ABSTRACT

Stressful life events may increase risk for depressive symptoms; however, the manner in which an individual responds to stress may attenuate this association.

Religious coping strategies may moderate the relationship between life stress and depression, but ethnic differences have not been examined.

We assessed positive and negative religious coping as moderators of stressful and potentially traumatic life events and depressive symptoms in a sample of Black, Hispanic, White, and Asian undergraduates.

Positive religious coping was a significant moderator in Whites, while negative religious coping was significant in Asians.

Ethnic background may influence the religious coping strategies employed when stress is encountered.

INTRODUCTION

Experiencing stressful and potentially traumatic life events can increase the risk for depressive symptoms (Kessler, 1997).

Styles of coping with stress may vary, and thus may play a key role in determining its outcome (Folkin & Moskowitz, 2004; Kendler, Karkowski & Prescott, 1999).

Religious coping strategies typically predict better outcomes, but can also exacerbate symptomatology (Bjorck & Thurman, 2006; Pagament, Koenig & Perez, 2000), perhaps as a result of differences between positive and negative religious coping.

Positive religious coping expresses spirituality, meaning, and a secure relationship with God.

Negative religious coping expresses lack of meaning, a shaky relationship with God, and a threatening view of the world.

General coping responses to stress may differ by ethnicity (Evans, Bryant, Owens & Koukos, 2004), and styles of religious coping may vary across ethnic groups (Charters et al., 2008), but differences in how positive and negative religious coping strategies are related to depression have not been explored.

This study investigates how positive and negative religious coping strategies affect the relationship between stressful and potentially traumatic life events and depressive symptoms in an ethnically diverse sample.

HYPOTHESES

Religious Coping will moderate the relationship between stressful life events and depressive symptoms for the entire sample. Ethnic differences in moderation will be explored.

METHODS

Participants:
- Undergraduates (N = 386); 69% Female
- 27% Black, 47% Hispanic, 20% White; 6% Asian
- Mean Age 19.66 (SD=3.27; range = 18-46)

Religious Affiliation (most reported):
- Hispanics: 75.63% Catholic
- Blacks: 47.96% “Other”
- Whites: 54.93% Catholic
- Asians: 27.27% Buddhist; 27.27% None

Measures:
- Beck Depression Inventory-II (BDI-II)
- Life Events Scale
- Fetzer Multidimensional Measure of Religiousness and Spirituality

Assessing Religious Coping

Think about how you try to understand and deal with major problems in your life. To what extent is each of the following involved in the way you cope?

Positive Religious Coping
- I think about how life is a part of a larger spiritual force.
- I work together with God as partners.
- I look to God for strength, support, and guidance.

Negative Religious Coping
- I feel God is punishing me for my sins or lack of spirituality.
- I wonder whether God has abandoned me.
- I try to make sense of the situation and decide what to do without relying on God.

ANALYSES

Hierarchical, Multivariate Linear Regressions, controlling for age and gender.

RESULTS

Depressive Symptoms

<table>
<thead>
<tr>
<th>Gender</th>
<th>Depressive Symptoms</th>
<th>Negative Life Events</th>
<th>Positive Religious Coping</th>
<th>Negative Religious Coping</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>-.10</td>
<td>-.05</td>
<td>-.18***</td>
<td>.07</td>
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<td>Gender</td>
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<td>-.27***</td>
<td>-.01</td>
<td>-.12*</td>
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<tr>
<td>Depressive Symptoms</td>
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<td>Negative Life Events</td>
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<td>Positive Religious Coping</td>
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Note: *p<.05, **p<.01, ***p<.001

DISCUSSION

We examined positive and negative religious coping strategies as moderators of the association between stressful life events and depressive symptoms in an ethnically diverse undergraduate sample.

Our hypothesis that positive and negative religious coping would moderate life stress and depression was not supported for the entire sample.

Positive religious coping was more prevalent and was a significant moderator for Whites, such that Whites with greater levels of positive religious coping experienced less depressive symptoms as a result of life stress than those with decreased levels of positive religious coping.

This may indicate that the effect of positive religious coping on depressive symptoms becomes particularly salient in times of high life stress (Emmons, 1999 as cited in Gall et al., 2005). Such effects may also be related to ethnic majority status.

It is unclear why this effect was found in Whites but not Asians, Blacks, or Hispanics. Perhaps SES and religious affiliation are related to ethnicity and coping style.

Bivariate correlation data suggests that positive and negative religious coping are differentially associated with depressive symptoms across ethnic groups.

It is important to note that Whites that are of minority status in their immediate environment, as in our sample where Whites account for approximately 20%, may exhibit different coping styles than other Whites because of an increased saliency of their ethnic identification.

Ethnic, cultural and religious characteristics appear to be intertwined, resulting in different patterns of coping with and reaction to stressful life circumstances (Aiten, Culver, Carver, Arena & Antoni, 1999).

LIMITATIONS

Cross-sectional data preclude the ability to examine causal effects; Self-report measures may introduce bias.

The college sample limits generalizability; future research should utilize clinical and community samples.

IMPLICATIONS

Religious coping may play an important role in the relationship between life stress and depressive symptoms; however, its buffering effect may be dependent upon ethnic background.

Future research is necessary to better understand ethnic and cultural variations in religious and spiritual risk and protective factors for depression, and to inform targeted interventions.