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Religion: A Mediator of Anglo-American and Mexican Attributional Differences toward Symptoms of Schizophrenia?

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Abstract

This study examined the relationship of religiosity to attributions toward schizophrenia, within a cultural context. Previous research suggests that on self-report measures, Mexicans endorse holding greater moral-religious values than do their Anglo-American counterparts. Research also indicates that Mexicans, relative to Anglo-Americans, tend to hold fewer blameworthy attributions and are less likely to view patients with schizophrenia as responsible for the symptoms of the disorder. In an analog study of 88 Mexican and 88 Anglo-American college students asked to imagine that they have a brother with schizophrenia, this study assessed two competing hypotheses regarding the role of religion in shaping reactions to schizophrenia in a family member. For hypothesis 1, Baron and Kenny's mediational model (1986) was used to assess whether moral religious values may play a direct mediating role between ethnicity and controllability attributions for schizophrenia. In other words, based on observations of previous researchers, this set of analyses assessed whether ethnic differences in controllability attributions might be explained by a religious or spiritual tendency in Mexicans to view negative events, such as mental disability, as rooted in divine factors beyond the patient's personal control. In contrast, a second, competing, hypothesis was also assessed in this study: namely, that greater religiosity would be positively correlated with increasing perceptions of control over the symptoms of schizophrenia. This hypothesis stems from the premise of several investigators that religious individuals may be more likely to perceive another's adversity (such as having schizophrenia) as a punishment for prior wrongdoings or for failure to try to help oneself. Results indicate support for the latter hypothesis. Implications of the paradoxical finding, that Mexicans were both more religious and more external in their attributions, are discussed.

However, the role that spirituality and religiosity play in influencing reactions to others is far from straightforward (Schwartz and Huismans, 1995). Despite the qualitative research described above which suggests that spirituality is likely to lead to more compassionate reactions toward others, some research suggests that religion is sometimes used in dysfunctional ways. According to Fukuyama and Sevig (1999), fundamental interpretations of Biblical scriptures and other religious teachings may reinforce negative feelings and judgmental attitudes toward the self and toward others, and some research offers empirical support for this view. For example, several studies (*e.g.,* Ellison et al., 1996; Wiehe, 1990) indicate that parents who subscribe to more literal interpretations of the Bible are more authoritarian in their parenting styles and hold more favorable attitudes regarding the use of corporal punishment than do individuals who are less literal in their biblical interpretations. Additional support for Fukuyama and Sevig's view comes from an analog study in which research participants were asked to imagine that their adolescent son has recently disclosed that he is homosexual. In this study Armesto and Weisman (1999) found that individuals who scored higher on a measure of religiosity were more blaming and viewed the adolescent as having more responsibility over the cause of his "gayness." One interpretation for these findings is that religious individuals (especially those who conceptualize God as a punitive figure) may be more likely to blame others for their "negative" events or qualities, perhaps because they view these events as God's punishment for wrongdoings that could and should have been prevented. Formally examining the relationship between attributions for mental illness and moral and religious values may help clarify the conflicting findings reviewed above regarding the role of religion in shaping reactions to others. This research is important for furthering our theoretical understanding of factors that may relate to the course and outcome of psychiatric illness.

Specifically, this study will attempt to clarify the role of religiosity in determining reactions to schizophrenia by using vignettes of a person, whom participants are asked to imagine is their brother, and who is described to meet the DSM-IV criteria for the disorder. Based on the research reviewed above, the following two competing hypotheses will be assessed in this study: a) Will religiosity be negatively correlated with controllability attributions and mediate or explain the tendency toward lower controllability attributions in Mexicans and higher controllability attributions in Anglos previously observed by Weisman and López (1997)? In other words, stemming from observations by Guarnaccia et al. (1992) and others, will Mexicans' religious faith function to shift blame away from the hypothetical family member by viewing the illness as God's will rather than as something that the patient brought upon himself? or b) Will greater religiosity be associated with more internal and blameworthy attributions toward the hypothetical patient with schizophrenia, supporting observations by Armesto and Weisman (1999) and others (*e.g.,* Fukuyama and Sevig, 1999). This finding would suggest that religiosity may sometimes be used negatively to justify or blame others for their unfortunate circumstances.

Methods

Subjects

Data from participants in this study came from secondary analyses of previously collected questionnaires. The study sample was composed of 88 Mexican and 88 Anglo-American undergraduate university psychology students (60 female and 28 male subjects in each group). Subjects were recruited from two private universities, one in Guadalajara, Mexico, the other in Los Angeles, California. See Weisman and López (1996; 1997) for further sample characteristics

Measures

To assess hypothesis 1, whether the relationship previously observed by Weisman and López (1997) between ethnicity and controllability attributions is mediated by religiosity, Baron and Kenny's (1986) guidelines for testing mediational/moderational models were followed. According to Baron and Kenny, the following conditions must be met to demonstrate mediation: a) variations in the independent variable must account for variations in the mediator variable in the predicted direction, b) variations in the independent variable must account for variations within the dependent variable in the predicted direction, c) variations in the mediator variable must account for variations in the dependent variable in the predicted direction, and d) the relation between the independent variable and the dependent variable must be eliminated when the dependent variable is regressed on both the independent variable and the mediator (for perfect mediation) or at least significantly reduced (for partial mediation).

Separate regression analyses conducted to evaluate Baron and Kenny's (1986) first three necessary conditions for establishing mediation indicated that conditions a and b were met. That is, the independent variable (ethnicity) was associated with both the mediator (religiosity; b = .17, $p < .05$) and the dependent variable (controllability attributions, b = .25, $p < .05$) in the directions expected. In other words, Mexicans (mean = 5.14; SD = 2.19) reported greater religious values in their families than did Anglos (mean = 4.35; SD = 2.43), and Anglos (mean = 5.37; SD = 1.99) were more internal and blameworthy in their attributions of control regarding symptoms of schizophrenia as compared with Mexicans (mean = 4.31; SD = 2.02). With respect to condition c, a significant relationship between the mediator and the dependent variable (controllability attributions) was found (b = .19, $p < .05$). However, the direction of this relationship was opposite to that hypothesized in possibility one. Thus, study findings do not support a model in which religiosity mediates the relationship between ethnicity and controllability attributions for symptoms of schizophrenia. On the other hand, as can be seen from the analysis reported above, study findings do support hypothesis 2. In other words, greater religiosity was found to be significantly associated with increasing perceptions of behavioral controllability. Namely, the more subjects adhered to religious values, the more they perceived the patient's behavior as under his volitional control.4

Discussion

In this study, two competing hypotheses were tested regarding the role of religiosity in attributions toward schizophrenia. Hypothesis 1 assessed whether religious values may mediate the previously observed relationship between ethnicity and perceptions of controllability for schizophrenia. Mexicans did report greater moral-religious beliefs in their families than did Anglos. However, results of this study did not support the hypothesis that greater religious values may underlie Mexicans' more external control beliefs regarding mental illness. In other words, the hypothesis that greater religiosity would lead Mexicans to more external control beliefs regarding mental illness (*e.g.,* such as the view that the disorder and associated symptoms are God's will and therefore uncontrollable) was not supported.

On the other hand, hypothesis 2, indicating that greater religiosity was significantly associated with increasing perceived controllability, was supported. Though this finding is at odds with some prior observations of the role of religiosity in reactions to-ward disability (*e.g.,* Guarnaccia et al., 1992), it appears to be consistent with other findings (*e.g.,* Armesto and Weisman, 1999; Ellison et al., 1996; Wiehe, 1990). Common expressions in Christianity such as "God helps those who help themselves," may be useful in interpreting this finding. This saying conveys the idea that people do have control over certain aspects of their lives, and that they should exercise such control. Certain religious teachings (*e.g.,* that sins are punished) may also encourage the belief that pain and suffering are viewed as penalties for previously committed wrongdoings, increasing the likelihood that these acts are seen as under the personal control of the perpetrator.

Despite the aforementioned limitations, findings from this study suggest that intervention programs that assess and utilize religiosity as a tool toward altering attributions and levels of high EE may be in order. As noted by Schwartz and Huismans (1995), the relationship of religious teachings to values and behaviors is not always straightforward. Although religion may encourage loving and supportive reactions toward others in distress, at times, depending on the context and on how religion is applied, it may also encourage the view that suffering is a form of divine punishment for wrongdoings; findings from the present study are in line with this view. Before incorporating religiosity into one's treatment approach, it maybe useful to consider the advice of Kelly (1995; as cited in Fukuyama and Sevig, 1999) "What religiosity feeds one family may be poison to another." Thus, for clinicians working with families in which religion plays an important role in their lives, it will be important to assess the specific ways in which God or another divine being is implicated in conceptualizing the patient's illness, and to tailor the treatment accordingly. Emphasizing religious scriptures which encourage kindness and understanding toward others may be an effective means of shifting hostility and blame away from mentally ill patients. Pointing out that schizophrenia is a "legitimate" illness and educating relatives about the biochemical and organic correlates known to be associated with the disorder may also be useful in reducing family members' unfavorable emotional reactions and negative attributions toward their ill relative.

References

Armesto J, Weisman A (June 27, 1999). The role of attributions, religiosity, and ethnicity in parental homophobia and help-giving behavior toward a homosexual child. Poster presented at the XXVII Inter-American Congress of Psychology, Caracas, Venezuela. [Context Link]

Bach-y-Rita G (1982) The Mexican American: Religious and cultural influences. In R Becerra, M Karno, J Escobar (Eds), *Mental health and Hispanic Americans: Clinical perspectives.* New York: Grune & Stratton. [Context Link]

Baron RM, Kenny DA (1986) The moderator mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *J Pers Soc Psychol* 51:1173-1182. Bibliographic Links | Library Holdings | [Context Link]

Barrowclough C, Johnston M, Tarrier N (1994) Attributions, expressed emotion, and patient relapse: An attributional model of relatives' response to schizophrenic illness. *Behav Ther* 25:67-88. Bibliographic Links | Library Holdings | [Context Link]

Brewin CR, MacCarthy B, Duda K, Vaughn CE (1991) Attribution and expressed emotion in the relatives of patients with schizophrenia. *J Abnorm Psychol* 100:546-554. Bibliographic Links | Library Holdings | [Context Link]

Ellison CG, Bartkowski JP, Segal ML (1996) Do conservative Protestant parents spank more often? Further evidence from the national survey of families and households. *Soc Sci Q* 77:663-673. [Context Link]

Fukuyama MA, Sevig TD (1999) *Integrating spirituality into multicultural counseling.* Thousand Oaks: Sage Publications. [Context Link]

Wiehe VR (1990) Religious influence on parental attitudes to-ward the use of corporal punishment. *J Fam Viol* 5:173-186. [Context Link]

[2] In addition to assessing perceived control of the individual symptoms, using the same data set as in the present study, Weisman and López (1997) also assessed participants controllability perceptions regarding the overall cause of the disorder. Global perceptions of causality are not examined as part of the present study, however, because Anglos and Mexicans did not differ on this measure. [Context Link]

[3] The authors speculate that psychotic symptomatology, *e.g.,* hallucinations, as compared with the less florid, nonpsychotic, aspects of schizophrenia, *e.g.,* blunted affect, may be much more readily associated with genuine symptoms of mental illness in both Anglo and Latino cultures, therefore, lowering blameworthy perceptions in both groups and decreasing ethnic differences. [Context Link]

[4] This pattern was found for Anglos ($r = .27$; $p < .01$) and for Mexicans ($r = .23$; $p < .01$) alike. [Context Link]