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Financial hardship and psychological distress: Exploring the buffering effects of religion

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A R T I C L E I N F O

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A B S T R A C T

Despite ample precedent in theology and social theory, few studies have systematically examined the role of religion in mitigating the harmful effects of socioeconomic deprivation on mental health. The present study outlines several arguments linking objective and subjective measures of financial hardship, as well as multiple aspects of religious life, with psychological distress. Relevant hypotheses are then tested using data on adults aged 18–59 from the 1998 US NORC General Social Survey. Findings confirm that both types of financial hardship are positively associated with distress, and that several different aspects of religious life buffer against these deleterious influences. Specifically, religious attendance and the belief in an afterlife moderate the deleterious effects of financial hardship on both objective and subjective financial hardship, while meditation serves this function only for objective hardship. No interactive relationships were found between frequency of prayer and financial hardship. A number of implications, study limitations, and directions for future research are identified.

Introduction

A substantial literature documents the positive association between socioeconomic deprivation and psychological distress (Adler & Ostrove, 1999; Marmot & Wilkinson, 1999; Mirowsky & Ross, 2003; Williams & Collins, 1995). Individuals who experience financial hardship tend to suffer from elevated levels of distress because of greater exposure to chronic and acute stressors, including family and relationship problems, trouble paying monthly bills, physical limitations, and poor neighborhood conditions, among others. These individuals are also more vulnerable to the deleterious effects of economic strain because they have fewer and less helpful social ties and support systems, lower levels of self-esteem and personal mastery, and less constructive coping styles and practices.

To date, the literature has focused primarily on "objective" measures of financial hardship, such as low levels of monetary income. However, recent studies have also directed attention toward "subjective" aspects, such as feelings of relative deprivation and subjective class identification (Branscombe, Schmitt, & Harvey, 1999; Crocker, Major, & Steele, 1998; Operario, Adler, & Williams, 2004; Yngwe, Fritzell, Lundberg, Diderichsen, & Burstrom, 2003; Zagefka & Brown, 2005). Research in this bourgeoning area suggests that one's assessment of their relative location in the socioeconomic hierarchy of society is an important predictor of mental health above and beyond objective factors (Demakakos, Nazroo, Breeze, & Marmot, 2008; Macleod, Davey Smith, Metcalfe, & Hart, 2005). Given that objective and subjective aspects of financial hardship likely compliment each other (Adler, 2006), the present study simultaneously examines both.

A growing literature has also examined links between multiple dimensions of religious involvement and mental health (Ellison, 1991; Krause, 1995; Pargament, 1997; Pescosolido & Georgianna, 1989; Williams, Larson, Buckler, Heckmann, & Pyle, 1991). Although research findings are not unequivocal, the weight of the evidence suggests that various aspects of religion may have salutary implications for mental health (Smith, McCullough, & Poll, 2003). Proposed explanations for these findings center on religion's ability to reduce exposure to social stressors, provide social and psychological resources to help deal with stressors when they actually are experienced, and to offer distinctive coping styles and practices, among others (Ellison & Levin, 1998).

Surprisingly, however, only a few empirical studies have examined the interface between financial hardship, religion, and mental health (Ellison, 1991; Krause, 1995; Pollner, 1989; Schieman, Nguyen, & Elliot, 2003; Schieman, Pudrovska, & Milkie, 2005), and no studies to date have looked into these relationships with respect to both objective and subjective measures of hardship. This gap in

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the literature is notable in light of the pervasiveness of deprivation/compensation logic in much of the social scientific study of religion. From the theoretical classics of Marx (Marx & Engels, 1955) and Weber (1964 [1922]), to the religion–mental health research involving coping (Pargament, 1997), to contemporary theories of religion (Stark & Bainbridge, 1996; Stark & Finke, 2000), a great deal of theory and research has been built on the assumption that religion is particularly salient, and possibly even beneficial, among socially and economically deprived individuals.

Overall, then, the primary focus of this study is to examine the intersection between financial hardship, religion, and mental health, especially the possibility that religious participation might buffer against the deleterious effects of economic strain. This goal is addressed by first outlining a rationale for linking financial hardship with mental health. Specific ways in which multiple dimensions of religious involvement (i.e., organizational participation, non-organizational practices, and the belief in afterlife) may help to mitigate the impact of these deleterious influences on distress are then discussed. Three hypotheses are then derived form this background, and tested using data from the 1998 General Social Survey (GSS), a representative sample of US adults. Implications of these findings are then discussed, and an agenda for future research is outlined.

Theoretical and empirical background

Financial hardship and mental health

Throughout modern industrialized societies, socioeconomic conditions affect the distribution of mental health by shaping: (a) the degree of exposure to social stressors (i.e., chronic and acute conditions that tax individual capacities to respond); and (b) the degree of vulnerability to those stressors (i.e., the quantity and quality of available resources with which individuals can deal with these problems). Persons with relatively low SES tend to confront more chronic and acute stressors compared with their privileged counterparts, and thus, on average, have worse mental health (Miech et al., 1999; Pearlin, Lieberman, Menaghan, & Mullen, 1981; Williams & Collins, 1995).

To date, most research in this area has focused on “objective” measures of SES, such as personal income, and explanations have centered on the presence or absence of material, social, and psychological resources. For example, individuals with inadequate financial resources are more prone to face difficulties in meeting personal or family needs, paying bills, and obtaining mental or physical health care, as well as lower risk of legal, interpersonal, familial, and other types of stressors. At the same time, these individuals also tend to possess smaller, less diverse social networks from which to obtain emotional, tangible, and informational assistance that could help them to resolve problems and manage the emotional consequences of life’s difficulties. In addition, these individuals typically suffer from deficiencies in psychological and cognitive resources, such as feelings of low personal control, efficacy, and self-worth, which likely impede successful coping and resilience in the face of stressors (Mirowsky & Ross, 2003). For these reasons, individuals with low SES commonly suffer from financial hardship and elevated levels of psychological distress.

In addition to objective measures of hardship, a growing number of studies have focused on “subjective” aspects as well, including feelings of relative deprivation and subjective class identification (Adler, Epel, Castallazzo, & Ickovics, 2000; Boyle, Norman, & Rees, 2004; Macleod et al., 2005; Singh-Manoux, Marmot, & Adler, 2005; Walker & Smith, 2002). Research in this area suggests that social comparisons based on one’s perceptions of their relative position in the socioeconomic hierarchy of society predict psychological well-being net of objective factors. Recent work has shown that subjective assessments of one’s financial condition are influenced, but not entirely predicted, by one’s occupational position, education, household income, satisfaction with their standard of living, past financial experiences, and feelings of financial security regarding the future (Singh-Manoux, Adler, & Marmot, 2003). In essence, these aspects of financial hardship may have at least some independent effects on mental health net of objective measures, and thus may compliment them when studied simultaneously (Adler, 2006). Given the relative neglect of this aspect of financial hardship in the literature, a detailed examination is required here.

As discussed in self-determination theory, individuals in the United States and other capitalist societies are often socialized to regard material gain (e.g., wealth, possessions, luxurious lifestyles) as indicators of success and worth (Kasser & Ryan, 1993). Those persons who perceive—rightly or wrongly—that they are failing to compete successfully for these resources, and to maintain or enhance their material quality of life relative to those of persons in their reference group(s) (e.g., friends, coworkers, neighbors, others), may be prone to experience emotional disturbance. Indeed, a growing body of evidence associates subjective social class with a diverse array of mental health outcomes, including levels of chronic stress (Adler et al., 2000), psychosomatic stress symptoms (Walker & Mann, 1987), depression (Singh-Manoux et al., 2003), negative affectivity and pessimism (Adler et al., 2000), and life satisfaction (Zagefka & Brown, 2005).

The literature suggests at least two sets of possible explanations for the linkage between subjective socioeconomic conditions and mental health. One line of argument centers on the mediating role of self-perceptions, particularly feelings of self-esteem (i.e., one’s intrinsic moral self-worth) and personal control (i.e., one’s ability to manage personal affairs and life direction) (Branscombe et al., 1999; Crocker et al., 1998). Briefly, individuals who feel a sense of relative deprivation or material failure may come to doubt their value and significance as individuals. They may believe—whether accurately or not—that persons around them regard them as unaccomplished and unworthy, and perhaps deserving of their diminished social standing. In turn, these negative reflected appraisals and unfavorable social comparisons may undermine mental well-being. In addition, individuals with low subjective SES may come to doubt their abilities and competence. Because they perceive that their efforts have failed to produce comparative financial or career success, they may question their capacity to achieve important life goals for themselves or their families in the future—e.g., long-term material quality of life, improved economic prospects, and independence. Several previous studies document links between subjective SES and the sense of control (Adler et al., 2000; Mirowsky & Ross, 2003). Moreover, both self-esteem and perceived control are well-established predictors of mental health outcomes (Mirowsky & Ross, 2003; Singh-Manoux, Adler, & Marmot, 2003).

A second set of explanations focuses on affective responses to (real or perceived) deprivation. Consistent with the arguments of equity theory, individuals with low subjective SES are likely to experience a range of negative emotions, such as anger, resentment, shame, guilt, and/or anxiety, among others—common results of perceived inequity and unfairness in the way in which societal resources and rewards are distributed (Van Willigen & Drentea, 2001; Zagefka & Brown, 2005). Importantly, the literature almost unequivocally shows that negative emotions such as these have deleterious effects on mental health (Mirowsky & Ross, 2003).

Overall, then, the literature suggests that both objective and subjective aspects of socioeconomic deprivation may contribute, in