

Mediators of the Relationship between Religiosity and Mental Health in Mexican-Heritage Individuals

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BACKGROUND

Research has long indicated that increased levels of intrinsic 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 other mediators, scant research (e.g., Hovey et al., 2014; Hovey & Escamilla, 2018) has directly examined religious social support as a mediator in the relationship between religiosity and mental health. Because researchers (e.g., Saud et al., 2021) have often utilized general social support measures as proxy measures of religious social support, research should assess whether religious social support and general social support represent separate constructs or whether they share the same variance.

PURPOSES AND HYPOTHESES

The purposes of the present study were to replicate the findings from Hovey et al. (2014), which indicated that religious social support fully mediated intrinsic religiosity and mental health; to generalize their findings to a sample of Mexican-Heritage individuals in which religiosity plays an important role (Pew Research, 2014); to assess sense of mastery and coping competence as other possible mediators in the relationship between religiosity and mental health; and to assess whether religious social support and general social support represent distinct constructs.

In specific, we expected that:

- Greater intrinsic religiosity would be significantly associated with greater religious emotional support, sense of mastery, and coping competence; and with lower depression and suicide behavior.
- Greater religious emotional support, sense of mastery, and coping competence would be significantly associated with lower depression and suicide behavior.
- Religious emotional support, sense of mastery, and coping competence would significantly mediate the relationships between intrinsic religiosity and depression and intrinsic religiosity and suicide behavior.
- The association of intrinsic religiosity and religious social support would be minimally influenced when controlling for general social support.

Correlations Between Variables

	Social Support	Religious Support	Sense of Mastery	Coping Competence	Depression	Suicide Behavior
Intrinsic Religiosity	.29**	.60**	.26**	.27**	-.31**	-.21**
Social Support	--	.27**	.39**	.18*	-.24**	-.06
Religious Support	.27**	--	.20*	.20*	-.26**	-.20*
Sense of Mastery	.39**	.20*	--	.61**	-.66**	-.42**
Coping Competence	.18*	.20*	.61**	--	-.72**	-.52**
Depression	-.24**	-.26**	-.66**	-.72**	--	.58**

Notes: * $p < .01$, ** $p < .001$. When controlling for general social support, partial correlation for intrinsic religiosity and religious emotional support = .57, $p < .001$.

METHODS

Participants

• Participants were 185 undergraduate students of Mexican heritage from south Texas. Females = 64%; males = 36%. *M* age = 20.9 (*SD* = 5.0). **Religion:** 40% Catholic, 4% Baptist, 3% Protestant, 1% Latter-Day Saints, 6% Pentecostal, 27% Other Christian, 1% Other Religion, 18% Not Religious.

Measures

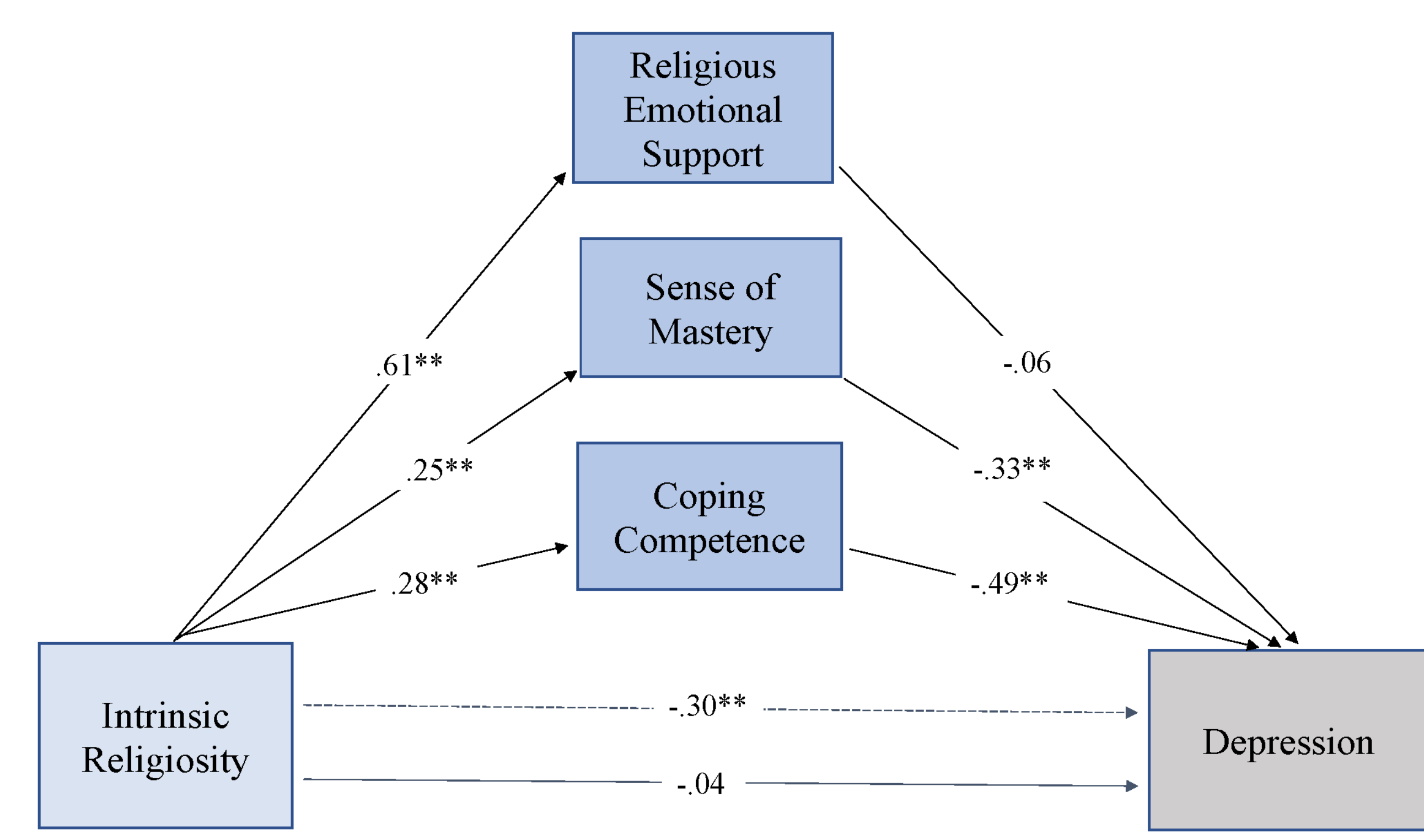
- **Intrinsic-Extrinsic-Revised Scale:** Intrinsic religiosity was assessed by the 8-item Intrinsic subscale (Gorsuch & McPherson, 1989).
- **Social Support Scale:** 4-item measure of general social support (Santiago et al., 2022).
- **Church-Based Social Support Scale:** Religion-based emotional support was assessed by the 3-item Emotional Support from Church Members subscale and the 3-item Anticipated Support from Church Members subscale (Krause, 2002).
- **Sense of Mastery Scale:** 7-item scale that measures individual's confidence to exert control over their motivation, behavior, and social environment to achieve a goal (Pearlin & Schooler, 1978).
- **Coping Competence Questionnaire:** Assesses a person's resilience to learned helplessness when confronted with negative events in life (Schroder & Ollis, 2012).
- **Beck Depression Inventory-II:** Measures depressive symptom severity (Beck et al., 1996).
- **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

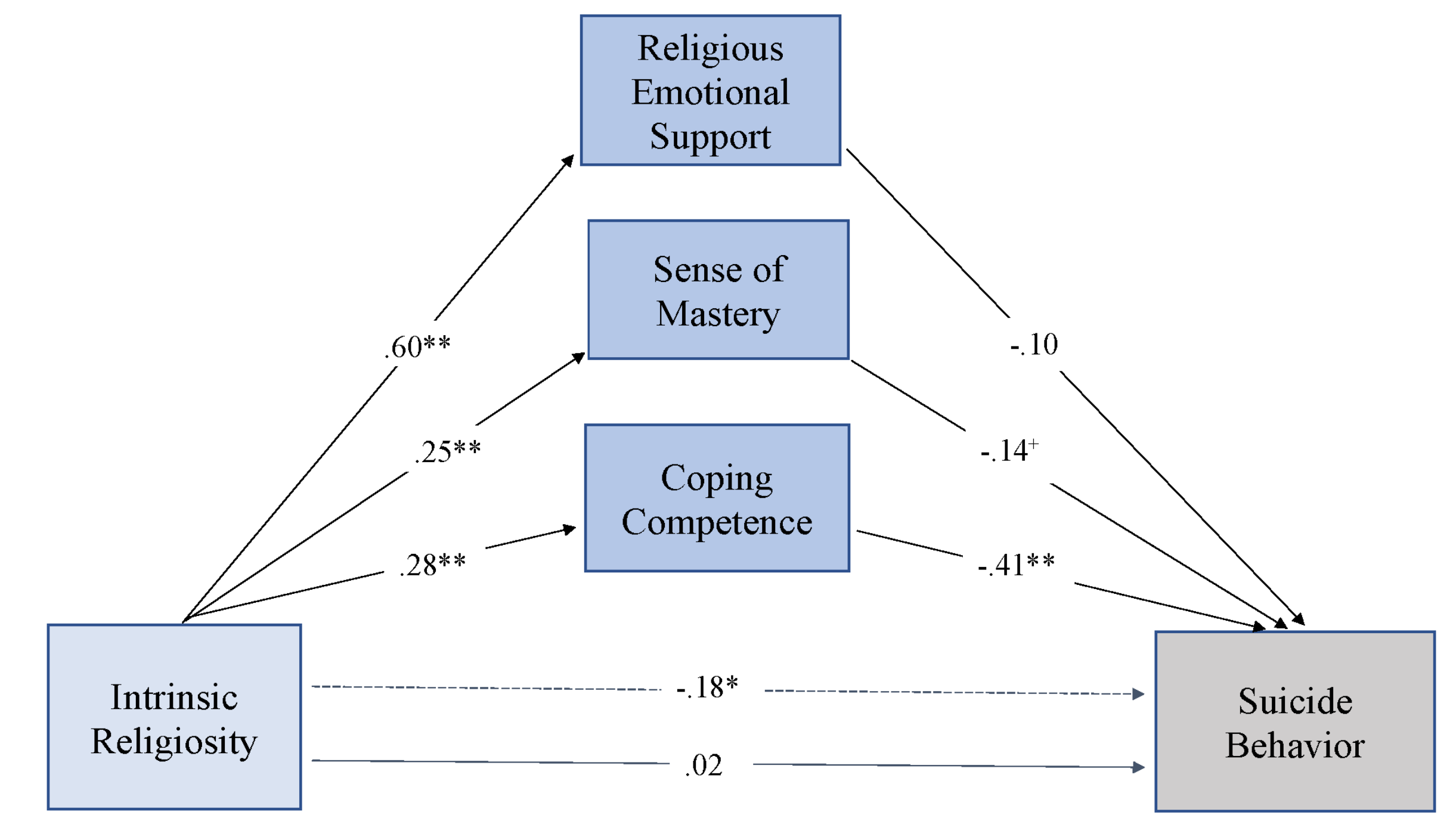
Religious Emotional Support, Sense of Mastery, and Coping Competence as Mediators between Intrinsic Religiosity and Depression



Notes: Above values are standardized beta coefficients. ** $p \leq .001$. Intrinsic religiosity had significant indirect effects on depression through sense of mastery (standardized 95% *CI* = -.14, -.03) and coping competence (standardized 95% *CI* = -.22, -.06). The dotted arrow represents the direct effect of intrinsic religiosity on depression prior to bootstrapping.

RESULTS CONTINUED

Religious Emotional Support, Sense of Mastery, and Coping Competence as Mediators between Intrinsic Religiosity and Suicide Behavior



Notes: Above values are standardized beta coefficients. * $p = .06$, ** $p < .05$, *** $p \leq .001$. Intrinsic religiosity had a significant indirect effect on suicide behavior through coping competence (standardized 95% *CI* = -.20, -.04). The dotted arrow represents the direct effect of intrinsic religiosity on suicide behavior prior to bootstrapping.

SUMMARY & CONCLUSIONS

- As expected, intrinsic religiosity was positively associated with religious emotional support, sense of mastery, and coping competence and negatively associated with depression and suicide behavior; and religious emotional support, sense of mastery, and coping competence were negatively associated with depression and suicide behavior.
- As expected, sense of mastery and coping competence significantly mediated the relationship between intrinsic religiosity and mental health, thus providing evidence that intrinsic religiosity may lead increased sense of mastery and coping competence which, in turn, may protect against mental health difficulties.
- Unexpectedly, religious 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 social support from their religious community.
- For clinicians working with religious clients, bolstering their sense of mastery and coping competence that stem from religion may help protect against negative mental health outcomes.
- Although the present findings help answer the question of "why" religiosity appears to protect against mental health problems, additional research needs to examine possible mediating influences of religiosity and mental health; and for studies that examine religious social support, researchers should *directly* measure religious social support rather than use general social support measures as proxies, given that our findings suggest that religious emotional support and general social support are distinct constructs.
- 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.