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Stress and Hope at the Margins

Qualitative Research on Depression and Religious Coping Among Low-Income Mothers

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Summary

For many people across the world, experiences of depression include features that extend beyond the biopsychiatric model, which predominates in research on the relationship between religious and spiritual coping and depressive symptoms. How does attending to these diverse experiences of depression challenge our understanding of the dynamic between religiosity and depression? This paper presents thirteen qualitative interviews among economically marginalized mothers in the metro-Boston area. Analyzing these narratives presents a complex picture of the way chronic situational stress lies beneath their experiences of depression. From this expanded view of depressive experiences, we analyze the religious coping strategies of social support and meaning making to reveal the holistic, yet often ambiguous, ways these mothers engaged religious and spiritual resources to forge hope amidst chronic stress.

Keywords

religious coping – depression – explanatory models – hope – stress – social support – meaning making

Introduction

The relationship between individual religiosity and depression is one of the most sustained and well-developed research topics within the psychology of religion (Park & Slattery, 2013). The emerging consensus suggests that religiosity can help ameliorate depressive symptoms (Cohen & Johnson, 2017), but the explanations for this relationship are complex. Some suggest that religiosity may have protective effects against the onset of depression (e.g., Li, Okereke, Chang, Kawachi, & VanderWeele, 2016), decrease the number of depressive symptoms experienced (e.g., Zou et al., 2013), help in coping with depressive symptoms (Koenig, 2007), and decrease the possibility of recurrence (Miller et al., 2012). Researchers not only differentiate the aspects of depression that religiosity impacts, they also distinguish the facets of religiosity that are the most operative. For example, studies emphasize the importance of religious practices (Yapici & Bilican, 2014), meaning-making (Park, 2013), social support (Holt, Wang, Clark, Williams, & Schulz, 2013), relational styles (Paine & Sandage, 2017) or religiously inflected virtues such as humility (Krause, Pargament, Hill, & Ironson, 2016). In order to manage these various associations, researchers are pivoting away from global indices of religiosity and instead are studying the functional forms of religious coping (cf. Pargament, Feuille, & Burdzy, 2011). This approach highlights the ways that individuals engage religious and spiritual resources, to positive or negative effect, when faced with stressful situations (Pargament, Koenig, Perez, 2000).

Amidst this complexity, however, strikingly few qualitative studies track the lived experience of using spiritual coping strategies to manage depressive symptoms. The thick perspective of qualitative research can provide a helpful idiographic balance to the predominance of nomothetic research articulating the various relationships. Such work is especially necessary since experiences of depression can vary widely across the world (Kleinman & Good, 1985; Summerfield, 2013) and across marginalized communities within American and Western European contexts (Hwang & Myers, 2013; Karasz, Garcia, & Ferri, 2009). These diverse experiences of depression present an interpretative problem for understanding the relationship between religious coping and depression, because such studies often frame depression narrowly. For example, depression is assessed through surveys such as the Center for Epidemiological Studies–Depression Scale (CES-D; Radloff, 1977); yet multiple researchers have

raised concerns about the validity of the CES-D when used in groups other than non-Hispanic Whites (e.g., Callahan & Wolinsky, 1994; Gay, Kottorp, Lerdal, & Lee, 2016). If these tools only capture a particular expression of depression, then scholars also risk misunderstanding broader relationships between religious engagement and depressive experiences.

Our interdisciplinary qualitative research project explores this broader terrain through the experiences of depression, religion, and spirituality among a diverse group of economically marginalized women within the United States. This grounded theory approach helps widen the current theoretical framing of the relationship between religious coping and depression to include a more dynamic network of associations that is too interwoven to be neatly expressed within regression models and discrete variables. We begin by reviewing the theoretical landscape of religion and depression. Then we present data from our interviews that respond to two primary research questions: How is depression experienced among these economically and socially marginalized mothers? How might these experiences of depression expand our understanding of the dynamic between religious and spiritual coping strategies and depression?

Religion and Depression in Marginalized Communities

Existing research on the relationship between religiosity and depression overwhelmingly relies on a biopsychiatric understanding of depression. Whether studies use the CES-D, the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996), or a series of questions about appetite, mood, sleep, and the blues, they all measure depression by the degree to which people experience particular symptoms. Most often this set of symptoms corresponds with those from the DSM-5 (American Psychiatric Association, 2013). Quantitative studies by design must be selective in their scope, and this set of diagnostic criteria is well founded. But a separate strand of research suggests that this model of depression may represent just one slice of a larger cluster of symptoms experienced by the global majority.

More than three decades ago, Kleinman and Good (1985) compiled a seminal work in ethnomedicine, *Culture and Depression*, which highlighted the diversity of experiences labeled depression. Since then, researchers in anthropology, psychology, and medicine have further corroborated this claim. Adebimpe (1981), Kleinman (1988), Brown, Schulberg, and Madonia (1996), Gallo, Bogner, Morales, and Ford (2005), and others (e.g., Alarcón, Oquendo, & Wainberg, 2014; Karasz, 2005; Sadule-Rios, Tappen, Williams, & Rosselli,

2014) all suggest that across the globe, people not from western European descent are more likely to present physical symptoms as depression. Pathways to care also differ. Multiple studies within the US suggest that African Americans and Latino/as use significantly less anti-depressants than European American counterparts, many believing them to be ineffective (e.g., Blazer, Hybels, Simonsick, & Hanlon, 2000; Givens, Houston, Voorhees, Ford, & Cooper, 2007; Vargas et al., 2015). Etiologies also vary and for many people experiences of depression contain religious or spiritual dimensions (Leavey, Loewenthal, & King, 2016).

Tracking these religious dimensions, Cooper, Brown, Vu, Ford, and Powe (2001) asked individuals to rank important aspects of depression care and found that “having faith in God, being able to ask God for forgiveness, and prayer” (p. 635) were ranked among the top ten most important strategies for treating depression among African American participants. These features ranked 25th, 28th, and 31st among European Americans. Hwang and Myers (2013) describe Latinas and African American women as much more likely than their Caucasian counterparts to give spiritual or religious etiologies for their depressive symptoms. Similarly, when Wittink, Joo, Lewis, and Barg (2009) asked older African American participants to respond to a vignette describing a man with depressive symptoms, the common response was, “Only thing I know, he’s just losing his faith and his strength” (Wittink et al., 2009, p. 404). 85% of their participants interviewed brought up faith to describe both the cause and the way to care for depression (Wittink et al., 2009). Importantly, this spiritual perspective on depressive experiences is not due to some innate religiosity of particular groups. Instead it emerges from specific social histories and as we will see below varies significantly from person to person. Furthermore, these explanatory models are not mutually exclusive. Wittink et al.’s (2009) interviewees were not averse to seeking help from a physician or taking medication, but “the effectiveness of medical treatments was seen as being dependent upon a person’s faith” (p. 405). In other words, the biopsychiatric and religious explanatory models coexist, but the more spiritual models were given precedence. Furthermore, alternative experiences of depression do not need to be specifically religious in order to disrupt our understanding of their relationship to religion.

Karasz and colleagues’ (2009) work provides a helpful theoretical framework for understanding these different models of depression. Through qualitative research, they found that among European American patients “the impact, timeline, and treatment of depression all reflected the idea of depression as an individual problem that must be addressed through individual efforts” (Karasz et al., 2009, p. 13). This biopsychiatric model of depression is built

around the implicit metaphor of mechanical disrepair and consists of two key assumptions: first, depression is “a problem of the individual” (Karasz et al., 2009, p. 2); and second, depression is “a manifestation of an underlying pathology or malfunction” (Karasz et al., 2009, p. 2). In contrast, the situational model of depression holds “that depressive symptoms constitute a normal reaction to toxic, pathogenic life situations” (Karasz et al., 2009, p. 2). In this model, attention turns from the individual to the social context. Depression is no longer a manifestation of internal pathology but instead is an understandable response to stressful conditions. This model remains the dominant paradigm in the majority of the world (Summerfield, 2012). Since our current understanding of the relationship between religion and depression is predicated on the individual, biopsychiatric understanding of depression, then it is important to balance these studies with research that accommodates the situational model.

If we frame depression through the metaphor of individual mechanical disrepair, then we will reflexively model religion and spirituality in complementary fashion: as individual means for buffering or remediating the stress that causes depression. Research, therefore, parses religion into the active ingredients that impact depression. When religion and spirituality are refashioned in such a way for biopsychiatric examination, they may lose their most salient features. If we approach the relationship between religion and depression from a situational perspective, however, the dynamic becomes less mechanical. If depression is an understandable response to a negative situation, then the cause is more ecological. Religious or spiritual engagements with these precarious situations will likely also be more holistic and integrated than differentiable into discrete functional pieces. With these different models in mind, our research seeks to understand the interwoven dynamics through which religious and spiritual coping strategies are engaged in the midst of depressive experiences.

Methods

The study consisted of 13 qualitative, semi-structured interviews conducted with mothers in the metro-Boston area from October 2014 to May 2015. The women were recruited from a previous study on maternal depression among low-income women (Feinberg et al., 2012). The participants had originally been recruited from Head Start centers, where their children attended preschool. To qualify for Head Start, family income must fall below the federal

poverty line or met other criteria such as: receiving social security income, insecure housing, or being in foster care (Massachusetts Head Start Association, 2017). At the time of the initial study, all participants screened positive for either a full depressive episode based on the MINI-MDE (Lecrubier et al., 1997) or “depressive symptoms” based on a modified PHQ-2 scale (Löwe, Kroenke, & Gräfe, 2005). The subset of mothers we interviewed were randomly selected from those who had indicated use of spiritual/religious coping on at least one of two survey items (Carver, 1997) given during the initial study (Feinberg et al., 2012).

Once identified, participants were recruited by phone for a one-time, in person interview focusing on four areas: explanatory models for experiences of depression; ways they engaged spiritual and religious coping strategies; their experiences of having children; and their overall attitudes about mental health. Interviews occurred in participants’ homes or other convenient locations, and lasted an average of 45 minutes. All interviews were transcribed verbatim and spot-checked for accuracy.

Using NVivo 10 (QSR International, 2014) we analyzed the interviews through modified grounded theory (Charmaz, 2014). Each of us coded the transcripts to individually identify prominent themes and ideas within each interview. After individual coding, we convened to review and refine the emerging themes. In addition to this thematic analysis, we used narrative analysis (cf. Riessman, 1993) to understand the function of these themes within the overall structure of each participant’s story. We constructed narrative outlines to organize the form of each interview and traced the presence of the different themes through each outline. In tandem, the thematic and structural analyses helped reveal and preserve the form and function of emic themes that were salient for our participants. For the discussion below, all names and locations have been changed. The Institutional Review Board at our university approved this study.

Analysis

Of the thirteen participants, five women identified as African American, five identified as Latina, two identified as multi-racial, and one identified as White. Four women were Catholic, four identified as non-denominational Christians, two were Baptist, one was Pentecostal, and two were religiously unaffiliated. Across this religious and ethnic diversity, all participants had a history of depressive symptoms and reported the use of religious and/or spiritual coping strategies to manage these symptoms.

Depression as Chronic Situational Stress

A recent study by the Federal Reserve Bank of Boston, in partnership with Duke University and The New School, found that in the metro-Boston area, the location of our study, “for every dollar the typical white household has in liquid assets (excluding cash), U.S. blacks have 2 cents, Caribbean blacks 14 cents, and Puerto Ricans and Dominicans less than 1 cent” (Muñoz et al., 2015). Compounding the significance of this disparity, the median rent in the metro-Boston area was the third highest in the US during this study (Capperis, Ellen, & Karfunkel, 2015). This local economic gulf reflects national trends that show White US households typically have thirteen times the net worth of Black U.S. households (Pew Research Center, 2016). In the metro-Boston area and elsewhere, economic marginalization intersects with ethnic marginalization. It is also interwoven with issues of gender since women and children are disproportionately represented among those living below or near the poverty line (National Women’s Law Center, 2017). Income inequality is just one form of marginalization and it clearly impacts mental health; low SES strongly predicts depression and other mental health disorders (Groh, 2007). As we will see below, this economic disparity sets the context for our participants’ experiences.

Our interviewees consistently describe their experiences with depression as “stress.” This stress comes from the overwhelming pressures of their environment: childcare, death of loved ones, imprisoned partners, chronic illnesses, overcoming addiction, etc., which are compounded by the demand of managing on a low income. But the stress they describe is not simply the hectic pressure to manage tasks, but the way this constellation of pressures undermines any sense of stability or relief. For example, after listing various struggles, Naomi said:

They're not stressful, as I would think, as I would have thought they would have been. But it's more of that main subject that ties them all together. Which is when one thing goes wrong, it can ricochet from that to being something else, that causes that to go wrong.

As she elaborates on this ricocheting process—from dealing with her daughter’s school and medical appointments, to her mother’s retirement and possible Alzheimer’s, to her boyfriend and his relationship with another daughter, to finding a job and an apartment for herself—it is clear how easily her situation can spiral downward. Naomi’s description reflects the chronic nature of the struggles our interviewees’ experience.

The persistent nature of these situational pressures exacerbates this stress,

as Kiah describes: “It feels overwhelming... it feels like a battle that you know you just can’t win.” For Lisa, the stress is so relentless that, it does not even give her the time to become depressed:

Before I could really become anywhere down and out of a depression, it came to something else... My life it seems like one just comes after another. So it’s not, no time to deal with just one, it’s like you have to just knock it out and keep it going.

This stress is unrelenting in part due to the constant struggle of managing many different roles and responsibilities. Often the mothers are caring for their children as well as siblings, parents, and friends. Many of the families are dealing with physical or mental illnesses and nearly every mother describes the death of a loved one within recent memory. While many of their symptoms fit the diagnostic criteria of depressive disorder, from loss of concentration and interest, to fatigue, loss of appetite, insomnia, and depressed mood, it is important to recognize that the mothers clearly recognize these symptoms as dependent on the stress they bear. Karasz and colleagues’ (2009) analysis of situational depression lends support to the view that these symptoms are normal responses to unacceptable circumstances. To focus on the symptoms alone, without recognizing the situation on which they depend, risks pathologizing these responses rather than the context of oppression (Kelley, 1998; Romero, 2010).

The experience of juggling multiple responsibilities is a typical form of stress to which most of us can relate, but the mothers we interviewed describe something different. In Angelica’s words: “sometimes it’s so much pressure on you that you don’t even know where to start to get the pressure off.” The battle they describe is never ending. When these struggles are unrelenting and pile on top of an already precarious position, then stress becomes existentially threatening. The fragility of this position is like walking along a path carved into a cliff. On one side is a drop into withdrawal, isolation, and giving up. For Sandra this fall occurred when she moved to a new place to live with her kids. This home was meant to be a new start, but a drug-dealer coerced his way in and starting selling crack-cocaine from her home. In Sandra’s words, “they used me as a bait and I didn’t know it, so I started, you know, to feel like ‘oh, this is hopeless.’ I just couldn’t find a way out.” The inability to see a path forward led Sandra to fall into hopelessness:

I didn't want no light, no sunlight, I didn't want no windows open, no just--in fact, I'ma paint the house black, a brown, a doodoo brown, and it

was like, 'cause inside of me, that's how I felt. I felt hopeless, like it was no, no help for me, no way out for me.

The hopelessness she expresses is wrapped up with the experience of being trapped, of feeling like there is no way forward. Paradoxically, many mothers affirm that even in these moments along the path, there is little to do but keep on moving. Yet as Sandra and others express, there truly are moments when it seems impossible to continue, when hopelessness pulls you down.

Nearly all of the mothers we spoke to describe times when the stress became too much to bear. These experiences are characterized by a desire to just stop, not do anything, isolate from friends, and shut down. The pain they express during these times was often physical. For example Lisa, who above describes not having the time to stop and be depressed, discusses her struggles: being laid off, advocating for her son with special needs, and grieving for another child who died at 4-and-a-half months old. But when she turns to describing her experience with these stresses, she again expresses how she does not have the option to stop and “get down”:

I could say I'm more aware of, “okay I'm getting down and out, snap out of it, let's go do this.” So I'm pretty much, how can I say it? Not a depressive person. I get more of the anxiety and the mania aspect of it. So along with my depression comes more like irritability, and, arrgh, like, that's where my depression comes out.

Later on Lisa elaborates on this irritation and the “arrgh” that she experiences: “I get irritated, and, but depression, like I said, it strikes out in me in more of a cat way, I call it. You know what I mean? Like a gouge-out rather than a down-and-out depressed.” Depression is physical, both attacking her and leading Lisa to strike out at the situation through frustration and anger.

This is more aggressive than a drop into hopelessness—as Lisa warns: “stress is a killer.” She means this quite literally, as she describes how it killed her mother. As Lisa describes her mother's experience with stress an ambiguity emerges in her narrative. On one hand her mother is a model of strength: “She was the one that showed me how to do anything and everything. I wasn't to be influenced by anybody else... She was very strong, my dad used to call her ‘strong as a bull.’ Like an ox, he used to say.” But within this strength, her mother also models how to handle stress: “she never really let nothing in, and if something did bother her, we really wouldn't know unless she yelled. ‘Rarrarara!’ Then you knew, okay, something's wrong with ma. And that's exactly how I am.” Her mother's “Rarrarara” is hauntingly similar to the “arrgh” that

Lisa uses to describe her own reaction to stress. Within the ambiguity, Lisa recognizes this as a source of strength, yet she also acknowledges that for her mother, stress won the battle. Despite this knowledge, there is still no option for Lisa except to keep fighting.

Given the danger that stress and depression pose, it is no surprise that Lisa and other mothers, such as Kiah above, were constantly *fighting* and *battling*. In Mary's words: "Depression still has a way of coming in. It's something I feel like I'm gonna battle for a little while." Here it is especially important to remember that while part of the battle is within oneself, it remains mostly external. It is a battle against school boards, no-fault evictions, employers, medical systems, along with the experience of depression that can "come in."

How do we distinguish between symptoms of depression and symptoms of poverty? If we give priority to these women's experiences and interpretations, then we hear their narratives of living in a constant state of precariousness, where their well-being and that of loved ones is never certain. Even though their symptoms may register as criteria for depression, if we ignore the wider context from which these symptoms emerge, are understood, and managed, then we risk missing the very character of these experiences.¹ As past research also suggests (cf. Belle & Doucet, 2003), the chronic stress of income insecurity and associated inequities blurs the line between poverty and depression. When we acknowledge the experiences of these women, then we can also recognize their critical need to continue fighting even if they cannot win—the capacity to continue on is itself a matter of survival. As we will see below, taking this struggle seriously helps highlight the character of the religious coping strategies these mothers deploy in their persistent attempts to make a way.

While these experiences fit within Karasz's (2005) framework of situational depression, the question remains: do these experiences of chronic stress have a spiritual or religious character? Previous research, highlighted above (e.g., Cooper et al., 2001; Hwang & Myers, 2013; Wittink et al., 2009), suggests that marginalized communities within the US often report religious or spiritual dimensions to their understanding of depression. At first glance our participants did not directly describe their depressive symptoms as having a religious character—they were explicit that the stress they dealt with came from very direct and tangible sources. But when these stresses were exacerbated to the point of existential threat, then some of our participants describe the experience of depression with a religious or spiritual tint. For example, Sandra, drawing from

¹ Past studies sometimes imply that different understandings and experiences of depression might be barriers to receiving medical care (e.g., Schettino et al., 2011). Among the women we interviewed this worry is unfounded. There is no apparent taboo around depression, instead they were sensitive to the complex terrain of medical care and strategic in their engagement.

a popular gospel song, described her struggles as the Devil stealing the good parts of her life. Kiah, Raya, and Lauren also interpret chronic stress as a sign of the Devil at work in the world. For most of the other women, however, the religious or spiritual dimension of their depressive symptoms is less apparent. Instead, it becomes apparent reflexively, by understanding the ways they deploy spiritual coping strategies to deal with chronic stress.

Finding a Way with Social Support

Social support is a common explanation for religion's beneficial influence on depressive symptoms: "church-based support networks provide a variety of benefits to congregants including psychological (e.g., positive self-regard, self-esteem), social (e.g., perceived and objective social support) and material resources (e.g., money, services, goods)" (Chatters, Taylor, Woodward, & Nicklett, 2015, p. 560–561). As such it is no surprise that seeking intimacy with others is an important dimension of religious coping (Pargament et al., 2011). There is a large body of research analyzing these dynamics (cf. Krause, 2016a) and distinguishing the features of positive interactions that predict beneficial outcomes, such as forgiveness and connectedness (Krause, 2012), from negative forms of social engagement that can exacerbate problems (Krause & Hayward, 2012; Taylor, Chatters, & Levin, 2003). Most of these studies focus on interactions within formal church communities, though some are beginning to also incorporate forms of support that occur beyond religious institutions (Krause, 2016b). The narratives from our interviewees reveal some of the challenges that people face in accessing social support and some of the unconventional routes by which they nevertheless build intimacy that aids their spiritual coping.

Among our participants, four are regularly involved in church communities. Another four suggest that they would like to be involved in a church, but cannot find the time or energy to do so: for Lauren and Rose, this is directly due to working on Sundays. Perhaps religious support could help these women, but the very source of their depressive symptoms, their stressful and precarious situations, itself prevents access to this support. There were also signs of the aforementioned negative interactions within churches, which lead some women, like Erica, to say that they had not found a church yet where they felt welcome. Angelica tells a story about gossip eroding her trust in one faith community, and Lauren mentions a wariness around asking others to pray for her, "cause people could pray things bad against you, stuff like that." Yet, both Angelica and Lauren express a desire to still be involved in churches. These negative interactions are just one more problem to navigate.

Regardless of their involvement in religious communities, the most prominent form of spiritual support our interviewees describe came informally through friends. These rare individuals are those who embody a “right” way of life in the eyes of the mothers. Often the friends help our participants live into this way of life. These are the companions who help interviewees continue on and “make a way out of no way,” in womanist parlance (Coleman, 2008). This work, of embodying a way forward, carries spiritual significance for our interviewees by securing hope and affirming their trust that God would not abandon them.

For example, Sandra, trapped in a drug-dealer’s home, tells the story of the friend who helped her find a way forward, not just out of the home but out of her substance abuse problems:

I met this lady that has 26 years clean. That came and kinda like, would take me to meetings, me and my kids, she would take me out, after to eat. We would talk about certain things, we would go to church, we would just do a lot of things together. You know, she would take me with her shopping, and she would be like pulling out credit cards and debit cards, shopping, and I was like, “wow, I want to do that!” Because I never was able to do that, you know. And just being with her, watching how she did things to get to that point, I ended up being able to do some of those things too... It continues to help me, like people who are already practicing and doing some things in their life that I wanna do, you know, so I tend to try to like go towards those people.

This passage highlights the imaginative and spiritual work that is occurring amidst the practical support. They go to meetings and church together, but the part that Sandra emphasizes is how this friend embodied a better way to live that she wanted to learn. With the help of this friend, Sandra was able to move forward; she not only began to imagine a way forward, but also began walking along that path with this trusted companion:

I couldn't just expect for her to just come get me every single day, like I had to become responsible. So it started off little by little by little by little by little, but like, I started to get the faith, I started to believe that I could actually stop doing drugs. 'Cause at one time I thought I was gonna die a crackhead. But you know, just having that, God put that one somebody in my life at that time, which was like my angel, she was like an angel, and she pulled me up out of that dark hole that I didn't think I could get

out of, and I just ain't looked back yet. And that's been about...20 years.

At one level, this is the direct social support of a friend emotionally helping Sandra get through her experience of depression. We can also see this relationship working on another level—as “getting the faith” as this “angel” embodies a way forward and accompanies Sandra out of hopelessness and through the precarious situation.

Other mothers describe the importance of friends that are on the “good” path. These friends embody not only possibilities and ways forward, but also a hope for these possibilities. This hope emerges as an essential component of being able to persist amidst the relentless stress. Yet it remains ambiguous as well, since these friendships are marked with tenuousness—often lost to death, incarceration, or insecure housing. For example, three of the thirteen women have close friends or family members who were killed in shootings. A separate three recently had family or dear friends die from accidents or suicide. In other words, nearly half of our participants recently experienced a severe disruption to their intimate relationships—and this does not include those whose family or romantic partners are imprisoned or who were forced to move. This leaves the mothers constantly negotiating new communities that might offer aid and hope, but are not yet trusted, rather than being held within a steady network. The ambiguity of their social support has less to do with the positive and negative interactions of a church community and more to do with the same precariousness that defines the other aspects of their lives.

Beyond the instability that undermines the possibility of intimate relationships, our interviewees also expressed a wariness about who they engaged for social support. Angelica describes this wariness within her church community:

You need to be open, but open to the right people...a lot of times the whole meaning of being a church, is not really happening. So a lot of times I feel like people don't really get all the help that they should be getting in church from the church... I myself will go and pray alone, instead of really asking or talking to someone about it. Because I feel like I get more help from my prayers, and you know from getting direct contact with God than actually, you know talking to someone from church about it. Because a lot of times, they have their own issues to deal with.

While she initially describes this as not wanting to burden others, she goes on to say that she sees selfishness preventing church members from helping each other: “people are not really offering to do the jobs that they are capable of

doing, they are more wanting to do something that people can see them doing.” These ulterior motives are taken to cause more harm than good.

Lisa expresses a similar wariness of reaching out to the wrong person: “I kinda don’t lean on other people because, their outlooks on things could be totally different than yours, it could either cause a huge problem between you or it’s gonna just be like a whatever thing.” The root of her wariness is not ulterior motives, but the way people might misunderstand the appropriate outlook on different stresses:

I believe it’s a different stresses that are thrown at you from different angles, you know what I mean, because when it comes to family, or, my illnesses or death or something, normally you would deal with it in a spirituality type way, versus dealing with stress of a child, or, you know what I mean, I don’t really see myself going to pray on that aspect, unless, I mean I say that because I have prayed a couple times at the Madonna for my son’s sake, like will you please help me see through this and get him the help he needs, and--you know what I mean? On that, but, I just see not so much of it, I think everyday, I dunno, like I said, stress is dealt with in different ways.

While Lisa shows some ambiguity about what constitutes a spiritual stress, she nevertheless sees the possibility of someone’s different outlook on stress as undermining their ability to provide support: “I kinda just try not to, I kinda tend to just leave that [leaning on others] as a last line, as a very last resort.”

This dilemma, between needing friends but not fully trusting them, lies beneath our interviewees’ ambivalence around social support. Jeanette describes, “sometimes the most people that I talk to is just my mom,” a theme that is reinforced by Kiah: “I feel like, like my mom told me, I’m your friend here on earth, and God is your spiritual friend. And that’s all you need.” In the absence of friends she can trust Erica describes turning to gospel music to help fill that role:

I listen to gospel, and gospel is nothing but healing words, like, maybe in a situation and um, these are the people that, you know, are there. They’ve been in that situation. You know, like they’ve been with...you’re going through, you know, and, they just have healing words like counting on him, you know just pray, everything will be okay.

These words of healing and the singers that Erica describes embodying that way of life are in stark contrast to an earlier time when Erica describes being

connected to the wrong people:

I'm in a good place right now. My direction is, you know, living for the man upstairs, God, or whatever, you know, the higher power. Living for him, going in his direction, living right, you know. And when I was that [bad] direction I was all over the place. With the other way, like, when I wasn't saved, or when I wasn't, you know connected, you know when I wasn't in that spirit, you know, I was abusing me... it's the people that you be around. You know and I was, being around the wrong people.

Just as people can embody a hopeful, spiritual way of life for Erica, they can also represent the wrong direction. Our interviewees were aware of this possibility and therefore were pragmatically cautious with who they engaged for support.

While practical, this cautiousness can also result in loneliness. As Lauren describes:

I had a best friend who passed away. And, I miss him, and I feel like when he was around it was no stress...And it's like, I just don't like being stressful. I pray, I cry, I pray, I cry, I pray, I cry. And my mom is like, "you need to go talk to somebody," and I'm just like, you know, sometimes to talk to someone you have to wait.

If they cannot find someone who understands, the only solution is to simply struggle alone, as Raya describes: "I know there's other parents that go through this... But I feel like in my case, in my personal life, I don't know anybody and I feel alone." This loneliness with suffering is one of the most common problems our interviewees express. Given the prevalence of loss, it is also not surprising that many of our interviewees describe the importance of maintaining connections with friends or family members who had died. These relationships are sustained through material objects, like pictures, clothes, or homes, but also through experiences where our participants report being visited by spirits of loved ones (Laird, Curtis, & Morgan, 2017).

Even in spite of their tenuousness, our participants emphasize the importance of these fragile connections forged beyond formal communities. As they expressed above, these relationships embody a "right" way of life, a "spiritual" way of life, that helps our interviewees maintain hope and imagine a way to move forward. In response to the insecurity of these relationships our interviewees also found spiritual social support through prayer, gospel music, and sustained connections with dead loved ones. It could be argued at this point

that we are describing an absence of spiritual social support, not a more complex form of this coping strategy. But when we asked our participants about reaching out to friends, these were the responses we got. While they may be difficult to model or track with formal measures, these relationships that extend well beyond the institutional walls of a church community nevertheless helped foster hope by showing a way forward and providing companionship along that way.

Making Meaning Through Acts of Persistence

When chronic stress defines the experience of depression, the role of meaning making as a spiritual coping strategy also becomes more complex and ambiguous. Park (2005, 2013) describes the meaning making process as a dialectical movement between global and situational meaning. Global meaning refers to the beliefs, goals, and feelings that comprise the general frame through which people interpret their lives. Situational meaning emerges as the particular events of one's life are assessed in light of the global meaning framework. As an example of this process, Park's research demonstrates how stressful events can disrupt global meaning, leading individuals into processes of reconstruction (cf. Park, 2010).

One way of reconstructing meaning involves religious reappraisals, a prominent coping strategy within the RCOPE (Pargament et al., 2000) and bears a significant relationship to depressive symptoms in a variety of contexts (e.g., Aflakseir & Mahdiyar, 2016; Carpenter, Laney, & Mezulis, 2012). These reappraisals generally occur in two ways: people can engage in *assimilation*, where they reevaluate the situation to fit with global meaning, or *accommodation*, which involves changing global meaning in light of the new context (Joseph & Linley, 2005). Research focuses on how different events lead to these different strategies; for example, traumatic events may be too discrepant to assimilate (Payne, Joseph, & Tudway, 2007).

What is less clear is how individuals make meaning if neither of these strategies are viable. The chronic stress our interviewees experience places them in a bind attempting to find coherence between a perpetually stressful world and a view of God as loving and supportive. On the latter point, the mothers are largely in agreement: God is seen as actively supportive through hard times and loss. Passing this sense of support on to children was a priority, as Jeanette expresses: "I just want them to know that whatever they're going through, God is always there for them." The mothers express various ways of engaging this support—through prayer, gospel music, televised sermons, call-in prayer lines, or simple trust. When Jeanette elaborates on how God is there for her and her children, "well, when I pray it's just, it's just me talking. Like you know, but not

asking for nothing or nothing like that.... Yeah just to give me strength, and, you know, to move on." In other words, she is engaging God as a source of strength, but is not demanding a change of circumstance or relief; instead she is asking for the ability to continue on. This places God in a similar role as the friends mentioned above. But, reconciling this image of God with the perpetual stress of their situation can leave these mothers at an impasse.

To highlight this tension and the process of making meaning amidst chronic stress, we focus on one woman's interview as a case study. Her narrative demonstrates the difficulty of making global and situational meaning cohere when chronic stress is continually invalidating. Her solution helps show the essential need for enacted hope in order to navigate the ambiguity.

Kiah tells multiple stories throughout her interview. Some focus on the stressful details of her everyday life, which range from feeding her kids, paying bills, and taking care of other family members, to larger stress associated with her fiancé's recent arrest and "going through things" as she visits him, herself being treated like a prisoner instead of a visitor. Other stories Kiah tells are more cosmic in scope, where she describes her belief that the world belongs to Satan, but will also be redeemed by God one day. Her narrative fluctuates between the global and situational levels, each mirroring and informing the other, but neither provides resolution.

She begins the interview by describing how daily life "is overwhelming, it's just, it feels like a battle that you know you just can't win." She searches for solutions to this battle, but "I haven't found anything yet. You know it's just, I feel like you gotta get up and just keep doing it." Her fiancé's incarceration is the thing that sent the normal stresses of life into a critical state: "Everything since then, it's been a struggle. It's been an uphill battle, it's, you know with the kids, you know, just my daily routines are--ten times harder. You know what I'm saying? Just trying to get groceries in the house." Kiah goes on to describe the difficulties of caring for her children and finding a job that allows her to also manage these other demands. The bind in which she finds herself, the battle she cannot win, is that none of those demands can wait. There is no solution except to keep going, yet constantly fighting that battle could lead to despair.

When Kiah shifts into more cosmic narratives, it seems to be a way to avoid this despair. It may not appear so at first, such as when she says, "This world belongs to Satan himself." Her picture of the world is that "it's just supposed to be problems and chaos, no matter what." As Kiah describes the inherent struggle of the world, however, she is also quick to remind us and herself that "one day there will be heaven on earth." There may be chaos now, but this bat-

tle is the struggle before God comes to redeem the world. At that point “everything will be great... everybody just, you know, getting along and no, no death, no violence.” At the cosmic level, she moves between these two poles: the world is full of struggle, because it belongs to Satan, but one day God will make it better. These poles of global meaning reflect both a practical assessment of her situation as full of struggle and her desire for hope.

While she reflects on this tension at the global level, back at the worldly level Kiah talks about how she was not helped by a stress management program, because she had not “figured things out yet.” Here it is worth letting her describe what it is that she needed to figure out:

I mean I was still, you know, like trying to figure things out, figure out the world itself 'cause you know, you question yourself like, why am I here? Why am I going through this? This is not what I deserve, I know I'm a better person than, you know, the things that I'm getting.

This description provides insight into why she alternates between the worldly and the cosmic levels of description. This dialectic is her process of making meaning, it is a personal process of soul-searching. She is trying to figure out why she faces chronic stress. The only way it makes sense is if the struggle is cosmic, if suffering is everywhere—thus, the world belongs to Satan. Without this pervasive cosmic struggle, the stress she experiences would be more personal, directly undermining her sense of worth.

Still, despite the pervasive struggle, the crucial part of her global meaning system is hope. When she reflects on her idea of God redeeming the world, Kiah muses: “it helps you, it does help you, it gives you hope, you know. I think hope can help with stress. Even if you never get it, it's just going through that every day, like, I have faith that it will get better.” The tension remains—the stress of dealing with kids, family, job, and life alone will not stop for her. As she says, it's a battle that she can't win. But the unfulfilled hope that it will get better is enough to help her keep going. It provides the reassurance that the struggles she faces do not reflect her worth. Yet at a cognitive level, the hope that it *will* get better remains in tension with the reality of chronic stress. The hope she describes does not come from assimilation or accommodation as much as it comes with the act of *just going through*. At the situational level, that act of persistence is a deep form of making meaning—embodying the hope that remains ambiguous at the global level and otherwise absent at the situational level.

Reflecting on this process of making meaning through acts of persistence

also helps reveal a deeper dynamic at work in some of the other mother's descriptions. For example many of the interviewees describe God as mysterious. In Mary's words: "Everything in life is gonna be hard. But certain situations don't stay forever... God's timing isn't my timing. His timing, he's never late, He's on time." God's reasoning and will are described as God's own. This could be framed as a reappraisal of one's situation: God's love, the global meaning, stays fixed, and accepting the situation as part of God's plan resolves the sense of incoherence. But this view of reappraisal may misinterpret this process. The stressful situation is not accepted; it is unacceptable. But it is also unavoidable. There is nothing to do but to bear it and continue on. The veil of mystery at the global level of meaning preserves the possibility that things could improve, which is enough to continue on at the situational level. Erica describes this in how she copes with overbearing stress:

[I] focus on my strength, my strength to keep going on, and this is not the end of the world, you know? Like, you're still here, you're still living, you're still breathing, you still have opportunities out there, and life will be alright. You just gotta go through the struggle, you gotta go through the storm, and you'll get through it, you know. So, the prayer actually helps.

The prayer she refers to is a prayer for the strength to just keep going. Significantly, this is not a prayer for release or alleviation of the stress—the storm is too present and does not appear likely to pass on its own. She simply prays for the strength she needs to keep going. The hope and trust that she will get through, is not given by an assessment of her present situation, which constantly negates hope. Instead the hope is embodied by her act of persistence. In response to chronic situational stress, hope, faith, and strength describe an interwoven way of continuing on.

An opposite strategy of trusting that things will get better, is the sense that things could be worse. Erica expresses this as "you're still living, you're still breathing," and many of the mothers we interviewed employ a similar sort of reasoning. In part, this perspective functions as grounds for gratitude, as Raya describes: "Being able to pick up a pen is a gift from God--there's some people who would love to pick up a pen, they can't do it." For Raya, this sense of gratitude is demanded by God's control— "everything I do, everywhere I go, everything I say, it has to be by God." Again, the global meaning of God as loving and in control remains steady. At the situational level, however, the gifts do not extend far beyond picking up a pen, being alive, breathing. This gratitude remains ambiguous— it will accept the most basic parts of life, if that is all one

has, but it also longs for things to get better. Within Erica's description, this ambiguity stands out: the gratitude—*you're still breathing*; the hope—*life will be alright*; and the reality—*you just gotta go through the struggle*. This tension, like that of Kiah's hope, ends in action.

The mothers we interviewed face a relentless storm of stress arising from their economic and social marginalization. Their strategies of meaning-making could be framed as attempts to assimilate the meaning of this stress to fit with their vision of God as caring. But the stress was too persistent to allow a stable assurance of God's love. Regardless of how they construct meaning in this situation, they are ultimately faced with the reality of more stress. But the alternative, allowing this stress to define their global meaning, accommodation, would lead to despair. Given this reality, the women we interviewed continually emphasized the necessity to just keep going and within these acts of persistence they give form to hope. This process of meaning making is not a conceptual resolution of the discrepancy between their struggle and their concepts of God. Instead, their hope is enacted by continuing through the storm.

Enacting Critical Hope

The emergence of hope as a critical component of these women's coping strategies is not surprising, but the hope they expressed was not a simple trust that things will get better. Instead, hope remained tempered by persistently negating circumstances. A developing movement in cultural psychology (Kim, Yang, & Hwang, 2006) encourages researchers to look towards those social philosophers who can speak from within a cultural tradition in order to interpret phenomena. When King described the Civil Rights movement, he suggested: "it is a movement based on faith in the future... It is a movement based on hope" (King, 1961/1986, p. 51–52). This faith and hope were part of what King recognized as keeping the movement from slipping into despair in the face of injustice. The mothers we interviewed varied in ethnicity and cultural background, but were united by a common economic marginalization that gave them a clear awareness of the omnipresence of despair and the necessity of hope.

In our interviewees' descriptions, faith and hope were intertwined to describe what allowed them to continue on. When we asked Kiah what having hope meant to her, she replied: "It's faith, you know? And just believing that, you know, things will get better." Angelica describes a similar dynamic where her faith, accessed through prayer, gives her the strength to keep going:

I think [prayer] is where I get my strength... I think that there are times in life that my beliefs and my faith would be what makes me get through

stuff... I would just be like, “you know what, I didn't ask for this, so whoever's in control” which is what I believe, which is God,... “I need to find a way through this, to survive through this, and to keep going.”

The strength and the faith that Angelica describes are wrapped up with the ability to keep going. The efficacy of the spiritual coping strategies that our interviewees describe depends on the degree that they foster this enacted hope, this ability to continue on. This makes sense in response to the chronic stress they understand as the source of their depressive symptoms—the capacity to keep going is their primary need and only response. As Erica said above: “you just gotta go through the struggle.”

Others familiar with the struggles of the oppressed have also emphasized the importance of hope and endurance. The womanist theologian Crawford (2002) argues that despite the constant silencing and denial of racialized and gendered violence against them:

African American women continue to endure, survive, and transform their oppressive existence. Hope is a foundational source of this audacity to survive the Holler, the inhumanities and injustices of life. This “unquenchable thirst for that which is not yet” is characterized as passion for life. Hope, their passion for the possible in their lives, has been voiced by African American women since slavery. (p. xii)

Crawford's words echo Kiah's description of a hope that may never be fulfilled, but nevertheless helps one get through the day. While Crawford's work is particular to African American women, her description of hope in the face of injustice reaches more broadly to others facing their own version of the tension between chronic stress and faith.

While faith and hope are taken as necessary for continuing on, for enduring, our interviewees also describe the consequence and risk of losing it. In Lauren's words:

[God] looks out for me no matter what. God, I'd be in a whole different way, you know what I mean? Like somebody like they really don't have hope, or finding a spiritual way, like the Lord... but I feel like I would be down, I would probably be in a place where they'd probably have to get my mind right. I would probably have to see somebody all the time, take

medicine for my head and stuff, so I know that just having that connection with the Lord, is good.

This echoes Wittink et al.'s (2009) participants who described the man with depressive symptoms: "Only thing I know, he's just losing his faith and his strength." This possibility of succumbing to unrelenting stress is part of what prevents this hope from being naïve optimism.

The way this hope remains realistically aware of struggle reflects what Freire (1998) describes as "critical hope"—that which knows injustice and yet can still work for improvement without giving up. Gutiérrez describes liberation theology as a hermeneutic of hope, warning against interpreting this as easy positive thinking. Instead hope is about supporting the capacity of the marginalized to act: "To say to the poor that their efforts to become agents of their destiny belongs to the past is against hope. Hope does not exist in a moment; we must create hope" (Gutiérrez, 2012). None of our participants referred to womanist or liberation theology, but they nevertheless embodied a dynamic these theorists describe.

The hope that the scholars and our interviewees describe is not a naïve desire for something better. It is born within a recognition of persistent stress and a demand for relief. It may seem to be rooted in the future, but it reaches back from its delayed fulfillment and lives in the capacity to continue on through the oppressive present. As Angelica's describes after talking about faith getting her through, "I say grace because of what I've been through, and what I learned from those hard times." This remains a difficult balance for our interviewees to maintain, holding hope alongside the recognition of the hard times. But, as Lisa suggests, this hope and faith also has a momentum that builds strength from having been through struggles before:

You see stress every day. I lost my mom, I lost my dad, you know what I mean? So it's something I've learned to cope with over the years of knowing who I am, and knowing my feelings, and knowing my spirituality, and having faith in what I know I can do. Having faith that it honestly, if I can't somehow... [God]'ll help me out. Because he has this far.

The faith and hope that Lisa expresses remains in that same place of tension that Kiah and the other mothers describe above. The stress is present every day, but all there is to do is keep going, whether by their strength or the strength they feel they receive from God.

Discussion

Through our analysis we attempted to highlight the thick context within which depression, religion, and spirituality interact. On one level, our interviewees showed clear depressive symptoms, such as sleeplessness, loss of weight, physical pain, and depressed mood, all of which register on the CES-D, the BDI-II, or other measures of depression. At a broader level, however, these symptoms were embedded within a context of marginalization. Poverty, insecure employment, substandard housing, and the continual loss of loved ones to incarceration, illness, or neighborhood violence all weave together to create a situation of persistent stress that makes the most basic tasks a challenge. It is not inaccurate to describe these women's experiences as depression, but we must not let that label obscure the situational dimensions on which those symptoms depend.

Similarly, each of the interviewees deployed various spiritual coping strategies. They prayed, read the Bible, they sought the spiritual support of friends, they listened to gospel music, watched televised pastors, and called prayer hotlines. When we see these coping strategies, we should not only examine their efficacy as directed solely at the experience of depressive symptoms, but also must remain attuned to how these strategies interact with the etiological situational stress in everyday life. As an example of this point, it is worth hearing Raya's experience with a stress management exercise from a class on parenting—the exercise was a chant: "I am worthy, I am special, I am me, just let it be." Raya laughed:

I get what they're, what it's about, what it is, but then it's like— Great, how is that gonna help me with what I'm going through at home? I know that I'm worthy, I don't feel like I'm special, and I do just let it be, because this is the hand that I've been dealt so, what else is there for me to do?

The tension between the chant's intent and its efficacy for Raya reflects how we might miss the mark if we hold a narrow understanding of religious coping strategies. We may think they are a matter of self-worth, social support, or meaning making. But when depressive symptoms emerge and exist within a context of chronic stress and insecurity, then the role of these strategies differ from our expectations. More often than not, these strategies are deployed in order to persist amidst the unrelenting stress that is the source and substance of their depressive experiences. Through this analysis of the ways our interviewees made meaning and engaged social support, hope emerged as an essential feature of what these spiritual coping strategies provided.

This complex virtue of hope also points us towards a more expansive vision of the ways spirituality and religion inform our participants' lives. The work of Holmes (2004) and Mitchem (2007) focuses on the African American church, but it provides a helpful example of the aspects of religion that we risk obscuring if we maintain too rigidly mechanical models of influence. Holmes (2004) directs our attention to the historic patterns that inform the present religious practices of African American communities: "African indigenous religions do not divide the world into rigid categories; instead religion is deemed to be holistic and grounded in everyday life" (as cited by Mitchem, 2007, p. 120). Among our participants the religious and spiritual coping strategies they describe were also suffused throughout everyday life. The religious or spiritual aspects of constructing hope were woven by relationships, music, books, and the simple acts of bringing in groceries, taking a child to school, and finding work.

This picture of religion suggests a holistic response to a hostile world. While we can separate meaning making, social support, and other coping strategies into discrete parts of religion's influence on depression, Holmes' (2004) reflection and our analyses point to these processes all working together. The spiritual support of friends is also an act of meaning making. Hope, while a form of global meaning, was embodied in daily, practical actions and carried by communities, however tenuous. Just as their experiences of depression emerge from a context of chronic situational stress pervading everyday life, the religious coping strategies our participants engage, dynamically exist and work together to create an ecologically responsive safe haven. Our participants carried forms of religiosity and spirituality that were shaped by their cultural traditions, including Afro-Caribbean and Latino/a religious tradition, and opened into this safe haven. For some, this occurred through listening to gospel music; for others it was praying to the saints. Yet each of these concrete practices brought with them complex forms of hope and connection. We should remain attentive to the ways religion within other marginalized communities can give form to a resilience that reaches past our expectations and given models.

Our intention is not to argue against the models we currently have for the relationship between religiosity and depressive symptoms. That line of research within the psychology of religion is well-developed (cf. Park & Slattery, 2013) and has helpfully parsed some of the associations through which religiosity may influence depressive experiences. Rather than contest these relationships, our research shows some of the complexity that surrounds them. There are multiple interacting dimensions that all influence depressive experiences: ranging from systemic issues of poverty to informal spiritual practices

and relationships. These dimensions are not discrete variables that can easily be distilled and played against each other in regression models.

Instead these coping strategies and depressive experiences are a system of embedded dynamics that shape the lives of the women we interviewed. These descriptions of religion and hope, paired with our qualitative analysis, ideally help to broaden our gaze as researchers. Yes, both meaning making and social support relate to depressive symptoms. For the women we interviewed, these relationships were complexly situated within a chronically unstable and stressful environment. To appreciate the nature of these relationships, we must take this broader perspective. If we look beyond the individual symptoms of depression to acknowledge their dependence on situational pressures that result in chronic stress, then our gaze should remain on the broader context, attentive to the complex ways religion may shape an individual's life-world to allow persistence, if not resistance, in the midst of oppressive circumstances.

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