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Edwin Medina - The Influence of Faith on the Psychosocial Well-Being of Mexican Americans

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Abstract

The purpose of this study is to examine the relationship faith has to the eleven dimensions that constitute psychological and social well-being. Though there is an existing body of literature concerned with the relationship between faith and well-being, the work examining this relationship among the Hispanic population is limited. With Latinos now constituting the single largest minority population in the United States, we employed data from a sample of 137 Mexican Americans from Wisconsin. We examined the relationship faith salience and religious behaviors have on six dimensions of psychological well-being (Ryff, 2014) and five dimensions of social well-being (Keyes, 1998). Correlations show a significant negative relation between faith salience and autonomy, environmental mastery, and social acceptance. Religious behaviors show a significant positive relation to autonomy and a significant negative relation to social actualization, and social integration. Previous works suggest a positive association between faith and well-being, but our findings provide results contradictory to the literature concerning this relationship.

Introduction

Currently, 90% of the global population is involved in some form of religious or spiritual practice (Barrett & Johnson, 2001). Defined as the belief in, practice of, or participation in the rituals and activities of an organized religion (Lujan & Campbell, 2006), religion or religiosity has an impact on a global scale. Although faith varies greatly by practice across the globe, the role faith has served in human history has undoubtedly had an influence in shaping us into the beings we are today.

With such a history, researchers have attempted to uncover the role faith plays in narrower contexts of human life, such as well-being. The interest in how faith plays into the role of well-being is relatively new to the field of psychology and has only recently been investigated. Recent decades, however, have seen an increase in the literature regarding the relationship between faith and well-being. Understanding that multiple aspects of life affect well-being, these studies have attempted to explore how religious behaviors and beliefs influence psychological as well as social well-being.

While early studies explored the relationship between faith and well-being in a general sense, more recent studies have begun to surface targeting the Hispanic population to see if differences exist in the relationship between faith and well-being among ethnic groups. These more narrow studies that focus specifically on Hispanics should be regarded as of high importance considering that Latinos now constitute the single largest minority population in the USA (Garcia & Ellison & Sunil, 2013). By reason of their demographic significance, it is important to examine how faith impacts the psychosocial well-being of Mexican Americans.

The current body of psychological literature related to faith and well-being has examined faith through several scopes. Many studies have employed measures that scored religious attendance and private prayer to gauge the level of faith in a participant's life. These same studies, while looking at well-being, would typically measure it in terms of life satisfaction, social support, and even as the opposite of depression. While these measures produce valuable results and show that faith does impact well-being, there are more comprehensive methods at measuring the relationship.

The methods being used in the current literature are limited in what they can produce; they are not exhaustive in measuring faith because they do not cover all the variables that compose faith. Religious attendance, while a good measure, is not the most multi-faceted measure of faith because it does not account for faith salience and other religious practices. As a limited measure, religious attendance may just serve as a proxy for health status; measuring faith by attendance does not acknowledge those who practice faith privately or those who are, although willing, incapable of attending religious services (Levin & Markides, 1988).

Although some studies have looked at private prayer as a measure of faith, it is not widely explored. Adding private prayer as a component when measuring faith results in more reliable data, acknowledging that faith is not only practiced in a social setting, but as well as in the privacy of one's thoughts. More work needs to be done exploring private prayer and other practices of faith in order to fully comprehend the most comprehensive measurements of faith.

Studying the relationship between faith and well-being by more comprehensive and exhaustive means is where our research hopes to contribute to the literature. By

expanding well-being from life satisfaction, social support, and lack of depression to the specific dimensions that constitute social and psychological well-being itself, our understanding of how faith impacts each one will be strengthened; meaning having a clear picture of the either positive, negative or neutral relationship faith has to each dimension of well-being.

To better improve upon this, faith can be measured in terms of faith salience as well as religious behaviors. Faith salience refers to a person's capacity to be influenced by god in their decision making; they look to their god for reassurance before making decisions. Religious behaviors refer to the religious practices such as prayer and church attendance. Measuring a participants religious beliefs and religious practices is a more comprehensive measure of faith than religious attendance by itself. Taking into account religious beliefs and practices will allow for a more complete picture of a person's faith and its influence in their life. Definitely, the six dimensions of Psychological Well-Being developed by Carol D. Ryff (purpose in life, autonomy, personal growth, environmental mastery, positive relationships and self-acceptance) and the five dimensions of the Social Well-Being developed by Corey L. M. Keyes (social acceptance, social actualization, social contribution, social coherence and social integration) have been neglected in faith studies and the exact relationship faith has to each one is unknown.

Taking these eleven dimensions of well-being and comparing them to faith in terms of faith salience and religious behavior will help contribute to the literature by finding the exact relationship between them all.

Stated explicitly, we first hypothesize a positive correlation between well-being and faith among participants. Second, we hypothesize that participants born in Mexico

who immigrated to the United States will have lower levels of well-being than participants who were born in United States but whose parents were born Mexico. Lastly, we hypothesize female participants will have higher levels of well-being than male participants.

Literature Review

Background and Significance

Evidence of religion having a role in human life dates back 500,000 years ago to when ritual treatment of skulls took place during the Paleolithic period in China (Smart & Denny, 2007). With such a history it is no surprise that research on faith by Koenig has found that "Religion is often mentioned spontaneously by elders in answers to open-ended questions such as "what enables you to cope; what keeps you going?" (Atchley, 1997). While there is existing literature concerning the relationship between faith and well-being the works are not fully comprehensive.

Many researchers take a hedonic approach when measuring the relationship between faith and well-being. According to the Internet Encyclopedia of Philosophy, hedonism refers to a handful of related theories about what is good for us, the way we should behave, and the motivation behind the decisions we make. These hedonistic theories "identify pleasure and pain as the only important elements of whatever phenomena they are designed to describe" (Weijers, n.d.). An example would be a person eating a chocolate bar and being happy while eating it; it is immediate pleasure and pleasure for its own sake. With many studies taking a largely hedonic approach to measuring well-being it limits the study to focusing only on levels of happiness, life satisfaction and positive affect.

There is a lack of eudemonia in the current literature on faith and well-being. The Stanford Encyclopedia of Philosophy states that eudemonia was developed under Aristotle where he designated it as the highest good. The highest good is "desirable for itself, it is not desirable for the sake of some other good, and all other goods are desirable for its sake" (Kraut, 2001). An example of this would be parenting; although parenting can be a difficult job, parents persevere through all the tough situations because there is a meaningful purpose they wish to achieve. The lack in literature concerning the eudemonic facets of well-being leaves many questions concerning the relationship between faith and well-being unanswered. This literature review discusses the current works that examine the relationship between faith and well-being. We will address the Social Engagement theory and its relation to religious behaviors. This is followed by a review of religious attendance and private prayer and their relations to well-being. We also review faith and its effect on physical well-being. Additionally we review the literature concerning faith and suffering as well as a review of the faith and well-being relationship with respect to differences among men and women and place of birth. We conclude our literature review with the comprehensive approaches taken to measure well-being. This comprehensive literature review lays the ground for the current study.

Social Engagement Theory

Before examining the relationship faith has with well-being it is important to understand confounding variables and the influence they may have on data concerning the relationship.

The Social Engagement Theory proposes "social connections and activities provide a dynamic environment that requires the mobilization of cognitive faculties,

which, in turn, inhibits the maintenance of dense neocortical synapses in the brain" (Hill & Burdette & Angel & Angel, 2006). This means social settings provide the necessary tools and resources that act as a protective factor from cognitive decline, in turn, promoting well-being.

It can be argued that as a theoretical framework, the social engagement theory fits when examining the relationship between religious behaviors and well-being. Maria P. Aranda (2008) refers to Durkheim, an early writer on religion, when stating religion counteracts the break down of social norms. She argues that not so much religion, but rather the social settings in which religious behaviors are practiced, provide the necessary tools to combat the ills of life and provide purpose and meaning. Religious attendance, by itself, may act as a protective factor against low well-being because it offers a community where participants are able to gather and engage.

Religious Attendance and Depression

Studies show a significant statistical correlation with religious practice and a reduced risk of depressive mental illness (Krause & Bastida, 2011, Levin & Markides & Ray, 1996, Levin & Markides, 1988, Sternthal & Williams & Musick & Buck, 2012, Aranda, 2008).

In a study done by Levin and Markides (1988), religious attendance was examined to see if it had a significant effect on the psychological well-being of middle aged Mexican Americans. They employed data from a three-generation study of Mexican Americans and recorded frequency of religious attendance as their independent variable, measuring it on a 6 point Likert scale. They recorded life satisfaction as their dependent variable, measuring it trichotomously by means of the 13-item version of the Life

Satisfaction index; coding each item as: 0 for dissatisfaction, 1 for intermediate or noncommittal responses, and 2 for satisfaction (Levin & Markides, 1988). Results showed that middle-aged women have higher life satisfaction scores than older women while still attending religious services slightly less. The same is also true for men with middle-aged men still experiencing greater life satisfaction than older men while attending religious services considerably less. These findings were promising until after controlling for certain variables.

Controlling for variables like physical disabilities, their findings demonstrate that removing the effect of either a global self-rating of health or a more functional health indicator eliminates the effect of religious attendance on life satisfaction in older men. This means that "religious attendance" is not an all-inclusive measure of life satisfaction/well-being. It may just be a proxy for health status because even the most religiously devoted people may not be able to attend religious services.

In another study conducted by Levin and Markides, and Ray (1996), religious attendance was examined in respect to psychological well-being using panel data from a three-generations study of Mexican Americans. Measuring faith in terms of religious attendance and well-being by three dimensions (life satisfaction, depressed affect, and positive affect), they found several noteworthy things. Generally, religious attendance was found to be a correlate of life satisfaction among middle-aged Mexican Americans as well as a protective factor with respect to depressed affect among the youngest generation; religious attendance is positively correlated with life satisfaction. Their explanation for this data relates back to the Social Engagement theory.

Stating “Religious attendance serves as a source of connectedness to one’s cultural traditions and, thus, for older and middle-aged adults, represents a salient correlate of life satisfaction” (Levin & Markides & Ray, 1996). As an explanation to their findings, the social settings of religious worship services support their data. Further data found in their study show that religious involvement is a crucial resource for older adults. As older adults begin to disengage from formal institutional roles such as working a job, the social setting presented through religious involvement give them a source of meaning (Levin & Markides & Ray, 1996). Referring to the work of Ellison in 1994, the authors add to the explanation of their data by stating “formal religious involvement also benefits the well-being of older adults through more tangible means, such as by reducing the risk of chronic and acute stressors, offering cognitive and institutional frameworks that buffer stress and facilitate coping, and providing both internal psychological resources and concrete social resources” (Levin & Markides & Ray, 1996). These explanations for the data that resulted from the study show that faith itself may not be what promotes positive well-being but rather the social settings it is presented in. The work by Levin & Markides & Ray (1996) proves to be interesting and is supported by other researchers as well.

In another study done by Krause and Bastida (2011), the relationship between religiously based beliefs about suffering and health among older Mexicans was examined. Measuring religiosity in terms of church attendance, they found three important things: first, Mexican Americans who frequently attend worship services are more likely to find something positive in the face of suffering, while being unlikely to suffer in silence; second, their results show that finding something positive in the face of suffering is correlated with developing a close relationship with God, while similar

findings were not present with respect to suffering in silence; third, those with close relationships with god tend to be more optimistic and consequently rate their health more favorably (Krause & Bastida, 2011).

These findings are important concerning the Social Engagement Theory. With Mexican Americans who suffer in silence, rating their health less favorably it lends support to the theory. "Retreating from significant others during difficult times and exerting little personal effort to resolve a problem are ineffective responses that may have deleterious effects on health and well-being" (Aldwin, 1994). Measuring faith by religious attendance means examining faith in a social setting, which may be the reason for the findings that resulted in the study.

A similar study published in 2006 (Hill, Burdette, Angel and Angel), tested if religious attendance among Mexican Americans was associated with slower rates of cognitive decline. The central finding was that religious attendance was associated with slower rates of cognitive decline among older Mexican-Americans; those who attend church monthly, weekly, and more than weekly exhibit slower rates of cognitive decline than those do not attend (Hill & Burdestte & Angel & Angel, 2006).

This finding has similar limitations to the previous one. Religious attendance is again the independent variable used to measure faith among participants. This has its limitations because it is arguably acting as a proxy for health status. Those who attend church may have the health capacity to do so which yields the results of church attendance resulting in slower cognitive decline. There may be some people who are religiously devoted but have a mental or physical impairment that keeps them from attending church. The measurement of religious attendance fails to capture the religiously

devoted population of Mexican Americans as a whole. A more effective measure would be to include private forms of worship, such as private prayer.

Private Prayer and Well-Being

While still examining the relationship between faith and well-being, more comprehensive studies have emerged that attempt to be more multi-faceted in their approach of measuring religiosity.

A study done by Maria P. Aranda examines the relationship among religious involvement, including private prayer, and depression in a low-income sample of 230 older U.S. born and immigrant Latinos. She found attending church related services was a protective factor against depressive system in older Latinos (Aranda, 2008). Aranda's discussion of her findings adds to the Social Engagement Theory. She argues religion acts as a way to counteract the breakdown of social norms; so religion offers a vehicle by which people can gather to reaffirm social order, cohesion, and meaning (Aranda, 2008). When examining private prayer, results showed that nearly 80 percent of the total sample participated in private prayer either daily or more than once a week. Surprisingly, private prayer was not a statistically meaningful correlate of depressive illness for the sample (Aranda, 2008). While the addition of private prayer helps to reduce the limitations of the previous studies it shows that religious attendance is the better protective factor between the two against depressive symptoms and cognitive decline. With religious attendance being a better protective factor than private prayer it lends support to the Social Engagement Theory. Attending religious services proves to be more effective because it affords the group of participants an ability to demonstrate their beliefs and commitment

to their religion publicly. Public participation in a religious community has also been shown to not only affect psychological well-being but also physical well-being.

Faith and Health Choices

There is a growing body of literature that examines the various dimensions of religious involvement and mental and physical health outcomes (Hummer et al. 2004; Rogers et al. 2010; Sullivan, 2010).

There are several explanations for the patterns that have been found in the research addressing faith and well-being – reduced exposure to stress, increased social support, positive psychological orientations, and adaptive coping responses. Most noteworthy of the explanations concerning the faith and well-being relationship is the tendency of more religious persons to favor positive health behaviors while staying away from harmful health behaviors (Benjamins et al. 2011; Ellison & Levin, 1998). This tendency is not surprising given the support system present in religious settings. The support present in religious communities may encourage participants to lead certain lifestyles based on community norms.

More research finds that those who regularly attend church services receive moral messages that have health implications tied into them (Garcia & Ellison & Sunil & Hill, 2013). These messages come through both formal and informal means. Through religious sermons and even small conversations with other church members, regular church attendees may receive moral messages. Members who deviate from the norms of the religious community may be encouraged by others to change and may even receive criticism for their actions (Benjamins et al. 2011; Krause et al. 2011). This means those who regularly attend church may have their thought process defined by the moral

messages they receive during services and may experience discomfort when violating these norms. Regular church attendees may just not have the time to engage in negative behaviors without detection of others leading them to have higher levels of self-perceived well-being.

In a study done by Garcia & Ellison & Sunil & Hill (2013), they examined the influence of religion on tobacco and alcohol consumption using a sample of Latinos in Texas. They found the highest rates of binge drinking were among the participants who reported no religion. In distinguishing between men and women, men were twice as likely to binge drink as women. The youngest age category, 18-24, had the highest rates of binge drinking. They found the lowest rates of binge drinking and smoking among regularly attending Protestants and secretarians.

These findings demonstrate that faith has implications that go beyond psychological well-being. The power faith has to influence other areas of life is important to consider when measuring well-being. Having a large influence on other areas of life, faith may be prominent in certain life circumstances.

Faith and Suffering

Faith is argued as "a powerful coping behavior that enables people to make sense of suffering, provide control over the overwhelming internal and external forces of nature, and promote social rules that facilitate communal living, cooperation, and mutual support" (Koenig, 2009).

As a coping mechanism, religion serves a role globally (Koenig, 2009). Following the terrorist attacks of September 11, 2001, 90% of Americans coped with the stress by turning to religion, with 60% of Americans attending religious services and an increase of

27% in Bible sales (Schuster et al. 2001; Biema, 2001). Globally used as a coping mechanism, religion also plays a key role as a protective factor in psychiatric patients.

Research shows that psychiatric patients frequently use religion to cope with persistent mental illness with 80% of patients located at the Los Angeles Country mental health facility using religion to cope (Tepper et al. 2001). Referring back to the study conducted by Krause and Bastida (2010), faith is shown to be a common coping mechanism during tough times. Developing a strong relationship with God allows people to perceive their life optimistically and, as a result, rate their well-being more favorably (Krause & Bastida, 2010).

Religion as a common coping mechanism may be due to religious beliefs providing a sense of meaning and purpose during difficult life circumstances. This may help assist with psychological integration while promoting positive world views, role models, indirect control over circumstances, and offering a community for support (Koenig, 2009**).** Combating negative well-being, religion may serve to promote better outlooks on life by influencing those who practice it to find something positive in the face of suffering.

Differences among men and women and place of birth

Looking at how religion influences the psychosocial well-being among males and females will strengthen the understanding of how it plays in the bigger picture. Firstly, religious attendance is a stronger predictor of well-being in women than in men (Levin & Markides, 1988).

Place of birth is noteworthy in the discussion of religious influence on Latinos. Studies find that immigrant persons engage in significantly higher levels of worship than

their U.S.-born counterparts (Aranda, 2008). Again, this can be related to the Social Engagement Theory. "The increased level of immigrants' participation in religious services as a normal transfer of the sacred from the homeland to the host country, and as important, church is a place that allows celebration of the sacred in one's own language and community" (Aranda, 2008). Leaving one country for another does not mean abandoning the founding principals of your life's philosophy. Mexicans who immigrate to the United States bring their religion with them. The religious identities mean more to them on foreign soil as they are experiencing hard times (Aranda, 2008). Therefore, religion is a strong indicator of a sociocultural resource in our society, which is oppressive to the Latino belief, custom, ideology, and collective realities system (Aranda, 2008).

Measuring Well-Being

Studies that examine the relationship between faith and well-being all tend to measure well-being similarly. Some studies measure well-being by health status (Garcia & Ellison & Sunil & Hill, 2013, Krause & Bastida, 2011). Measuring well-being in terms of health provides valuable data in terms of the relationship with faith but fails to capture the multi-faceted dimensions that constitute well-being. Other studies take a different approach when measuring well-being. Some studies have examined well-being by defining it in terms of depressive disorder and physical health (Aranda, 2008). Other studies define well-being through various dimensions including life satisfaction, depressed affect, and positive affect (Levin & Markides & Ray, 1996). While these studies measures of well-being are useful, more comprehensive means of measuring well-being have emerged in recent years.

Developed by Carol D. Ryff, the Psychological Well-Being Measure is a model of psychological well-being that "addresses omissions in the formulations of positive human functioning" (Ryff, 2013). The PWB draws on formulations of human development and existential challenges of life (Ryff, 2013). While early studies of well-being reflect a largely hedonic approach, the multidimensional model of PWB has with it six psychological dimensions of challenged thriving with roots of well-being residing in Aristotle's formulation of the highest human good, eudemonia. Instead of measuring happiness, the PWB aims at measuring activities that are in accordance with virtue. Through the measures six dimensions; the extent to which someone feels their life has meaning, purpose and direction (purpose in life); whether people view themselves to be living in accord with their own personal convictions (autonomy); the extent to which someone makes use of their personal talents and potential (personal growth); how well someone manages their life situations (environmental mastery); the depth of connection someone has in ties with significant others (positive relationships); and the knowledge and acceptance someone has of themselves, including awareness of personal limitations (self-acceptance), well-being is measured almost exhaustively.

Corey L. M. Keyes' Social Well-Being measure is an indicator of specific dimension of social well-being. The SWB works out of five dimensions; Social Acceptance, Social Actualization, Social Contribution, Social Coherence, and Social Integration. High scores on each frame are defined as: Social Acceptance: Have positive attitudes toward people; acknowledge other and generally accepted people, despite others' sometimes complex and perplexing behavior; Social Actualization: Care about and believe society is evolving positively; think society has potential to grow positively;

think society is realizing potential; Social Contribution: Feel they have something valuable to give to society; think their daily activities are valued by their community; Social Coherence: See a social world that is intelligible, logical, and predictable; care about and are interested in society and community; Social Integration: Feel part of community; think they belong, feel supported, and share commonalities with community (Keyes, 1998). Corey L. M. Keyes (1998) notes that the SWB correlates modestly with dysphoria negatively and global well-being while correlating minimally with physical health and perceived optimism.

Summary

The existing psychological literature examining the relationship between faith and well-being is relatively new. As with any research the limitations present in the literature leave many questions unanswered. Most research studies have found the same general trend with faith and well-being; higher levels of faith are associated with higher levels of well-being. After controlling for certain variables, studies show that religious attendance, while a good measure of faith, fails to capture all the dimensions that constitute it. The limitations in measuring well-being are almost as abundant as the limitations of faith; the measures in the current literature fail to capture the multiple dimensions of faith. To our knowledge, no literature exists that examines the direct relationship faith has to each dimension of well-being. Our research hopes to close this gap by showing the relationship both faith salience and religious behaviors have on the eleven dimensions of psychological and social well-being.

Methods

Participants

The current study was completed using a sample of 137 participants, from the city of Milwaukee, Wisconsin. With a goal of recruiting 120 participants for the current study, equally spread among men and women as well as U.S.-born and Mexico born, our sample size exceeded our original speculated amount. The age range of our sample was between 28 and 64 years of age ($\bar{x} = 42.65$). The study included a total of 53 men and 83 women.

The total 137 participants included in this study are of Mexican descent. The necessity to follow this specific design study called for strict regulations in recruiting participants who are definitively of the Latino subgroup referred to as Mexican. Establishing Mexicans as the only subgroup of the Latino population to be used in this study makes sure the design study is being strictly followed and allows for the data to be truly representative of the Mexican population. Distinguishing Mexican as a specific sample population, rather than clumping them together with all Latino subgroups, allows for a unique study as each subgroup of the Latino population has a rich and diverse culture that distinguish them from one another.

Participants were placed into four groups according to sex and country of origin: Group 1, Mexico born men; Group 2, Mexico born women; Group 3, U.S. born men; Group 4, U.S. born women.

Procedures

Participants for the study were gathered by reaching out to eight local community churches along with their bible study groups, two local public and charter schools, four local Hispanic non-profit organizations, three free community events and seminars hosted

in heavily Mexican populated neighborhoods, flea markets, and by word of mouth. Research assistants who helped in the process of gathering participants were all bilingual.

Our research assistants, at the beginning of church group meetings, distributed packets containing the measures for this study to participants. Members of the Hispanic non-profit organizations who were interested in participating in the study sat in on a group where they were distributed packets to complete. Those persons interested in participating in the current study, but unable to meet at our designated times were given packets by research assistants to be completed at home; once completed participants called a provided phone number to notify our research assistants that the packet was ready to be collected. Other interested participants were contacted by phone, whose phone numbers were gathered from other participants; these packets were hand delivered to participants. Our lab phone number was also distributed with a recorded voicemail linked to the study so interested parties could leave their contact information if they wished to participate. Packets were then dropped off at a location set by the participants. Along with the measures packet came phone numbers of research assistants that the participants could use if they had any questions. Self-addressed stamped envelopes were given to participants who wished to return their packet via postal service.

For reasons of complete participant comprehension, two packets of measures were made available for participants to choose from. One packet contained the measures presented in English. The second packet contained the measures presented in Spanish. To ensure the correct messages were being communicated in the packets, all measures were translated and then back translated; a group of six bilingual and native Spanish speakers helped in the translation process.

As an expression of gratitude towards the participants in our study, we distributed gift cards to Target for those who completed the measures packet. We also donated $5.00 to church groups of each member who participated in the study.

Materials

1. The Religious Behavior Measure (RBM)

Each participant completed the Religious Behavior Measure. The RBM aims at measuring the level of religious practice in a participant's life. It measures frequency of private prayer, frequency of participation in religious media (radio/television), frequency of reading religious literature, frequency of church attendance, and frequency of prayers before meals.

All data were measured on an 8-point Likert scale (1 – several times 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), except for "prayer before meals" which was scored on a 5-point Likert scale (1 – all meals, 2 – once a day, 3 – at least once a week, 4 – only on special occasions, 5 – never). For purposes of congruency, the scale was based on a unit of analysis of one month. Scoring was done as follows: 1 was scored as 90, 2 was scored as 30, 3 was scored as 12, 4 was scored as 4, 5 was scored as 3, 6 was scored as 1, and 7 and 8 were scored as 0. See Appendix A for this and all other measures.

2. The Faith Salience Measure (FSM)

Each participant completed the Faith Salience Measure. The FSM aims at measuring the level of religious belief that influences decisions in a participant's life (Putney & Middleton, 1961). It measures the extent to which religious ideas influence

views in other areas of life, how religious ideas are important parts of their philosophy of life, frequency of religious thoughts, how religion shapes their identity, and their level of interest in religion.

All data were measured on a 7-point Likert scale (1- strongly disagree, 2 - moderately disagree, 3 - slightly disagree, 4 - no response, 5 - slightly agree, 6 – moderately agree, 7 – strongly agree).

Of the six items that make up the FSM only item six was reversed scored because it was worded as: "Religion is a subject in which I am not particularly interested". The negative direction of the item meant we had to reverse score it so the data would actually represent what was being measured. (See Appendix A).

3. The Psychological Well-Being Measure (PWB)

Each participant completed the Psychological Well-Being Measure. Developed by Carol D. Ryff, the PWB is a model of psychological well being that "addresses omissions in formulations of positive human functioning" (Ryff, 2013). The PWB is available in an 84-question form, 54-question form, or 18-question form. For the current study, the 18-question form was used.

The PWB is an instrument whose focus is measuring the multiple dimensions of psychological well-being. The six dimensions are: self-acceptance, personal relationships with others, autonomy, environmental mastery, purpose in life, and personal growth.

The PWB takes a eudemonic approach at measuring well-being, meaning it measures well-being not by only happiness and pleasure but through resilience, which is different from the largely hedonic approaches used in earlier studies. The PWB has been

tested and validated with a nationally representative sample of English-speaking adults age 25 and older (Seifert, 2005).

All data were measured on a 6-point Likert scale (1 – strongly disagree, 2 – moderately disagree, 3 – slightly disagree, 4 - slightly agree, 5 – moderately agree, 6 – strongly agree). (See Appendix A).

4. The Social Well-Being Measure (SWB)

Each participant completed the Social Well-Being Measure. Developed by Corey L. M. Keyes, the SWB works out of five dimension; Social Acceptance, Social Actualization, Social Contribution, Social Coherence, and Social Integration, to measure well-being. The SWB correlates modestly with dysphoria negatively and global well-being while correlating minimally with physical health and perceived optimism (Keyes, 1998). The SWB gauges participant's well-being through a 15-question form with 3 question measurements per temporal frame.

All data were measured on a 6-point Likert scale (1 – strongly disagree, 2 – moderately disagree, 3 – slightly disagree, 4 - slightly agree, 5 – moderately agree, 6 – strongly agree). (See Appendix A).

Results

Table 1 presents the descriptive statistics of our sample. The mean age of the sample was 43 years with a range of 28-64 years of age. The first column presents the major variables. Columns two, three, and four present the mean score, standard deviation, and range of each variable.

Table 2 presents correlations between the two measures of well-being (PWB & SWB) and the two measures of faith (FSM & RBM). Significant correlations were found

between both measures of well-being and both measures of faith. Psychological Well-being has two dimensions that are negatively significantly correlated to faith salience and one dimension that is positively significant correlated to religious behavior. Autonomy was negatively significant at the .05 level to faith salience but positively significant at the .05 level to religious behavior. Environmental Mastery was negatively significant at the .05 level to only faith salience.

Social well-being has one dimension that is negatively significantly correlated to faith salience and two dimensions that are negatively significantly correlated to religious behavior. Social Acceptance was negatively significant at the .05 level to faith salience. Social Actualization was negatively significant at the .05 level to religious behavior. Social Integration was negatively significant at the .05 level to religious behavior.

Additionally, we conducted t-tests on all major variables comparing U.S. born participants to Mexico born participants as well as men to women. We found statistical significance in only psychological well-being when comparing U.S. to Mexico and statistical significance in religious behaviors when comparing men to women.Figure 1 presents t-tests based on participant's sex and mean scores on religious behaviors. Figure 2 presents t-tests conducted based on place of birth and mean scores of Psychological Well-Being. T-tests comparing well-being and faith to country of origin found statistical significance only in Psychological Well-being; the mean score for participants born in the United States was 85.35 while the mean score was 75.30 for participants born in Mexico. T-tests comparing well-being and faith to gender found statistical significance only in religious behaviors. Data shows that females perform religious behaviors more often than

their male counterparts. The mean score of religious behaviors for females was 122.57 while the mean score for males was 74.57.

Table 1

Variable	Mean	Standard Deviation	Range
Age	42.65	9.01	28-64
FSM	30.57	9.39	8-42
RBM	21.96	8.31	7-51
PWB Total	78.22	11.65	53-105
Self-Acceptance	13.17	2.76	6-18
Personal Relationships with Others	12.27	3.16	5-18
Autonomy	13.31	2.52	8-18
Environmental Mastery	12.85	2.4	7-18
Purpose in Life	12.31	3.03	5-18
Personal Growth	14.08	2.57	3-18
SWB Total	59.06	9.22	35-84
Social Acceptance	11.92	2.82	5-18
Social Actualization	10.83	2.95	4-18
Social Contribution	13.29	2.91	6-18
Social Coherence	10.86	2.3	5-17
Social Integration	12.35	2.8	3-18

Table 2

	Faith Salience	Religious Behavior
Psychological Well-Being Total	-0.19	0.07
Purpose in Life	-0.03	0.07
Autonomy	-.22*	.23*
Personal Growth	0.13	-0.06
Environmental Mastery	-.24*	0.02
Positive Relationships	-0.12	0.02
Self-Acceptance	-0.15	0.01
Social Well-Being	-0.09	-0.14
Social Acceptance	-.23*	-0.02
Social Actualization	-0.08	-.18*
Social Contribution	0.1	-0.12
Social Coherence	0.01	-0.14
Social Integration	0.06	-.22*

* = $p \leq .05$

Figure 1

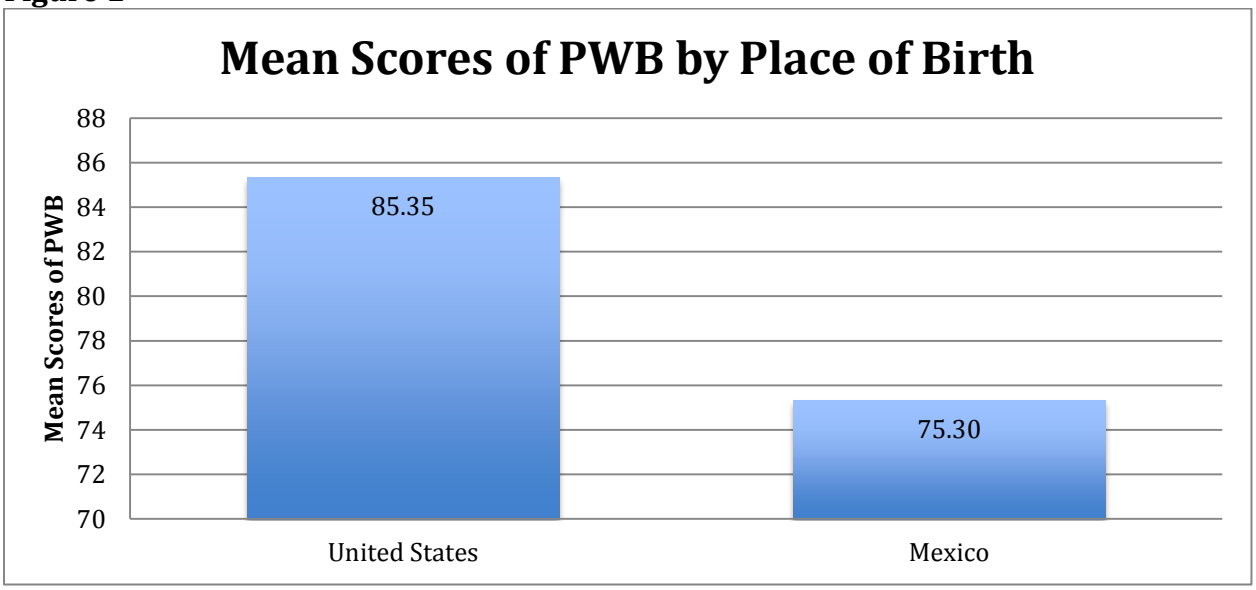
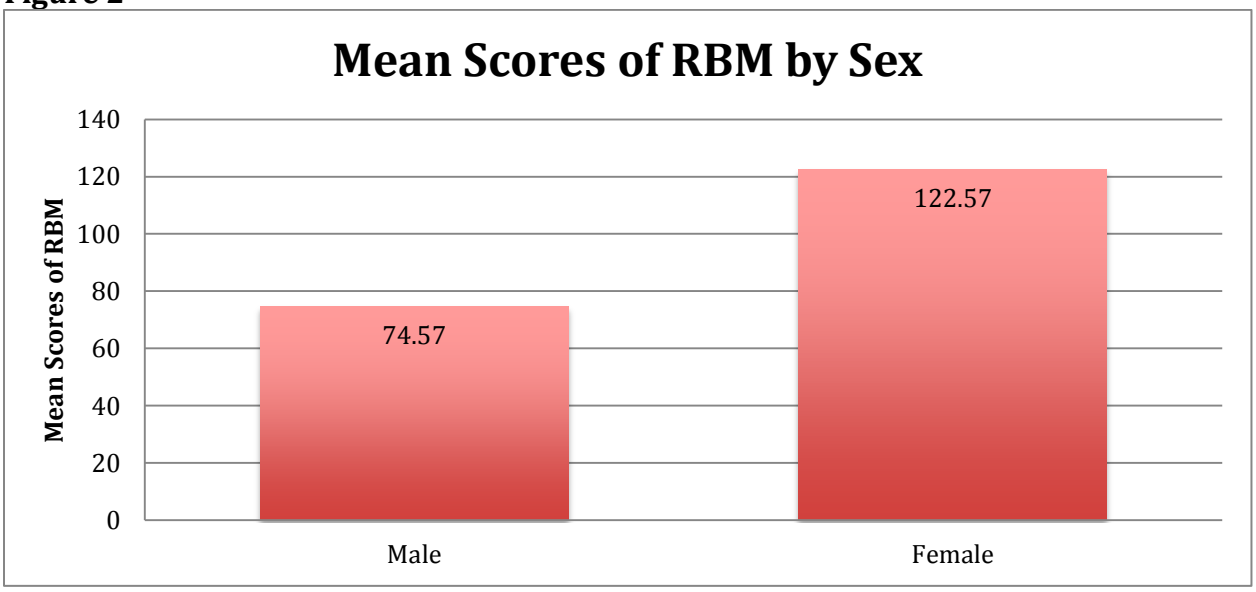


Figure 2



Discussion

Despite the growing literature on faith and well-being, scholars have only recently begun to explore this relationship among the Latino population. Although there are studies that suggest a positive association between faith and well-being, to our knowledge, no study has explored the relationship faith has to the eleven

dimensions that constitute psychological and social well-being. Building on prior research, we examined the association that two components of faith had to eleven dimensions of psychological and social well-being among Mexican Americans.

One finding was that higher levels of faith salience are negatively associated with autonomy, environmental mastery, and social acceptance. Additionally, religious behaviors are positively associated with autonomy and negatively associated with social actualization and social integration.

These findings suggest that more religious persons have lower levels of well-being with respect to autonomy (whether people view themselves to be living in accord with their own personal convictions), environmental mastery (how well someone manages their life situations), social acceptance (have positive attitudes toward people; acknowledge others and generally accepted people, despite others sometimes complex and perplexing behavior), social actualization (care about and believe society is evolving positively; think society has potential to grow positively; think society is realizing potential), and social integration. Our hypotheses are partially confirmed. Our first hypothesis, a positive correlation between well-being and faith among participants, is not confirmed. We found negative statistical significance between faith salience and well-being. We also found positive and negative statistical significance between religious behaviors and well-being. Our data demonstrates a negative relation between faith and well-being except for the positive relation between religious behaviors and autonomy. Our findings are contradictory to the existing literature on the faith and well-being relationship so our interpretation of our results is speculative.

We interpret our results to mean participants with high faith salience scores will look to their god before making decisions making them low in autonomy; they make decisions they believe will please their god and that are in accordance with the lifestyle their god wants them to live. Contrary to this, a person with low faith salience scores is highly autonomous. A person who has no religious beliefs, an atheist for example, will look to no higher power for reassurance before making a decision; they make decisions that are in accordance with their own personal convictions and not a higher power. This speculation is also applicable the relationship between faith salience and environmental mastery. High faith salience scores mean participants look to their god for guidance in their life; meaning they may not feel they are personally in control of their surroundings but rely on god to solve their problems.

Our interpretation of the relationship between religious behaviors and its significantly correlated dimensions is also speculative. We speculate high religious behaviors are positively related to autonomy because people make their own decision to participate in religious practices; it is an action in accordance with their own convictions. Explaining the relationship between religious behaviors and social actualization and social integration, we look to our Religious Behavior Measure. Our measure contained five items, only one of which was church attendance; the other four items were religious practices that could be done in private. Krause and Bastida (2011) found that Mexican Americans who frequently attend worship services are more likely find something positive in the face of suffering. Our participants may participate mainly in private religious practices. Participation in private religious

practices may have influenced our participants to perceive their well-being as low because they do not find positivity in the face of suffering. If our participants practice mainly private religious behaviors, they are not offered the opportunity to engage in social settings and develop relationships with their surrounding community.

Our second hypothesis, participants born in Mexico who immigrated to the United States will have lower levels of well-being than participants who were born in the United States but whose parents were born in Mexico, is confirmed. We found higher mean scores on Psychological Well-Being among participants born in the United States than their Mexico born counterparts. We interpret these results to mean participants born in the United States perceive their well-being to be higher because they feel more connected to their surrounding communities. Being more connected to their community, participants may share common beliefs with other and feel supported during difficult times causing them to perceive their personal well-being as high.

Our third hypothesis, female participants will have higher levels of well-being than male participants, is not confirmed. We found no statistical significance that suggests female participants have higher levels of well-being than male participants. Interestingly though, female participants had higher mean scores of religious behaviors than male participants; suggesting that they embrace religious behaviors more frequently than their male counterparts.

Our study had several limitations that are worth noting. First, all data was collected via self-report questionnaires. Data may not be truly representative due to

memory loss and untruthful answering by participants. Second, we used the 18-item version of Carol D. Ryff's PWB measure. Ryff's 18-item version is said to be not as statistically reliable as the 54 and 84 item versions (Seifert, 2005)**.** Third, our study did not look at socio-economic status as a confounding variable. Excluding socio-economic status from our study we are left only to wonder if it is a possible explanation for our findings. It may be that low levels of socio-economic status are prominent among are sample, regardless of their levels of faith; can people score high on faith salience and religious behaviors but still have self-perceived levels of well-being given their socio-economic standing? Future research should attempt to build on our work by examining socio-economic status as a possible confounding variable as well as looking at the relationship faith has to the eleven dimensions of well-being among other ethnic groups.

Appendix A

Religious Behavior Measure (RBM)

Please choose the most accurate response to the following questions.

1. How often do you pray privately in places other than at church?

1 - Several times 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

2. How often do you watch or listen to religious programs on TV or radio?

1 - Several times 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

3. How often do you read the Bible or other religious literature?

1 - Several times 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

4. How often do you attend church services?

1 - Several times 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

5. 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

Faith Salience Measure (FSM)

Please listen carefully to the following statements, and then indicate agreement according to the following scale by circling the number that best reflects your beliefs:

1 = Strongly disagree
2 = Moderately disagree
3 = Slightly disagree
4= No response
5= Slightly agree
6= Moderately agree
7 = Strongly agree

1. I find that my ideas on religion have a considerable influence on my views in other areas.
2. My ideas about religion are one of the most important parts of my philosophy of life.
3. I very often think about matters relating to religion.
4. If my ideas about religion were different, I believe that my way of life would be very different.
5. Believing as I do about religion is important to being the kind of person I want to be.
6. Religion is a subject in which I am not particularly interested.

Psychological Well-Being (PWB): Please read each statement below and circle the number that best corresponds to the degree to which you agree with the statement as self-descriptive for you.

strongly disagree	moderately disagree	slightly disagree	slightly agree	moderately agree	strongly agree
1	2	3	4	5	6

1. I like most parts of my personality.
   1 2 3 4 5 6

2. For me, life has been a continuous process of learning, changing, and growth.
   1 2 3 4 5 6

3. Some people wander aimlessly through life, I am not one of them.
   1 2 3 4 5 6

4. The demands of life often get me down.
   1 2 3 4 5 6

5. I tend to be influenced by people with strong opinions.
   1 2 3 4 5 6

6. Maintaining close relationships has been difficult and frustrating for me.
   1 2 3 4 5 6

7. When I look at my life story, I am pleased with how things have turned out so far.
   1 2 3 4 5 6

8. I think it is important to have new experiences that challenge how I think about

myself and the world.

1 2 3 4 5 6

9. I live one day at a time and don't really think about the future.

1 2 3 4 5 6

10. In general, I feel I am in charge of the situation in which I live.

1 2 3 4 5 6

11. I have confidence in my own opinions, even if they are different from the way most people think.

1 2 3 4 5 6

12. People would describe me as a giving person, willing to share my time with others.

1 2 3 4 5 6

13. In many ways I feel disappointed about my achievements in life.

1 2 3 4 5 6

14. I gave up trying to make big improvements in my life a long time ago.

1 2 3 4 5 6

15. I sometimes feel as if I've done all there is to do in my life.

1 2 3 4 5 6

16. I am good at managing the responsibilities of daily life.

1 2 3 4 5 6

17. I judge myself by what I think is important, not by the values of what others think is important.

1 2 3 4 5 6

18. I have not experienced many warm and trusting relationships with others.

1 2 3 4 5 6

Social Well-Being (SWB): Please read each statement below and circle the number that best corresponds to the degree to which you agree with the statement as self-descriptive for you.

strongly disagree	moderately disagree	slightly disagree	slightly agree	moderately agree	strongly agree
1	2	3	4	5	6

1. People who do a favor expect nothing in return.
   1 2 3 4 5 6

2. The world is becoming a better place for everyone.
   1 2 3 4 5 6

3. I have something valuable to give to the world.
   1 2 3 4 5 6

4. The world is too complex for me.
   1 2 3 4 5 6

5. I don't feel I belong to anything I'd call a community.
   1 2 3 4 5 6

6. People do not care about other people's problems.
   1 2 3 4 5 6

7. Society has stopped making progress.
   1 2 3 4 5 6

8. My daily activities do not produce anything worthwhile for my community.
   1 2 3 4 5 6

9. I cannot make sense of what's going on in the world.
   1 2 3 4 5 6

10. I feel close to other people in my community
    1 2 3 4 5 6

11. I believe that people are kind.
    1 2 3 4 5 6

12. Society isn't improving for people like me.
    1 2 3 4 5 6

13. I have nothing important to contribute to society.
    1 2 3 4 5 6

14. I find it easy to predict what will happen next in society.

1 2 3 4 5 6

15. My community is a source of comfort.

1 2 3 4 5

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