

Analysis of Strength of Religious Affiliation and Mental Health in the Last 30 Days

Kimberly Hartfield

SOCI 4308.251

Dr. Kim

Texas State University

April 2018

Introduction

In the United States, 1 in 5 adults, or 43.8 million Americans, experience mental illness in any given year (NAMI 2018). Mental illness, when not treated properly, can lead to more serious sociological issues. There has been more efforts made to bring awareness to mental health. In 2013, after the tragic Sandy Hook school shooting, President Obama called for a “National Dialogue on Mental Health (Hess 2017). May is also recognized as National Health Care month in the United States.

Conversations about mental health have also increased in religious communities throughout the country. About 96% of Americans report their selves as being in God to some degree (Stroope 2017). There is research that suggest religious involvement general has beneficial effects on mental health (Stroope 2017).

A lot of research has been conducted about the relationship between religion and mental health. However, there is not a lot of research about the strength of affiliation and mental health. The purpose of this research study will be to compare the strength affiliation to the days of poor mental health in the last 30 days.

Literature Review

Mental Health

Mental health can be described as our emotions, psychological, and social well-being (mental health.gov). Every person has mental health, and maintaining positive mental health is important throughout every stage of life, from childhood to adulthood. (mental health.gov)

Mental Illness

Mental illness is a condition that affects ones thinking, feeling and moods (NAMI 2018). Every person will have different experience with their condition, even if it is the same diagnosis.

(NAMI 2018). One of those of those experiences can include the lack of ability to function in everyday life. Mental illnesses can range from schizophrenia, depression, bipolar disorder, ADD, and autism (Joffe 2015). Those who have a mental health condition may experience stigma throughout their life. Joffe (2015) describes stigma as “when society views someone in a negative way because that person has a certain distinguishing characteristic or personal trait that is perceived as or actually is disadvantaged.” Those with a mental health condition are often reluctant to seek treatment, individuals with mental health conditions may also experience misunderstanding from family, friends, and acquaintances (Joffe 2015).

Religious Affiliation

Religious affiliation can be described as the self-identified association of a person with religion, denomination or sub-denominational religious group. When those with mental health issues begin to struggle, community can often be there to support those in need. Joffe (2015) suggest that the mentally ill have trouble functioning in the social groups without proper treatment. However, Day (2017) suggest that social groups can be a resource for the mentally ill, where recovery most rapidly occurs. Many studies have documented the positive affects being involved in a social group can have on individual well-being (Choi 2015). Membership in religious groups or voluntary associations are also linked to higher levels of self-rated health. (Choi 2015).

The Steger and Frazier (2005) study found that many people rely on their faith to make sense of the world. They do this by using their religious affliction to put a meaning to their life (Steger 2005). This theory was tested with three different dominations, and it was found that there is no significant difference between the perceived meaning of life within each domination (Steger 2005). There have been many studies completed that show an association between the

meaning of life, hope, and positive effects on mental health (Galek 2015). The Zika & Chamberlain (1992) study found that belief in ones meaning and purpose is respectively associated with life satisfaction and psychological wellbeing.

Although some studies have shown a positive relationship with the purpose and the meaning of life in regard to mental health, there have also been inverse relationships (Galek 2015). Depression, anxiety, and obsessive-compulsive disorder are a few of the inverse reactions between the purpose of life and mental health (Galek 2015).

A study was done that tested mental health and religious service non-attendance in Australia (Waters 2015). In this study, they found that non-attendees responded more negatively than church attenders and had worse mental health overall (Waters 2015). In a different study done by Vanderweele (2016) longitudinal data was used to **study religion** and mental health. However, in this study they focused on church service attendance and depression. Throughout the study, it was noticed there was some problematic issues. Vanderweele (2016) noted that there were too many cross-sectional studies on the topic of mental health and religiosity, and not enough longitudinal studies.

Rational

Even though the Galek (2015) study had good findings, their focus was more on the meaning of life, self-purpose, and how that affects religious commitment and psychiatric symptoms. The study done in Australia (Waters 2015) focused on the church attendance of those they surveyed, rather than just their religious affiliation. Also, in the same study, they used computer assisted telephone interviews, which could have given them a wide range of ages within their survey.

Hypotheses

Although there is a lot of research about religion and mental health, those studies focus specifically on ideas under the category of religion, but they do not hone in on strength of religious affiliations. Throughout my study, I'd like to test the following hypotheses: First, strength of religious affiliation and mental health in the last 30 days. Second, I will focus on young adults, middle aged adults, and older adults. Third, I will compare religious affiliation and mental health in the last 30 days, and education level.

Methodology

Description of the Dataset

The variables being used for my analyses came from the data set General Social Survey 2016 (GSS) (Buckley 2015). GSS is a project from the National Opinion Research Center (NORC) at the University of Chicago (Buckley 2015). Data is collected by randomly selecting adult, age 18 years or older, in households across the United States (Buckley 2015). Since 1994, surveys have been conducted face-to-face every year by NORC. My independent variable (RELITEN) has a sample size (N) of 2,837 and my independent variable (MTLHITH) has a sample size (N) of 1,099.

Operationalization of Key Variables

For my study, I am using strength of religious affiliation (RELITEN) and days of poor mental health in the last 30 days (MTLHITH). The independent variable (RELITEN) measured strength of affiliation by asking "Would you call yourself a strong (PREFERENCE NAMED IN RELIGION) or not a very strong (PREFERENCE NAMED IN RELIGION)? The response categories for this question were: (1) strong, (2) not very strong, (3) somewhat strong, (4) no religion, (5) missing. Due to the response categories showing order, the variable (RELITEN) would be an ordinal. The question for the second variable was worded: "Now thinking about

your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” The response categories for this question were each numerical number 0-30 in units of days, not applicable, don’t know, and no answer. I recoded this variable due to large number of response options. The recode for this variable changed the response categories to: (1) 0 days, (2) 1-4 days, (3) 5-9 days, (4) 10-19 days, (5) 20 days or more, and (6) missing. Recoding this ordinal variable allowed me to see the different strength levels for those who experience poor mental health within the past 30 days.

Plan of Analysis

My first hypothesis will be comparing strength of affiliation (RELITEN) and days of poor mental health in the past 30 days (MTLHITH) using SPSS. These two variables are ordinal, so I will be using a Chi-square and gamma test to analyze them. My second hypothesis will compare strength of affiliation and poor mental health in the last 30 days in three different age groups: young to middle aged adults, middle aged adults, and older adults. The age (AGE) layer variable will be added to the chi-square test to analyze the three variables. The variable (AGE) was recorded into three response groups: younger adults ages 18-49, middle aged adults ages 50-64, and older adults ages 65 and up. My third hypothesis will compare the strength of affiliation and poor mental health in the last 30 days within different education levels (DEGREE). The education levels are broken down into categories of: less than High School, High School, Junior College, Bachelors, and Graduate school. I will use a Chi-square and gamma test to run the two variables, with degree (DEGREE) as a layer variable.

Results

Univariate Analysis

Table 1: Days of Poor Mental Health in 30 Days

	<i>Frequency</i>	<i>Percent</i>
<i>0 Days</i>	609	55.4
<i>1-4 Days</i>	226	20.6
<i>5-9 Days</i>	90	8.2
<i>10-19 Days</i>	94	8.6
<i>20-30 Days</i>	80	7.3

Table 2: Strength of Religious Affiliation

	<i>Frequency</i>	<i>Percent</i>
<i>Strong</i>	1048	36.9
<i>Not Very Strong</i>	1015	35.4
<i>Somewhat Strong</i>	155	5.5
<i>No Religion</i>	619	21.8

For the independent variable (RELITEN) responses indicated that 36.9% of people reported that they had a strong religious affiliation, 35.8% respondents reported not having a very strong affiliation, 5.5% reported having a somewhat strong affiliation, and 21.8% reported to have no religious affiliation.

For the dependent variable (MNTLHLTH) the mean was 1.9172 which indicates that respondents experienced an average of a little less than 2 days of poor mental health. The median for this variable was 1.00 which indicates that most respondents experienced at least one day of poor mental health out of 30 days. From this variable, 55.4% of respondents experienced 0 days of poor mental health, 20.6% of respondents experienced 1-4 days of poor mental health, 8.2% of respondents experienced 5-9 days of poor mental health.

Bivariate Analysis*Table 3: Strength of Religious Affiliation and Days of Poor Mental Health in 30 Days*

<i>Hypothesis 1</i>	<i>X²</i>	<i>P-value</i>
	16.210	0.182

A chi squared analysis was conducted to determine whether strength of religious affiliation influenced days of poor mental health in 30 days. Table 3 shows that there is not a statistically significant difference ($0.182 > 0.05$) between the two variables. Therefore the null hypothesis would be accepted.

More people reported having a strong religious affiliation than a somewhat strong religious affiliation, but the difference between days of poor mental health did not differ much between the two groups. Those who reported having a strong religious affiliation were slightly more likely to report poorer mental health than those who had a somewhat strong affiliation. For this chi-square test, gamma was reported to be 0.099 which is a positive weak association which also indicates non-significant results.

Table 4: Strength of Religious Affiliation and Days of Poor Mental Health in Different Ages

<i>Hypothesis 2</i>	<i>X²</i>	<i>P-value</i>
<i>Ages 18-49</i>	19.930	0.068
<i>Ages 50-64</i>	6.326	0.899
<i>Ages 65+</i>	17.527	0.131

In the analysis of poor mental health in 30 days and strength of religious affiliation in different age groups, Table 4 shows that there is not significant difference throughout each age group. Therefore the null hypothesis would be accepted, and the alternative was rejected.

Although each there was no significance in the results, there is a pattern between the expected counts in each age group. Younger adults (ages 18-49) with a not very strong religious affiliation reported having more days of poor mental health than those who had somewhat strong affiliation. However, the count values versus expected count values did not differ much in either category. This same pattern can be seen in middle age adults (50-64) and older adults (ages 65+) with the exception of strong religious affiliation being reported as having more days of poor mental health reported in middle ages adults and older adults versus the response “Not Very Strong” in younger adults. Younger adults had a gamma of 0.152 which is moderately positive association. Middle aged adults had a negative weak gamma of -0.027, and older adults had a positive weak gamma of 0.015.

Table 5: Strength of Religious Affiliation and Days of Poor Mental Health in Education Level

<i>Hypothesis 3</i>	X^2	<i>P-value</i>
<i>Less Than High School</i>	8.358	0.757
<i>High School</i>	22.129	0.036
<i>Junior College</i>	14.121	0.293
<i>Bachelors</i>	7.356	0.833
<i>Graduate School</i>	12.595	0.399

In the analysis of poor mental health in the last 30 days, strength of religious affiliation, and education level, Table 5 shows there is no significant difference between each education level with the exception of High School graduates. The p-value for those who had a high school diploma was $0.036 > 0.05$ indicating a significant relationship. Gamma for those with a High School degree was 0.161 which indicated a positive moderate association. In all other education levels, less than high school diploma, junior college, college graduate, or graduate

degree, there was no significant relationship shown ($p>0.05$). The hypothesis would be partially supported.

Those who had a bachelor's degree and identified as not having a strong religious affiliation had more days of poor mental health. The other education levels showed the same trend as the other hypothesis where those who identified as having a strong religious affiliation, also have the most reported days of poor mental health.

Conclusion

Many studies have been conducted that examine religion and mental health. However, not many of those studies examined the strength of religious affiliation and mental health. For my analysis, I investigated the following three research hypothesis:

- 1) If strength of religious affiliation affected mental health in the last 30 days
- 2) If strength of religious affiliation affected mental health in the last 30 days in three different age groups: young adults (ages 18-49), middle aged adults (ages 50-64), and older adults (ages 65+).
- 3) If strength of religious affiliation affected mental health in the last 30 days in education level: less than High School degree, High School Degree, Junior College, College degree, Graduate level degree.

Although hypothesis one and hypothesis two were not significant, hypothesis three was partially significant, there was still a pattern throughout each test. Those with a strong religious affiliation also reported days of poor mental health, and those whose religious affiliation was not very strong, had less days of poor mental health. This pattern was seen throughout each hypothesis.

Even though my results were not significant, they still contribute to a grander scheme of things. No relationship between religious affiliation and days of poor mental health is a good thing because the two variables are not mutually exclusive. A large portion of people may not have a religious affiliation, they can still also have positive mental health. Having a religious affiliation may benefit mental health, but it does not control it.

There were some limitations noted with this study. The second variable was regarding poor mental health in the past 30 days. However, the question also asked respondents about their depression. Although depression may affect mental health, depression itself is a mental illness. This component in the question, could have caused inaccuracy in the respondent's answers.

Appendix

Hypothesis Table 1:

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	16.210 ^a	12	.182
Likelihood Ratio	16.441	12	.172
Linear-by-Linear Association	3.745	1	.053
N of Valid Cases	1089		

Days of Poor Mental Health in the Last 30 days * Strength of Affiliation Crosstabulation							
			Strength of Affiliation				Total
			STRONG	NOT VERY STRONG	SOMEWHAT STRONG	NO RELIGION	
Days of Poor Mental Health in the Last 30 days	0 Days	Count	244	209	39	109	601
		Expected Count	227.4	210.8	34.8	128.0	601.0
		% within Strength of Affiliation	59.2%	54.7%	61.9%	47.0%	55.2%
	1-4 Days	Count	84	72	8	61	225
		Expected Count	85.1	78.9	13.0	47.9	225.0
		% within Strength of Affiliation	20.4%	18.8%	12.7%	26.3%	20.7%
	5-9 Days	Count	28	34	5	23	90
		Expected Count	34.0	31.6	5.2	19.2	90.0
		% within Strength of Affiliation	6.8%	8.9%	7.9%	9.9%	8.3%
	10-19 Days	Count	28	36	6	24	94
		Expected Count	35.6	33.0	5.4	20.0	94.0
		% within Strength of Affiliation	6.8%	9.4%	9.5%	10.3%	8.6%
	20-30 Days	Count	28	31	5	15	79
		Expected Count	29.9	27.7	4.6	16.8	79.0
		% within Strength of Affiliation	6.8%	8.1%	7.9%	6.5%	7.3%
Total		Count	412	382	63	232	1089
		Expected Count	412.0	382.0	63.0	232.0	1089.0

	% within Strength of Affiliation	100.0%	100.0%	100.0%	100.0%	100.0%
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Hypothesis Table 2:

Chi-Square Tests				
Age		Value	df	Asymptotic Significance (2-sided)
Ages 18-49	Pearson Chi-Square	19.930 ^b	12	.068
	Likelihood Ratio	20.470	12	.059
	Linear-by-Linear Association	4.468	1	.035
	N of Valid Cases	560		
Ages 50-64	Pearson Chi-Square	6.326 ^c	12	.899
	Likelihood Ratio	8.380	12	.755
	Linear-by-Linear Association	.556	1	.456
	N of Valid Cases	318		
Ages 65 and Older	Pearson Chi-Square	17.527 ^d	12	.131
	Likelihood Ratio	23.465	12	.024
	Linear-by-Linear Association	.040	1	.841
	N of Valid Cases	211		
Total	Pearson Chi-Square	16.210 ^a	12	.182
	Likelihood Ratio	16.441	12	.172
	Linear-by-Linear Association	3.745	1	.053
	N of Valid Cases	1089		

Hypothesis 3:

Chi-Square Tests				
Highest Degree		Value	df	Asymptotic Significance (2-sided)
LT HIGH SCHOOL	Pearson Chi-Square	8.358 ^b	12	.757
	Likelihood Ratio	9.514	12	.658
	Linear-by-Linear Association	.157	1	.692
	N of Valid Cases	113		
HIGH SCHOOL	Pearson Chi-Square	22.129 ^c	12	.036
	Likelihood Ratio	22.444	12	.033
	Linear-by-Linear Association	5.239	1	.022
	N of Valid Cases	556		
JUNIOR COLLEGE	Pearson Chi-Square	14.121 ^d	12	.293
	Likelihood Ratio	15.052	12	.239
	Linear-by-Linear Association	3.068	1	.080
	N of Valid Cases	82		
BACHELOR	Pearson Chi-Square	7.356 ^e	12	.833
	Likelihood Ratio	7.281	12	.838
	Linear-by-Linear Association	.219	1	.640
	N of Valid Cases	203		
GRADUATE	Pearson Chi-Square	12.595 ^f	12	.399
	Likelihood Ratio	12.996	12	.369
	Linear-by-Linear Association	.399	1	.528
	N of Valid Cases	132		
Total	Pearson Chi-Square	16.686 ^a	12	.162
	Likelihood Ratio	16.903	12	.153
	Linear-by-Linear Association	3.373	1	.066
	N of Valid Cases	1086		

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