

# Religious Emotional Support, Family Support, and Mental Health in Mexican–Heritage Adults

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## BACKGROUND

Research has consistently found that increased levels of intrinsic religiosity are associated with decreased mental health problems. Although some authors (e.g., Joiner et al., 2002) have argued that the relationship between religiosity and mental health can be explained by factors such as religion-based social support and self-efficacy, scant research has examined mediators of the relationship between religiosity and mental health. Hovey et al. (2014) found that religious emotional support significantly mediated the relationships between intrinsic religiosity and depression, hopelessness, and suicidal behavior in an adult population from Ohio. However, in attempting to replicate and expand upon these findings, in a sample of Mexican-heritage adults from South Texas, Hovey et al. (2017) found that although self-efficacy mediated the relationship between intrinsic religiosity, religious emotional support did not. The authors conjectured that this may have been due to the strong sense of family support commonly experienced by Mexican-heritage individuals, which may lead to less reliance on religious emotional support.

## PURPOSES AND HYPOTHESES

The purposes of the present study were to examine the comparative influences of religious emotional support and family emotional support on the mental health of Mexican-Heritage adults in South Texas; and to further assess the relationship between intrinsic religiosity and family emotional support by examining their moderating influence on mental health.

- We expected that:
- Greater family support and religious emotional support would be significantly associated with lower depression, lower hopelessness, and lower suicide behavior.
  - These associations would be stronger for family support compared to religious emotional support.
  - Participants with lower family support and lower intrinsic religiosity would experience greater mental health difficulties.

### Correlations Between Variables

	Religious Support	Family Support	Depression	Hopelessness	Suicide Behavior
Intrinsic Religiosity	.58**	.26**	-.23**	-.24**	-.22**
Religious Support	--	.19**	-.17**	-.14**	-.14**
Family Support	.19**	--	-.36**	-.40**	-.30**
Depression	-.17**	-.36**	--	.61**	.53**
Hopelessness	-.14**	-.40**	.61**	--	.41**

Notes: \*\*p < .001.

## METHODS

**Participants**  
 • Participants were 948 undergraduate students of Mexican heritage from South Texas. Females = 65%; males = 35%. *M* age = 20.4 (*SD* = 4.1). **Religion:** 46% Catholic, 5% Pentecostal, 5% Baptist, 2% Protestant, 1% Latter-Day Saints, 23% Other Christian, 5% Other Religion, 13% Not Religious.

**Measures**  
 • **Intrinsic-Extrinsic-Revised Scale:** Intrinsic religiosity was assessed by the 8-item Intrinsic subscale (Gorsuch & McPherson, 1989).  
 • **General Functioning Subscale of the Family Assessment Device:** 12-item measure of general family functioning (Epstein et al., 1983).  
 • **Church-Based Social Support Scale:** Religion-based emotional support was assessed by the 3-item Emotional Support from Church Members subscale and the 3-item Anticipated Support from Church Members subscale (Krause, 2002).  
 • **Beck Depression Inventory-II:** Measures depressive symptom severity (Beck et al., 1996).  
 • **Beck Hopelessness Scale:** Measures level of hopelessness (Beck & Steer, 1989).  
 • **Suicidal Behaviors Questionnaire-Revised:** Assesses history of suicide attempts, frequency of suicide ideation, communication of suicide intent, and likelihood of future attempts (Osman et al., 2001).

**Procedure**  
 Data were collected through the Qualtrics online survey program. Some students were given extra credit for their participation; other students participated through an introductory psychology research pool.

## RESULTS

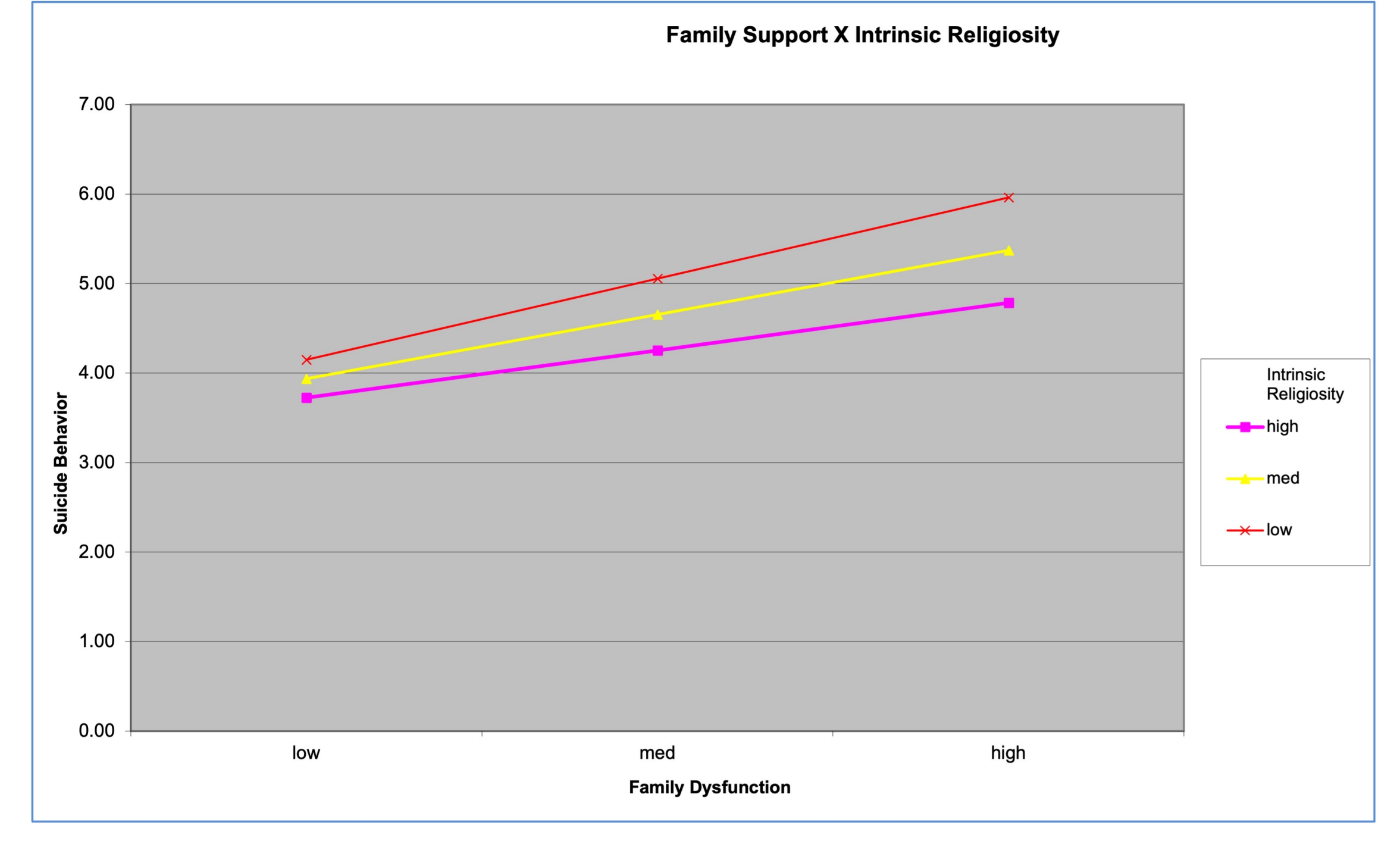
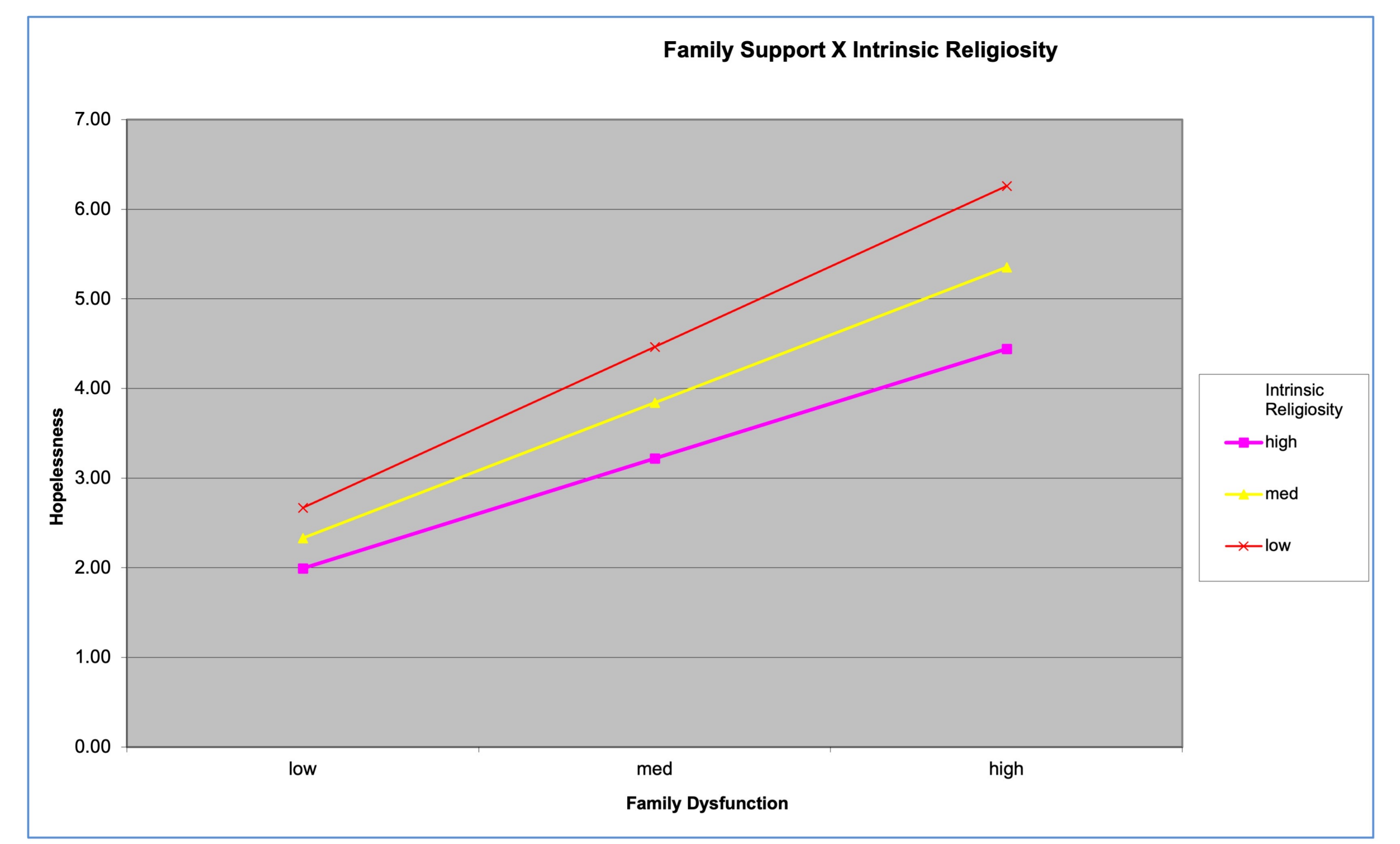
### Multiple Regression Analyses of Mental Health Variables

DV & Predictors	$\beta$	<i>t</i>	<i>p</i>
<b>Depression</b>			
Family Support	-.34	10.6	<.001
Religious Emotional Support	-.10	3.1	.001
<b>Hopelessness</b>			
Family Support	-.39	12.1	<.001
Religious Emotional Support	-.06	2.0	.05
<b>Suicide Behavior</b>			
Family Support	-.28	8.7	<.001
Religious Emotional Support	-.09	2.6	.008

### Multiple Regression Analyses Assessing Moderation

DV & Predictors	$\beta$	<i>t</i>	<i>p</i>
<b>Hopelessness</b>			
Family Dysfunction	.36	11.1	<.001
Intrinsic Religiosity	-.15	4.4	<.001
Family X Religiosity	-.07	2.2	.016
<b>Suicide Behavior</b>			
Family Dysfunction	.27	8.2	<.001
Intrinsic Religiosity	-.15	4.6	<.001
Family X Religiosity	-.07	2.1	.019

## RESULTS CONTINUED



## SUMMARY & CONCLUSIONS

- Family support and religious emotional support were negatively associated with depression, hopelessness, and suicide behavior.
- As expected, family support was more strongly associated with depression, hopelessness, and suicide behavior in comparison to religious emotional support.
- Multiple regression results indicate that family support had a greater influence on depression, hopelessness, and suicide behavior compared to religious support.
- Finally, the interactions of intrinsic religiosity and family emotional support significantly predicted hopelessness and suicide behavior. Plots of the interactions revealed that those participants with lower family support and lower intrinsic religiosity reported greater hopelessness and suicide behavior.
- For clinicians working with religious clients, focusing on family functioning that stem from religion may help protect against negative mental health outcomes.
- Although the present findings help answer the question of family being a stronger protector against mental health problems than religious support, future qualitative studies (e.g., focus groups) of Latino/a individuals can closely examine *how* religiosity influences the emotional support provided within the family context.
- Future research should examine these factors in Latino/a populations in other regions as the present study is focused on the Latino/a population in South Texas.
- Longitudinal research is necessary to *precisely* examine how religiosity and various sources of emotional support influence each other and impact mental health over time.

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