Exploring Mediators of Religiosity and Depressive Symptoms in Married Couples

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University of Connecticut, 2016

Substantial research has established that increases in religiosity can serve as a protective factor against depression. However, almost no research has focused on this relationship within a couple relational framework. Theory and previous research provide evidence that there may be several indirect or mediational pathways by which this relationship is manifest. Three longitudinal Actor-Partner Interdependence Models were used to test the relationships between religiosity at Time 1, forgiveness at Time 3, marital satisfaction at Time 4 and depressive symptoms at Time 5. Data came from a longitudinal sample of 315 married couples who were studied over a five year period. Religiosity was used as a predictor in the first analysis with both self-reported and perception of partner measures of forgiveness as mediators with marital satisfaction as the outcome. Religiosity was used as a predictor in the second analysis with marital satisfaction as a mediator and depressive symptoms as the outcome. Finally, all of the variables were analyzed simultaneously with the measures of forgiveness serving as the first mediator, and marital satisfaction serving as a second mediator in the relationship between religiosity and depressive symptoms. General findings indicated that husbands’ religiosity was more impactful on the relationships of interest when compared to the impact of wives’ religiosity. However, in the first analysis wives’ religiosity had a negative impact on wives’ perceptions of partner forgiveness which led to decreases in both partners’ marital satisfaction. In the second analysis wives’ religiosity had a negative impact on marital satisfaction for both partners which led to increases in husbands’ depressive symptoms. Alternatively, husbands’ religiosity did not have an impact on any of the measures of forgiveness. However, husbands’ religiosity did have a direct positive
impact on both wives’ and husbands’ marital satisfaction which led to decreases in depressive symptoms for both partners through an array of indirect actor and partner effects. No significant direct effects were found between religiosity and depressive symptoms. However, in the final analysis when all of the variables were estimated simultaneously there was only one significant indirect effect wherein husbands’ marital satisfaction served as a significant partial mediator between husbands’ religiosity and husband’s depressive symptoms.