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Adolescents' Perceptions of Family Connectedness, Intrinsic Religiosity, and Depressed Mood

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Abstract Using a sample of 248 ninth and tenth grade students at public high schools, we examined adolescents' perceptions of family connectedness, intrinsic religiosity, and adolescents' gender in relation to depressed mood and whether intrinsic religiosity and gender moderated the association of aspects of family connectedness to adolescent depressed mood. Using hierarchical multiple regression analyses we tested models separately for three forms of family connectedness (overall family cohesion, mothers' support, and fathers' support), intrinsic religiosity, and depressed mood. In each model, family connectedness was negatively associated with depressed mood. Intrinsic religiosity was not significantly associated with depressed mood. However, in the mothers' support model, both a two-way interaction (mothers' support \times intrinsic religiosity) and a three-way interaction (adolescents' gender \times mothers' support \times intrinsic religiosity) were significantly related to depressed mood. In the two-way interaction, higher intrinsic religiosity was a moderator, strengthening the

association between mothers' support and depressed mood. In the three-way interaction, gender differences were found. For boys, high intrinsic religiosity strengthened the association between mothers' support and depressed mood. Among girls, when mothers' support was low, intrinsic religiosity provided an additional source of connectedness in protecting against depressed mood. Our findings show that connectedness in overall family systems, mother–adolescent subsystems, and father–adolescent subsystems are all important to emotional resilience in adolescents by protecting against depressed mood. Future studies of adolescent religiosity may benefit from including diverse forms of family connectedness in understanding the protective processes provided by aspects of religiosity in promoting adolescents' emotional resilience.

Keywords Depressed mood · Depression · Cohesion · Support · Religiosity

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Introduction

Connectedness in close relationships holds potential to protect youth against depressed mood providing a sense of belonging and emotional support during times of stress (Cumsille and Epstein 1994). Previous research shows that adolescents who perceive connectedness in their overall family systems (McKeown et al. 1997) or to specific parents (Barber et al. 2005) are at decreased risk for depressed mood. In addition, elements of adolescents' religion are inversely related to symptoms of depression (Van Dyk and Elias 2007). Research is needed to examine how adolescents' intrinsic religiosity, a form of connectedness to God (or other higher being), is directly associated with reduced risk for depressive mood or if intrinsic religiosity

moderates the association of family connectedness with adolescents' depressed mood. The present study was designed to examine whether (a) adolescent perceptions of family connectedness (i.e., overall family cohesion, mothers' support, fathers' support), connectedness to God (i.e., intrinsic religiosity), and gender related to adolescent depressed mood; and (b) intrinsic religiosity or adolescents' gender moderated the associations between the family connectedness variables and depressed mood.

Depression is one of the most prevalent challenges to adolescents' emotional health (Saluja et al. 2004). Clinical diagnosis of depression is often preceded by depressed mood (Plunkett et al. 2007) involving negative views of the self, world, and future accompanied by emotions such as hopelessness, guilt, or feelings of worthlessness (Beck 1967). The many biological, social, and emotional transitions of adolescence increase the risk for depressed mood (Crockett et al. 2006). Data from the National Longitudinal Study of Adolescent Health show a 28.6% prevalence rate of depressive symptoms in 7th to 12th grade students, including 9.2% incidence of moderate to severe depressive symptoms (Rushton et al. 2002). The National Survey on Drug Use and Health (SAMHSA 2008) found major depressive disorder in 8.5% of youth ages 12–17. In the United States, the prevalence rate for depressive symptoms during early adolescence is 18.2% (Saluja et al. 2004). Adolescents' depressed mood may interfere with psychosocial development and academic achievement, while increasing other risks such as unplanned pregnancy, substance abuse, suicide ideation or behavior, and other emotional and physical problems (Field et al. 2001; Klein et al. 2005; Reinherz et al. 1999; SAMHSA 2008).

Resilience perspectives show the potential of selected forms of connectedness to protect against adolescents' depressed mood. Despite a heightened risk for depressed mood during early adolescence, resilience may be promoted by protective processes that interact across multiple systems (Masten et al. 2009). Families play a central role in child and adolescent emotional development (Lunkeimeir et al. 2007). Closeness to one's family creates a solid foundation for youth to develop a sense of self and navigate through adolescence (Peterson 2005). Adolescents' perceptions of positive family interactions (e.g., cohesion and support) are inversely related to depressive mood (Dadds et al. 1992; Eshbaugh 2008) by strengthening self-esteem (Plunkett et al. 2007), and providing support during times of stress. Thus, adolescents' perceptions of aspects of family connectedness may afford protection against depressed mood by providing a cohesive climate within overall family systems interaction patterns and supportive relationships with specific parents (e.g., mothers or fathers). Further, an internalized sense of spiritual connectedness with God (or other higher being) may protect against adolescent

depressed mood. Consistent with resilience perspectives, the present study examined how adolescents' perceptions of family connectedness (overall family cohesion, fathers' support, and mothers' support) and intrinsic religiosity as a form of connectedness to God may protect against the risk of adolescent depressed mood. Because of the internalized nature of connectedness and depressed mood, the present study focuses upon adolescents' "insider" rather than "outsider" reports (Olson 1977) by examining adolescents' perceptions of relationships with others and the self.

Overall family cohesion, or the overall sense of connectedness or emotional bonding among family members within a family system (Olson et al. 1979) holds potential to protect against adolescent depressed mood. Prior research with clinical, rural, and national samples shows family cohesion is the most central overall family system process that protects against adolescent depressed mood (Carbonell et al. 1998; McKeown et al. 1997). Also, parental support, or warmth, encouragement, or physical affection is inversely related to depressed mood (Plunkett et al. 2007; Stolz et al. 2005; Vazsonyi and Belliston 2006). Thus, as adolescents perceive they are valued and supported within their family systems, mother–adolescent dyads, and father–adolescent dyads, the risk for depressed mood appears to decrease. Existing research on families and adolescent depressed mood is limited by a tendency to focus upon one aspect of family connectedness. In contrast, the present study conceptualizes family connectedness as occurring through multiple aspects of family systems—overall family cohesion, mothers' support, and fathers' support.

Aspects of religion and spirituality have been found to protect against adolescents' depression (see Regnerus 2003; Van Dyk and Elias 2007; Wong and Slaikeu 2006 for reviews). During adolescence, the nature of connectedness youth perceive in their personal relationships with God (or other higher being) often changes (Benson et al. 2003). Pearce et al. (2003) showed that aspects of religion can provide a sense of connectedness that promote aspects of mental health (Pearce et al. 2003). One important form of connectedness to God is adolescent *intrinsic religiosity* (Allport and Ross 1967), or an internal motivation to live one's beliefs in day-to-day life based on a close relationship with God (or other higher being). Intrinsic religiosity may provide a source of support that protects against adolescents' depressed mood by providing feelings of belonging and purpose (or connection) that counter the feelings of worthlessness and hopelessness that characterize depressed mood.

Adolescent development involves complex processes and interacting systems that may foster resilience (Masten 2007). Thus, perceptions of connectedness to families and God may interact to provide protection against feelings of

depressed mood. Therefore, adolescents' perceptions of aspects of family connectedness and intrinsic religiosity may not only directly protect youth against depressed mood; intrinsic religiosity may moderate (or change) the nature of the associations between aspects of family connectedness and depressed mood. The potential of intrinsic religiosity to buffer the relationship between other variables and depressed mood is supported by research showing that intrinsic religiosity moderated the association of negative life events and depression in Protestant college students (Park et al. 1990). A sense of purpose or connection to God may also counter negative feelings of self and enhance the ability of adolescents to recognize connections within the family. Alternatively, the internalization of a close relationship with God may offer an alternative source of connectedness when adolescents perceive their families low in connectedness.

Adolescents' gender holds potential to explain variation either in adolescents' depressed mood or how adolescents' perceptions of connectedness to their families and God relate to depressed mood. Among adolescents, girls are more likely to report symptoms of internalized disorders—including depressed mood—than boys (Crick et al. 2003; Meadows et al. 2006). The discrepancy between boys and girls in reported depressed mood emerges in studies around the age of 14 years old (Ge et al. 2006) and has been explained by differences in socialization, interpersonal relationships, and biological changes (Crick et al. 2003). In addition, some research suggests that adolescents' gender moderates the association between family factors and depressed mood in adolescence. For example, family cohesion shows a stronger association with and protection against depressed mood for girls compared with boys (McKeown et al. 1997; Rubin et al. 1992). Gender differences may reflect a greater relationship orientation in girls than boys (Gilligan 1982). Or, girls may be more inclined than boys to attribute more meaning to family connectedness (Avison and McAlpine 1992). Other research does not find gender differences in how family cohesion relates to youth depressed mood (Eshbaugh 2008). Such inconsistent findings indicate the importance of examining whether gender moderates the association between aspects of family connectedness and adolescent depressed mood.

Some empirical support exists for gender moderating the relationship between parental support and adolescent depressed mood. Steinberg and Silk (2002) concluded that research supports distinct relationships of adolescents with their fathers and mothers. Youth spend more time with mothers compared with their fathers and mother adolescent relationships show greater relationship intensity, emotional closeness, communication, and conflict than father–adolescent relationships. Youth engage in greater information seeking in relationships with fathers and spend more leisure

than nurturing time with fathers compared with mothers. Yet, boys and girls reported similar levels of closeness, conflict, and activities with parents (see Steinberg and Silk for a review). Empirical evidence exists that mothers' caring role protects against depressed mood in girls (Avison and McAlpine 1992) and that relationships with fathers are salient in explaining boys' depressed mood (Shek 2005). These mixed findings suggest a need for further research in exploring gender differences (Eberhart et al. 2006). Little is known about father–adolescent relationships and adolescent depressed mood, due to a disproportionate research focus on mother–child dyads (Eshbaugh 2007). Thus, adolescents' reports of mothers' and fathers' support were examined separately as predictors of depressed mood.

Intrinsic religiosity may protect against adolescent depressed mood differently according to the adolescents' gender. Subjective aspects of religion appear to protect adult women more than men against depression (Eliassen et al. 2005) and girls report greater intrinsic religiosity than boys during early adolescence (Henry et al. 2009). Girls may attribute greater meaning to intrinsic religiosity as a form of connectedness to God that provides a protective relationship against depressed mood (Gilligan 1982). Also, intrinsic religiosity may interact with aspects of family connectedness to depressed mood and may differ for boys and girls and merits further investigation.

We examined a research model of how adolescents' perceptions of family connectedness and intrinsic religiosity related to adolescents' reports of depressed mood. The hypotheses follow: (a) perceptions of family connectedness are negatively related to reports of depressed mood, (b) reports of intrinsic religiosity are negatively related to reports of depressed mood, and (c) girls report higher depressed mood and intrinsic religiosity than boys. We tested the research model separately using each of the following three forms of perceived family connectedness: overall family cohesion, fathers' support, and mothers' support to understand how each specific variable interacted with intrinsic religiosity and gender. Although specific hypotheses were not established, we anticipated that intrinsic religiosity might moderate the association between each aspect of family connectedness and depressed mood and one or more of the family connectedness variables might interact with both adolescents' gender and intrinsic religiosity to explain depressed mood.

Method

Sample and Procedure

We examined self-report data from a convenience sample of ninth and tenth grade students at the only public high

school in each of three communities in a southwestern state with populations ranging from 6,500 to 7,600 as part of a larger study of adolescents and families (response rate 36%). Superintendents and principals of the schools were contacted to secure participation in the study. Data collection procedures involved meeting with the students to provide an overview of the project and to distribute letters and consent forms to the parents as well as assent forms to the adolescents. Students who returned the signed consent and assent forms by the day of data collection completed self-report questionnaires in either high school English classes or an assembly of ninth and tenth grade students, depending upon the preference of the school principal.

A sample of 248 students with complete data was used. Selected demographic characteristics of the participants follow: 43% boys and 57% girls mean age of the participants was 14.8 (range 14–16), 53.3% ninth grade and 46.7% tenth grade. Race was reported as follows: 79% Caucasian, 10% Native American, 3% Mexican-American, 3% African American, 2% Asian and 3% other or not reported. Participants reported residing the following family structures: 54.0% biological two parent families, 19.8% mother–stepfather families, 12.5% single mother families, 4.0% single father families, 2.4% father–stepmother families, 1.2% adoptive families, and 5.6% other family structures.

Measures

Twelve items of the 13-item short form of the Beck Depression Inventory (Beck and Beck 1972) were used to measure adolescent reports of depressed mood. An item was deleted that asked whether the respondent was considering suicide because data collection procedures did not allow for referrals, if needed. Participants responded to groups of four statements for each item and select the statement that described their current feelings reflecting depressed mood (e.g., worthlessness, feeling guilty, unworthiness, and not feeling guilty). Mean scores were established for the responses to items, yielding scores ranging from 0 = low depressed mood to 3 = high depressed mood. The Cronbach's alpha using this data was 0.87.

Adolescents' perceptions of family cohesion were assessed with the 16-item Likert-type cohesion subscale of the Family Adaptability and Cohesion Evaluation Scales II (FACES II; Olson et al. 1992). A sample item follows: (a) "Family members feel closer to people outside the family than to other family members." The response choices ranged from 1 = strongly disagree to 5 = strongly agree. Olson et al.'s linear scoring guidelines and scale mean scores were used yielding a potential range of scores to range from 1 = low cohesion to 5 = high cohesion). Based on the current data, the Cronbach's alpha was 0.83.

Adolescents' perceptions of fathers' and mothers' support was assessed using the four-item support subscale of the parental behavior measure (Peterson 1982; see Henry et al. 1989 for more detail). Adolescents were asked to respond regarding the extent to which they saw their mothers or fathers as providing emotional support. Participants were directed to respond about "the parent(s), stepparent(s), or guardian(s) with whom you are currently living." A sample items follows: "This parent seems to approve of me and the things I do." The range of response choices was from 1 = strongly disagree to 5 = strongly agree. Participants were asked to respond to each item twice, once for mothers and once for fathers. Mean scores were established separately for responses about fathers and mothers. Using the present data, the Cronbach's alphas were 0.80 for mothers' support and 0.86 for fathers' support.

Adolescents' reports of intrinsic religiosity were assessed using Schumm et al. (1991) intrinsic religiosity subscale composed of five items adapted from the eight-item Age Universal I-E Scale intrinsic religiosity subscale (Gorsuch and Venable 1983). Gorsuch and Venable's intrinsic religiosity subscale was created by revising the intrinsic religiosity subscale of the Religious Orientation Scale (ROS; Allport and Ross 1967) to reflect a fifth grade reading level. A sample item follows: "I try hard to live all my life according to my religious beliefs." Response choices ranged from 1 = strongly disagree to 5 = strongly agree. Mean scores were established for each adolescent's responses on the subscales. Using the present sample, the Cronbach's alpha was 0.80.

Analysis and Results

Three hierarchical linear multiple regressions analyses were performed to examine adolescent intrinsic religiosity and gender as potential moderators of the association between adolescents' perceptions of each of three family connectedness variables (i.e., overall family cohesion, fathers' support, and mothers' support) and depressed mood. Gender of the adolescent was coded as boys = 0 and girls = 1. Prior to conducting the regression analyses, the predictor and proposed moderator variables were centered by subtracting the sample mean scores from each individual value (Cohen et al. 2003). Next, all possible two and three-way interaction terms were created for each of the three family variables. In each of the hierarchical multiple regression analyses, the family variable, intrinsic religiosity and gender were entered in Step 1, two-way interaction terms were entered in Step 2, and the three-way interaction term was entered in Step 3 (Criss et al. 2002). Only statistically significant interactions are shown in the

Table 1 Correlations, means, and standard deviations among study variables (N = 248)

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. Gender ^a	0.58	0.50						
2. Family cohesion	3.94	1.82	0.08					
3. Fathers' support	3.98	1.00	0.06	0.59**				
4. Mothers' support	4.20	0.83	0.15*	0.50**	0.58**			
5. Intrinsic religiosity	3.62	0.84	0.13*	0.25**	0.28**	0.21**		
6. Depressed mood	0.36	0.45	0.07	-0.36**	-0.34**	-0.34**	-0.12	

* $p < 0.05$; ** $p < 0.01$

^a Gender of adolescent (boys = 0, girls = 1)

final models (see Table 2). When an interaction term was significant, a test of regression slopes was used to examine the pattern of slopes for low and high levels of intrinsic religiosity for boys and girls (Jaccard et al. 1990).

The bivariate correlations, means, and standard deviations before centering are presented in Table 1. As expected, each of the three family variables (family cohesion, fathers' support, and mothers' support) was significantly negatively correlated with adolescent depressed mood. Intrinsic religiosity was not significantly correlated with depressed mood. Gender was significantly related to adolescents' perceptions of mothers' support and intrinsic religiosity, showing that compared to boys, girls reported higher levels of both mothers' support and intrinsic religiosity. No gender differences were found on depressed mood in the bivariate correlations.

Overall Family Cohesion, Intrinsic Religiosity, Gender, and Depressed Mood

Consistent with the hypothesis, the results of multiple regression analysis including overall family cohesion, intrinsic religiosity, and gender as predictors of depressed mood showed that overall family cohesion was significantly and negatively related to depressed mood ($\beta = -0.36, p < 0.01$, see Table 2). This model was significant ($F = 12.88, p < 0.001$) and explained approximately 14% of the variance in depressed mood. Next, all possible two-way and three-way interaction terms were entered to explore interactions beyond the main effects and yielded no significant relationship to depressed mood. Thus, no two-way and three-way interactions were presented in Table 2.

Fathers' Support, Intrinsic Religiosity, and Depressed Mood

Next, we examined adolescents' perceived fathers' support and the nature of the association between fathers' support, intrinsic religiosity and gender on depressed mood (see Table 2). As hypothesized, fathers' support showed a

significant negative association with depressed mood ($\beta = -0.34, p < 0.01$). The gender of the adolescent was significantly related to depressed mood ($\beta = 0.06, p < 0.05$). Neither intrinsic religiosity or interaction terms were significantly related to depressed mood and were not reported in Table 2. The final model explained approximately 12% of the variance in depressed mood ($R^2 = 0.12$).

Mothers' Support, Intrinsic Religiosity, Gender and Depressed Mood

In a hierarchical multiple regression analysis, adolescents' perceptions of mothers' support, intrinsic religiosity and gender were examined in relation to depressed mood. Mothers' support was significantly and negatively related to depressed mood ($\beta = -0.34, p < 0.01$) and gender ($\beta = 0.13, p < 0.05$) was significantly related to depressed mood. Girls reported higher depressed mood than boys. Model 1 explained approximately 13% of the overall variance in depressed mood ($R^2 = 0.13$). Next, hierarchical multiple regressions revealed a significant interaction term of mothers' support \times intrinsic religiosity with depressed mood ($\beta = -0.16, p < 0.01$) and the overall model explained significant variance in depressed mood ($R^2 = 0.17$). Follow-up analysis showed high (+1 SD) levels of intrinsic religiosity strengthened the association between mothers' support and depressed mood ($\beta = -0.19, p < 0.01$) indicating that high mothers' support and high intrinsic religiosity was negatively related to depressed mood.

Next, the three-way interaction term was examined to see if adolescents' gender substantiated intrinsic religiosity as a moderator between mothers' support and depressed mood. Results indicated the three-way interaction term (mothers' support \times intrinsic religiosity \times gender) was significantly related to depressed mood ($\beta = 0.18, p < 0.01$; see Table 2). Notably, the overall explained variance in depressed mood increased approximately 7% with the inclusion of the significant two and three-way interactions (see Table 2). Post hoc probing of the three-

Table 2 Multiple regression analyses for family variables, adolescent intrinsic religiosity, gender, and adolescent depressed mood ($N = 248$)

Variable	Family cohesion		Variable		Fathers' support		Variable		Mothers' support		Model 3						
	B	SE	β	Variable	B	SE	β	Variable	B	SE	β	B	SE	β			
															Model 1	Model 2	
Family cohesion (FC)	-0.09	0.02	-0.36**	Fathers' support (FS)	-0.16	0.03	-0.34**	Mothers' support (MS)	-0.19	0.03	-0.34**	-0.20	0.04	-0.37**	-0.19	0.04	-0.35**
Intrinsic religiosity (IR)	-0.02	0.03	-0.05	Intrinsic religiosity (IR)	-0.01	0.04	-0.02	Intrinsic religiosity (IR)	-0.03	0.03	-0.06	-0.03	0.03	-0.06	-0.06	0.03	-0.11
Gender ^a	0.04	0.03	0.01	Gender ^a	0.03	0.03	0.06*	Gender ^a	0.06	0.03	0.13*	0.06	0.03	0.14*	0.05	0.03	0.10
				MS × IR				MS × IR				-0.10	0.04	-0.16**	-0.09	.04	-0.14*
				Gender × IR × MS				Gender × IR × MS							0.11	0.04	0.18**
R^2			0.14				0.12				0.13			0.17			0.20
F change in R^2											11.72**			3.55*			7.84**

* $p < 0.05$; ** $p < 0.01$

^a Gender of adolescent (boys = 0, girls = 1)

way interaction term yielded different findings for boys and girls at low (-1 SD) and high (+1 SD) levels of intrinsic religiosity. For boys, high levels of intrinsic religiosity amplified the negative association between high mothers' support and depressed mood ($\beta = -0.26, p < 0.01$). Under high levels of intrinsic religiosity the association between low levels of mothers' support and depressed mood was not significant for girls. In sum, high levels of intrinsic religiosity appears to provide an additional resource in conjunction with perceived mothers' support to minimize boys' depressed mood, while high levels of intrinsic religiosity may mitigate girls' depressed mood when perceived mothers' support is low.

Discussion

Our results provide support for the protective potential of family connectedness in minimizing adolescent depressed mood. These findings extend existing research showing the promise of adolescents' perceptions of connectedness through overall family system cohesion (McKeown et al. 1997), mothers' support, and fathers' support (Barber et al. 2005) in protecting against depressed mood. Our findings support moving beyond traditional conceptualizations of "family" as mother-adolescent subsystems, neglecting father-adolescent subsystems and overall family systems (Peterson 2005) toward recognizing how multiple aspects of family connectedness (Cromwell and Peterson 1983) protect against adolescent depressed mood.

Although Benson et al. (2003) found that aspects of religion were directly involved in promoting adolescent emotional well-being, our results did not show support for the hypothesized inverse relationship between intrinsic religiosity and adolescents' depressed mood. These results might be interpreted to suggest that other aspects of religion hold greater explanatory power than intrinsic religiosity in relation to adolescents' depressed mood. Yet, we found adolescents' sense of spiritual connectedness to God appears to enhance the protection provided by mothers in relation to depressed mood (Avison and McAlpine 1992). Thus, perceived closeness to God may counter negative feelings of self by enhancing the ability of adolescents to feel supported by mothers. The salience of the protective role of intrinsic religiosity with perceived mothers' support may be due to adolescents' greater relationship intensity, emotional closeness, communication, and conflict with mothers compared to fathers (Steinberg and Silk 2002).

Notably, we found that adolescents' gender explains how intrinsic religiosity modifies the association between perceived mothers' support and depressed mood. Consistent to the overall sample, boys' reports of high intrinsic religiosity strengthen the association between perceptions of mothers'

support and depressed mood. For girls, intrinsic religiosity protected against depressed mood when perceived mothers' support was low. Perhaps being relationship oriented (Gilligan 1982) and being able to draw on sources of emotional support outside of their families (Steinberg and Silk 2002) creates a connectedness to God that is more protective for girls (Derosiers and Miller 2007) when they do not feel supported by their mothers. Our findings highlight the importance of continued research regarding gender differences on how aspects of family and religion variables combine to explain adolescents' depressed mood, rather than examining these variables in separate studies.

The use of resilience perspectives to investigate the protective potential of how adolescents' perceptions of connectedness with their families and God (or a higher being) relate to depressed mood is an important strength of this study. Despite increased risk for shared method variance, our results demonstrate the salience of adolescents' perceptions of connectedness with their families and God in decreasing the risk for depressed mood. Examining the research model using multiple aspects of families allowed insights regarding different patterns between aspects of family connectedness and depressed mood. Further, clear gender of adolescent patterns emerged regarding how perceptions of mothers' support and intrinsic religiosity combine to explain depressed mood.

Limitations of the study merit comment. The use of cross-sectional design does not allow consideration of how the associations among the variables may change over time. Although we found, for example, that mothers' support was negatively related to depressed mood, it is equally possible that depressed mood relates to perceptions of lower mothers' support. Our predominately Caucasian convenience sample of ninth and tenth grade adolescents in three small cities limits the generalization without replication with samples representing greater diversity in age, geographic area, and race/ethnicity. The sample size did not permit separate analyses for boys and girls to examine further differences in the interactions between family connectedness and intrinsic religiosity in relation to depressed mood.

Implications for future research emerge regarding how adolescents' reports of family connectedness and adolescent religiosity may protect against depressed mood. Our findings show that connectedness in overall family systems, mother–adolescent dyads, and father–adolescent dyads are all important to protecting against youth depressed mood. Consistent with Masten's (2007) call for greater research investigating protective factors across multiple systems, we recommend considering protective processes across multiple aspects of family systems to understand adolescent depressed mood. In addition, our findings challenge the growing body of research on adolescent religion and emotional health (Benson et al. 2003) to investigate how

connectedness to both families and God may interface to promote emotional well-being. Potential gender differences in factors that promote adolescent emotional resilience appear to emerge from the combination of family and religion variables. Research is needed regarding how connectedness with families and God may interface with processes in other contexts (e.g., neighborhoods, schools, youth groups, sports involvement) to protect against depressed mood.

Our results yield implications for prevention and intervention efforts designed to address adolescents' depressed mood. Our findings suggest that prevention of adolescent depressed mood needs to involve assisting adolescents in recognizing family connectedness in their overall family systems and parents. Specifically, youth who exhibit more depressed mood may not recognize efforts by their families to build and maintain connectedness. Thus, interventions may benefit addressing adolescent perception of emotional climate within families and promoting interactions that are characterized by close emotional bonds (cohesion, fathers' and mothers' support toward adolescents). These approaches reflect the importance of adolescent perceptions and family interactions to protect against depressed mood (Curry 2001).

Similarly, efforts aimed at helping youth recognize connectedness to God may also enhance the ability of youth to recognize or feel support of mothers in a way that protects against depressed mood. This carries implications for religious and other programs that work with adolescents. For example, religious youth programs may promote emotional health through including activities that increase more internalized aspects of religiosity. In addition, the benefits of intrinsic religiosity for girls may be a result of attributing more meaning to a personal relationship with God. In this case, religious programs could also focus on promoting the connectedness to God in boys that might afford them more benefits to their emotional health. In the same light, our findings may inform nonreligious programs aimed at adolescent depressed mood. Aspects of adolescents' religion may be integrated in intervention in a way that may enhance other factors in protecting youth from depressed mood.

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