

PULGAR GUZMAN, CAMILA A., Ph.D. Examining the Moderating Effects of Religious Coping on the Relationship Between Acculturative Stress and Depression and Suicide Ideation Among Emerging Adult Latinx Immigrants. (2021)  
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Even though the rhetoric that immigrants hear from many sources is often less than welcoming, the Latinx immigrant community continues to increase and is growing rapidly in the United States (Pew Research Center, 2018), making it important than ever to learn more about the acculturative stress process and its effect on Latinx individual's mental health. Latinx immigrants come from diverse countries in Latin America and bring with them varying religious beliefs, education, and traditions. According to the 2018 census, there is diversity in terms of country of origin and nativity for Latinx immigrants, revealing that 61.9% of Latinx immigrants to the U.S. identified with Mexican ancestry, 9.6% with Puerto Rican, 3.9% Cuban, and 3.8% as Salvadoran. The richness of the Latinx community allows for an extensive and diverse set of values, resiliency, and coping opportunities. As they immigrate from their home countries, Latinx immigrants are at high risk for the negative mental health consequences that come with acculturative stress. Exploring this immigration process and cultural transitions, or acculturation process, affords a glance into factors that impact Latinx immigrants' mental health and coping mechanisms, especially predicting depressive symptoms and suicidal ideation.

Additionally, religious identity is salient among many members of the Latinx community, with those in the Latinx community using religious coping mechanisms more frequently than their non-Latinx White counterparts (Valle, 1994). Accordingly, it seems

critical to understand how religious coping, defined as “the use of cognitive and behavioral techniques, in the face of stressful life events, that arise out of one’s religion or spirituality” (Tix & Frazier, 1998, p. 411), might serve to weaken (positive religious coping) or strengthen (negative religious coping) the relationship between acculturative stress and suicide ideation. Accordingly, the purpose of this study is to examine the moderating effect of religious coping on the relationship between acculturative stress and suicide ideation among Latinx immigrants.

The analyses for this dissertation consisted of linear regressions and moderation analysis through the use of regression analyses. Data were collected via social media, snowballing, and network notifications. All of the data were analyzed using SPSS, and the results are described to answer the proposed research question. Results show that even though religious coping was a strong predictor of depression, it did not serve as a significant moderator of the relationship between acculturative stress and either depression or suicidal ideation. Interestingly, this sample had participants who reported unusually high levels of suicidal ideation and depression, and possible explanations for this are discussed in Chapter V. Study limitations, implications for counselors, and suggestions for future research are included.

EXAMINING THE MODERATING EFFECTS OF RELIGIOUS COPING ON THE  
RELATIONSHIP BETWEEN ACCULTURATIVE STRESS AND  
DEPRESSION AND SUICIDE IDEATION AMONG  
EMERGING ADULT LATINX IMMIGRANTS

by

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To Joaquin-

I can't promise I will take the pain away,  
But I promise you won't have to face it alone.  
You are never alone.

APPROVAL PAGE

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## **CHAPTER I**

### **INTRODUCTION**

The Latinx population continues to increase in the United States. From 2015 to 2019, there was an increase from 56.5 million to 59.9 million Hispanics in the United States, reflecting growth from 17.6% to 18.4% of the total U.S. population (Pew Research Center, 2019).

All through this dissertation, the non-gendered term Latinx will be used to include other terms such as Hispanic and Latino/a collectively to describe inhabitants of the United States who are of Latin American origin. It is important to note that it is a fairly new term for this community, and, in fact, about 76% of those in the Latinx community have not heard of this term (Pew Research, 2020). Nonetheless, the author encourages using this term to encourage the LGBTQA+ movement within the US and to champion diverse gender identities. Accordingly, throughout the remainder of this dissertation, I will use the non-gendered term Latinx to include other terms such as Hispanic and Latino/a collectively utilized to describe inhabitants of the United States who are of Latin American origin. Given that the Latinx community is a heterogenous group, with diversity in the country of origin, culture, and socioeconomic status, it is necessary to define this population further. In terms of country of origin, in 2018, 61.9% of Latinx immigrants to the U.S. identified with Mexican ancestry, 9.6% with Puerto Rican, 3.9% Cuban, 3.8% as Salvadoran, 2% Colombian, and less than 1% Argentines (U.S. Census

Bureau, 2018). It seems clear, then, that the Latinx community continues to grow and represents a rich and diverse group of individuals in the U.S., and they espouse distinct cultural values relative to non-Latinx Whites.

### **Cultural and Familial Stressors**

Although the Latinx immigrant community deals with unique stressors, such as acculturation stress and racist policies, there is a paradox in that this does not result in greater population-level risk. When compared to their White counterparts, Latinx immigrants have been found to be overall healthier (Gallegos & Segrin, 2018). This epidemiological phenomenon is known as the Latino immigrant health paradox. The paradox explains “despite their socioeconomic disadvantages, Latinos have some better health outcomes compared to non-Latino Whites” (Gallegos & Segrin, 2018, p. 315). In terms of mental health, Latinx immigrants have been shown to have lower anxiety rates and substance use than U.S. Latinxs and non-Latinx Whites (Grant et al., 2004). Similarly, Alcántara et al. (2017) argue that for outcomes in educational psychosocial, behavioral, and physical health indices, when compared with U.S.-born Latinx, Latinx immigrants account more positive outcomes. This phenomenon can also be applied to suicide rates since Latinx mortality rates are not as high given as they would be expected to be given several disadvantages (socioeconomic disadvantage) experienced by this population (Silva & Van Orden, 2018).

Latinx cultural values are centered around collectivism, and they include but are not limited to *familism*, *marianismo*, and *respeto*. Furthermore, as Stein et al. (2020) explained, familial obligations (e.g., helping around the house; caretaking siblings),

familial support and interconnectedness (e.g., providing emotional or financial support), family serving as behavioral referents (i.e., individual behavior reflecting on family), and respecting family members, also known as obedience (Stein et al., 2019), are all common cultural values. All of these values create a cultural foundation for how family members should behave and interact with one another (Sabogal et al., 1987).

For example, familism has been found to be associated with mental health (Diaz & Niño, 2019; Stein et al., 2017). Diaz and Niño (2019) found that participants in their sample (mostly of Mexican origin) who reported stronger attitudes toward referent familism, defined as the belief that one's behaviors should be in line with familial expectations, exhibited higher symptoms of depression and anxiety (Sabogal et al., 1987). Their findings align with the literature review that Perez and Cruess (2014) conducted in which they found that there is extensive evidence linking Latinx family values to mental health (Perez & Cruess, 2014).

Despite the Latinx immigrant health paradox at the population and cultural values resulting in adaptive health outcomes, researchers have suggested that at the individual level, some Latinx immigrants are at risk for adverse mental health consequences from stress due to conflicts between traditional and receiving cultural expectations (Shattell et al., 2010). For many, immigration stressors include family separation (Conway et al., 2020), fear of deportation (Asad, 2020), lack of documentation (Arbona et al., 2010; Cobb et al., 2017), low English literacy (Sonnenschein et al., 2017), and traumatic immigration experiences (Perreira & Ornelas, 2013). The current political climate in the U.S. exacerbates these stressors (American Psychological Association, 2020). Having the

top leader of the country express openly that people of Latinx origin are lazy, thieves, and rapists only exacerbates mental health challenges in a community that is already at risk. Deportations due to documentation status are also a challenge for the Latinx community. For example, U.S. Immigration and Customs Enforcement (ICE, 2017) stated that 226,000 undocumented immigrants were deported since 2017. Finally, as of this writing, there are ongoing threats to the Deferred Action for Childhood Arrivals (DACA) or the “Dreamers” program, as no new DACA applications are being considered and threats exist to take away protections from existing “Dreamers” (Immigration Equality, 2020). Not having these protections prevents Dreamers from having access to “better-paying jobs, access to higher education, an increased sense of belonging, and improved mental health” (Alulema, 2019, p. 127). Additionally, it is important to note that even when they are documented, Latinx immigrants might be mistakenly thought to be undocumented (Peña-Sullivan, 2019), causing more stress and conflict. In a study with mixed-status Latinx families (undocumented and documented), Green (2019) found that participants experienced a pervasive fear linked to the risk of deportation and that there was an emotional impact of this threat. Based on these issues, it seems clear that immigrant populations may face unique stressors, regardless of documentation status.

### **Acculturation Stress**

Stress related to the acculturation process has substantive consequences. For example, researchers have found acculturative stress to be related to symptoms of depression, suicidality, anxious arousal, and social anxiety (Jardin et al., 2018). That is, when immigrants are unable to cope with acculturation stress successfully, a common

result is psychological distress, including suicidality (Crockett et al., 2007). Researchers have asserted, for example, that the challenges associated with being a racial/ethnic minority college student and experiences of discrimination may increase vulnerability to anxiety and depressive disorders (Castellanos et al., 2012; Franklin et al., 2014; Gore & Aseltine, 2003). Immigrants also experience discrimination and language usage pressures (Cano et al., 2015), which can increase mental health symptoms (Torres, 2010). Hence, given that acculturative stress major health concern among immigrant populations and can have grave consequences, it is of the utmost importance to continue understanding what factors help immigrants cope with acculturative stress.

Acculturative stress results from the acculturation process whereby immigrants experience a range of stressors that impact their mental health (Berry, 1997). Acculturation has been widely used to explain the changes that groups and individuals experience when immigrating to or encountering another culture. One of the most cited consequences of acculturative stress is societal desegregation, which can result in a stressful personal crisis (Williams & Berry, 1991). This stressful crisis also has been defined as how immigrants' attitudes and behaviors merge with those of the predominant cultural group as a result of exposure to the new culture (Berry, 1997). This process brings a change and disturbance of social and cultural norms, and individuals may be distressed by this change. Further, acculturative stress has many layers; it is important to note what is lost (e.g., group memberships, connections, and family support) during the immigrant process that leads to psychopathology, including depression and suicidality (Capielo Rosario & Dillon, 2020; Capielo et al., 2015). When experiencing acculturative

stress, it is the conflict or distress felt by immigrants that may lead to social support disintegration, role conflict, and risk of losing interpersonal relationships (such as loss of family and community supports) (Silva & Van Orden, 2018). The loss and distance may lead to increased suicide rates in certain subsets of Latinx immigrants (Silva & Van Orden, 2018).

Emerging adults (ages 18-25 years old) is a subgroup to consider when looking at the risks associated with acculturative stress, including suicidal ideation (Limas & Vaughan, 2019). During emerging adulthood, individuals face many challenges (Dykas, & Siskind, 2020) that might negatively impact their mental health, such as identity exploration (Layland et al., 2018), cultural factors (Gomez et al., 2011), and risky behaviors (Salvatore, 2018; Schwartz et al., 2011). Emerging adults also must handle difficult developmental choices regarding school, employment, and gender roles (Kuwabara et al., 2007) as well as navigating between their own autonomy, independence, and societal expectation (Galligan et al., 2010). Some might be able to adapt to these transitions, but it can be challenging for others (Limas & Vaughan, 2019).

Research on acculturative stress and Latinx emerging adults is scant (Gomez et al., 2011; Duarté-Vélez & Bernal, 2007), which is problematic because acculturative stress has previously been found to be related to mental health challenges such as substance use, depression, and suicidal ideation among adolescents and emerging adults (Cho & Haslam 2010; Gomez et al., 2011; Hovey & King, 1996). With a diverse sample of 18% Latino immigrant emerging adults, Gomez et al. (2011) found that culturally related stressors (such as social acculturative stress) measured by the Social, Attitudinal,

Familial, and Environmental (SAFE) acculturative stress scale was associated with suicide history. Stressful situations, life events, identify conflicts, risky behaviors, and culturally related stress can create challenges in the emerging adulthood transitions (Limas & Vaughan, 2019). For Latinx emerging adults, the acculturation variability between parents and adult children might lead to tension and struggles in their relationships, which might lead to mental health challenges (Buckingham & Brodsky, 2015; Zayas et al., 2009; Zayas et al., 2005). Case in point, Latinx individuals might be accused of assimilating more than other family members leading to retaliation and conflict (Castillo et al., 2007). Further understanding these struggles in Latinx emerging adults can help create prevention programs and interventions for individuals and their families.

To better understand the multidimensionality of the acculturation process and the mental health challenges it might cause for Latinx emerging adults, there are models worth mentioning. Berry (1997, 2006) and Silva and Van Orden (2018) both helped conceptualize the complexity of immigration and the cultural context of mental health. Berry (2006) argued that acculturative stress constitutes a psychological stress response that arises from the acculturation process. Acknowledging the influence of Berry's model in this literature is important (V. H. Ngo, 2008; Schwartz & Zamboanga, 2008), but the Silva and Van Orden (2018) conceptual model frames the current study. Silva and Van Orden (2018) proposed a conceptualization model for suicide prevention in Latinx populations that account for acculturation and protective factors such as religious coping.

## **Suicide and the Latinx Community**

In 2017, the Centers for Disease Control and Prevention (CDC) WISQARS (Web-based Injury Statistics Query and Reporting System) Leading Causes of Death Reports indicated that suicide was the second leading cause of death among individuals between the ages 10 and 34 (National Institute of Mental Health [NIMH], 2018). According to the results from the Center for Disease Control and Prevention 2017 Youth Risk Behavior Surveys (YRBS), Latinx high school students who made a suicide plan increased to 13.5% (2017) from 12.8% (2007). Similarly, the YRBS 2019 results show a similar trend for Latinx youth. Latinx high school students who attempt suicide represented 8.9%, a higher rate than their Caucasian counterparts at 7.9% (Ivey-Stephenson et al., 2020). Suicide ideation and attempts are serious issues for Latinx immigrants as the need to reduce evident mental health disparities becomes a front-line priority for this group.

According to the American Foundation of Suicide Prevention (2017), suicide is the 10th leading cause of death in the United States and affects minorities and marginalized communities at an uneven rate. In particular, recent suicide statistics have shown worrisome facts regarding Latinx individuals, and particularly so for females. According to the Centers for Disease Control and Prevention's 2019 youth risk behavior surveillance survey, 14.7% of Latinx adolescents aged 10–24 years in the U.S. made plans about how they would attempt suicide, compared to 10.2% from the 2017 survey results (Kann et al., 2018). When interviewing students who have had a suicide attempt that resulted in an injury was 3.0 Latinx compared to 2.9 Caucasian students (Kann et al., 2018). Most of this research has focused on youth, and research on emerging adult

Latinos and suicidal ideation are sparse (Gomez et al., 2011; Gonzalez, 2012; Polanco-Roman & Miranda, 2013).

It also seems that acculturative stress may be a critical consideration in understanding Latinx suicide. For example, Hovey and King (1996) studied acculturative stress, depression, and suicide within an adolescent sample that was primarily of Mexican descent (54 out of 70 participants). They found that participants who experienced a high level of acculturative stress also reported high levels of depressive symptoms and suicidal ideation (Hovey & King, 1996). Although this study is somewhat dated, other researchers have found similar relationships between acculturation stress and suicidality in more diverse samples. In a study by Gomez et al. (2011), their sample consisted of 33% White, 29% Asian, 18% Latino (both immigrant and U.S.-born), 12% and African American/Caribbean-Islander. Their findings suggested that acculturative stress predicted suicide attempts for Latinx. Similarly, Lane and Miranda's (2018) study found that a higher level of familial acculturative stress was associated with suicidal ideation among immigrants, more so for non-college students versus immigrant Latinx college students. It seems clear, then, that acculturation stress has been found to be associated with suicidality, and additional attention to this relationship is warranted.

Among Latinx people, much of the literature has focused on suicidal ideation among females (Baumann et al., 2010; Eaton et al., 2011; Gulbas et al., 2015; Kuhlberg et al., 2010; Peña et al., 2008; Zayas et al., 2010; Zayas et al., 2000), limiting the generalizability to males who may be at risk for suicide. The conceptual model of Zayas et al. (2005), based on ecodevelopment theory, is one that has been used to explain

suicide among young Latinx females (Szapocznik & Coatsworth, 1999). This model highlights the importance of cultural and social interaction between family, society, and individuals as critical ecological factors to consider for the healthy development of children and adolescents. There is a gap in this model in that it does not expand on cultural factors (such as religious coping) that might help prevent the impact of acculturative stress. Hence, it is important to expand this research to include immigrant Latinx emerging adults and consider these relationships among both men and women.

Further, it seems apparent that emerging adulthood is a critical developmental window for examining factors that exacerbate or ameliorate suicidal tendencies (Bonnie et al., 2014). Zayas et al. (2005) explained the impact of family functioning, adolescent development, and cultural tradition on young Latinx females that may lead to emotional vulnerability and psychosocial functioning. Zayas acknowledged that various aspects of culture have not yet been empirically examined (L. Zayas, personal communication, October 7, 2019). Specifically, Zayas (personal communication, October 7, 2019) stated that religious factors, while a critical aspect of the Latinx culture, have not been effectively studied.

Furthermore, given the current COVID-19 pandemic, it is important to note the mental health challenges resulting from it. Specifically, results from Morbidity and Mortality Weekly Report (MMWR) from the Center for Disease Control and Prevention Morbidity identified that 18.6% of Latinx individuals seriously considered suicide in the past 30 days, compared to 7.9% Whites and 15.1% of Black individuals (Czeisler et al., 2020). A worrisome trend also can be seen in emerging adults, where 25.5% of emerging

adults ages 18-24 seriously considered suicide in the past 30 days, a higher rate than other age groups: 25-44 at 16.0%, and 3.8%, for ages 45-64. Hence, suicidal ideation research among emerging adults and Latinx immigrants reveals growing concerns and warrants additional research attention.

### **Religious Coping in the Latinx Community**

There is a growing body of research that has demonstrated links between healthy religiosity, better mental health, and an improved sense of well-being (Koenig et al., 2012; Paloutzian & Park, 2013; Pargament et al., 2013). Specifically, religious practices have been associated with greater levels of meaning in life (Park et al., 2013), satisfaction with life (Abu-Raiya & Agbaria, 2016), attachment security (Granqvist & Kirkpatrick, 2013), self-control (e.g., McCullough & Willoughby, 2009), comfort (Exline et al., 2000), and lower levels of depression and anxiety (Hood, Hill, & Spilka, 2009). Furthermore, as Pargament et al. (2000) stated, “it is not enough to know that the individual prays, attends church, or watches religious television. Measures of religious coping should specify how the individual is making use of religion to understand and deal with stressors” (p. 521).

The psychological health benefits of taking part in religious activity have been extensively documented in the literature (Lazarus, 2000). One of the mechanisms to explain this is through *religious coping*. Religious coping can be defined as “the use of cognitive and behavioral techniques, in the face of stressful life events, that arise out of one’s religion or spirituality” (Tix & Frazier, 1998, p. 411). Studies on religious coping have named two dimensions of religious coping, positive and negative religious coping,

and each has been found to differentially affect the way individuals cope with stressors (Ano & Vasconcelles, 2005; Pargament, 1997). Positive religious coping is considered adaptive and includes personal, internal cognitive coping efforts stemming from individuals' constructive and collaborative relationship with God or their faith (Kim, Kendall, & Web, 2015). In contrast, negative religious coping refers to a person's tendency to struggle internally with faith, such as perceiving one's relationship with God as unstable, questioning, guilt, and distant (Kim et al., 2015; Pargament, Smith, et al., 1998). Furthermore, religious coping is neither "problem nor emotion-focused coping" (Krägeloh et al., 2012, p. 1118), but rather, it involves the use of religious concepts and behaviors as a coping response (Krägeloh et al., 2012). For example, this type of coping opens an individual to utilize religious resources such as pastoral counseling, church events, and programs (Hill & Pargament, 2008). To measure this kind of coping, the RCOPE (Pargament et al., 2000) is used, a multidimensional instrument that gets some information about an extremely expansive scope of adapting reactions that include the utilization of religious concepts and activities commonly used.

There are documented associations between using religiosity to cope and health that have been found across studies with diverse samples, including men and women from different faith-based organizations (Stacciarini et al., 2016), a range of ages (Marquine et al., 2015), different and diverse racial and ethnic groups (Holt et al., 2014; Merrill et al., 2012), and sexual orientations (Garofalo et al., 2015; Luquis et al., 2012; Meanley et al., 2016). Extensive evidence suggests, then, that religion serves as a way of

coping with stress for many individuals (Ano & Vasconcelles, 2005; Chatters, 2000; Pargament, 1997).

Within the Latinx community, not only is religion an important aspect of Latinx culture but Latinos have been found to use religious coping mechanisms more frequently than their non-Latinx White counterparts (Caplan, 2019; Valle, 1994). In their study of dementia caregivers, Coon et al. (2004) found that Latinx female caregivers used religious coping at a greater rate than White caregivers. Efforts to understand how religiosity might be associated with better health among Latinx specifically have generally focused on religious coping (Hunter-Hernández et al., 2015; Koerner, Shirai, & Pedroza, 2013; Moreno & Cardemil, 2013). For example, Abraído-Lanza et al. (2004) found high levels of religious coping among Latinos suffering from arthritis.

Researchers have started to examine the relationships among acculturative stress, religious coping, and suicide within the Latinx community. One important study to mention was Sanchez et al.'s (2012) work, where the researchers looked at acculturative stress and the moderating effect of post-immigration religious coping on the relationship between pre-immigration religious coping and post-immigration acculturative stress among emerging adults who were Latinx female immigrants. Their findings indicated that recent immigrants who experienced higher levels of pre-immigration external religious coping reported higher levels of post-immigration acculturative stress. Results also suggested that along with experiencing higher rates of acculturative stress, undocumented immigrants used more pre-immigration internal as well as external religious coping in comparison to their documented counterparts (Sanchez et al. 2012).

An important interpretation of these results is that the loss of a connection to the religious community could explain their higher acculturative stress soon post-immigration.

Although there are few articles on the religious coping and acculturative stress relationship, researchers have gone one step further in examining the impact of acculturative stress, psychological well-being, and religious coping as a moderating factor within the Latinx community. For example, Da Silva et al. (2017) found that negative religious coping moderated the relationship between acculturative stress and psychological distress by strengthening the relationship. For example, participants experiencing higher levels of acculturative stress reported greater psychological distress when they also reported more negative religious coping. Furthermore, Da Silva et al. (2017) also found that negative religious coping (i.e., the tendency to struggle with faith) moderated the relationship between acculturative stress and psychological distress. When participants also indicated more negative religious coping, they also experienced higher levels of acculturative stress and reported greater psychological distress. On the other hand, positive religious coping (i.e., the tendency to relate to faith with comfort and certainty) was not linked with acculturative stress or psychological distress.

While the Da Silva et al. (2017) study is ground-breaking in considering how religious coping might moderate the relationship between acculturative stress and psychological well-being, the researchers did not directly consider suicidality. Their sample was also limited since it was Latinas only. Given the high prevalence of suicidality within the Latinx community, a logical extension of Da Silva et al.'s (2017)

study, then, is to consider how religious coping moderates the relationship between acculturative stress and suicidality.

### **Purpose of the Study**

To date, researchers have not considered how religious coping might moderate the relationship between acculturative stress and suicidality among people in the Latinx community. Given that the suicide prevalence rates for emerging adult Latinxs immigrants are particularly high (American Foundation for Suicide Prevention, 2017; Barranco, 2016; Curtin & Heron, 2019; Zayas, 2011) as is the prevalence of acculturative stress (Berry, 1997), it seems particularly important to examine these relationships among a sample of Latinx immigrants in emerging adulthood. Accordingly, the purpose of this study is to examine how positive and negative religious coping moderate the relationship between acculturative stress and suicidality among a sample of Latinx immigrants during emerging adulthood.

### **Statement of the Problem**

The Latinx population continues to increase in the United States. For example, from 2015 to 2018, there was an increase from 56.5 million to 59.9 million Hispanics in the United States, reflecting growth from 17.6% to 18% of the total U.S. population (Pew Research Center, 2019). In 2019, this population reached 60.6 million (Pew Research Center, 2020b), putting Latinx ahead of other minoritized groups as they comprise 18.3% of the population (U.S. Census Bureau, 2019) compared, for example, to African Americans who comprise 13.4% of the U.S. population (U.S. Census Bureau, 2019). The continued growth of the Latinx community in the United States makes it imperative to

continue to research and explore the mental health challenges of this community. Further, when compared to U.S.-born Latinx, Latinx immigrants often face challenges that increase their risk for mental health difficulties, including suicidal ideation and behaviors (Zayas, 2011). Researchers have suggested that Latinx immigrants are at risk for adverse mental health consequences from acculturative stress (Berry, 2006). Acculturative stress also may be connected to Latinx suicidal ideation and behavior (Lane & Miranda, 2018).

The challenges around acculturative stress and the process by which a person adapts to a new culture and adopts the values, beliefs, and behaviors of the new culture while maintaining elements of the culture of origin (Cabassa, 2003). This acculturation struggle has been well documented in the scholarly literature on Latinx immigrants (Da Silva et al., 2017; Dillon et al., 2019; Hovey, 2000a; Smart & Smart, 1995). In fact, when immigrants struggle to cope with acculturation challenges, the result is acculturation stress (Berry, 2006) which has, in turn, been connected to mental health problems, most notably anxiety and depression, among Latinx immigrants (e.g., Driscoll & Torres, 2013; Ornelas & Perreira, 2011; Torres, 2010).

### **Research Questions**

The following research questions and hypotheses will be examined:

Research Question 1: What are the relationships among acculturative stress, religious coping, depression, and suicidal ideation among Latinx immigrants?

Research Question 2: To what extent do acculturative stress and religious coping predict depression when controlling for demographic factors of gender identity, years in the U.S., and immigration status predict suicidal ideation and depression?

Research Question 3: To what extent do acculturative stress and religious coping predict suicidal ideation when controlling for demographic factors of gender identity, years in the U.S., and immigration status?

Research Question 4: Does religious coping moderate the relationship between acculturative stress and depression?

Research Question 5: Does religious coping moderate the relationship between acculturative stress and suicidal ideation?

### **Need for The Study**

Researchers have found acculturative stress to be a critical construct in the mental health and well-being of those in the Latinx community (Torres, 2010). In fact, researchers have consistently found that the pressure and demands associated with being an immigrant and living in an environment that increases the likelihood of experiencing mental health challenges (Breslau et al., 2007; Grant et al., 2004; Organista, 2007; Rogler et al., 1991). Additionally, acculturative stress has been connected to suicidal ideation among adolescents and emerging adults (Cho & Haslam, 2010; Hovey & King, 1996; Hwang & Ting, 2008). Hence, it is important to expand Silva and Van Orden's (2018) model that accounts for culturally relevant interventions to reduce suicide risks.

Given the salience of acculturative stress (Driscoll & Torres, 2019) and the relatively high risk of suicidal ideation and attempts (Forster et al., 2019) within the Latinx community, it seems critical to consider protective factors that might serve to buffer the impact of acculturative stress. Currently, however, there is a gap in the literature in understanding how acculturative stress might play a role in Latinx

immigrants' suicidal behaviors and ideation and what could serve as a buffer between the two, with one possibility being religious coping (Noyola et al., 2020). Researchers have yet to explore, however, how acculturative stress influences suicidal behaviors in emerging adult Latinx immigrants and how religious coping might moderate this relationship.

### **Definitions of Terms**

**Latinx immigrants:** Designates people of Latin American cultural or ethnic identity in the U.S. Currently, most people who use *Latinx* (rather than *Latino* or *Latina*) indicate that they do so in the spirit of gender inclusivity, to represent the variety of possible genders as well as those who may identify as non-gender binary or transgender (Torres, 2018).

**Emerging Adult:** Refers to people between ages 18 and 25.

**Positive Religious Coping:** Term used to include the collaborative style, benevolent reappraisal of the stressor, and seeking spiritual support from God, clergy, or members of one's religious group (Pargament, 1997).

**Negative Religious Coping:** Encompasses interpersonal, intrapersonal, and divine categories, including conflict with religious others, questioning, guilt, and perceived distance from or negative views of a higher power (Pargament, 1997).

**Suicidal Ideation:** Refers to thoughts of engaging in behavior intended to end one's life. In these cases, the individual has specific thoughts, cognitions, and ideas regarding ending their life.

**Depression:** Refers to mental health disorder characterized by symptoms of depressed mood or anhedonia.

**Suicidal Behaviors:** Refers to any action that could cause a person to die, such as taking a drug overdose or crashing a car on purpose

**Acculturative stress:** The psychological adjustment that occurs when culturally distinct groups and individuals come into contact with another culture (Berry & Kim, 1988). Acculturative stress also means the loss of support and connection from family and support.

### **Brief Overview**

This dissertation study is divided into five parts. Chapter I has provided the overview, significance of the study, identified a gap in the scholarly literature, and reported how this study addressed this gap. It also has provided a brief introduction to the theoretical framework and research questions that form the study. Chapter II provides a detailed literature review toward a critique of existing research in the areas of acculturative stress, suicide, and religious coping. Chapter III provides details around the methodology for the current study, including research questions and hypotheses, planned sampling procedures, measurements, and data analytic strategies. Chapters IV and V present the results of the study and a discussion of these findings, respectively.

## **CHAPTER II**

### **REVIEW OF RELEVANT LITERATURE**

The rationale for studying relationships among acculturative stress, religious coping, depression, and suicide ideation was established in Chapter I. In this chapter, the literature pertinent to this study is presented. The relevant literature is organized into four sections: (a) Latinx community and population, (b) acculturative stress, (c) religious coping, and (d) depression and suicidal ideation. Latinx immigrants come from diverse countries in Latin America and bring with them varying religious beliefs, education, and traditions. Exploring this immigration process and cultural transitions, or acculturation process affords a glance into factors that impact Latinx immigrants' mental health and coping mechanisms.

#### **Latinx Population**

Even amidst the xenophobic and anti-immigrant rhetoric and policies that immigrants and people from marginalized groups experienced during the Trump Presidency and from White supremacist groups in the United States, the Latinx community continues to grow in the United States. Furthermore, given trends in recent years, it seems apparent that this will continue. The population increase for Hispanics/Latinx from 2015 to 2018 was 56.5 million to 59.9 million, reflecting growth from 17.6% to 18% of the total population (Pew Research Center, 2019), making Latinx the largest minoritized group in the United States. According to the 2018 census, there is

also a unique diversity of country of origin and nativity for Hispanics/Latinx immigrants, revealing that 61.9% of Latinx immigrants to the United States identified with Mexican ancestry, 9.6% with Puerto Rican, 3.9% Cuban, and 3.8% as Salvadoran. The richness and diversity of the Hispanic/Latinx community allow for an extensive and diverse set of values.

Additionally, there are several subgroups that have been identified from Latinx immigrant individuals who come to the United States whose mental health is also at risk and needs further attention clinically and in research. For example, farmworker Latinx mothers have been shown to experience high symptoms of depression (Pulgar et al., 2016). Similarly, Latinx refugees and asylum seekers have challenging mental health experiences (Burbage & Walker, 2018). For the purpose of this study, however, the population of interest is emerging adults Latinx immigrants (including undocumented folks). It is also expected that there will be a diversity of traditions, religions, and nativity. It is important to note, then, that the Latinx community is a heterogenous group. As people immigrate to the U.S., they bring with them these diverse values, traditions, and resilience. There are several important and, at least to some extent, common values among Latinx immigrants that warrant focus and consideration when studying the acculturation process among Latinx immigrants.

Unique stressors for Latinx immigrants include the stressors related to citizenship status (Hainmueller et al., 2018). As of 2017, Latinx accounted for 73% of an estimated 10.5 million unauthorized immigrants living in the U.S. (Pew Research Center, 2020b). Given the increased number of Latinx people with undocumented status in our

community, it is important to include their voice and experiences in this research. Challenges related to undocumented status, such as language difficulties, cultural differences, and separation from family, might result in increased levels of acculturative stress among undocumented immigrants in comparison with their documented counterparts (Pérez & Fortuna, 2005; Rodriguez & Dewolfe, 1990; Sullivan & Rehm, 2005). While this is true for the all-immigrant populations, given the focus on Latinx immigrants in this study, the focus on acculturative stress will turn to a specific focus on that population.

Given the familism values and traditions within the Latinx culture, it is important to consider the impact of acculturative stress in the family dynamics, specifically for emerging adults. For example, Gil and Vega (1996) studied families and adolescents of Cuba and Nicaraguans descent. They found that high levels of acculturation stress experienced by adolescents and their parents had a negative effect on parent-child relationships and increased the cultural conflicts in the family. Further, acculturative stress and family conflict may influence youth mental health and substance use (Cervantes et al., 2011; Zamboanga et al., 2009). Exploring how acculturative stress and its struggles continue into emerging adulthood is important also to include when exploring the effects of acculturative stress in Latinx immigrant's mental health.

### **Immigrant Paradox and Suicidal Ideation in Latinx**

Latinx immigrants often tend to show better mental health outcomes than their native-born peers despite their less fortunate socioeconomic status. This counterintuitive finding has been referred to as the immigrant paradox (Coll & Marks, 2012; Sam et al.,

2006). This paradox also can be used to explain how first-generation immigrants often better health outcomes have than the second generation, even when it might be expected that the second generation might have better outcomes given that they typically have more social and economic resources (Jasso et al., 2004).

### **Suicide Definitions and Theories**

The Oxford Handbook of Suicide and Self-injury defines suicide as “death resulting from intentional self-injurious behavior, associated with any intent to die as a result of the behavior” (Nock, 2014). In the 1970s, the National Institute of Mental Health (NIMH) in the United States held a conference on suicide prevention. The NIMH Committee on Classification and Nomenclature proposed the division of suicidal phenomena into three classes: (a) suicide, (b) suicide attempt, and (c) suicidal ideas (Resnik & Hathorne, 1972). Similarly, more recent definitions have also included *suicide plans, suicide ideation, and intent* (Nock et al., 2008).

When it comes to suicide attempts, the identification of suicide attempts is essential, with an extensive body of literature defining suicide attempts as predictive of deaths by suicide (Brown et al., 2000; Dorpat & Ripley, 1967; Nordström et al., 1995; Oquendo et al., 2001). Hence, suicide attempts are actions that an individual might take that lead to death by suicide. It is important to recognize that an attempt does not always lead to death. For example, Kreitman et al. (1969) found that many patients have an active suicide attempt without the intent to die, which they defined as non-suicidal self-injurious behavior.

According to Nock et al. (2004), suicidal ideas, which are more commonly called *suicide ideation*, refer to thoughts of engaging in behavior intended to end one's life. In these cases, the individual has specific thoughts, cognitions, and ideas regarding ending their life. Additionally, scholars have explored *suicide behavior*, which includes attempts, thoughts, and threats of suicide (Nock, 2014) and might lead to a plan. A *suicide plan* refers to the formulation of a specific method through which one intends to die (Nock et al., 2004).

Importantly, intent can either be stated explicitly by the individual (as in a suicide note or direct communication to someone) or inferred (as when a person makes statements such as “I can’t take much more”). *Intent* is defined as the desire for a certain outcome, which is often confused with the motivation for the desire or the factors that “motivate” or result in the desire (Hjelmeland & Ostamo, 1997). Intent has been difficult to measure due to (a) varying degree of definitiveness of intent; (b) the rarity of a single intent or a desire for a single outcome accompanying an action, and (c) the lack of inherent interpretability of intent, as it is usually unobservable (Andriessen, 2006; Mayo, 1992).

It is important to note the national impact that suicide has had on our society. Suicide is a public health concern where all people are at risk for suicide in the United States. Since 2008, suicide has been ranked as the 10th leading cause of death for all ages in the United States (CDC, 2019). In 2015, suicide was the 11th leading cause of death among Latinx of all ages (CDC, 2019). In 2016, suicide became the second leading cause of death for persons aged 10 to 34, with the number of children, youth, and young adults

dying by suicide continuing to rise at an alarming rate (Curtin & Heron, 2019). A recent report states that death rates by suicide for people ages 10 to 24 years old increased by 56% from 2007 to 2017 (Curtin & Heron, 2019).

### **Theories of Suicide**

Since the late 1800s and early 1900s, many theorists have sought to explain suicide. Selby and Joiner (2013) provided a comprehensive review of theories of suicide, beginning with the biological theory, which explains that suicide may result from an interaction between a genetic predisposition and life stressors, where particular combinations may increase suicide risk. There seems to be an inherited physiological risk component to suicide, known as diathesis. The diathesis-stress view has some support in the literature, but common diatheses, such as serotonin dysfunction, are fairly common in individuals with depression (Caspi et al., 2003), yet data suggest that only between 2% and 6% of those with depression will die by suicide (Bostwick & Pankratz, 2000).

In the sociological theory, Durkheim (1897) emphasized the role of social isolation in suicide behavior. He argued that suicide is the result of either high or low social regulation or either high or low moral integration. Beck et al. (1985) first emphasized the role of hopelessness. No matter what one does with their life, if they have an overwhelming feeling of hopelessness, it will lead to a suicide attempt. When it comes to pain, theorist Shneidman (1996) argued that suicide is the result of intense psychological pain, referred to as psychache. “Psychache is the result of a deficit in a variety of basic human needs; it is so painful that death by suicide is seemingly the only way to end the pain” (Selby & Joiner, 2013, p. 3).

The escape theory, created by Baumeister (1990), described suicide as an escape from an aversive state of mind, proposed that suicide is a form of escape from aversive self-awareness, and described a process involved in leading up to suicide: (a) falling short of standards, (b) attributions to the self, (c) high self-awareness, (d) negative affect, (e) cognitive deconstruction, and (f) consequences of deconstruction (suicide). The last prominent theory created in the 1900s was the emotion dysregulation theory by Linehan (1993). This theory is based on the belief that suicide is the result of emotion dysregulation. Linehan argued that suicidal individuals experience intense, hypersensitive, and prolonged negative emotional experiences due to criticizing and invalidating environments (Linehan, 1993).

Most recently and highly cited is the work of Thomas Joiner's interpersonal-psychological theory of suicidal behavior. Joiner (2005) aimed to identify individuals who are at risk from an interpersonal-psychological perspective. His theory proposes that an individual will die by suicide when she or he has both the desire to die by suicide and the ability to do so. To answer the question about who desires to die by suicide, Joiner uses perceived burdensomeness and a sense of low belongingness in his model. He defined perceived burdensomeness as the view that one's existence bothers family, friends, and/or society; for example, "my death will be worth more than my life to family, friends, society" (Joiner, 2005, p. 24). A sense of low belongingness is understood as the experience that one is separated or alienated from others and explains that affected individuals feel that they are not an integral part of a family, friends, or valued group. Lastly, Joiner (2005) argued that feelings of burdensomeness and low belongingness

might instill a desire for suicide, but together they are not enough to guarantee a suicide attempt. The theory suggests that for a suicide attempt to occur, the acquired ability for lethal self-injury also needs to be present. In conclusion, this theory is based on two major ideas: (a) that perceptions of burdening others and of social alienation combine to instill the desire for death, and (b) that individuals will not act on the desire for death unless they have developed the capability to do so (Joiner et al., 2009).

Consequently, Klonsky and May (2015) proposed the Three-Step Theory (3ST), which is rooted in an ideation-to-action framework to suicide and, based on Joiner's interpersonal theory, explained in four factors: pain, hopelessness, loss of connectedness, and suicide capacity. They argued that it is the combination of pain and hopelessness that is required to bring about suicide ideation. They agreed with and expanded Joiner's (2005) arguments that the key determinant is whether the individual has the capability to make a suicide attempt. They proposed three categories of variables that contribute to suicide capacity: dispositional, acquired, and practical. The results of an empirical evaluation of their proposed 3ST theory suggest that pain, hopelessness, and disrupted connectedness work in accord to bring about suicidal ideation in individuals.

All the theorists explained above created their theories by identifying factors at the individual level but failed to consider that a large percentage of the population who struggles with suicide behaviors might identify with more collectivistic cultures, where strong ties with friends, ethnic communities, families, and spiritual and religious groups play a significant role in an individual's suicidal behavior.

## **Suicide Trends in Emerging Latinx Adults**

Results from the National Latino and Asian American Study (NLAAS), which included data on 4,649 adults aged 18 and older in the U.S. with immigrant generational status determined using data on country of birth of the focal respondent and their parents, found that differential vulnerabilities to suicide ideation emerged related to the age of migration groups and across gender and nativity. Young female migrants experienced an elevated risk of suicidality among both Latinx and Asian groups. Interestingly, the risk drops among adolescent and older Asian female migrants but persists among young Latinx female groups from childhood through young adulthood (Bersani & Morabito, 2020).

In 2015, suicide was the 11th leading cause of death among Latinx of all ages and the third leading cause for ages 10 to 34 (CDC, 2019). The 2019 Center for Disease Control and Prevention Youth Risk Behavior Surveys (YRBS) results indicated that many students are engaged in health-risk behaviors associated with the leading causes of death among ages 10-24 years in the United States (Kann et al., 2018). Given the recent state of a global pandemic, it is important to note the current mental health state of the Latinx population. Per the CDC's recent study on mental health during the pandemic, the percentage of respondents who reported having considered suicide seriously in the 30 days before completing the survey was significantly higher among respondents aged 18–24 years (25.5%) and among Latinx (18.6%) (Czeisler et al., 2020). This recent pandemic might exacerbate the consequences of stressors and how they impact mental health in the Latinx community.

## **Depression**

There is a well-known connection between depression and suicide ideation, with depression being a risk for suicide. People having a depression diagnosis are 6-12 times more likely to attempt suicide (Nock et al., 2013). Per extensive reviews and empirical evidence, a depressed mood has been found to be a condition that puts individuals at higher risk for future suicide behavior (Liu et al., 2015). After conducting an extensive literature review on the influence of depression on suicide, Hawton et al. (2013) concluded that depression is strongly associated with suicide and non-fatal suicidal behavior. For the Latinx community, Cheref et al. (2015) found that depression was a significant predictor of greater suicidal ideation. Additionally, some aspects of living in the United States places Latinx individuals at higher risk for experiencing depression (Chang et al., 2019; Thoman & Surís, 2004; Torres, 2010). Similarly, Chang et al. (2019) found a strong interaction between depression and suicide risk among Latinx college students. For this study, a depression measure was added as another factor in the relationship between acculturative stress and suicidal ideation.

There is substantial evidence which shows that Latinxs experience stressors, including immigration, family stressors, and separation that contribute to mental health outcomes (Berry, 2006; Driscoll & Torres, 2013; Sam & Berry, 2006; Torres et al., 2012), of which depression is one of the most encountered. Prior studies estimate the lifetime prevalence rate of depressive disorders among Latinx adults to be between 15.4% and 18.3% (Alegría et al., 2007; Breslau et al., 2007). Therefore, it makes it necessary to include depression in this study.

## **Acculturation Stress and its Effects in Latinx Immigrant's Mental Health**

One of the greatest stressors linked to immigrant mental health is acculturative stress, an experience that is unique to those who immigrate to another country and embark on the acculturation process. The often-heartbreaking losses that immigrants experience throughout the transition into a new host culture are defined as acculturative stress (Hovey, 2000a; Lopez-Class et al., 2011). Individuals experience a change in events in their lives that “challenge their cultural understanding of how to live” (Berry, 2005, p. 292). For several years great effort has been devoted to the study of acculturation, which has become a widely known and fundamental area of study in immigrant health issues. One of the original definitions of acculturation was provided by Redfield et al. (1936), who described it as “the phenomena which result when groups of individuals having diverse cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups” (p. 149). It has also been defined in the literature as “the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members” (Berry, 2005, p. 698). Acculturation research generally focuses on immigrants (Safdar et al., 2020), refugees (Guler & Berman, 2019), and asylum seekers (Sheikh & Anderson, 2018). These are groups who are assumed to be permanently settled in their new homeland.

The theory of acculturation developed by Berry (1983), a cultural psychologist from Canada, needs to be considered to ensure we can better understand the acculturation experience of Latinx immigrants. This theory was developed to inform the study of

acculturation experiences of immigrants (Safdar et al., 2020), refugees (Guler & Berman, 2019), asylum seekers (Sheikh & Anderson, 2018), and international students (Yakunina et al., 2013). It is important to understand its dimensions and factors of acculturation, Berry (1983, 1997) explained that there are five factors that explain the process of acculturation. The first factor is about the *nature of the larger society*, such as macrostructures and social institutions such as government and immigration policies, and the impact on an individual, in this case, Latinx immigrants. The second factor is *nature of contact* with the United States. For immigrants, for example, this factor represents them living their home country behind and establishing a new life in the U.S.

This challenging process by which a person adapts to a new culture and adopts the values, beliefs, and behaviors of the new culture, while maintaining elements of the culture of origin (Cabassa, 2003) has been well documented in the scholarly literature on Latinx immigrants (Da Silva et al., 2017; Hovey, 2000b; Smart & Smart, 1995; Verile et al., 2019). It also has been defined as how immigrants' attitudes and behaviors merge with those of the predominant cultural group as a result of exposure to the new culture (Berry, 1997). This is not an easy process, which leads to acculturation stress, which is an important process to consider when working with Latinx individuals in both clinical and research settings.

Several researchers have examined the relationships between different acculturation styles and psychosocial health outcomes (Berry, 1997; Lopez & Contreras, 2005; Torres, 2010). To date, researchers have suggested that integration (integrating both the culture of origin and new culture) leads to the most adaptive functioning,

whereas those who inhabit either one culture or the other will be slightly worse, and those who are unable to affiliate effectively with any cultural group have the worst outcomes (Berry, 2005, 2006a; Berry & Kim, 1988; Berry & Sam, 1997). This makes sense since cross-cultural contact, which contributes to acculturative change, may lead to one or both cultures altering the individual's behaviors and expectations with regard to food, dress, language, and communication patterns, among other social activities (Berry, 2005; Berry & Sam, 1997). Most significant changes occur in shifts of one's values and norms to the host culture (Marín & Gamba, 2003).

Similarly, these patterns appear to influence mental health. It is important to remember that Williams and Berry (1991) proposed that acculturative stress leads to emotional stress such as anxiety and depression. More specifically, researchers have shown that individuals whose acculturation experience is primarily based on integration experience less psychological distress (López & Contreras 2005; Vasquez et al., 2011; Wei et al., 2010), less anxiety (López & Contreras, 2005), higher levels of self-esteem (Berry, 2005), better coping efficacy (Torres & Rollock, 2007), and better psychological adjustment (Berry, 2005; López & Contreras, 2005).

Given the bidimensional aspect that occurs during the acculturation process, immigrants also are exposed to perceived discrimination and language usage pressures (Cano et al., 2015), which can also increase levels of symptomology (Torres, 2010). This further supports the idea that the negative impact of discrimination may differ for individuals based on their acculturation orientation and the role of acculturative stress in contributing to mental health difficulties (Cook et al., 2009). What these studies fail to

consider are potential moderating factors that might help Latinx immigrants cope with the stress of acculturation.

Smart and Smart (1995) found that stress and anxiety may be acute at the very beginning of the acculturation process in Mexican immigrants. Acculturative stress has been associated with higher levels of anxiety and depressive symptoms among Mexican American college students (Crockett et al., 2007; Wong et al., 2017). It is important, therefore, to explore the stressful implication of acculturation as it can create high levels of stress, identity crises, and mental health challenges for immigrants. In noncollege samples, acculturative stress has also been associated with more depression symptoms (Hovey & King, 1996; Hovey & Magaña, 2000; Salgado de Snyder, 1987).

Caplan (2007) identified three major types of stressors among Latinx immigrants: instrumental/environmental, social/interpersonal, and societal. Immigrants are likely to experience acculturative stress to the extent to which they experience these stressors and appraise them as threatening their wellbeing and taxing their coping resources (Folkman, 1984). Instrumental stressors that play a role in acculturative stress are related to the challenges in obtaining basic necessities such as financial needs, language barriers, unsafe neighbors, dangerous working conditions, and unemployment. Social/interpersonal factors are challenges around relationships, gender roles, social and cultural norms.

Researchers have found acculturative stress to have an effect on an individual's overall mental health. For example, researchers have found relationships between acculturative stress and symptoms of depression, suicidality, anxious arousal, and social

anxiety (Jardin et., al 2018). One of the most concerning consequences that acculturation stressors could have on immigrants' mental health is suicide since one predominant theory of suicide (Durkheim, 1897) posits that suicidal behaviors might stem from the lack of meaningful social interactions such that an individual who loses meaningful relationships and connections with their society may be at greater risk. This suggests that immigrants may be at an increased risk for suicidal ideation and behavior (Hovey & King, 1996), as certain aspects of acculturative stress, including exposure to discrimination, lower ethnic identity, greater family conflict, and a low sense of belonging, have been specifically associated with suicide ideation among immigrants (Fortuna et al., 2016).

In their study of mental health, migration stressors, and suicidal ideation among Latinx immigrants in Spain and the United States, Fortuna et al. (2016) found that elevated depressive symptoms were associated with suicidal ideation. These findings go along with the national results that around 60% of people in the U.S. who report SI and 80% who report suicide attempts have a prior mental health disorder, often depression (Nock et al., 2010). In previous research, Fortuna et al. (2007) argue that it is crucial to increase our understanding of the process of acculturation and its effects, the role of family and sociocultural context for suicide risk, and depressive symptoms among Latinx.

There is extensive support associating acculturative stress with negative mental health consequences for Latinx immigrants, such as feelings of loss and grief (Kim et al., 2014), lower self-reported physical health (Finch & Vega, 2003), decreased self-esteem

(Claudat et al., 2016), alcohol use (e.g., quantity, alcohol-related problems, lifetime use, past-month use) (Gil et al., 2000; Lee et al., 2013), anxiety (Crockett et al., 2007) depression (Torres, 2010), disordered eating (Claudat et al., 2016) and suicidal ideation and attempts (Gomez et al., 2011). The consistent link between acculturative stress and poor psychological outcomes (Hovey & Magaña, 2002; Torres, 2010) must be a priority in mental health research.

Since acculturative stress is known to create challenges for immigrants' well-being, one should wonder if those challenges might affect well-being at a higher level and put immigrants at risk for suicidal ideation. As such, exploring the relationship between acculturative stress and suicidal ideations is the next needed facet of this research. Hovey and King (1996) started laying the groundwork for this relationship model with a cross-sectional study that was conducted to examine the relationship between suicidal ideation, depressive symptoms, and acculturative stress in a sample of seventy immigrant and second-generation Latinx adolescents (87% Mexican Americans) from a southern California public high school (Hovey & King, 1996). Acculturative stress, depression, and suicide ideation were highly intercorrelated, and low levels of perceived family functioning were significantly correlated with high levels of depression. Similarly, in Hovey and King (1996), one-fourth of the adolescents reported critical levels of depression and suicidal ideation, which were positively correlated with acculturative stress. These studies clarify the impact of acculturative stress in Latinx mental health as they help guide future research.

Hovey (2000b) expanded this work to include immigrant adults as their earlier work was focused primarily on adolescents. In their study with Central American adult immigrants, they found those who reported high levels of acculturative stress also reported high levels of depression and suicidal ideation (Hovey, 2000a). These findings suggest, then, that additional research on the relationship between acculturative stress and suicidal ideation is warranted. After Hovey (2000a), other researchers added to the investigation of the interaction between acculturative stress and suicidal ideation, using data from the National Latino and The National Latino and Asian American Study (NLAAS), which included Spanish and English-speaking Mexicans, Puerto Ricans, Cubans and other Latinos (Fortuna et al., 2007). They found that potentially different aspects of acculturation like current English proficiency, language spoken as a child, and parental nativity may be risk factors for suicidal behaviors. For example, participants with English proficiency showed higher two times higher risk of having lifetime suicide ideation (Fortuna et al., 2007). Thus, it is important to understand further the mechanism of how acculturative stress relates to suicidal ideation.

As acculturative stress, the stress during the process of acculturation, has been found to be associated with suicidal ideation among immigrants (Hovey, 2000a), one important next step for this literature needs to be the examination of potential moderators that could influence the relationship between acculturative stress and suicide ideation. More research is needed to further understand potential moderators as an important aspect of coping with acculturative stress (Walker et al., 2008). For example, Torres (2010), in a sample with mostly Latinx female college students, found that acculturating

to the U.S. and orientation toward the U.S. mainstream served as a significant vulnerability towards higher levels of depression. He also noted a lack of clarity (Torres, 2010) on the coping mechanisms that are most effective in shielding immigrants from the consequences of acculturative stress on mental health. To date, no study has been found to look at potential moderators for coping in the relationship between acculturative stress and suicide ideation in Latinx emerging adults. Therefore, emerging Latinx adulthood is a group that warrants more attention in the research.

### **Emerging Latinx Adulthood**

Acculturation refers to changes in an individual who is a participant in culture-contact situations and, as such, they are being influenced by both the external culture and by the heritage culture (Berry, 2017). At this level, there might a change in identity, values, attitudes, and behavior. One specific characteristic of change in this population is the experiences of Latino parents in relation to their children. Given the importance of family dynamics in the Latinx culture, it is important to consider the damaging consequences of acculturative stressors within families for emerging adults. Researchers identify familial acculturative stress, which highlights the differences in the ways in which parents and children acculturative, as creating an acculturative inconsistency that may be associated with depressive symptoms (Lane & Miranda, 2018). Acculturation stress can disrupt and challenge the parent-child relationship and negatively affect youth mental health and negatively impact substance use (Conger et al., 2010). Among Latinx youth, in particular, the acculturation gap has been found to predict conduct problems (Lau et al., 2005), internalizing behaviors (Schofield et al., 2008), and increased risk of

substance use (Felix-Ortiz et al., 1998; C. R. Martinez, 2006; Unger et al., 2007). For emerging adults, Dennis et al. (2010) found that Latinx participants ages 23 to 26 years old reported higher levels of conflict around cultural expectation from their parents, making it possible that “cultural discrepancies with parents become more salient and pronounced though out early adulthood” (Dennis et al., 2010, p. 13).

These experiences have been linked to suicidal behavior in Latinx populations. Lane and Miranda (2018), in their study of hopelessness and acculturative stress on suicide ideation among emerging immigrant adult college students, found that depressive symptoms and LGB (lesbian, gay, or bisexual) status were significantly and positively associated with suicidal ideation, but ethnic identity and gender were not associated with suicidal ideation. Furthermore, higher levels of familial acculturative stress, combined with higher levels of hopelessness, were associated with greater levels of suicidal ideation among immigrant versus nonimmigrant college students (Dennis et al., 2010, Lane & Miranda, 2018).

In some cases, for Latinx women, suicidal acts are believed to occur when parents and daughters cannot reconcile their acculturational differences (Zayas, 1987). Specifically, the conceptual model of suicide attempts developed by Zayas et al. (2005) is based on ecodevelopment theory (Szapocznik & Coatsworth, 1999), which highlights the importance of culture and social interactions between family, society, and individuals as critical ecological factors to consider for the healthy development of children and adolescents. Zayas et al. (2005) explained the impact of family functioning, adolescent development, and cultural tradition on young Latinas that may lead to emotional

vulnerability and poor psychosocial functioning. Zayas proposed that in addition to the stress of acculturation differences between Latinx females and their parents, it is the “contradictions of two competing cultures socialization systems that define selfhood and womanhood in different ways” (Zayas, 2011, p. 235) that becomes stressful for young Latinas to have to navigate. That is, young women must traverse between remaining faithful to family and gender convention and the pull to join the values of the new culture. In addition to acculturation, the socioeconomic disadvantage, their traditional gender role socialization, their ethnic identity, and young adult and parental clash appear to meet in the self-destruction behaviors (Zayas et al., 2009; Zayas et al., 2010).

When it comes to young Latinx females, suicidal acts are believed to occur when parents and daughters cannot find reconciliation in their acculturation differences (Zayas, 1987). Zayas and Pilat (2008) argued that when parents hold firmly to traditional ways, delaying the acculturation process, their sons and daughters often are acculturating more rapidly, creating a discrepancy in their relationship. Their argument also aligns with others who have argued that the acculturative gap between immigrant parents and their children may be positively associated with depressive symptoms (Hwang, 2006; Mena et al., 1987; Padilla et al., 1985; Zayas et al., 2009; Zayas et al., 2005). Similarly, Haboush et al. (2015) also found that suicidal Latinx youth had significantly higher levels of acculturative stress when compared to both Caucasian and African American youth. Suarez-Morales and Lopez (2009) added to the literature by looking at how acculturative stress is also linked to internalizing symptoms, finding that somatization, worrying, and general anxiety were linked to acculturative stress among Latinx adolescents. It seems

useful, then, to continue exploring the relationship between acculturative stress and psychological struggles.

Other researchers have studied Latinx emerging adults; they have found that those experiencing acculturative stress were more likely to display internalizing symptoms (i.e., depressive symptoms; suicide ideation) (Walker et al., 2008). Acculturative stress related to language, particularly English competency pressures, are associated with poorer mental health in U.S.-born and foreign-born Latinx adults (Torres, 2010; Torres et al., 2012), which could be attributed to both U.S.-born and foreign-born Latinxs having similar heritage culture experiences (e.g., values, traditions, customs). This notion also has been supported by other researchers who have found acculturative stress to be strongly associated with depression (Driscoll & Torres, 2013). Similarly, for young adults, acculturative stress has been found to be related to other predictors of suicidal behavior, including depression and suicidal ideation, among adolescents and emerging adults (Cho & Haslam, 2010; Hovey & King 1996; Hwang & Ting, 2008).

Gomez et al. (2011) explored acculturative stress and perceived discrimination as statistical predictors of a suicide attempt history among an ethnically diverse sample including Asian, Latino, Black, and White (U.S.- and non-U.S.-born) participants. Their results for the Latino group participants ( $N=170$ ; 130 U.S.-born) described that social acculturative stress, rather than familial acculturative stress, predicted history of suicide attempts in Latinos (Gomez et al., 2011). One of their main conclusions is that “despite the impact of culture on emerging adulthood, culture is an often-neglected area of study in research aimed at understanding why young people engage in suicidal behavior”

(Gomez et al., 2011, p. 10). This highlighted conclusion marks the importance of exploring further how acculturative stress could help explain why young adults engage in suicidal behavior.

As mentioned earlier, family and family relationships are central values for Latinx immigrants, and Latinxs who identify with their heritage culture put great importance on the family (Romero & Piña-Watson., 2017). When families immigrate together, all members are exposed to the acculturation challenges previously discussed. This dynamic has been well documented in the literature. For example, more acculturation or orientation to U.S. culture in adolescents has been associated with increased family conflict (McQueen et al., 2003). The Social, Attitudinal, Familial, and Environmental Acculturation Stress Scale (SAFE) developed by Mena et al. (1987) contains three items relevant to family acculturation gaps: “My family does not want me to move away, but I would like to,” “Close family members and I have conflicting expectations about my future,” and “It bothers me that my family members I am close to do not understand my American values.”

Given the important changes that come with the transition from adolescence to adulthood, emerging adulthood serves as its own developmental stage defined by individuals’ growing independence from their parents and adapting to the financial, educational, and social responsibilities of adulthood (Arnett, 2016). For immigrants, these challenging transitions might be exacerbated by the added layer of acculturation challenges. In a large study conducted with immigrant first- and second-generation college students, Sharkey et al. (2010) examined Berry’s bi-dimensional model of

acculturation in relation to dangerous alcohol and illicit drug use, unsafe sexual behavior, and impaired driving and found that more collective beliefs (such as religiosity) and values tend to be protective (Sharkey et al., 2010). Hence, emerging adults Latinx will be the population of interest for this dissertation. These studies provide further support for an association of acculturative stress with depression, suicidality, and anxiety symptoms among Latinos/as (Castillo et al., 2015; Mejía & McCarthy, 2010; Perez-Rodriguez et al., 2014; Revollo et al., 2011). These data suggest acculturative stress may be a potential risk factor for mental health problems among ethnic minority individuals, including suicide ideation and behavior, and may be particularly relevant during stressful life contexts, such as college (Cano et al., 2015; Menon & Harter, 2012; Smokowski et al., 2009). A closer look at the effects of acculturative stress may provide additional insight into how it may impact risk for suicidal thoughts and behavior among emerging adults and how religious coping might moderate this relationship. Given the imperative position of religion in the Latinx culture, it seems of paramount importance that we examine aspects of religiosity as potential moderators on the relationship between acculturative stress and suicidal ideation in Latinx immigrants. One such aspect of religion is religious coping, to which we now turn our attention.

### **Religious Coping**

In their research on protective cultural factors such as religiosity and loyalty to family, Oquendo et al. (2005) found religiosity to be associated with low risk for suicide even in the context of serious and persistent suicidal thoughts and/or mental distress. Indisputably, religion is a central part of Latinx culture, informing beliefs, attitudes,

behaviors, and social interactions (Abraído-Lanza et al., 2004; Steffen & Merrill, 2011). Further, religion is known as a dominant health factor (Idler, 2014). Religiosity is an important aspect of Latinx values and traditions (Noyola et al., 2020), with Catholicism being the predominant religion (Pew Research Center, 2017) among Latin Americans. Accordingly, it may be important to understand how facets of religion serving as coping function for Latinx immigrants when facing acculturative stressors and suicidal ideation challenges.

One aspect of religion that has garnered a great deal of empirical attention is religious coping (Pargament et al., 2000). Religious coping refers to specific cognitive acts that emerge from a person's religious beliefs that are used to deal with stressors (Tix & Frazier, 1998). Religious coping has been widely used in the literature to explain how people cope with their most stressful situations (Pargament et al., 2000). Definitions of religious coping include both negative religious coping (for example, struggling with faith) and positive religious coping (personal, internal cognitive coping efforts stemming from individuals' constructive relationship with God or their faith) (Kim et al., 2015). Specifically, positive religious coping strategies include (a) religious purification/forgiveness; (b) religious direction/conversion; (c) religious helping; (d) seeking support from clergy members; (e) collaborative religious coping; (f) religious focus; (g) active religious surrender; (h) benevolent religious reappraisal; (i) spiritual connection; and (j) marking religious boundaries. Furthermore, this term is used to include the collaborative style, benevolent reappraisal of the stressor, and seeking spiritual support from God, clergy, or members of an individual's religious group (Pargament, 2007).

In contrast, the negative religious coping strategies included (a) spiritual discontent; (b) demonic reappraisal; (c) passive religious deferral; (d) interpersonal religious discontent; (e) reappraisal of God's powers; (f) punishing God reappraisal; and (g) pleading for direct intercession (Pargament et al., 2000; Pargament, Smith, et al., 1998). Negative religious coping encompasses interpersonal, intrapersonal, and divine categories, including conflict with religious others, questioning, guilt, and perceived distance from or negative views of a higher power (Pargament, 2007). Both positive and religious coping are not coping per se but refer to the use of religious concepts and behaviors as coping responses to stressors (Krägeloh et al., 2012).

There is a growing body of literature of empirical evidence in support of the importance of religious coping as a construct (Pargament, 2007). Pargament explained that religious coping could help us understand “how particular people use religion concretely in specific life situations and contexts” (Ano & Pargament, 2013, p. 119). With religion at its core, religious coping is an active and dynamic coping process, helping individuals maintain and find meaning (Xu, 2016). Religious coping helps perform five major functions, as outlined in Xu (2016): “to discover meaning, to garner control, to acquire comfort by virtue of closeness to God, to achieve closeness with others and to transform life” (p. 1399). All of these functions can be found in the RCOPE, a multidimensional instrument used to assess religious coping, which was developed by Pargament et al. (2000). More on the RCOPE can be found in Chapter III.

In the last decade, religious coping has attracted much attention from researchers. Scholars have demonstrated significant links between both types of religious coping and

indicators of health and well-being (Abu-Raiya et al., 2015; Aten et al., 2019; Cummings & Pargament, 2012; Gall & Guirguis-Younger, 2013). Ano and Vasconcelles (2005) conducted a relevant meta-analysis to evaluate the relationships between religious coping strategies and psychological adjustment to stress. From their meta-analysis, one critical finding is that positive coping often is related to more positive outcomes when used to cope with stressful events. For example, Pargament et al. (1990) found that religious coping efforts involving the experience of God as a supportive partner, belief in a just and loving God, involvement in religious rituals, and the search for spiritual and personal support were significantly related to better outcomes, such as recent mental health status and spiritual growth (Pargament, 1997). Further research attention needs to be paid to how positive religious coping plays a role in Latinx immigrants coping styles.

Similarly, scholars have found negative religious coping related to more negative outcomes, such as greater distress while coping with the loss of a family member to homicide (Thompson & Vardaman, 1997) and more negative mood, lower self-esteem, greater anxiety while coping with a major negative life event such as an illness or injury, death of a close friend or relative, or relationship problems (Pargament, Smith, et al., 1998). As experiences of acculturative stress are explored with Latinx immigrants, it is also important to consider the impact of negative religious coping since Latinx immigrants are known to use religious coping when dealing with acculturative stress (Sanchez et al., 2012).

There has been a well-established connection between religious coping and health outcomes such as cancer. To that effect, G. C. Ngo et al. (2017) conducted a cross-

sectional study, where they looked at religiosity and religious coping in cancer patients. To measure religious coping and religiosity, they used the Duke University Religion Index and the Brief Religious Coping Scale. The goal of their study was to examine the link between religiosity and religious coping with anxiety and depression. The findings showed that participants with anxiety or depression used more negative religious coping and had lower non-organization religiosity.

Researchers have shown that religious coping is relevant to stress, particularly for people with higher levels of religiosity and spirituality. Krägeloh et al. (2012) conducted a study at the University of New Zealand that examined the role of religiosity and spirituality in dealing with stress. They looked at whether the level of religiosity and spirituality is related to the ways in which religious coping is used compared to other coping strategies. In their findings, religious coping tends to be used “in a more problem-focused manner by individuals with higher levels of religiosity and spirituality” (Krägeloh et al., 2012, p. 1148).

Little is known about the relationship between religious coping and acculturative stress among Latinx immigrants (Sanchez et al., 2012) or about how religious coping may impact suicidal ideation. General, religiosity has been found to be protective against suicide, as it increases social integration, which serves as a protective aspect discussed previously in Durkheim’s (1897) work. As acculturative stress is a unique form of stress experienced by immigrants based on psychological or social stressors due to an incongruence of beliefs, values, and other cultural norms between their country of origin

(Cabassa, 2003), it seems logical to gain a better understanding of the coping mechanisms that might protect immigrants from the consequences of acculturative stress.

Latinx immigrants, specifically those who are Mexican-born, have also been found to indicate that life stress influenced their connections to their religious communities and practices (Moreno & Cardemil, 2013). This was found to be particularly true among individuals who reported struggling with financial stressors, as well as those who were undocumented residents. In particular, Moreno and Cardemil (2018) found that Mexican-born first-generation immigrant participants described how valuing social connections, having significant life stress and corresponding needs in the United States, and a family tradition of religious engagement from an early age were all connected with their current religiosity. These findings speak to the social connections and family traditions that are important to an individual's religiosity in collectivistic cultures (Cohen et al., 2016; Cukur et al., 2004). These findings suggest that religious practices may serve as particularly important coping mechanisms for immigrant populations.

Given the centrality of religion as a value to the Latinx culture (Campesino & Schwartz, 2006), it is crucial to examine the question of how religious coping impacts the Latinx mental health experience. Thus, religious coping may be particularly relevant for many in the Latinx culture where religiosity is considered to be an important central value (Magaña & Clark, 1995; Mausbach et al., 2003; Plante et al., 1995; Steffen & Merrill, 2011). It is important to note that not only is religion an important aspect of Latinx culture, but Latinx individuals have been found to use religious coping mechanisms more frequently than their non-Latinx white counterparts (Valle, 1994) to

deal with stressful conditions (Coon et al., 2004) such as the mental health consequences of acculturative stress (Steffen & Merrill, 2011).

Researchers have found that religious coping has salience, specifically in buffering acculturative stress. Specifically, religious coping has been found to be a coping mechanism among a sample of international students enrolled at a higher education institution in the United States (Philip et al., 2019). Qualitative data was collected via interviews with students who were amid the acculturation process. Although they had a small sample ( $n=12$ ), their findings provide needed information to continue exploring buffering effects of religion on the psychological and social impact of acculturative stress in another underrepresented group, international students. Their findings support the fact that religion and spirituality have a buffering effect on the social and emotional impact of acculturative stress, highlighting the importance of having a space for religion and spirituality-related resources available for international students who arrive in the U.S. Andrade and Evans (2009) called for a more in-depth investigation on the effects of spirituality and religion on the experiences of acculturative stress of international students. Their findings align with other qualitative studies on the practice of religious coping on the mental health effects of acculturative stress (e.g., Andrade & Evans, 2009; Krägeloh et al., 2012; Gardner et al., 2014; Hsu et al., 2009).

Since most of the research on religious coping has been conducted with Christian samples from Western cultures, Gardner et al. (2014) conducted a study with Muslim participants. They explored the relationship between perceived stress, quality of life, and religious coping in a sample of 114 Muslim university students in New Zealand. Their

results revealed that international Muslim students had higher levels of spirituality/religiousness than domestic Muslim students. For international students, positive religious coping was positively related to the quality of life and lack of stress, while, for domestic students, negative religious coping was negatively related to the quality of life and increased stress.

Given the earlier stated evidence of acculturative stress having a severe impact on many Latinx immigrant's well-being, including suicidal ideation (Hovey, 2000b; Hovey & King, 1996; Maiya et al., 2020; Torres, 2010), one important question arises. Does religious coping moderate the relationship between acculturative stress and suicidal ideation in Latinx immigrants? Hovey (1998) explored this question in his study of religious coping and suicide ideation in Latinx immigrants. His findings indicated that individuals who reported high religiosity reported lower scores on a suicidal ideation scale and that actively participating in the church was also a protective factor against suicidal ideation (Hovey, 1998). Hovey considered religious coping as a predictor of suicide ideation but did not take into account acculturative stress. The Hovey (1998) study was limited by a small sample of mostly Catholics and Central American immigrants, so their findings should be examined further.

Scholars studied similar relationships among a sample of 573 recent Latinx immigrants to examine the link between pre-immigration religious coping and post-immigration acculturative stress (Sanchez et al., 2012). Their main finding was that Latinx immigrants use higher levels of external religious coping and report higher levels

of post-immigration acculturative stress, and undocumented immigrants used pre-immigration internal as well as external religious coping (Sanchez et al., 2012).

Although no scholars have yet looked at the relationships posited in the current study, one study so far has highlighted the moderator effect of religious coping between acculturative stress and psychological outcomes. Specifically, Da Silva et al. (2017) looked at the relationship between the different dimensions of religious coping, acculturative stress, and psychological well-being. They found that negative religious coping moderated the relationship between acculturative stress and psychological stress and that positive religious coping was not linked to either (Da Silva et al., 2017). Their sample was Latinx females who were in the early stages of their immigration process, a key limitation of this research. Studies with a more diverse sample with post-immigration experiences are needed to better understand the relationship between religious coping and acculturative stress. With this in mind, this dissertation study sought to expand the literature on how religious coping can serve as a buffer between acculturative stress and suicidal ideation relation in Latinx immigrants, given that researchers have urged that suicide prevention includes culturally valued activities to decrease suicide risk in Latinx (Silva & Van Orden, 2018).

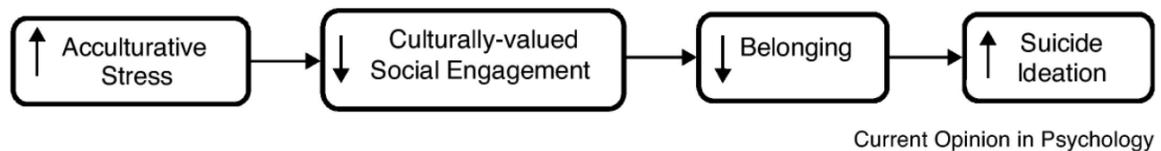
### **Conceptual Model**

The model that guided this study was created by Silva and Van Orden (2018) to inform suicide prevention. As shown in Figure 1, their model proposes that greater acculturative stress leads to a lower frequency in participation in culturally valued activities. Participating in collective activities, including religion, increases people's

community and sense of connection, reducing social isolation, which reduces the risk of suicide (Durkheim, 1897; Joiner, 2005).

**Figure 1**

*Silva and Van Orden's (2018) Suicide Model*



Silva and Van Orden (2018) argued that some aspects of acculturative stress, low sense of belonging, and family conflict have been associated with suicide ideation in Latinx immigrants. Accordingly, their model includes social engagement and culturally-valued activities as protectives against suicide ideation. They defined culturally valued social activities as activities involving interaction with others that are salient in the Latinx culture, such as those related to familism, religion, and cultural traditions. Importantly, decreased acculturative stress leads to decreased engagement in these activities, decreases belonging, and increases suicide ideation (Silva & Van Orden, 2018). Per this framework, this study aims to expand on the literature regarding the effects of acculturative stress on suicide ideation and how culturally valued activities/behaviors, such as religious coping, specifically, might play a moderating effect on the link between stress and mental health outcomes for Latinx emerging adults.

## **CHAPTER III**

### **METHODS**

Chapters I and II provided an overview of the literature and need of this study on acculturative stress, suicidal ideation, depression in emerging Latinx adult literature. Chapter III includes a description of the methodology for the current study, the goal of which was to examine the moderating effect of religious coping on the relationship between acculturative stress and suicidal ideation.

#### **Research Questions and Hypotheses**

The proposed study aimed to examine the relationship between acculturative stress and suicidal ideation among Latinx immigrants in emerging adulthood and how two distinct types of religious coping (positive and negative) might moderate this relationship. Specifically, it is hypothesized that religious coping will play a role in coping and influence the impact of acculturative stress on Latinx immigrants' suicidal ideation. Based on the Silva and Van Orden (2018) conceptual model of acculturative stress and suicidal ideation and the literature reviewed in Chapter II, the following questions and hypotheses were developed:

Research Question 1: What are the relationships among acculturative stress, religious coping, depression, and suicidal ideation among Latinx immigrants?

Hypothesis 1a: There will be a statistically significant positive relationship between acculturative stress and suicidal ideation.

Hypothesis 1b: There will be a statistically significant positive relationship between negative religious coping and suicidal ideation.

Hypothesis 1c: There will be a statistically significant negative relationship between positive religious coping and suicidal ideation.

Hypothesis 1d: There will be a statically significant positive relationship between acculturative stress and depression.

Research Question 2: To what extent do acculturative stress and religious coping predict depression when controlling for demographic factors of gender identity, years in the U.S., and immigration status predict suicidal ideation and depression?

Hypothesis 2: Acculturative stress and religious coping predict depression when controlling for demographic factors of gender identity, years in the U.S., and immigration status.

Research Question 3: To what extent do acculturative stress and religious coping predict suicidal ideation when controlling for demographic factors of gender identity, years in the U.S., and immigration status?

Hypothesis 3: Acculturative stress and religious coping predict a significant amount of variance in suicidal ideation beyond what is predicted by gender identity, years in the U.S., and immigration status.

Research Question 4: Does religious coping moderate the relationship between acculturative stress and depression?

Hypothesis 4a: Positive religious coping will moderate the relationship between acculturative stress and depression by weakening the relationship.

Hypothesis 4b: Negative religious coping will moderate the relationship between acculturative stress and depression by strengthening the relationship.

Research Question 5: Does religious coping moderate the relationship between acculturative stress and suicidal ideation?

Hypothesis 5a: Positive religious coping will moderate the relationship between acculturative stress and suicidal ideation by weakening the relationship.

Hypothesis 5b: Negative religious coping will moderate the relationship between acculturative stress and suicidal ideation by strengthening the relationship.

### **Participants**

The population of interest for this study was Latinx immigrants in emerging adulthood. It was determined worthwhile to consider immigrants only, excluding refugees, asylum seekers, and international students. Accordingly, inclusion criteria for this study will be that participants identify as (a) Latinx, (b) in the developmental age range of 18-25, generally considered to be emerging adulthood (Arnett, 2016), and (c) have been born outside the U.S. in a Latin American country. For Research Question 1, per a power analysis (*g\*power*), the minimum sample size needed for a moderate effect size and power of .80 with three predictor variables is 84. For Research Question 2, the sample size is dependent upon the largest sample size needed based on the logistic regression rule of thumb: For logistic regression, the minimum sample size is 10 participants per predictor variable; however, 20 participants per predictor variable is preferred (Hosmer et al., 2013).

- RQ2 – with four predictors would require 40–80 participants (not factoring in dummy coding).
- RQ3 – with three predictors would require 60–90 participants

Hence, the ideal total sample size to answer all three questions is 90 participants.

Participants were invited via social media, community contacts, and email for recruitment purposes. Also, *Prolific* (Palan & Schitter, 2018) was used to reach a wider pool of participants. *Prolific* is a recently established platform for online subject recruitment. It combines good recruitment standards with reasonable cost and explicitly informs participants that they are recruited for participation in research. It also has been successful for other studies with similar samples (G. Perez, personal communication, August 13, 2020). Sampling continued as long as necessary to achieve the minimal sample size.

### **Instrumentation and Variables**

Participants were asked to complete the Social, Attitudinal, Familial, Environment Acculturative Stress Scale (SAFE), the Brief Religious Coping (Brief RCOPE) measure, the PHQ-9, the Paykel questionnaire, and demographic items to measure the variables of interest in the current study. The total number of items in this combination of measures is 54. Individuals were invited to respond in either English or Spanish as it fit their preference.

#### **The Social, Attitudinal, Familial, Environment Acculturative Stress Scale (SAFE; Mena et al., 1987)**

The SAFE was used to measure participant's level of acculturative stress. The SAFE was created by Mena et al. (1987). The SAFE consists of 24 items that evaluate

acculturative stress in the social, attitudinal, familial, and environmental context of individuals (Mena et al., 1987; Matsudaira, 2006). The SAFE uses a 6-point Likert-type scale format to measure a self-report of the level of acculturative stress experienced by an individual (0=*did not happen*, 1=*not at all*, 5=*extremely stressful*). Items on the SAFE include “I was insulted or treated poorly” and “members of my family cannot communicate in public places.” The SAFE is scored by summing the individual item scores, and more acculturative stress is indicated by higher SAFE total scores. The possible scores for the SAFE range from 0 to 120. The scale yields a total score by summing all the items.

The SAFE has been found to have psychometric properties that support its use in this study. Negy et al. (2009) reported Cronbach’s alpha coefficients for the SAFE with aggregate Latina/o samples of .87 (Spanish version) and .89 (English version). Evidence for convergent and discriminant validity has been previously shown for African Americans (Joiner & Walker, 2002) and Latinas (Kiang et al., 2020). The SAFE also has been shown to be reliable for Asian Americans and international students (Cronbach’s alpha: .89; Mena et al., 1987), a heterogeneous group of Hispanic Americans (Cronbach’s alpha: .89; Fuertes & Westbrook, 1996), and Black college students (Cronbach’s alpha: .87, Joiner & Walker, 2002). Both Spanish and English versions of the SAFE are available (Zane & Mak, 2005), and participants were invited to choose their preferred version.

### **Brief Religious Coping Measure**

The Brief RCOPE (Brief RCOPE; Pargament et al., 2011) is a measure of positive and negative religious coping styles. It contains 14 items measured on a 4-point Likert-type scale (1=*not at all*, 4=*a great deal*). It has two subscales: positive religious coping (e.g., “Sought God’s love and care”) and negative religious coping (e.g., “Felt punished by God for my lack of devotion”). Participants indicated the extent to which they use various positive and negative religious coping acts to manage life stressors. Higher scores indicate more frequent use of a particular coping style or strategy. In the current study, the unit of analysis will be scored on the two subscales (Positive Religious Coping and Negative Religious Coping).

Consistently, satisfactory psychometric properties have been obtained with the B-RCOPE in different diverse cultural and religious settings around the world, including Iran (Mohammadzadeh & Najafi, 2016) and Iraq (Al-Hadethe et al., 2016). In a study with international students, Mohammadzadeh and Najafi (2016) reported Cronbach alphas for the positive and negative religious coping styles subscales of .88 and .85, respectively. Increasingly, researchers have used this scale with Latinx populations (Freitas et al., 2015; García et al., 2017; Mezzadra & Simkin, 2017; Rivera & Montero, 2005). The B-RCOPE has demonstrated good concurrent validity, and the original validation studies reported the internal consistency coefficients of .92 and .81 for positive and negative religious coping subscales (Pargament et al., 2011).

The Brief-RCOPE was translated into Spanish by Rivera and Montero (2005). Confirmatory factor analyses have supported a 2-factor structure among religious young

adults (Kim et al., 2015), college students (Pargament, Zinnbauer, et al., 1998), and Latinx adult immigrants using a Spanish language version (Sanchez et al., 2012). In a study of the Latinx American population, Rivera and Montero found alphas of 0.95 for positive religious coping and 0.90 for negative religious coping, supporting the reliability of the Spanish translation.

### **Paykel Questionnaire**

The Paykel questionnaire was used to measure suicide ideation. The Paykel questionnaire was created by Paykel et al. (1974), and consists of the following five questions: (1) Have you ever felt that life was not worth living? (2) Have you ever wished you were dead? For instance, that you could go to sleep and not wake up? (3) Have you ever thought of taking your life, even if you would not really do it? (4) Have you ever reached the point where you seriously considered taking your life or perhaps made plans how you would go about doing it? (5) Have you ever made an attempt to take your life? “Suicidal ideation” will be treated as a dichotomous variable rated as present with a response of “yes” to questions 3, 4, and/or 5.

### **The Patient Health Questionnaire-9 (PHQ-9)**

The PHQ-9 is a brief (9-item) depression screening instrument (Kroenke et al., 2002). The PHQ-9 is one of the most widely used depression screening instruments in primary care settings and research among racially and ethnically diverse populations (Zhong et al., 2014). Evidence for the validity and reliability of the PHQ-9 has been previously reported, including a Cronbach alpha of .93, and has been used in Spanish-speaking populations (Muñoz-Navarro et al., 2017; Zhong et al., 2014).

## **Demographic Questionnaire**

A demographics questionnaire was used to gather participant's age, race, gender identity, sexual/affectional orientation, involvement in the decision to immigrate to U.S. relationship status, employment status, international students' status question, years in the U.S., age at immigration, country of birth, religious identity, and immigration status. This final question was listed as optional in case any participants do not feel safe to answer it.

## **Procedures**

A convenience and snowball sampling approach was used in the recruitment process. That is, all participants were asked to assist in identifying other potential participants. Approval of the study from the university's Institutional Review Board (IRB) was obtained to ensure participant safety and the author's continuous commitment to research ethics. For those who endorsed suicidal ideation, a list of resources was listed both in the consent form and at the end of the study. Study announcements and fliers were shared with social media for recruitment. An introductory video was provided for participants, in which the author introduced herself and extending an invitation to participate. Study materials were disseminated to potential participants using Qualtrics through Prolific, social media, flyers, and network email lists. Due to the emotional nature of suicidal ideation, participants were provided a resource list of contact phone numbers for suicide hotlines at the end of the interview to provide a platform to process their possible feelings and reactions post-interview if needed. To further protect participants' anonymity, electronic consent was used.

## **Data Analysis**

Descriptive statistics were calculated on participant demographics and the scales of interest on all the instruments (SAFE, RCOPE, PHQ-9, and Paykel Questionnaire) to provide a profile of the participants and a foundation for testing the five hypotheses of the study. Additionally, Cronbach's alpha coefficients were computed to examine the reliability of each instrument for this sample.

Instrument data were analyzed to test the research hypotheses. Research Question 1 (What are the relationships among acculturative stress, religious coping, depression, and suicidal ideation among Latinx immigrants?) was analyzed using a point-biserial Pearson correlation. Research Question 2 (To what extent do acculturative stress and religious coping predict depression when controlling for demographic factors of gender identity, years in the U.S., and immigration status predict suicidal ideation and depression?) was analyzed using hierarchical linear regression. Research Question 3 (To what extent do acculturative stress and religious coping predict suicidal ideation when controlling for demographic factors of gender identity, years in the U.S., and immigration status) was analyzed using hierarchical logistic regression. Lastly, Research Question 4 (Does religious coping moderate the relationship between acculturative stress and suicidal ideation) was analyzed using hierarchical logistic regression. Hypothesis analyses are outlined in Table 1.

**Table 1***Hypotheses, Variables, and Data Analyses*

<b>Hypothesis</b>	<b>IV</b>	<b>DV</b>	<b>Analysis</b>
<u>Hypothesis 1a</u> : There will be a statistically significant positive relationship between acculturative stress and suicidal ideation.	Acculturative stress	Religious coping Depression	Point-biserial and Pearson correlations
<u>Hypothesis 1b</u> : There will be a statistically significant positive relationship between negative religious coping and suicidal ideation.		Suicidal ideation	
<u>Hypothesis 1c</u> : There will be a statistically significant negative relationship between positive religious coping and suicidal ideation.			
<u>Hypothesis 1d</u> : There will be a statically significant positive relationship between acculturative stress and depression.			
<u>Hypothesis 2</u> : Acculturative stress and religious coping predict depression when controlling for demographic factors of gender identity, years in the U.S., and immigration status.	Depression	Demographic factors Acculturative stress Religious coping	Hierarchical linear regression
<u>Hypothesis 3</u> : Acculturative stress and religious coping predict a significant amount of variance in suicidal ideation beyond what is predicted by gender identity, years in the U.S., and immigration status	Suicidal Ideation	Acculturative stress Religious coping	Hierarchical logistical regression

<b>Hypothesis</b>	<b>IV</b>	<b>DV</b>	<b>Analysis</b>
<u>Hypothesis 4a</u> : Positive religious coping will moderate the relationship between acculturative stress and depression by weakening the relationship.	Depression	Acculturative stress	Hierarchical linear regression
<u>Hypothesis 4b</u> : Negative religious coping will moderate the relationship between acculturative stress and depression by strengthening the relationship.		Religious coping	
<u>Hypothesis 5a</u> : Positive religious coping will moderate the relationship between acculturative stress and suicidal ideation by weakening the relationship.	Suicidal Ideation	Acculturative stress	Hierarchical logistical regression
<u>Hypothesis 5b</u> : Negative religious coping will moderate the relationship between acculturative stress and suicidal ideation by strengthening the relationship.		Religious coping	

### **Pilot Study**

A pilot study was conducted to test the instrumentations for instruction clarity, clarity of the items and data procedures, as well as to assess the feasibility of the larger study. Upon completion, participants were asked to reflect on the clarity of the instructions and items, the layout of questions, length of the assessments, clarity of the consent form, and were encouraged to share any additional information. A total of six volunteer participants completed the electronic survey via Qualtrics, with three completing the instruments in English and three completing the instruments in Spanish. Upon concluding, they were asked to reflect on the clarity of the instruments and items, sequences of the questions, length of the instrument, clarity of the questions, and were

encouraged to share any additional information. A summary of the participants' feedback is outlined below. Participants provided both general and specific feedback via open-ended questions in Qualtrics. For the most part, the participants reported that they found the assessment to be "Just right" in length. Two participants indicated that the survey took them about 5-10 minutes to complete, and one reported that it took 10 minutes to complete. The other three participants reported that it took 15-20 minutes to complete.

Specific feedback also was provided by participants related to the instructions and items on the assessments and the demographics questionnaire. Overall, participants found the instruments easy to complete and reported liking the sequence and flow of the questions. They answered the open-ended questions with "the layout was good" and "everything was relatively good" when asked about the layout of the questionnaire. More detailed feedback also was provided. One participant expressed confusion with the stressor questions (SAFE questionnaire) and suggested that instructions should include that not all items may apply.

For the demographic questionnaire, one participant was unsure on how to respond to the employment question as they work two jobs (one part-time and one full-time). This same participant pointed out that the option on the demographics for DACA should be simply "DACA recipient." Also, two participants suggested that the demographics question about racial group identification should also include "White Latinx." For the RCOPE questionnaire, a participant suggested that that instead of saying "not at all" or "de ningun modo," we should use "never" or "nunca" as an option. Similarly, the same participant also was confused about the use of the word "entredicho" for one of the

questions in the Spanish version of the RCOPE. For the Paykel questionnaire, a participant suggested the example of one of the questions of the Spanish version:

*¿Alguna vez has deseado estar muerto? Por ejemplo, ¿que podría irse a dormir y no despertarse?* be changed to “*Por ejemplo pensado o deseado dormirse y no despertarse.*”

As a result of the pilot study and participant feedback, the following changes were made to the full study:

- Due to the difference in length of time of completion, the consent form was revised to reflect that the survey may take 5-20 minutes instead of the 15-20 minutes previously stated.
- In the demographic questionnaire, “Undocumented, participating in DACA” was changed to “DACA recipient.”
- “White Latinxs” was added to the racial group identification question.
- The researchers agreed with the feedback regarding language in the RCOPE Spanish version. Subsequent to this feedback, the researcher found a different version of the Spanish translation of the RCOPE that makes the same correction recommended by the participant. Accordingly, this version of the Spanish language RCOPE was used in the full study.
- In the Paykel questionnaire, the example in the question of the Spanish version: *¿Alguna vez has deseado estar muerto? Por ejemplo, ¿que podría irse a dormir y no despertarse?* was changed to “*Por ejemplo pensado o deseado dormirse y no despertarse.*”

### ***A Priori Limitations***

There are a number of known *a priori* limitations that should be considered for this study. All measures were collected using self-report. Self-report measures may be impacted by issues such as bias and social desirability. Furthermore, self-report measures are reliant upon the awareness level of the individual providing the information. Additionally, it is unknown how sociopolitical factors in the U.S. at the time of data collection may impact responses. Although these limitations cannot be eliminated, the researcher provided information in the informed consent informing participants that the study is completely voluntary and that all responses are anonymous with the hope that this increased the experience of safety and encouraged participants to answer candidly and to the best of their ability. Additionally, online consent was used to protect the anonymity of participants further. Finally, conducting a survey design also brings forth the issue of non-responders, those who chose not to participate. Although efforts were made to recruit participants who are representative of the population of interest, it is not possible to know how the answers of non-respondents may have systematically varied from the responses of those who chose to participate.

## **CHAPTER IV**

### **RESULTS**

Chapter I provided the overview, significance of the study, the gap in the existing literature, and how this study was developed to address this gap. Additionally, it provided a brief introduction to the theoretical framework and research questions that form the study. Chapter II provided a detailed literature review toward a critique of existing research in the areas of acculturative stress, depression, religious coping, and suicidal ideation. Chapter III provided details around the methodology for the current study, including research questions and hypotheses, planned sampling procedures, measurements, and data analytic strategies. Chapters IV and V present the results of the study and a discussion of these findings, respectively. Results include the demographics of the sample, the reliability coefficients of the measures used in the study, and the results of the statistical analyses for each of the research hypotheses.

The study aimed to examine the relationship between acculturative stress and suicidal ideation among Latinx immigrants in emerging adulthood and how two distinct types of religious coping (positive and negative) might moderate this relationship. In this chapter, the statistical findings of the data analyses are presented. The data analysis steps are described. Frequencies and percentages were used to explore the trends of the nominal-level variables. Means and standard deviations were utilized to explore the trends of the survey instruments. The reliability of the scales was verified with

Cronbach’s alpha. The primary inferential analyses consisted of linear regressions and moderation analysis through the use of regression analyses.

### **Description of the Sample**

A convenience and snowball sampling approach was used in the recruitment process. The population of interest for this study was Latinx immigrants in emerging adulthood. For recruitment purposes, participants were invited via social media, community contacts, and email. Through power analysis and rule of thumb estimates, it was calculated that a sample size of 80-90 participants would be sufficient for the data analysis.

A total of 215 people completed the survey, with 31 supplying incomplete and unusable data. Another 34 respondents did not meet inclusion criteria because they answered “Yes” to being an international student or “No” to being an immigrant. This resulted in a total of 150 useable participants. Table 2 presents the frequencies and percentages of the demographic variables.

**Table 2**

*Frequencies and Percentages of Demographics*

Variable	<i>n</i>	<i>%</i>
Gender		
Male	55	36.7
Female	90	60.0
Non-binary	4	2.7
Non-conforming	1	0.7
Race		
White Latinx	87	58.0
Mestizo/Mestiza	40	26.7
Afro-Latinx	23	15.3

Variable	<i>n</i>	%
Involvement in the decision to immigrate to the U.S.		
Not at all, other members of my family decided	109	72.7
Had some input, but my family decided	18	12.0
I contributed equally to the decision	8	5.3
I mostly decided, with family member's input	6	4.0
Decided completely on my own	9	6.0
Country of birth		
Argentina	3	2.0
Bolivia	2	1.3
Chile	11	7.3
Colombia	11	7.3
Cuba	4	2.7
Dominican Republic	7	4.7
Ecuador	2	1.3
El Salvador	5	3.3
Guatemala	4	2.7
Honduras	1	0.7
Mexico	78	52.0
Panama	1	0.7
Peru	8	5.3
Puerto Rico	1	0.7
Venezuela	10	6.7
Other	2	1.3
Relationships status		
Single	107	71.3
Partnered	29	19.3
Married	13	8.7
Declined response	1	0.7
Employment status		
Not employed	45	30.0
Employed full-time	45	30.0
Employed part-time	40	26.7
Seeking opportunities	20	13.3
Citizenship status		
U.S. citizen	60	4.0
Permanent resident	30	20.0
Undocumented	19	12.7
Undocumented (DACA recipient)	26	17.3
Other	15	10.0

Variable	<i>n</i>	%
Languages most fluent in		
English	11	7.3
Spanish	4	2.7
English & Spanish	127	84.7
Other	8	5.3
Religious affiliation		
Catholic	54	36.0
Christian	21	14.0
Jewish	4	2.7
Agnostic	22	14.7
Buddhist	2	1.3
None	39	26.0
Other	8	5.3

The age of participants ranged from 18 to 25 years ( $m=22.17$ ;  $sd=2.22$ ). Years living in the U.S. ranged from 1 to 25 years ( $m=12.78$ ;  $sd=7.37$ ). Age when participants first moved to the U.S. ranged from 1 to 23 years ( $m=8.32$ ;  $sd=6.54$ ). Descriptive statistics for the scales are presented in Table 3.

**Table 3**

*Descriptive Statistics for Age, Years Living in the US, and Age when First Moved to the United States*

Variable	<i>n</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
Age	150	18.00	25.00	22.17	2.22
Years living in the U.S.	150	1.00	25.00	12.78	7.37
Age when first moved to the U.S.	150	1.00	23.00	8.32	6.54

Participants responded to the Social, Attitudinal, Familial, Environmental, Acculturative Stress Scale (SAFE), the Brief Religious Coping Measure (Brief RCOPE), the Patient Health Questionnaire- 9 (PHQ-9), and the Paykel questionnaire. Composite

scores were developed for the SAFE, Brief RCOPE, and PHQ-9 by following the scoring instructions on the questionnaires. Each of the items on the survey instruments was summed to generate the variables of interest.

Cronbach’s alpha test of internal consistency and reliability was examined for the four instrument scales. The strength of the alpha values was calculated using George and Mallery’s (2016) guidelines, in which  $\alpha > .9$  Excellent,  $\alpha > .8$  Good,  $\alpha > .7$  Acceptable,  $\alpha > .6$  Questionable,  $\alpha > .5$  Poor, and  $\alpha < .5$  Unacceptable. Three of the four alphas met the threshold for excellent internal reliability, and the fourth met the threshold for good internal reliability. Alpha coefficients are provided in Table 2.

Acculturation stress scores ranged from 9.00 to 111.00 ( $m=52.71$ ;  $sd=20.94$ ). Positive coping scores ranged from 7.00 to 28.00 ( $m=13.88$ ;  $sd=6.21$ ). Negative coping scores ranged from 7.00 to 27.00 ( $m=11.80$ ;  $sd=4.87$ ). Depression scores ranged from 0.00 to 27.00 ( $m=10.38$ ;  $sd=6.71$ ). Descriptive statistics for the scales are presented in Table 4.

**Table 4**

*Descriptive Statistics for Scales*

Instrument	Variable	<i>n</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	# of Items	$\alpha$
SAFE	Acculturation stress	150	9.00	111.00	52.71	20.94	26	.90
Brief (RCOPE)	Positive coping	150	7.00	28.00	13.88	6.21	7	.94
	Negative coping	150	7.00	27.00	11.80	4.87	7	.86
PHQ-9	Depression	150	0.00	27.00	10.38	6.71	9	.90

Regarding responses to the Paykel questionnaire, 111 participants (74.0%) responded yes to having lifetime suicidal ideation, and 39 participants (26.0%) responded no to having suicidal ideation. Table 5 presents the frequencies and percentages for suicidal ideation.

**Table 5**

*Frequencies and Percentages of Suicidal Ideation (Paykel Questionnaire)*

Variable	<i>n</i>	%
Suicidal ideation		
Yes	111	74.0
No	39	26.0

### Hypothesis Testing

**Research Question 1: What are the Relationships Among Acculturative Stress, Religious Coping, Depression, and Suicidal Ideation Among Latinx Immigrants?**

Hypothesis 1a: There will be a statistically significant positive relationship between acculturative stress and suicidal ideation.

Hypothesis 1b: There will be a statistically significant negative relationship between positive religious coping and suicidal ideation.

Hypothesis 1c: There will be a statistically significant negative relationship between negative religious coping and suicidal ideation.

Hypothesis 1d: There will be a statically significant positive relationship between acculturative stress and depression.

In addressing Research Question 1, a series of point-biserial and Pearson correlations were calculated to examine the two-way associations between the variables of interest. The assumption of normality was first verified with a series of Kolmogorov-Smirnov tests. The findings of the Kolmogorov-Smirnov tests were statistically significant for positive coping, negative coping, and depression scores. Therefore, the assumption of normality was not supported for these variables. Howell (2013) indicated, however, that violations of normality are not problematic when the sample size exceeds 50 cases. Due to the sample size, then, the analysis was conducted as initially proposed. Cohen's standard (Cohen, 1988) was applied in interpreting the strength of the correlation coefficients, in which coefficients between .10 and .29 represent a small effect size, coefficients between .30 and .49 represent a medium effect size, and coefficients above .50 represent a large effect size.

The point-biserial correlation between acculturative stress and suicidal ideation was statistically significant,  $r_{pb}(150)=.24, p=.003$ . The correlation coefficient represented a small effect size. The positive coefficient indicates that those with lifetime suicidal ideation tended to have higher acculturative stress scores. The point-biserial correlation between positive religious coping and suicidal ideation was not statistically significant,  $r_{pb}(150)=.03, p=.713$ . The point-biserial correlation between negative religious coping and suicidal ideation was statistically significant,  $r_{pb}(150)=.19, p=.019$ , representing a small effect size. The positive coefficient indicates that those with suicidal ideation tended to have higher negative religious coping scores. The Pearson correlation between acculturative stress and depression was statistically significant,  $r(150)=.34, p < .001$ ,

representing a medium effect size. The positive coefficient indicates that as acculturative stress scores increased, depression scores also tended to increase. Accordingly, Hypotheses 1a through 1d were partially supported with effect sizes for significant correlations that were small to medium. Table 6 presents the point-biserial and Pearson correlations.

**Table 6**

*Point-Biserial Correlations and Pearson Correlations between Acculturative Stress, Religious Coping, Depression, and Suicidal Ideation*

	Acculturative Stress	Positive coping	Negative coping	Depression	Suicidal ideation
Acculturative stress	1.00				
Positive coping	.21*	1.00			
Negative coping	.37**	.46**	1.00		
Depression	.64**	.02	.27**	1.00	
Suicidal ideation	.24**	.03	.19*	.34**	1.00

Note. \* Denotes correlation is significant at .05 level. \*\* Denotes correlation is significant at .01 level.

**Research Question 2: To What Extent Do Acculturative Stress and Religious Coping Predict Depression, When Controlling Demographic Factors of Gender Identity, Years in the U.S., and Immigration Status?**

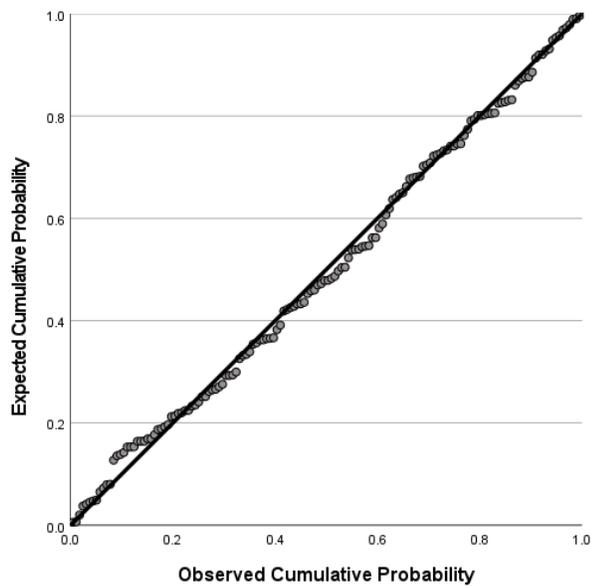
Hypothesis 2: Acculturative stress and religious coping predict a significant amount of variance in depression beyond what is predicted by gender identity, years in the U.S., and immigration status.

To address Research Question 2, hierarchical linear regression was conducted. In Step 1, the control variables of gender identity, years in the U.S., and immigration status

were entered into the model. In the second step, acculturative stress and religious coping were added to the model. Before analysis, the assumptions of multiple linear regression were tested. Normality was assessed with a normal P-P plot. The data closely followed the normality trend line, indicating that the assumption of normality was supported (see Figure 2). Homoscedasticity was tested with a residuals scatterplot. The assumption was supported given a random spread in the scatterplot (see Figure 3).

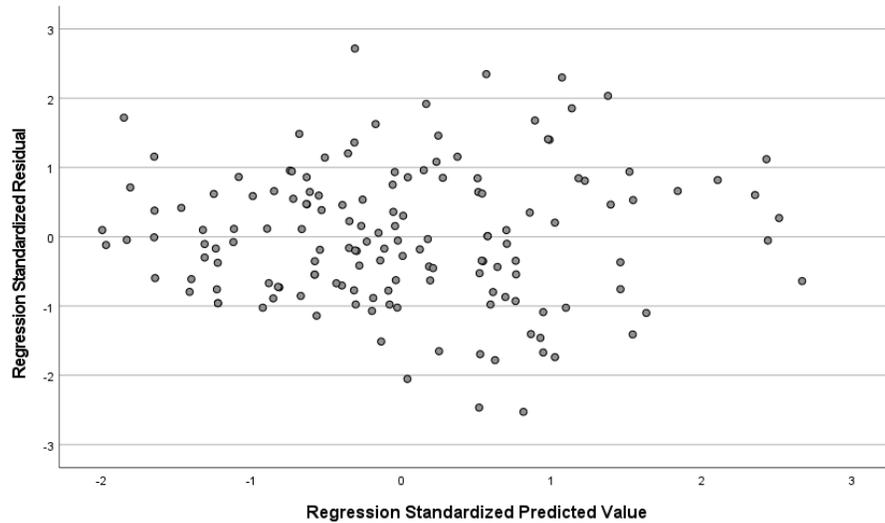
**Figure 2**

*P-P Plot for Research Question 2*



**Figure 3**

*Residuals Scatterplot for Research Question 2*



VIF values were used to examine for the absence of multicollinearity. VIF values below 10 indicate that there is not a high association between the variables of interest. The assumption for the absence of multicollinearity was supported. Table 7 presents the VIF values.

**Table 7**

*Variance Inflation Factors for Predictors (RQ2)*

Predictor	VIF
Step 1:	
Gender (reference: Male)	
Female	1.14
Other	1.10
Years living in United States	1.28
Immigration status (reference: Citizen)	
Permanent resident	1.46
Undocumented or other	1.28

Predictor	VIF
Step 2:	
Gender (reference: Male)	
Female	1.25
Other	1.16
Years living in United States	1.31
Immigration status (reference: Citizen)	
Permanent resident	1.49
Undocumented or other	1.34
Acculturative stress	1.28
Positive coping	1.37
Negative coping	1.47

The findings of the first step of the hierarchical linear regression were not statistically significant,  $F(5, 144)=1.81, p=.114$ , and  $R^2=.059$ , indicating that the demographic factors of gender identity, years in the US, and immigration status did not predict a significant amount of the variance on depression scores. The findings of the second step of the hierarchical linear regression were statistically significant,  $F(8, 141)=13.97, p < .001$ , and  $R^2=.442$ , indicating that there was a significant predictive relationship between acculturative stress and religious coping on depression scores beyond what was accounted for by the demographic factors. The coefficient of determination,  $R^2$ , increased by 38.3% (5.9% to 44.2%). Acculturative stress was a significant predictor in the model ( $t=8.81, p < .001$ ), indicating with every one-unit increase in acculturative stress, depression scores increased by approximately 0.20 units. Positive coping also was a significant predictor in the model ( $t=-2.12, p=.036$ ), indicating with every one-unit increase in positive coping, depression scores decreased by approximately 0.17 units. This finding was somewhat surprising, given the nonsignificant

bivariate correlation between positive coping and depression. Accordingly, Hypothesis 2 was supported. Table 8 presents the findings of the linear regression.

**Table 8**

*Hierarchical Linear Regression with Acculturative Stress and Religious Coping Predicting Depression, While Controlling for Gender, Years Living in the United States, and Immigration Status*

Predictor	<i>B</i>	SE	$\beta$	<i>t</i>	<i>p</i>
Step 1:					
Gender (reference: Male)					
Female	1.65	1.18	.12	1.40	.163
Other	7.47	3.15	.20	2.37	.019
Years living in United States	-0.02	0.08	-.02	-0.22	.829
Immigration status (reference: Citizen)					
Permanent resident	-0.10	1.63	-.01	-0.06	.954
Undocumented or other	1.87	1.25	.14	1.50	.135
Step 2:					
Gender (reference: Male)					
Female	-0.44	0.96	-.03	-0.46	.646
Other	2.34	2.52	.06	0.93	.354
Years living in United States	0.07	0.07	.08	1.07	.289
Immigration status (reference: Citizen)					
Permanent resident	0.09	1.28	.01	0.07	.945
Undocumented or other	0.57	0.99	.04	0.57	.569
Acculturative stress	0.20	0.02	.63	8.81	<.001
Positive coping	-0.17	0.08	-.16	-2.12	.036
Negative coping	0.15	0.11	.11	1.44	.152

*Note.* Step 1:  $F(5, 144)=1.81, p=.114, R^2=.059$ ; Step 2:  $F(8, 141)=13.97, p < .001, R^2=.442$

**Research Question 3: To What Extent Do Acculturative Stress and Religious Coping Predict Suicidal Ideation When Controlling for Demographic Factors of Gender Identity, Years in the U.S., and Immigrations Status?**

Hypothesis 3: Acculturative stress and religious coping predict a significant amount of variance in suicidal ideation beyond what is predicted by gender identity, years in the U.S., and immigration status.

Hierarchical logistical regression was conducted to address Research Question 3.

In Step 1, the control variables of gender identity, years in the U.S., and immigration status were entered into the model. In the second step, acculturative stress and religious coping were added to the model. Before analysis, the assumption for the absence of multicollinearity was verified with VIF values. The assumption was supported with VIFs all being below 10 (see Table 9).

**Table 9**

*Variance Inflation Factors for Predictors (RQ3)*

Predictor	VIF
Step 1:	
Gender (reference: Male)	
Female	1.14
Other	1.10
Years living in United States	1.28
Immigration status (reference: Citizen)	
Permanent resident	1.46
Undocumented or other	1.28
Step 2:	
Gender (reference: Male)	
Female	1.25
Other	1.16
Years living in United States	1.31
Immigration status (reference: Citizen)	

Predictor	VIF
Permanent resident	1.49
Undocumented or other	1.34
Acculturative stress	1.28
Positive coping	1.37
Negative coping	1.47

The findings of the first step of the hierarchical logistic regression were not statistically significant,  $\chi^2(5)=9.51$ ,  $p=.091$ , and Nagelkerke  $R^2=.090$ , suggesting that the demographic factors of gender identity, years in the US, and immigration status did not significantly predict suicidal ideation. The findings of the second step of the hierarchical logistic regression were statistically significant,  $\chi^2(8)=18.20$ ,  $p=.020$ , and Nagelkerke  $R^2=.168$ , suggesting that acculturative stress and religious coping collectively predicted a statistically significant percentage of the variance in suicidal ideation beyond what was predicted by the demographic factors entered in the first block. The coefficient of determination,  $R^2$ , increased by 7.8% (9.0% to 16.8%). Examined individually, however, acculturative stress, positive coping, and negative coping were not significant predictor variables in the model. Accordingly, Hypothesis 3 was partially supported. Table 10 presents the findings of the linear regression.

**Table 10**

*Hierarchical Logistic Regression with Acculturative Stress and Religious Coping Predicting Suicidal Ideation While Controlling for Gender, Years Living in the U.S., and Immigration Status*

Predictor	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>p</i>	<i>OR</i>
Step 1:					
Gender (reference: Male)					
Female	0.93	0.41	5.21	.023	2.53
Other	20.96	17950.93	0.00	.999	1.00
Years living in United States	-0.02	0.03	0.64	.424	0.98
Immigration status (reference: Citizen)					
Permanent resident	0.57	0.59	0.93	.334	1.77
Undocumented or other	0.13	0.43	.10	.757	1.14
Step 2:					
Gender (reference: Male)					
Female	0.75	0.44	2.85	.091	2.11
Other	20.18	17566.65	0.00	.999	1.00
Years living in United States	-0.01	0.03	0.13	.724	0.99
Immigration status (reference: Citizen)					
Permanent resident	0.68	0.62	1.22	.270	1.98
Undocumented or other	0.03	0.46	0.01	.946	1.03
Acculturative stress	0.02	0.01	2.91	.088	1.02
Positive coping	-0.04	0.04	1.05	.305	.963
Negative coping	0.09	0.06	2.49	.114	1.09

*Note.* Step 1:  $\chi^2(5)=9.51$ ,  $p=.091$ , and Nagelkerke  $R^2=.090$ ; Step 2:  $\chi^2(8)=18.20$ ,  $p=.020$ , and

Nagelkerke  $R^2=.168$

#### **Research Question 4: Does Religious Coping Moderate the Relationship Between Acculturative Stress and Depression?**

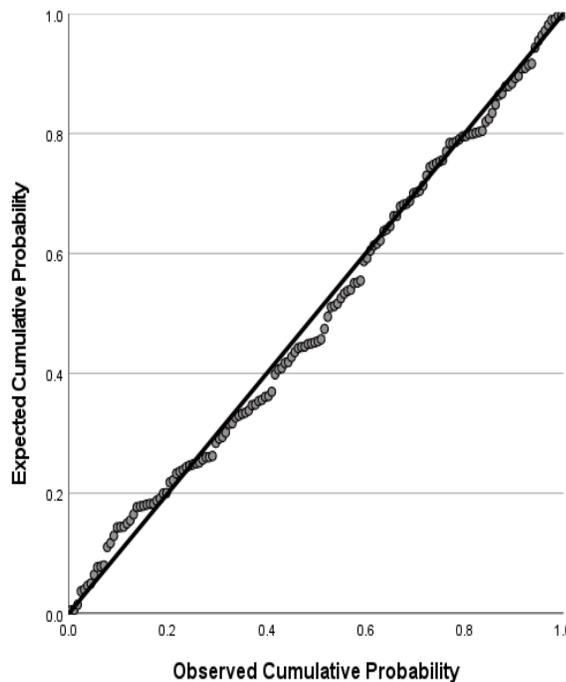
Hypothesis 4a: Positive religious coping will moderate the relationship between acculturative stress and depression by weakening the relationship.

Hypothesis 4b: Negative religious coping will moderate the relationship between acculturative stress and depression by strengthening the relationship.

Hierarchical linear regression was conducted to address Research Question 4. In Step 1, the predictor variables of acculturative stress, positive coping, and negative coping were entered into the model. In the second step, the interaction terms of acculturative stress\*positive coping and acculturative stress\*negative coping were added to the model to test the moderating effect. Before analysis, the assumptions of multiple linear regression were tested. The data closely followed the normality trend line in the P-P scatterplot, indicating that the assumption of normality was supported (see Figure 4). The assumption of homoscedasticity was supported given a random spread in the residuals scatterplot (see Figure 5).

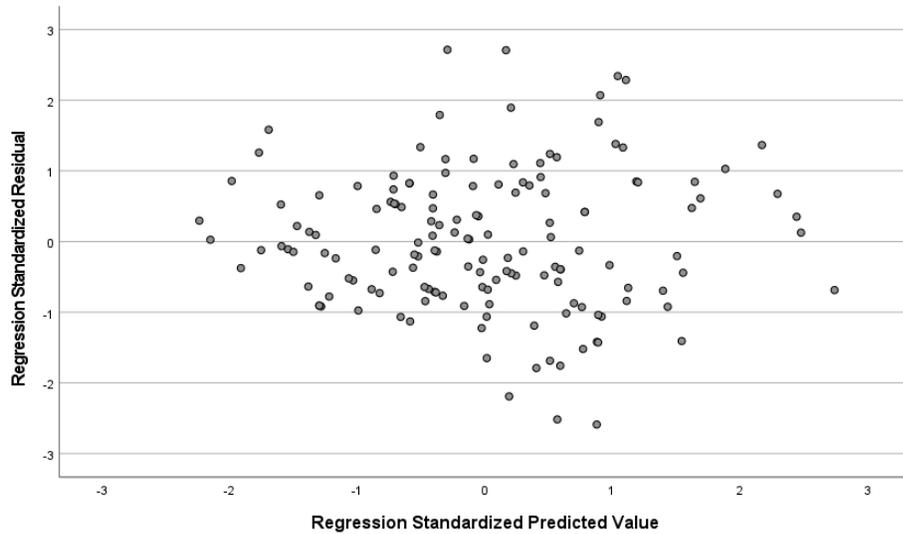
**Figure 4**

*Normal P-P Plot for Research Question 4*



**Figure 5**

*Residuals Scatterplot for Research Question 4*



The assumption of absence of multicollinearity was supported with VIFs all being below 10 (see Table 11).

**Table 11**

*Variance Inflation Factors for Predictors (RQ4)*

Predictor	VIF
Acculturative stress	1.16
Positive coping	1.27
Negative coping	1.41

The findings of the first step of the hierarchical linear regression were statistically significant,  $F(3, 146)=36.77, p < .001$ , and  $R^2=.430$ , suggesting that collectively there was a significant predictive relationship between acculturative stress, positive coping, negative coping, depression scores. The findings of the second step of the hierarchical

linear regression were also statistically significant,  $F(5, 144)=22.22$ ,  $p < .001$ , and  $R^2=.436$ , suggesting that collectively there was a significant predictive relationship between acculturative stress, positive coping, negative coping, acculturative stress\*positive coping, acculturative stress\*negative coping, and depression scores. The coefficient of determination,  $R^2$ , increased by 0.6% (43.0% to 43.6%). Neither of the interaction terms (acculturative stress\*positive coping or acculturative stress\*negative coping) was significant in the model. Therefore, there was not evidence that religious coping moderated the relationship between acculturative stress and depression. Accordingly, Hypothesis 4 was not supported. Table 12 presents the findings of the linear regression.

**Table 12**

*Hierarchical Linear Regression with Acculturative Stress Predicting Depression, While Moderating for Religious Coping*

Predictor	<i>B</i>	SE	$\beta$	<i>t</i>	<i>p</i>
Step 1:					
Acculturative stress	0.19	0.06	.58	3.40	.001
Positive coping	-0.18	0.08	-.17	-2.34	.021
Negative coping	0.16	0.10	.12	1.58	.117
Step 2:					
Acculturative stress	0.19	0.06	.58	3.40	.001
Positive coping	-0.40	0.21	-.37	-1.91	.058
Negative coping	0.36	0.30	.26	1.19	.238
Acculturative stress*positive coping	0.00	0.00	.34	1.15	.253
Acculturative stress*negative coping	-0.00	0.01	-.26	-0.75	.457

*Note.* Step 1:  $F(3, 146)=36.77$ ,  $p < .001$ , and  $R^2=.430$ ; Step 2:  $F(5, 144)=22.22$ ,  $p < .001$ , and  $R^2=.436$

**Research Question 5: Does Religious Coping Moderate the Relationship Between Acculturative Stress and Suicidal Ideation?**

Hypothesis 5a: Positive religious coping will moderate the relationship between acculturative stress and suicidal ideation by weakening the relationship.

Hypothesis 5b: Negative religious coping will moderate the relationship between acculturative stress and suicidal ideation by strengthening the relationship.

Hierarchical logistic regression was conducted to address Research Question 5. In Step 1, the predictor variables of acculturative stress, positive coping, and negative coping were entered into the model. In the second step, the interaction terms of acculturative stress\*positive coping and acculturative stress\*negative coping were added to the model to test the moderating effect. Before analysis, the assumption for the absence of multicollinearity was verified with VIF values. The assumption was supported with VIFs all being below 10 (see Table 13).

**Table 13**

*Variance Inflation Factors for Predictors (RQ5)*

Predictor	VIF
Acculturative stress	1.16
Positive coping	1.27
Negative coping	1.41

The findings of the first step of the hierarchical logistic regression were not statistically significant,  $\chi^2(3)=12.25, p=.007$ , and Nagelkerke  $R^2=.115$ , suggesting that acculturative stress, positive coping, and negative coping did not account for a significant

portion of the variance in suicidal ideation. The findings of the second step of the hierarchical logistic regression were statistically significant,  $\chi^2(5)=14.59, p=.012$ , and Nagelkerke  $R^2=.136$ , suggesting that collectively there was a significant predictive relationship between acculturative stress, positive coping, negative coping, acculturative stress\*positive coping, acculturative stress\*negative coping on suicidal ideation. The coefficient of determination,  $R^2$ , increased by 2.1% (11.5% to 13.6%). Neither of the interaction terms (acculturative stress\*positive coping or acculturative stress\*negative coping) was significant in the model. Therefore, there was no evidence for moderation. Accordingly, Hypothesis 5 was not supported. Table 14 presents the findings of the linear regression.

**Table 14**

*Hierarchical Logistic Regression with Acculturative Stress Predicting Suicidal Ideation, While Moderating for Religious Coping*

Predictor	B	SE	Wald	p	OR
Step 1:					
Acculturative stress	0.02	0.01	5.05	.025	1.03
Positive coping	-0.03	0.04	0.74	.389	0.97
Negative coping	0.09	0.05	2.63	.105	1.09
Step 2:					
Acculturative stress	0.05	0.03	3.22	.073	1.05
Positive coping	-0.10	0.10	1.01	.315	0.91
Negative coping	0.31	0.16	3.86	.050	1.36
Acculturative stress*positive coping	0.00	0.00	0.62	.431	1.00
Acculturative stress*negative coping	0.00	0.00	2.45	.118	.996

*Note.* Step 1:  $\chi^2(3)=12.25, p=.007$ , and Nagelkerke  $R^2=.115$ ; Step 2:  $\chi^2(5)=14.59, p=.012$ , and Nagelkerke  $R^2=.136$ .

## **Conclusion**

The study aimed to examine the relationship between acculturative stress and suicidal ideation among Latinx immigrants in emerging adulthood and how two distinct types of religious coping (positive and negative) might moderate this relationship. In this chapter, the statistical findings of the data analyses were presented. Frequencies and percentages were used to explore the trends of the nominal-level variables. Means and standard deviations were utilized to explore the distribution of scores on the measures used in this study. Calculations of the internal reliability of the scales with this sample indicated that all four instruments met an acceptable threshold for inclusion in subsequent analyses.

The point-biserial correlation between acculturative stress and suicidal ideation was statistically significant. The point-biserial correlation between positive religious coping and suicidal ideation was not statistically significant. The point-biserial correlation between negative religious coping and suicidal ideation was statistically significant. The Pearson correlation between acculturative stress and depression was statistically significant.

Acculturative stress was a significant predictor of depression, indicating that with every one-unit increase in acculturative stress, depression scores increased by approximately 0.20 units. Positive coping was a significant predictor of depression, indicating with every one-unit increase in positive coping, depression scores decreased by approximately 0.17 units.

Acculturative stress, positive coping, and negative coping collectively were significant predictors of suicidal ideation while controlling for demographic factors, but when examined individually, none of the predictors emerged as significant. Finally, religious coping was not found to moderate the relationship between acculturative stress and suicidal ideation.

## **CHAPTER V**

### **DISCUSSION AND IMPLICATIONS**

This study investigated the relationships among acculturative stress, depression, religious coping, and suicidal ideation. Results were presented in Chapter IV. A discussion of these results is included in this chapter, along with limitations of the study, implications of the study results, and suggestions for future research.

#### **Overview of the Study**

As the number of Latinx immigrants continues to increase in the U.S. (Pew Research Center, 2019), it becomes increasingly important to continue to explore the impacts of acculturative stress and the impact on Latinx emerging adults' mental health. Exploring the cultural transitions, or acculturation process, affords a glance into factors that impact Latinx immigrants' mental health and coping mechanisms, especially as predictors of depressive symptoms and suicidal ideation (Driscoll & Torres, 2019). Correspondingly, the purpose of this study was to examine the moderating effect of religious coping on the relationship between acculturative stress and both depression and suicidal ideation among Latinx immigrants.

Acculturative stress occurs throughout the immigration process (pre-immigration, during immigration, and post-immigration) as immigrants move through the stressful transitions involved in immigration and they face tensions between the culture of their home country and the predominant cultural group as a result of exposure to the new

culture (Berry, 1997). Silva and Van Orden (2018) argued that when immigrants experience acculturative stress, it is the conflict or distress that may lead to social support disintegration, role conflict, and risk of losing interpersonal relationships (such as loss of family and community supports). This loss and distance may lead to increases in depression and suicide rates among emerging adult Latinx immigrants, making it essential to understand this interaction and what might moderate its effects.

Religiosity has been found to be an important aspect of Latinx culture (Pew Research Center, 2019). Furthermore, religious coping has been known to be a coping mechanism for individuals when facing stressful situations and has been examined in earlier research on the Latinx community (Da Silva et al., 2017; Dillon et al., 2019; Hovey, 2000a; Smart & Smart, 1995). Accordingly, it was thought that religious coping might be an important aspect to consider when looking at what moderates the relationship between acculturative stress, depression, and suicidal ideation.

Silva and Van Orden (2018) created a model for suicide prevention for Latinx immigrants that posits that increased acculturative stress leads to a decreased sense of belonging and higher suicidal ideation. They also called for more culturally tailored suicide prevention programs designed for Latinx immigrants. This study was conducted to add to the literature on the effects of acculturative stress on Latinx immigrants' mental health.

The purpose of the current study was to explore the moderating effect of religious coping (positive and negative) on the relationship between acculturative stress and depression and suicidal ideation among emerging adults Latinx immigrants in the U.S.

Participants were recruited via social media, Prolific, and social networking posting. They were invited to respond to an online survey including assessments measuring the four study variables (acculturative stress, religious coping, depression, and suicidal ideation). Specifically, acculturative stress was measured using the SAFE (Mena et al., 1987), religious coping was measured using the RCOPE (Pargament et al., 2011), depression was measured using the PHQ-9 (Kroenke et al., 2002), and suicidal ideation was measured using the Paykel questionnaire (Paykel et al., 1974). All measures were offered in both English and Spanish for participants to choose their preferred language. One hundred fifty eligible participants completed the electronic survey.

Means and standard deviations were utilized to explore the trends of the instruments. Acculturative stress scores ranged from 9.00 to 111.00 ( $M=52.71$ ;  $SD=20.94$ ). These results are comparable to those of other studies with similar samples and acculturative stress measures (see Hovey, 2000a; Hovey & Magaña, 2002; Torres & Rollock, 2004). Others, however, have reported lower rates. For example, Pacleb and Collins (2014), using the same measure, reported a mean of 47.52 and a standard deviation of 15.03 for their Latinx sample ( $n=91$ ). A possibility for this difference in results could be that their sample was solely a college sample. Positive religious coping scores ranged from 7.00 to 28.00 ( $M=13.88$ ;  $SD=6.21$ ). Negative religious coping scores ranged from 7.00 to 27.00 ( $M=11.80$ ;  $SD=4.87$ ). These scores are consistent with those reported by Pargament et al. (2011) in their exploration of the Brief RCOPE and its psychometrics values. Accordingly, then, the results from two of the four measures used in this study were generally consistent with scores obtained in previous samples.

The same is not the case for scores on the PHQ-9 and the Paykel Questionnaire. Depression scores ranged from 0.00 to 27.00 ( $M=10.38$ ;  $SD=6.71$ ). This was higher than previous means obtained using the PHQ-9 with a Latinx sample. For example, Merz et al. (2011) found a mean of 4.58 on the PHQ-9 with a sample of Latinx participants. In a more recent study with the PHQ-9, a mean of 18.10 and a standard deviation of 4.32 were found in a Latinx sample (Stephenson et al., 2019). This suggests that the mean score on depression for the current sample was approximately one standard deviation greater than the mean score found by Merz et al. (2011) but just over one standard deviation below the mean obtained by Stephenson et al. (2019). The mean score obtained on the PHQ-9 in this study falls between these other two findings. It is possible that the Merz et al. (2011) data, now at least a decade old, does not capture the current experiences in the Latinx communities for a host of possible reasons that will be considered below in discussing differences in the prevalence of suicidal ideation for this study and previous studies.

Suicidal ideation was higher than expected for this sample, with 74% of participants reporting lifetime suicidal ideation. For unknown reasons, this sample reported significantly higher suicidal ideation than has been previously reported in the literature. There is some evidence that suicidal ideation may be on the rise. For example, data from the NCHS (National Center for Health Statistics) reported that suicide attempts increased among individuals between the ages of 10 and 24 (Curtin & Heron, 2019) within the general population in the U.S. Within the Latinx community, the literature has historically mainly focused on Latinx female adolescents (Baumann et al., 2010; Eaton et al., 2011; Kuhlberg et al., 2010; Peña et al., 2008) who, of note, are identified as the

group with elevated rates of suicide attempts and suicide ideation (Alegria et al., 2007; Curtis & Heron, 2018; Hovey & King, 1996; Peña et al., 2008; Zayas, 2011). For emerging adults, Latinx often are left out of the suicide ideation literature, and research is sparse (Gomez et al., 2011; Gonzalez, 2012; Polanco-Roman & Miranda, 2013). This is concerning, given that the emerging adult population is a group with one of the highest risks of suicide (Galligan et al., 2010; Wilson et al., 2011).

Consistently in the existing research, however, researchers have found a far lower prevalence of suicidal ideation than was found in the current study. For example, Fortuna et al. (2007) found that 20% of their sample ages 18-34 reported having suicidal ideation. Furthermore, 62% of their sample reported that they attempted suicide under the age of 18, and 41% reported having a history of lifetime suicide attempts. It is important to note the difference in suicide ideation measures when assessing suicide ideation in Latinx. Since Fortuna et al. (2007) examined data from the World Health Organization - Composite International Diagnostic Interview (WMH-CIDI), their results are based on the following question: Have you ever seriously thought about committing suicide? Since the Paykel Questionnaire was used in his study, measurement differences might account for some of the differences. It remains true, though, that these two estimates of lifetime suicidal ideation differ substantially.

Similarly, using the Suicide Behaviors Questionnaire (brief version) to measure suicide ideation, Chesin and Jeglic (2012) found that 30% of Latinx female college students ( $N=554$ ) experienced current suicide ideation. Again, it is not possible to fully tease apart the discrepancies in prevalence estimates given that the current study used

lifetime estimates and the Chesin and Jeglic (2012) study examined current suicidal ideation. Finally, Chesin and Jeglic (2012) studied female college students while neither gender nor education level was an inclusion criterion in the current study. It also is possible that something in the recruitment process led to an unusually high percentage of participants reporting affirmatively on suicidal ideation. What seems clear, though, when these findings are considered in light of previous research is that emerging adults in the Latinx community remain at high risk for suicide behaviors (including ideation).

The high suicide ideation percentage in this sample might also be explained, in part, by the nuanced experience of immigration. For some, immigration itself can be a traumatic experience. Postmigration immigrant young adults may have extended stays in detention centers, leading to unstable living situations, reunifying with parents and family members who immigrated years before, and confronting challenges of acculturative stress and other types of traumatic events, all of which are related to poor mental health outcomes, such as depression and suicidal ideation (Silove et al., 2000; Vélez-Pastrana et al., 2016). These differences in levels of risk factors (trauma exposure) experienced by immigrants at the time of immigration and immigration could be evaluated with a sensitivity analysis in future research. For example, Hovey and King (1996) found that first-generation immigrations experienced a higher level of acculturative stress than later generations and each generation thereafter experienced less stress. Perhaps this sample had a higher level of trauma during or before their immigration experience.

Environmental factors also might play a role in the high suicidal ideation rates of the participants in this study. Increasingly restrictive, punitive, and unpredictable U.S.

immigration policy environment affects immigrant's overall health (Vargas et al., 2017). This could lead to high suicidal ideation in a group of immigrants who lived and survived the policies of the administration of the 45th U.S. President. Furthermore, perceived fear of deportation and harassment increased the fear of many in the Latinx community and occasioned further isolation from health services (O. Martinez et al., 2015), meaning that even if folks were struggling with suicidal ideation, often they may not be able to access services.

It is possible that data collection amidst a backdrop of political and social unrest may have contributed to these differences. The impact of hate speech and crimes, racism, and discrimination on a day-to-day basis have an effect on the mental health of emerging adult immigrants and their families (Salter et al., 2018). Exposure to racism and xenophobia in interpersonal experiences, the media, social media, and from politicians might have had an impact on both the high suicidal ideation and depression scores of this sample.

Additionally, data collection occurred against a backdrop of a winter surge in the COVID-19 pandemic that disproportionately impacted the health and financial circumstances of people of color. Specifically, during the time of data collection, the COVID-19 pandemic was amidst a winter surge in cases, hospitalizations, and deaths. According to Panchal et al. (2021), Hispanic or Latino adults were more likely to report symptoms of anxiety and/or depressive disorder during the pandemic, with 46% reporting mood-related symptoms. It is unknown to what extent external factors such as the sociopolitical climate or pandemic contributed to elevated depression and suicidal

ideation or whether something more internal to the study, such as recruitment procedures, may have led to a sample with more elevated depression and suicidal ideation.

Another possibility is that there is something unique in this sample. For example, over 70% of participants indicated they were single. That is, less than 30% of the sample indicated they were either partnered or married. This could be important as researchers have consistently found a committed partnership to serve as a buffer and reduce the risk of suicide (Chioqueta & Stiles, 2007). An added anomaly of the sample is that only 4 of the 150 participants indicated that Spanish was the only language they spoke fluently. This might have been influenced by the recruitment methods implemented, such as social media. The vast majority (127 of 150) indicated fluency in both English and Spanish. This is counter-intuitive, however, as researchers have found that pressures related to English competency are associated with poorer mental health in U.S.-born and foreign-born Latinx adults (Torres, 2010; Torres et al., 2012). It would follow logically, then, that a sample that largely reported fluency in both Spanish and English might fare better in the acculturation process, which did not appear to be the case with this sample. Although it is unknown how this might relate to the variables of interest in this study, it may also raise issues of generalizability to the population of Latinx immigrant emerging adults.

Another possibility is that the author has a strong presence in the Latinx community, which might have increased the trust and vulnerability of participants. In the spirit of personalism (a key cultural value in the Latinx community; see Davis et al., 2019), the author created a video introducing herself as a Latinx researcher and inviting participation. It is possible that knowing that the study was being conducted by a Latinx

researcher may have engendered a sense that this research was being done *for* the Latinx community rather than *on* the Latinx community, which may have decreased socially desirable responses. It is likely that some combination of the measures and instruments used along with recruitment procedures and environmental factors (sociopolitical and pandemic) at the time of data collection combined to have an impact on high suicidal ideation and depression rates in this particular sample. Given the unusually high scores on the PHQ-9 and reported suicidal ideation, it is unfortunate that it is not possible to tease apart these mitigating factors fully. For example, if scores are inflated because of trust in the researcher, it may be that other researchers who have not gone to the same lengths to establish trust with participants may be getting results that under-represent the scope of the problem. If recruitment processes inadvertently over-sampled those with high rates of depression and suicidal ideation, this may not be reflective of the population of Latinx immigrants. If, however, the inflation is primarily due to external factors, particularly the sociopolitical climate and the pandemic, these scores may reflect, at least to some extent, a harrowing increase in depression and suicidal ideation among Latinx immigrant emerging adults.

Given the high scores on depression and suicidal ideation compared to previous findings, and in the context that scores on the measures of acculturative stress and religious coping appear consistent with scores obtained in previous research, it does seem critical that future researchers continue to explore suicidal ideation in Latinx emerging adults, and that bilingual mental health services are available for folks who are

struggling. This and more will be discussed further in the future research and implication sections of this dissertation.

## **Discussion of Results**

### **Research Question 1**

For Research Question 1, hypotheses were broken down into four parts to investigate the relationships among acculturative stress, religious coping, depression, and suicidal ideation in this sample of Latinx immigrants emerging adults. Hypothesis 1a suggested that there would be a statistically significant positive relationship between acculturative stress and suicidal ideation. The point-biserial correlation between acculturative stress and suicidal ideation was statistically significant. This is consistent with previous findings that acculturative stress and suicidal ideation are positively related (Hovey & Magaña, 2000; Mejia & McCarthy, 2010).

Hypothesis 1b suggested there would be a statistically significant positive relationship between positive religious coping and suicidal ideation. This relationship was not found to be statistically significant. Although previous researchers (Moreira-Almeida et al., 2006; Pargament et al., 2011) had found positive religious coping to be higher in those who self-harm than those who do not, no existing studies were located that specifically examined the relationship between positive religious coping and suicidal ideation. In that regard, these findings provide preliminary evidence that no relationship exists between positive religious coping and suicidal ideation, although additional examination is warranted.

On the other hand, hypothesis 1c explored that there would be a statistically significant negative relationship between negative religious coping and suicidal ideation. Similar to the findings of previous researchers, there was a significant positive relationship between the two. In their studies with Latinas, Da Silva et al. (2017) found that negative religious coping was positively correlated with psychological distress. Negative religious coping is defined by behaviors such as questioning the will of God or feeling punished or abandoned by God. Findings of this study suggest that participants with higher levels of negative religious coping experience higher suicidal ideation, an important finding. This finding has been supported by previous researchers (Eskin et al., 2019). Furthermore, using the Scale of Suicide Ideation (SSI) and the Brief RCOPE with adults in clinical practice, De Berardis et al. (2020) found that negative religious coping was positively correlated with suicidal ideation but found no association in a logic regression model. Another important aspect is that the De Berardis et al. (2020) sample was 36% Catholic and 14% Christian. The religious affiliation of participants may be important to explore in future research.

Examining the relationship between acculturative stress and depression, hypothesis 1d suggested that there would be a statically significant positive relationship between acculturative stress and depression. This hypothesis was supported with a medium effect size. Positive coefficients indicated participants with higher acculturative stress scores also tended to report higher levels of depression. This finding is consistent with those of previous researchers who have examined the relationship between

acculturative stress and depression in Latinx emerging adults (Hovey, 2000a; Mayorga et al., 2018; Torres, 2010).

### **Research Question 2**

Research Question 2 explored the extent to which acculturative stress and religious coping predict depression when controlling for gender, years in the US, and immigration status. This question was analyzed with a hierarchical linear regression. Consistent with the bivariate correlations, results indicated that acculturative stress and positive religious coping were significant predictors of depression scores beyond what can be accounted for by demographic factors alone. It is noteworthy that acculturative stress and positive religious coping together accounted for 38% of the variance in depression scores *beyond* the 6% accounted for by demographic factors.

The finding that acculturative stress is related to depression is supported by previous research, given that acculturative stress has previously been shown to be related to depression symptoms in Latinx. Specifically, Castillo et al. (2015) found that in their emerging adult Latinx immigrant sample that male participants who experienced high levels of acculturative stress also experienced depression symptoms as measured by the Center of Epidemiological Studies-Depression (CES-D). It might be that acculturative stress that can be related to language, particularly English competency pressures, is associated with poorer mental health in U.S.-born and foreign-born Latinx adults (Torres, 2010; Torres et al., 2012). Furthermore, Driscoll and Torres (2013) also found support for the relationship between acculturative stress and depression. Acculturative stress comes with a sense of losing community, support, and family ties, increasing feelings of

hopelessness and lack of feelings of belonging in the new country (Acosta et al., 2017), all of which could influence the onset of depression.

The finding that positive religious coping was a significant predictor of depression also is an important finding. Positive religious coping effects on depression in the overall population have been widely supported in Latinx literature (Abraído-Lanza et al., 2004). Similarly, in their qualitative study, Noyola et al. (2020) found that their participants who were involved in their church reported that church involvement helped participants with distress and depression. Positive religious coping also was associated with decreased rates of depression and suicidal ideation among a predominantly female sample of Central American adult immigrants (Hovey, 2000a). None of the studies previously mentioned used the RCOPE, so additional research is warranted to better understand the role of positive religious coping and depression among Latinx immigrant emerging adults.

### **Research Question 3**

Research Question 3 explored the extent to which acculturative stress and religious coping account for variance in suicidal ideation when controlling for demographics such as gender, years in the U.S., and immigration status. Acculturative stress and the two categories of religious coping added about 8% of the variance accounted for beyond demographic factors alone. Importantly, however, none of the predictors (acculturation stress, positive religious coping, negative religious coping) were found to be significant predictors. There is potentially an underlying correlation between positive coping and the other predictor variables, also known as a suppression effect.

#### **Research Question 4**

Research Question 4 explored the moderating effect of religious coping on the relationship between acculturative stress and depression. There was not a moderating effect in this sample for either positive or negative religious coping in the relationship between acculturative stress and depression. These findings diverge somewhat from the overall protective nature of religious coping from psychological distress (Hebert et al., 2009; Kim et al., 2015) and substance use (Sanchez et al., 2015). Interestingly, while positive religious coping accounted for a significant portion of the variance in depression in RQ2, it did not serve to moderate the connection between acculturative stress and depression. Religious coping, then, at least positive religious coping, might best be considered as having a direct effect on depression rather than moderating the relationship between acculturative stress and depression. Positive religious coping does appear to have some additive value to the prediction of depression, albeit not a moderating effect. No previous researchers have examined religious coping as potential moderators of the acculturative stress-depression connection, so this study provides some preliminary evidence that while positive religious coping does appear important in understanding depression among Latinx immigrant emerging adults, it is as a direct predictor rather than a moderator. These findings also might be due to unexamined effects of social, cultural, and contextual variables.

#### **Research Question 5**

Research Question 5 explored the moderating effect of religious coping on the relationship between acculturative stress and suicidal ideation. Given that there were no

main effects as acculturative stress was not a significant predictor of suicidal ideation, moderation was not possible.

Further research is needed to explore the relationships between acculturative stress, religious coping, and suicidal ideation. Bivariate correlations suggested significant relationships in the hypothesized direction, but these relationships were not significant in the multivariate model. It was somewhat surprising, in particular, to find that acculturative stress was not a significant predictor of suicidal ideation in the multivariate analysis, given the profound impact that previous researchers have found acculturative stress to have (Hovey, 2000a; Walker et al., 2008).

The lack of a moderating effect of religious coping was established simply because one assumption of the moderating model is a significant direct relationship between the two variables thought to be moderated (in this case, acculturative stress and suicidal ideation). This assumption was violated. It may remain interesting, however, to consider these relationships further. There are sample-specific considerations since 46% of the participants did not identify with a religion. There has been a recent trend in the Latinx community where younger Latinx, and particularly those who are documented, may be less likely to endorse and utilize traditional religious beliefs and practices than past generations (Pew Research Center, 2015; Sanchez et al., 2015). This is important to explore further.

Although religion is a key attribute in the Latinx community, the use of religious coping may be different across different age groups, socioeconomic statuses, and context (Da Silva et al., 2017) and given that 83% of the Latinx population reported belonging to

a religious affiliation (Pew Research Center, 2019). In recent years, there has been a decline in religious activity participation, especially in the millennial population group (Pew Research Center, 2015). It is possible that this decline in religious practices in younger populations had an impact on this sample's lack of reliance on religious coping. Future research should explore other kinds of coping with Latinx emerging adult samples.

### **Limitations**

As is the case with any form of research, there are some limitations to the methodology and application of results for this study worth exploring. As stated in Chapter III in the *a priori* limitations section, since all data were collected using self-report via a survey method, results might have been impacted by issues such as bias and social desirability. Reliance on a web-based survey and self-report measurements may have influenced the reliability and validity of the results in some unknown way. Since the survey link was available online, participants were able to complete the survey at their leisure. Data gathered from self-report alone may have been affected by response bias and subjective interpretation of survey items. Furthermore, although adjustments were made to the wording of some survey items from the feedback gathered during the pilot study to enhance clarity, there was no way to guarantee that all participants read and understood each item the same way. Causality could not be inferred from any relationships found among the factors tested. Snowball sampling and social media posting may also have limited the external validity of the findings as it is unknown if non-respondents may have differed systematically from respondents. Additionally, even

though participants were asked to explore their acculturative stress experience, they were not asked to provide details about their immigration experience. As a result, little is known about the impact of traumatic immigration experiences, whether there was professional or paraprofessional help in navigating these traumas, and how this may have affected study outcomes. It is possible, then, that the suicidal ideation rate also reflected other trauma related to immigration experiences (such as time spent in a detention center).

Additionally, it is unknown how sociopolitical factors at the time of data collection may have impacted responses. Since 60% of the sample identified as undocumented, undocumented-participating in DACA or other (Visa), it is unknown how the anti-immigration rhetoric influenced their responses. Similarly, it is unknown whether the country of origin may have systematically affected the findings. Furthermore, the Latinx population is not a heterogenous group, given that over 30 countries form Latin American with 400 languages spoken (Pew Research Center, 2019). Even though the measures used have been previously used with Latinx samples, it might be possible that there are language nuances that impacted data collection and results. It is not fully known, therefore, to what extent this sample is representative of the emerging adult Latinx immigrant community.

Finally, there were some limitations to construct development and definitions. As outlined in Chapters I and II, acculturative stress is a multidimensional concept that has many layers. Further exploring the specific type of acculturative stress is the key for future research (e.g., familial acculturative stress). As noted above, scores on the PHQ-9

and the Paykel Questionnaire indicate a level of depression and suicidal ideation rarely seen in research on the Latinx community. Whether this is reflective of trends or simply an anomaly of this data set cannot fully be known. Future research should further explore suicidal ideation with different culturally sensitive measures to address this limitation. Another limitation is that the PHQ-9 refers to lifetime suicidality. It could be that some of the suicidality reported by this sample might have been experienced preimmigration.

Contradictory to the well-documented idea that religious beliefs and practices are protective cultural values that may help individuals more effectively manage stressful situations in their lives (Pargament, Zinnbauer, et al., 1998), my findings are consistent with those of others that suggest the need for a more in-depth understanding of religious coping (e.g., Hebert et al., 2009; Kim et al., 2015). For example, future studies should include culturally specific religious traditions and cultural-based coping specific to the Latinx community.

### **Counseling Implications**

The results of this study highlight the importance for counselors and mental health professionals to explore their Latinx clients' acculturation and connection with their Latinx cultural norms when conceptualizing presenting concerns and the impact of acculturation on mental health factors (such as suicidal ideation). Given that regression equations indicated acculturative stress to be an important predictor of depression and bivariate correlations indicated a significant bivariate relationship between acculturative stress and suicidal ideation, counselors would be well advised to assess and consider acculturative stress. Causation cannot be inferred from these correlational relationships.

Nonetheless, acculturative stress has been found consistently over time to impact the mental health and distress of Latinx immigrants. Counselors should review the model proposed by Silva and Van Orden, which suggests that individuals with higher acculturative stress might experience higher depression and suicidal ideation, as supported in the results. Given the acculturative stress scores and SI scores, it is imperative that counselors include conversations around their client's culture, family, and social environments and how those might hinder or support their mental health.

Bivariate correlations suggest that participants with higher levels of negative religious coping experience higher suicidal ideation, a potentially important finding even though the correlation is modest. Similarly, a regression equation suggested that positive religious coping also may be a significant predictor of depression. Although these relationships are modest and the hypothesized moderating effect was not supported by the findings, it appears that religious coping may still be one crucial factor to assess and consider with clients. Counselors might seek training and continuing education opportunities in how to incorporate religious coping in the counseling process, helping them explore their client's religious concerns and experiences (Cashwell & Young, 2011). Given the importance of religion in the lives of many in the Latinx community, case conceptualizations of Latinx emerging adult immigrant clients might incorporate religious coping and how these impact presenting concerns. Where suicidal ideation exists, it may be useful to assess for negative religious coping and any possible connections to the ideation. Assessing spiritual and religious beliefs that inform a deep sense of shame and unworthiness could be particularly important. For example, a

counselor might help a client address negative religious coping beliefs and expand religious beliefs that reduce psychological distress while maintaining the cultural aspects of religious coping that are salient to the client (Abraído-Lanza et al., 2004). That is, religious coping may remain important for the client, but the counseling process might strengthen more positive religious coping strategies.

Since acculturative stress is a central part of the consequences of immigration (see Torres et al., 2017), it is important for counselors and counselor educators to understand acculturative stress and how to treat it. Learning about the reality of it and how to help clients overcome it is important when working with Latinx clients. Since this sample had a high lifetime suicidal ideation rate, counselors are called to ensure that clients are assessed for suicidal ideation and incorporate culturally based intervention in their sessions (Arredondo & Tovar-Blank, 2014). Ultimately, determining the impact of such interventions would be an important area of empirical inquiry, to which we now turn our attention.

### **Recommendations for Future Research**

Since this study was a cross-sectional design, causal relationships cannot be established between acculturative stress and both religious coping, depression, and suicidal ideation. For future studies looking at religious coping and acculturative stress in Latino samples, it would be beneficial to conduct studies longitudinally to build causal arguments. In such studies, it also may be critical to better understand the religious affiliation of participants, since it seems likely that contradictory results in the research

literature on religious coping may be due to different religious affiliations of samples (Park et al., 1990).

It also seems likely that qualitative research using a phenomenological design (Creswell, 2018) would help to better understand the lived experiences of Latinx adult immigrants around acculturative stress, suicidal ideation and depression, and religious coping. Such studies would provide a nuanced reflection into the lived experiences of Latinx immigrants and how factors of acculturative stress and religious coping ultimately relate to depression and suicidal ideation. Similarly, qualitative research could be conducted to examine the model of Silva and Van Orden (2018) that informed this study.

Further understanding the importance of religion in the Latinx community and its impact on mental health is key to detangling the nuances of coping within this fast-growing community. While religious coping may warrant additional empirical attention, modest relationships with variables of interest also suggest that other aspects of religion should be considered. For example, researchers might consider the relative importance of active (religious-based behaviors) versus passive (religious-based attitudes or beliefs) religious coping strategies that were not specified in the present study. It seems apparent, then, that additional research is needed to understand the influence of religious life on depression and suicidal ideation more fully within the Latinx immigrant emerging adult community.

Given that this study is framed around the conceptual model that Silva and Van Orden (2018) proposed for suicide prevention among Latinx, this model puts forward the idea that when acculturative stress is high, this brings on the weakening of social ties and

involvement in social and culturally appreciated social activities. This decreased engagement in culturally driven activities increases suicide ideation. Future research should incorporate culturally driven coping activities and mechanisms that aid the effects of acculturative stress in Latinx adults' mental health. For example, studies should include family-based interventions, collectivistic frameworks, and community-based research in the study of suicide ideation among Latinx adults. For example, the Life is Precious program created by Humensky et al. (2017) is a community-based program to reduce suicidal behavior in Latinx female adolescents residing in New York. Future research could pilot this program in other areas and could be used to create similar programs for Latinx emerging adults.

### **Conclusion**

This study shed light on how acculturative stress is related to depression and, to a lesser extent, to suicidal ideation for Latinx emerging adults. Several aspects of sample-specific characteristics and cultural considerations were outlined. This sample had a surprising, elevated level of lifetime suicidal ideation, and possible considerations were discussed. None of the demographic factors were statistically significant in the model. Moderating effects of religious coping on the relationship between acculturative stress and suicidal ideation were not supported.

Although religious coping did not serve the moderating function that was hypothesized, it nonetheless provided some predictive value and warrants additional clinical and research attention. Implications for counselors include (a) seeking the appropriate training to gauge religion in counseling, (b) exploring acculturative stress and

its effect in Latinx emerging adults' mental health, and (c) engaging in assessing suicidal ideation with culturally intuitive measures. These findings contribute to the growing body of literature examining acculturative stress and mental health, specifically depression and suicidal ideation among Latinx emerging adults, and provide mental health professionals with considerations in assessing and addressing these issues clinically as well as informing future research opportunities.

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## APPENDIX A.

### IRB APPROVED INFORMED CONSENT SPANISH AND ENGLISH (PHASE 1)

#### Institutional Review Board Approval



**OFFICE OF RESEARCH INTEGRITY**  
2718 Beverly Cooper Moore and Irene Mitchell Moore  
Humanities and Research Administration Bldg.  
PO Box 26170  
Greensboro, NC 27402-6170  
336.256.0253  
Web site: [www.uncg.edu/orc](http://www.uncg.edu/orc)  
Federalwide Assurance (FWA) #216

**To:** Camila Pulgar  
Counseling and Edu Development  
Counsel and Ed Development

**From:** UNCG IRB

**Date:** 1/07/2021

**RE:** Notice of IRB Exemption (modification)

**Exemption Category:** 2.Survey, interview, public observation

**Study #:** 21-0095

**Study Title:** Examining the effects of Religious Coping on the Relationship between Acculturative Stress and Suicide Ideation in Latinx immigrants.

This submission has been reviewed by the IRB and was determined to be exempt from further review according to the regulatory category cited above under 45 CFR 46.101(b).

## Spanish Consent Form (Pilot Study)

Universidad de Carolina del Norte en Greensboro  
CONSENT TO ACT AS A HUMAN PARTICIPANT SPANISH

Título del Proyecto: Examinando los Efectos del Afrontamiento Religioso en la Relación entre el Estrés Aculturativo y la Ideación Suicida en Inmigrantes de origen Latinx.

Investigador principal y asesor de la facultad: Camila Pulgar, MS and L. Dianne Borders, PhD

### ¿Cuáles son algunas cosas generales que debe saber sobre los estudios de investigación?

Su participación en el estudio es voluntaria. Puede optar por no participar y puede retirar su consentimiento para participar en el estudio, por cualquier motivo, sin penalización. Los estudios de investigación están diseñados para obtener nuevos conocimientos. Esta información puede ayudar a las personas en el futuro. Puede que no obtenga ningún beneficio directo por participar en el estudio de investigación. También puede haber riesgos al participar en estudios de investigación. Si elige no participar en el estudio o dejarlo antes de que se realice, no afectará su relación con el investigador ni con la Universidad de Carolina del Norte en Greensboro. Los detalles sobre este estudio se discuten en este formulario de consentimiento. Es importante que comprenda esta información para que pueda tomar una decisión informada sobre su participación en este estudio de investigación.

### ¿De que se trata el estudio?

Este es un proyecto de investigación. Su participación es voluntaria. Estamos realizando este estudio para aprender más sobre los inmigrantes Latinx y sus experiencias con el estrés aculturativo, el afrontamiento religioso y la ideación suicida.

### ¿Por qué me estás preguntando?

Le lo preguntamos porque es Uds. ha sido identificado como un experto en contenido sobre los temas de estrés aculturativo, ideación suicida y afrontamiento religioso.

### ¿Qué me pedirán que haga si acepto participar en el estudio?

Se le pedirá que complete un cuestionario en línea que durará entre 25 y 30 minutos. Al terminar, se le pedirá que reflexione sobre la claridad de las instrucciones y los elementos, la disposición de las preguntas, el tiempo que le tomo, la claridad del formulario de consentimiento y se le invita a compartir cualquier información adicional. Las preguntas que se le harán serán sobre sus experiencias en relación con el afrontamiento religioso, el estrés aculturativo y la ideación suicida. Si tiene alguna pregunta, puede llamar al investigador principal del estudio: Camila Pulgar, [capulgar@uncg.edu](mailto:capulgar@uncg.edu), o a L. DiAnne Borders, at 336.334.3423. [borders@uncg.edu](mailto:borders@uncg.edu).

### ¿Hay alguna grabación de audio / video?

No, no habrá grabación de audio ni video.

### ¿Cuáles son los riesgos para mí?

La Junta de Revisión Institucional de la Universidad de Carolina del Norte en Greensboro ha determinado que la participación en este estudio presenta un riesgo mínimo para los participantes. Dependiendo de su experiencia, existe la posibilidad de que esta encuesta le cause dolor emocional y estrés al recordar sus experiencias. Se proporcionarán referencias para minimizar el riesgo en esta lista a continuación:

Información en Español:

Línea de Teléfono Nacional de Prevención del Suicidio 1- 888-628-9454. Ofrece 24/7 servicios gratuitos en español, no es necesario hablar inglés si usted necesita ayuda.

Version 1 date 10/15/2020

Para encontrar a un terapeuta o terapeuta en su área:

<https://latinxtherapy.com/>

<https://www.psychologytoday.com/us>

Información acerca de la Salud Mental

<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Latinx-Hispanic/La-salud-mental-en-la-comunidad-latina>

Si tiene preguntas, desea más información o tiene sugerencias, comuníquese con DiAnne Borders, al 336.334.3423 o [borders@uncg.edu](mailto:borders@uncg.edu), o comuníquese con Camila Pulgar en [capulgar@uncg.edu](mailto:capulgar@uncg.edu).

Si tiene alguna inquietud sobre sus derechos, cómo lo están tratando, inquietudes o quejas sobre este proyecto o los beneficios o riesgos asociados con participar en este estudio, comuníquese con la Oficina de Integridad de la Investigación de UNCG al número gratuito (855) -251- 2351.

**¿Hay algún beneficio para la sociedad como resultado de mi participación en esta investigación?**

Ayudar a los terapeutas a comprender mejor los efectos del afrontamiento religioso en la relación entre el estrés por aculturación y el suicidio en inmigrantes de origen Latinx puede ayudar a los consejeros a trabajar en una capacidad más competente, sirviendo más eficazmente a sus clientes inmigrantes de origen Latinx.

**¿Hay algún beneficio para mí por participar en este estudio de investigación?**

Los participantes pueden encontrar psicológicamente gratificante brindar sus experiencias a los investigadores y terapeutas para ayudarlos a servir mejor a la población inmigrante.

**¿Me pagarán por participar en el estudio? ¿Me va a costar algo?**

No, no se le pagará y no le costará nada participar.

**¿Cómo mantendrá mi información confidencial?**

Toda la información obtenida en este estudio es estrictamente confidencial a menos que la ley exija su divulgación. La confidencialidad de la información del estudio se mantendrá de varias formas. Primero, se utilizarán seudónimos para todos los participantes del estudio durante el proceso, incluidas las publicaciones y presentaciones. Las respuestas de Qualtrics se guardarán en una computadora protegida con contraseña. El sistema Box se utilizará para almacenar datos.

**¿Y si quiero dejar el estudio?**

Tiene derecho a negarse a participar o retirarse en cualquier momento, sin penalización. Si se retira, no le afectará de ninguna manera. Si elige retirarse, puede solicitar que cualquiera de sus datos que haya sido recopilado sea destruido a menos que se encuentre en un estado no identificable. Los investigadores también tienen derecho a detener su participación en cualquier momento. Esto podría deberse a que ha tenido una reacción inesperada, no ha seguido las instrucciones o porque se ha detenido todo el estudio.

**¿Qué pasa con la nueva información / cambios en el estudio?**

Si se dispone de nueva información importante relacionada con el estudio que pueda estar relacionada con su voluntad de continuar participando, se le proporcionará esta información.

**Consentimiento voluntario del participante:**

Al hacer clic en "Acepto" a continuación, usted da su consentimiento para participar en este estudio, acepta que lo leyó, o se le ha leído, y comprende completamente el contenido de este documento y está abiertamente dispuesto a dar su consentimiento para participar en este estudio. Se han respondido todas sus preguntas sobre este estudio. Al hacer clic en "Acepto" a continuación, usted acepta que tiene 18 años de edad o más y acepta participar en este estudio que se le describe en este documento.

Version 1 date 10/15/2020

## English Consent Form (Pilot Study)

### UNIVERSITY OF NORTH CAROLINA AT GREENSBORO CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: Examining the Effects of Religious Coping on the Relationship between Acculturative Stress and Suicide Ideation in Latinx Immigrants.

Principal Investigator and Faculty Advisor: Camila Pulgar, MS and L. Dianne Borders, PhD

#### What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty. Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or the University of North Carolina at Greensboro. Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

#### What is the study about?

This is a research project. Your participation is voluntary. We are conducting this study to learn more about Latinx immigrants and their experiences with acculturative stress and suicide ideation.

#### Why are you asking me?

We are asking you because you are a content expert on the topics of acculturative stress, suicide ideation, and religious coping.

#### What will you ask me to do if I agree to be in the study?

You will be asked to complete an online questionnaire that will last between 25-30 minutes. Upon completion, you will be asked to reflect on the clarity of the instructions and items, layout of questions, length of the assessments, clarity of the consent form, and are encouraged to share any additional information. The questions you will be asked will be about your experiences regarding religious coping, acculturative stress, and suicide ideation. If you have any questions you can call the lead investigator of the study Camila Pulgar at [capulgar@uncg.edu](mailto:capulgar@uncg.edu), or faculty advisor L. DiAnne Borders, at 336.334.3423 or [borders@uncg.edu](mailto:borders@uncg.edu).

#### Is there any audio/video recording?

No, there will be no audio or video recording.

#### What are the risks to me?

The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. Depending on your experience, there is a possibility that this survey will cause emotional pain and stress as you recall your experiences. Referrals will be provided to minimize risk in this list below:

National Suicide Prevention Lifeline 1-800- 273-TALK (8255)

Crisis Text Line's number (741741)

#### To find a professional mental health provider near you:

Psychology Today

<https://www.psychologytoday.com/us>

Version 1 date 10/15/2020

National Alliance on Mental Health NAMI

<https://www.nami.org/Your-Journey/Individuals-with-Mental-Illness/Finding-a-Mental-Health-Professional>

**For Education and Prevention**

American Foundation for Suicide Prevention

<https://afsp.org/>

Trevor Project

<https://www.thetrevorproject.org/>

If you have questions, want more information or have suggestions, please contact DiAnne Borders, at 336.334.3423 or [borders@uncg.edu](mailto:borders@uncg.edu), or contact Camila Pulgar at [capulgar@uncg.edu](mailto:capulgar@uncg.edu).

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

**Are there any benefits to society as a result of me taking part in this research?**

Helping therapists better understand the effects of religious coping on the relationship between acculturative stress and suicide in Latinx immigrants may help counselors work in a more competent capacity, more effectively serving their Latinx immigrant clients.

**Are there any benefits to *me* for taking part in this research study?**

Participants may find it psychologically rewarding to provide their experiences to researchers and therapists helping them better serve the immigrant population.

**Will I get paid for being in the study? Will it cost me anything?**

No, you will not be paid, and it doesn't cost anything to participate.

**How will you keep my information confidential?**

All information obtained in this study is strictly confidential unless disclosure is required by law. Confidentiality of study information will be maintained in several ways. First, pseudonyms will be used for all study participants through the process, including publications and presentations. Qualtrics responses will be secured in a password protected computer. Box will be used to stored data.

**What if I want to leave the study?**

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

**What about new information/changes in the study?**

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

**Voluntary Consent by Participant:**

By clicking on the continue button below, you provide your consent to participate in this study, you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By clicking "I agree" below, you are agreeing that you are 18 years of age or older and are agreeing to participate in this study described to you in this document.

Version 1 date 10/15/2020

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## IRB APPROVED INFORMED CONSENT ENGLISH (FULL STUDY)

### UNIVERSITY OF NORTH CAROLINA AT GREENSBORO CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: Examining the Effects of Religious Coping on the Relationship between Acculturative Stress and Suicide Ideation in Latinx Immigrants.

Principal Investigator and Faculty Advisor: Camila Pulgar, MS and L. Dianne Borders, PhD

#### **What are some general things you should know about research studies?**

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty. Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or the University of North Carolina at Greensboro. Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

#### **What is the study about?**

This is a research project. Your participation is voluntary. We are conducting this study to learn more about Latinx immigrants and their experiences with acculturative stress and suicide ideation.

#### **Why are you asking me?**

We are asking you because you identify as a Latinx immigrant emerging in adult, between the ages of 18-25.

#### **What will you ask me to do if I agree to be in the study?**

You will be asked to complete an online questionnaire that will last between 5-20 minutes. The questions you will be asked will be about your experiences regarding Religious Coping, Acculturative stress and Suicide Ideation. If you have any questions you can call the lead investigator of the study, L. DiAnne Borders, at 336.334.3423 or [borders@uncg.edu](mailto:borders@uncg.edu), also contact Camila Pulgar at [capulgar@uncg.edu](mailto:capulgar@uncg.edu).

#### **Is there any audio/video recording?**

No, there will be no audio or video recording. |

#### **What are the risks to me?**

The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. Depending on your experience, there is a possibility that this questionnaire will cause emotional pain and stress as you recall your experiences.

If you have questions, want more information or have suggestions, please contact Camila Pulgar at 336-685-1193 or [capulgar@wakehealth.edu](mailto:capulgar@wakehealth.edu) or L. DiAnne Borders at 336.334.3423 or [borders@uncg.edu](mailto:borders@uncg.edu). If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

To find a therapist in your area visit:

<https://www.nbcc.org/search/counselorfind>

<https://www.psychologytoday.com/us>

Version date 1/6/2021

Mental health Information:

[https://www.nami.org/home?gclid=Cj0KCQiA3NX\\_BRDQARIsALA3fIeuxILGR8KPDbtTWe5726De6Zbo1vWmRUVOZT5zUwmCMbOzGeAsHMaAhwmEALw\\_wcB](https://www.nami.org/home?gclid=Cj0KCQiA3NX_BRDQARIsALA3fIeuxILGR8KPDbtTWe5726De6Zbo1vWmRUVOZT5zUwmCMbOzGeAsHMaAhwmEALw_wcB)

National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

**Are there any benefits to society as a result of me taking part in this research?**

Helping therapists better understand the effects of religious coping on the relationship between acculturative stress and suicide in Latinx immigrants may help counselors work in a more competent capacity, more effectively serving their Latinx immigrant clients.

**Are there any benefits to *me* for taking part in this research study?**

Participants may find it psychologically rewarding to provide their experiences to researchers and therapists helping them better serve the immigrant population.

**Will I get paid for being in the study? Will it cost me anything?**

At the conclusion of the study, participants will be eligible to provide their emailing address, which will be kept separate from all data, and participate in drawing for 1 of 20 \$10 gift card.

**How will you keep my information confidential?**

All information obtained in this study is strictly confidential unless disclosure is required by law. Confidentiality of study information will be maintained in several ways. First, pseudonyms will be used for all study participants through the process, including publications and presentations. Qualtrics responses will be secured in a password protected computer.

**What if I want to leave the study?**

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

**What about new information/changes in the study?**

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

**Voluntary Consent by Participant:**

By clicking on the continue button below, you provide your consent to participate in this study, you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate in this study described to you in this document.

Version date 1/6/2021

## IRB APPROVED INFORMED CONSENT SPANISH (FULL STUDY)

### Universidad de Carolina del Norte en Greensboro CONSENT TO ACT AS A HUMAN PARTICIPANT SPANISH

Título del proyecto: Examinando los Efectos del Afrontamiento Religioso en la Relación entre el Estrés Aculturativo y la Ideación Suicida en Inmigrantes de origen Latinx.

Investigador principal y asesor de la facultad: Camila Pulgar, MS and L. DiAnne Borders, PhD

#### ¿Cuáles son algunas cosas generales que debe saber sobre los estudios de investigación?

Su participación en el estudio es voluntaria. Puede optar por no participar y puede retirar su consentimiento para participar en el estudio, por cualquier motivo, sin penalización. Los estudios de investigación están diseñados para obtener nuevos conocimientos. Esta información puede ayudar a las personas en el futuro. Puede que no obtenga ningún beneficio directo por participar en el estudio de investigación. También puede haber riesgos al participar en estudios de investigación. Si elige no participar en el estudio o dejarlo antes de que se realice, no afectará su relación con el investigador ni con la Universidad de Carolina del Norte en Greensboro. Los detalles sobre este estudio se discuten en este formulario de consentimiento. Es importante que comprenda esta información para que pueda tomar una decisión informada sobre su participación en este estudio de investigación.

#### ¿De que se trata el estudio?

Este es un proyecto de investigación. Su participación es voluntaria. Estamos realizando este estudio para aprender más sobre los inmigrantes Latinx y sus experiencias con el estrés aculturativo, el afrontamiento religioso y la ideación suicida.

#### ¿Por qué me estás preguntando?

Le lo preguntamos porque se identifica como un inmigrante Latinx, y tiene entre las edades de 18-25.

#### ¿Qué me pedirán que haga si acepto participar en el estudio?

Se le pedirá que complete un cuestionario en línea que durará entre 5 y 20 minutos. Las preguntas que se le harán serán sobre sus experiencias en relación con el afrontamiento religioso, el estrés aculturativo y la ideación suicida. Si tiene alguna pregunta, puede llamar al investigador principal del estudio: Camila Pulgar, [capulgar@uncg.edu](mailto:capulgar@uncg.edu), o a L. DiAnne Borders, at 336.334.3423. [borders@uncg.edu](mailto:borders@uncg.edu).

#### ¿Hay alguna grabación de audio / video?

No, no habrá grabación de audio ni video.

#### ¿Cuáles son los riesgos para mí?

La Junta de Revisión Institucional de la Universidad de Carolina del Norte en Greensboro ha determinado que la participación en este estudio presenta un riesgo mínimo para los participantes. Dependiendo de su experiencia, existe la posibilidad de que esta encuesta le cause dolor emocional y estrés al recordar sus experiencias. Se proporcionarán referencias para minimizar el riesgo en esta lista a continuación:  
Información en [Español](#):

Línea de Teléfono Nacional de Prevención del Suicidio 1- 888-628-9454. Ofrece 24/7 servicios gratuitos en español, no es necesario hablar inglés si usted necesita ayuda.

Si tiene preguntas, desea más información o tiene sugerencias, comuníquese con DiAnne Borders, al 336.334.3423 o [borders@uncg.edu](mailto:borders@uncg.edu), o comuníquese con Camila Pulgar en [capulgar@uncg.edu](mailto:capulgar@uncg.edu).

Si tiene alguna inquietud sobre sus derechos, cómo lo están tratando, inquietudes o quejas sobre este proyecto o los beneficios o riesgos asociados con participar en este estudio, comuníquese con la Oficina de Integridad de la Investigación de UNCG al número gratuito (855) -251- 2351.

Version 1 date 1/6/2021

Para encontrar a un terapeuta o terapeuta en su área:

<https://latinxtherapy.com/>

<https://www.psychologytoday.com/us>

Información acerca de la Salud Mental

<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Latinx-Hispanic/La-salud-mental-en-la-comunidad-latina>

Prevención del Suicidio

<https://suicidepreventionlifeline.org/help-yourself/en-espanol/>

**¿Hay algún beneficio para la sociedad como resultado de mi participación en esta investigación?**

Ayudar a los terapeutas a comprender mejor los efectos del afrontamiento religioso en la relación entre el estrés por aculturación y el suicidio en inmigrantes de origen **Latinx** puede ayudar a los consejeros a trabajar en una capacidad más competente, sirviendo más eficazmente a sus clientes inmigrantes de origen **Latinx**.

**¿Hay algún beneficio para mí por participar en este estudio de investigación?**

Los participantes pueden encontrar psicológicamente gratificante brindar sus experiencias a los investigadores y terapeutas para ayudarlos a servir mejor a la población inmigrante.

**¿Me pagarán por participar en el estudio? ¿Me va a costar algo?**

Al finalizar el estudio, los participantes podrán compartir su dirección de correo electrónico, que se mantendrá separada de todos los datos, y participarán en el sorteo de 1 de 20 tarjetas de regalo de \$ 10. No habrá ningún costo por participar en este estudio.

**¿Cómo mantendrá mi información confidencial?**

Toda la información obtenida en este estudio es estrictamente confidencial a menos que la ley exija su divulgación. La confidencialidad de la información del estudio se mantendrá de varias formas. Primero, se utilizarán seudónimos para todos los participantes del estudio durante el proceso, incluidas las publicaciones y presentaciones. Las respuestas de **Qualtrics** se guardarán en una computadora protegida con contraseña. El sistema **Box** se utilizará para almacenar datos.

**¿Y si quiero dejar el estudio?**

Tiene derecho a negarse a participar o retirarse en cualquier momento, sin penalización. Si se retira, no le afectará de ninguna manera. Si elige retirarse, puede solicitar que cualquiera de sus datos que haya sido recopilado sea destruido a menos que se encuentre en un estado no identificable. Los investigadores también tienen derecho a detener su participación en cualquier momento. Esto podría deberse a que ha tenido una reacción inesperada, no ha seguido las instrucciones o porque se ha detenido todo el estudio.

**¿Qué pasa con la nueva información / cambios en el estudio?**

Si se dispone de nueva información importante relacionada con el estudio que pueda estar relacionada con su voluntad de continuar participando, se le proporcionará esta información.

**Consentimiento voluntario del participante:**

Al hacer clic en "Acepto" a continuación, usted da su consentimiento para participar en este estudio, acepta que lo leyó, o se le ha leído, y comprende completamente el contenido de este documento y está abiertamente dispuesto a dar su consentimiento para participar en este estudio. Se han respondido todas sus preguntas sobre este estudio. Al hacer clic en "Acepto" a continuación, usted acepta que tiene 18 años de edad o más y acepta participar en este estudio que se le describe en este documento.

Version 1 date 1/6/2021

## Radio Ad and E-Mail Recruitment Script

Radio Ad:

This is a research participation opportunity: Do you Identify as a Latinx Immigrant?  
Are you 18 to 25 years old? You are invited to participate in a survey about your experiences with acculturative stress, religious coping and suicide Ideation. For details, please contact [capulgar@uncg.edu](mailto:capulgar@uncg.edu)

Dear Potential participant:

You are being invited to participant in a research study looking at the acculturative tress and suicide ideation experiences of young adults Latinx Immigrants. If you are interested in participating, please follow the link below that will take you to the study materials  
(insert Link)

If you have any questions, please contact [capulgar@uncg.edu](mailto:capulgar@uncg.edu)

**APPENDIX B.**  
**INSTRUMENTS**

**B-RCOPE ENGLISH AND SPANISH**

The following statements describe specific ways people might cope with (stressor or situation). As you think of the (stressor or situation) you have faced, how much do you use each of the following things to cope with (stressor or situation)?

RESPONSE OPTIONS: 1 = Not at all; 2 = Somewhat; 3 = Quite a bit; 4 = A great deal.

The Brief RCOPE: Positive and Negative Coping Subscale Items

**Positive Religious Coping Subscale Items**

1. Looked for a stronger connection with God.
2. Sought God's love and care.
3. Sought help from God in letting go of my anger.
4. Tried to put my plans into action together with God.
5. Tried to see how God might be trying to strengthen me in this situation.
6. Asked forgiveness for my sins.
7. Focused on religion to stop worrying about my problems.

**Negative Religious Coping Subscale Items**

8. Wondered whether God had abandoned me.
9. Felt punished by God for my lack of devotion.
10. Wondered what I did for God to punish me.
11. Questioned God's love for me.
12. Wondered whether my church had abandoned me.
13. Decided the devil made this happen.
14. Questioned the power of God.

## SAFE ENGLISH AND SPANISH

### SAFE

Debajo hay varias declaraciones que se pueden considerar difíciles o estresantes (pueden causar tensión emocional).

Para cada frase, si usted ha tenido esa experiencia por favor **circule sólo una respuesta (1, 2, 3, 4, ó 5)** según que tan estresante o difícil es la situación para usted.

Si no ha tenido esa experiencia, por favor circule el número 0: No Me Ha Pasado.

**0 = NO ME HA PASADO**  
**1 = PARA NADA ESTRESANTE**  
**2 = UN POCO ESTRESANTE**  
**3 = MODERADAMENTE ESTRESANTE**  
**4 = MUY ESTRESANTE**  
**5 = EXTREMADAMENTE ESTRESANTE**

#### SITUACIONES

- |  |     |   |   |   |   |   |   |
|--|-----|---|---|---|---|---|---|
| 1. Me siento incómodo/a cuando otros bromean o insultan a gente de mi grupo étnico. ....   | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Tengo más barreras que superar en comparación con la mayoría de la gente. ....  | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Me molesta que miembros de mi familia cercanos a mi no entienden mis valores nuevos. ....   | 0   | 1 | 2 | 3 | 4 | 5 |   |
| 4. Miembros de mi familia cercanos a mi tienen otras expectativas o ideas sobre mi futuro que yo.  | 0   | 1 | 2 | 3 | 4 | 5 |   |
| 5. Es difícil expresar a mis amigos como me siento en realidad. ....   | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Mi familia no quiere que yo me mude (fuera de casa) pero yo sí quiero hacerlo. ....   | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Me molesta el pensar que tanta gente usa drogas. ....   | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Me molesta el no poder estar con mi familia. ....   | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. En buscar un buen trabajo, algunas veces siento que mi etnicidad es una limitación. ....  | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. No tengo amistades íntimas o cercanas a mí. ....   | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Mucha gente tiene <del>estereotipos</del> o ideas acerca de mi cultura o de mi grupo étnico, y me tratan como si los <del>estereotipos</del> o las ideas fueran verdad. .... | 0   | 1 | 2 | 3 | 4 | 5 |   |
| 12. No me siento como que estoy en mi casa. ....   | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. La gente cree que no soy sociable o amistoso/a cuando en realidad tengo dificultad comunicándome en inglés. ....   | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. A menudo siento que la gente a <del>propósito</del> trata de parar mi avance. ....   | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Me molesta cuando la gente me presiona para que me haga parte de la cultura Americana. ....  | ___ | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. A menudo me siento ignorado/a por personas que deben ayudarme. ....  | ___ | 0 | 1 | 2 | 3 | 4 | 5 |

**0 = NO ME HA PASADO**  
**1 = PARA NADA ESTRESANTE**  
**2 = UN POCO ESTRESANTE**  
**3 = MODERADAMENTE ESTRESANTE**  
**4 = MUY ESTRESANTE**  
**5 = EXTREMADAMENTE ESTRESANTE**

SITUACIONES

17. Porque soy diferente no me dan suficiente mérito por el trabajo que hago. ....	0	1	2	3	4	5
18. Me molesta que tengo acento. ....	0	1	2	3	4	5
19. El tener menos contacto con mi país me es difícil. ....	0	1	2	3	4	5
20. A menudo pienso en mi herencia cultural. ....	0	1	2	3	4	5
21. Por causa de mi etnicidad, siento que la gente a menudo no me incluye en sus actividades. ....	0	1	2	3	4	5
22. Me es difícil presentar a otros mi familia. ....	0	1	2	3	4	5
23. La gente me hace de menos si practico las costumbres de mi cultura. ....	0	1	2	3	4	5
24. Me es difícil entender a otros cuando hablan. ....	0	1	2	3	4	5
25. Me siento culpable por dejar a mi familia o amistades en mi país natal. ....	0	1	2	3	4	5
26. Siento que nunca voy a tener el respeto que tenía en mi país natal. ....	0	1	2	3	4	5

SAFE

Below are a number of statements that might be seen as stressful. For each statement that you have experienced, circle only one of the following numbers (1, 2, 3, 4, or 5), according to how stressful you find the situation.

If the statement does not apply to you, circle number 0: Have Not Experienced.

- 0 = HAVE NOT EXPERIENCED
- 1 = NOT AT ALL STRESSFUL
- 2 = SOMEWHAT STRESSFUL
- 3 = MODERATELY STRESSFUL
- 4 = VERY STRESSFUL
- 5 = EXTREMELY STRESSFUL

STATEMENTS

- 
- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 1. I feel uncomfortable when others make jokes about or put down people of my ethnic background. ....    | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. I have more barriers to overcome than most people. ....   | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. It bothers me that family members I am close to do not understand my new values. ....                 | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Close family members have different expectations about my future than I do. ....                      | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. It is hard to express to my friends how I really feel. ....   | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. My family does not want me to move away but I would like to. ....                                     | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. It bothers me to think that so many people use drugs. ....  | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. It bothers me that I cannot be with my family. ....   | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. In looking for a good job, I sometimes feel that my ethnicity is a limitation. ....                   | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. I don't have any close friends. ....   | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Many people have stereotypes about my culture or ethnic group and treat me as if they are true. .... | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. I don't feel at home. ....   | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. People think I am unsociable when in fact I have trouble communicating in English. ....              | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. I often feel that people actively try to stop me from advancing. ....                                | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. It bothers me when people pressure me to become part of the main culture. ....                       | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. I often feel ignored by people who are supposed to assist me. ....                                   | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. Because I am different I do not get the credit for the work I do. ....                               | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. It bothers me that I have an accent. ....  | 0 | 1 | 2 | 3 | 4 | 5 |

**0 = HAVE NOT EXPERIENCED**  
**1 = NOT AT ALL STRESSFUL**  
**2 = SLIGHTLY STRESSFUL**  
**3 = MODERATELY STRESSFUL**  
**4 = VERY STRESSFUL**  
**5 = EXTREMELY STRESSFUL**

STATEMENTS

---

19. Loosening the ties with my country is difficult. ....	___	0	1	2	3	4	5
20. I often think about my cultural background. ....	___	0	1	2	3	4	5
21. Because of my ethnic background, <u>I feel that others</u> often exclude me from participating in their activities. ....	___	0	1	2	3	4	5
22. It is difficult for me to "show off" my family. ....	___	0	1	2	3	4	5
23. People look down upon me if I practice customs of my culture. ....	___	0	1	2	3	4	5
24. <u>I have</u> trouble understanding others when they speak. ....	___	0	1	2	3	4	5
25. I feel guilty because I have left family or friends in my home country. ....	___	0	1	2	3	4	5
26. I feel that I will never gain the respect that I had in my home country. ....	___	0	1	2	3	4	5

## PAYKEL QUESTIONNAIRE ENGLISH AND SPANISH

### Paykel English

- (1) Have you ever felt that life was not worth living?
- (2) Have you ever wished you were dead? For instance, that you could go to sleep and not wake up?
- (3) Have you ever thought of taking your life, even if you would not really do it?
- (4) Have you ever reached the point where you seriously considered taking your life, or perhaps made plans how you would go about doing it?
- (5) Have you ever made an attempt to take your life?

### Paykel Spanish

- 1) ¿Has sentido que la vida no merece la pena?
- 2) ¿Has deseado estar muerto? Por ejemplo, ir a dormir y desear no levantarte.
- 3) ¿Has pensado en quitarte la vida aunque realmente no lo fueras a hacer?
- 4) ¿Has llegado al punto en el que consideraras realmente quitarte la vida o hiciste planes sobre cómo lo harías?
- 5) ¿Alguna vez has intentado quitarte la vida?

**PHQ-9 ENGLISH AND SPANISH**

	Not at all	Several days	More than half the days	Nearly every day
1. Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

Durante las <u>últimas 2 semanas</u> , ¿qué tan seguido ha tenido molestias debido a los siguientes problemas? (Marque con un "□" para indicar su respuesta)	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
1. Poco interés o placer en hacer cosas	0	1	2	3
2. Se ha sentido decaído(a), deprimido(a) o sin esperanzas	0	1	2	3
3. Ha tenido dificultad para quedarse o permanecer dormido(a), o ha dormido demasiado	0	1	2	3
4. Se ha sentido cansado(a) o con poca energía	0	1	2	3
5. Sin apetito o ha comido en exceso	0	1	2	3
6. Se ha sentido mal con usted mismo(a) – o que es un fracaso o que ha quedado mal con usted mismo(a) o con su familia	0	1	2	3
7. Ha tenido dificultad para concentrarse en ciertas actividades, tales como leer el periódico o ver la televisión	0	1	2	3
8. ¿Se ha movido o hablado tan lento que otras personas podrían haberlo notado? o lo contrario – muy inquieto(a) o agitado(a) que ha estado moviéndose mucho más de lo normal	0	1	2	3
<b>Si marcó <u>cualquiera</u> de los problemas, ¿qué tanta <u>dificultad</u> le han dado estos problemas para hacer su trabajo, encargarse de las tareas del hogar, o llevarse bien con otras personas?</b>				
<b>No ha sido difícil</b> □	<b>Un poco difícil</b> □	<b>Muy difícil</b> □	<b>Extremadamente difícil</b> □	

## DEMOGRAPHIC QUESTIONNAIRE IN ENGLISH AND SPANISH

### Demographics

Age:

Do you identify as an immigrant?

Yes

No

Are you Hispanic or Latina/o/x?

Yes

No (Skip logic: End of survey)

Decline to respond (Skip logic: End of survey)

Did you come to the U.S. as an international student?

Yes (Skip logic: End of survey)

No

How old were you when you first came to the United States? \_\_\_\_\_

How involved were you in the decision to immigrate to the US?

1-Not at all involved, other members of my family decided

2- Had some input, but my family decided

3-I contributed equally to the decision

4- I mostly decided, with family member's input

5- Decided completely on my own

How many years in total have you lived in the United States? : \_\_\_\_\_

Country of birth: \_\_\_\_\_

Please specify your race:

1. White Latinx

2. Mestizo/Mestiza

3. Afro-Latinx

4. Write in (please

specify): \_\_\_\_\_

With which gender identity do you most identify?

1. Female
2. Male
3. Non-binary
4. Non-conforming
4. Write in:
5. Decline to state

Relationship Status

1. Single
2. Partnered
3. Married
4. Widowed
5. Separated
6. Divorced
7. Decline to state

What is your current employment status?

1. Not employed
2. Employed full-time
3. Employed part-time
4. Seeking opportunities
5. Decline to State

What is your current citizenship status?

1. U.S citizen
2. Permanent resident
3. Undocumented
4. DACA recipient
5. Write in (please specify)\_\_\_\_\_
6. Decline to state

In what language(s) are you fluent? (please select all that apply)

1. English
2. Spanish
3. Other (please specify)\_\_\_\_\_

Which of the following best describes your current religious affiliation?

1. Catholic
2. Christian (please specify)
3. Jewish
4. Muslim
5. Agnostic
6. Buddhist
7. Hindu
8. None
9. Write in (please specify)\_\_\_\_\_

Edad:

¿Te identificas como inmigrante?

- si
- No

¿Viniste a los EE. UU. como estudiante internacional?

- Si
- No

¿Qué edad tenías cuando llegaste al Estados Unidos por primera vez?\_\_\_\_\_

¿Qué tan involucrado estuvo en la decisión de emigrar a los Estados Unidos?

1. Nada involucrado, otros miembros de mi familia decidieron
2. Aporte un poco, pero mi familia decidió
3. Contribuí igualmente a la decisión
4. Principalmente yo decidí, con la opinión de un miembro de la familia
5. Decidí completamente por mi cuenta

¿Decidiste imigrar por tu cuenta o porque tu familia decidió venir a los EE. UU.?

- Por mi cuenta
- Vine con mi familia

Si es así, ¿cuántos años ha vivido en los Estados Unidos? : \_\_\_\_\_

¿Eres hispana o latina / o / x?

- si
- No

Me niego a responder

¿Con que raza se idenfica mas?:

- 1 Latinx blanco
- 2.Mestizo / Mestiza

3. Afro-latinx

País de nacimiento: \_\_\_\_\_

¿Con qué identidad de género te identificas más?

1. Mujer
2. Hombre
3. No binario
4. No conforme
4. Otro
5. Rechazado compartir

¿Cual es tu estado civil?

1. Soltero
2. Conviviendo
3. Casado
4. Viudo
5. Separado
6. Divorciado
7. Rechazado compartir

¿Cuál es su situación laboral actual?

1. No empleado
2. Empleado a tiempo completo
3. Empleado a tiempo parcial
4. Buscando oportunidades
5. Rechazado compartir

¿Cuál es su estado de ciudadanía actual?

1. ciudadano estadounidense
2. Residente permanente
3. Indocumentado
4. Beneficiario de DACA
5. Otro (especificar)
6. Rechazo de declarar

¿En qué idioma (s) habla con fluidez? (Por favor seleccione todas las respuestas válidas)

1. Inglés
2. Español
3. Inglés y español
4. Otro (especifique) \_\_\_\_\_

¿Cuáles son sus creencias religiosas actuales?

1. Católico
2. Cristiano
3. Judío

4. Musulmán
5. Agnóstico
6. Budista
7. Hindú
8. Otro (especifique) \_\_\_\_\_

## APPENDIX C.

### PERMISSION TO USE INSTRUMENTS

#### Permission to Use Model

 **Silva, Caroline** <caroline\_silva@urmc.rochester.edu> Tue 1/12/2021 3:24 PM    

To: Camila Pulgar

Hi Camila,

Thanks for reaching out! I am so sorry that I missed this email (I was distracted with Christmas 😊). Yes, I don't mind you using my model (feel free to use a picture). I think that article has a picture in it, here is the hi-res image link: [https://ars.els-cdn.com/content/image/1-s2.0-S2352250X17301938-gr4\\_lrg.jpg](https://ars.els-cdn.com/content/image/1-s2.0-S2352250X17301938-gr4_lrg.jpg) [ars.els-cdn.com]

I will let you know if any opportunities for collaboration come up! Right now I just wrapped up one study and am waiting to hear about funding for a next one.

Best!  
**Caroline**

...

#### Permission to Use the SAFE

**Kenneth I Pargament** kpargam@bgsu.edu via falconbgsu.onmicrosoft.com Wed, Aug 5, 2020, 6:47 PM     
to me ▾

Hi Camila:

You have my permission to use the RCOPE. I know of someone who translated the full RCOPE into Spanish but not the Brief RCOPE. Which were you interested in? Just let me know. And please keep me posted on your findings.

Best regards,  
Ken

Kenneth I. Pargament, Ph. D.  
Professor Emeritus  
Department of Psychology  
Bowling Green State University  
Bowling Green, OH 43403

Author, *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*, Guilford Press, 2007  
Editor-in-Chief, *APA Handbook of Psychology, Religion, and Spirituality* (Vols. 1 and 2), APA Press, 2013  
[kennethpargament.com](http://kennethpargament.com)