An Investigation of Mental Health and a Hierarchy of Belonging Amongst Marginalized Communities

Elisa Volmar-Andujar, Dorone Erlich, Hailey Godin, Janelle Wilkinson
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Introduction

Belongingness has been shown to be a mediating factor for stress and mental health (Baumeister and Leary, 1995) as well as minority stress and mental health (Hatchel et al., 2018). A number of studies have also discussed the nuanced effects of chosen versus origin family for minority stress resilience and mental health (Milton, 2025).

The purpose of this study is to explore the effects of belonging amongst voluntary, partially voluntary and involuntary communities on mental health outcomes of marginalized peoples.

- **Voluntary** groups are those you willining opt into and choose (ie. peers, religion, sports, clubs, affinity groups etc.)
- **Partially Voluntary** groups are those that are chosen but often cannot be left as easily (ie. institutions, school, the workplace)
- **Involuntary** groups are those you are born into and don't choose (ie. family, marginalized communities etc.)

Hypothesis: We hypothesize that belonging to voluntary communities will provide the most mental health relief for all students, but with the greatest impact for marginalized individuals in particular.

Key References

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Methods

The majority of participants were the research team themselves, while additional data was collected from contacts of team members

Independent Variable 1 – Voluntary Groups

Independent Variable 2 – Partially Voluntary Groups

Independent Variable 3- Involuntary Groups

Dependent Variable – Mental Health

- In this study, mental health is operationally defined as the higher the score on the scale, the worse one's mental health is.

Basic Procedure

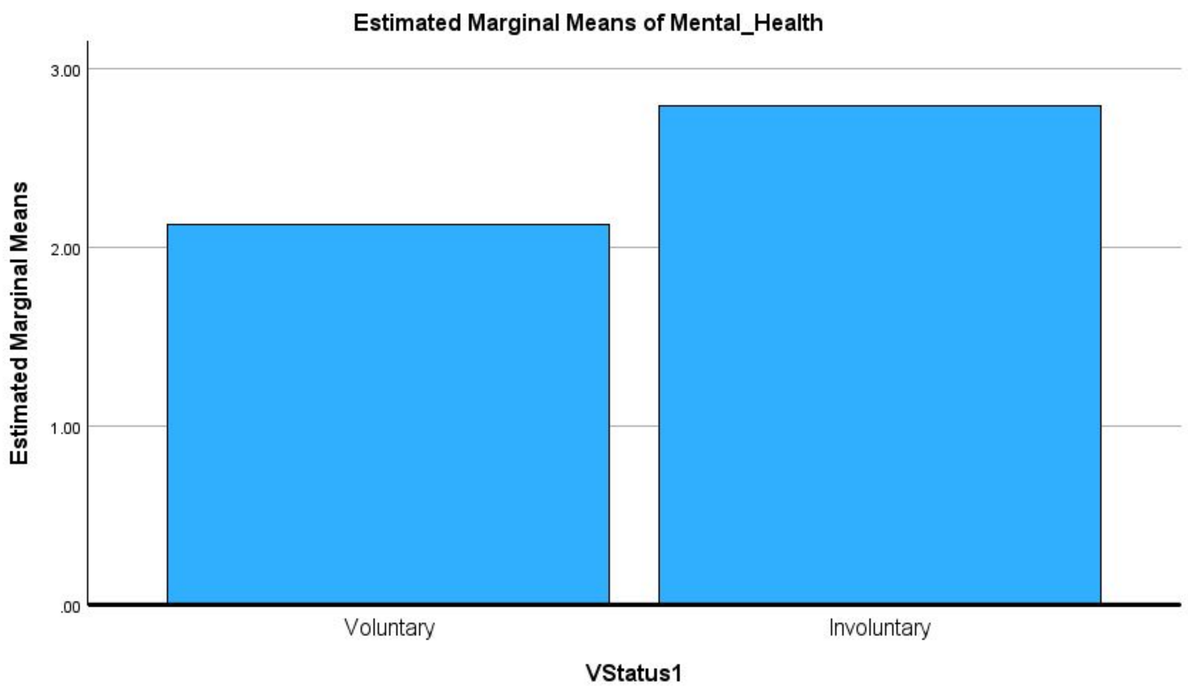
1. Participants accessed the study through Canvas or distributed link
2. Participants completed the Depression/Anxiety/Stress Scale and the Belonging Scale
3. After completing the scales, participants answered multiple-choice questions asking about which general communities they belong to, as well as which specific groups they belong to within those communities
4. Upon completion, participants completed a demographic questionnaire

Demographics

(*N* = 21):

- Participants self-identified as White (52.4%, N=11), Black/African American (14.3%, N=3), Asian (23.8, N=5), Hispanic/ Latinx (4.8%, N=12), Mixed Race (4.8%, N=1)
- Participants self-identified as male(14.3%, N=3), female (81% N=17), Other (4.8%, N=1)
- Participants self identified as Christian (23.8%, N=5), Jewish (23.8%, N=5), Catholic (14.3%, N=3), Atheist (4.8%, N=1), Agnostic (23.8%, N=5), Other (9.5%, N=2)
- Participants self identified as Straight (66.7%, N =14), Lesbian (4.8%, N=1), Bisexual (14.3%, N=3), Other (14.3%, N=3)

Figure 1 [higher scores signify worse mental health]



Results

One way ANOVA - Voluntary Status & MH [Figure 1]

- Individuals who identified first with a voluntary group had better mental health results than those who identified with an involuntary group.

Factorial ANOVA - VStatus x Minority & MH

- Those who identified as a member of a minority group had worse mental health than those who did not. For both minorities and non-minorities, belonging to voluntary groups had better mental health than belonging to involuntary groups.

**results were not statistically significant for either*

statistically significant conclusions. Some of our results were near significant and may have been established with certainty if conducted under more powerful conditions.

- A majority of participants identified a sense of belonging more strongly and consistently with Voluntary groups. Future research can also gather a larger sample of partially voluntary and involuntary participants for a better comparison as well as investigate whether this voluntary superiority is unique to college aged individuals.