The Relationship of Religiosity, Religious Coping and Adjustment for Latino Immigrants in the United States

Diana Lizeth Cabezas
Montclair State University

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MONTCLAIR STATE UNIVERSITY

The Relationship of Religiosity, Religious Coping and Adjustment for Latino Immigrants in the United States

by

Diana Lizeth Cabezas

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Certified by:

Dr. Marietta Morrissey
Dean of College

(date)

Thesis Committee:

Dr. Deborah Fish Ragin
Thesis Sponsor

Dr. Saundra Collins
Committee Member

Dr. Sandra T. Lewis
Committee Member

(Ken Sumner
Department Chair

Ph.D.

Psy.D.

Ph.D.

Ph.D.)
Abstract
This study examines factors that contribute to the adjustment of the Latino population, the second largest ethnic group in the United State. It viewed traditional cultural factor of religiosity and spirituality which have been identified as central to the Latino culture. Specifically, the study examined the role of religiosity and spirituality as coping mechanisms for adjustment (viewed through life satisfaction, depressive symptoms) to the North American culture by Central and South American immigrants who follow the Christian, Pentecostal religion. One-on-one interviews were conducted with men and women participants. Participants responded to questions concerning religion/spirituality, life satisfaction, psychological well-being and acculturation to the U.S. American culture in addition to providing basic demographic information about themselves and their length of stay in the US. Results revealed a significant negative relationship between depression and life satisfaction, as well as a negative relationship between depression and religiosity/spirituality. Furthermore, results showed a significant positive relationship between religiosity/spirituality with life satisfaction as well as a significant positive association between depression and acculturation. Depression among this population was best predicted by satisfaction with life and level of acculturation to the US. The results may be help explain how religion may be used as a coping mechanism among Central and South American immigrants.
THE RELATIONSHIP OF RELIGIOSITY,
RELIGIOUS COPING AND ADJUSTMENT FOR
LATINO IMMIGRANTS IN THE UNITED STATES

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Arts in Psychology

by
DIANA LIZETH CABEZAS
Montclair State University
Montclair, NJ
2014
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Chapter 1: Latino Immigrants in the US

Introduction

In the United States the number of Latino immigrants has increased rapidly over the past decade (Pew Hispanic Center, 2009). Latinos in the United States are a heterogeneous group representing many countries from areas within the Caribbean, Central and South America, and Spain. National Hispanic surveys conducted by Lopez, Gonzalez- Barrera & Cuddington (2013). Lopez and colleagues (2013) have identified fourteen Latin countries from which the majority of Latinos immigrate to the United States. The largest group of Latino immigrants come from Mexico followed by Puerto Rico, Salvador, Cuba, Dominican Republic, Guatemala, Colombia, Spain, Honduras, Ecuador, Peru, Nicaragua, Venezuela, and Argentina. Immigrants from these fourteen countries have settled in different regions of the US. As the Latino population grows it is important to explore how they may adjust to the US, because Latinos will essentially make a large contribution to the country. Exploring their struggles with adjustment should be essential to mental health care providers so that they may improve the likelihood of a successful adjustment into their new home.

Defining Adjustment

Research on the adjustment of Latino immigrants has moderately been explored. Studies have revealed that Latino immigrants, unlike other groups, face severe losses and challenges as they settle in the US (Smart & Smart, 1995). Latino immigrants who arrive to the US face acculturative stress that derives from both settling in the new country and leaving behind the country of origin. Many immigrants who migrate leave behind family members, close relatives and friends. As they settle in the host country they may
experience loneliness and stress as they are faced with exposure to new language,
different cultural customs, changes in gender roles and importance on familial networks,
all the while searching for job opportunities (Lorenzo-Blanco, Unger, Baezconde-Garbanati,
Ritt-Olson, & Soto, 2012). Furthermore, adjustment problems may derive from these
challenges that may lead to experiencing mental health problems and substance abuse
(Stein & Polo, 2014). Specifically, research in the field of psychology suggests that
Latinos who have migrated to the United States experience major changes which may
influence their physical and psychological well-being (Alegría et al., 2008; Grzywacz,
Quandt, Early, Tapia, Graham & Arcury, 2006). Hence, the process of adjustment for
Latinos may have a particularly negative influence on their overall well-being.

**Acculturation and Adjustment**

One area of research focuses on adjustment as measured through several factors,
such as *acculturation* and *well-being* (subjective and psychological). Acculturation has
been described by Latino mental health researchers Sabina, Schally & Cuevas (2013) as
"changes in cultural patterns that happen when regular contact with another culture
occurs" (p.14). Adjustment to their new country can be measured by the level in which the
individual chooses to retain their own cultural factors, and/or accepts cultural values of
the host country (Martinez, McClure, Eddy, & Wilson, 2011). On the other hand,
research has described *well-being* as having three forms - subjective, psychological, and
eudaimonic (Schwart et al., 2013). Research on adjustment focuses particularly on
subjective and psychological well-being. Subjective well-being focuses on happiness and
life satisfaction while psychological well-being refers to the presence or absence of
several types of psychological stressors (i.e. depression, anxiety, and psychological
disorders). Those who have been reported to have high psychological well-being will report low distress (Diener, 2006). It is, therefore, important to understand how each of these factors influence Latinos' adjustment.

**Acculturation and Health**

Acculturation for Latino immigrants reveals an interesting relationship with their psychological health and well-being. In many studies, Latinos who report lower or diminished traditional cultural values and practices such as fewer family ties, familism (family and social network), interdependency and less adherence to gender roles have reported higher levels of depression than those who retain their ethnic culture (Sabina, Cuevas & Schally, 2013; Cook, Alegría, Lin, & Guo, 2009; Torres, 2010; Hovey, 2000). By contrast it appears that those who adopt the customs of the majority culture in the United States, while retaining their own cultural values, may report better well-being. This can be seen in researcher by Roosa et al., (2009) who viewed the adjustment among Mexican American families of several neighborhoods. Roosa and colleagues (2009) observed that participants who identified themselves as classic Mexican immigrant families of low-income neighborhoods reported fewer adjustment problems (lower depression levels) than those who identified themselves as American living in higher income neighborhoods. Classic immigrant family was identified a two-parent low income household, where parental education was reported to be less than high school and one in which members to maintained strong traditional (such as family and social) ties. Families who considered themselves classic immigrant families reported practicing traditional cultural values and living in low income neighborhoods largely populated by immigrants. It appears that sustaining cultural values may influence positive psychological well-being.
within this Mexican ethnic sample; however, other factors such as length of time in US, and satisfaction with life, may aid in understanding how Latino immigrants adjust.

**Depression and Adjustment**

Research on psychological well-being has suggested that in comparison to other ethnic groups, Latinos in the United States may experience various psychological stressors. For Latinos who continue to practice cultural values, depression levels lowered. Additionally, it seems that living in the US may influence the levels of depression. In a study by Wilton & Constantine (2003), relationships between the length of time in US, cultural adjustment, and psychological distress were compared between Latino and Asian international college students. The two ethnic groups were compared to determine how adjustment factors may interact with psychological well-being. Results suggested that for these the two ethnic groups, Latin American participants had significantly higher levels of psychological distress (e.g. depressive symptoms, anxiety, home-sickness, stress) when compared with Asian students. Furthermore, it was found that with an increase in the number of years in the United States, the psychological distress levels lowered among both groups. These findings, therefore, indicate that with longer lengths of stay in the US, Latino immigrants may, in the long run, report lower levels of depression.

Yet, other studies have indicated that psychological distress may be related to the longer stays in the United States. In a study conducted by Cook and colleagues (2009), the relationship between years in US and psychological disorders was explored for a Latino Sample (N=2554). Researchers noticed that there was a strong correlation between the number of years in the United States and the risk of developing psychiatric disorders. Specifically, Latino’s vulnerability to developing depression and anxiety increased with
the time spent in the US. Moreover, a significant association was found between number of years in the US and the likelihood of experiencing psychiatric disorders among Latinos who encountered discrimination and family cultural conflicts. Interestingly, Cook et al., (2009) revealed that individuals who retained their traditional cultural practices such as familism and language were less likely to develop psychological distress. A traditional cultural practice of familism, having a close bond with nuclear family members, other relatives as well as friends who are considered family, is very common among Latinos. Latinos with family and community based supports systems are more likely to have better mental health. By having a strong social support at home, school and community, a person develops a strong sense of identity and social support. In addition participants who regularly practiced and held strongly to cultural beliefs reported less psychological distress and depression.

Equally important to familism are other traditional cultural practices such as respeto (respect), religiosity, perseverance and traditional gender roles (Morgan Consoly & Llamas, 2013). These have been identified as common practices Latinos use in their home country. Upon arrival to the United States immigrants may retain these traditional cultural practices, which have been reported to be protective factors against psychological distress. The relationship of respeto (respect), familism and psychological distress has been explored. Among Mexican American families, parents who enforced and practiced such values experienced fewer familial stressors and distress. Among families where these same cultural practices had diminished, children were found to have higher risk of substance abuse and risky behavior and higher levels of depression (Stein & Polo, 2014). Thus research indicated that Latino immigrants living in the United States may be at high
risk of developing depression and other psychological disorders of length of stay may affect such outcomes. Some indicate that length of stay mitigates against depression, while others like Cook et. al., suggest that it contributes to possible development of depression and anxiety (Alderete, Vega, Kolody, & Aguilar-Gaxiola, 2000; Kung, Castaneda, & Pei-Jiuang, 2003; Cook, et al., 2009). Therefore, it appears that psychological well-being may be influenced by a variety of other variables and length of stay.

Life Satisfaction and Adjustment

There are few studies that solely focus on satisfaction with life on adjustment. Many studies assess life satisfaction as a measure of adjustment. For example Asian Americans who identified themselves as Western or Asian did not differ significantly in their reports of satisfaction with life, hence for Asians, retaining ethnic culture or accepting the main culture does not appear to affect adjustment (Baker, Soto, Perez, & Lee, 2012). However, studies conducted with Latino immigrants imply otherwise. These studies suggest that Latinos who hold to their cultural values express higher life satisfaction, while those who let go of traditional values and practice those of main culture may express lower satisfaction.

A study conducted by Navarro, Ojeda, Schwartz, Pina-Watson, & Luna (2014) viewed relationships between heritage/cultural retention, ethnic identity, personal self-esteem, life satisfaction and academic performance among Mexican American college students. In their study they found that Mexican American students who retained their cultural heritage/values, also reported high levels of personal self-esteem and life satisfaction. It appears that the retention of cultural values for this group may predict
higher life satisfaction.

This trend has similarly been identified within Mexican immigrants. Ojeda & Piña-Watson (2013) explored the influences of several factors on life satisfaction among Latino immigrant men who were day laborers. Specifically, they examined perceived discrimination, familism, spirituality, work satisfaction and perceived health. Their study showed that cultural values of familism and spirituality served as protective factors against discrimination, and were correlated with higher reports of life satisfaction. As was the case with many other studies on Latino immigrants Ojeda & Pina-Watson’s (2013) study was comprised of mostly Mexican immigrants. Very few of the participants were from Central or South America. There exists little research on how cultural factors may influence well-being among Latino immigrants of other ethnic subgroups or countries.

Religiosity/Spirituality and Adjustment

Religiosity and spirituality has been identified as a strong cultural value among those from various Latin countries. Therefore, assessing the relationship between religion/spirituality and adjustment can reveal possible interactions that explain how this population uses religion as a form of coping. To determine how these have been used it is of importance to define the two constructs. Religiosity and spirituality often are used interchangeably, even though they are distinct concepts. In research religiosity has been defined as characteristic behaviors such as religious characteristics like number of times attending church services, private prayer, reading the bible or other religious literature and similar measures. Spirituality to leading scholars (Hill, Pargament, Hood, McCullough, Swyers, Larson, & Zinnbauer, 2000) has been described as “personal transcendence, superconscious sensitivity and meaningfulness” (p.60), where
transcendence and a sense of purpose is essential. These two factors have usually been used together when studies have reviewed both religious practices and spiritual beliefs and their possible impacts on well-being and health (Idler et al, 2003).

Religiosity/Spirituality and Life Satisfaction

Few exploratory studies have examined possible interactions between religiosity/spirituality and adjustment. Fewer still specifically explore well-being as a measure of life satisfaction. Among these was the study by researchers Kim, Miles-Mason, Kim & Esquivel (2013) which explored religiosity/spirituality and life satisfaction among Korean American adolescents. Their study noted that of the eight factors investigated only five, daily spiritual practices, forgiveness, private religious practices, positive religious coping, and congregational support appeared to be positively correlated with high levels of life satisfaction. Of these five only three factors were significant predictors of satisfaction with life. They were daily spiritual practices, forgiveness and congregational support. Here congregational support in the study was determined to describe the social relationship and support among church members.

Other studies researching the relationship between satisfaction with life and religiosity/spirituality have noted similar results. It is important to point out, however, that few if any of these studies examined the possible effects of religiosity/spirituality and life satisfaction with Latino samples (Abu-Rayya & Abu-Rayya, 2009; Abdel-Khalek, 2012). In one of the few studies that explored religious coping and spirituality on adjustment and psychological distress among urban adolescents, researchers found that among young Catholic Latinos, the use of religious practices such as positive religious coping was significantly related to positive affect and satisfaction with life. Furthermore,
the study interestingly indicated that other types of religious/spiritual measures did not reveal significant relationships with psychological well-being (Van Dyke, Glenwick, Cecero, & Kim, 2009).

Yet, in the research there has been contrasting reports on the relationship between religiosity/spirituality and psychological well-being. In a study by Rosmarin, Bigda-Peyton, Kertz, Smith, Rauch, & Bjorgvinsson (2013) the relationship between the spiritual belief of God, religious affiliation (Catholic, Protestant Christian, Jewish, Buddhist, Hindu, other and none), and psychiatric outcomes was investigated. The study examined how a spiritual belief in God may be related to psychological well-being (depression and self-harm) in psychiatric patients. The researchers found that a belief in God was significantly correlated with decreased reports of depression and self-harm, and that a belief in God improved treatment outcome. In the study participants in who had depressive symptoms and who indicated a strong belief in God had lower reports of depression and negative thoughts compared with other psychiatric patients who had depression and did not have a belief in a higher being. Interestingly, the findings in this sample did not indicate a significant relationship between religious affiliation and psychological well-being.

Rosmarin et. al’s study findings support earlier studies which have indicated that there is an association between types of religious/spiritual factors and psychological well-being. For example religious/spiritual beliefs and practices such as prayer have been noted to have a significant negative relationship with depression. A study by Perez, Smith, Norris, Canenguez, Tracey, DeCristofaro, (2011) reports decreased levels of depression and stress among a sample of Caucasian cancer patients who were recovering
from cardiac surgery. However, the possible benefits of religion and spirituality may differ for those of Latino ethnicity. Latinos compared to other ethnicities may face different stressors that may influence the relationship between religiosity and psychological well-being. Many Latinos living in the United States face the difficulty of adjusting to a new culture and environment. Viewing the relationship between religiosity/spirituality and adjustment within this population is, therefore, necessary and important.

It is important to point out that other studies, such as those by Abraido-Lanza, Vásquez & Echeverría (2004) found that religiosity/spirituality and psychological adjustment were not significantly related in a sample of immigrants from the Dominican Republic. The researchers thought that similar to other findings, religious coping would be related to decreasing levels of depression. Though the results were not significant, there was a trend towards a relationship between religious coping and greater psychological well-being. Other studies such as the one by Aranda (2008) have noted that religious behaviors such as church attendance have a positive outcome on psychological well-being. In addition, it was reported that church attendance had a significant negative association with the presence of depressive disorders among older Latino immigrants of Mexican and Central American origin. These studies not withstanding not many studies have discussed religiosity and adjustment for Latino samples. Those that have, however, focused on how religiosity factors have been used to increase benefit and well-being among those of Mexican caregivers (Koerner, Shirai & Pedroza, 2013).

**Latino Immigrants and Christian Denominations**

Based on these findings there appears to be little exploration of the relationship
between religiosity and adjustment in Latino populations from Central and South America. In addition, the Hispanic religion survey conducted by the Pew Hispanic Center (2006) indicated that large numbers of immigrants from these two regions have changed their denominational affiliations. In the survey, many Latinos from Central American countries (i.e. El Salvador, Guatemala, Honduras) and some from South America (i.e. Ecuador, Colombia) reported to be affiliated with a Pentecostal Evangelical denomination in the United States, rather than with Catholic churches. In addition, it appears that Latino immigrants of South and Central America, as compared to Mexican immigrants, tend to increase their religious participation the longer they remain in the US (Akresh, 2011). Differences between Mexican, Central and South American Latinos in the religious denominations which speak to difference in religious beliefs and values, and the increased participation in religious activities may suggest different outcomes in adjustment between Latinos from these regions in their new country. And, although research on Central and South American immigrants has increased over time, research specifically focused on religiosity and adjustment has progressed slowly.

One study conducted by Dunn & O’Brien (2009) examined stress, social support and religious coping among Latinos from El Salvador and Guatemala. Half of the participants were from Protestant denominations, and out of these, 24% were identified as being of Evangelical denominations. The study found that among evangelical Latinos, religious coping was not an indicator of psychological health. In their study Moreno & Cardemil (2013) examined religiosity and religious coping as a possible factor in the decision to seek mental health services. In their study participants, many from Central America (El Salvador, Honduras and Guatemala), were interviewed. Participants
expressed that when in adversity to overcome challenges they used coping methods that included religious and spiritual practices. Hence, the research findings vary on whether religiosity/spirituality factors may influence adjustment and well-being among Central and South American immigrants from other protestant denominations. Given these mixed findings on the relationships between religiosity and adjustment, the present study sought to determine the possible relationship between religiosity, religious coping, and psychological adjustment among Latino Evangelical Christian immigrants. The study focuses on Evangelical Christians because a large percentage of Latino immigrants living in the United States, who are not of Mexican ethnicity, identify themselves as such (Pew Research, 2013).

Most studies have focused on Mexicans due, most likely, to the large number of Mexican immigrants to this country (Herrera, Lee, Nanyonjo, Laufman & Torres-Vigil, 2009). Because the vast majority of Mexican immigrants follow the Catholic faith, their responses to the role of religious coping and of religion in adjusting to their new country may be influenced by their Catholic faith. Thus as mentioned, religiosity among Mexicans and other Latinos may influence the adjustment processes of these two groups differently. Therefore exploring religious coping, and religious denomination and ethnicity needs to be examined to further understand Latinos adjustment to the US.

Current research reports an increase in immigration to the US from El Salvador, Honduras, Guatemala, Peru, Ecuador and Colombia, who also identify as Evangelical Christian (Pew Hispanic Center, 2006). It is also the second largest Christian denomination for Latino immigrants (Moreno & Cardemil, 2013). Therefore this study will focus on immigrants from the Latin American countries of Ecuador, Colombia, Peru,
El Salvador, Honduras and Guatemala who are of the Evangelical Christian denomination and who have lived in the United States for less than 12 years.

Specifically the study will focus on the relationship between religiosity as measured by religious practices (i.e. church attendance, religious involvement, number of prayers), spirituality as measured by self-reported personal faith, belief in God and transcendence, adjustment, and adjustment factors measured through well-being variables of depression and life satisfaction. One hypothesis in this study is that religiosity/spirituality may be a positive predictor of higher level of positive adjustment to living in the United States. Secondly, it was hypothesized that religiosity and spirituality will significantly predict greater life satisfaction. Lastly, religiosity/spirituality were also assessed to investigate interactions of these factors with levels of depression. It was hypothesized that there will be a negative relationship between religiosity/spirituality and depression.
Chapter 2: Measuring the Variables

Method

Participants

Participants for the study were recruited from two Evangelical Christian churches in Northern New Jersey. These two churches were chosen to participate because they are located in counties with large Latino populations according to the US Census Bureau (Census Bureau, 2011). Only adult participants who were 18 years or older were eligible to participate.

Measures

Screening Questionnaire

The study used three screening questions to determine if participants were eligible for the study. These questions were created by the author to ensure that only those participants who fit the specific criteria were included. The screening questions asked the following:

1. If older than 18 years (eligible to participate if 18 or older)

2. Country of origin (participants had to be from one of six countries (Ecuador, Colombia, Peru, El Salvador, Honduras and Guatemala))

3. Number of years in the United States (a maximum of 12 years). Number of 12 years was used because Latino immigrants are still learning to adjust to their country in the first 10 years of residence, the study sought only these immigrants for whom the adjustment process was as complete as possible (Alegria, Mulvaney-Day, Torres, Polo, Cao & Canino, 2007).

The interview consisted of four scales and one demographic questionnaire: The scales were the Brief Multidimensional Measurement of Religion/Spirituality (BMMRS), The Center
for Epidemiologic Studies Depression Scale (CES-D), Satisfaction with Life Scale (SWLS), and the Short Acculturation Scale for Hispanics (SASH). Scales and questionnaires were verbally administered by researcher and answers were recorded by hand on interview forms designed for this study (See Appendix A).

**Demographic Questions**

Seven demographic questions were used to obtain demographic information on the participant pool. They included: gender, age upon arrival to the U.S., religious affiliation, number of years of education, language acquisition (whether and how much English was learned in their country of origin), and persons with whom they resided when arriving to the U.S., immediate family, distant relatives in the US, or no one. These specific questions were used to determine whether these factors could influence the adjustment levels of the participants. These demographic questions were similar to those used in the study by Sabina, Schally & Cuevas (2013) in which a Latino immigrant sample was used.

**Religiosity/ Spirituality**

The first scale used in the interview was The Brief Multidimensional Measurement of Religion/ Spirituality (BMMRS). The scale was primarily developed to examine the effects of religiosity and spirituality on health (Idler et al, 2003). This measurement scale has been commonly used to measure religiosity among various populations, including Latinos (Sabina, Schally & Cuevas, 2013). Studies have used the BMMRS scale to explore relationships between religiosity, spirituality, depression, anxiety, and wellness among women and men of varying ages (Gill, Barrio- Minton, & Myers, 2010; Konopack & McAuley, 2012). The scale contains 38 questions that are organized in eleven sub-scales which focus on aspects of religion and spirituality.
The sub-scales include:

- Daily Spiritual Experience
- Meaning (beliefs & values)
- Forgiveness
- Private Religious Practices
- Religious and Spiritual Coping
- Religious Support
- Religious/Spiritual History
- Commitment
- Organizational Religiousness
- Religious preference
- Overall self-ranking (Fetzer Institute, 1999).

The scale consist of statements, each of which is associated with a Likert response scale. Depending on the question the response scale varies from 4-5 points. For instance, statements that are used to measure spirituality in the scale include phrases such as, “I feel God’s presence” and “I am spiritually touched by the beauty of creation”. On such items respondent choose a score between 1-6, where one represents many times a day and six represents never, or almost never. For other questions respondents simply reported the number of times they engaged in specific behaviors. For example when asked “How often do you pray privately in places other than at church or synagogue?” or “How often are prayers or grace said before or after meals in your home?”, respondents indicated the number of times per week, month or year they perform these behaviors (Fetzer Institute, 1999).
For the purpose of the study only 10 of the 11 original BMMRS sub-scales were included. The eleventh scale, Religious Support, was not included because it was believed to be irrelevant for this study. Instead, several questions from the Brief Religious Coping Scale were adopted for use. The coping sub-scale of the BMMRS includes seven questions measuring coping. Three measured positive religious coping such as “I work together with God as partners” and “I look to God for strength, support, and guidance.” Three others measured negative coping, for instance “I wonder whether God has abandoned me” and “I try to make sense of the situation and decide what to do without relying on God.” A final question in the coping section measures overall religious coping “To what extent is your religion involved in understanding or dealing with stressful situations in any way.”

Several modifications were made for the coping section. Specifically, four items from the Brief RCOPE were added, two from the positive and two from the negative coping scales. This was done to obtain a more precise measure of specific forms of coping (positive and negative) rather than just coping itself. The additional questions for positive coping were: “I try to find the lesson from God in crises” and “I confess my sins and ask for God’s forgiveness.” Items that were added from negative religious coping were: “I question whether God really exists” and “I express anger to God for letting terrible things happen” (Fetzer Institute, 1999). The items within the BMMRS scale appear to have moderate internal consistency (Cronbach’s alpha $\geq .70$) (Harris, Sherritt, Holder, Kulig, Shrier, & Knight, 2008).
Satisfaction with Life

The second scale, The Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985), was used to measure overall satisfaction and well-being. The SWLS has been commonly used to review perceived well-being and satisfaction. In addition to well-being through the measure of perceived life satisfaction. Because the scale has also been translated into Spanish, the existing Spanish language version was used in this study to interview participants. The scale has been used with various populations that include children, youth, and adults (Bendayan, Blanca, Fernández-Baena, Escobar, & Victoria Trianes, 2013; Le, Lai, & Wallen, 2009). It has been used in several studies to examine interactions among satisfaction, psychological well being, and religiosity with individuals from various ethnicities including Latinos (Konopack & McAuley, 2012; Navarro et al., 2014).

The scale use five statements which include: “I am satisfied with my life”, “So far I have gotten the most important things I want in life”, and, “If I could live my life over, I would change almost nothing”, to measure contentment. From these, the participant chooses the phrase that best explains them, using a 7-point Likert Scale. Scale responses range from “strongly agree” which is represented by number seven to “strongly disagree” which is number one. The total possible scores for this scale range from five to 35, where the higher the score in the scale, the higher the level of life satisfaction. The SWLS was consistently shown to have high validity. Researchers Pavot & Diener (1993) revealed that coefficient alphas scores for this measure reported from several studies range from .79-.89. In studies with young Latino samples, the alpha coefficient is reportedly higher, averaging .83 (Navarro et al., 2014).
**Psychological Well-being**

The third scale that was used to measure psychological well-being was The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). This scale has been used to measure depressive symptomatology among individuals from various ethnicities and among different ages (Huang, Hsu & Chen, 2012).

The scale contains 20 items that ask about depressive symptoms experienced in past weeks. The scale responses are coded for the number of days depressive symptoms have been experienced. The total score can range from 0-60, where the higher the score the higher the evidences of depressive symptoms. Scores of 16 or above indicate major depression (Radloff, 1977). Furthermore, the scale has a Spanish version that has been validated across various ages for the Latino population (Crockett, Shen, Randall & Driscoll, 2005; Vasquez, Guarda & De Santis, 2011). Internal consistency has been reported to be high with Cronbach's alpha ranging from .85-.90 (Radloff, 1977), scores that were similar to those obtained from Latino youth samples (Gloria, Castellanos, Kanagui-Munoz, & Rico, 2012).

**Acculturation**

To measure the level of acculturation among participants the Short Acculturation Scale for Hispanics was used (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987). The scale was developed to measure the habitual and cultural factors of acculturation. This scale was preferred to other measures of acculturation because the other scales measure acculturation only through the acquisition of language; yet, this scale assesses both language and behavioral aspects of acculturation. Additionally, the Spanish version of the scale has been used among various Latino subgroups, not just...
Mexican immigrants (Wallen, Feldman, & Anliker, 2002).

Short Acculturation Scale for Hispanics (SASH) uses 12-items that measure language preference, media and social relations. Respondent’s preference for Spanish or English language and media are assessed, and social relationships with close friends and family are also explored. The scores on this scale range from 1-5. For example on the measure of language and media a one represents a preference for only Spanish language or media sources while a five represents only English. Additionally on the section of social relationships a one represents a preference to socializing only with Latinos while a five suggests a preference for non-Latinos. Average totals comprise the final score. A final score below 2.99 indicates low levels of acculturation, while scores larger than 2.99 indicate a higher level of acculturation. The psychometric aspects of the scale reveal a high construct validity ($r = .65$). Additionally, reliability for the SASH was high with an alpha of .92 (Marin et al., 1987). In other studies with a Latino sample, reliability was also high with an overall alpha of .90 (Norris, Ford, & Bova, 1996).

**Procedure**

Church leaders and pastors of churches in northern New Jersey were informed of the study. Those who agreed to participate were provided with a description of the study and with a consent form (See Appendix B). The church leaders wrote formal letters of support for the Institutional Review Board (IRB) indicating their full support of the study and willingness to assist the researcher in her efforts to recruit volunteers (See Appendix B).

Church leaders and pastors were then provided with an introduction script that was to be read in the announcement portion of the Sunday service to the congregation.
Pastors/Leaders of the church indicated that willing volunteers interested in participating were to contact the researcher who would conduct interviews on church grounds. All interviews were conducted in confidential, quiet, and non-utilized areas of the church to ensure privacy. Before and/or after service, volunteers interested in participating approached the researcher to arrange a time to be interviewed.

Prior to beginning the interviews, the researcher read the informed consent document in its entirety to ensure that all participants understood the document. Once the researcher ensured that all participants understood the consent and their rights, the researcher executed the signed written informed consent with the participant. The researcher then proceeded with the three screening questions, to determine if the participant was indeed eligible for the study. If participants were eligible and willing to continue, the researcher then continued with the interview.

Before the start of the interview, participants were reminded of the scales, and that they were able to omit any answer, or discontinue participation at any time. Once informed, the interview started with demographic questions which consisted of seven questions. After these were answered, the researcher proceeded gathering data as follows: The Brief Multidimensional Measurement of Religion/Spirituality (BMMRS), The Center for Epidemiologic Studies Depression Scale (CES-D), Satisfaction with Life Scale (SWLS), and the Short Acculturation Scale for Hispanics (SASH). Because there is no current Spanish version for the BMMRS, the scale was carefully translated for this study by having two native Spanish speakers translate the scale. Each translated the questions and these were back translated. The translated statements were then used. The total amount of time it took to complete the interview was approximately 45-60 minutes.
Participants who participated in the sample did so on a voluntary basis. No monetary, or any other form of compensation, was given for their involvement in this study.

**Scoring**

*Brief Multidimensional Measure of Religiosity/ Spirituality*

The total score for the BMMRS was obtained by reversing scores for each of the questions except for those on three sections: history, commitment and affiliation. The scores were reversed for several sections to ensure that the labels associated with the numbers were consistent. For example in the BMMRS a rating of one on a statement indicated high religiosity/spirituality and a four indicated no religiosity/spirituality. To make the scoring consistent with the concept of high values indicating positive outcome the scores for the highly spiritual statements were reversed to receive high points. Now high spirituality equaled 4 and no spirituality equaled 1. History was not reversed because scoring on this section was dichotomous (0 or 1). In addition Commitment, which elicited responses to the total number hours participated in church activities, as well as monetary contribution to church and reported religious affiliation did not require reverse scoring because they both elicited interval level data. The total BMMRS scores did not include scores on commitment or religious affiliation.

*Center for Epidemiologic Studies Depression Scale (CES-D)*

The total CES-D scores were obtained also after reversing scores. Questions on this scale were separated in two sections, negative and positive statements. The scale provided higher points for the depressive symptoms, therefore indicating levels of depressive symptomology. For negative statements responses to questions 1-3, 5-7, 9-11, 13-15, 17-29 were reversed using scores ranging from 0-3, where higher points were
given if depressive symptomology was present. Positive statements questions 4,8,12 and 16 were scored also to increase points for depressive symptoms. Hence answers that indicated positive or no depressive symptoms received zero points. Answers on positive statements received a zero if they occurred most of the time, while three points were given to answers that rarely occurred therefore increasing score of negative symptomology.

**Life Satisfaction and Acculturation**

Scoring for the Satisfaction with Life scale (SWLS) was obtained by adding all the scores for each of the five questions. The scale was used to measure life satisfaction that used five statements which include: “I am satisfied with my life”, “So far I have gotten the most important things I want in life”, and, “If I could live my life over, I would change almost nothing”, to measure contentment. Furthermore the Short Acculturation Scale for Hispanics (SASH) was used to measure acculturation. The scale measured respondent’s preference for Spanish or English language and media as well social relationships with close friends and family, for example questions such as “what language(s) do you usually speak with your friends?” or “Your close friends are?”. The total score for the Short Acculturation Scale for Hispanics (SASH) was found by adding all of the scores for the questions and then dividing by 12 (the total amount of questions).

**Statistical Analysis**

**Univariate Analysis**

Univariate analysis were conducted just to explore the independent relationship between each of the demographic and the well-being variables with adjustment. These analyses included frequency distributions, means and Pearson correlations. Additionally,
multivariate analyses including t-tests, analysis of variance (ANOVA) and Linear Regression were conducted to observe the intuitive relationship between religiosity/spirituality, satisfaction with life and depression on acculturation and adaptation.

Chapter 3: Religiosity/Spirituality and Adjustment Findings

Results

Participants

A convenience sample of 42 (25 females and 17 males) Latino Immigrant were recruited from two evangelical Christian churches in northern Jersey. Demographic data are depicted in Table 1.

The mean age of participants in the study was of 39 years. Females (M=39.96) were slightly older than males (M= 37.82). Only 7.2% of participants were younger than 21 years of age. Most participants were between the ages of 21-30 (31%), with over half that percentage reporting to be somewhat older, between ages 31-40 (19.2%). Approximately 45% of the population reported being 41 years of age or older (41-51, 21.6%; 51 or older 23.8%).

Participant’s numbers of years in the U.S. was calculated by subtracting the age of the participants when arriving in the U.S. from the date of the interview for the current study. Results showed that the average number of years living in the US for all participants was 9.05 years. More than half of the participants reported living in the US for more than ten years (54.8%). A smaller proportion have resided between 5-9 years (40.4%) in the U.S., and fewer that 5% of participants lived in US for less than five years (4.8%).
Additionally, ages of arrival to the US revealed that average age for those migrating was 30 years of age. A small number of participants reported arriving before 13 years of age (4.8%). In total, those who arrived before 21 years of age represented 35.6% of the sample. In addition, the vast majority of participants indicated that they lived with family members upon arrival (85.7%) while only a minority identified that they did not live with family (14.3%).

All participants in the sample were from Latin American countries, which was the population of interest. The majority of the sample participants were from Central America (57.1%), specifically from Honduras (26.2%) followed by El Salvador (23.8%), and Guatemala (7.1%). Of the 42.9% of participants from South America, the majority were from Colombia (21.4%), followed by Ecuador (16.7%), and few from Peru (4.8%).

Exactly half of the participants finished high school and enrolled in college courses (50%). Approximately 40.5% of participants reported having finished high school as their highest level of education, while an additional 9.5% reported ending their education in middle school.

The majority of the sample identified as Evangelical Christians (69%) the targeted population. A sizeable minority identified themselves as Roman Catholic (23.8%) while about 7% identified themselves as members of other Christian denomination.

**Scaled Scores**

Overall scores on the scales can be seen in Table 2. The average score on the BMMRS was 119.19 (SD=17.26). Overall, the sample revealed no indications of depression. The mean score for the entire sample was 12.35, below the cut off score of 16 which signifies no depression on the CES-D scale (M=12.35, SD= 6.01) (Radloff, 1977).
Participants reported high levels of perceived life satisfaction on the Satisfaction with Life scale (M=26.88, SD= 4.93). On this scale, the range for high level of satisfaction is from 25-29 points (Diener, Emmons, Larsen, & Griffin, 1985). Finally, the average score on the Short Acculturation Scale for Hispanics (SASH) was (M=2.04, SD=.69), which indicates that the sample as a whole reported being less acculturated. Again, on this scale an average score lower than 2.99 is indicative of low levels of acculturation (Marin et al.,1987).

Univariate Analysis- Bivariate Correlations

**CES-D (Depression)**

Several scores were found to be highly correlated with depression as measured by the CES-D scale. First, the Satisfaction with Life scale (SWLS) had a strong negative correlation with The Center for Epidemiologic Studies Depression Scale (CES-D) (r= - .475, N=40, p= .001) as seen in Table 3. The results suggest that for this sample of Central and South American immigrants, the higher the perceived life satisfaction the less likely they are to report depressive symptoms. In the study the reliability of the CES-D scale Cronbach alpha was moderate of .671. Reliability for the Satisfaction with Life Scale Cronbach’s Alpha was of .758.

Interestingly, life satisfaction was not correlated with level of acculturation in the Short Acculturation Scale for Hispanics scale (SASH) (r=.017, N=42, p= .457). This suggests that there was no significant relationship between perceived life satisfaction and level of acculturation. Continuing this exploration of depressive symptomatology there also appeared to be a positive relationship between acculturation and depression (r=.297, N=42, p=.031). These positive relationships imply that as Latino immigrants acculturate
to the US their levels of depressive symptomatology also increases. In the SASH acculturation scale reliability revealed to be high with Cronbach Alpha of .887.

**Religiosity/Spirituality**

With the exception of three questions, annual contribution to church, hours of participation at church activities and religious affiliation, all remaining items on the BMMRS scale were highly reliable, with a Cronbach’s Alpha = .866. Several relationships were found between the Religiosity/spirituality subscale of the BMMRS and other scales. For example, the intensity of religiosity/spirituality appeared to be significantly with, negative coping (r= .342, N=42, p= .013), positive coping (r= .506, N=42, p=.000), forgiveness (r= -.276, N= 42, p= .038), beliefs and values (r=.287, N=42, p= .033), and daily spiritual practices (r=.476, N=42, p= .001). The relationships among the different variables can be seen in Table 4. There were, however four subscales of the BMMRS for which there was no relationship. Specifically positive coping and organizational religiousness were not significantly correlated (r= .209, N=42, p=.092). Neither were organizational religiousness and intensity of religiosity/spirituality (r= .212, N=42, p=.089) or beliefs and values with positive coping (r= .231, N=42, p= .070). Not withstanding these items to the high intercorrelation of most of the subscales on the BMMRS, the total score of the BMMRS was used when conducting analysis with other scales.

As was predicted, results showed that when examining the relationship between the total BMMRS and depressive symptomatology (CES-D) there was a significant negative relationship (r= -.334, N=40, p=.018) between these scales. Results suggest that among Latino immigrants the higher or more religious/spiritual the individual, the lower
the reports of depressive symptoms. Moreover, there was a significant positive relationship between religiosity/spirituality and life satisfaction (r = .471, N=42, p=.001). Meaning that higher levels of religiosity/spirituality were associated with high levels of life satisfaction. By comparison, there was not a relationship between religiosity/spirituality (BMMRS) and acculturation (r = -.103, N= 42, p = .259).

**T-tests**

T-tests were done to investigate whether any significant differences were found between subgroups within the sample as a function of demographics. First, T-test compared the results of each of the scales by gender and region. Results showed no significant difference between males and females on any of the measured scales. Specifically, there was no difference between male (x=25.94) and females (x=27.52) in satisfaction with life t(40)=1.02, p=.314. Similarly no difference was found by gender on the religiosity/spirituality with males (x=114.71) and females (x=122.24), t(40)=1.40, p=.168. Nor was it found for depression by gender males (x=12.00), females (x=12.58), t(38)=.297, p=.768. Finally the acculturation scale did not indicate differences among gender, males (x= 2.16) and females (x=1.97), t(40)=.877, p=.386. Results appeared to be same for region of origin that is to say that Central and South American subjects showed no difference on the scales by country of origin. The independent sample t-test can be viewed for gender in Table 5 and region on Table 6.

Results indicated, however, that there was a significant difference on only the Satisfaction with Life Scale between the participants from the two churches. It appears that participants in one church, Church 1 (x=28.78, N=18), reported a higher perceived life satisfaction score as compared with those from the second Church 2 (x=25.46, N=24)
t (40)=2.27, \( p=.029 \). No significant difference by region was reported on any of the remaining scale. T-test results for the satisfaction with life scale and other scales can be seen in Table 7.

**Multivariate analysis**

To explore the interactions among the variables measuring satisfaction with life, depression well-being and demographics on acculturation two regression models were created. First to predict satisfaction with life, a linear, stepwise regression model was constructed to examine which of the independent variables, religiosity/spirituality, acculturation, years in US and gender best predicted satisfaction with life. For this model the depression scale was not included because levels of depression is known to decrease life satisfaction therefore affecting the variable negatively. The results revealed that only religiosity/spirituality significantly predicted life satisfaction \( R^2 = .222, R^2_{\text{adj}}=.202, F=(1,40)=11.406, p < .01 \). This model accounted for 22.2% of variance on life satisfaction. A summary on the regression model is shown in Table 8.

Similarly, a second linear, stepwise multiple regression was conducted to determine which independent variables satisfaction with life scale, acculturation, religiosity/spirituality, years in US, and gender were emerged as significant predictors of depression. Regression results indicated that two predictors, satisfaction with life and acculturation, were significant predictors of depression among Latino immigrants, \( R^2 = .320, R^2_{\text{adj}} = .283, F=(2,37), p<.001 \). Specifically satisfaction with life (R2= .226) accounted for 22.6% of the variance and acculturation (R2= .320) explained 32% of the variance in depression. A summary on the regression model is shown in Table 9.
Chapter 4: Latinos and Adjustment through use of Religiosity/Spirituality and Culture

Discussion

Summary of Findings

The purpose of the study was to examine the role of religiosity/spirituality and other measures of well-being on adjustment, defined here satisfaction with life, and on depression for Latino immigrants from Central and South America. One hypothesis of the study was that high levels of religiosity/spirituality may be positive predictors of better adjustment to the US. Second, it was hypothesized that higher levels of religiosity and spirituality would significantly predict high life satisfaction. Finally, it was predicted that high levels of religiosity/spirituality would predict low levels of depression.

In the study the first and second hypotheses were supported because, as shown in other studies, it seems that religiosity/spirituality may have a positive relationship with satisfaction with life (Kim et al., 2013; Konopack & McAuley, 2012). This study’s findings revealed that the greater the immigrant’s religiosity/spirituality, the higher the perceived satisfaction with life. It is important to note that the findings from the correlational analysis indicated that there were significant positive interactions between satisfaction with life, religiosity/spirituality, acculturation and depressive symptoms, as well as a significant negative correlation between depression and religiosity. Results showed a positive relationship between acculturation and depression, where higher levels of acculturation was significantly related to higher depression. This suggests that participants who are more acculturated to US may have higher levels of depression compared to those who are less acculturated. Additionally there appeared to be a difference among type of church where there was a trend towards significance in
satisfaction with life scale. This result may partly be attributed to the number of participants located in each church, one church contained more (N=24) than the other (N=18). A stronger rationale for this outcome ties in the social ties built in the churches. Participants who reported to be highly satisfied may have built close relationships with other church members who are from same country or region, therefore sharing similarities that may result in feeling support and satisfaction. These feelings in turn may be reflected in higher levels of life satisfaction.

Additionally, the regression model for depression indicated that acculturation levels and satisfaction with life were both significant predictors of depression. That model indicated that high acculturation predicted high depression, and low satisfaction with life predicted high levels of depression symptoms. The model did not find that religiosity/spirituality is a predictor of depression. Thus, the third hypothesis was not supported where religiosity/spirituality was not found to be a significant predictor of depression.

**Religiosity/Spirituality and Life Satisfaction**

In past studies it was noted that religiosity and spirituality may have a positive influence on life satisfaction among individuals of different ethnicities, although the relationship has not been extensively been explored among Latinos from Central and South America. The study by Kim and colleagues (2013) examined how different aspects of religiosity and spirituality were related to perceived satisfaction in adolescent Korean Americans. Kim et. al., revealed that the Brief Multidimensional Measure of Religiosity/Spirituality (BMMRS) and the Brief Multidimensional Students Life Satisfaction Scale (BMLSS) were positively correlated and were significant predictors of
life satisfaction. Similar to their study, the current study reported a significant relationship between religiosity/spirituality and life satisfaction. High levels of religiosity were significant predictors of high level of life satisfaction. Thus, this study supports findings that show that for select ethnic groups, religiosity and spirituality significantly influence life satisfaction.

Another study done by Ross, Handal, Clark & Wal (2009) demonstrated that as the association between religiosity and life satisfaction increased, maladjustment (defined as psychiatric symptoms) decreased among a sample of Caucasian Catholic college students. Ross et al.'s findings largely support those obtained in the current study, even though the majority of participants in their study were Caucasian (83.6%). It appears that the use of religion and spirituality may positively decrease maladjustment among Latino immigrants, as well as other ethnicities living in the US. These findings, in addition to others such as studies that examine outcomes of Latina breast cancer survivors living in the US show that the use of religiosity and spirituality predicts high life satisfaction and health related quality of life (Wildes, Miller, de Majors, & Ramirez, 2009). These studies are an example of research that suggests that religiosity/spirituality may be a significant predictor of life satisfaction and less psychiatric symptoms for many ethnic groups. Such groups may be using religious and spiritual practices to overcome challenges that are faced in their new environment.

In the literature it has been noted that the Latino culture, religion and spirituality are central values that are used frequently, especially among those of Central America (Offutt, 2010). There have been reports that many immigrants from these regions migrate due to issues they face in their politically unstable countries (Sládková, 2014). Although
the current study did not ask participants the reason for migration, it is possible that the instability and uncertainty faced by these immigrants is ameliorated, in part, by a strong adherence to their religious/spiritual beliefs and practices. Moreover, Latinos may be using religious/spiritual practices that were learned in their home country and practicing them in their new locations as a coping method when adjusting to the US. According to Akresh (2011) immigrants from South and Central America who live in the US increase their religious participation as their number of years in US increase (an increase of 2-5% church attendance for each additional year in the US). One reason why this may occur is that with an increase number of years, Latino immigrants may build social relationships with other church members, therefore retaining social, ethnic relationships and practice’s. In this way maintaining their religious participation may also increase their social network and support. Latino immigrants from these regions may find comfort and satisfaction as they attend a church that reminds them of their country where they practice same beliefs and share common values with other Latinos building their social networks.

Additional research suggests that ideologies associated with evangelical beliefs may influence religious behaviors in this denomination. These beliefs may also impact Latino’s adjustment to and satisfaction with their new country. As described by Hallum (2003), women from Latin America are present in larger numbers in Pentecostal evangelical churches. Similar to other Christian denominations, they find peace and comfort in their religious experiences. Hallum (2003) notes that, “Evangelicalism condemns aggression, violence, pride and self-indulgence while providing positive reinforcement for peace-seeking, humility and self-restraint” (p.181-182). Consequently, Latin American women may perceive peace and a strong sense of hope when they attend
church and practice their religious and spiritual beliefs. Positive significant relationships also have been identified in other studies where religiosity/spirituality have been found to influence hope, and both significantly predict life satisfaction (Marques, Lopez, & Mitchell, 2013). Therefore, participants who have strong religious beliefs and practices may have high levels of satisfaction due, in part, to their peaceful and humble message associated with some evangelical denominations.

Holding to traditional beliefs of religion and spirituality may promote higher life satisfaction among Latinos because it provides opportunities to obtain tangible support and help. In an exploratory study by researchers Moreno & Cardemil (2013), several Latino individuals were interviewed to examine relationships between religiosity and help seeking. In their research it was noted that Latinos tend to turn to religious and spiritual values as well as personal relationships before seeking other forms of help. In the study, religion and social networks were cited as the most commonly used social support networks among Latinos, and both were considered to be types of coping strategies for overcoming adversity. Thus, in the current study it is possible that Latino immigrants of South and Central America who live in the US may use their religious and spiritual practices the same way they all commonly used in their home country as means for obtaining tangible support and help. Obtaining such help may increase level of satisfaction.

**Depression and Religiosity/Spirituality**

In the field of mental health, the exploration between religiosity/spirituality and psychological well-being has been examined thoroughly. It has been found that there are negative interactions between the use of religiosity/spirituality and psychological distress,
where levels of depression are negatively associated with levels of religiosity/spirituality. In a meta analytic review by Yonker, Schnabelrauch, & DeHaan, (2012), these authors found that in 75 independent studies that measured religiosity/spirituality and psychological outcomes, 24 studies indicated that there was a relationship between greater religiosity/spirituality and less depression. It is important to note that the analyses included studies in which the majority of participants were Caucasian (78%), with comparatively few self-identified Latinos (4%). In their study, Yonkers et. al., concluded that among Caucasians, the use of religiosity and spirituality may help decrease psychological distress. Of the few exploratory studies that focused on the relationship between religiosity/spirituality and depression among Mexicans they revealed similar results. For example in a study by Koerner, Shirai & Pedroza (2013), Mexican caregivers who used spiritual and religious practices expressed feelings of strength, peace and balance as they practiced their religion daily. The use of religious practices helped this group of Mexican subjects cope and not be at risk for psychological distress.

Interestingly, although other studies with Mexican and Caucasian samples have indicated significant influences between religiosity/spirituality and depressive symptoms, the current study did not replicate those findings. The results did show a significant negative correlation between religiosity and depression (r=-.334, N=40, p<.05) in the univariate analyses, religion and spirituality were not found to be a significant predictor of depression. This indicates that there was an interaction between religiosity and depression, yet the relationship was not strong enough to be a predictor in a regression model.
Though very few studies have focused on relationship of religiosity and depression among Latinos from Central and South America, one study has reflected similar findings. The study by Dunn & O’Bryen (2009) examined the relationship of stress, social support and religious coping among Latino immigrants from Central America. Similarly to the current study, researchers in this study were unable to find a significant relationship between religious coping and psychological health. In their study they indicated that possible reasons as to why these findings were different is that their sample may have experienced very little stress and was, for all intent and purposes, psychologically healthy. Similarly, participants in this study who were mainly from Central America did not indicate high levels of depression. It may be that participants, in the current study may not have high stressors or high indications of depressive symptomology; however, another possible explanation may be that their symptoms of depression are expressed differently.

It may be that among the sample used, depressive symptoms are demonstrated in another way. Research suggest that the Latino population tend to report depressive symptoms differently from the Anglo- population (Lackey, 2008; De Snyder, Diaz-Perez, & Ojeda, 2000). There are various symptoms that differ from the main culture; however, two that have been investigated thoroughly are somatization and “nervios.” Another symptom, eating disorders, is fast becoming a third symptom, (Salgado de Snyder et al., 2000). Somatization refers to the physical representation of psychological symptoms. There has been strong evidence that among Latinos, somatization is very common. The most commonly reported somatic symptoms of depression are pains such as headaches, stomach pains, and exhaustion (Lackey, 2008). Therefore a possible reason as to why the
religiosity and spirituality scale in this study did not significantly influence levels of depression is that the CES-D scale used in this study measured other indicators of depression that were not the most common symptoms for a Central or South American population. The scale measures cognitive thoughts and actions (crying, loss of interest, guilt etc.) about depression but not necessarily physical depressive symptoms. And, although the measure has been used among other Latino samples, it only has few questions that may indicate somatization, such as sleep, tired and movement.

Although not explored in this study, other studies, of Latinos who are highly acculturated to US culture show that such groups tend to have higher levels of depression (Torres, 2010; Sabina, Cuevas & Schally, 2013). Research on acculturation among Latinos indicate that this population experiences higher levels of acculturation stress as they integrate themselves into the American culture, which may put them at risk of developing psychiatric disorders (Alegria, 2008). Among those from Central America, the loss of cultural factors has been related to higher levels of depression. Those who experience high levels of acculturative stress such as experiencing familial disruption, having little social support, having low levels of education and income, and reporting low levels of religiosity were significantly more likely to report high levels depression (Hovey, 2000). Acculturative stress factors may negatively affect psychological health among Latinos because it may challenge traditional values and beliefs.

A sense of loss of identity and support may be experienced by Latinos who acculturate to US society. For instance, Latinos place a high value on family and friends. They rely on these supportive individuals to help with children as well as to provide social support (Benjet, Borges, Medina-Mora, Zambrano, Cruz & Méndez, 2009). When
struggling financially, physically or psychologically they first consult with their supportive system for help (Almeida, Molnar, Kawachi & Subramanian, 2009). Familism is one major factor that can be disrupted when adjusting to the US because Latino families living in the United States may not have as large a support system as compared to that in their country of origin. The culture is a collectivist society, where family, friends and close networks are influential in the life of Latinos. Therefore, loosing this network can influence the emotional health of those living in the new country. Among immigrants who have acculturated, their social network and cultural values may have undergone significant changes, thereby resulting in increased levels of depression.

Earlier this study suggested that high reported levels of religiosity/spirituality may be associated with cultural values. Hence we suggest that these same cultural values may serve as a protective factor against depression for Latino immigrants living in the US. Martinez and colleagues (2011) discussed that in their study Latino immigrant families who were found to have maintained their cultural practices and values had less emotional distress. In their study they examined time of residency and acculturation, social support, family stress, parent and youth adjustment (depression, substance abuse and academic achievement). Among those who had newly arrived, emotional stress was highest; however, this level was reduced with time of residence. Interestingly, distress was lowest among immigrant families who reported maintaining their cultural values. Latinos who hold to traditional values may use these as protective factors as they reside in the US (Sabina, Cuevas & Schally, 2013). Sabina et. al’s. findings may compare favorably to those of this study where most Latinos from this sample who were less acculturated experienced less depressive symptoms, depression measured without somatic symptoms.
This particular sample reported being less acculturated, where the measures for acculturation revealed that most in the sample preferred to speak Spanish, have relationships with others of the same ethnicity, and view media in Spanish. Thus Latino immigrants from this sample who maintain cultural values may express lower levels of depressive symptoms (not including somatic depressive symptoms).

Limitations of the Study

In the study there were several limitations that should be considered. First, the study had a small number of participants (N=42). In addition this Latino sample is based on individuals from different countries, where religious practices may vary by countries or regions. As shown in the study, a large number of participants were from Central America (N=24), which may be due to the area where data was collected. The churches where located in areas were many Latinos from Central American reside. Future studies should focus on viewing how Evangelical Latinos from South America may reveal their use of religiosity when acculturating. Studying the Latino population from different regions may reveal how, within subgroups, religious and spiritual factors are used and may vary.

Second, the study did not include social factors, or control for these which may have had an influence on acculturation and satisfaction. The study was conducted with a sample of participants that attended a Spanish speaking church: they may have preferred maintaining cultural factors and social relationships. Social interactions among Latinos is extremely important, so controlling for this factor could determine if attending an ethnic church may have influenced perceived satisfaction with life and levels of depression.
Third, the measurement of depression probably missed several depressive symptoms more common to this population. The scale used in the study to measure depression was CES-D which is a commonly used scale to measure depression. Even though it has also been used among Latino samples, the scale measures various aspects of depression which are common among non-Latino samples, such as sleeplessness, tiredness, sadness, concentration, loss of interest, guilt etc. Rather in the Latino population somatic symptoms may be most commonly displayed when experiencing depression. Studies that would like to further explore possible relationship of depression and religiosity/spirituality should use scales that include somatic symptomatology to better understand depression among Latinos. It is important also to state that the CES-D scale in this study had a lower than optimal Cronbachs alpha which indicates that reliability was probably compromised.

One final limitation is that participants use of religiosity and spirituality before migrating was not explored. The study viewed use of religiosity/spirituality in the US, but it did not examined if these were commonly used in the immigrants country of origin, or if these were learned to overcome adversities in the new environment. It is important to explore how use of religiosity/spirituality increased or decreased upon arrival to the US, to get a better measure of how these practices may be used among Latino immigrants. By investigating this, it may shed light whether these factors are used as coping factors both at country of origin and in the US.

Despite these and other limitations, this study contributed to the understanding of how Latino immigrants from Central and South America use religiosity and spirituality as a coping factor to adjust to their new environment. Few studies have used such a sample
of Central and South American immigrants to investigate the relationship between religiosity/spirituality and adjustment. In this study participants indicated that high religiosity and spirituality significantly influenced life satisfaction but did not influence psychological distress. Findings in this study may help explain the importance of religiosity and spirituality among Latinos who adjust in the US.

Future studies should also explore the specific factors of religiosity and interactions on psychological well being among Latinos who are part of American and Spanish churches. Overall, by exploring the factors that may be common among this population both mental health providers and researchers can obtain a better understanding of this community to develop effective care plans and assistance for this population.
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Appendix A:

Screening Question, Demographic Questionnaire and Scales
1. Script of Introduction and Screening Questions

Introduction Script:

Good morning/afternoon! My name is Diana and I am a graduate student at Montclair State University completing my graduate studies. I am doing a study and I am doing an interview to view religion and religious coping on a person's health. The population I am seeking to study is of specific Latin American countries who are over the age of 18 and who have been here less than 12 years. Would like to be part of the study? Thanks

Screening Question

1) Were you born in any of the following countries?

Ecuador, Colombia, Peru, Honduras, Salvador or Guatemala.

2) Are you 18 years of age or older? Yes No

**If NO GO TO BOTTOM OF PAGE*

3) Have you been living in the USA for less than 12 years? Yes No

** I really appreciate your help. I need only people 18 years of age or older, who were born in these countries and lived here for less than 12 years for this study. I apologize for the inconvenience but thank you for being willing to talk with me.

Script of Introduction and Screening Questions (Spanish)

Escritura de introducción:

Buenos días/tardes! Mi nombre es Diana y soy una estudiante de posgrado en la Universidad Estatal de Montclair, estoy completando mis estudios de postgrado. Estoy haciendo un estudio y se trata de una entrevista para investigar religión y estrategias religiosas en la salud de una persona. La población que se necesita en el estudio deben ser de determinados países de América Latina que sean mayor de 18 años y que han estado aquí menos de 12 años. Le gustaría ser parte del estudio? Gracias

Preguntas de elección

1) Nació en cualquiera de los siguientes países?

Ecuador, Colombia, Perú, Honduras, El Salvador o Guatemala.
II. Demographic Questions

First a few questions about your Adjustment.

1. What is your Religious Affiliation?

2. Highest level of education?
   - Elementary school/ middle school
   - High school
   - College
   - Graduate School

3. How old were you upon arrival to the United States? _____

4. Did you learn English in your country of origin?
   - Yes
   - No

   If Yes** How much would you rate you learned?
   - Very little
   - Somewhat
   - Very much

5. When did they learn English?
   - US
   - Country of Origin

6. Gender (observe, do not ask):
   - Male
   - Female

7. Living in the USA on with instant family or distant relatives?

Demographic Questions (Spanish)
Primero unas preguntas sobre su adaptación.

1 ¿Cuál es su Afiliación Religiosa?

2. Nivel de educación?
   Escuela primaria / media escuela High school
   Abogado de escuela

3. ¿Cuántos años tenía a su llegada a los Estados Unidos?

4. ¿Aprendiste a Inglés en tu país de origen?
   Sí   No
   Si sí ** ¿cuánto le tasa has aprendido?
   Muy poco algo mucho

5. ¿Cuándo aprendieron inglés?
   Estados Unidos país de origen

6. El género (observar, no preguntar):
   Masculino femenino

7. ¿ Viviendo en los Estados Unidos familia instantánea o parientes lejanos?

III. Brief Multidimensional Measure of Religiosity/Spirituality (BMMRS)

Daily Spiritual Experiences
The following questions deal with possible spiritual experiences. To what extent can you say you experience the following:

1. I feel God's presence.
   1 - Many times a day
   2 - Every day
   3 - Most days
   4 - Some days
   5 - Once in a while
   6 - Never or almost never

2. I find strength and comfort in my religion.
   1 - Many times a day
   2 - Every day
   3 - Most days
   4 - Some days
5 - Once in a while
6 - Never or almost never

3. I feel deep inner peace or harmony.
   1 - Many times a day
   2 - Every day
   3 - Most days
   4 - Some days
   5 - Once in a while
   6 - Never or almost never

4. I desire to be closer to or in union with God.
   1 - Many times a day
   2 - Every day
   3 - Most days
   4 - Some days
   5 - Once in a while
   6 - Never or almost never

5. I feel God's love for me, directly or through others.
   1 - Many times a day
   2 - Every day
   3 - Most days
   4 - Some days
   5 - Once in a while
   6 - Never or almost never

6. I am spiritually touched by the beauty of creation.
   1 - Many times a day
   2 - Every day
   3 - Most days
   4 - Some days
   5 - Once in a while
   6 - Never or almost never

Meaning

Values/Beliefs
7. I believe in a God who watches over me.
   1 - Strongly agree
   2 - Agree
   3 - Disagree
   4 - Strongly disagree

8. I feel a deep sense of responsibility for reducing pain and suffering in the work
   1 - Strongly agree
   2 - Agree
   3 - Disagree
   4 - Strongly disagree

Forgiveness
Because of my religious or spiritual beliefs:
9. I have forgiven myself for things that I have done wrong.
   1 - Always or almost always
   2 - Often
   3 - Seldom
   4 - Never
10. I have forgiven those who hurt me.
   1 - Always or almost always
   2 - Often
   3 - Seldom
   4 - Never
11. I know that God forgives me.
   1 - Always or almost always
   2 - Often
   3 - Seldom
   4 - Never

Private Religious Practices

12. How often do you pray privately in places other than at church or synagogue?
   1 - More than once a day
   2 - Once a day
   3 - A few times a week
   4 - Once a week
   5 - A few times a month
   6 - Once a month
   7 - Less than once a month
   8 - Never
13. Within your religious or spiritual tradition, how often do you meditate?
   1 - More than once a day
   2 - Once a day
   3 - A few times a week
   4 - Once a week
   5 - A few times a month
   6 - Once a month
   7 - Less than once a month
   8 - Never
14. How often do you watch or listen to religious programs on TV or radio?
   1 - More than once a day
   2 - Once a day
   3 - A few times a week
   4 - Once a week
   5 - A few times a month
   6 - Once a month
   7 - Less than once a month
   8 - Never
15. How often do you read the Bible or other religious literature?
1 - More than once a day
2 - Once a day
3 - A few times a week
4 - Once a week
5 - A few times a month
6 - Once a month
7 - Less than once a month
8 - Never

16. How often are prayers or grace said before or after meals in your home?
   1 - At all meals
   2 - Once a day
   3 - At least once a week
   4 - Only on special occasions
   5 - Never

**Religious and Spiritual 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/Spiritual Coping Subscale**

17. I think about how my life is part of a larger spiritual force (Search for Spiritual Connection).
   1 - A great deal
   2 - Quite a bit
   3 - Somewhat
   4 - Not at all

18. I work together with God as partners to get through hard times (Collaborative Religious Coping).
   1 - A great deal
   2 - Quite a bit
   3 - Somewhat
   4 - Not at all

19. I look to God for strength, support, and guidance in crises (Seeking Spiritual Support).
   1 - A great deal
   2 - Quite a bit
   3 - Somewhat
   4 - Not at all

20. I try to find the lesson from God in crises (Benevolent Religious Appraisal).
   1 - A great deal
21. I confess my sins and ask for God's forgiveness (Ritual Purification).
   1 - A great deal
   2 - Quite a bit
   3 - Somewhat
   4 - Not at all

**Negative Religious/Spiritual Coping Subscale**

22. I feel that stressful situations are God's way of punishing me for my sins or lack of spirituality (Punishing God Reappraisal).
   1 - A great deal
   2 - Quite a bit
   3 - Somewhat
   4 - Not at all

23. I wonder whether God has abandoned me (Spiritual Discontent).
   1 - A great deal
   2 - Quite a bit
   3 - Somewhat
   4 - Not at all

24. I try to make sense of the situation and decide what to do without relying on God (Self-Directed Religious Coping).
   1 - A great deal
   2 - Quite a bit
   3 - Somewhat
   4 - Not at all

25. I question whether God really exists (Religious Doubts).
   1 - A great deal
   2 - Quite a bit
   3 - Somewhat
   4 - Not at all

26. I express anger at God for letting terrible things happen (Anger at God).
   1 - A great deal
2. Quite a bit
3. Somewhat
4. Not at all

**Overall Religious/Spiritual Coping Item**

27. To what extent is your religion involved in understanding or dealing with stressful situations in any way?
   1. Very involved
   2. Somewhat involved
   3. Not very involved
   4. Not involved at all

**Religious/Spiritual History**

28. Did you ever have a religious or spiritual experience that changed your life?
   No
   Yes
   IF YES: How old were you when this experience occurred?

29. Have you ever had a significant gain in your faith?
   No
   Yes
   IF YES: How old were you when this occurred?

30. Have you ever had a significant loss in your faith?
   No
   Yes
   IF YES: How old were you when this occurred?

31. I try hard to carry my religious beliefs over into all my other dealings in life.
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree

32. During the last year about how much was the average monthly contribution of your household to your congregation or to religious causes?
   $_____ OR $_____
   Contribution per year

33. In an average week, how many hours do you spend in activities on behalf of your church or activities that you do for religious or spiritual reasons? __________

**Organizational Religiousness**

34. How often do you go to religious services?
   1. More than once a week
   2. Every week or more often
3 - Once or twice a month
4 - Every month or so
5 - Once or twice a year
6 - Never

35. Besides religious services, how often do you take part in other activities at a place of worship?
   1 - More than once a week
   2 - Every week or more often
   3 - Once or twice a month
   4 - Every month or so
   5 - Once or twice a year
   6 - Never

Religious Preference

36. What is your current religious preference?________
   IF PROTESTANT ASK: Which specific denomination is that?________
   **(List of religious preference categories attached for advisory purposes. See Religious Preference section.)

Overall Self-Ranking

37. To what extent do you consider yourself a religious person?
   1 - Very religious
   2 - Moderately religious
   3 - Slightly religious
   4 - Not religious at all

38. To what extent do you consider yourself a spiritual person?
   1 - Very spiritual
   2 - Moderately spiritual
   3 - Slightly spiritual
   4 - Not spiritual at all

Brief Multidimensional Measure of Religiosity/Spirituality (BMMRS) in Spanish

Informe experiencias diarias Espirituales Las siguientes preguntas tratan de posibles experiencias espirituales. De qué medida se puede decir que usted experimenta lo siguiente:

1. Siento la presencia de Dios.
   1 - Muchas veces al día
   2 - Cada día
   3 - La mayoría de los días
   4 - Algunos días
   5 - De vez en cuando
   6 - Nunca o casi nunca

2. Yo encuentro fuerza y consuelo en mi religión.
   1 - Muchas veces al día
   2 - Cada día
3. Siento paz y la armonía profunda interiormente.
   1. Muchas veces al día
   2. Cada día
   3. La mayoría de los días
   4. Algunos días
   5. De vez en cuando
   6. Nunca o casi nunca

4. Deseo estar cerca o en unión con Dios.
   1. Muchas veces al día
   2. Cada día
   3. La mayoría de los días
   4. Algunos días
   5. De vez en cuando
   6. Nunca o casi nunca

5. Siento el amor de Dios en mí, directamente o a través de otras personas.
   1. Muchas veces al día
   2. Cada día
   3. La mayoría de los días
   4. Algunos días
   5. De vez en cuando
   6. Nunca o casi nunca

6. Estoy espiritualmente conmovido por la belleza de la creación.
   1. Muchas veces al día
   2. Cada día
   3. La mayoría de los días
   4. Algunos días
   5. De vez en cuando
   6. Nunca o casi nunca

Valores / Creencias

7.1 Creen en un Dios que cuida de mí.
   1. Muy de acuerdo
   2. De acuerdo
   3. En desacuerdo
   4. Muy en desacuerdo

8. Siento un profundo sentido de responsabilidad para reducir el dolor y el sufrimiento en el trabajo
   1. Totalmente de acuerdo