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Religious Doubt, Financial Strain, and Depressive Symptoms Among Older Mexican Americans

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Abstract

Purpose—A number of studies suggest that positive aspects of religion (e.g., social support from fellow church members) help older people cope more effectively with stress. However, researchers have known for some time that there are negative as well as positive facets of religion. This suggests that instead of enhancing coping efforts, religion may also exacerbate the effects of stress. The purpose of this study was to see if one negative aspect of religion (i.e., religious doubt) exacerbates the effects of financial strain on depressive symptoms among older Mexican Americans.

Methods—A nationwide survey of 1,005 older Mexican Americans was conducted. Measures of religious doubt, financial strain, and depressive symptoms were administered.

Results—The findings suggest that the effects of financial strain on depressive symptoms are stronger for older Mexican Americans who have more doubts about religion.

Conclusions—This study explores aspects of religion that have received relatively little attention in the literature (i.e., religious doubt). Moreover, the data were provided by members of an ethnic group that have been largely overlooked by researchers who study religion (i.e., older Mexican Americans). Taken together, these study attributes help provide greater balance in the literature on religion and mental health in late life.

Keywords

religion; Mexican Americans; depressive symptoms

Introduction

A vast number of studies suggest that people who are involved in religion tend to cope more effectively with the unwanted effects of stress than individuals who are less religious [1]. As this literature has evolved, researchers have identified several aspects of religious life that may be responsible for these potentially beneficial stress buffering effects, including church-based support [2], specific religious coping responses [3], feelings of control that are based on religion [4], prayer [5], and a religious sense of meaning in life [6]. So far, the wide majority of studies have focused on the benefits that are conveyed by deeper involvement in religion. However, researchers have known for some time that there are negative as well as positive aspects of religion. For example, there is some evidence that negative interaction with fellow church members [7], as well as religious doubt [8], may have a noxious effect on health and well-being. If the positive aspects of religious life reduce the pernicious effects of stress on health and well-being, then it follows that the negative dimensions of

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religion may have the opposite effect: Instead of helping people cope more effectively with stress, the so-called “dark side” of religion may actually exacerbate the effects of stress on well-being [9].

There only appears to be one study in the literature that was designed to see if the negative aspects of religion intensify the unwanted effects of stress on health-related outcomes. This study was conducted by Ellison and his colleagues [7]. These investigators were unable to find support for the notion that negative aspects of religion (i.e., spiritual struggles and religious doubt) exacerbate the effects of stress on psychological well-being. However, this study was based on data that were provided by ordained clergy in the Presbyterian Church. Although this study provides a number of valuable insights, the religious views and experiences of pastors differ significantly from those of rank and file church members. For example, members of the clergy have much more extensive religious training than regular church members. Moreover, because the clergy occupy a position of authority in the church, they are held to higher standards regarding commitment to the faith [10]. Because of these pronounced differences, the issue of whether negative aspects of religion exacerbate the effects of stress among people who are not members of the clergy remains an open question.

The purpose of the current study is to see if chronic financial strain exerts a more deleterious effect on depressive symptoms among older people who have doubts about religion. In the process, an effort is made to contribute to the literature by exploring this relationship with data that have been provided by members of an ethnic group that has been largely overlooked in the literature on religion, health, and psychological well-being - older Mexican Americans.

The theoretical rationale for this study is developed below in three sections. The reasons why religious doubt may accentuate the effects of stress are examined first. Then, in section two, a rationale is provided for why it is important to study the interface between religious doubt and stress among older Mexican Americans. Following this, a brief discussion of why it is important to assess the relationship between religious doubt and well-being among older adults is presented in section three.

The Stress-Buffering Effects of Religious Doubt

There are four reasons why religious doubt may intensify the unwanted effects of adversity. The first is fairly evident. As discussed above, there are a number of ways in which the positive aspects of religion may help individuals cope with stress. But all of these coping resources are based upon, and supported by, a firm foundation of religious belief. However, if a person has doubts about religion, then these misgivings are likely to erode the very foundation upon which beneficial religious coping resources rest. As a result, the individual may be less inclined to turn to the very resources that might have otherwise proven to be helpful. Although religious doubt may be expressed in a number of ways, some individuals may question religion by wondering if prayers make any difference in their lives [11]. This is important because there is some evidence that prayer is an effective coping resource [12]. However, if a person believes that prayer has little effect on the things that happen in life, then it is unlikely they will turn to prayer when they are confronted by adversity.

The second way in which religious doubt may compromise the coping process has to do with relationships with fellow church members. When individuals have doubts about their faith, they often hold views and experience feelings that differ from the views and feelings that are embraced by their co-religionists. The contrast between the views of the individual and those of the group are important because longstanding principles in social psychology suggest that individuals who hold views that differ from the consensus of the group expect to receive, and actually do receive, more negative evaluations from the members of the

group [13]. Levine and Kerr [13] go on to point out that research further reveals that dissenters are often rejected or ostracized by members of the group. This is important because a growing number of studies indicate that social support from fellow church members may be a valuable resource for dealing with stress [2]. However, if people experience religious doubt when stressors arise, then their doubts may alienate co-religionists and instead of being helpful, fellow church members may be a further source of stress if they criticize or ostracize the doubting individual. Experiencing rejection in church during a time of need may be especially troubling because people often expect fellow church members to be open, welcoming, forgiving, and compassionate [2]. If individuals expect support from fellow church members, but encounter rejection and negative interaction instead, then the accompanying sense of being let down is likely to be especially disturbing [8]. Consequently, the undesirable reactions of fellow church members may make it even more difficult to cope with an unrelated stressful experience. So it appears that religious doubt may once again limit access to a coping resource (i.e., church-based support) that might have otherwise helped the individual deal more effectively with adversity.

The third way in which doubt may compound the effects of stress is more psychological in nature. As Krause and his associates point out, when an individual is grappling with religious doubt they may experience strong negative emotions, such as guilt and fear [14]. These negative emotions are not unfounded because they are promoted by passages in the Bible as well as the writings of noted theologians. With respect to the Bible, the book of Romans unequivocally states that the individual who entertains doubt is condemned. Similarly, Martin Luther bluntly pointed out that “everlasting death” awaits people who have doubts about religion [15]. And more recently, Karl Barth [16], a noted theologian in the early part of the twentieth century, argued that individuals who doubt religion should feel ashamed. So if a person experiences religious doubt at the same time a negative stressor emerges in their life, then the feelings of fear and guilt that are associated with doubt may compromise their ability to effectively cope with the unwanted effects of the noxious event.

The fourth way in which doubt may add to the unwanted effects of stress may be found by probing more deeply into the finer nuances of the doubting process. As a number of investigators report, doubt does not always have negative consequences [14]. Although many factors are likely to shape the outcome of religious doubt, a potentially important determinant was identified by Krause [11]. His research indicates that people with lower levels of educational attainment are more likely to experience adverse effects from religious doubt than individuals who have completed more years of schooling. Krause [11] provides the following explanation for this relationship. Religious doubts often involve questions that are complex and abstract. More highly educated people are in better position to grapple with these challenging issues because of the skills they developed while in school. This view is captured by Mirowsky and Ross [17]. These investigators argue that through a good education the individual develops a host of useful habits and skills including the ability to think logically, the ability to synthesize and summarize experiences, as well as the ability to solve problems. These skills are important because they provide a sense of control over events and outcomes in life. The observations of Mirowsky and Ross [17] help explain why Krause [11] found that religious doubt is more likely to erode feelings of life satisfaction, self-esteem, and optimism among people with fewer years of schooling. The role that education plays in the doubting process is important for the current study because research by Hummer, Benjamins, and Rogers [18] reveals that 71.6% of older Mexican Americans have no more than eight years of schooling. This is the lowest level of educational attainment in any minority group.

Older Mexican Americans and Religious Doubt

There are three reasons why research is needed on the interface between religious doubt, financial strain, and depressive symptoms among older Mexican Americans. First, recent demographic projections indicate that by the year 2050, elderly Hispanics will pass older African Americans to become the largest minority group in the nation [19]. This trend is noteworthy because 64 percent of the nation's Hispanic population is of Mexican or Mexican American ancestry [20]. So as the proportion of older Mexican Americans in the United States continues to grow, it is imperative that researchers learn more about the factors that influence their health and well-being.

The second reason why it is important to study religion and well-being among older Mexican Americans has to do with the current state of the knowledge base. There are only a handful of studies that empirically evaluate the relationships among religion, health, and well-being among older Mexican Americans. Moreover, the few studies that have been done in this area are based solely on crude measures of religiousness, such as the frequency of church attendance [21] or self-rated religiousness [22]. It is time to bring the level of research on religion among older Mexican Americans up to the level of research on religion among other people of color, especially older African Americans. Doing so is important because research reveals there are pervasive differences between older whites and older blacks in the relationships among religion, health, and well-being [2]. Assessing religion and well-being among older Mexican Americans holds out the promise of providing further insight into the ways in which ethnicity shapes the influence of religion in late life.

The third reason why more research is needed on older Mexican Americans is perhaps the most important. Goizueta [23] maintains that one of the most striking features of Mexican American popular Catholicism is its communal character. He goes on to trace the implications of this key characteristic for individual development by noting that these religious communities are the foundation of individual personhood. If the church in the Mexican American community is communal in nature, as Goizueta [23] argues, then having doubts about religion may drive a wedge between older Mexican Americans and one of their primary sources of identity and personhood. And if older Mexican Americans are alienated from this core source of identity, then coping with an unwanted stressor may become all the more difficult.

Bringing Aging to the Foreground

The participants in the current study are all older adults. As a result, it is not possible to assess the effects of religious doubt across the full scope of adult life with these data. Even so, it is important to briefly discuss why studying people who are in late life can contribute to the knowledge base. Researchers have been aware for some time that the noxious effects of stress can be diminished if people possess adequate social and psychological coping resources [24]. This is noteworthy because gerontologists have argued for some time that resources tend to decline as people reach old age. Casting the discussion of resources within the context of gains and losses, Baltes and Smith [25] maintain that as people grow older, losses become much more prominent than gains. Although losses may occur in a number of domains, research indicates that the loss of personal control may be especially important because it is one of the major resources for coping with stress. A convincing body of research indicates that people with a strong sense of control are able to cope more effectively with adversity than individuals who believe they have little influence over the things that happen to them (i.e., a weak sense of control)[26]. Unfortunately, a growing number of studies suggest that feelings of personal control tend to decline at an accelerated rate as people move through the life course [27].

If resources decline as people grow older, then the resources that are still available in late life should take on added importance. And religion is a key resource that is still available to older people. Perhaps this is one reason why research consistently shows that older people are more deeply involved in religion than younger adults [28]. So if resources decline as people grow older, and if religion is an important coping resource in late life, then having doubts about religion should be especially troublesome for older adults. But there may be more to it than this.

Although all older people face challenges associated with declining resources, the situation of older Mexican Americans may be even more challenging. Research reveals that the poverty rate among older Mexican Americans is substantially greater than that of older whites. More specifically, Census estimates suggest that 18.1 percent of older Mexican Americans live in poverty whereas only 7.2 percent of older whites have poverty level incomes [29]. Although it is often overlooked in the stress literature, income is an important coping resource. For example, people who have adequate funds are in better position to obtain adequate representation when legal problems arise. Moreover, having money to help offspring who are ill can reduce the stress associated with the poor health of a loved one. So in addition to experiencing the usual loss of resources that accompanies old age, older Mexican Americans are further burdened with the lack of financial resources that are enjoyed by older majority group members. As a result, the effects of religious doubt on well-being should be even more evident among older people of Mexican ancestry.

Methods

Sample

The population for this study was defined as all Mexican Americans age 66 and over who were retired (i.e., not working for pay), not institutionalized, and who speak either English or Spanish. The sampling frame consisted of all eligible study participants who resided in the following five-state area: Texas, Colorado, New Mexico, Arizona, and California. The sampling strategy that was used for the widely-cited Hispanic Established Population for Epidemiological Study (HEPESE) was adopted for the current study (see Markides [20] for a detailed discussion of the steps that were followed). All interviews were conducted by Harris Interactive (New York). The interviews were administered face-to-face in the homes of the older study participants. Because all interviewers were bilingual, the study participants had the option of being interviewed in either English or Spanish. The wide majority of interviews (84%) were conducted entirely in Spanish. A total of 1,005 interviews were completed successfully. The response rate was 52%.

The EM imputation procedure was used to deal with item non-response. Preliminary analysis revealed that the average age of the participants in this study was 73.7 years ($SD = 6.6$ years). Approximately 42% of the older people in this study were men and the average level of educational attainment was 8.7 years ($SD = 4.4$ years). These descriptive statistics, as well as the findings that are presented below, are based on data that have been weighted.

Variables

The core measures for this study are provided in Table 1. The procedures that were used to code these indicators are provided in the footnotes of this table. All study measures were translated and back-translated from English into Spanish by a team of bilingual investigators.

Religious Doubt—Four indicators were used to measure religious doubt. As shown in Table 1, these items assess whether older Mexican Americans have doubts about religion,

whether they have doubts about the things they have been taught in church, whether they doubt if solutions to their problems can be found in the Bible, and whether they doubt if God is directly involved in their daily lives. The internal consistency reliability estimate (i.e., Cronbach's alpha) for this brief composite is .890. The mean is 5.4 ($SD = 2.3$). A high score on these indicators denotes more religious doubt.

The measure of religious doubt was devised with the item development strategy developed by Krause [31]. The relevance of these items for older Mexican Americans was evaluated with 51 cognitive interviews that were conducted with a sample of older Mexican Americans who were residing in South Texas [32]. Cognitive interviews involve presenting study participants with the newly devised closed ended items followed by a series of open-ended questions that were designed to see if they understand the questions in the intended manner. Following this, the items that measure religious doubt were again evaluated with 51 pretest interviews that were conducted with a new sample of older Mexican Americans. Additional pretests were conducted by Harris Interactive.

Financial Strain—Three widely used items were included in the current study to assess financial strain. These indicators ask study participants whether they have trouble meeting the monthly payments on their bills, whether they don't have enough money to make ends meet, and whether their financial situation is worse than that of most people their age. The reliability estimate for this short scale is .776. The mean is 5.9 ($SD = 2.1$). A high score represents greater financial difficulty.

Depressive Symptoms—Based on research reported by Krause [33], depressive symptoms was assessed with two measures. The first reflects depressed cognition while the second has to do with somatic symptoms of depression. Two separate measures of depressive symptoms were created for the following reasons. First, researchers have known for some time that somatic symptoms of mental health problems may actually reflect either legitimate physical illnesses or the influence of certain medications [34]. Some indication that the symptoms in the current study reflect mental health problems would arise if doubt and stress exert a similar impact on depressed cognition and the somatic symptoms of depression. Second, as Blazer [35] reports, older people often express symptoms of depression in somatic terms. This might be overlooked if the items that measure somatic symptoms and depressed cognition are included in the same scale.

The items in both sub-scales come from the Center for Epidemiologic Studies Depression Scale (CES-D) [37]. Depressed cognition was assessed with four items that involve feeling sad, feeling depressed, having crying spells, and not being able to shake off the blues. The reliability estimate for this brief composite is .890. The mean is 5.9 ($SD = 2.5$). A high score stands for greater difficulty with depressed cognition. Somatic symptoms of depression were also measured with four items that assess having a poor appetite, difficulty sleeping, feeling that everything is an effort, and the inability to get going. The reliability estimate for this short scale is .770. The mean is 5.9 ($SD = 2.3$). A high score represents greater difficulty with somatic symptoms of depression.

Religious Control Variables—The relationships among religious doubt, financial strain, and depressive symptoms were evaluated after the effects of the frequency of church attendance and the frequency of private prayer were controlled statistically. At first it might be difficult to see why measures of religious involvement are being used in a study of religious doubt. However, the literature suggests that some people who are actively involved in religion may nevertheless entertain doubts about their faith. Evidence of this may be found, for example, in the work of Tillich [37], who was a noted theologian of his day. He argued that instead of being something that should be avoided, doubt is actually a

confirmation of faith. Research further reveals that active involvement in religion is associated with fewer mental health problems [38]. Consequently, in order to obtain a better estimate of the effects of religious doubt on depressive symptoms, measures of church attendance and private prayer were included in the analyses.

Church attendance was measured with a single item that was designed to determine how often an individual attended worship services in the previous year. The mean level of church attendance is 5.2 ($SD = 2.8$). A high score indicates more frequent church attendance. Private prayer was assessed by asking study participants how often they pray when they are alone. The mean of the private prayer measure is 6.9 ($SD = 1.6$). A high score represents more frequent prayer.

Demographic Control Variables—The relationships among the measures that were discussed above were estimated after the effects of age, sex, and education were controlled statistically. Age and education are coded in years. In contrast, sex is coded in a binary format (1 = men; 0 = women).

Results

According to the theoretical rationale that was developed for this study, greater religious doubt should exacerbate the impact of financial strain on depressive symptoms. Stated in more technical terms, this specification calls for a test of a statistical interaction effect between religious doubt and financial strain on depressive symptoms. The proposed interaction effects were evaluated with the procedures recommended by Aiken and West [39]. First, all of the independent variables were centered on their means. Then, a multiplicative term was formed by multiplying the centered values of religious doubt by the centered values of financial strain. Following this, tests for interaction effects was performed in two steps. The additive effects of the independent variables were examined first. Then the multiplicative term was added to the equation in step two. Once estimates have been obtained, the formula provided by Aiken and West [39] was used to determine if a statistically significant interaction effect is in the predicated direction. This involves deriving estimates of the relationship between financial strain and depressive symptoms at select values of religious doubt. Although any value of religious doubt could be used for this purpose, the following levels of doubt are used below: the lowest doubt score, the mean religious doubt value, and one standard deviation above the mean of religious doubt. Researchers often use minus one standard deviation below the mean as one point in the illustration of interaction effects. However, one standard deviation below the mean was outside the range of observed scores. This occurred because the measure of religious doubt is skewed (i.e., a number of older Mexican Americans have relatively little religious doubt). Once estimates of the effects of financial strain at the selected levels of doubt have been obtained, tests of statistical significance are performed with an additional formula provided by Aiken and West [39].

The substantive findings from the current study are presented in Table 2. The two columns on the left side of this table provide the results from the test of the statistical interaction between religious doubt and financial strain when depressed cognition serves as the outcome measure. The two columns on the right hand side of Table 2 contain the findings from the test of this interaction when the measure of somatic symptoms is used as the dependent variable.

Two key findings emerge from the first column in Table 2 (see Model 1). First, the data indicate that greater doubt about religion is associated with more frequent depressive cognition ($Beta = .177$; $p < .001$). Second, the results reveal that greater financial difficulty

is associated with more frequent symptoms of a depressed cognition ($Beta = .234; p < .001$). But perhaps more importantly, the data in the second column suggest that there is a statistically significant interaction effect between religious doubt and financial strain on depressed cognition ($b = .060; p < .001$; see Model 2. Unstandardized estimates are presented when discussing interaction terms because the standardized estimates have no meaning in this context). If the interaction effect is in the proposed direction, then the effects of financial strain on depressed cognition should become successively larger at progressively higher levels of religious doubt. The additional computations that were discussed above indicate that the data are consistent with this hypothesis (these computations are not shown in Table 2). More specifically, the findings indicate that among older Mexican Americans with little religious doubt, greater financial strain is associated with more depressed cognition ($b = .189; Beta = .154; p < .001$). However, the impact of financial strain increases for older Mexican Americans with the mean level of religious doubt. More specifically, the relationship between financial difficulty and depressed cognition ($b = .274; Beta = .225; p < .001$) increases by 46% (i.e., $(.225 - .154)/.154 = .461$). The relationship between financial strain and depressed affect becomes even stronger for older Mexican Americans with relatively high levels of religious doubt (i.e., participants with scores that are one standard deviation above the mean level of doubt) ($b = .411; Beta = .337; p < .001$). Taken as a whole, the additional calculations reveal that as religious doubt increases from the lowest observed score to one standard deviation above the mean, the relationship between financial strain and depressed cognition increases by 119% (i.e., $(.337 - .154)/.154 = 1.188$). Simply put, religious doubt appears to exacerbate the effects of financial strain on depressed cognition.

The findings that emerge when somatic symptoms of depression served as the dependent variable largely mirror those that were observed with depressed cognition. To begin with, the data in the third column of Table 2 (see Model 1) indicate that more religious doubt ($Beta = .176; p < .001$) as well as greater financial difficulty ($Beta = .273; p < .001$) are associated with more somatic symptoms of depression. And consistent with the findings reported above, there is a statistically significant interaction effect between religious doubt and financial strain on somatic symptoms of depression ($b = .043; p < .001$; see Model 2). When the additional computations are performed the findings reveal that the relationship between financial strain and somatic symptoms becomes progressively larger as religious doubt increases: at the lowest observed religious doubt score the effect of financial strain is relatively lower ($b = .231; Beta = .210; p < .001$), but it increases for older Mexican Americans with an average level of doubt ($b = .293; Beta = .266; p < .001$) and becomes even larger for older Mexican Americans with religious doubt scores that are one standard deviation above the mean ($b = .391; Beta = .355; p < .001$).¹ However, in this instance, the overall increase in the size of the relationship between financial strain somatic symptoms from the lowest to the highest doubt scores (69%) is not as great as the increase that was observed with depressed cognition.²

¹As Graham [42] points out, research indicates that the standard errors produced by the EM procedure may be too small and as a result, regression estimates may appear to be more highly significant than they are in reality. In order to see if this problem arose in the current study, the data were analyzed a second time with the multiple imputation procedure, which is not affected by this problem. No substantial differences were found between the estimates that were derived with the two imputation procedures. More specifically, the additive effects of financial strain and religious doubt on both depressed cognition and somatic symptom scores were significant at the .001 level in both sets of analyses. Similarly, the statistical interaction between financial strain and doubt on depressed cognition was significant at the .001 level in both sets of analyses. The only point where differences emerged in the core study findings involved the interaction between financial strain and religious doubt on somatic symptoms. The estimate of this interaction was significant at the .001 level when the EM procedure was used, but it was significant at the .005 level with multiple imputation. There are two reasons why findings based on multiple imputation were not present in this study. First, the pooled estimates that are derived with multiple imputation do not contain standardized regression coefficients. Second, and more important, it was not possible to obtain a pooled matrix of variances and covariances of the regression coefficients. These coefficients are needed to compute the significance levels of the estimates of the effects of financial strain on depressive symptoms at select levels of religious doubt.

Discussion

Although researchers have often argued that religion provides ways to help people cope with stress [3], it is important to keep in mind that there is a darker side of religion that is not always beneficial. So when stressors arise, religion may impede as well as promote successful coping. Unfortunately, there have been virtually no studies of the way in which religion may compromise the coping process. Using the conceptual insights of Ellison and his colleagues [7] as a point of departure, the purpose of the current study was to address this gap in the knowledge base by seeing whether religious doubt exacerbates the deleterious effects of financial strain on depressive symptoms. The findings indicate that the unwanted effects of financial strain on depressive symptoms are more evident among older Mexican Americans who have more doubts about religion.

In the process of exploring this issue, an effort was made to contribute to the literature in another important way. The data for the current study were provided by a nationwide sample of older Mexican Americans. Very little empirical research has been conducted with older members of this rapidly growing ethnic group. Moreover, there do not appear to be any studies that empirically assess the effects of religion and stress among older Mexican Americans. Arriving at a better understanding of the ways in which stress affects the health and well-being of older Mexican Americans is essential because it holds out the promise of helping researchers find ways to assist members of this socially challenged ethnic group. If older Mexican Americans feel it is important to regain the faith they have lost or find the faith they never had in the first place, then the findings from the current study might ultimately be used to design support groups that can help them work through the doubts they may have about religion.

But prior to implementing support based interventions to help older Mexican Americans confront their doubts about religion, it is imperative that researchers learn more about the doubting process. A number of ways in which religious doubt might compromise the ability of older Mexican Americans to cope with stress were proposed earlier. Recall, for example, that loss of support from fellow church members, as well as feelings of guilt and fear, were evoked to explain how religious doubt might inhibit effective coping. These potentially important intervening factors must be evaluated empirically. Doing so will help sharpen the focus of interventions that are designed to help older Mexican Americans cope more effectively with the stressors they encounter.

In the process of exploring additional issues involving the interface between religious doubt and financial strain on depressive symptoms, it is important to keep the limitations of the current study in mind. Two are especially important. First, since the data were gathered at a single point in time, the temporal ordering among the study constructs were based on theoretical reasoning alone. Consequently, it is possible to reverse the causal ordering by arguing, for example, that older Mexican Americans who are initially depressed are subsequently more likely to have doubts about religion. Clearly this as well as other causal assumptions that have been made in the current study must be rigorously evaluated with data that have been gathered at more than one point in time. Second, the model that was evaluated in the current study is underdeveloped. The analyses focus solely on the interface between religious doubt and financial strain. However, older Mexican Americans may rely

²It may seem as though older Mexican Americans would have more doubts about religion if they experience chronic financial strain. If the correlation between financial strain and religious doubt becomes too large, it may become more difficult to differentiate between the impact of financial strain on doubt and the statistical interaction between doubt and financial strain on depressive symptoms. Fortunately, preliminary analysis suggests that the correlation between financial strain and religious doubt is small (.046) and not statistically significant.

on resources outside of religion to cope with these challenges. They may, for example, turn to family members and friends outside the church to help them cope with financial strain.

Many consider Virgilio Elizondo to be the founder of modern Latino theology [40]. Elizondo [41] discussed why some Mexican Americans may have doubts about traditional Catholic theology. When he was studying to become a priest, Elizondo came to the realization that mainstream Catholicism was ashamed of Mexican Catholicism, and as a result, he felt that he had to be ashamed of his own people in order to become a good priest. As a result of these prevailing views, he experienced doubt. However, he was able to overcome this challenge by calling for a new theology that was based on the experiences of his people. Unfortunately, the typical older Mexican American is not well positioned to contribute to this venture. And if the findings from the current study are valid, then the doubts that the average older Mexican American may have about religion may accentuate the economic difficulties that are so prevalent among members of this ethnic group.

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Table 1
Core Study Measures

1	Religious Doubt ^a
	<ul style="list-style-type: none"> A. How often do you have doubts about your religious or spiritual beliefs? B. How often do you have doubts about the things you've been taught in church? C. How often do you doubt whether solutions to your problems may be found in the Bible? D. How often do you doubt that God is directly involved in your daily life?
2	Financial Strain
	<ul style="list-style-type: none"> A. How much difficulty do you have in meeting the monthly payments on your bills?^b B. In general, how do your finances work out at the end of the month?^c C. How does your financial situation compare to that of most people your age?^d
3	Depressed Cognition ^e
	<ul style="list-style-type: none"> A. I feel I could not shake off the blues, even with the help of my family and friends. B. I felt depressed. C. I had crying spells. D. I felt sad.
4	Somatic Symptoms ^e
	<ul style="list-style-type: none"> A. I did not feel like eating, my appetite was poor. B. I felt that everything I did was an effort. C. My sleep was restless. D. I could not get going.
5	Church Attendance ^f
	How often do you attend religious services?
6	Private Prayer ^g
	How often do you pray by yourself?

^aThese items were scored in the following manner (coding in parenthesis): never (1), once in a while (2), fairly often (3), very often (4).

^bThis item was scored in the following manner: none (1), only a little (2), some (3) a great deal (4).

^cThis item was scored in the following manner: money left over (1), just enough (2), not enough money to make ends meet (3).

^dThis item was scored in the following manner: better (1), about the same (2), worse (3).

^eThese items were scored in the following manner: rarely or none of the time (1), some or a little of the time (2), occasionally or a moderate amount of the time (3), most or all of the time (4).

^fThis item was scored in the following manner: never (1), less than once a year (2), about once or twice a year (3), several times a year (4), about once a month (5), 2 to 3 times a month (6), nearly every week (7), every week (8), several times a week.

^gThis item was scored in the following manner: never (1), less than once a month (2), once a month (3), a few times a month (4), once a week (5), a few times a week (6), once a day (7), several times a day (8).

Table 2
Religious Doubt, Financial Strain, and Depressive Symptoms (N = 1,005)

Independent Variables	<u>Depressed Cognition</u>		<u>Somatic Symptoms</u>	
	Model 1	Model 2	Model 1	Model 2
Age	.054 ^a (.020) ^b	.067 [*] (.025)	.120 ^{***} (.041)	.130 ^{***} (.045)
Sex	-.193 ^{***} (-.978)	-.192 ^{***} (-.972)	-.133 ^{***} (-.609)	-.132 ^{***} (-.605)
Education	-.058 (-.033)	-.057 (-.032)	-.002 (-.001)	-.013 (-.001)
Church attendance	-.112 ^{***} (-.099)	-.116 ^{***} (-.102)	-.116 ^{***} (-.092)	-.119 ^{***} (-.095)
Private prayer	.069 (.107)	.070 [*] (.109)	.119 ^{***} (.167)	.120 ^{***} (.168)
Financial strain	.234 ^{***} (.285)	.225 ^{***} (.274)	.273 ^{***} (.300)	.266 ^{***} (.293)
Religious doubt	.177 ^{***} (.195)	.178 ^{***} (.196)	.176 ^{***} (.175)	.177 ^{***} (.175)
Financial strain × Religious Doubt		 (.060) ^{***}		 (.043) ^{***}
Multiple R ²	.158	.172	.157	.166

^aStandardized regression coefficient

^bMetric (unstandardized) regression coefficient

^{*}
= $p < .05$;

^{**}
= $p < .01$;

^{***}
= $p < .001$.