The purpose of this study was to determine the intercorrelations between religiosity, perceived family support, and self-esteem in adolescents. Using convenience sampling, we recruited the participants from three high schools and one church youth group in Southeast Louisiana. There were 93 participants (32 male and 61 female) ranging in age from 14 to 18 years. The participants filled out a demographic questionnaire, the Rosenberg Self-Esteem Scale, a Religiosity Scale, and the Perceived Social Support Family Scale. No significant correlation was found between religiosity and self-esteem. However, perceived family support and self-esteem had a significant positive correlation, as did perceived family support and religiosity. Male adolescents had lower religiosity than female adolescents. Suggestions for future research include investigating a more diverse sample and other possible variables.

Self-esteem, a person's positive or negative evaluation of him- or herself, has been recognized as a predictor of social problems in the recent research of psychological and social development (Donahue & Benson, 1995; Mecca, Smelser, & Vasconcellos, 1989; Murk, 1995). Recent studies have found direct links between low self-esteem and substance abuse, unprotected sex, criminal behaviors, particular personality disorders, depression, and suicide. Self-esteem can be used to predict possible occurrences of depression (Murk, 1995; Nunley, 1996). Researchers who study suicide assert that when the protective shield of self-esteem is low, depression is more likely to sneak in (Murk, 1995). Extreme cases of low self-esteem can be deadly because depressed adolescents are especially prone to considering the option of suicide and following through with it (Murk, 1995; Nunley, 1996). Some research estimates that up to 5% of adolescents experience the symptoms of depression, and severe depression occurs in “one in fifty school children” (Nunley, 1996). Currently suicide is the third leading cause of death in adolescents between the ages of 15 and 24 years (Donahue & Benson, 1995; Nunley, 1996). The suicide rate in this age group has increased to 4 times what it was 25 years ago (Nunley, 1996).

Although establishing a causal relationship between self-esteem and depression/suicide is not possible, correlations do exist between these variables. In view of the fact that the link between self-esteem and depression/suicide could have fatal consequences, this research study further investigates self-esteem. Because social identity and social context have been linked to self-esteem, the current study considers the relationship religiosity and family support have with self-esteem (Mecca et al., 1989; Murk, 1995).

Past research on the relationship between religiosity and self-esteem has produced a variety of results. Some research studies, such as that of Bahr and Martin, who tested high-school students, indicate that only a very slight relationship exists between religiosity and self-esteem (Hyde, 1990). Donahue and Benson (1995) reviewed recent religiosity research literature such as The Troubled Journey report, which based the conclusions of its correlational study on a nationally representative sample of 34,129 participants. The Profiles of Student Life: Attitudes and Behaviors survey was given to students in public schools in 32 states to assess such things as their family support, internal motivation, stress, self-esteem, prosocial behaviors, and risky behaviors. The religiosity of the students was evalu-
lated by a three-question survey that asked how many hours per week they spent at religious services/groups, how frequently they attended religious services/groups, and how important religion was in their lives. The researchers concluded that religiosity had significant but small negative correlations with drug abuse (−.10), premarital sex (−.10), suicidal ideation (−.08), suicide attempts (−.07), driving while intoxicated (−.13), and violence (−.09), and it had only a very small, but significant, positive correlation (0.08) with self-esteem. Other research reports that a negative correlation exists between self-esteem and drug abuse, unprotected sex, depression, suicide, and criminal behaviors (Murk, 1995; Nunley, 1996), which are the same behaviors that have a negative correlation with religiosity according to Donahue and Benson. It seems logical to conclude that because both religiosity and self-esteem are related to the same behaviors, there would be a relationship between religiosity and self-esteem. Therefore, the current study examines the relationship between religiosity and self-esteem.

Other correlational studies that found a significant relationship between religiosity and self-esteem are discussed in a book by Hyde (1990). For example, Hyde described a study by Moore and Stoner (1977) in which juniors in high school were surveyed for self-esteem and religiosity. Results showed that self-esteem and religiosity were significantly connected for male but not for female adolescents. Habib (1988), as cited by Hyde (1990), found that the more religious students in Cairo universities also had higher self-esteem compared to the less religious students. In addition, Hyde (1990) described a study by Tabachnik (1986) in which a meaningful correlation existed between self-esteem and Jewish identity. This research study attempts to provide more data and clearer results to evaluate better the accuracy of past conclusions.

There exists a great deal of research that concludes that family support is also a major influence on self-esteem. One study analyzed group data of the family structure, function, and support of 913 mothers and their 1-year-old children and the Rosenberg Self-Esteem Scale scores of the children at 24 years of age. The researchers concluded that children have higher self-esteem when their parents are loving, supportive, and deeply involved in their lives (Yabiku, Axinn, & Thornton, 1999). In an article expressing the need for concern about low self-esteem and depression in adolescents, Nunley (1996) reported that children with high self-esteem typically have parents who are receptive to new ideas, encourage their children to create their own views and ideas, and provide their children with the support they need to explore their views and ideas. Self-esteem has been found to have a direct correlation with the quality and strength of parent-child relationships. Children from families with poor communication methods or dysfunctional families tend to have low self-esteem and trouble finding their own identity (Nunley, 1996). Nilon (1999), in reviewing research on the effects on children of being in a dysfunctional family, stated that because dysfunctional families have elevated amounts of stress and conflict, children in these families demonstrate low self-esteem and are at a particular risk of suffering from depression.

A study done in Australia on the correlation between children’s perspective of family cohesion and their self-esteem involved 467 fifth and sixth graders. This study found that the children who felt that their families were unsupportive had the lowest self-esteem (Cooper, Holman, & Braithwaite, 1983). This study did not investigate this relationship in adolescents, who are especially at risk for the social problems connected to low self-esteem (Murk, 1995; Nunley, 1996). The current study seeks to research the correlation of family support and self-esteem in adolescents.

In a recent study, Mandara and Murrey (2000) measured family functioning of 116 fifteen-year-old African American high school students from Southern California. They found that family functioning could predict self-esteem 90% of the time, which was measured by the Multi-Dimensional Self-Esteem Inventory. This study supported the theory that the quality of family functioning/support is directly related to the children’s self-esteem.

Even though one’s self forms according to experiences and relationships with family, school, work, etc., it is really a person’s perception of these experiences and relationships that have a greater impact on one’s self-esteem (Mecca et al., 1989). Although most of this research clearly stated that family support is directly related to self-esteem, many of these studies were not done on perceived family support.

The purpose of the present study was to determine the relationship that religiosity and perceived family support have with self-esteem in adolescents. It was hypothesized that as religiosity increased, self-esteem would also increase. It was also hypothesized that as perceived family support increased, self-esteem would also increase.

Method

Participants

The participants were 93 high school students (32 male and 61 female) ranging in age from 14 to 18 years. The sample consisted of two 14-year-olds, eight 15-year-olds, thirty-two 16-year-olds, thirty-two 17-year-
olds, and nineteen 18-year-olds. Participants were recruited from one private high school, two public high schools, and one nondenominational church youth group in Southeast Louisiana. All participants volunteered to be in the study. Some received extra credit in the class in which the study was conducted. Because participants were minors and the study was conducted in the schools and a church, written consent was obtained from parents and principals/youth group leaders prior to participation in the research study.

Materials

Materials included a demographic questionnaire that asked for the participant's age and gender, the Rosenberg Self-Esteem Scale, an investigator-designed Religiosity Scale, and the Perceived Social Support Family Scale, which were used to measure the participants' levels of self-esteem, religiosity, and perceived family support, respectively. The demographic questionnaire asked for the participant's age and gender. The Rosenberg Self-Esteem Scale, which was initially created to measure self-esteem of high school students, is a 10-item survey with a four-option Likert scale that ranges from strongly agree to strongly disagree. The scale includes items such as "I take a positive attitude toward myself." Scores range from 10 to 40, with 40 signifying the highest self-esteem score. A high score on this survey indicates that the participant feels he or she is a person of value who is worthy of self-respect. A low score on this survey indicates the feelings of self-rejection, self-dissatisfaction, and self-contempt (Murk, 1995; Rosenberg, 1965). The Rosenberg scale has been shown to be internally consistent with a coefficient alpha of .88 (Gray-Little, Williams, & Hancock, 1997).

The primary investigators of this study developed a Religiosity Scale, which consisted of five items. Two self-perception items had a six-option Likert scale that ranged from strongly disagree to strongly agree. The other three items that measured occurrence of religious behavior had 6-point Likert scales, of which two ranged from never to once a day and the other ranged from never to always. Scores range from 5 to 30, with 30 signifying the highest level of religiosity. The survey included items concerning the level of the participant's religious beliefs, religious activity, and religious service attendance. An example of a question on the scale is "I would consider myself religious." The primary investigators' Religiosity Scale was modeled after the one used in a 1977 study by Gladding, who later went on to develop the Gladding, Lewis, Adkins Scale of Religiosity (Gladding, 1977; Gladding, Lewis, & Adkins, 1981). The survey Gladding used in his study had only two items: (1) I attend church at least once a month; (2) I am a religious person. Gladding (1977) cited a validity study done by Spilka, Read, Allen, and Dailey in 1968 that showed that these questions measured the religiosity just as well as a more complex survey. However, a coefficient alpha was not reported, so this present study added items to ensure reliability. An analysis of internal consistency was performed on a pilot sample, which resulted in a coefficient alpha of .8579 for the current study's five-item Religiosity Scale.

Procidano and Heller (1983) developed the Perceived Social Support Family Scale. It is a 20-item survey with the response options of "Yes," "No," and "Don't Know." The survey contains items such as "I rely on my family for emotional support." The answers that signify perceived social support were scored as 1 point each so that the highest possible score was 20. A preliminary version of this scale had high internal consistency (coefficient α = .90).

Design and Procedure

This study was a nonexperimental correlational study that looked at the relationship between self-esteem, religiosity, and perceived family support. Self-esteem in this study was defined according to Rosenberg as "a positive or negative attitude toward a particular object, namely, the self" (Murk, 1995). Self-esteem was operationalized as the score from 10 to 40 on Rosenberg's Self-Esteem Scale, with 40 signifying the highest self-esteem score. Religiosity was defined as an individual's level of religious beliefs, religious activity, and religious service attendance. Religiosity was operationalized as the score from 5 to 30 on the Religiosity Scale, with 30 signifying the highest level of religiosity. Perceived family support was defined as "the extent to which an individual believes that his/her needs for support, information, and feedback are fulfilled" by his/her family. Perceived family support was operationalized as the score from 0 to 20 on the Perceived Social Support Family Scale, with 20 signifying the highest level of perceived family support (Procidano & Heller, 1983).

Participants were tested in their high school classrooms or their youth group classroom. The study took place at times convenient for the teachers or youth group leaders on weekdays and weekends between 7:00 a.m. and 9:00 p.m. during spring 2001. Before the study was conducted, the principals and youth group leader signed approval letters allowing this study to be done with their students and youth group members. Their teacher or youth group leader informed participants of the nature and purpose of this study a week before testing took place. Participation was voluntary. Students were given a letter and a con-
sent form for their parents. If both parents and students signed the consent form, then students were allowed to participate. On the day of the actual study, the consent forms were collected. Then the researcher handed out a packet of surveys to each participant. Once all the participants were finished completing the surveys, the investigator debriefed them. The investigator reminded the participants that if for any reason they felt a need to talk about any feelings that may have surfaced during their participation in this study, they could talk to their school counselor or youth pastor whose contact information was written on a paper that was handed out to them. The investigator also answered any questions they had and thanked them for participating in the study.

Results

The means and standard deviations of the variables age, religiosity, self-esteem, and perceived family support are presented in Table 1. The Pearson correlations between each pair of variables are also displayed in Table 1. The first hypothesis, which predicted that religiosity and self-esteem would be positively related, was not supported by the correlation analysis. However, the correlation analysis did support the second hypothesis that perceived family support and self-esteem would have a positive correlation. This correlation, \( r(91) = .384, p < .001 \), was statistically significant. We also found that perceived family support and religiosity had a statistically significant correlation, \( r(91) = .265, p = .010 \), indicating that these two variables have a positive relationship.

An independent samples \( t \) test compared the means of male adolescents and the means of female adolescents for religiosity, self-esteem, and family support. The difference between male adolescents’ religiosity (\( M = 21.31 \)) and female adolescents’ religiosity (\( M = 24.69 \)) was statistically significant, \( t(45.591) = 2.469, p = .017 \), according to a \( t \) test on which equal variance was not assumed. This signified that, in general, female adolescents have higher levels of religiosity than do male adolescents. The difference between male adolescents’ self-esteem mean (\( 33.22 \)) and female adolescents’ self-esteem mean (\( 31.48 \)) was not significant, \( t(91) = 1.718, p = .089 \). The difference between male adolescents’ perceived family support mean (\( 13.66 \)) and female adolescents’ perceived family support mean (\( 13.89 \)) was nonsignificant, \( t(91) = 0.188, p = .851 \).

We conducted a regression analysis to find out how much variability of self-esteem could be accounted for by perceived family support and to determine whether the amount of explained variability would significantly increase when religiosity was included as one of the predictors. The regression analysis for perceived family support predicting self-esteem provided an \( R^2 = .148 \), indicating that 14.8% of self-esteem variability was explained by this variable. The regression analysis that included religiosity as one of the predictors did not change the \( R^2 \) value (\( p = .810 \)), indicating that religiosity does not explain a significant amount of variability not already accounted for by perceived family support. Sex was not included in the regression analysis because the correlation analysis already showed it not to be significant in predicting self-esteem.

Discussion

We found no significant correlation between religiosity and self-esteem. Thus the first hypothesis was not supported. These results were unlike those of The Troubled Journey report in which the correlation between...
The Troubled Journey

Journey study's sample size was much larger than the one in the present study. Both this present study (r = .124) and The Troubled Journey study (r = .080) indicated a weak positive correlation, but this current study, with much fewer participants, lacked the power to achieve significance (Donahue & Benson, 1995). Therefore, there is reason to believe that there actually may be a statistically significant correlation between religiosity and self-esteem, but it may be too small to have much practical importance.

A possible explanation for this lack of correlation between religiosity and self-esteem might be that adolescents do not perceive their religion or spiritual beliefs to be an important part of their self-identity. Consequently, their views on religiosity and self-esteem do not influence each other. Another possibility is that adolescents with equal levels of religiosity may have different religious backgrounds, resulting in different spiritual beliefs, which in turn might affect their self-esteem differently. Therefore, an adolescent's level of religiosity alone is not enough to predict that adolescent's self-esteem.

The second hypothesis was supported by the significant positive correlation between perceived family support and self-esteem. These results are consistent with those of previous studies such as the one by Cooper et al. (1983), which concluded that fifth- and sixth-grade children's self-esteem is positively related to perceived family cohesion/support. The current study provides support for extending these conclusions about elementary school children to adolescents. The current research also consistent with Mandara and Murrey's (2000) study on the relationship between family functioning and self-esteem of 15-year-old African American adolescents. The current study's results suggest that the conclusions about the 15-year-old African American students should be extended to all ages of adolescents.

There are several possible explanations for this relationship between perceived family support and self-esteem in adolescents. Because most adolescents must spend time daily in their family environment, it is one of the most fundamental and central environments in their lives. One explanation might be that a high level of family support provides adolescents with a sense of stability and security, which is very important during a time that can be turbulent for some individuals. This sense of stability and security allows them to have a positive self-perception. Another possible explanation is that because of adolescents' egocentric nature and tendency to internalize everything around them, those adolescents who do not perceive much support from their families interpret this to mean that they do not deserve this support because of their faults. There is also the possibility that optimistic adolescents perceive both their family support and their self-esteem positively and likewise pessimistic adolescents perceive both their family support and their self-esteem negatively.

No hypothesis was postulated about a relationship between religiosity and perceived family support. Nevertheless, we found a significant relationship between religiosity and perceived family support. This relationship is not a causal relationship; therefore, it is possible that other characteristics associated with certain families affect both family support and religiosity and thus bring about this correlation. Mason and Windle (2001) found that family support was positively correlated with religiosity (b = .27, p < .001) of adolescents. In their study, adolescents were more likely to be dedicated and involved in their religion if they reported having families that were loving and emotionally supportive than were those from less supportive families. Mason and Windle suggest that the family may present an influential social framework for adolescents to develop their religiosity.

A relationship was also found between gender and religiosity, even though no hypothesis was proposed for these variables. Francis's (1997) review of empirical studies on gender differences in religiosity evaluated several prominent theories that past research had provided. Francis reported that gender orientation (femininity vs. masculinity) seemed to explain most of the variance in religiosity according to gender, with more feminine individuals having higher religiosity. However, gender still explained additional variance aside from gender orientation for adolescents' religiosity. The explanation that seems to be most plausible for adolescents combines the gender orientation theory with the gender role socialization theory, which states that female adolescents are socialized with value placed on conflict resolution, compliance, tenderness, nurturance, and other expressive ideals that correspond with religious importance.

Despite interesting findings, there were sampling limitations because we used a small convenience sample. Therefore, results may not be generalizable to a wide population. As mentioned earlier, the small sample size may have also impacted the power to detect a significant relationship between religiosity and self-esteem.

This research study adds to the body of knowledge on the predictors of adolescent self-esteem. An individual adolescent's level of self-esteem can be predicted if that adolescent's sex and level of perceived
family support is known. This was a correlational study and was not done as an experiment. Therefore, cause and effect relationships between the variables could not be established. However, if the explanation for the significant correlation between perceived family support and self-esteem happened to be that perceived family support influences self-esteem in some way, then increasing the amount of family support an adolescent receives and perceives should increase the adolescent's self-esteem. If this is true, then parents should be encouraged to provide their children with a large amount of support in order to raise their children's self-esteem and lessen the likelihood that their children will fall prey to the antisocial behaviors associated with low self-esteem. Being able to predict which adolescents are at risk of having low self-esteem can also help school counselors, teachers, and others to be better able to anticipate and take preventive action against the possible problems that adolescents with low self-esteem are likely to have.

For future research, it is suggested that the sample be larger and include randomly selected adolescents from various locations across the country so as to be more nationally representative. Perceived peer support, academic achievement, perceived physical security, socioeconomic status, and maturity are other possible variables to correlate with adolescent self-esteem in future research. We also suggest that future research investigate the reasons behind the correlations of these variables and self-esteem, perhaps by using an experimental approach in which one set of families is given counseling on how to increase parental support for their adolescents and after some length of time compare the self-esteem of these adolescents to that of other adolescents in a control group whose families did not receive counseling.

References


