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A Psychological Examination of the Interface between Religion, Stress and Depression

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Abstract

Current research indicates paucity in studying the intersection between specific facets of religion and psychological functioning. The study addresses the interface between religion and mental health, particularly depression, which is a complex and multifaceted issue. The foundation of the current research was the Dollahite and Marks (2009) model which identified religion as a meta-variable based on three identified dimensions: beliefs, practices, and faith community. The purpose of the current study is to explore the complex relationships between religion, stress, and depression. The hypotheses predict (1) an inverse relationship between religion and depression, (2) a direct relationship between stress and depression, and (3) a buffering effect of religion on the relationship between stress and depression. The participants provided survey data comprised of 212 psychology students in a convenience sample. Descriptive statistics and multiple regression analyses were used to analyze the data. The current research showed significant findings in (1) the negative relationship between spiritual beliefs and depression, (2) the positive relationship between stress and depression, (3) the buffering impact of religious practices and faith community involvement as these variables interact with stress in relation to depression.

Keywords: Religion, Psychology, Depression, Stress.

Introduction

University students experience unique stress as they adapt to a new environment and new challenges and demands (Swanholm, Vosvick, & Chng, 2009). Students often deal with stressors such as making decisions on living arrangements, earning an income, building new

relations, and making decisions about sexual behavior (Swanholm et al., 2009). Vazquez and Blanco (2008) found that depression was common among university students and indicated the need to develop resources for university students as preventive measures and as a guide on how to adapt to the university (Salmela-Aro, Aunola, & Nurmi, 2008). In addition to adaptation to change, other forms of stress also appear to impact the relationship between religion and depression.

1. Stress and Coping

Most scientists agree that stress is central in induction of Major Depressive Disorder (Anisman, 2009). The central aspects of a stressor (primary appraisal) and assessment of resources and problems in responding to that stressor (secondary appraisal) shape how a person copes with stress (Newton & McIntosh, 2009). Causal antecedents are distinct dispositional, situational, and contextual constructs that precede the stressor in the process interactional model (Newton & McIntosh, 2009). Religion, as an antecedent, can be considered as either general religiousness, which includes intrinsic beliefs, or as distinct religious beliefs, which may encompass a specific ideology (Newton & McIntosh, 2009). Independent life events refer to situations that occur beyond an individual's ability to control; dependent life events indicate incidents triggered by an individual (Liu & Alloy, 2010). The contrast in these two types of life events introduce potential levels of the construct of stress that may differ in the manner which they trigger the relationship between religion and depression. The bulk of studies indicate that genetically predisposed individuals are particularly vulnerable to the harmful effects of stressors (Monroe & Reid, 2009); coping, therefore, is a necessary device that deserves clarification to determine best practices in allowing an individual to return to his or her highest level of functioning. Coping is considered a dynamic process consisting of numerous cognitive and behavioral efforts to control stressful situations (Newton & McIntosh, 2009). Diathesis-stress models of depression indicate that reduced self-esteem and stressors compositely impact depression symptomology. The self-esteem buffering hypothesis implies that when facing stressful situations, individuals with depleted self-esteem are more vulnerable to depression due to deficiencies in coping resources (Orth, Robins, & Meier, 2009). Orth et al. (2009) found that low self-esteem and stressors independently predict depression but found no interaction effects between the two variables. Liu and Alloy (2010) reported findings in the last 20 years that clarify the reciprocal association between stress and depression and found that susceptibility to depression increases vulnerability to stress, a concept commonly referred to as stress generation.

In recent years, research has given attention to religiousness and its impact on individuals battling with physical and psychological stressors (Kneipp et al., 2009). Distress at times can be significant enough to result in psychopathology, such as major depression, and often seems to be ignited by combinations of qualities of the stressor, and individual, familial or cultural factors (Wadsworth, 2010). An example of the significant influences of these factors can be seen in attachment theory. Attachment theorists often view God as an attachment figure and believe that as children seek their parents' care and protection during difficult times, people can view God as a provider of safety, care, and protection in times of stress (Hill &

Pargament, 2008). Researchers find that people who report close relationships with God experience less depression and other mental health problems (Hill & Pargament, 2008).

One of the founders of attachment theory who contributed substantially to field of psychology is John Bowlby. Bowlby's attachment theory serves as a structure for understanding the advantages of Christians' connections with God as a protective factor that prepares the individual for stressful times; the attachment bond that a Christian shares with God involves God's psychological provisions of protection and comfort during episodes in which the individual endures a threat and a secure psycho-spiritual foundation in life (Proctor, Miner, McLean, Devenish, & Bonab, 2009). Religiousness is commonly linked with seeking meaning from stressors and challenges (Park, 2006).

In addition to providing meaning in difficult times, religion may also serve as a shield. Strawbridge, Shema, Cohen, Roberts, and Kaplan (1998) found that as levels of organizational religiosity increased, depression decreased. Both types of religiosity buffered relationships between non-family stressors and depression (Strawbridge et al., 1998). Religiosity may shield the impact of financial and health difficulties, but intensifies symptoms of depression in those individuals who experienced family crisis (Strawbridge et al., 1998). Because religious individuals commonly esteem family solidity, when an individual has familial difficulties, religion may intensify the stress experience. In a similar study Copeland-Linder (2006) sampled 172 Black women in South Africa and explored the association between stress, religiosity, and depression, and physical health and found that participation in formal religion buffers the impact of cumulative stressors, work stress, and racism on physical health; the findings highlighted the significance of religious practices on mental and physical health. Such factors may impact an individual's ability to maintain well-being during distressful times.

Emerging psychological explorations claim that religion and coping can congregate to enhance resilience, healing, and daily functioning through the course of stressful incidents (Van Dyke et al., 2009). Obst and Tham (2009) revealed that an individual's religiosity shows positive correlations with psychological well-being and shows negative correlations with depression and anxiety. Moreover, studies show that religious coping allows the individual to cognitively shift stressful events into a more constructive image (Van Dyke, et al., 2009). These current trends reflect a rise in the professional interest of religion's role in social science, as until recently researchers seemed to deter from study in this area. An essential concept found in general is that stress appears to impact the relationship between religion and depression.

2. The Dollahite and Marks (2009) Conceptual Model

The Dollahite and Marks (2009) model deserves the following amount of attention because in several ways it serves as a landmark model in the study of religion and psychology, and it is the model upon which the present study is designed. Many other studies support features of the Dollahite and Marks (2009) model because many use single-item measurements that reflect particular aspects of the model, but the Dollahite and Marks' three-dimensional model consists of the following three multi-faceted dimensions:

> *Beliefs* (personal, internal beliefs, framing, meanings, and perspectives; often including a sense of relationship with God); (b) *Practices* (outward, observable expressions of faith such as prayer, scripture study, rituals, traditions, or less overly sacred practice or abstinence that is religiously grounded) and (c) *Faith Community* (support, involvement, and relationships grounded in one's congregation or religious group) (Laird, Marrero, & Marks, 2009, p. 5).

These three dimensions merit study as individual variables, and ideally, they should be examined collectively in order to form a more comprehensive understanding of how religion interfaces with personal and family life.

2.1 Dimension One: Spiritual Beliefs

An individual's spiritual beliefs include religious concepts, principles, purpose, convictions, and attributions (Burr et al., 2011). The Dollahite and Marks (2009) conceptual model defines this concept as "*Beliefs* (personal, internal beliefs, framing, meanings, and perspectives; often including a sense of relationship with God)" (Laird et al., 2009, p. 5). Green and Elliot (2010) used multiple measures of religiosity including affiliation, prayer, church attendance, beliefs, and religious identity and controls for social support outside of religious settings; they found that considering demographics, employment, and family, religious affiliation shows no significant relationship with health or happiness, but the degree to which a person identified as religious appears to substantially impact health and happiness. Pargament (1997) also emphasized concepts from the theory of symbolic interactionism, because he discussed the idea of "re-valuation" by way of guiding confused individuals to find significance and the capacity to sustain. Similarly, Frankl's (2006) logotherapy techniques emphasize seeking the meaning of one's own life. Although many Americans may freely refer to themselves as believers, the essence of one's belief system is that it is based upon ongoing, dynamic processes rather than a static choice; it is a daily decision.

2.1.2 Spiritual Beliefs and Psychological Coping

In several medical and social science studies, when questioned on how they manage problems with physical health and additional major life stressors, patients recurrently indicated the importance of religious beliefs (Koenig et al., 2001). However, Pargament (1997) has emphasized that it is not belief alone that facilitates beneficial religious coping; what is most vital is that an individual's personal orientation system helps him or her to frame and respond to challenges in a constructive way.

According to Pargament (1997), there are several different types of individual coping systems that effect how he or she appraises and copes with situation. These include: (a) *self-directing*, (b) *deferring*, or (c) *collaborative* styles (Pargament, 1997). Coping can take place when the individual believes that God is responsible for problem solving (deferring religious coping), when the individual believes that God empowers us with the capacity of problem solving (self-directing religious coping), when the person indirectly tries to gain control by praying for God's help in problem solving (pleading religious coping), and when the individual works along with God in problem solving (collaborative religious coping) (Merrill, Read, & LeCheminant, 2009). However, there are negative forms of religious coping that can be

destructive and debilitating, such as viewing challenges as divine curses or punishments. Pargament (1997) classified these types of religious coping as "red flags." In addition to spiritual beliefs, the construct of religious practices serves as another key dimension of religion.

2.1 Dimension Two: Religious Practices

A number of religious practices such as prayer and sacrifice may show significant impacts on depression and other mental health related issues. In connection with Dollahite and Marks' (2009) second dimension of religious practice, the researchers mention prayer as particularly salient. Most religions promote prayer (the most common religious practice) as a source of healing for the individual (Stein, 2006). Burr et al. (2011) stated that individuals who ask for and seek help are in a dependent position and are therefore often open and receptive to change; they are not attempting to control the things that they cannot change. Therapeutic techniques used in various units of study can be applicable to working with individuals suffering with depression especially with university students who fulfill a number of roles. Marks (2008) also suggested that when prayer is applicable in therapeutic settings, it may be used as a source of empowerment while still allowing couples to make the effort to do what is necessary to gain a sense of efficacy. This focus on marital intervention is certainly applicable to individual intervention as well, specifically in psychological counseling for university students.

Van Dyke et al. (2009) considered rituals as a vehicle to establishing control of the individual and his or her environment. Religious practices can serve as a functional means of restoration of stability in the home and in terms of behavioral analysis; it may serve as an escape from distinct measures of external chaos (Marks, 2004). Such practices, therefore, serve as a coping mechanism to enhance mental health functioning.

Religious commitment is defined as the salience individuals put on their religious belief, manifested in giving time and money (Gill, Barrio Minton, & Myers, 2010). Tithing, caring for others, serving, and promoting the welfare of others are practices promoted by various religious denominations (Kelcourse, 2004). The relationship between religion and coping emerges collectively through the interplay of the individual, situation, and context in order to differentiate between periods when religion and coping connect and when they disconnect (Pargament & Brant, 1998). In addition to studying religious practices in general, this concept of faith communities is essential in studying religion.

2.1 Dimension Three: Faith Community

The third dimension of the Dollahite and Marks (2009) model is faith community. A religious community is salient in socializing, establishing social control, and providing mutual support for its members (Hutchison, 2008). The entrenchment of people in religious organizations and the instruments through which religious communities influence individuals is poorly understood (Parke, 2001). Obst and Tham (2009) reported a scarcity of research on individual's psychological sense of community (PSOC), a term defined by Sarason in 1974 and considered to be a perception of similarity and an individual's interdependence on others and desire to maintain this coexistence by sacrificing to others and feeling stable.

Discretion on the part of the researcher proves mandatory as research indicates that excessive devotion to religion, including practices with social engagement, can result in neglect of or inappropriate intrusion into family relations (Koenig et al., 2001). Religious conflicts that impact interpersonal relationships within a family system or a social context, internal struggles when behaviors and virtues differ, and struggles with the Divine or questions about purpose in life all reflect the counterproductive side of religion, and such struggles may impact the individual's mental well-being (Hill & Pargament, 2008).

Aside from the potential detriments of faith communities, researchers also find potential positive meanings of life brought forth by one's faith community. Krause (2009) found that individuals who attend church frequently often have stronger God-mediated control beliefs and those with greater God-mediated control beliefs commonly feel more grateful. Research shows a positive relationship between church attendance and health unveils the ability of church attendance to provide meaning in one's life (Koenig & Vaillant, 2009). In a sample of 83 men and 280 women who were university students or university graduates, results indicated that in studying church attendance, frequency of prayer, and importance of beliefs, only church attendance was correlated with better life satisfaction (Leondari & Gialamas, 2009). The church is often a source for people to establish a resilient feeling of belonging (Obst & Tham, 2009). Indeed, many persons of faith refer to their religious community as "Family" (Marks & Chaney, 2006). Researchers have identified outcomes relevant to serenity, health, and individuality as reliance and joy in spouse, unity of the family, and ties with the community (Dollahite & Marks, 2009).

An individual's interactions with the religious facets of social networks impact his or her psychosocial processes, which can be constructive or destructive because the sacred aspects of life do not transpire in a vacuum (Burr et al., 2011). As social scientists attempt to comprehend the role of religion, it is essential to focus on the complex web that goes beyond a person or family (Burr et al., 2011). To examine the relationship between religion and depression in a university student, researchers inevitably study that individual's behavior not only independently, but also based on the individual's familial and communal contexts. Aramda (2008) stressed the necessity of a biopsychosocial assessment that explores three potential influences of depression, income negatively associated with depression, physical ability positively related to depression, and religious attendance inversely related to depression. In general, resources show that religion has an inverse relationship with depression. By design, places of community worship tend to foster relationships and care among members by instilling some variant of the Golden Rule (care, love, and compassion), and such a support system often has numerous health benefits (Hill & Pargament, 2008). Religion and depression, the key constructs of the current study, is reviewed next.

Materials and Methods

Dollahite and Marks (2009) gave the unique focus for this current research; their study analyzed religion as a meta-variable and studied the impact of three identified dimensions.

1. As the number of stressful events increases, symptoms of depression increase. This hypothesis is based on the findings of Swanholm et al. (2009), which showed that stressful events such as sexual trauma, risky sex, being single, and being unemployed

served as predictors of depression. Lee (2007) found that as stress increases, symptoms of depression increase. Liu and Alloy (2010) reported findings in the last 20 years that clarify the reciprocal association between stress and depression and found that vulnerability to depression increases vulnerability to stress, a concept commonly referred to as a stress generation.

2. Religion mediates the association between stress and depression. This hypothesis indicates that the relationship between religion and depression is dynamic. The prediction is based on Strawbridge et al. (1998) research, which assessed the degree in which religiosity buffers the associations between stressors and depression. Their research demonstrated that organizational and non-organizational religiosity buffers relationship between non-family stressors and depression. Religiosity may reduce the impact of financial and health difficulties, but may intensify symptoms of depression in those individuals who experienced family crisis.

Participants

The participants provided survey data comprised of 212 psychology students in a convenience sample.

Independent Variable 1: Religion

The main variable in this study, religion, was identified by the Dollahite and Marks (2009) Conceptual Model as a construct consisting of three major components: spiritual beliefs, religious practices, and faith community involvement. The variables in each category were collapsed into one measure (dimension). A composite measure of each of the religion variables was then generated. In order to weigh the categories appropriately, a new Dim1R (dimension one) was generated by adding each respondent's score from the questions "Do you believe in God?" and "How would you rate your relationship with God?" A composite measure was created by dividing the total score on dimension one by the total possible score of five. A new Dim2R (dimension two) was generated by adding each respondent's score from the questions "When you experience difficulties in life, do you rely on God to get you through the situations?" "How often do you pray?" and "How often do you attend church or other religious services?" A composite measure was created by dividing the total score on dimension two by the total possible score of ten. Finally, a new Dim3R (dimension three) was generated by adding each respondent's score from the questions "How much time do you dedicate to providing services for people in your religious community outside of our home?" "How much of your income do you donate to church and other religious affiliations?" and "How many confidents do you have in your church or religious community whom you could go to in time of trouble?" A composite measure was created by dividing the total score on dimension three by the total possible score of eleven. The sum of all of these scores resulted in a total composite religion score. The combined view of beliefs, practices, and faith community involvement provided a multifaceted view of religion. Separate models used were used when studying total religion and each of the dimensions of religion were created in order to avoid multicollinearity. In addition to religion, another complex variable examined is stress.

Independent Variable 2: Stress

Stress acted as an independent variable. This study measured stress by asking the participants if they experienced one of six acute life stressors in the last year, including (1) “Illness of spouse,” (2) “Death of a family member,” (3) “Increased responsibilities work, care giving,” (4) “Relocation from home,” (5) “Serious personal illness,” and (6) “Break up with boyfriend/girlfriend/spouse.” For each potential acute life stressor, the yes was coded as one and no was coded as zero. Most of these life stressors were derived from the Aramda (2008) study, which identified “illness of spouse, death of family member, increased responsibilities (work, care giving), relocation from the home, and so forth” (p. 14). A total stress score was achieved by adding these scores, which ranged from zero to six. In addition to studying stress as an independent variable, it is also studied as an interactive construct.

Independent Variable 3: Stress & Religion

The third independent variable consisted of a multiplicative interaction between stress and the uniformed religion scores. This interaction term resulted from the total stress score multiplied by the total uniformed religion score. Three additional multiplicative interaction terms were created between stress and uniformed dimensions one, two, and three of religion. The multiplicative interaction was based on the research of Marks (2008), Pargament and Brant (1998), and the report of Koenig et al. (2001). The interaction term was created based on the Brambor, Clark, and Golder research, which recommended an interaction model is used with a conditional hypothesis (Brambor et al., 2005). Using an interactive model with such a hypothesis is essential in conducting an accurate statistical analysis in order to capture the dynamic relationship between these variables. Finally, the three composite dimensions of religion were studied collectively and then individually in reflection of the Dollahite and Marks (2009) model.

Results

These combined indicators resulted in a survey used with 212 undergraduate participants in this study. This instrument included indicators used to collect basic demographic data. The second section of the instrument consisted of the Jireh Religion Inventory; this was an original, author-constructed instrument based on the Dollahite and Marks 2009 model, which conceptualizes religion using three dimensions: beliefs, practices, and faith community.

In terms of age, 75% of the participants (159) were between the ages of eighteen and twenty-four; 16.0% (34) were between the ages of 25-35; 7.6% (16) were between the ages of thirty-six and fifty; 1.4% (3) was over age fifty. These percentages reflected the LSU Eunice population. The data collected also revealed a gender distribution of 19.3% (41) males and 80.7% (171) females. These percentages reflected the average gender of the LSU Eunice student body fairly well, as LSU Eunice has a population of 31.3% male and 68.8% female. The majority of the participants were single; 23.6% (50) were married, and 76.4% (162) were single, separated, or divorced.

The first hypothesis stated that as the number of stressful events increases, symptoms of depression increase. The results showed a positive and significant relationship between stress and depression ($t = 2.35$, $p < .01$). For every 1 unit increase in the individual’s stress score,

the individual's depression score increased by 1.18 points. Following the analysis of hypothesis one, hypothesis two was explored.

The second hypothesis stated that religion buffers the relationship between stress and depression. In examining this relationship, a multiplicative term was used to examine the interaction between stress and religion and how that relationship influences depression. The results indicated a negative but insignificant relationship. To further explore this hypothesis, the facets of religion were assessed to investigate the concept that the three dimensions of religion buffer the relationship between stress and depression. An examination was done to determine whether or not one's beliefs buffer the relationship between stress and depression. Against expectations, the results indicated a positive and significant relationship. The expectation that religious practices buffered the relationship between stress and depression was also examined. The results showed a negative and significant relationship ($t = -2.94$, $p < 0.02$). This suggested that religious practices buffered the relationship between stress and depression. Finally, the expectation that faith community would buffer the relationship between stress and depression was examined. The findings showed a negative and significant relationship ($t = -1.88$, $p < .04$). This seemed to indicate that involvement with one's beliefs exacerbated the relationship between stress and depression, while one's religious practices and faith community involvement seemed to buffer the relationship between religion and depression.

The tests used for multicollinearity indicated that it was not considered a significant problem in the data used in this study. Tests for problems with heteroskedasticity showed that it was a problem, and the problem was corrected by using robust models with which the final results were analyzed. Finally, the findings determined through multiple regression analyses were discussed.

Discussion

Hypothesis one stated that as the number of stressful events increases, symptoms of depression increase. The results indicated a positive and significant relationship. This result supported findings in the general body of literature (Lee, 2007; Liu & Alloy, 2010; Swanholm et al., 2009;) and in turn supported the concept of stress generation, which states that vulnerability to depression increases vulnerability to stress. Following a review of the findings on the relationship between stress and depression, the current study takes a more dynamic view of the concept of stress and its interactive effects with religion as this unique combination impacts an individual's level of depression.

In exploring the complex nature of the relationship between the variables of religion, stress, and depression, hypothesis two proposed that religion buffers the relationship between stress and depression. Against expectations the results indicated that a negative and insignificant relationship, which showed that religion buffered the relationship between stress and depression. This finding meshed with the findings of Strawbridge et al. (1998), which indicated differential influences from specific types of stressors; particularly, the researchers indicated that organizational and non-organizational religiosity buffered the relationship between non-family stressors and depression. Religion may guard the effect of financial and health difficulties, but strengthens symptoms of depression in individuals who endured family crisis. Looking at a composite view of religion in relationship with stress and depression was

not sufficient in breaking down the complex nature of such interactions, as Newton and McIntosh (2009) suggested that deconstructing religion contributes to effective coping. To further explore hypothesis two while considering the findings of Strawbridge et al. (1988), the manner in which the three dimensions of religion buffer the relationship between religion and depression is analyzed.

In examining the relationship between the facets of religion in dynamic relation with stress and depression, the study explored whether or not one's beliefs system buffers the relationship between stress and depression. Against expectations, the positive and significant relationship found indicated that one's belief system exacerbates the connection between stress and depression. This finding implies a detrimental influence that one's beliefs may have on the relationship between stress and depression. This may be partially explained by the findings of Pargament (1997), which revealed that a component of an individual's belief system is a reflection of the person's personal orientation that allows him or her to frame and to cope with challenges in a productive manner. An individual who shows deficiencies in his or her ability to frame and cope with stressors may show increased mental health problems such as depression. It can be further explained by the notion that faith might highlight cognitive dissonance. An individual's awareness of contradicting thoughts may lead to a level of tension resulting in depressive symptoms until those conflicting thoughts are modified through some form of change in attitude or behavior. This may allow personal change and/or growth to take place to reduce a high level of tension. Beliefs may make people sensitive to the disconnection between what "should be" and "what is." When an individual's practices do not align with his or her beliefs, problematic symptoms such as depressive symptomology may result. The individual may experience relief by making an assertive effort towards reaching belief-behavior congruence. Marks (2004) reveals that as significant as sacred rituals and practices may be in family life, modeling "belief-behavior congruence" or "practicing what you preach" is reportedly the most considered substantial element of religious practice (p. 222). In addition to the focus on the first dimension of religion, the prediction in terms of one's religious practices is explored.

In looking at the second dimension, practices, in an element of hypothesis two, the study anticipated that one's religious practices buffer the relationship between stress and depression. The negative and significant finding indicated that one's religious practices may buffer the relationship between stress and depression. This finding in comparison with the previous finding on belief systems seemed to indicate that as an individual makes the effort to rely on God to get through difficult situations, to pray, and to attend church or other religious services, that exertion has a more substantial interaction with religion in relation to depression than does an individual's belief system. Apparently, individuals who make a conscious physical effort to promote their relationship with God during stressful times show reduced symptoms of depression. In addition to exploring hypothesis two in terms of religious practices, this prediction is also explored in terms of one's faith community involvement.

In examining hypothesis two, the prediction was that one's faith community involvement buffers the relationship between religion and depression. The results showed a significant inverse relationship when an individual's faith community involvement buffered the relationship between religion and depression. This finding revealed the value of one's community involvement in enhancing his or her psychological functioning during difficult

times. In summarizing the impact of the third dimension of religion on psychological functioning, faith community appears to be a substantial mechanism for coping with depression.

In exploring the idea that religion buffers the relationship between stress and depression, the findings varied according to specific dimensions. While total religion did not significantly impact the relationship between stress and depression, one's belief system exacerbated that relationship while one's religious practices and one's faith community involvement buffered the relationship between religion and depression. These findings unveil the powerful potential impact of an effort to engage religious practices, to build a support system through resources available in one's religious network, and to dedicate time and money to support the furtherance of one's faith community. The focus of the current study shifts from a discussion of the findings of the relationship between stress and depression to an endeavor to determine if the results solved the initial statement of the problem.

This *study* had several limitations in generalizability. First, ethnicity was limited to African American and Caucasian students. Sexual orientation was not considered. While Barrett and Barzan (1996) called caution to the harmful impact of external religious orientation on gays and lesbians, Buchanan, Dzelme, Harris, and Hecker (2001) encouraged the exploration and deconstruction of both religious beliefs and sexual identity as these variables intersect. Briefly, the construct of sexuality collides with other defining qualities of the individual, including ethnicity, age, status, and spirituality (Curry, 2011) and should have been captured. Also, the study had a limited pool with undergraduates mainly of Christian faith.

Conclusion

A similar study should specifically target highly religious individuals to determine if the relationship between religion and depression is significant and inverse and to determine if religion has a buffering or exacerbating impact on the relationship between stress and depression at a significant level. Scientists today need more adequate evidence of the stress-buffering or stress-generating, the psychopathology inducing or wellness promoting possibilities of religion (Van Praag, 2007). At the opposite extreme, researchers should explore situations in which individuals experience irreparable relationships with God. Qualitative analysis may reveal a variety of factors that could have lasting impacts on an individual, including mistrust in God, which is correlated with several aspects of mental health (Rosmarin, Pargament, & Mahoney, 2009). Research from the Dollahite and Marks (2009) model, which provided three clearly distinct dimensions of religion, was the foundation of this study. The different dimensions of the model allowed the research to reveal that religion may provide a strong coping mechanism for individuals whose faith community strongly integrates with their identities. This evidenced based concept opens the door for promising research to advance the study of religion and psychology by closely examining the distinctive power of the dimensions of religion identified in this model. These unique facets of religion should be studied through multiple units of analysis.

Future studies should explore the concepts mentioned not only with the individual as the unit of analysis, but also with married couples and families. The research by numerous social scientists establishes the importance of religious practices on marital relationships (Marks, 2006). Indeed, this study benefits the profession by providing opportunities for conducting

additional research that shows how and why religion impacts depression, a suggestion indicative of the need for qualitative research to expand upon the findings of this study and to bring clarity to the reasons behind the findings.

In further exploring the findings, one theme prevalent in the current study was the concept of religion as a coping device independent of and in interaction with stress. As that theme is studied in future research, promising research may require a shift from a focus primarily on surviving difficult times to one of salutogenic emphasis. For example, Marks (2008) suggested specific practices such as prayer can be used to prevent the individual from turning to a malignant or destructive coping behavior such as abuse, drinking, gambling, violence, and other harmful conduct.

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