Mormon women and depression

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Mormon women and depression

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MORMON WOMEN AND
DEPRESSION

by

Jeanmarie Maxwell

A thesis submitted in partial fulfillment
of the requirements for the degree of
Masters
in
Social Work

School of Social Work
University of Nevada, Las Vegas
May 1992
Approval Page

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May 1992
ABSTRACT

Religion has played a major role in societies throughout history and continues to do so today. For instance, The Church of Jesus Christ of Latter Day Saints (Mormon and/or LDS) has established its own cultural norms often considered to be more conservative than societal norms. Mormon women have expectations placed on them by both society and their church. When they fail to meet the demands placed on them, some may develop guilt feelings and depression.

This study investigates the prevalence and level of depression among Mormon women compared to non-Mormon women. The hypothesis states that the incidence of depression will be higher among LDS women than non-LDS women. A significant negative relationship is predicted to exist between religious practice and depression where the less they practice, the more depressed they would tend to be.

A random sample of 45 LDS and 49 non-LDS women were given a survey instrument to measure their level and rate of depression and their degree of religious belief and practice. LDS women appear to be more depressed than the rest of the Christian women in the sample. The results indicated, that LDS women who do not practice their religion, report higher rates of depression than other women. Also, those who practiced their religion appeared to be less depressed than those who did not.
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ACKNOWLEDGEMENTS

I would like to thank all those who helped me make it through the long process towards the completion of this thesis. I could not have done anything without the expert advice from Dr. Hailu Abatena. His patience and willingness to make time for me calmed me on many frantic occasions.

Thanks go to Dr. Shirley Cox, Dr. Shirley Patterson and Dr. Sue Whiston for their valuable comments and contributions to the content of this thesis.

Also, thanks are in order for those at LDS Social Services, Christian B. Anderson, Thomas O. Bunch and Maureen Driggers, for their support and confidence in me.

And finally, thanks to my parents and family who have encouraged me when I needed it the most and for standing by me even when I was often unable to return the favor. I could not have made it without all of you.
MORMON WOMEN AND DEPRESSION

One of the more common mental illnesses in our society is depression. In fact, "depression is so widespread it is considered the common cold of psychiatric disturbances" (Burns, 1980, p. 9). The seriousness of depression should not be underestimated since the consequences of depression include such social and economic costs as reduced worker productivity, alcohol abuse, drug abuse and even suicide. The severity of the effects of depression on an individual is vividly portrayed in the following journal entry of a depressed woman with suicidal ideation:

When one hurts alone, the pain is intensified, the wound becomes a deep gaping void that can’t be pacified. It is a white starkness that surrounds the gray rotting center. The blood no longer pulses through to give some warmth—rather it is dried in a hard crusty barb stabbing at the core of the pain. Fear arrives as a cold damp cloth constricting any move toward healing. Sometimes death appears as gentle waves of termination of unending pain—and one has to only accept the procedure to get there (Bailey, 1983, p. 35-36).

Therefore, gaining an understanding of factors associated with or contributing to depression is essential in the effort to reduce the suffering which may result from depression in our society.

One interesting factor about depression is that women are more prone to have it than men. Studies have shown that today, women are more vulnerable to depression than ever before (Bailey, 1983; Klerman & Weissman, 1980). In fact,
there are twice as many women who experience problems with depression as men. The proportion of the adult population that has depression has been estimated at 4.5% to 9.3% for females and 2.3% to 3.2% for males (APA, 1987). Higher rates of depression among women have also been found in several Western studies (Blazer et al., 1985; Craig & Van Natta, 1979; Howell, 1981; Weissman & Myers, 1978). Because of such high rates of depression among women, it seems appropriate to focus attention primarily on women when addressing the subject of depression.

Many associated factors have been looked at to explain the preponderance of women who are depressed. An interesting factor to consider is the effect of religion on the incidence of depression in women. "One neglected area is the role and force of religion in our clients' lives" (Favor, 1986, p. 24). Religion in and of itself is an extremely complex variable and researchers could only do the topic justice by narrowing the focus and aiming specifically on the relevant aspects of religion which may be related to depression.

PROBLEM STATEMENT

This study will concentrate on the study of religious variables as they may relate to depression in women who are members of The Church of Jesus Christ of Latter Day Saints (often referred to as LDS or Mormon). This subject area may prove interesting in raising several questions that need to
be considered. Are Mormon women more prone to depression than women of other faiths? Is there some unique characteristic within the LDS culture that plays a role in predisposing the Mormon women to depression? Do Mormon women have higher expectations of themselves based on their religious standards that may lead them to be more depressed? The purpose of this study is to explore these issues and hopefully find some answers.

LITERATURE REVIEW

The Mormon subculture is unique in many aspects as it pertains to women and therefore is of particular interest when looking at women and depression. The sex-role attitudes of Mormons versus non-Mormons in Utah has been investigated and compared. Hartman and Hartman (1983) have stated that the LDS Church is

... perhaps the only religion to have an explicit stand on the appropriate roles of women, in addition to placing value on large families and family life in general. Thus it is particularly interesting to explore how this official doctrine is reflected in the personal lives of members (Hartman & Hartman, 1983, p. 897).

The LDS Church has the ability to reinforce approved roles and disapprove of roles sanctioned by society in general, but that may conflict or interfere with the traditionally accepted roles of women in the LDS church such as the stay at home wife and mother. This does not mean that the Mormon church considers women to be inferior outside of the home. In fact women and their contributions to the
family are valued highly due to the importance placed on the family institution. Nevertheless, LDS members are shown as having more traditional attitudes than non-LDS individuals. So religion must have some effect on the formation of opinions among its members.

The changing roles of women over the last few decades have brought new questions to the forefront regarding women and their mental health. Women over the years have experienced diverse cultural changes within our society. The onset of cultural changes in society is usually accompanied by certain conflicts which may require certain adaptation. Linda Bailey states that:

As women today, we are, by and large, in greater conflict about our roles, our self-identity. We are now permitted to be more aggressive, to assert ourselves, and to claim more responsibility. As working women, we are growing more independent. On the one hand, we are expected to achieve. On the other hand, we are pressured to conform to the rigid patterns of our parents. The changes in sexual mores for women have created as many problems as they have solved. There is an increasing amount of marital maladjustment and the divorce rate is extremely high. Often women feel alienated by husband and children who expect "super" women. As women in today's society, we have come to place somewhat unrealistic expectations on ourselves (1983, p. 32).

Bailey (1983) concludes that in general women are predisposed to depression due to their sex, emotional attachments, demands placed on them by society and the complicated roles they fill.

Personal conflicts may be created out of new role
expectations, particularly for women who desire employment and recognition outside of the family while at the same time valuing their traditional family tasks. (Klerman & Weissman, 1980). It is interesting to point out, however, that Gove and Tudor (1973) noted that women have lower rates of mental illness than men when they are in a stable, closeknit community, that is culturally isolated and traditionally family oriented.

Religious denominational differences have been studied and it has been suggested that the healthy personality, which includes measures of anxiety and proneness to guilt, is associated with a more liberal or non-traditional approach towards religion (Glass, May 1971). They found a slight trend for religious denominations with high belief and high practice to be less anxious than those who had low belief and practice. This study suggests that students are less anxious when they adhere regularly to practices that pertain to their internalized values obtained in their childhood.

Hope Landrine (1988) looked at the gender role hypothesis of depression to see if the description of women's roles and depression overlap. Although only modest support for the gender role hypothesis was found, data suggested that there are several roles and stereotypes within the concept of a "woman's role" that differ based on race, social class and marital status. Landrine (1987) also
found evidence supporting the idea that women receive different diagnoses based on race, class, age and marital status. Single, middle-class, white women were labeled by clinicians as hysterical personality whereas the middle-class, white, married women were seen by the same clinicians as depressed.

The relationship between depressed women and stressful life events has been given some consideration. Holmes and Rahe (1967) found there to be a consistent sex difference in stress reports. On the other hand, others have thought that women may report more symptoms of depression because as women they felt freer to do so. However, Clancy and Gove (1974) found no sex difference in reporting of symptoms of depression as it relates to the role of social disapproval.

There also is the possibility that the help-seeking patterns of women differ from men so that women are more likely to seek help. "Women seek treatment for depression more often, while men have a higher suicide rate" (Klerman & Weissman, 1980, p. 75).

Moreover, women have been studied to explore if there is a biological susceptibility for them to become depressed. The endocrine system has been given particular attention as a possible cause of affective disorders in the female (Ivey & Bardwick, 1968; Moos, 1968, 1969). The period of menopause in women and depression has been given some attention in the literature as well. However, Winokur
(1973) found that the time of menopause in women poses no greater risk of depression than at other times in their life.

Studies on learned helplessness (Seligman, 1975) have been cited by Klerman and Weissman (1980) as applying to the social status of women. It is suggested that since women historically have held less power in society as in the ability to influence the course of events, that women then are predisposed to feelings of learned helplessness. These feelings of learned helplessness may lead some women to be depressed.

The particular personality style of the perfectionist, or the holding of highly unrealistic standards, has been implicated as a possible factor contributing to depression (Burns, 1980). Hewitt and Dyck (1986) found a connection between stress or failure experiences in terms of being mediators of the perfectionism and depression relationship. They showed that stress and depression were positively correlated with perfectionist type personalities but were not correlated with nonperfectionistic individuals. This has been interpreted to mean that "perfectionists respond to stressful events with depression, and supports the idea that perfectionistic behavior interacts with environmental events to produce depression" (Hewitt, 1990, p. 68). Consistent with this concept is the suggestion that depressed persons not only express the motivation to be perfect but also have
high standards for themselves (Hewitt & Flett, 1989).

Incidents of loss or disappointment as "provoking agents" in depression have been investigated by George W. Brown (1987). He suggested that loss or disappointment in the form of the loss of a person, role or valued idea about oneself or someone close that occurs in the present can bring on a depressive episode. The women shown to be most vulnerable to the "provoking agents" were those who did not have an intimate tie with a husband, those with more than three children under 14 years old and those who lost a mother before the age of 11. Brown (1987) showed that support at the time of crisis was very effective in neutralizing the effects of vulnerability to depression brought on by low self-esteem. He also found that the reduction of ongoing difficult life experiences or experiencing a "fresh start event" (a new start) was related to recovery in women with chronic depression.

Gove (1972) found higher rates of mental illness among women who had strains in their marriage roles. Apparently for men, being married "protects" them from mental illness, whereas for women, being married brings difficulties that can lead to mental illness. Data has shown that unmarried women have lower rates of mental illness than unmarried men. And since data also shows married women as having higher rates of depression than married men, then the reported high numbers of female depressives cannot be strictly due to
biological factors (Klerman & Weissman, 1980).

Despite the number of studies devoted to depression in women, the influence of the religious factor on depression among women seems to require some attention as well. Research knowledge regarding the relationship between religion and affective disorders specifically is very scant (Larsen et al, 1986).

Organized religion has played a major role in societies throughout history and continues to do so today. The values, attitudes, feelings and behaviors of individuals and groups have been shaped through the influence of religion. To ignore the effect religion has on mental health would be a major oversight.

In America the relationship between culture, religion and the State has made several fundamental shifts. As society grows and changes, new dilemmas arise regarding the biblical teachings and their alignment with cultural norms (Pescosolido & Georgianna, 1989). Although sociologists for years have predicted the demise of religion due to its incompatibility with modern society, religion has continued to flourish and, in fact, there has been a strong resurgence of religious cults. (Pescosolido & Georgianna, 1989). Therefore, current research in the area of depression would do well to consider seriously including a religious variable since religion is likely to remain a significant factor in the lives of many.
Emile Durkheim looked at the religious factor in terms of suicide and suggested that "religion preserves men from suicide only because and in so far as it is a society, other societies probably have the same effect" (Durkheim, 1951, p. 171). He viewed religion as serving an integrative and regulative function in the religious person's life. Those who were on the extreme ends of the continuum with either very weak integration (egoism) or very strong integration (altruism) were considered to be at high risk for suicide, according to Durkheim.

However, some later studies failed to find religion as a protective influence (Pope & Danigelis, 1981; Stack, 1980). An even more recent study looked at the religious variable in terms of Durkheim's proposition and found that religion continues to influence the suicide rate but that not all religions demonstrate a protective influence and in fact some have an aggravating effect. Religions that had the greatest attendance had the greatest protective influence while those whose members have a higher average number of members in the organization were more likely to have an aggravating effect on the rate of suicide (Pescosolido & Georgianna, 1989).

Glass (1971) demonstrated that different religions were not alike in triggering anxiety levels, thus indicating a differential influence of various religions. He found that groups with high practice and high belief were less anxious.
than those with low belief and low practice. The group of Baptists showed significantly higher scores on the belief scale than the other denominations studied. Therefore, a study dealing specifically with individual religious denominations may provide new insights into the realm of depression.

Religion continues to hold a great deal of power. It can "inhibit" actions as well as cause "social pressures" to induce action (Durkheim, 1961). The fact that people act on what they believe means that religion may be playing a larger role in individual behavior than, initially, might have been thought. The conjecture has been made that as the gap between church norms and societal norms widens, members will be less likely to find satisfactory compromises between the two positions of church and society (Iannaccone & Miles, 1990).

Negative self-image and low self-esteem as it correlates with religion was the focus of a study conducted by Benson an Spilka (1973). They linked low self-esteem and negative self-image to individuals who perceive God as being threatening and punitive. People who have a negative view of life and the world tend to have lower self-esteem, so it follows then that a negative view of God may also be a contributing factor to low self-esteem.

Rosenberg (1979) suggested that one of the variables involved in self-esteem formation may be the attitude a
woman has towards the appropriate role of women in society, i.e., whether they hold nontraditional attitudes or the traditional attitude which emphasizes the differences between the sexes.

Two opposing religious orientations indicating different types of motivation (intrinsic and extrinsic) has been proposed by Allport (1959). Intrinsic (I) individuals are motivated by their ultimate motive in life or their religious faith. While the religion of the extrinsically (E) motivated person serves a secondary purpose such as security, social status or power. Intrinsic religious motivation has been associated with a high degree of meaning in life (Soderstrom & Wright, 1977). One interesting finding along these lines is that women tend to score higher on the I than do men although there is no evidence of sex differences for E (Donahue, 1985). This finding appears to indicate that the relationship between religion and gender is an important one and deserves to be researched further.

The possibility has been raised that there may be a difference in the way religion operates in the lives of women and men. There may be different mental health and personality consequences for each of them (Richards, Smith & Davis, 1989).

Willits and Crider (1988) suggest that there may be a difference between the effects of religion on well-being based upon gender. They reason, that since women tend to be
more involved religiously, religion may prove to be an important predictor in terms of well-being.

Studies on religion and mental health have shown mixed results in general. Ellis (1980) is a strong advocate of the view that devout religiousness is a sign of mental and emotional disturbance. While Bergin (1983) believes religiousness can have a variety of positive consequences. Belonging to a religion can provide strong ties, access to intangible resources and emotional support for an individual (Wellman, 1983). However, Bergin (1983) later admits that religion is a complex phenomenon which is not consistently correlated with mental illness or mental health. On the other side one study went so far as to implicate religion in the process of interacting with and exacerbating existing emotional problems (Moench, 1985).

Surveys of community mental health have shown that religiosity among Protestants and Catholics was associated with less psychological distress, less worry and better adjustment and happiness (Gurin et al. 1960). After controlling for health status and sociodemographic characteristics, Idler (1987) found that religious belief and attendance at services was associated with low levels of depression for all elderly women in the study.

Not all studies support the idea that religion is associated with well-being. Levin and Markides (1986) and Brown and Gray (1987) do not support the proposition of
religion being associated with well-being. In addition, a meta-analysis found only about half of 24 studies that showed a positive association between religion and mental health (Bergin, 1983). Nelson (1974) suggested that at least for those who are weakly to moderately religious, religion has proven to be more frustrating than comforting at times.

Gove (1977) while looking at the depressing effects of children on women found that membership in clubs, churches and friendship groups and frequency of contact with these groups failed to modify the effects of children on depression.

Ross (1990) found that those who believed strongly in their religion had lower distress levels than those who had weak beliefs. Those who have not made a commitment to their religion but attend out of indifference had the highest distress levels. Another study has shown that pressure to engage in religious activities may create or increase emotional distress and tension (Ness & Wintrob, 1980).

McClure and Loden (1982) particularly looked at differing degrees of religious involvement on subjects' well being, satisfaction and overall perception of life stress. They found that Mormons and Baptists spent more time in religious activities (particularly in clerical and religious responsibilities) than did Jews, Catholics or college students. Mormons and Baptists were shown to be
most happy with their religious associations. Yet Mormons and Jews were less happy in their overall life satisfaction than other denominations. "Further, while the Mormon sample were basically happy with their religious activities, they were the least happy of all the faiths with their overall life" (McClure & Loden, 1982, p. 16).

Religious beliefs and norms held by the Mormon church encouraging women to be full-time homemakers has been attributed to the incidence of depression among Mormon women (Burgoyne & Burgoyne, 1977). Interestingly, career homemakers in society today have been studied and shown to be at the highest risk for depression (Brown & Harris, 1978; Stewart & Salt, 1981).

One particular study found no difference between the LDS and the non-LDS women in the same geographical location on a measure of the prevalence of depression (Spendlove et al., 1984). However, it is important to note here that this study was conducted in a predominantly Mormon area and therefore the results are not likely to be generalizable to populations outside of that area. In addition there was a disproportionate number of LDS women in the sample which makes a comparison of the two groups a less reliable indicator of similarity or differences between the two groups in terms of the prevalence of depression. In the study there were 213 women interviewed; 143 were LDS while only 36 were non-LDS.
Certain factors have been examined for their ability to predict depression in Mormon women in particular. Variables such as less education, the individual's perception of their own health as poor or fair, little perceived caring from spouse and less income were seen to be associated with depression and may put these women at more risk for becoming depressed. It has also been suggested that the cultural expectation of Mormon women to fulfill the role of mother and homemaker may predispose Mormon women who work outside the home to be at a higher risk for depression (Spendlove et al, 1984).

It has been observed by some that since the doctrine within the Mormon Church stresses "striving for perfection" combined with the tendency of the Mormon culture to preach frequently about "responsibilities" and "duties" that these things may cause some Mormon women to feel worthy or inadequate and thus become discouraged and depressed (Degn, Yeates, Greenwell, & Fiddler, 1985). Carlfred Broderick, a family counselor and LDS church leader (stake president) pointed out in a documentary on Mormon women and depression, that one of the strains on Mormon women is the pressure to be perfect. He states that "...being something less than that makes a lot of people depressed who, if their standards weren't quite so high, might be more self-accepting" (Degn, 1985, p. 21)

It is evident that depression is widespread in our
society today and that women are at high risk. Therefore any variables that could be found to be associated with depression may be beneficial in the search for understanding and possibly eliminating or at least preventing some of the effects of depression.

Recognizing that individual religious beliefs and actions may be related, the potential impact of the religious variable on the incidence of depression cannot be ignored altogether. Due to the complexity of religion, a more thorough and accurate study can be accomplished by narrowing the focus. Based on the results of a study dealing with the influence of religion on suicide while controlling for region, the conclusion was made that the influence of religion may operate differently depending on the geographical location (Pescosolido & Georgianna, 1989). The characteristics of the Las Vegas area should provide unique information in this study on Mormon women and depression.

The LDS Church provides fertile ground for the study of religion and depression since it comes across as quite conservative in its views as compared to society in general. It is suggested then that by investigating the prevalence of depression among LDS and non-LDS women, we may be able to better understand the relationship between religion and depression and suggest some useful methods for preventing the negative effects of depression in the lives of women or
perhaps aid them to cope with the depression already present in their lives.

**METHODOLOGY**

The purpose of this study is to explore the prevalence and level of depression among Mormon women as compared to non-Mormon Christian women. Various factors that may be contributing to the rate of depression will also be explored. In addition, the positive effects of membership in the Mormon church will be examined for its ability to influence or mediate the level of depression.

The questions addressed here are as follows: Is there a higher rate of depression in Mormon women than in non-Mormon Christian women? Are there certain unique factors in the lives of Mormon women that might make them more vulnerable to depression such as higher expectations of themselves? Does membership in the Mormon church provide access to resources that may aid in the reduction of depression? To explore these issues more systematically, the following hypotheses' are being offered.

**HYPOTHESIS**

1. The incidence of depression will be higher among Mormon women than non-Mormon Christian women.

2. There will be a significant positive association between religious belief and depression.

3. There will be a significant negative association between religious practice and depression.
OPERATIONAL DEFINITIONS

Depression as defined in this study is a state when an individual experiences overwhelming feelings of sadness, apathy or when they are unable to experience enjoyment in people or events, show minimal interest in daily activities, lack motivation, feel helpless and/or often have suicidal thoughts.

For the purposes of this study, the degree of depression was measured by scores on a depression scale which was obtained from the respondents utilizing a questionnaire. The instrument used was a questionnaire which was administered through telephone survey. The higher the score the more depressed the individuals would be and vice versa.

Religion is a complex variable and requires more attention in its measurement than merely specifying a particular religious denomination. Various researchers have broken this variable down along the dimensions of belief and practice (Glock & Stark, 1965, Peterson & Roy, 1985, Willits & Crider, 1988).

Belief has to do with a person accepting particular religious beliefs. Practice deals exclusively with actual activities that relate to a person’s religious actions or activities such as church attendance, prayer and other worship activities. As Marty (1976) claims "...what distinguishes religions in the United States today is social behavior, what people do, not just what they believe"
(Pescosolido & Georgianna, 1989, p. 39). This study will examine the religious variable along these lines i.e. practice and belief.

RESEARCH DESIGN

The research design used in this study was the survey design. A telephone interview questionnaire (see Appendix A) was used in collecting the data. The questionnaire included data on general demographic information, religion and the level and rate of depression that the respondents in the sample of Mormon and non-Mormon Christian may have experienced.

SAMPLING

Data was gathered from 45 Mormon women and 49 non-Mormon Christian women ranging in age from 18 to 85 years old with a mean age of 44. The non-Mormon women sample included 18 Catholics, and 31 Protestants and/or other religious faiths. Therefore, 48% of the sample were LDS, 19% were Catholic and 33% were Protestant and/or other. The religions represented in this sample are fairly representative of the distribution of the various religious denominations in Las Vegas as indicated by the current statistical information available. Within the Las Vegas area, 27% of the community claim to be Catholic, 32% to be Protestant and 11% to be of other faiths. Although only 9% of the population in Las Vegas consider themselves to be LDS, the membership is steadily growing. It has been
projected that the membership in the LDS church will double by the year 2000 (UNLV Center for Business and Economics, 1990).

The Mormon women were selected from five wards (congregations) in various locations throughout the Las Vegas area to take part in this study. Since the Mormon church organizes its members into congregations based on their home addresses, selecting wards randomly, based on their geographical location was an appropriate way to randomly select LDS members to be representative of various areas within Las Vegas. The wards were randomly selected in order to be as representative of the population as possible. The wards selected were from the central, southwest, southeast, northwest and northeast areas of Las Vegas.

After obtaining ward directories that listed members' names and phone numbers, ten women from each of the five selected wards were selected randomly utilizing the procedure of random sampling by replacement. Another ten were selected in the same fashion to act as alternate numbers in case the original ten did not participate for some reason or other. This was done to ensure that there would be enough Mormon women in the sample for reliable results to be obtained.

The non-LDS women sample was selected from several Christian denominations located in the Las Vegas area. The leaders of these churches were contacted to solicit their
cooperation in providing phone numbers of women from within their congregations to participate in the study. Due to confidentiality factors, most of non-LDS leaders were reluctant to furnish numbers of women from their congregations without first asking their approval. Typically the leader, agreed to announce at services the need for volunteers to participate in the study. This resulted in receiving phone numbers exclusively from volunteers who in the majority of the cases were regular or active church attenders. Therefore, random selection of the non-Mormon sample was impossible in this study.

Since the LDS church does not baptize children until the age of eight years old while other churches baptize infants, the responses to the question asking how long a person has been a member of their church could be distorted. Therefore, those who claimed to be members of their church for their whole life had eight years deducted from their age regardless of their religion to adjust for this problem.

**METHOD OF DATA GATHERING**

The method of data gathering was by telephone interview. Prior to the administration of the survey, the women were informed that their name would in no way be associated with the survey and that they were under no obligation to answer any of the questions. The names of the respondents were not placed on the survey in an effort to assure confidentiality.
After the women agreed to participate in the study, the demographic variables were requested. Then they were asked five questions related to their religious practice and five questions related to their religious belief. The answers to these questions were based on a Likert scale ranging from one to five. For example a practice question might be: How often do you engage in personal prayer? 1- Never 2- Rarely 3- Monthly 4- Weekly 5- Daily. The belief questions were also on a Likert scale of 1- strongly disagree 2- disagree 3- undecided 4- agree and 5- strongly agree.

The last set of questions were the depression questions. The statements in this last section included measures of depression similar to those on the Beck Depression Inventory (BDI) in particular areas such as sadness, discouragement, failure, guilt, disappointment, satisfaction with life, irritation, loss of interest, decision making ability, self-perception, work, sleep, worry and sex as they relate to religion. The statements were carefully structured and aimed at obtaining the respondents experience with depression as it relates to their view on religion. The respondents were asked to respond to the statements or questions based on the scale similar to the one described above.

The depression scale was arranged so that the higher the individual scored the more depressed the person would be considered and vice versa.
It is believed that since the same basic factors were measured as are found on the BDI, which has been found to be quite reliable and accurate, (Burns, 1980) that this adaptation of the BDI will also be a reliable instrument.

An added benefit of the telephone method was that it allowed the subjects the opportunity to clarify any unclear questions on the questionnaire thereby eliciting more accurate data from them. The telephone survey was not only very cost effective but it also allowed for some control over the number of respondents to be included in the sample.

DATA PROCESSING AND ANALYSIS

After the data was gathered, it was coded and loaded on a computer. Then a table of frequency distribution was developed using the scores. Measures of central tendency were calculated for the purpose of comparison. Crosstabulations were run between religion (using practice and belief questions as measures of religiosity) and depression.

A separate but similar crosstabulation was run between the independent variable (religiosity) and depression for each of the religious denominations. Chi-square and Pearson’s r were calculated to determine the significance of the relationship between the two variables.

In addition, an Analysis of Variance (ANOVA) was run to see if there was significant difference among the group’s level of depression. Furthermore, a post hoc ANOVA
utilizing the Scheffe procedure was run to determine which of the denominations is significantly different from the others in terms of their depression scores.

The rate of depression was calculated simply by computing the relative frequency or the proportion of LDS and non-LDS women with significant levels of depression. These figures were then used to estimate the prevalence of depression among and between the two major groups i.e. LDS and non-LDS.

**LIMITATIONS**

One limitation of this study is concerned with the method of sampling. The selection of women for the non-LDS portion of the sample was hampered by the fact that their church leaders did not feel comfortable handing out phone numbers of women in their congregations without first having their permission. Therefore, the non-LDS women were not randomly selected, but instead were volunteers from various congregations from within the Las Vegas community.

The inability to randomly select the non-LDS women for this sample thereby restricts the generalizability of this study. Had the total sample been randomly selected the conclusions may have been generalizable to the whole population of Las Vegas Christian women. However, since the non-LDS sample was limited to volunteers, the conclusions from this study can be generalized to Las Vegas LDS women only.
RESULTS AND DISCUSSION

The findings of the study are reported in the following pages.

BACKGROUND CHARACTERISTICS

The sample consisted of 85 Caucasian, 2 Filipino, 1 Hispanic and 7 African-American respondents. Table 1 outlines in more detail the distribution of demographic characteristics of the respondents. As can be seen, most of the women in the sample were Mormon and Protestant, Caucasian, and married. The married women in the sample ranged in number of years married from 1 year to 52 years with a mean of 17 years. About half of them have no children and a fifth have only one child. About one quarter of the respondents have at least a GED while nearly half of them have some college education. In terms of occupation about a third (28%) are homemakers, a little over one third (35%) are employed in service industries such as hotels, clerical jobs etc, while nearly a fifth of them (19%) have management/professional positions.

With respect to annual income, 11 percent of the respondents earned $10,000 to $20,000, 18% $20,001 to $30,000, 27% $30,001 to 40,000, 15% $40,001 to $50,000, 17% $50,001 to $75,000, 9% $75,001 to $100,000 and 4% earned over $100,000 annually. Thus, it appears that the majority of them are in the middle income bracket.

The mean number of years a woman in this sample had been
<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Religious Denomination:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDS</td>
<td>45</td>
<td>47.9</td>
</tr>
<tr>
<td>Catholic</td>
<td>18</td>
<td>19.1</td>
</tr>
<tr>
<td>Protestants</td>
<td>25</td>
<td>26.6</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>Ethnicity:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>85</td>
<td>89.5</td>
</tr>
<tr>
<td>African-American</td>
<td>7</td>
<td>7.4</td>
</tr>
<tr>
<td>Filipino</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Marital Status:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>76</td>
<td>80.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>5</td>
<td>5.3</td>
</tr>
<tr>
<td>Separated</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>Widowed</td>
<td>6</td>
<td>6.3</td>
</tr>
<tr>
<td>Single, Never Married</td>
<td>5</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Number of Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living in the Home:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>38</td>
<td>40.0</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>21.1</td>
</tr>
<tr>
<td>2</td>
<td>13</td>
<td>13.7</td>
</tr>
<tr>
<td>3</td>
<td>11</td>
<td>11.6</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>7.4</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Education:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some High School</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>High School or GED</td>
<td>25</td>
<td>26.3</td>
</tr>
<tr>
<td>Some College</td>
<td>44</td>
<td>46.3</td>
</tr>
<tr>
<td>BA or BS</td>
<td>15</td>
<td>15.8</td>
</tr>
<tr>
<td>MA of MS</td>
<td>6</td>
<td>6.3</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemaker</td>
<td>26</td>
<td>28.0</td>
</tr>
<tr>
<td>Service Provider</td>
<td>20</td>
<td>21.5</td>
</tr>
<tr>
<td>Food or Hotel</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>Clerical</td>
<td>10</td>
<td>10.8</td>
</tr>
<tr>
<td>Management/Professional</td>
<td>18</td>
<td>19.3</td>
</tr>
<tr>
<td>Disabled</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>Retired</td>
<td>8</td>
<td>8.6</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>5.4</td>
</tr>
</tbody>
</table>
a member of her church was 31 years. The sample ranged from one year to 77 years for the number of years they had been a member of their church.

The scores on the depression scale ranged from 16 to 54. The highest possible score on the depression questions was 80 (which would indicate a high level of depression) and the lowest possible score was 16 (indicating a low level of depression).

The results in Table 2 indicate that there is a percentage in each depression group among different religious denominations in terms of their level of depression. The data indicates that proportionately more Mormon women tend to experience depression than either the Catholic women or women in other religious affiliations.

| TABLE 2 |
| Distribution of religious group by depression |

<table>
<thead>
<tr>
<th>DENOMINATION</th>
<th>DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low N</td>
</tr>
<tr>
<td>LDS</td>
<td>10</td>
</tr>
<tr>
<td>Catholic</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
</tr>
</tbody>
</table>

\[
r = -.257 \quad p \leq 0.05
\]
Figures 1, 2 and 3 illustrate the point made above with even greater clarity. It can be seen from the pie charts in these figures that the Mormons and Catholics are quite similar in their distribution of depression scores, although the LDS sample has slightly higher percentages in the highly depressed category and slightly lower percentages in the low depression category than the Catholics and other religions. It appears that the respondents from other religious faiths have lower levels of depression than either the Catholics or the Mormons.

Figure 1:
The incidence of depression among LDS respondents

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Figure 2:
The incidence of depression among Catholic respondents

27.78%
33.33%
38.89%

□ Low Depression ■ Moderate Depression ■ High Depression

Figure 3:
The incidence of depression among other respondents

51.61%
25.81%
22.58%

□ Low Depression ■ Moderate Depression ■ High Depression

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TABLE 3

One-way Analysis of Variance of differences between means among religious denominations

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Mean Square</th>
<th>F-ratio</th>
<th>F-prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>386.95</td>
<td>2</td>
<td>193.47</td>
<td>3.27</td>
<td>.0425*</td>
</tr>
<tr>
<td>Within Groups</td>
<td>5383.52</td>
<td>91</td>
<td>59.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5770.48</td>
<td>93</td>
<td>59.16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p ≤ .05

The results of the one-way ANOVA, as can be seen in Table 3, revealed that there is significant difference among the different religious denominations in terms of the level of depression, $F (2, 91) = 3.27, p ≤ .05$. Furthermore, a post hoc ANOVA utilizing the Scheffe procedure was run to determine which of the three groups were significantly different from the rest. The results indicate that the LDS group is significantly different from the other religious denominations (Protestants and others), $F (2, 91) = 3.52, p<.05$.

A few of the depression questions were found to be correlated highly with religious denomination. It is interesting to note here that the three depression questions that reached significance happen to deal specifically with the issue of guilt or mental anguish which can be a form of guilt.
In addition to the results reported above, a correlation of specific practice responses on the questionnaire i.e. failing to obey God’s commandments, with selected depression measures i.e. guilt feelings, also indicated a

**TABLE 4**

Crosstabulation of religious practice question i.e. disobeying God’s commandments, by depression among respondents of different religious denominations.

<table>
<thead>
<tr>
<th></th>
<th><strong>1</strong></th>
<th><strong>2</strong></th>
<th><strong>3</strong></th>
<th><strong>4</strong></th>
<th><strong>5</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>LDS</td>
<td>33.3%</td>
<td>36.6</td>
<td>17.8</td>
<td>8.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Catholic</td>
<td>38.9</td>
<td>27.8</td>
<td>16.7</td>
<td>16.7</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>48.0</td>
<td>40.0</td>
<td>8.0</td>
<td>4.0</td>
<td></td>
</tr>
</tbody>
</table>

r = -.23  p ≤ .05

**= Never 2=Seldom 3=Occasionally 4=Often 5=Very Often

**TABLE 5**

Crosstabulation of religious practice question i.e. not reading scriptures regularly, by depression among respondents of different religious denominations.

<table>
<thead>
<tr>
<th></th>
<th><strong>1</strong></th>
<th><strong>2</strong></th>
<th><strong>3</strong></th>
<th><strong>4</strong></th>
<th><strong>5</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>LDS</td>
<td>20.0</td>
<td>22.2</td>
<td>28.9</td>
<td>17.8</td>
<td>11.1</td>
</tr>
<tr>
<td>Catholic</td>
<td>33.3</td>
<td>27.8</td>
<td>27.8</td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>12.5</td>
<td>41.7</td>
<td>37.5</td>
<td>8.3</td>
<td></td>
</tr>
</tbody>
</table>

r = -.23  p ≤ .05

**= Never 2=Seldom 3=Occasionally 4=Often 5=Very Often

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Crosstabs of religious practice question i.e. not attending church regularly, by depression among respondents of different religious denominations.

<table>
<thead>
<tr>
<th></th>
<th><strong>1</strong></th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDS</td>
<td>65.9</td>
<td>9.1</td>
<td>9.1</td>
<td>13.6</td>
<td>2.3</td>
</tr>
<tr>
<td>Catholic</td>
<td>66.7</td>
<td>22.2</td>
<td>11.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>96.0</td>
<td>4.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**r = -.28 p ≤ .01**

**1=Never 2=Seldom 3=Occasionally 4=Often 5=Very Often**

The data in Table 7 represents the results for all of the respondents pulled together. Accordingly there is a significant (p ≤ .01) slightly moderate negative association between religious practice and depression. This suggests
TABLE 7
Crosstabulation of religious practice by depression among all respondents.

<table>
<thead>
<tr>
<th></th>
<th>Low N</th>
<th>Low %</th>
<th>Mid N</th>
<th>Mid %</th>
<th>High N</th>
<th>High %</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRACTICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>8</td>
<td>15.4</td>
<td>30</td>
<td>57.7</td>
<td>14</td>
<td>26.9</td>
</tr>
<tr>
<td>High</td>
<td>10</td>
<td>23.3</td>
<td>32</td>
<td>74.4</td>
<td>1</td>
<td>2.3</td>
</tr>
</tbody>
</table>

\[ r = -0.28 \quad p \leq 0.01 \]

that the more people are able to live up to their religious belief or expectations (higher practice) the less likely they would tend to become depressed.

Table 8 represents the results for the LDS respondents in terms of their religious practice and depression. The results here indicate a significant \((p \leq 0.05)\) moderate negative correlation between religious practice and depression. These results seem to suggest that the LDS members may practice strict observance of their religious beliefs (expectations) thereby reducing the likelihood of feeling guilty and depressed.

This study did not reveal significant correlation between religiosity and depression for Catholics and other denominations. This is an interesting finding in itself.
TABLE 8

Crosstabulation of religious practice by depression among LDS respondents.

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Mid</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>2</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>%</td>
<td>7.7</td>
<td>61.5</td>
<td>30.8</td>
</tr>
<tr>
<td><strong>P</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>R</strong></td>
<td>Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>High</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td></td>
<td>73.7</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>H</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$r = -.34$ \( p \leq .05 \)

Only the LDS sample showed any significant findings in terms of the relationship between practice and depression.

There is a significant difference among the different religious denominations in terms of the chi-square of religious practice by denomination. These results can be found in Table 9. Three of the five practice questions showed a difference in terms of religious denomination.

In regards to the correlation of religious belief and depression for all religions together and for each religious denomination separately, the data did not yield any significant finding. It can be inferred from this that although people may have varying degrees of religious belief, these beliefs by themselves do not necessarily have an effect on the feelings typically associated with depression. The crucial factor in depression seems to be not
TABLE 9

Crosstabulation of religious practice and denomination.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you attend church?*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDS</td>
<td>2%</td>
<td>9%</td>
<td>2%</td>
<td>4%</td>
<td>82%</td>
</tr>
<tr>
<td>Catholic</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>100</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>92</td>
</tr>
</tbody>
</table>

(chi-square 65.883, df=20, N=94, p ≤ .001)

How often do you engage in personal prayer??

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LDS</td>
<td>2</td>
<td>4</td>
<td>11</td>
<td>82</td>
<td>-</td>
</tr>
<tr>
<td>Catholic</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td>78</td>
</tr>
<tr>
<td>Others</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>8</td>
<td>88</td>
</tr>
</tbody>
</table>

(chi-square 101.926, df=20, N=94, p ≤ .001)

How often do you read your scriptures??

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LDS</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>47</td>
<td>33</td>
</tr>
<tr>
<td>Catholic</td>
<td>11</td>
<td>6</td>
<td>11</td>
<td>56</td>
<td>17</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>32</td>
<td>60</td>
</tr>
</tbody>
</table>

(chi-square 40.802, df=20, N=94, p ≤ .01)

*1=never 2=rarely 3=on special occasions 4=monthly 5=weekly
**1=never 2=rarely 3=monthly 4=weekly 5=daily

so much about belief as it is but how a person acts or does not act on behalf of those beliefs that makes the difference.

The results in Table 10 indicate that there is significance in the correlation of respondent’s belief with religious denomination.

The correlation of various religious beliefs with
TABLE 10
Distribution of religious belief by religious denomination.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those who believe in Christ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>should follow his example.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDS</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>13%</td>
<td>87%</td>
</tr>
<tr>
<td>Catholic</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Others</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8%</td>
<td>92%</td>
</tr>
</tbody>
</table>

(chi-square 74.267, df 10, N=94, p < .001)

| People who do not live up to  | 2     | 11    | 18    | 38    | 31    |
| their religious beliefs        |       |       |       |       |       |
| are displeasing God.           |       |       |       |       |       |
| LDS                           | 2     | 11    | 18    | 38    | 31    |
| Catholic                      | 6     | 33    | 22    | 17    | 22    |
| Others                        | -     | 12    | 12    | 40    | 36    |

(chi-square 31.914, df 20, N=94, p < .05)

| I believe that God knows and  |       |       |       |       |       |
| cares about the things I do   |       |       |       |       |       |
| in my life.                   |       |       |       |       |       |
| LDS                           | -     | -     | -     | 7     | 93    |
| Catholic                      | -     | -     | -     | -     | 100   |
| Others                        | -     | -     | -     | 4     | 96    |

(chi-square 11.552, df 5, N=94, p < .05)

| People should engage          |       |       |       |       |       |
| regularly in religious type   |       |       |       |       |       |
| activities such as prayer and |       |       |       |       |       |
| scripture reading in their    |       |       |       |       |       |
| homes.                        |       |       |       |       |       |
| LDS                           | -     | -     | -     | 22    | 78    |
| Catholic                      | -     | 6     | 17    | 39    | 38    |
| Others                        | -     | -     | 4     | 12    | 84    |

(chi-square 45.144, df 15, p < .001)

| I believe that keeping Gods's |       |       |       |       |       |
| commandments can bring me    |       |       |       |       |       |
| happiness and salvation.      |       |       |       |       |       |
| LDS                           | -     | -     | -     | 20    | 36    |
| Catholic                      | -     | -     | 6     | 39    | 56    |
| Others                        | -     | 13    | 4     | 17    | 67    |

(chi-square 26.475, df 15, N=93, p < .05)

* 1=strongly disagree 2=disagree 3=undecided 4=agree 5=strongly agree

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religious denomination yielded highly significant results. In this regard the sample used in this study appears to be very homogeneous.

The small variability in responses to a few of the questions may be partly as a result of doctrinal differences found between the various religious denomination. For instance, some Baptists may believe that salvation is free and that keeping God’s commandments has nothing to do with salvation.

Overall the responses to the belief questions were basically on the agree and strongly agree side indicating once again that in this respect the sample is very homogeneous.

Although the outcome of this study does not show a large difference in the prevalence of depression among Mormon women compared to non-Mormon Christian women, there are some interesting findings to note.

CONCLUSION

In general the trend for all the religions in this study leaned towards the conclusion that those who practiced their religion seemed to be less depressed than those who did not. However, only in the LDS sample did the results show significance. Thus, there is support for idea that LDS women who do not practice their religion tend to report higher rates of depression than those women of other denominations who do not practice their religion. This
lends support for the possibility that LDS women might then have higher expectations of themselves in terms of outward religious conformity in their behavior than those of other faiths which may make them more at risk for depression. Thus, based on this study the LDS women in Las Vegas could be described as having very strong beliefs as defined here.

Future studies in this area would do well to delve further into the relationship between depression and religion and to expand on the concept of expectations. Another possibility that may account for the risk of Mormon women to depression might be that some women who believe they are living their religion fully, may have the expectation that they should then be totally happy. Therefore, when disappointments inevitably come, they may get discouraged because life is not as happy as they expected based on their belief system.

Different results might be obtained from research that included fundamentalist religious persons as well as non-religious individuals in the sample to be studied for depression. Including those who are not religious is an important comparison group which could prove to verify the effects of religion in general on levels of depression.

The implication of the results found in this study, can be useful to the practicing social worker in many regards. Gaining a better understanding of the impact of religion on an individual’s mental health, can aid social workers in
their dealings with people. By taking into account a
client's spiritual side, a social worker can unveil a great
deal of pertinent information that may prove to be useful in
the helping process. An awareness of the religious factor
affecting an individual's life can especially aid those
social workers who are in clinical practice to gain insight
into the religious motivations behind particular behaviors,
thoughts and feelings of their client.

The findings in this study seem to indicate that it
would be wise while assessing depressed women to address the
issue of unrealistic expectations as it relates to their
religion. Although the two might not always be related to
one another, serious consideration of the concept of
religious expectations and depression may lead some social
workers to previously unthought of territory during the
assessment and treatment phases of work.

An individual's spirituality overlaps into all areas of
their life, and, therefore, is relevant in the attempt to
fully understanding others. To understand the impact of
religion on people's thoughts and behaviors, is to open the
doors to a greater understanding of the human race.

The results of the study have helped to shed some light
on future research needs in this area. Further research,
with religion as a major variable, is needed in the mental
health and social work fields. Learning more about the
impact religion has on women's mental health as it relates
to depression may serve as a single stepping stone, stimulating others to pursue this line of research.
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APPENDIX A

SURVEY INSTRUMENT
MORMON WOMEN AND DEPRESSION
SURVEY INSTRUMENT

1. Age? ______________________

2. Race? ______________________

3. Marital Status? ________ If married, how many years?______

4. Number of children living in your home? ________

5. Highest level of education completed? ________

6. Occupation? ________________

7. Annual Family Income? ________________

8. Religion? (specify) ________________

9. How long have you been a member of your church? ________________

DEGREE OF RELIGIOSITY:

PRACTICE:

10. How often do you attend church?

Never  Rarely On Special Occasions  Monthly  Weekly
1 2 3 4 5

11. How often do you engage in personal prayer?

Never  Rarely Monthly Weekly Daily
1 2 3 4 5

12. I am honest in my dealings with others.

Never  Rarely Occasionally Often Always
1 2 3 4 5

13. How often do you take time to repent of your sins?

Never  Rarely Occasionally Often Very Often
1 2 3 4 5

14. How often do you read your scriptures?

Never  Rarely Monthly Weekly Daily
1 2 3 4 5

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**BELIEF:**

Scale:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

15. Those who believe in Christ should follow His example.

1 2 3 4 5

16. People who do not live up to their religious beliefs are displeasing God.

1 2 3 4 5

17. I believe that God knows and cares about the things I do in my life.

1 2 3 4 5

18. People should engage regularly in religious type activities such as prayer and scripture reading in their homes.

1 2 3 4 5

19. I believe that keeping God’s commandments can bring me happiness and salvation.

1 2 3 4 5

***ADAPTATION OF THE BECK DEPRESSION INVENTORY (A-BDI)***

Scale:

<table>
<thead>
<tr>
<th>Never</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

20. My sins, such as lying and being dishonest cause me to feel sad.

1 2 3 4 5

21. I feel that things can not improve and that my future is hopeless because I am not able to love and serve others as God would like me to.

1 2 3 4 5

22. I feel bad about myself
because I have failed to live up to my religious standards such as being honest as the Lord would expect me to do.

23. My inability to actively participate in church services such as Sunday school has created a sense of failure and dissatisfaction within myself.

24. I feel guilty because of disobeying God’s commandments such as to honor my parents and keep the sabbath day holy.

25. I feel I am being punished for not repenting of my sins.

26. I feel disappointed in myself for not praying as often as I should.

27. I am critical of myself because of my weaknesses and failures in not being able to live according to my religious beliefs.

28. I feel that I am an unworthy person in the eyes of the Lord because I am not obedient to many of God’s commandments such as to be honest and to attend church.

29. My sexual desires tend to make me feel bad about my moral strength.

30. I get angry with myself for not regularly
praying and attending church as I should.  

31. I think some people are more righteous than me and therefore I find it difficult to be around others.  

32. My religious belief makes it difficult for me to make life decisions.  

33. If I do not attend to my religious practices such as reading the scriptures and repenting I feel guilty.  

34. Because of my sins such as talking bad about others or failing to forgive others, I find it difficult to sleep.  

35. My inability to attend church services regularly tends to create mental anguish.
INSTRUCTIONS FOR ADMINISTERING THE SURVEY

Telephone Dialogue:

Hello, my name is (insert your name). I am assisting a UNLV graduate student doing research for her thesis on religion and depression. I would appreciate it if you would take a few moments to answer some survey questions on this topic.

Please be assured that your responses will be recorded so that you will not be identified in any way. This will be completely confidential.