in the expected direction (i.e., with extrinsic personal religiosity being associated with greater distress). Also, the I/E-R extrinsic personal religiosity subscale approached statistical significance in its relationships with the BSI overall score, r(131) = .16, p = .07, and the PANAS negative affect subscale, r(155) = .15, p = .06. DSES spirituality was significantly positively correlated with SWLS life satisfaction, r(158) = .27, p < .001, and PANAS positive affect, r(152) = .36, p < .001, but was not correlated with PANAS negative affect r(148) = .04, p = .62.

Discussion
The findings from Study 2 indicated that, for gay Orthodox Jews, spirituality was positively related to well-being, specifically increased life satisfaction and positive affect. The results with respect to religiosity were more complex, depending on the facets of religiosity and well-being considered. Neither intrinsic nor extrinsic religiousities were related to either life satisfaction or affect (both positive and negative). Thus, religiosity for whatever purpose does not appear to contribute meaningfully to gay Orthodox Jews’ general well-being and mood. However, intrinsic religiosity, which reflects involvement in religion for religion’s sake rather than for the personal and social benefits of religious participation, was associated with some positive mental health outcomes, including less hostility and decreased anxiety in social situations. Intrinsic religiosity is similar to spirituality in the sense that the individual is using his or her religious practice as a way of developing closeness with the divine. It is therefore not surprising that individuals who endorse an interest in their religion for its own sake and are interested in developing a close relationship with the divine may experience lower levels of hostility.

Extrinsic personal religiosity, which reflects religious involvement for the personal benefits associated with religion, was associated with negative mental health outcomes, including somatisation, psychoticism, and phobic anxiety. These findings may suggest that people who experience psychotic, somatic, and phobic symptoms could be using religion as a means of coping with their symptoms and attempting to experience relief through their religiosity, although this interpretation must be speculative due to the correlational nature of the data. This is further supported by the association between extrinsic personal religiosity and negative affect, which approached significance.

The high level of spirituality reported by this sample and the relationships between spirituality and positive affect and life satisfaction support Yip’s (2002) assertion that, for gay individuals,
spirituality may represent an alternative pathway for obtaining some of the benefits that institutionalised religion offers heterosexual persons. The findings also provide support for the use of the OJRS as a measure of religiosity for gay (in addition to heterosexual, as in Study 1) Orthodox Jews, based on its internal consistency and convergent validity with existing measures of religiosity and spirituality.

Summary and general discussion

The purpose of these two studies was to investigate the relationship between religiosity and spirituality, on the one hand, and mental health, on the other hand, in gay and heterosexual Orthodox Jews. As prior research on religion and mental health suggests that religion is related to positive mental health outcomes, it was expected that such relationships would be obtained in heterosexual Orthodox Jews but that, due to cognitive dissonance, religiosity would be related to negative mental health outcomes in gay Orthodox Jews. Spirituality, on the other hand, was hypothesised to be related to positive mental health outcomes in both samples due to its noninstitutional nature.

Religiosity and well-being

The correlational results for Study 1 suggest that, consistent with the literature, religiosity and mental health are positively correlated for heterosexual Orthodox Jews. Study 1 found that both Orthodox religiosity overall (i.e., the OJRS) and intrinsic religiosity were associated with greater levels of life satisfaction, as well as with lower levels of negative affect.

The results for Study 2, however, suggest that for gay Orthodox Jews, the relationship between religiosity and well-being is a more nuanced, complex process that can yield positive, negative, or no correlations with well-being depending on the facet of religiosity being examined. This is evidenced by intrinsic religiosity being negatively correlated with certain aspects of psychiatric distress, while extrinsic religiosity was positively correlated with other components of psychiatric distress.

Intrinsic religiosity, or viewing religion as an end rather than a means to some other end (e.g., relief from anxiety or community), may be closely related to spirituality. Feeling a sense of fulfillment through religiosity may lead people to experience less hostility, as well as less interpersonal anxiety. Extrinsic religiosity for personal purposes, on the other hand, involves using religion as a means for decreasing one’s distress. It is therefore not surprising that individuals high on extrinsic personal religiosity would also tend to report higher levels of anxiety and physical complaints. It would also help account for extrinsic religiosity approaching statistical significance in its association with measures of overall psychiatric distress and negative affect.

Spirituality and well-being

Spiritual experiences were related to greater overall life satisfaction and lower levels of negative affect in Study 1 and greater overall life satisfaction and increased positive affect in Study 2. These results are consistent with several studies examining the relationship between spirituality and emotional well-being (e.g., Cohen, Yoon, & Johnstone, 2009; Gernat, 2008; Johnstone & Yoon, 2009).

It is possible that the significant findings in Study 2 are related to the personal and deinstitutionalised nature of spirituality, which may provide people with a means for obtaining the psychological benefits of religious observance without having to contend with the intolerance and rejection that they may face from the Orthodox community. This would be consistent with research on gays and lesbians indicating that institutionalised religion may be associated with
poorer emotional well-being (Henrickson, 2007; Rodriguez, 2006; Schuck & Liddle, 2001) and that spirituality may be a preferable alternative (Yip, 2002).

**Limitations**
These studies contain several limitations which warrant consideration. First, it is important to note that both Study 1 and Study 2 used convenience samples. Participants for Study 1 were recruited through a college that combines contemporary education with traditional Jewish study and through word of mouth, while participants for Study 2 were recruited from email listservs geared towards LGBT Orthodox Jews, which may have led to different response styles from the samples.

In Study 2, two subgroups of gay Orthodox Jews may have been underrepresented. First, some individuals who have experienced considerable rejection by the Orthodox community may have turned away from Orthodox Judaism completely and may not wish to join email lists geared towards Orthodox Jews. This subgroup may, by withdrawing from Orthodoxy, have reduced any distress and dissonance they may have experienced. Second, those gay Orthodox individuals who belong to traditional religious communities may not have Internet access due to restrictions on Internet usage in such communities and therefore could be experiencing much isolation and consequent distress and psychological conflict. In contrast, those individuals who participate in email lists such as those in the present study may be feeling supported by other LGBT Orthodox Jews, thereby mitigating psychiatric distress to some extent.

Second, the relationships examined were cross-sectional and correlational. Thus, causality cannot be inferred, and interpretations of the data are speculative given the preliminary nature of the studies. Further longitudinal research is necessary to investigate whether spirituality and/or religiosity affect emotional benefits in these populations.

Third, the reliability of the measure of extrinsic personal religiosity was relatively low in both studies. Therefore, the significant correlations involving this construct should be regarded with some caution.

**Implications and future directions**
Despite these limitations, the findings from Study 1 and Study 2 suggest that gay individuals from Orthodox Jewish communities experience levels of psychiatric distress that are more than twice as high as the levels of distress experienced by the general Orthodox community. The high level of distress experienced by this sample illustrates the importance of interventions geared towards helping gay Orthodox Jews.

Spirituality was related to positive mental health outcomes for both samples. Therefore, developing a better understanding of what spirituality means to Orthodox Jews and integrating it into psychosocial interventions with gay Orthodox Jews in particular may help decrease the level of distress experienced by these individuals. Current practice in the Orthodox community often involves Orthodox mental health professionals and religious leaders instructing gay men to immerse themselves more deeply in religious observance as a means of coping with their sexual orientation. The present findings suggest that such religious immersion may not eventuate in positive outcomes for such individuals (as it might for heterosexual Orthodox Jews), and that a focus on spirituality rather than strict observance might be more likely to lead to emotional well-being.

Additionally, the perceived support received from family and community may have a very large impact on the individual’s mental health and emotional well-being (Hershberger & D’Augelli, 1997). As Study 2 lacked assessment of and control for disclosure of sexual orientation and
perceived support from family and community, future research should examine the role of these variables with respect to potential relationships with psychiatric distress in this population. Furthermore, interventions geared towards decreasing stigmatisation and rejection of gay Orthodox Jews may help decrease the overall level of psychiatric distress that these individuals experience.

Prior to the studies presented, few studies had examined the relationship between religiosity and well-being in Orthodox Jews, and there had been no quantitative studies examining the emotional well-being of gay Orthodox Jews. These studies represent a first step in addressing this gap in the literature. As these findings suggest that gay Orthodox Jews experience high levels of psychiatric distress, it is important to continue investigating factors related to both negative and positive mental health outcomes in this population, as well as the impact of psychosocial interventions geared towards gay Orthodox Jews. Such studies hopefully will improve both the quality of care and the quality of life of this population.

References


