

Religiosity, Depression and Family Functioning of Mothers of Children with Disabilities

Evidence suggests that mothers of children with disabilities may experience greater difficulty in maintaining a healthy, well-adjusted marriage (Risdal & Singer, 2004). One possible reason is that depression is higher among mothers who have a child with a disability (Olsson & Hwang, 2001), and higher levels of depression are consistently associated with poor marital adjustment (Coyne et al., 2002). In contrast, religiosity is linked to decreased depression among parents of children with disabilities (Freidrich et al., 2001) and also is associated with lower marital quality (Lichter & Carmaly, 2009). Due in part to studies showing that Utah is a state with a higher incidence of depression, some have speculated about the mental health of this highly religious (predominantly Latter-day Saint [LDS]) population (Burgoyne & Burgoyne, 1978).

The purpose of this study was to examine associations among religiosity, depression, and family functioning and compare LDS mothers with mothers of other religious denominations who were raising a child with a disability. Based on the extant literature, we propose: (a) increases in maternal depression will be related to poorer couple relationship quality and family functioning; (b) increases in maternal religiosity will be associated with better couple relationship quality and family functioning; (c) mothers' depression will mediate the relationship between religiosity and the outcome measures. We also investigate if these associations are moderated by religious affiliation (LDS or Non-LDS) and if LDS mothers report different rates of depression, family functioning, and religiosity than mothers from other denominations.

Methods

Sample and Procedure

Participants were 282 mothers of children with disabilities (*M* age: 39 years; 89.6% Caucasian) living in Georgia and Utah. Respondents had completed on average 14.33 years of education and had 3.56 children. About 26.2% of the mothers worked full time and 33.0% part-time. Fifty-five percent of mothers self-identified as Latter-day Saint (LDS); 45% were from various Christian denominations.

Measures

Mothers self-reported on couple relationship conflict using the 10-item Porter-O'Leary Scale (Porter & Leary, 1980). Couple relationship satisfaction was assessed with a 3-item scale adapted from Schumm et al. (1986). Family affirming communication (5 items), and incendiary communication (5 items) were measured using subscales of the Family Problem Solving and Communication Index (McCubbin et al., 1988). Depression was assessed with 20 items from The Center for Epidemiological Studies Depression (CES-D) Scale (Radloff, 1977). Religiosity was assessed by combining two subscales (10 items) measuring spirituality and private religious practices (adapted from Litchfield, Thomas, & Li, 1997 and Buck, 1996). Religious affiliation was coded LDS (1), other religious denominations (0).

Analysis

A MANCOVA was conducted using religious affiliation as the fixed factor and all other variables as dependents, with race, number of children and relationship status as controls. We then used structural equation modeling (SEM) in Mplus version 6 (Muthén & Muthén, 2006) to test the theoretical model (Figure 1). LDS mothers were compared to mothers from other faiths and invariance tests were performed. A bootstrap estimator was used to produce p-values for mediated effects.

Results

Respondents reported moderate to low levels of depression ($M = 1.73$), fairly high levels of religiosity ($M = 5.95$), marital satisfaction ($M = 4.66$), and affirming communication ($M = 3.27$), moderate levels of incendiary communication ($M = 2.09$), and low levels of marital conflict ($M = 1.87$). A MANCOVA revealed no significant main effect for religious affiliation for any of the study variables, $F(6, 180) = 1.95, p = .075$.

We estimated the SEM model shown in Figure 1. Number of children, race, and family composition were control variables. Model fit reflected a nearly fully saturated model $\chi^2(2) = .683, p = .488$; TLI = 1.00; CFI = 1.00; and RMSEA = .00.

Table 1 shows that for LDS families, as well as families from other faiths, net the effects of other variables in the model, increases in maternal depression were significantly associated with decreases in maternal ratings of couple relationship satisfaction and family affirming communication and increases in family incendiary communication and couple relationship conflict. For both groups, increases in mother religiosity also had no direct association with any of the outcomes. For LDS families, the associations between mother religiosity and all of the outcomes were mediated by mother depression; however, for families from other faiths, depression linked religiosity and only family incendiary communication.

Lastly, we conducted invariance tests to identify differences between the structural models of the LDS group and the other faiths. The χ^2 difference between constrained and unconstrained models was 43.587 ($df = 30; p < .05$), indicating structural non-equivalence for the two groups. Further invariance testing revealed that the largest difference across the two groups was that the relationship between mother religiosity and mother depression was significantly stronger for LDS than for other religious groups ($\Delta \chi^2(1) = 7.489; p < .01$).

Implications

Our results are consistent with previous research indicating that increased depression among mothers is related to poorer marital and family outcomes (Coyne, Thompson, & Palmer, 2002) and that religiosity is related to decreased depression (Freidrich, Tarakeshwar & Pargament, 2001). Among mothers of children with disabilities, no differences emerged between LDS mothers and mothers from other religious groups, supporting research by Spendlove and colleagues (2002) who found no differences when comparing LDS to non-LDS women. However, the current study indicates that for LDS mothers only, increased religiosity may provide a protective mechanism to decrease depression, thus improving family functioning. It may be that for LDS mothers, reading scriptures and religious texts may be linked to lower depression levels because of the doctrines, belief systems, and the social support from other church members LDS mothers are exposed to while engaging in these activities. For example, qualitative interviews with LDS parents of children with disabilities indicate they believe their child will be healed or made normal in the next life (Marshall et al., 2002). Such beliefs may contribute to lower levels of depression among LDS mothers of children with disabilities. Practitioners working with families of children with disabilities should take into consideration the possible impact of religious faith when designing interventions and working with them in therapy settings.

These findings are not generalizable beyond mothers of children with disabilities. The other religious group sample is comprised of individuals from various Christian denominations that are likely much more diverse than are the individuals in the LDS sample. Future research using longitudinal designs and a larger number of religious denominations would add to our understanding of the role of depression in linking religiosity and family functioning in families raising children with disabilities.

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FIGURE 1. Theoretical Model

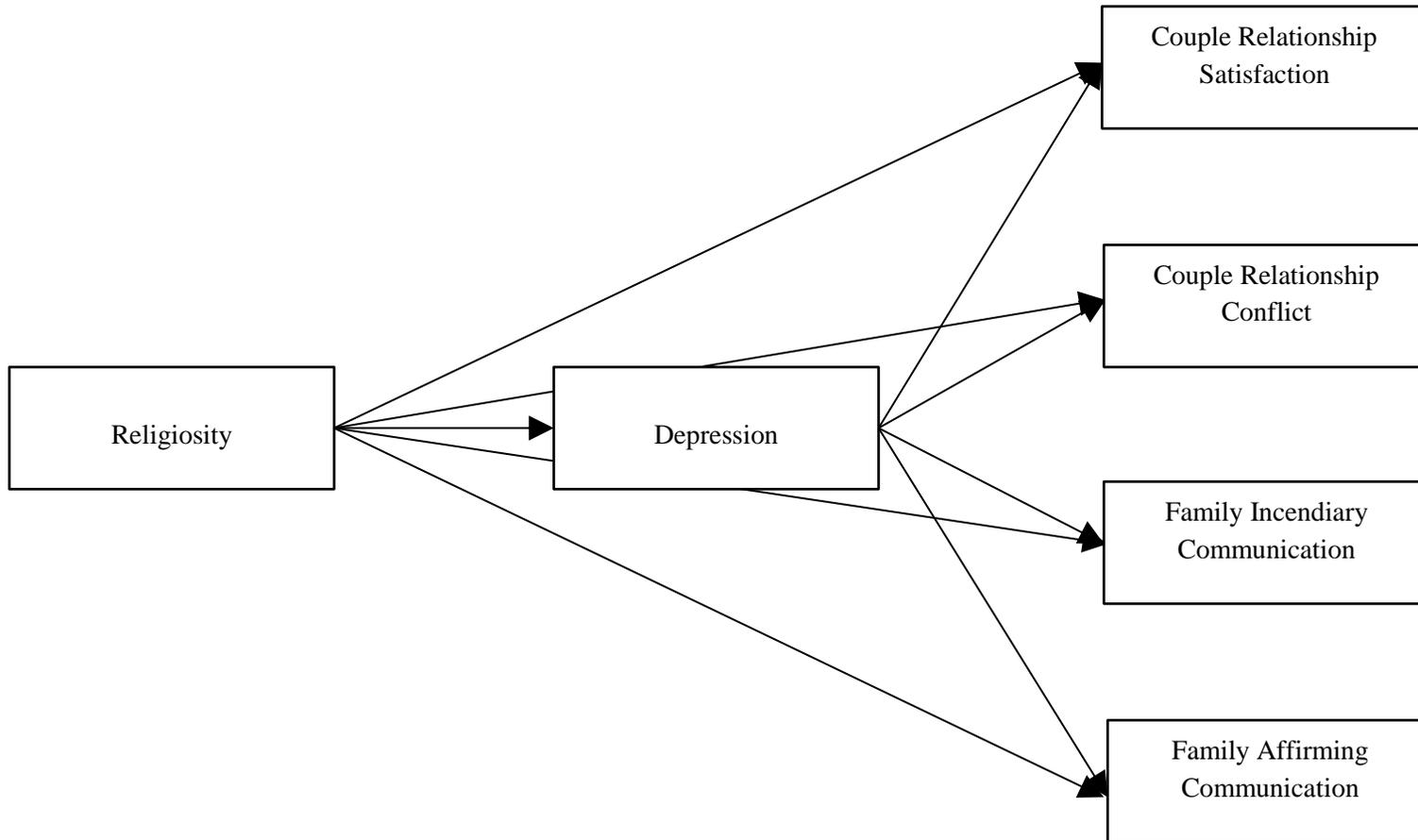


Table 1. Standardized regression coefficients from SEM indicating the relationship between marital outcomes and their predictors.

	Relationship Satisfaction		Relationship Conflict		Affirming Communication		Incendiary Communication		Depression	
	LDS	Other	LDS	Other	LDS	Other	LDS	Other	LDS	Other
	β		β		β		β		β	
Religiosity	.04 ^a	.05	-.14 ^a	-.12	.07 ^a	.09	-.05 ^a	-.17 ^a	-.36	-.30
Depression	-.33 [*]	-.48 [*]	.24 [*]	.41 [*]	-.23 [*]	-.35 [*]	.23 [*]	.46 [*]	N/A	N/A

Note: * indicates significance at $p < .05$ or higher. Coefficients in this table are from the final model and represent effects net the effects of other variables in the model. Superscript ^a indicates that the direct effect between religiosity and the outcome was mediated by depression.