Relationship between Religiosity and Mental Health in Mexican-Heritage Individuals

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BACKGROUND

Meta-analysis findings (e.g., Hackney & Sanders, 2003) have indicated that increased levels of religiosity are associated with decreased mental health problems. Although some researchers (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, only one published study (Hovey et al., 2014) has directly examined religion-based social support as a mediator between religiosity and mental health. Hovey et al. (2014) found that religion-based emotional support fully mediated the relationships between religiosity and depression, religiosity and hopelessness, and religiosity and suicide behavior, thus providing evidence for the importance of religious support as an explanatory factor.

PURPOSES AND HYPOTHESES

The purposes of the present study were to replicate the findings from Hovey et al. (2014), to generalize their findings to a sample of Mexican-Heritage individuals in which religiosity plays an important role (Pew Research, 2014), and to assess self-efficacy as another possible mediator in the relationship between religiosity and mental health.

In specific, we expected that:
- Greater intrinsic religiosity would be significantly associated with greater religion-based emotional support and self-efficacy, and with lower depression, hopelessness and suicide behavior.
- Greater religion-based emotional support would be significantly associated with lower depression, hopelessness, and suicide behavior.
- Greater self-efficacy would be significantly associated with lower depression, hopelessness, and suicide behavior.
- Both religion-based social support and self-efficacy would significantly mediate the relationships between religiosity and depression, religiosity and hopelessness, and religiosity and suicide behavior.

Intercorrelations, Means and Standard Deviations of Variables

	Religion-Based Support	Self-Efficacy	Depression	Hopelessness	Suicide Behavior	*M (SD)*
Intrinsic Religiosity	.40***	.14***	-.10**	-.13***	-.12***	24.0 (6.9)
Religion-Based Support	--	.16***	-.07*	-.15***	-.10**	13.3 (6.0)
Self-Efficacy	.16***	--	-.28***	-.42***	-.17***	33.3 (5.7)
Depression	-.07*	-.28***	--	.60***	.59***	12.8 (11.1)
Hopelessness	-.15***	-.42***	.60***	--	.43***	3.3 (3.9)
Suicide Behavior	-.10**	-.17***	.59***	.43***	--	4.8 (2.7)

Note: *$p \leq .05$, ** $p \leq .01$, ***$p \leq .001$

METHODS

Participants
- Participants were 692 undergraduate students of Mexican heritage from south Texas. Females = 74%; males = 26%. *M* age = 21.3 (*SD* = 4.1). Religion: 57% Catholic, 5% Baptist, 4% Pentecostal, 15% Other Christian, 5% Other Religion, 14% Not Religious.

Measures
- Intrinsic-Extrinsic-Revised Scale: Intrinsic religiosity was assessed by the 8-item Intrinsic subscale (Gorsuch & McPherson, 1989).
- 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).
- New General Self-Efficacy Scale: 8-item measure of self-efficacy beliefs. Example items include "When facing difficult tasks, I am certain that I will accomplish them" and "I believe that I can succeed at most any endeavor to which I set my mind" (Chen et al., 2001).
- Beck Depression Inventory-II: Measures depressive symptom severity (Beck et al., 1996).
- Beck Hopelessness Scale: Measures loss of motivation and negative attitudes and expectations about the future (Beck, 1988).
- 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

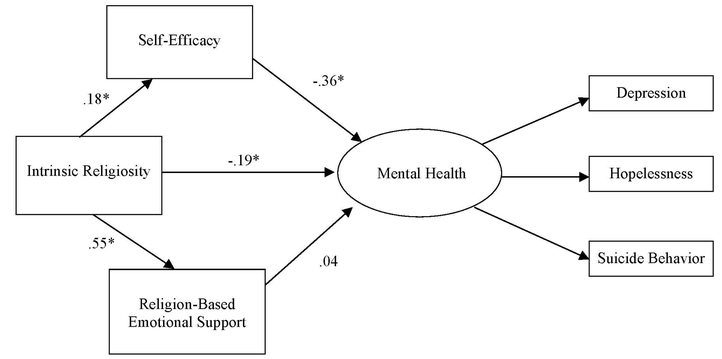
Multiple Regression Analyses of Mental Health Variables

Dependent & Predictor Variables	β	*t*	*p*	R^2 change
Depression				
Step 1				.02***
Intrinsic Religiosity	-.14	-3.6	.001	
Step 2				.06***
Intrinsic Religiosity	-.12	-2.5	.012	
Self-Efficacy	-.26	-6.7	.001	
Religion-Based Support	.04	0.8	.43	
Hopelessness				
Step 1				.05***
Intrinsic Religiosity	-.22	-5.6	.001	
Step 2				.14***
Intrinsic Religiosity	-.15	-3.4	.001	
Self-Efficacy	-.39	-10.7	.001	
Religion-Based Support	.00	.02	.982	
Suicide Behavior				
Step 1				.05***
Intrinsic Religiosity	-.22	-5.8	.001	
Step 2				.02***
Intrinsic Religiosity	-.23	-5.0	.001	
Self-Efficacy	-.13	-3.5	.001	
Religion-Based Support	.06	1.2	.056	

Notes: ***$p < .001$. Bootstrapping procedures (10,000 samples) indicated a significant indirect effect of intrinsic religiosity through self-efficacy for depression (unstandardized *CI* = -.1222, -.0339), hopelessness (-.0614, -.0225), and suicide behavior (-.0174, -.0026).

RESULTS CONTINUED

Self-Efficacy & Religion-Based Emotional Support as Mediators between Intrinsic Religiosity & Mental Health



Notes: Bayesian SEM with Markov Chain Monte Carlo Methods (51,000 simulations; *CFI* = .92). *$p < .001$. Above values are standardized beta coefficients. Intrinsic religiosity had a significant indirect effect on mental health through self-efficacy (unstandardized coefficient = -.11, *CI* = -.14, -.09).

SUMMARY & CONCLUSIONS

- As expected, intrinsic religiosity was positively associated with religion-based emotional support and self-efficacy and negatively associated with depression, hopelessness, and suicide behavior; and religion-based emotional support and self-efficacy were negatively associated with depression, hopelessness, and suicide behavior.
- As expected, self-efficacy was a significant mediator in the relationship between intrinsic religiosity and mental health, thus providing evidence that intrinsic religiosity may lead to an increased sense of self-efficacy which, in turn, may protect against mental health difficulties.
- Unexpectedly, religion-based emotional support did not significantly mediate the relationship between intrinsic religiosity and mental health. This may be due to the strong sense of family support experienced by many Mexican-heritage individuals (Perez & Cruess, 2014), which may lead to less of a reliance on church-based support.
- The findings have applied implications. For example, for clinicians working with religious clients, bolstering clients' self-efficacy that stems from religion may help protect against negative mental health outcomes.
- The present findings help answer the question of "why" religiosity appears to protect against mental health problems. Future research should examine other possible mediators (e.g., mastery) between religiosity and mental health and should re-examine the possible mediating influence of religion-based support, given the overall mixed findings (cf. Hovey et al., 2014) regarding the strength of religion-based support as an explanatory factor.
- Longitudinal research is necessary to examine the *precise* influences of possible mediators in the relationship between religiosity and mental health.

Please contact joseph.hovey@utrgv.edu if you have questions about the project or if you would like a copy of the presentation.