The Influence of Spiritual Coping and Racial Identity on Psychological Well-Being in Black

Americans

by

Sidney Smith III

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ABSTRACT

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According to the 2003 report of the Presidential Commission on Mental Health, it is vital that all Americans obtain an equal share in the best available mental health services and outcomes, irrespective of race, gender, ethnicity, or geographic location. The report suggests that services must be tailored to include culturally diverse populations and should also provide access to positive outcomes of care. While spirituality has been historically linked to Black Americans as a resource and buffer, the nature and role of its effectiveness still needs to be determined. This study moves our understanding forward in terms of defining spirituality and its effect on healthy psychological functioning by exploring how spiritual beliefs can possibly bolster one's ability to cope with hardships. Understanding what factors in one's life can possibly improve psychological functioning is of particular significance at this time when so many challenges are disproportionately affecting the well-being of Black Americans. The search for resilience promoting factors must also be examined.

Participants in this study were 362 Black individuals enrolled in undergraduate and graduate programs in colleges and universities who completed the *Black Racial Identity Scale* (BRIAS; Helms & Parham, 1985), the *Spirituality Scale* (SS; Jagers, Boykin, & Smith, 1997), the *Africultural Coping Systems Inventory (ACSI) (Utsey et al., 2000), the Brief Symptom Inventory-18* (BSI-18; Derogatis, 2000), the *Psychological Well-Being Scale* (PWB; Ryff, 1989), and a personal data form. Hierarchical regression analysis indicated that spirituality partially

mediates the relationship between racial identity and psychological functioning. Furthermore, results support the historical notion that spirituality is an important instrument by which Blacks are able to deal with negative experiences. Implications for clinical practice and future considerations are discussed.

TABLE OF CONTENTS

CHAPTER I

CHAPTER II

CHAPTER III

CHAPTER IV

CHAPTER V

Acknowledgments

As I sit here reflecting on this "journey" that has lasted the better part of a decade, I am humbled by the memories of those who have touched my life and guided its trajectory. To Uncle Eugene, my fortress, protector, and voice of reason. Your guidance and support has been immeasurable. I can't express how much I appreciate all you have done for me. You have taught me what it means to be a man, but more importantly have shown me the blueprint of a "good man". I exist today in part because of my dad, I live and move through this world because you have fathered my strength and thirst for knowledge.

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my ability has no limit and shown me that adversity can always be overcome with dedication and faith. You were my first "teacher" and remain my greatest strength. Love you, always!

"Two roads diverged in a wood, and I—

I took the one less traveled by,

And that has made all the difference."

~ Robert Frost

Dedication

"The Lord is my Shepherd; I shall not want.
He maketh me to lie down in green pastures:
He leadeth me beside the still waters.
He restoreth my soul:
He leadeth me in the paths of righteousness for His name' sake.

Yea, though I walk through the valley of the shadow of death,
I will fear no evil: For thou art with me;
Thy rod and thy staff, they comfort me.
Thou preparest a table before me in the presence of mine enemies;
Thou annointest my head with oil; My cup runneth over.

Surely goodness and mercy shall follow me all the days of my life,
and I will dwell in the House of the Lord forever." ~ PSALM 23

To Mommy and Daddy, who showed me from a young age that anything was possible through hard work and a belief in something greater than myself. Your love ignited a spark that has lived inside of me since birth; a spark that you helped nurture into a flame that has been my inspiration and sustenance all of these years. I only hope that my life and work exist as a testament to your unwavering commitment and selfless devotion.

Introduction

In a time when healthcare seems to be the hot topic of discussion everywhere you turn, it seems fitting that questions pertaining to the quality of this care also be discussed. In an age where government appears to have its hands full with caring for individuals who have entrusted them with their lives, it is also fitting that we begin to look at who these individuals are. In late 2002, President George W. Bush established the New Freedom Commission on Mental Health. He tasked them with the duty of exploring the delivery system of mental health in the United States. It was his hope that this commission make recommendations pertaining to how we as a nation identify, treat, and care for those with mental health disorders. In their report, the Commission affirmed that all Americans have the opportunity to obtain equal shares in the best services and outcomes available to them.

Furthermore, they reported that these services and outcomes should be made available, irrespective of race, gender, ethnicity, or geographic location. The Commission arrived at this stance only after recognizing the disparities that existed in the mental healthcare system. They speculated that these disparities may have been related to racial and ethnic differences. The report goes on to say that the future of mental health care should be "highly personal, respecting and responding to individual differences and backgrounds" (NAMI, 2003). In order to provide these services, the report states that the workforce (who are delivering said services) should include members of ethnic, cultural, and linguistic minorities. The report posits that it will be essential to continuously aid clinicians in understanding how to appropriately tailor interventions to the needs of clients while taking into account their varied backgrounds.

The report goes on to say that services should be tailored for culturally diverse populations and should provide access to these groups. In essence, Americans of Color should no

longer be made to endure a disproportionately high burden of debility from mental health disorders. In order to develop culturally competent treatments and support, the Commission suggested that mental health research should begin to include underserved and typically 'invisible' populations. In addition, mental health care providers should "be required to include individuals who share and respect the beliefs, norms, values, and patterns of communication of culturally diverse populations." (NAMI, 2003) In respect to this sentiment it is important for psychologists to be cognizant of the experiences of individuals from varying backgrounds.

Unfortunately, this realization was not a novelty to millions of Americans from diverse backgrounds who experience these disparities in the form of racism and discrimination on a daily basis. Researchers have continually reported on the inequities that exist in the U.S., related to a variety of services (Carter & Helms, 2002; Carter & Pieterse, 2005; Sanders-Thompson, 1996). Krieger (1990) reported that 80% of participants in his study described having experienced some form of racial discrimination at varying points in their lives. Fortunately, over the last twenty years, there seems to be some movement in the empirical literature focusing on bettering our understanding of the toll racism and discrimination have on People of Color (Carter, Pieterse & Smith, 2008; Hunter & Lewis-Coles, 2004; Sellers & Shelton, 2003; Utsey, 2001). However, despite this increase in research and awareness, the psychological consequences of being a target of discrimination are still not fully understood or recognized on a larger scale.

Sellers and Shelton (2003) theorized that racial discrimination is an invasive phenomenon in the lives of many People of Color, especially those of Black/African descent. They posited that discrimination can be both blatant, such as having derogatory remarks directed at you, and subtle, such as being followed in the supermarket. These behaviors have been noted as pervading the daily lives of individuals of Color (Carter et al, 2006; D'Augelli and Hershberger, 1993;

Sanders-Thompson, 1996). These researchers go on to report that racial discrimination is commonplace in the lives of People of Color, especially Black Americans. Some theoretical approaches presume that experiences of prejudice and discrimination will produce negative effects on the psychological well-being of those who encounter it (Akbar, 1976; Allport, 1954; Carter, 1991, 2006; Erikson, 1968; Helms, 1985). Allport (1954), stated that "One's reputation, whether false or true, cannot be hammered, hammered, hammered into one's head, without doing something to one's character" (p. 142). This idea stresses the reality of many People of Color. In essence, it points to the invasive and insidious nature of racism and discrimination. Scholars have previously noted that the relationship between prejudice and psychological well-being may be more complex than typically expected (Carter, Helms, & Juby, 2004; Carter et al., 2008; Utsey, 2001).

Over the past decade, a growing number of scholars have hypothesized that experiencing discrimination in one's life can cause stress in the lives of the oppressed (Carter, 2010; Helms, 2006; Sellers & Shelton, 2003; Utsey, Ponterotto, Reynolds, & Cancelli, 2000; Verkuyten, 2003). Researchers have depended on a stress-and-coping model to explain how people might respond to racism and discrimination as forms of stress. Lazarus & Folkman (1984) posited such a model they coined the transactional model of stress and coping. Cassidy, O' Connor, Howe, & Warden (2004), in their study on perceived discrimination, state that "stress is a transaction between situational and personal characteristics that leads a person to perceive an event as stressful" (p. 4). They go on to state that this longstanding approach "draws attention to the importance of examining, first, how, like other types of stressors, discrimination/racism is cognitively appraised by the target and, second, the coping strategies targets use to deal with the discrimination when interpreted as traumatic" (Cassidy et al., 2004, p. 4).

Lazarus and Folkman (1984) theorized that individuals who perceive an event or situation as negative, such as experiences of discrimination or racism, might have their self-worth damaged in a way that affects healthy psychological functioning. In addition to one's self-esteem, it may also be vital to assess one's identity in respect to her/his racial/cultural group membership. Racial identity refers to a form of collective identity based on perception of shared racial heritage, taking into account individual psychological variation, and other within-group differences. Within the transactional model of racism-related stress and coping, racial identity ego statuses could possibly be conceptualized as both moderators and mediators of the relationship between discrimination and distress. Another factor in how discrimination may be related to distress might be the way one possibly reacts to events. One might resist, adapt, or be harmed in a given situation. One critical concept of possible responses might be one's beliefs in forces beyond one's self (i.e. Spirit or spiritual beliefs).

Recent and more holistic attitudes toward one's mental health concentrate on the relationship between components of an individual's 'whole' self. However, the spiritual element of this multifaceted and often convoluted relationship is frequently overlooked (Hage, 2006; Mattis, 2000). Nevertheless, spiritual beliefs can help individuals adapt, respond, and/or adjust to psychosocial stressors related to distress. Scholars who've developed coping models and other researchers tended to focus on stressors that affect individuals from different cultures, however, there are still elements of Black American culture not captured by the traditional models of coping. Therefore, where Blacks are concerned, the traditional approach, which is grounded in White American cultural patterns, lacks critical and fundamental cultural elements. The traditional approach does not take into account the spiritual presence that is inherent in Black culture. Traditional models of coping view spirituality or spiritual coping methods as grounded

in formal "Church" religion. Research that has been done on the relationship between Black cultural spirituality and coping with life stressors remains relatively inadequate. Therefore, it is important to explore the relationship between culturally based spirituality and the ability of Blacks to respond to distress, especially in the face of experiences of racism and discrimination.

One's reaction to life stressors such as racial discrimination is quite important to one's mental health. Folkman & Lazarus (1988) described two major forms of coping that they thought to exist. They described the first as problem-solving coping which involves taking active steps in confronting the situation that is perceived by the individual as menacing. An example of this coping style might involve seeking out assistance from a doctor or member of the clergy. The second was deemed as emotion-focused coping. This approach was described as more of a passive strategy, possibly involving steps to get a handle on the emotional stressors. An example of this strategy might involve meditation as a means to assuage their torment.

Unfortunately, models of stress and coping such as these tend to discount explicit discussion of cultures that are not part of the Western/American mainstream. For instance, scholars (Akbar, 1981; Jagers & Mock, 1993) contend that people of African descent may use spiritual/religious beliefs that are a facet of the group's cultural patterns to handle stress or resist various types of stressors. Thus, the religious/spiritual elements of resistance or coping are racially and or culturally specific. In traditional models only cognitive, problem-oriented approaches are considered effective. In effect, researchers are usually observing cultural preferences at work since in dominant American (White) cultural patterns, emotional responses are devalued while analytic solutions are praised as ways to deal with stressful life events.

In American cultural patterns, Spirit is sometimes recognized but is not a core element of the culture since there is no core belief in the existence of Spirit in a typical 'Western' practical

universe or worldview. People of African descent have developed cultural patterns that are distinct from dominant American cultural beliefs in that they've blended traditional African notions of Spirit with religious beliefs such that belief in Spirit represents something beyond the subconscious and a power outside of themselves.

Researchers have shown that being treated negatively has the potential to elicit adverse consequences for both one's physical and mental health (Carter et al, 2008; Carter & Pieterse, 2010; Smith, Chambers, & Bratini, 2009). Both transparent and inconspicuous acts of racial discrimination have been conceived of as stressors that lead to injurious mental health outcomes (Cokely, 2006; Contrada et al, 2004; Sellers et al., 2001). Over centuries of negative treatment, individuals of African descent developed beliefs that helped resist and understand this treatment in the face of great odds. Along with these findings, several researchers have shown that racial and ethnic minorities' personal experiences with discrimination are sometimes associated with poor mental health (Carter et al., 2006; Lewis-Coles, 2006; Sanders-Thompson, 2002). For example, African Americans' experiences with discrimination have been associated with feelings of anger and depression (Carter, 1999; Carter et al., 2006; Carter, Pieterse, & Smith 2008).

Furthermore, for Black Americans it has been shown that the more commonplace their experience of racial discrimination, the more likely they are to report lower levels of life satisfaction and happiness (Carter et al, 2008; Sanders-Thompson, 2002). Researchers have even demonstrated that experiences with racial discrimination are related to psychiatric symptoms such as intrusion and avoidance (Sanders-Thompson, 1996, 2002), as well as depression, anxiety, obsession-compulsion, and somatization among African Americans (Carter, 1991, 2006; Landrine & Klonoff, 1996).

The aforementioned notion hypothesized by Sellers & Shelton (2003) leads to the idea that there are factors that may affect the ways in which individuals are impacted by experiences of racial discrimination. This study hopes to look at the relationship between two such factors. The relationship between racial identity and spirituality, more specifically, spiritual coping, has not been explored extensively in the psychological literature. Sanchez & Carter (2005) explored the relationship between racial identity and spirituality in Black Americans, however, research on this topic is not as present in the psychological literature. Also, while spiritual coping has been addressed more widely in medical research, the idea of using spirituality to cope with mental illness has not been as widely explored.

This literature review will explore the presence of spirituality, the influence of racial identity, and the need for a better understanding of culturally relevant coping styles among Black Americans. The review encompasses theoretical developments and studies that use empirical methods to explore coping styles and patterns among Black Americans. Conceptual links will be drawn between African-centered worldviews, spirituality, racial identity, discrimination and coping.

Chapter II

Over the past decade there has been a growing area of research that has looked at the strength and resistance of Black Americans. Spirituality (as part of the group's cultural patterns) has been included in the research as a great strength of African American families and individuals over the past four decades (Billingsley, 1968; Franklin, 1999; Graham, 1999). Research in this area has continued to grow increasingly. Although research in this area has typically been qualitative in nature, quantitative research pertaining to this phenomenon has been growing steadily. One of the central concerns in this area of research has been the need for an inclusive and adequate operational definition of spirituality (Hage, 2006; Lewis-Coles, 2006). It is vital to recognize the differences between spirituality, which has typically been seen as a belief system, and religion, which is typically seen as adhering to a church affiliation. Of specific interest over the past few years has been the importance of spirituality and religious participation in the lives of Black Americans, more precisely the power that these variables have in the lives of Black Americans. Particular attention has been paid to how they may have been used to resist and cope with distress and the stress of racism.

Although some are quick to point out advancements made in U.S. race relations over the past few decades and more recently following the 2008 presidential election, racism and discrimination continue to be an unavoidable and excruciating reality in the daily lives of all People of Color in the United States (Pieterse & Carter, 2010; Russell, 2009; Thompson, 2010). Although some would admit that relations have improved, many would argue that in some cases, racial discrimination and bigotry has gotten worse (Carter, 2010; Simpson, 2011; Waters, 2010). Over the years, research has steadily found that racial discrimination is a lingering and prevalent societal and psychological stressor that affects both the social and mental adjustment of Blacks

(Feagin, 2000; Helms & Cook, 1999; Strickland, 2000; Walker & Satterwhite, 2002). The extensive and enduring complications of racial stress are endured by Black Americans in their daily lives and affect aspects of their lives that are unobservable. Essed (1990) wrote, "to live with the threat of racism means planning, almost everyday of one's life, how to avoid or defend oneself against discrimination" (p. 260). Pierre & Mahalik (2005) describe Black Americans as being born into a social environment that is abounding in content and full of vigor, but also dangerous for them. They go on to say that although many Black men have constructive, full, and diverse cultural experiences, "they still seem to continue to experience both economic and social hardships and have become progressively marginal to their families, their communities, the workforce, and social institutions" (p. 29).

Racial discrimination has constantly been seen as damaging to the psychological well-being of Black Americans. White and Cones (1999) stated that "the continuing presence of racism creates powerful emotions and uncertainty in the lives of African Americans. Over the long haul, prejudice and discrimination can generate rage, anger, frustration, bitterness, resentment, grief, despair, or any combination of these emotions" (p. 141). As one source of coping, researchers have begun to look to understanding the role of spirituality in the lives of Black Americans (Sanchez, 2000). Researchers have begun to address the significance of spirituality in psychological treatment (Jagers & Mock, 1993; Hunter & Lewis-Coles, 2004; Lewis-Coles & Constantine, 2006). Over the past fifteen years, researchers and scholars have continued to look to culturally based spiritual frameworks and understanding of spirituality and its practices when looking for answers to these issues (Lewis-Coles; 2006; Nobles, 1998; Plante & Sherman, 2001). Research has documented the effectiveness of the integration of a spiritual

framework in psychological interventions (Lewis-Coles & Constantine, 2006; Hunter & Lewis-Coles, 2004).

Spirituality has not been given much attention in the mainstream psychological literature or in empirical research. There have, however, been African-centered psychologists as well as researchers observing communities of color who have made an attempt to study the relationship between spirituality and cultural diversity (Cervantes & Parham, 2005; Fukuyama & Sevig, 1999; LaFramboise, Coleman & Gerton, 1993). To date, Native Americans have been most notably studied in this field of research. They have been known to address "a primary guiding principle in the psychology of spirituality that emphasizes the earth as mother and the importance of a profound respect for all living things" (Cervantes & Parham, 2005, p. 70). Unfortunately, culturally based spirituality has not been given the attention that it deserves by the majority of psychologists and researchers. Just as with experiences of racism and discrimination, the idea that spirituality is part of one's culture is a notion that has existed among Peoples of Color for generations. In response to instances of discrimination and subjugation, culturally based spirituality has been imbedded into the everyday lives of diverse racial/ethnic groups. Over centuries, this same sense of spirituality has become a very involved part of the ways in which People of Color have come to deal with life (Jagers & Smith, 2000). It has also become almost synonymous with the experiences of discrimination that these stigmatized individuals face (Sanchez & Carter, 2005).

Spirituality, for particular cultural groups, is typically influenced by their respective belief systems (Akbar, 1991; Jagers, 1999). For example, Native Americans and other indigenous groups view life as sacred. They also believe that individuals are interrelated through a spiritual dimension and recognize the development of human beings as a spiritual journey

(Cervantes & Parham, 2005; Jagers & Mock, 2001; Jagers, Mock & Smith, 1999). For Black American families, many scholars have undertaken the study of this issue and its impact on resulting mental health behaviors (Hunter & Lewis-Coles, 2004; Cervantes & Parham, 2005).

Past research has taught us a great deal about the behaviors and psychosocial outcomes of People of Color, however, there is still much that can be learned about the coping styles among Blacks that allows them to deal with hardship. Individual coping styles and acts of resistance used by Blacks may be shaped and formed by such cultural characteristics as spirituality that also adds to psychological health, even in light of hardship. There are other related cultural aspects such as one's understanding of their race that may also add to and influence the relationship between resistance, coping styles and psychological functioning. The proposed study will attempt to contribute to the current literature by looking at how culturally based spiritual coping, which is an aspect of Black Americans' cultural worldview, influences psychological well-being.

African-Centered Worldview

Nobles (1983) stated,

> "Afrocentric, Africentric, or African-centered are interchangeable terms representing the concept which categories a quality of thought and practice which is rooted in the cultural image and interest of African people and which represents and reflects the life experiences, history and traditions of African people as the center of analyses. It is therein, the intellectual and philosophical foundation which African people should create their own scientific criterion for authenticating human reality." (quoted in Graham, 1999, p. 257)

According to Graham (1999), the terms African-centered, Afrocentric/Africentric worldview "have been used to describe the cultural values of people of African descent throughout the world" (p. 258). Graham and other notable scholars have observed that this 'Africentric' worldview has survived more than 400 years of slavery, citing ancient African cultures as the sources for these notions (Akbar, 1976; Graham, 1999). The realization that a

culture could survive, what some accounts would classify as a heinous and monstrous ordeal, is both inspiring and sobering.

Within this worldview, people are seen as vital to nature. In essence, they are two parts of one 'whole'. It is also believed that individual's coexistence or symbiotic relationship with the surrounding world helps them to become one with reality. This concept of 'oneness' is said to encompass those yet to exist as well as those who have already passed from this world (Graham, 1999). Schiele (1994) wrote, "the focus on interconnectedness recognizes that people are spiritual (i.e., nonmaterial) beings who are connected with each other through the spirit of the Creator" (p. 18). Such beliefs appear to stand in contrast with typical Western/American notions of the absence of Spirit in the Material and the notion of one's spiritual beliefs as separate and independent from family and community.

Some believe that one's community defines who the individual is or will become (Akbar, 1976; Graham, 1999). Mbiti (1970) stated, "Whatever happens to the individual happens to the whole group and whatever happens to the whole group happens to the individual" (p. 141). In order for one to seek and have any hope of realizing this awareness of the cultural self, it is vital that this individual connects spiritually to others within their race or culture (Graham, 1999; Mbiti, 1970). These ideas appear to be ingrained in the core notions associated with Racial Identity ego statuses and can also be associated with similar aspects of awareness and sanctity.

Spiritual Coping

Recently, the study of spirituality, religion, coping and their intersections has become an ever-growing and somewhat fruitful area of research. This re-emerging interest in spirituality may be due the current state of affairs in our world where people are beginning to turn toward their faith under extreme and prolonged negative circumstances (Jagers & Mock, 1993; Lewis-

Coles & Constantine, 2006). It has also been argued that Black Americans retained elements of their African culture which included strong spiritual elements. These elements were combined with American religious notions and were used by Blacks to resist, adopt, and live with the horrors and pain of slavery and segregation. Spiritual coping in particular appears to possess ties to a variety of social, personal, and situational factors, as well as links to psychological and physical health (Pargament, 2000; Hage, 2006).

As a result, researchers have attempted to integrate aspects of spirituality into the preexisting models of adjustment (Daaleman et al, 2001; Hage, 2006). While some of these models are useful, some lack the nuanced view necessary in capturing the true essence of spirituality. Often, such inadequate models attempt to portray spirituality as having an overwhelming cognitive role in one's life and understanding of the world. Therefore, they often seem to ignore other possible functions in the overall coping process. Also, such models can be limited in their irresistible focus on a Christian view of religion (Anderson, 1995; Lewis-Coles & Constantine, 2006) rather than on a broader concept of spirituality. In this framework, spiritual beliefs operate as a contextual framework that acquaints an individual in his/her interpretation, understanding, and response to life experiences (Fowler, 2003; Hage, 2006; Koenig, 1995). These spiritual beliefs frequently help an individual to make meaning out of her/his suffering and provide for a more optimistic and confident attitude (Levin & Chatters, 1998; Pearson & Roberts, 2003).

One's spiritual assessment and coping behavior might function as mediating and moderating factors in the process of dealing with a stressful event. Spiritual assessments often involve attempts to understand the stressor based on one's own (sometimes limited) spiritual beliefs. Often times, a person is tempted to make sense of the situation by assigning the cause to

something outside of their control. In some cases the person even sees the situation as their "cross to bear". These initial attempts often help a person to reduce levels of anguish (Allport & Ross, 1981; Davis, Nolen-Hoeksema, & Larson, 1998) long enough to seek out or engage in other coping strategies. The ability to make meaning when faced with a stressful event often promotes successful opposition to the stressor, adjustment, and overall happiness (Carver, Pozo, Harris, & Noriega, 1993). Alternatively, one's incapacity to find meaning initially is often related to psychological distress which can in turn lead to indolence and reticence when attempting to engage in effective stress-reducing practices (Jagers & Mock, 1993; Mattis, 2000).

Spirituality can help locate an event within the context of the "big picture" or when addressing the overarching design or purpose. When a deeper purpose is acknowledged, the event is able to take on new meaning and can be viewed as less arbitrary. Gall and Cornblat (2002) found that Black women with breast cancer believed that their illness served some kind divine purpose. In their study some women related their experiences to slavery and how their ancestors who were slaves took meaning from those hardships and in some way believed that it served a higher purpose and, in turn, made them more resilient (Gall & Cornblat, 2002).

Some researchers have posited that there are still some occurrences (e.g., racial harassment) that are possibly too extreme to fit into one's ways of thinking. As such, the individual would need to make some adjustments to their existing spiritual practices and beliefs. (Sanchez & Carter, 2005; Taylor, Chatters, Jayakody, & Levin, 1996). Researchers have reported that survivors of trauma, which in this case can be associated with racial trauma (Carter, 2010), may cultivate a 'tragic optimism'. Wong and McDonald (2001) go on to state that this tragic optimism may influence one's positive views on life that have been mitigated by a calamitous past and the expectation of possible hardships in the future. Tragic optimism appears to possess

an association with spirituality when characterized as "the capacity to hope in spite of and because of tragic experiences" (Wong & McDonald, 2001, p. 240). This idea has great significance for the proposed study in that this realization implies that spirituality can be found in the cultural aspects of one's culture and in turn can act as a method of resistance in the face of racism and discrimination.

Culturally-based spirituality appears to be an appropriate addition to the currently employed coping paradigm in psychological research. Although spirituality has been largely neglected in the counseling literature, it has been examined in adult populations as a viable response in the medical field. In recent years, studies have been published indicating spirituality as clinically relevant in adult populations as well as in adaptation and recovery (Larson & Milano, 2002).

Spiritual coping seems particularly relevant when adjusting to mental illness (Hunter & Lewis-Coles, 2004). Researchers have also posited that spiritual beliefs and involvement in activities such as religious practice are related to positive health beliefs (Nazroo, 2003) and greater psychological well-being (Sanchez & Carter, 2005). Researchers have noted a marked improvement in individuals who engage in spiritual coping behaviors, citing that they generally tend to have lower rates of depression than other patients (James, Hartnett, & Kalsbeek, 1983; Smedley, Stith, & Nelson, 2003). Such behaviors have also been associated with similar behaviors of Black Americans who use these beliefs in their everyday lives and interactions in an attempt to combat racism (Jagers & Smith, 1996). Just as this culturally based spirituality has been linked to one's ability to resist discrimination, racial identity attitudes have also been linked to Black Americans' ability to deal with the stressors associated with racism and discrimination (Carter, 2006). Notions of development that are associated with the proposed spiritual

frameworks are similar in nature to one's racial identity development and the use of said development in stressful situations.

Racial Identity Development

All individuals experience some form of identity development. It is evident that identity development or establishing a stable sense of one's own self-concept is an essential developmental task. Erickson (1968) stated that identity formation consist of two components. They were labeled as ego identity and self-identity. It wasn't until more recently that theorists realized that both self and ego identity exist and evolve within a racial/cultural context and as such an aspect of one's self or ego is racial. Racial identity represents a significant concept in both practice and academia. Theorists and scholars have developed numerous models of racial identity development over the years in an attempt to better understand individual and racial differences in identity development (Akbar, 1979; Helms, 1990; Cross, 1971; Carter, 1995, 2005, 2007).

Although several models of racial identity development have been developed over the past two decades, the most widely accepted and acknowledged model of racial identity is that of Helms (1990). Helms initially proposed four stages of racial identity development, Pre-Encounter, Encounter, Immersion/Emersion and Internalization (Parham & Helms, 1981). More recently, she has separated Immersion-Emersion into two separate and distinct status attitudes. In the Pre-Encounter stage, the individual generally sees the self and thinks of the world from a White framework as she/he often engages in thoughts and behaviors that denigrate 'Blackness'. This person typically considers race as a minor component of their own personal identity if it is at all recognized. A person in this status also typically denies and denigrates anything related to Black culture. Because of this stance, researchers have noted that feelings of self-hatred and

remorse often develop within the individual (Carter, 1995, 2001; Carter et al., 2008; Helms & Parham, 1985). In addition, a Black person characterized by a Pre-Encounter status attitude usually acknowledges the White culture as dominant (Parham & Helms, 1985). In the Encounter status one is often faced with a situation in which they are forced to deal rationally with their previously denied race. Due to this situation, one generally is forced to let go of previously held views. In the Immersion-Emersion status, more recently described as the Immersion status (Helms, 2010), the individual immerses themselves in 'Black' culture and begins to engage in activities 'sanctioned' by the group. The Internalization status is usually marked by a 'coming-to-terms' or 'resolution' of internal/internalized racial conflicts. Although many mistakenly view this progression as linear and uni-directional, some scholars note the cyclical nature of this model (Carter et al., 2008; Helms, 2010).

Racial identity scholars posit that the manner in which an individual responds to or processes racial stimuli is largely influenced by the presence of various racial identity statuses (Helms, 1995, 2001; Carter, 1995, 2003, 2010). Racial identity theorists suggests that it is comprised of three aspects of self, namely personal understanding of one's race, how one identifies with his/her racial group and how one perceives members of other racial groups and the dominant (White) racial group (Carter, 1995; Helms & Parham, 1985; Helms 2001). Racial identity statuses do, however, play an important role in processing race-related information and experiences. There are a few studies that provide evidence for the moderating effect of racial identity on various race-related outcome variables such as coping and perceptions of discrimination and attitudes toward social change (Caord, Breland & Raskin, 2001; Jefferson and Caldwell, 2002; Watts, 1992). Scholars and theorists have also stated that racial identity statuses function within each individual as interacting influences (Carter et al., 2005; Helms, 2001).

As with awareness of one's own spirituality, views and ideas about one's race are also likely to serve as forms of resistance and adaptation for People of Color to the extent that they assist in giving the individual a positive sense of self. Research has shown that Black Americans who possess resilient and positive racial identity statuses are likely to have better mental health outcomes than those who identify with the dominant culture (Carter, 1995, 2010; Helms, 2001). Researchers have reported that Preencounter status attitudes are related to higher levels of anxiety (Carter, 1991; Carter et al., 2008; Parham & Helms, 1985) and lower levels of self-esteem (Carter, 2010; Parham & Helms, 1985; Sanchez, 2000). Immersion-Emersion status attitudes have been found to be somewhat less predictable ranging from feelings of inferiority, inadequacy, hypersensitivity, and high anxiety (Carter et al., 2008; Parham & Helms, 1985) to less substantial feelings of anxiety (Utsey, 2001). Internalization status attitudes have typically been positively related to self-esteem (Helms, 2000; Sanchez & Carter, 2005) and negatively linked with depression (Carter et al, 2008).

Racial Identity and Psychological Well-Being

Racial identity formation appears to signify a vital undertaking for Black Americans. Researchers have studied the relationship between psychosocial factors and racial identity in Black Americans (Carter, 2010; Carter et al., 2008). Most studies found that there was no significant relationship between Black racial identity status attitudes and psychosocial competence. However, Carter et al (2007) posited that Immersion-Emersion status attitudes appeared negatively correlated with behavior attitudes. Research has included racial identity as a construct of identifying depression, self-esteem, self-concept, and psychological functioning among African American populations (Carter, 1991; 2007; 2008; Thompson, 2008; Vadasky, 2009). Carter (1991) found several racial identity status attitudes to be precursors for

psychological certain psychological disturbances. He revealed that Pre-Encounter and Immersion/Emersion status attitudes were related to self-reported psychological symptoms such as depression, anxiety, paranoia, hallucinations, alcohol concerns and global psychological distress.

In addition to developing a strong sense of racial identity, it is also essential to identify with one's culture. For example, research has suggested that Black Americans who form positive cultural connectedness were more likely to have positive outcomes while in predominantly White college environments (Prelow & Guarnaccia, 1997). "In the African American Self-system, racial group identity and personal identity are intimately related, and a strong identification in both areas are necessary for a healthy sense of self," (Townsend & Belgrave, 2000, p. 423). This notion of racial identity is important in understanding the ability of Black Americans to resist and adapt in a society where their existence is influenced by attacks of racism and discrimination.

Racial Identity, Spiritual Coping, and Psychological Well-Being

More recently, the relationship between racial identity, spirituality and mental health has been the subject of increasing academic research. It is implied that one's identity has implications for mental health (Erikson, 1968; Carter et al., 2008; Greig, 2003). Blacks who have achieved a more confident sense of themselves as racial group members have higher self-esteem and appear to have more positive mental health outcomes (Carter, 2001; Greig, 2003; Helms, 2010). It has been reported that the majority of Black Americans are Christian and possess religious/spiritual experiences dating back to ancient Africa, as well as 'Black' variations of Hebraic, Jewish, Christian, and Islamic beliefs and rituals (Carter, 2002; Graham, 1999).

Current Rationale

Similar to racial identity, spirituality is a complex idea that adds to one's understanding of the world around them. They both influence possible ways in which individuals are able to deal with life events. The current study proposes that these two factors moderate the relationship between discrimination and psychological well-being. While medical literature has done a more extensive job in exploring the impact of spiritual coping with illness, the psychological literature falls a bit short. Very few studies have been conducted looking at the impact of spirituality on mental health issues. Spirituality in the psychological literature is generally treated as a demographic variable that has some bearing on one's personality. The extent and trend of this relationship and the impact that it has on one's ability to cope with life stressors (such as discrimination) have not been given as much attention. It is also the intent of this proposed study to look at the relationship between spirituality and racial identity as they aid in coping with racial discrimination.

Chapter III

Method

Participants

Participants were 362 Black individuals enrolled in undergraduate and graduate programs in colleges and universities in New York, New Jersey, Maryland, and Washington D.C. Age of participants ranged from 20 to 37 with a mean age of 26.43(SD 7.9). Participants described themselves as working class (40% n=146), middle class (33% n=120), and upper-middle class (10% n=35). Forty-six percent of participants have received an undergraduate degree and 23% have received a graduate degree. The remaining participants indicated an educational status of attaining an undergraduate or associate degree. Most of the participants indicated a religious orientation of Christian (50% n=179), Protestant (17% n=63), Baptist (16% n=57), or Spiritual (12% n=39). Table 1 illustrates the demographic information pertaining to the sample. Most participants in the study identified as African-American (53% n=193), Haitian-American (25% n=92), and Caribbean-American (10% n=35).

Instruments

Black Racial Identity Scale (BRIAS; Helms & Parham, 1985). The Black Racial Identity Scale is a 50-item scale that measures attitudes reflective of four of the five statuses of racial identity as conceptualized by Cross (1971). The four subscales comprising the measure are Pre-Encounter, Encounter, Immersion-Emersion, and Internalization. Subjects respond to individual items using a 5-point Likert-scale (1=strongly agree, 5=strongly disagree). Helms and Parham (1985) reported reliability coefficients as measured using Chronbach's Alpha ranging from .66 to .71. Respondents can receive a score on each of the four scales. These scores are calculated by adding together the scale values chosen by subjects, for appropriately selected items, and

dividing by the number of items to maintain the scale metric (i.e., strongly disagree to strongly agree). During the initial valideation, internal consistency coefficients were as follows: Pre-Encounter (.83), Encounter (.43), Immersion-Emersion (.75), and Internalization (.70). In the current study internal consistency coefficients were for Pre-Encounter (.82), Encounter (.76), Immersion-Emersion (.73), and Internalization (.84).

The Spirituality Scale (SS; Jagers, Boykin, & Smith, 1997) is a 20-item measure developed by Jagers, Boykin, and Smith to assess spirituality from an Africultural perspective (Jagers & Smith, 1996). The 20 items are responded to on a 6-point scale ranging from 1 (completely false) to 6 (completely true). Some examples of items include "To me, every thing has some amount of spiritual quality" and "Though I may go to the doctor when I am ill, I also pray" (Jagers & Smith, 1996).

In the initial validations of the scale internal consistency yielded coefficient alphas of .84 and .87. Test-retest reliability was reported at .88. Construct validation was established using constructs such as religious motivation, personal agency, and spiritual well-being (Jagers & Smith, 1996). The SS demonstrates statistically significant differences between African American and European American participants, suggesting that it addresses spirituality from the Africultural perspective for which it was designed. In the current study the internal consistency coefficient was .78.

Africultural Coping Systems Inventory (ACSI) (Utsey et al., 2000). The ACSI is a 30-item, 4-point, Likert-type (0 = *does not apply or did not use*, 1 = *used a little*, 2 = *used a lot*, 3 = *used a great deal*) scale that measures culture-specific coping behaviors used by African Americans during stressful situations. The ACSI is divided into two parts. In the first half, respondents are asked to think of a stressful situation that they experienced within the past week

and to write a brief description of the event. In the second half of the scale, participants are asked to respond to the ACSI using the 4-point scale. Four separate Afrocultural coping styles are obtained by summing the responses to the items. The four (4) coping subscales assessed by the ACSI include cognitive/emotional debriefing (11 items), spiritual-centered coping (8 items), collective coping (8 items), and ritual-centered coping (3 items).

Cognitive/emotional debriefing, measures Blacks' adaptive reactions in their efforts to manage perceived environmental stressors. The spiritual-centered coping subscale assesses African Americans' use of coping behaviors that reflect a sense of connection with spiritual elements in the universe and with the Creator. Collective coping measures the degree to which African Americans rely on group-centered activities to cope with stressful situations. Finally, ritual-centered coping, measures the extent to which African Americans use rituals (e.g., lighting of candles, pouring libations, and burning incense) to deal with stressful situations. Utsey et al. (2000) reported Cronbach's alphas ranging from .71 to .80 for the four ACSI subscales. Evidence of the ACSI's concurrent validity was demonstrated through a validation study. In the initial validation of the scale, Cronbach's alphas of .60, .81, .66, and .66 were reported for the cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping subscales, respectively. In the current study the ACSI yielded Cronbach alphas of .78 (collective coping), .83 (spiritual-centered coping), and .88 (ritual-centered coping).

Brief Symptom Inventory-18 (BSI-18; Derogatis, 2000) The Brief Symptom Inventory is an 18-item questionnaire that looks at life problems and how much it has affected the participant over the past week. This is scored on a scale of 0-4, with 0 being no effect at all, and 4 extremely affected by the problem (Derogatis, 2000). Scoring is done using the BSI worksheet. There are three primary symptom dimensions of the BSI which include: Somatization, Depression, and

Anxiety. In the current study the BSI-18 yielded Cronbach alphas of .91 (Depression), .94 (Anxiety), .79 (Somatization), .90 (Composite).

Psychological Well-Being Scale (PWB; Ryff, 1989) The Psychological Well-Being Scale consists of 34 items and participants respond with a six-point Likert scale ranging from "very strongly disagree" to "very strongly agree." Questions consist of statements like "I like most aspects of my personality" and "The past had it's ups and downs, but in general, I wouldn't want to change it" (Ryff, 1989). The 6 subscales are self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989).

High scores on the PWB indicate that the participant possesses a positive attitude toward the self (Self-Acceptance); has warm, satisfying, trusting relationships with others (Positive Relations with Others); is self-determining and independent (Autonomy); has a sense of mastery and competence in managing the environment (Environmental Mastery); has goals in life and a sense of directedness (Purpose in Life); and has a feeling of continued development (Personal Growth). Low scores indicate the opposite (e.g., the participant feels dissatisfied with self). The initial validation of the PWB Scale yielded Cronbach alphas of .88 (self-acceptance), .89 (positive relations with others), .90 (autonomy), .87 (environmental mastery), .93 (purpose in life), and .91 (personal growth) (Ryff, 1989). In the current study the PWB scale yielded Cronbach alphas of .86 (self-acceptance), .82 (positive relations with others), .87 (autonomy), .80 (environmental mastery), .92 (purpose in life), .84 (personal growth), and .92 (composite score).

Personal Data Sheet. The personal data sheet will be designed to obtain demographic information from the participants such as age, gender, socioeconomic status, religious affiliation, race, and ethnicity.

Procedure

For the purposes of this study, participants were recruited by obtaining permission from contact people and the college institutional review boards at respective sites to administer questionnaire packets. Participants were also solicited from Black churches in the Maryland and D.C. metropolitan areas.

Participants were approached by the primary researcher and assistants in classes, as well as in university cafeterias, and lounges, and asked to participate in a study of students' attitudes toward social and cultural topics. A similar strategy was used in churches where the primary researcher approached Church officials to solicit participation by members. Participants were asked to read and sign a form of consent before they were asked to complete the questionnaire. They were then informed that their participation was voluntary, that there are no "correct" answers to various items, that responses are confidential, and that they were free to withdraw from the study at any time. Participants were then given the questionnaire packet that includes a Personal Data Sheet, the Black Racial Identity Attitudes Scale (Helms & Parham, 1985), the Brief Symptoms Inventory-18 (Derogatis, 2000), the Africultural Coping Systems Inventory (ACSI) (Utsey et al., 2000), The Spirituality Scale (SS; Jagers, Boykin, & Smith, 1997), and the Psychological Well-Being Scale (PWB; Ryff, 1989).

Participants were then asked to complete the packet in one sitting and provide a response for every item. After completing the measures, participants had the opportunity to speak with the researcher or research assistants to make comments and discuss reactions. The participants were

also given the contact information of the researcher in the event that they had additional questions or concerns, which was included in the consent form.

 (**Hypothesis 1**) Spiritual faith (as measured by the Spirituality Scale; SS, Jagers, Boykin & Smith, 1996) will predict the use of spiritual and ritual African-centered coping practices (as measured by the ACSI, Utsey, Adams, & Bolden, 2000).

(**Hypothesis 2**) Spirituality (as measured by spiritual coping and spiritual faith) is predictive of psychological distress and psychological well-being? Spiritual coping is also a unique predictor of psychological distress and well-being over and above spiritual faith?

(**Hypothesis 3**) Spiritual Coping will moderate the relationship between Racial Identity and Psychological functioning (as measured by well-being and distress).

(**Hypothesis 4**) Spiritual Coping will mediate the relationship between Racial Identity and Psychological Well-Being.

Results

Preliminary Analysis

The means, standard deviations, and alphas for the four subscales of the BRIAS, the two

subscales of the Africultural Coping Scale, Spiritual Faith, BSI-18 subscales, and the

Psychological well-being subscale are listed in Table 2. In order to assess for any significant

effects on predictor variables by religion, age, SES, ethnicity, and gender, a MANOVA was run.

The previously mentioned demographic variables were entered as the independent variables and

the variables listed in Table 1 were entered as the dependent variables. The MANOVA revealed

no significant differences for age ($\lambda = .88$ p = .41), SES ($\lambda = .98$ p = .63), religion ($\lambda = .91$ p =

.61), gender ($\lambda = .75$ p = .39), and ethnicity ($\lambda = .84$ p = .47).

Data Analysis for Hypotheses

Hypothesis 1

1. Spiritual faith (as measured by the Spirituality Scale; SS, Jagers, Boykin & Smith, 1996) will

    predict the use of spiritual and ritual African-centered coping practices (as measured by the

    ACSI, Utsey, Adams, & Bolden, 2000).

    In order to investigate the relationship between spiritual faith, ritualistic cultural coping,

and spiritual coping, two regressions were conducted. In the first analysis, the predictor variable

was spiritual faith and the outcome variable was ritual-centered coping. The results were as

follows: $F(1, 360) = 16.7$ p = .11; $R^2 = .07$ $\beta = .13$ p = .12 indicating that ritual centered coping

was not significantly related to spiritual faith. (See Table 4) In the second regression the results

were as follows: $F(1, 360) = 65.94$; $R^2 = .15$; p = .01. Looking at the beta weights for spiritual

faith ($\beta = .38$ p = .01) reveals that it is positively associated with spiritual coping. (See Table 5)

Hypothesis 2

2a. Is spirituality (as measured by spiritual coping and spiritual faith) predictive of psychological distress and psychological well-being?

2b. Is spiritual coping a unique predictor of psychological distress and well-being over and above spiritual faith?

In order to investigate the relationship between spiritual faith, spiritual coping, and psychological well-being & distress (individual subscales and composite score), four regressions were conducted. In the first analysis, the predictor variables were spiritual coping and spiritual faith and the criterion variable was depression. The results were as follows: Step 1 – $F(1, 360) = 146.30$, $p < .01$; $R^2 = .21$. Looking at the beta weights for spiritual faith ($\beta = -.68$ $p = .01$) and spiritual coping ($\beta = -.56$ $p < .01$) revealed that both spiritual faith and spiritual coping were negatively associated with psychological distress. (See Table 6)

In the second analysis, the predictor variables were spiritual coping and spiritual faith and the criterion variable was psychological distress (composite score). The results were as follows: Step 1 – $F(1, 360) = 167.25$, $p < .01$; $R^2 = .19$. Looking at the beta weights for spiritual faith ($\beta = -.54$ $p = .01$) and spiritual coping ($\beta = -.50$ $p < .01$) revealed that both spiritual faith and spiritual coping were negatively associated with psychological distress. (See Table 7)

In the third regression psychological well-being (composite score) was the outcome variable and the predictor variables were Spiritual Faith and Spiritual Coping. The results were as follows: $F(1, 360) = 78.41$ $p = .01$; $R^2 = .13$ $\beta = .67$ indicating that spiritual faith was positively associated with psychological well-being. For Step 2 – $F(2, 359) = 53.79$ $R^2 = .18$; $\Delta R^2 = .05$ $p = .01$. The change in R^2 from .13 to .18 was significant ($F = 8.77$ $p<.01$). Looking at the beta weights for spiritual faith ($\beta = .46$ $p = .01$) and spiritual coping ($\beta = .16$ $p = .01$) revealed that both spiritual faith and spiritual coping were positively associated with psychological well-

being. The results also indicate that spiritual coping contributed uniquely to psychological well-being over and above spiritual faith. (See Table 8)

In the fourth regression self-acceptance was the outcome variable and the predictor variables were Spiritual Faith and Spiritual Coping. The results were as follows: $F(1, 360) = 59.68$ p = .01; $R^2 = .10$ β = .75 indicating that spiritual faith was positively associated with self-acceptance. For Step 2 – $F(2, 359) = 36.94$ $R^2 = .15$; $\Delta R^2 = .05$ p = .01. The change in R^2 from .10 to .15 was significant (F = 6.47 p<.01). Looking at the beta weights for spiritual faith (β =.41 p = .01) and spiritual coping (β = .10 p = .04) revealed that both spiritual faith and spiritual coping were positively associated with self-acceptance (See Table 9)

Hypothesis 3

3. Spiritual Coping will moderate the relationship between racial identity attitudes and psychological functioning.

In order to test for moderation, stipulations outlined by Frazier, Tix, & Barron (2004) were employed. First, interaction terms were created for spiritual coping and each of the racial identity subscales. The interaction terms were calculated by multiplying spiritual coping by each racial identity subscale score e.g. Internalization * Spiritual Coping. All predictor variables were initially centered before the interaction terms were created and run in the model. For the spiritual coping subscale, the mean was subtracted from each individual subscale score thereby creating a transformed Spiritual Coping subscale score by means of centering. The order of entry for both of the regression models was as follows: Step 1 – spiritual coping and BRIAS subscales (preencounter, encounter, immersion-emersion, internalization); Step 2 – four interaction terms comprised of spiritual coping * each BRIAS subscale.

In the first hierarchical regression, psychological well-being (composite score) was entered as the outcome variable. For Step 1 – F $(1,360) = 76.37$, $p < .01$; B $= 3.78$, $p < .01$; $R^2 = .18$. Significant individual predictors were Spiritual Coping (B $= .29$, $p < .01$), Preencounter (B $= .-.11$ $p = .02$) and Immersion-Emersion (B $= .18$, $p = .03$). For Step 2 – F $(3,358) = 12.26$, $p < .01$; B $= 3.78$, $p < .01$; $R^2 = .17$; $\Delta R^2 = .01$ $p = .36$. (See Table 8) The change in R^2 from .18 to .17 was not significant. The results showed that spiritual coping was a significant predictor of psychological well-being in the positive direction and that spiritual coping was significantly related to psychological well-being when controlling for racial identity attitudes. The results also indicate that spiritual coping does not moderate the relationship between racial identity attitudes and psychological well-being.

In the second hierarchical regression, psychological distress (composite score) was entered as the outcome variable. For Step 1 – F $(1,360) = 91.04$, $p < .01$; B $= 4.12$, $p = .01$; $R^2 = .28$. For Step 2 – F $(4,357) = 9.12$, $p = .01$; B $= 3.66$, $p = .01$; $R^2 = .29$; $\Delta R^2 = .03$. (See Table 10) The change in R^2 from .28 to .29 was not significant ($p = .13$). The results showed that spiritual coping was a significant inverse predictor of psychological distress and that spiritual coping was significantly related to psychological distress when controlling for racial identity attitudes. The results also indicate that spiritual coping does not moderate the relationship between racial identity attitudes and psychological distress.

Hypothesis 3b

It was recommended that the moderation analysis include an examination of gender differences. The following analysis is a replication of the previous one, separating male and female participants. The order of entry for both of the regression models was as follows: Step 1 –

spiritual coping and BRIAS subscales (preencounter, encounter, immersion-emersion, internalization); Step 2 – four interaction terms comprised of spiritual coping * each BRIAS subscale.

MALES

In the first hierarchical regression, psychological well-being (composite score) was entered as the outcome variable. For Step 1 – F $(1,113) = 37.45$, p $< .01$; B $= 2.43$, p $< .01$; $R^2 =$ .12. Significant individual predictors were Spiritual Coping ($\beta = .19$, p $= .01$), and Immersion-Emersion ($\beta = .22$ p $= .01$). For Step 2 – F $(4,110) = 6.79$, p $= .01$; B $= 3.78$, p $= .01$; $R^2 = .14$; $\Delta R^2 = .04$ p $= .10$. (See Table 10) The change in R^2 from .12 to .14 was not significant. The results showed that spiritual coping and Immersion-Emersion were significant predictors of psychological well-being in the positive direction and that spiritual coping was significantly related to psychological well-being when controlling for racial identity attitudes. The results also indicate that spiritual coping does not moderate the relationship between racial identity attitudes and psychological well-being.

In the second hierarchical regression, psychological distress (composite score) was entered as the outcome variable. For Step 1 – F $(1,113) = 39.42$, p $= .01$; B $= 3.22$, p $= .01$; $R^2 =$ .13. For Step 2 – F $(4,110) = 24.43$, p $= .01$; B $= 2.16$, p $= .01$; $R^2 = .13$; $\Delta R^2 < .01$. (See Table 11) The change in R^2 was not significant (p $=.11$). The results showed that spiritual coping was a significant inverse predictor of psychological distress and that spiritual coping was significantly related to psychological distress when controlling for racial identity attitudes. The results also indicate that spiritual coping does not moderate the relationship between racial identity attitudes and psychological distress for males in the sample.

FEMALES

The order of entry for both of the regression models was as follows: Step 1 – spiritual coping and BRIAS subscales (preencounter, encounter, immersion-emersion, internalization); Step 2 – four interaction terms comprised of spiritual coping * each BRIAS subscale.

In the first hierarchical regression, psychological well-being (composite score) was entered as the outcome variable. For Step 1 – $F(1,247) = 57.83$, $p = .01$; $B = 4.49$, $p = .01$; $R^2 = .14$. Significant individual predictors were Spiritual Coping ($\beta = .40$, $p < .01$), Preencounter ($\beta = .-.22$ $p = .01$) and Immersion-Emersion ($\beta = .23$, $p = .01$). For Step 2 – $F(3,245) = 19.82$, $p = .31$; $B = 4.28$, $p < .01$; $R^2 = .16$; $\Delta R^2 = .02$ $p = .31$. (See Table 13) The change in R^2 from .14 to .16 was not significant. The results showed that spiritual coping and Immersion-Emersion were a significant predictor of psychological well-being in the positive direction and Preencounter was a significant predictor in the negative direction. Spiritual coping was significantly related to psychological well-being when controlling for racial identity attitudes. The results also indicate that spiritual coping does not moderate the relationship between racial identity attitudes and psychological well-being.

In the second hierarchical regression, psychological distress (composite score) was entered as the outcome variable. For Step 1 – $F(1,247) = 42.26$, $p = .01$; $B = 3.72$, $p = .01$; $R^2 = .16$. For Step 2 – $F(1,360) = 22.36$, $p = .01$; $B = 2.65$, $p = .01$; $R^2 = .18$; $\Delta R^2 = .02$. (See Table 15) The change in R^2 from .16 to .18 was not significant ($p = .36$). The results indicate that spiritual coping does not moderate the relationship between racial identity attitudes and psychological distress for females in the sample.
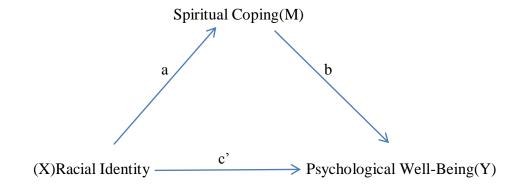
Hypothesis 4

4. Spiritual Coping will mediate the relationship between Racial identity attitudes and psychological well-being.

Baron and Kenny (1986) and Judd and Kenny (1981) posited four steps in establishing mediation. First, one must show that the initial or predictor variable is correlated with the outcome variable. This is achieved by using Y as the outcome variable in a regression equation and X as a predictor. This step establishes that there is an effect that may be mediated (Path c'). Secondly, one must show that the initial variable (X) is correlated with the mediator (M) (Path A). This is accomplished by using the proposed mediating variable as the outcome variable in the regression equation and the initial variable as a predictor. This step involves treating the mediator as if it were an outcome variable. The third step involves showing that the mediator affects the original outcome variable. This is achieved by using the outcome variable (Y) as the criterion variable in a regression equation and the initial (X) and mediating (M) variables as predictors. While you can not simply correlate the mediator with the outcome variable, the mediator and the outcome may be correlated because they are both caused by the initial variable. Therefore, the initial variable must be controlled in establishing the effect of the mediator on the outcome (Baron & Kenny, 1986).

The final step in this process attempts to establish that the mediating variable completely mediates the initial-outcome relationship. The effect of the initial variable on the outcome variable controlling for the mediating variable should be zero. The effects in both Steps 3 and 4 should be estimated in the same equation. Researchers (Baron & Kenny, 1986; Kenny, 1998; MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002) recommend performing a single test that requires the standard error of a or s_a (which equals a/Z_a where Z_a is the Z test of coefficient a) and the standard error of b or s_b. This test provides the standard error of ab and equals the square root of $b^2 s_a{}^2 + a^2 s_b{}^2 + s_a{}^2 s_b{}^2$

In the first regression, the four subscales of racial identity were used as the predictor variables and psychological well-being composite score was used as the outcome variable. The results were as follows: $F(1,360) = 108.96$, $p = .01$; $B = 3.01$ $p = .01$. Significant individual predictors were Preencounter ($\beta = -.22$, $p = .01$) and Immersion-Emersion ($\beta = .24$, $p = .02$). (See Table 16) These results indicate that Path C' was significant. In order to test whether Path A was significant, two regressions were run. In the first regression spiritual coping was used as the outcome variable and Preencounter was used as the predictor variable. The results were as follows: $F(1,360) = 65.6$, $p = .12$; $B = 2.46$, $p = .12$ indicating that Path A was not significant for Preencounter. In the second regression Immersion-Emersion was used as the predictor variable and spiritual coping was used as the outcome variable. The results were as follows: $F(1,360) = 74.3$, $p < .01$; $B = 1.32$, $p = .01$ indicating that Path A was significant for Immersion-Emersion. In the third mediation step psychological well-being was entered as the outcome variable and Immersion-Emersion and spiritual coping were entered as predictor variables, controlling for Immersion-Emersion in the regression equation. The results were as follows: $F(2, 359) = 92.68$ $p = .01$. Significant individual predictors were Spiritual Coping ($\beta = .43$ $p < .01$), and Immersion-

Emersion ($\beta = .27$ p $= .01$). Because Immersion-emersion is still a significant predictor of the outcome variable, total or complete mediation is not present. Application of the approximate formula to these unstandardized coefficient and standard error values yields the statistic $Z = 2.73$, $p = .01$. According to the results of this mediation analysis, it is confirmed that Spiritual Coping partially mediates the relationship between Racial Identity and Psychological Well-being because the calculated Z-statistic is larger than 1.96 and significant at the .01 level. Moreover, Spiritual Coping partially mediates the relationship between the Immersion-Emersion status and psychological well-being, meaning that the well-being of an individual in the Immersion-Emersion status is partially caused by his/her use of spiritual coping strategies.

Discussion

Many Americans have identified spirituality and religion as integral parts of their lives. Spirituality has also been identified as an essential element of one's cultural and racial identity, shaping one's worldview and sense of self (Hage, 2006). Some researchers have gone so far as to say that spiritually may supersede skin-color, gender, and cultural heritage in the development of one's worldview (Shafranske & Maloney, 1990). Furthermore, a substantial majority of Americans claim some affiliation to spiritual traditions which have become more diverse as immigration and other factors continue to increase the plurality of the once homogenous American religious/spiritual life. When looking at the cultural development of marginalized groups such as Black Americans, spirituality has been identified as a crucial source of strength and survival in combating stressors encountered in daily life (Lewis-Coles, 2006; Mattis, 2002).

As such, this study was designed to explore the relationships between spirituality (i.e. culturally based beliefs), racial identity, coping, and psychological functioning. As stated earlier, researchers have embraced the transactional model of stress and coping first posited by Lazarus and Folkman (1987) in order to explain the complex nature of spiritual coping (Jagers & Mock, 1997; Utsey, 2001). According to the model, the impact of a stressful event is mediated by an individual's appraisal of a situation and the adoption of a specific coping behavior. The transactional model provides a framework that illustrates the complex nature of spirituality in the coping process. Jagers and Mock (1997) theorized that African-centered spirituality can operate as coping resources and serve as a buffer to negative appraisals of situational stimuli. As such, Black individuals are able to utilize a variety of spiritual coping strategies in order to alleviate the negative effects of injurious stimuli. Bade and Cook (2008) reported that prayer can function

in various ways and has been shown to be effective in dealing with emotional crises. Researchers (Jagers, Mock, & Smith, 2000) have also reported that spirituality is called upon at times when individuals are faced with stressful events and may even promote a bond with a higher power. Jagers et al. (2000) go on to state that spirituality can operate in ways that reframe stressful events as opportunities for growth and spiritual evolution.

This study moves our comprehension forward in terms of better understanding spirituality and its effect on healthy psychological functioning by exploring how spiritual beliefs can possibly bolster one's ability to cope with hardships. Understanding what factors in one's life can possibly improve psychological functioning is of particular significance at this time when so many obstacles are negatively affecting the well-being of Black Americans. The search for resilience promoting factors must continue, and it is vital that this ssearch include an understanding of the conception of spirituality as it relates to racial identity development.

Discussion of Research Question 1 – Spiritual Faith and Spiritual Coping

In order to investigate the relationship between spiritual faith, ritualistic cultural coping, and spiritual coping, two regressions were conducted. In the first analysis, the predictor variable was spiritual faith and the criterion variable was ritual-centered coping. In the second analysis the predictor was spiritual faith and the outcome variable was spiritual coping. Spiritual faith was significantly related to spiritual coping. This finding relates to what Jagers and Mock (2001) reported, finding that individuals with a strong sense of faith would use these tenets in coping with life stressors. They went on to report that strong faith beliefs aid in coping with discrimination and racial oppression. (Jager, Mock & Smith, 2003). Ritual-based coping was not related to spiritual faith which is consistent with previous findings that spirituality can be viewed as being less moored in strict practices (Krager & Hall, 2004).

One possible explanation for these findings is that by definition, spiritual coping relies on one's predilection for spiritual faith or belief in spiritual tenets. In essence, spiritual coping is the enactment or tangible performance of spiritual faith. In other words, spiritual coping can be seen as the 'carrying out' of one's spiritual faith such as prayer, bible study, or veneration. When looking at spiritual coping as one's attempt to effectuate their spiritual faith, it follows that these two variables would be related in such a manner. Scholars have found that individuals who endorsed higher levels of spiritual beliefs, often employed some type of practice related to those beliefs such as spiritual coping strategies (Hage, 2010; Lewis-Coles, 2006). Researchers have also posited that spirituality may be clinically relevant in adult populations when focused and carried out as routine acts or when spiritual beliefs are internalized and applied in relation to daily life encounters (Larson & Milano, 2002; Orsi, 2006; Sanchez & Hoyt, 2010).

It also follows that ritual-centered coping would not necessarily be related to spiritual faith. A possible explanation for this occurrence is that ritual-centered coping is centered in one's cultural upbringing and relates to behaviors that may have been instilled while growing up. The use of ritualistic coping strategies, however, does not necessarily stem from one's spiritual beliefs. Furthermore, ritual-centered coping is often associated with severe life crises such as death and illness (Asanti, 1999; Rayge, 2007). It is possible that the stress experienced by subjects in this study was not severe enough to warrant the use of this coping strategy.

The results of this study coincide with previous findings that support spirituality as a critical concept in the cultural experience of Black Americans (Jagers & Mock, 1993; Lewis-Coles, 2006). Previous studies have also shown that Black Americans view spirituality as an integral part of their daily lives (Gallup, 2003; Jagers & Mock, 2006; Taylor et al., 1996). As noted earlier, in the current study Black Americans reported high levels of spiritual coping

strategies. Results of this study point to spirituality as a cultural strength for Black Americans. This concept is supported by previous research which have described the importance of spirituality in the lives and survival of Black Americans (Lewis-Coles, 2006; Hill, 2008; Marano, 2010; Thomas, 2010).

Discussion of Research Question 2 –Spiritual Coping and Psychological Functioning

In order to investigate the relationship between spiritual faith, spiritual coping, and psychological well-being and distress, two linear regressions were conducted. In the first analysis, the predictor variables were spiritual coping and spiritual faith and the criterion variable was psychological distress. In the second regression psychological well-being was the outcome variable and the predictor variables were Spiritual Faith and Spiritual Coping. The results revealed that both spiritual faith and coping were positively associated with psychological well-being and negatively associated with anxiety and depression. These findings were consistent with previous literature looking at spirituality and psychological functioning (Jagers & Mock, 2003).

One explanation for these findings is that individuals who employ spiritual coping strategies possess a more concrete way of understanding or making sense of the negative situations they endure. In other words, in the face of negative situations these spiritual strategies allow individuals to sustain their self-esteem which offers a sense of meaning and purpose. Concurrently, it gives emotional comfort and provides the individual with a sense of hope. These findings are not surprising given that Black Americans have been found to rely on spirituality to cope with negative stimuli such as racism (Jagers, Mock, & Smith, 2004). Spiritual coping has also been associated with lower levels of distress (Ross, 2009; Sanchez, 2008), lower levels of

depression and anxiety (Lee, 2007; Reilly, 2008), less hopelessness (French, 2010; Lieber, 2008), and less perceived stress (Kostky, 2009; Marano, 2010).

Another explanation for these findings may be that individuals who hold spiritual beliefs and employ similar coping strategies are able to feel a sense of purpose, connect to the outside world, and release a burdensome sense of control not felt otherwise by those who do not hold such beliefs. In other words, by cultivating their spiritual beliefs, individuals may help to uncover what is most significant and consequential in their lives. Also, by clarifying what's most important in their lives through spiritual endeavors, individuals are able to focus less on unimportant matters and in turn deal with stressful situations more readily.

The more individuals feel they have a purpose in the world, the less solitary they feel even when alone (Sanchez, 2008; West, 2010). This can lead to a valuable inner peace during otherwise stressful times. Furthermore, when individuals feel part of a greater whole, it is often realized that they are not responsible for everything that happens in life. In turn they are able to share the burden of negative situations as well as the joys of positive ones with those around them. As such, spiritual coping has been linked previously with indicators of good mental health including greater happiness, quality of life, and psychological well-being (Samson et al.. 2005; Tuller, 2009) and positive life changes (Grossman, 2007; Leech, 2009).

Discussion of Research Question 3 – Spiritual Coping, Racial Identity, and Psychological Functioning (Moderation)

In order to test for moderation, conditions outlined by Frazier, Tix, & Barron (2004) were used. In the first hierarchical regression, psychological well-being was entered as the outcome variable. The results showed that spiritual coping was a significant predictor of psychological well-being in the positive direction and that spiritual coping was significantly related to

psychological well-being when controlling for racial identity attitudes. The results also indicated that spiritual coping does not moderate the relationship between racial identity attitudes and psychological well-being. In the second hierarchical regression, psychological distress was entered as the outcome variable. The results showed that spiritual coping was a significant inverse predictor of psychological distress. The results also indicated that spiritual coping did not moderate the relationship between racial identity attitudes and psychological distress. Similar results were found when computing a moderation analysis controlling for gender.

Spiritual coping was not found to affect the strength of the relationship between racial identity and psychological well-being or distress. Possible explanations for these findings can be taken from both conceptual and empirical perspectives. One possible explanation for these findings could lie in the conceptual relationship between racial identity subscales and the coping subscales of the Africultural Coping Scale. The BRIAS was created using a Black American-based theoretical worldview while the ACSI uses an African-centered worldview. An individual who endorses African/Black specific cultural characteristics would not necessarily be expected to endorse culturally-specific spiritual practices. Scholars have reported that scales normed on different populations can sometimes yield confusing results (Green, 2006; Hoyt & Lester, 2004; Thomas, 2009).

It is also possible that an Afrocentric worldview does not necessarily match up with the current sample population which was primarily Black American college students. Plausible reasons for the weak results found in this sample when looking at Afrocentric (spiritual) coping could be that for the sampled population, being African or holding Afrocentric spiritual beliefs is not salient to their American identity (Jagers et al, 2003; Padilla & Perez, 2003; Utsey, 2001). The current study did not measure acculturation or one's Afrocentric worldview and therefore

can not predict the salience of African identity for this sample. Researchers have pointed to acculturation as a mediating factor when examining racial within-group difference (Harrel, 2000; Padilla & Perez, 2003). There was, however, a distinct relationship between Preencounter and Internalization racial identity statuses, spiritual coping, and psychological well-being and depression. Even though there was not a moderating relationship between these variables, it would be premature to disregard the possible strengths of these relationships.

Another possible explanation for the failure of spiritual coping to moderate the relationship between racial identity and psychological functioning may lie in the nature of the stress experienced by participants in the study. Participants were asked to recall a stressful event that they experienced over the past two weeks. The events brought to mind may have been varying in degree of stress which could lead to a lack in the strength of relationships of the measured variables. Past research has linked spiritual beliefs and involvement to emotional attitudes, and behaviors (Kreeger, 2009), and improved well-being (Koenig, 1991). Specifically, individuals who engaged in spiritual coping practices were shown to have lower rates of depression when dealing with stress associated with discrimination (Sanchez, 2000). It can be argued that stress associated with racism/racial harassment can be perceived/experienced as more harmful. It would follow that individuals would not necessarily need to employ spiritual coping strategies when dealing with general life stress. Researchers have found that Black Americans who use such coping strategies are often dealing with the stressors associated with racism and discrimination (Jagers, Mock & Smith, 1993; Hunter & Lewis-Coles, 2004; Lewis-Coles & Constantine, 2006; Trice & Bjork, 2006).

Discussion of Research Question 4 – Spiritual Coping, Racial Identity, and Psychological

Functioning (Mediation)

Spiritual Coping(M)

a   b

(X)Racial Identity   c'   Psychological Well-Being(Y)

In the first regression, the four subscales of racial identity were used as the predictor

variables and psychological well-being was used as the outcome variable. These results indicated

that Path C' was significant. In order to test whether Path A was significant, two regressions

were run. In the first regression spiritual coping was used as the outcome variable and

Preencounter was used as the predictor variable. The results indicated that Path A was not

significant for Preencounter. In the second regression Immersion-Emersion was used as the

predictor variable and spiritual coping was used as the outcome variable. The results revealed

that Path A was significant for Immersion-Emersion. In the third mediation step, psychological

well-being was entered as the outcome variable and Immersion-Emersion and spiritual coping

were entered as predictor variables, controlling for Immersion-Emersion in the regression

equation. Because Immersion-Emersion was still a significant predictor of well-being, total or

complete mediation does not exist.

According to the results of this mediation analysis, Spiritual Coping was observed as

partially mediating the relationship between Racial Identity and Psychological Well-being.

Moreover, Spiritual Coping was shown to partially mediate the relationship between the

Immersion-Emersion status and psychological well-being. One possible explanation for this

mediating relationship could be that individuals who primarily endorse an Immersion-Emersion status would be more likely to employ spiritual coping strategies. The Immersion-Emersion status is marked by psychological and physical withdrawal into the stigmatized world of the minority and sometimes at the cost of personal identity (Kramer, 2007; Utsey, 2001). Individuals in this status often immerse themselves in minority culture which includes cultural values, beliefs, and activities (Helms, 1990). The individual in this status continues to search for a better comprehension of their (Black) culture and associate with people of the same race.

Immersion status attitudes have been found to be related to feelings of inferiority, inadequacy, low self-regard, and high anxiety (Fritz, 2005; Parham & Helms, 1985). This is the status in which individuals seek out knowledge related to positive information about their history and culture, which in this case would entail cultural coping strategies including spiritual coping. Individuals in this status are more enlightened and begin to move away from the stereotypic information that was internalized in the Preencounter and Encounter statuses. Thus, it follows that individuals in this status would be more apt to use coping strategies associated with Black culture.

Another explanation for lack of mediation related to the Preencounter status is similar to the aforementioned. Individuals in the Preencounter status are programmed to perceive and think of the world as being non-minority or anti-minority and act in ways that devalue their minority development (Helms, 1990). Researchers have endorsed these ideas about racial identity and psychological well-being citing studies reporting Preencounter status attitudes being associated with higher levels of anxiety (Carter, 1991; Carter, et al., 2008; Parham & Helms, 1985) and lower levels of self-esteem (Fritz, 2005; Parham & Helms, 1985; Sunner, 2007). Individuals who endorse more of a Preencounter status would not favor spiritual coping

strategies inherent in a culture with which they are unfamiliar and/or view as irrelevant. Thus, it follows that spiritual coping strategies would not be endorsed by members of this status.

The current findings appear consistent with past literature (Jagers, 2001; Jagers & Mock, 2003; Jagers, Mock & Smith, 2002) which indicates that spirituality has historically been an important instrument by which Blacks are able to deal with negative experiences (Lewis-Coles, 2006). Researchers have posited that the most pronounced feature of Black spirituality, including spiritual coping, is its consoling and transformative facets (Lewis-Coles & Constantine, 2006; Utsey, 2001). The current findings also appear to provide additional evidence that spirituality assists in improving one's well-being. Furthermore, linking racial identity to spiritual coping adds to our understanding of furthering health initiatives in the Black community.

Limitations

Although this study makes a positive contribution to the literature, limitations are also inherent in the study. The sample size was moderate and limited to a college sample. A larger, more representative sample size could increase the generalizability of the results and increase power to detect significant relationships. However, it should be noted that the relationship between spirituality and well-being appears particularly robust and is captured with a moderate sample size. An additional limitation was inherent in the spirituality measure as content of the scale focused more on Christianity and other religions, and therefore, terminology may not have represented other spiritual orientations. Some participants may have also felt that the questionnaire was not applicable to them. It is important for researchers to continue to examine the complexity and explore the varied dynamics of spiritual beliefs and participation.

Another limitation in the current study is an inability to account for possible mediating and moderating variables. Deciding not to include demographic variables (except gender) in the

main analyses could possibly have resulted in neglecting latent variables that may have been present. Although the preliminary analysis did not reveal any significant differences across demographic variables, it is possible that one's religion, ethnicity, or even class may have moderating or mediating characteristics if introduced in the main analysis. Another possible limitation relates to the measured employed in the study. It is possible that some of the measures were lacking in their ability to capture the true essence of what participants were trying to communicate. Similarly, there has always been some controversy regarding self-report measures. Due to their inability to report objective findings, self-report measures may limit a researchers ability to accurately capture one's experience.

Future Considerations

It is vital to point out the role that one's cultural context plays in the use of spiritual coping. Many communities look to spirituality for comfort, support, and guidance both in times of individual crisis as well as in times of crisis that affect the group at large. This notion was very palpable during the days following September 11th as well as in the wake of Hurricane Katrina and the Gulf Oil Spill. Although some attention has been paid to the cultural dimensions of spiritual coping such as in this study, much work remains. The ability to fully grasp how cultural and religious/spiritual communities, outside of our own, cope is crucial in a time when many serious, lingering social and political conflicts are partly rooted in religious and cultural differences. The interaction of religion, spirituality, and culture is significant in helping us to form shared ideals and beliefs.

Throughout this study it is clear that understanding the individual and cultural contexts of spiritual coping is essential to grasping its meaning and function across spiritual traditions, race, gender, and ethnicity. A significant application of these findings could be to cultivate spiritually

integrated and inclusive mental health treatment programs that could support one's coping

process. By organizing one's spiritual resources individuals would be able to achieve better

stress management brought on by discrimination and other stressors. Peck wrote,

"Psychotherapy, if it is to provide substantial assistance to the process of mental and spiritual

growth, is not a quick or simple procedure" (p.12). As seen in this study, spirituality is a concept

that affects the lives of individuals in a way that can not always be easily seen. As such, it is vital

that counselors begin to explore their own beliefs/values related to their own spiritual

worldviews in an effort to better understand the needs of their clients.

Ferguson (1980) wrote, "Awareness is wider and deeper than anyone had guessed;

intention, more powerful. Clearly, human beings have not begun to exploit their potential for

change" (p. 154). Chandler, Holden, and Kolander (1992) reference this quote when they make a

plea to psychologists and counselors to take up the cause of beginning to incorporate spirituality

into one's counseling practice. In light of the current study, spirituality should no longer be

looked at as vague or ineffectual. It is a 'piece of the whole' and should be attended to with the

same care and respect as other cultural aspects of one's identity. Future research must be willing

to examine spirituality among a variety of cultural groups in order to better understand the

impact of culturally-based spirituality.

References

Acklin MW, Brown EC, Mauger PA: *The role of religious values in coping with cancer*. Journal of Religious Health 22 (4): 322-333, 1983.

Akbar, N. (1976) *The evolution of human psychology*. Presented to the SREB Student Conference, Atlanta. Reprinted in R. Jones (Ed.) (1991), Black Psychology (3rd ed.). Berkeley, CA: Cob and Henry Publishers.

Akbar, N. (1985) 'Our destiny: authors of a scientific revolution', in McAdoo, H. and McAdoo, J. (eds.), *Black Children: Social Psychological and Educational Environments,* Newbury Park, CA, Sage Publications.

Allison, K. (1998). Stress and oppressed social category membership. In J. K. S. C. Stangor. (Ed.), *Prejudice: the target's perspective*. New York: Academic Press.

Allport, G. W. (1950). *The individual and his religion.* (New York: Macmillan)

Allport, G. W. (1954). *The nature of prejudice*. Cambridge, MA: Perseus Books

Allport, G. W. (1959). Religion and prejudice. *Crane Review, 2*, 1-10.

Allport, G. W. & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology, 5*, 432-443.

Asante, M. (1987) *The Afrocentric Idea,* Philadelphia, Temple University Press.

Asante, M. (1988) *Afrocentricity: The Theory of Social Change,* Trenton, NJ, Africa World Press.

Asante, M. (1990) *Kemet, Afrocentricity and Knowledge,* Trenton, NJ, Africa World Press.

Asante, M. (1993) *Malcolm X as Cultural Hero and Other Afrocentric Essays,* Trenton, NJ, Africa World Press.

Asante, M. (1994) Afrocentricity, race and reason, in *Race and Reason,* Autumn, pp. 20-29.

Bade, M. K., & Cook, S. W. (2008). Functions of Christian prayer in the coping process. *Journal for the Scientific Study of Religion, 47(1),* 123-133.

Batson, C. D. (1976). Religion as prosocial: Agent or double agent? *Journal for the Scientific Study of Religion, 15*, 29-46.

Batson, C. D. & Gray, R. A. (1981). Religious orientation and helping behavior: Responding to one's own or to the victim's need? *Journal of Personality and Social Psychology, 40*, 511-520.

Batson, C. D., Naifeh, S. J. & Pate, S. (1978). Social desirability, religious orientation, and racial prejudice. *Journal for the Scientific Study of Religion, 17*, 31-41.

Batson, C. D. & Raynor-Prince, L. (1983). Religious orientation and complexity of thought about existential concerns. *Journal for the Scientific Study of Religion, 22*, 38-50.

Batson, C. D. & Ventis, W. L. (1982). *The religious experience: A social—psychological perspective.* (New York: Oxford University Press)

Becker, E. (1962). *The birth and death of meaning.* (New York: Free Press)

Berger, P. L. (1969). *A rumor of angels.* (Garden City, New York: Double-day)

Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist, 46*, 394-403.

Bergin, A. E., Masters, K. S. & Richards, P. S. (1987). Religiousness and mental health reconsidered: A study of an intrinsically religious sample. *Journal of Counseling Psychology, 34*, 197-204.

Bowser, B. P. & Hunt, R. (Eds.) (1996). *Impacts of racism on white Americans* (2nd ed.). Thousand Oaks, CA: Sage.

Boyd-Franklin, A. J. (2004). *From brotherhood to manhood: How Black men rescue their relationships and dreams from the invisibility syndrome*. NJ: John Wiley & Sons, Inc.

Barnard D. (1984) Illness as a crisis of meaning: Psycho–spiritual agendas in health care. Pastoral Psychology 33, 74–82.

Belcher A.E., Dettmore D., Holzemer S.P. (1989) Spirituality and sense of well-being in persons with AIDS. Holistic Nursing Practice 3, 16–25.

Bowman G.S., Webster R.A., Thompson D.R. (1992) The reactions of 40 patients unexpectedly admitted to hospital. Journal of Clinical Nursing 1, 335–338.

Boyd J. (1998) Two orientations of the self. Journal of Psychology and Theology 26, 110–122.

Bradshaw A. (1994) Lighting the Lamp. The Spiritual Dimension of Nursing Care. Scutari Press, Middlesex.

Bradshaw A. (1996) The legacy of nightingale. Nursing Times 92, 42–43.

Barkwell, D.P. (1991). Ascribed meaning: A critical factor in coping and pain attenuation in patients with cancer-related pain. Journal of Palliative Care, 7, 5-14

Blaine, J. & Crocker, F. (1995) Religiousness, race, and psychological well-being: Exploring social-psychological mediators. *Personality and Social Psychology Bulletin, 21*, 1031-1041

Branscombe, N. R., Schmitt, M. T., & Harvey, R. D. (1999). Perceiving pervasive discrimination among African-Americans: Implications for group identification and well-being. Journal of Personality and Social Psychology, 77, 135-149.

Brown, T. N., Sellers, S. L., Brown, K. T., & Jackson, J. S. (1999). Race, ethnicity and culture in the sociology of mental health. In C. S. Aneshensel & J. C. Phelan (Eds.), *Handbook of the Sociology of Mental Health* (pp. 167-182). New York: Kluwer Academic/Plenum Publishers

Brussat, F. & Brussat, M.A. (1996) Spiritual Literacy: Reading the Sacred in Everyday Life New York: Scribner.

Brooke V. (1987) The spiritual well-being of the elderly. Geriatric Nursing 8, 194–195.

Burkhardt M.A. (1989) Spirituality: an analysis of the concept. Holistic Nursing Practice 3, 69–77.

Burkhardt M.A. (1994) Becoming and connecting: elements of spirituality for women. Holistic Nursing Practice 8, 12–21.

Burnard P. (1987) Spiritual distress and the nursing response: theoretical considerations and counselling skills. Journal of Advanced Nursing 12, 377–382.

Burnard P. (1988a) Searching for meaning. Nursing Times 84, 34–36.

Burnard P. (1988b) The spiritual needs of atheists and agnostics. Professional Nurse 4, 130–132.

Burns N. & Grove S.K. (1997) The Practice of Nursing Research. W.B. Saunders Co., Philadelphia.

Coard, S., Breland, A., & Raskin, P. (2001). Perceptions of and preferences for skin color, Black racial identity, and self-esteem among African Americans. *Journal of Applied Social Psychology*, 31(11), 2256-2274.

Capodilupo, C.M. & Sue, D. (2009). Cultural perspectives on trauma. In C.S. Clauss-Ehlers (Ed.), *The Encyclopedia of Cross-Cultural School Psychology.* New York: Springer.

Carr L.T. (1994) The strengths and weaknesses of quantitative and qualitative research: what method for nursing? Journal of Advanced Nursing 20, 716–721.

Carson V., Soeken K.L., Shanty J., Terry L. (1990) Hope and spiritual well-being: essentials for living with Aids. Perspectives in Psychiatric Care 26, 28–34.

Carter, J. H. (2002). *Religion/spirituality in African-American culture: an essential aspect of psychiatric care.* Journal of the National Medical Association, 94, 371-375.

Carter, R. T. (1991). Cultural values. *Journal of Counseling & Development, 70,* 164–173.

Carter, R. T. (1995). *Race and Racial Identity in psychotherapy: toward a racially inclusive model*. New York, NY: John Wiley & Sons.

Carter, R.T. & Gesmer, E. (1997). Applying racial identity theory to the legal system: A case of family law. In C. Thompson & R.T. Carter (Eds.), *Racial identity theory: Applications to individual, group, and organizational interventions* (pp. 219-236). Mahwah, NJ: Lawrence Erlbaum Associates.

Carter, R.T. & Helms, J.E. (2002). *Racial discrimination and harassment: A race based traumatic stress disorder*. Paper presented at the American College of Forensic Examiners Conference, Orlando, FL.

Carter, R.T. & Pieterse, A.L. (2005). Race: A social and psychological analysis of the term and its meaning. In R. T., Carter (Ed.). *Handbook of racial-cultural psychology and counseling: Theory and research,* (Vol. 1) (pp.41-63). New York, NY: Wiley.

Carter, R.T., Helms, J.E., & Juby, H. (2004). The relationship between racism and racial identity profiles. *Journal of Multicultural Counseling and Development, 30*, 19-29.

Carter, R. T., Forsyth, J., Mazzula, S., & Williams, B. (2005). Racial discrimination and race-based traumatic stress. In R. T. Carter, (Ed.), *Handbook of racial-cultural psychology and counseling: Training and practice* (Vol. 2) (pp. 447-476). New York, NY: Wiley.

Carter, R.T., Pieterse, A. L., & Smith III, S. (2008). An exploratory analysis of racial identity profile statuses and expressions of anger in Black Americans. Journal of Multicultural Counseling and Development, 36, 101-112.

Carver, C. S., Pozo, C., Harris, S. D., & Noriega, V. (1993). How coping mediates the effect of optimism on distress: A study of women with early stage breast cancer. Journal of Personality and Social Psychology, 65, 375-390.

Cassidy, C. and O'Connor, R.C. and Howe, C.J. and Warden, D.A. (2005) Perceived

discrimination among ethnic minority young people: the role of psychological variables. Journal of Applied Social Psychology, 35 (6). pp. 1246-1265.

Chambers, J. W., Clark, T., Dantzler, L., & Baldwin, J. A. (1994). Perceived attractiveness, facial features, and African self-consciousness. *Journal of Black Psychology, 20,* 305–324.

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. American Psychologist, 54, 805-816.

Clark, V. R., & Harrell, J. P. (1982). The relationships among Type A behavior, styles used in coping with racism, and blood pressure. Journal of Black Psychology, 8, 89-99.

Cohen, L. L., & Swim, J. K. (1995). The differential impact of gender ratios on women and men: Tokenism, self-confidence, and expectations. Personality and Social Psychology Bulletin, 21, 876-884.

Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress and potential in theory and research. Psychological Bulletin, 127.

Connor-Smith, J. K., Compas, B. E., Wadsworth, M. E., Thomsen, A. H., & Saltzman, H. (2000). Responses to stress in adolescence: Measurement of coping and involuntary stress responses. Journal of Consulting and Clinical Psychology, 68, 976-992.

Cawley N. (1997) An exploration of the concept of spiritually. International Journal of Palliative Nursing 3, 31–36.

Coard, S., Breland, A., & Raskin, P. (2002). Perceptions of and preferences for skin color, Black racial identity, and self-esteem among African Americans. *Journal of Applied Social Psychology*.

Corning, Peter A. (2002), "The Re-Emergence of "Emergence": A Venerable Concept in Search of a Theory", Complexity 7(6): 18-30

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), Handbook of social psychology (4th ed., pp. 504-553). Boston: McGraw Hill.

Colburn K. (1990) Clinical and personnel issues in providing interdisciplinary services for the terminally ill. Caring MagazineNovember, 14–16.

Cormack D.F.S. (1996) The Research Process in Nursing. Blackwell Science Ltd,

Oxford.

Coward D.D. (1995) The lived experience of self – transcendence in women with AIDS. Journal of Obstetrics and Gynaecological and Neonatal Nursing 24, 314–318.

Coward D.D. & Lewis F.M. (1993) The lived experience of self-transcendence in gay men with AIDS. Oncology Nursing Forum 20, 1363–1367.

Chapleski, E., Kaczynski, R., Lichtenberg, P.A., & Gerbi, S.A. (2004). American Indian elders and depression: The effects of life events over time. *Journal of Applied Gerontolog*y, *23(1)*, 1-18.

Clark, R., Anderson, N., Clark, V.R., & Williams, D. R. (1999). Racism as a stressor for African Americans: a biopsychosocial model. *American Psychologist, 54*, 805-816.

Coard, S. I., Breland, A. M., & Raskin, P. (2001). Perceptions of and preferences for skin color, black racial identity, and self-esteem among African Americans. *Journal of Applied Social Psychology, 31*, 2256-2274.

Cohen, J. I. (2000). Stress and mental health: A biobehavioral perspective. *Issues in Mental Health Nursing, 21*, 185-202.
Cohen, S. & Williamson, G. (1988). Perceived stress in a probability sample in the United States. In S. Oskamp. (Ed.), *The Social Psychology of Health*, 13, 123-128. Newbury Park, CA: Sage.

Contrada, R. J., Ashmore, R. D., Gary, M. L., Coups, E., Egeth, J. D., Sewell, A., Ewell, K., Goyal, T. M., & Chase, V. (2001). Measures of ethnicity-related stress: psychometric properties, ethnic group differences, and associations of well-being. *Journal of Applied Psychology, 31*, 1775-1820.

D'Augelli, A. R., & Hershberger, S. L. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems.*American Journal of Community Psychology, 21*, 421-448.

Daaleman, T.P., Cobb, A.K., & Frey, B.B. (2001) Spirituality and well-being: An exploratory study of the patient perspective. *Social Science and Medicine, 53* (11) 119-127

DeCharms, R. (1968). *Personal causation: The internal affective determinants of behavior.* (San Diego, CA: Academic Press)

Dickinson C. (1975) The search for spiritual meaning. American Journal of Nursing 75, 1789–1793.

Diop, C. (1978) *The Cultural Unity of Black Africa,* Chicago, Third World Press.

Doyle D. (1992) Have we looked beyond the physical and psychosocial? Journal of Pain

and Symptom Management 7, 302–311.

Dreyer G.D. (1996). Help patients recover by exploring spirituality. Case Management Advisor. July, 97–98.

Donahue, M. J. (1985). Intrinsic and extrinsic religiousness: Review and meta-analysis. *Journal of Personality and Social Psychology, 48*, 400-419.

Delgado, A.K. (1982). On being black. pp. 109-116. In *Effective Psychotherapy for Low-Income and Minority Patients*, F. X. A, Joe Yamamoto, and L. A. Evans (Eds). New York, NY: Plenum Press.

Dowhnrend, B. P. (2000). The role of adversity and stress in psychopathology: some evidence and its implications for theory and research. *Journal of Health and Social Behavior, 41*,

Dovidio, J. F., Gaertner, S. L., Kawakami, K., & Hodson, G. (2002). Why can't we just get along? Interpersonal biases and interracial distrust. *Cultural Diversity & Ethnic Minority Psychology, 8,* 88-102.

Eberhardt, J. L. & Fiske, S. T., (Eds.) (1998). *Confronting Racism: The Problem and the Response*. London: Sage Publishing.

Ellis, A. (1985). *The case against religion: A psychotherapist's view, and the case against religiosity.* (Austin, TX: American Atheist Press)

Erikson, E. (1968). *Identity: Youth and crisis*. New York: Norton

Feagin, J. R. (1991). The continuing significance of race: Anti-Black discrimination in public places. American Sociological Review, 56, 101-116.

Feagin, J. R. (2000). *Racist America: Roots, Current Realities, And Future Directions*. New York, NY: Routlidge.

Feagin, J.R., McKinney, K.D. (2003). *The Many Costs of Racism*. Lanham, MD: Rowman and Littlefield.

Fowler, J. W. (1981). *Stages of faith: The psychology of human development and the quest for meaning.* (New York: Harper & Row)

Freud, S. (1927). The future of an illusion. *Standard Edition, 21*, 5-56.

Fromm, E. (1950). *Psychoanalysis and religion.* (New Haven, CT: Yale University Press)

Franklin, A. J. (1999). Invisibility syndrome and racial identity development in psychotherapy and counseling African American. *Counseling Psychologist, 27*, 761-793.

Franklin, A. J. (2004). *From brotherhood to manhood: How Black men rescue their relationships and dreams from the invisibility syndrome.* NJ: John Wiley & Sons, Inc.

Gall, T. L. & Cornblat, M. W. (2002). Breast cancer survivors give voice: A qualitative analysis of spiritual factors in long-term adjustment. *Psycho-Oncology, 11*, 524-535.

Goldberg, D. P., Cooper, B., Eastwood, M. R., Kedward, H. B. & Shepherd, M. (1970). A standardized psychiatric interview suitable for use in community surveys. *British Journal of Preventive and Social Medicine, 24*, 18-23.

Goodenough, E. R. (1986). The psychology of religious experiences. (Lanham, MD: University Press of America).

Gottlieb, B. H. (1997). Conceptual and measurement issues in the study of coping with chronic stress. In B. H. Gottlieb (Ed.), Coping with chronic stress (pp. 3-42). New York: Plenum Press.

Graham, M. (1999). The African-Centered Worldview: Developing a Worldview for Social Work. *British Journal of Social Work 29, 251-267.*

Greig, R. (2003). Ethnic identity development: Implications for mental health in African American and Hispanic adolescents. Issues in Mental Health Nursing, 24, 317-331.

Guthrie, B. J., Young, A. M., Williams, D. R., Boyd, C. J., & Kintner, E. K. (2002). African American girls' smoking habits and day-to-day experiences with racial discrimination. *Nursing Research, 51,* 183–189.

Hage, S. (2006). A closer look at spirituality in psychology training programs. *Professional Psychology: Research and Practice, 37*(3), 303-310.

Harrell, J. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of People of Color. *American Journal of Orthopsychiatry, 70,* 42-57.

Harrell, J.P., Hall, S., & Taliaferro, J. (2003). Physiological responses to racism and discrimination: An assessment of the evidence. A*merican Journal of Public Health, 93(2),* 243-8.

Helms, J.E. (2010). Cultural Bias in Psychological Testing. In I.B. Weiner and W.E. Craighead (Eds.) *The Corsini Encyclopedia of Psychology*, 4th Ed, Vol. 1, 443-445, New Jersey: John Wiley & Sons.

Helms, J.E. (2001). An update of Helms's White and people of Color racial identity models. In J.G. Ponterotto, J. M. Casas, L.A. Suzuki, & C.M. Alexander (Eds.). *Handbook of multicultural counseling* (2nd ed., pp.181-198) Thousand Oaks, CA.

Helms, J. E. (1990). *Black and White Racial Identity: Theory, research and practice*. Westport, CT: Greenwood.

Helms, J. & Cook, D. (1999). *Using race and culture in counseling and psychotherapy.* Needham, MA: Allyn and Bacon.

Helms, J.E., & Parham, T.A. (1996). The Racial Identity Attitude Scale. In R.L. Jones (Ed.), *Handbook of Tests and Measures for Black Populations* (pp. 167-172). Oakland, CA: Cobb & Henry.

Holohan, C. J., Moos, R. H., & Schaefer, J. A. (1996). Coping, stress resistance, and growth: Conceptualizing adaptive functioning. In M. Zeidner & N. S. Endler (Eds.), Handbook of coping (pp. 24-43). New York: John Wiley & Sons.

Hunter, C. D., & Lewis-Coles, M. E. (2004). Coping with racism: A spirit-based psychological perspective. In J. L. Chin (Ed.), *The psychology of prejudice and discrimination: Vol. I. Race and ethnicity in America* (pp. 207–222). Westport, CT: Greenwood.

Jackson, P., Mustillo, S. (2001). I am woman: the impact of social identities on African American women's mental health. Women & Health, 32 (4), 33-59.

Jacobson, C. K. (1977). Separatism, integrationism, and avoidance among Black, White, and Latin adolescents. Social Forces, 55, 1011-1027.

Jagers, R. J., & Smith, P. (1996). Further examination of the spirituality scale. Journal of Black Psychology, 22, 429-442.

Jagers, R. J., Smith, P., Mock L. O. (1993). Culture and social outcomes among African American children: An Afrographic exploration. *Journal of Black Psychology, 19,* 391-405.

Jagers, R. J., Smith, P, Mock L. O., & Dill, E. (1997). An Afrocultural social ethos: Component orientations and some social implications. *Journal of Black* Psychology, 23, 382-343.

James, S. A., Hartnett, S. A., & Kalsbeek, W. D. (1983). John Henryism and blood pressure differences among Black men. Journal of Behavioral Medicine, 6, 259-278.

Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). Social stigma: The psychology of marked relationships. New York: Freeman.

Kessler, R. C., Mickelson, K. D., & Zhao, S. (1997). Patterns and correlates of Self-Help Group Membership in the United States. *Social Policy, 27*, 27-46.

Klonoff, E. & Landrine, H. (1999). Cross Validation of the Schedule of Racist Events. *The Journal of Black Psychology, 25,* 231-254.

Klonoff, E. & Landrine, H. (2000). Is skin color a marker for racial discrimination? Explaining the skin color-hypertension relationship. *Journal of Behavioral Medicine, 23*(4) 329-338.

Klonoff, E. A., Landrine, H., & Ullman, J. B. (1999). Racial discrimination and psychiatric symptoms among Blacks. *Cultural Diversity and Ethnic Minority Psychology, 5*, 329-339.

Koenig, H. G. (1997). Use of religion by patients with severe medical illness. *Mind/BodyMedicine, 2*, 31-36.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. Oxford: Oxford University Press.

Koenig, H. G., Larson, D.B., & Weaver, A.J. (1998). Research on religion and serious mental illness. New Directions for Mental Health Services, Jossey-/bass.

Krieger, N., (1990). Racial discrimination and blood pressure: The CARDIA Study of young Black and White adults. American Journal of Public Health, 86, 1370-1378.

Landrine, H. & Klonoff, E. A. (1996). The schedule of racist events. *Journal of Black Psychology, 22*, 144-168.

Landrine, H., Klonoff, E.A., Gibbs, J., Manning, V., & Lund, M. (1995). Physical and psychiatric correlates of gender discrimination: An application of the Schedule of Sexist Events. *Psychology of Women Quarterly, 19,* 473-492.

Lazarus, R. S. (1999). *Stress and Emotion: A New Synthesis*. New York, NY: Springer Publishing Company.

Lazarus, R. S. & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York, NY: Springer Publishing Company.

Lewis-Coles, M., & Constantine, M. G. (2006). Racism-related stress, Africultural coping, and religious problem-solving among African Americans. *Cultural Diversity and Ethnic Minority Psychology, 12*(3), 433-443.

Marger, M. (2003). *Race and Ethnic Relations: American and Global Perspectives* (6th ed). Belmont, CA: Wadsworth/Thomson Learning.

Mattis, J. S. (2000). African American women's definitions of spirituality and religiosity. Journal of Black Psychology, 26, 101-122.

Mattis, J. S., Hearn, K. D., & Jagers, R. J. (2002). Factors predicting communal attitudes among

African American men. Journal of Black Psychology, 28, 197-214.

Mbiti, J. (1970) *African Religions and Philosophy,* Garden City, NY, Anchor Books.

McNeil, D. W., Porter, C. A., Zvolensky, M. L., Chaney, J. M., & Marvin, K. (2000). Assessment of culturally related anxiety in American Indians and Alaska natives. *Behavior Therapy, 31,* 301-325.

Merriam-Webster's (2005) Collegiate Dictionary (11th edition). Springfield, MA: Merriam-Webster, Inc.

Mutisya, P. M. & Ross, L. E. (2005). Afrocentricity and racial socialization among African American college students. *Journal of Black Studies*, *38,* 235-247.

Nazroo, J.Y. (2003). The structure of ethnic inequalities in health: Economic position, racial discrimination, and racism. *American Journal of Public Health, 93(2)*, 222-284.

Neville, H. A., Heppner, P. P., & Wang, L.F. (1997). Relations among racial identity attitudes, perceived stressors, and coping styles in African American college students. *Journal of Counseling and Development, 75*, 303-311.

Noh, S. & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health, 93*, 232-238.

Nobles, W. W. (1974). Africanity: Its role in Black families. *Black Scholars, 5*(9), 10–17.

Nobles, W. (1985) *Africanity and the Black Family:* The Development of a Theoretical Model, Oakland, CA, Black Family Institute Publications.

Nobles, W. (1990) 'African Centred Educational Praxis', San Francisco CA, California State University System and the State Department of Education at San Francisco State University.

Pargament, K. I. (2007). Spiritually integrated psychotherapy: Understanding and addressing the sacred. New York: Guilford Press.

Parham, T.A. (1993). The relationship of demographic and background factors to racial identity attitudes. *Journal of Black Psychology. 19(1), 7-24.*

Parham, T. A., & Helms, J. E. (1981). The influence of Black students' racial identity attitudes on preferences for counselors' race. *Journal of Counseling Psychology, 66,* 250–257.

Pierre, M. R., & Mahalik, J. R. (2005). Examining African self-consciousness and Black racial identity as predictors of Black men's psychological well-being. *Cultural*

Diversity and Ethnic Minority Psychology, 11, 28-40.

Plummer, D. L., & Slane, S. (1996). Patterns of coping in racially stressful situations. *Journal of Black Psychology, 22*, 302-315.

Prelow, H. A. & Guarnaccia, C. A. (1997). Ethnic and racial differences in life stress among high school students. *Journal of Counseling and Development, 75*, 442-450.

Rosenbloom, S.R. & Way, N. (2004). Experiences of discrimination among African-American, Asian-American, and Latino adolescents in an urban high school. Youth & Society, 35, 420-451.

Ruggiero, K. M., & Taylor, D. M. (1997). Why minority group members perceive or do not perceive the discrimination that confronts them: The role of self-esteem and perceived control. Journal of Personality and Social Psychology, 72, 373-389.

Ruggiero, K. M, Taylor, D. M., & Lydon, J. E. (1997). How disadvantaged group members cope with discrimination when they perceive that social support is available. Journal of Applied Social Psychology, 27, 1581-1600.

Sanchez, D. (2000). *The relationship among racial identity attitudes, religious orientation, and ego identity status in black college students.* Unpublished doctoral dissertation, Teachers College, Columbia University, New York.

Sanchez, D., & Carter, R. T. (2005). Exploring the relationship between racial identity and religious orientation among black college students. *Journal of College Student Development*, *46,* 280-295.

Sanders-Thompson, V.L. (2002). Racism: Perceptions of distress among African Americans. *Community Mental Health Journal*, 38, 111-118.

Sanders-Thompson, V. (1996). Perceived Experiences of Racism as Stressful Life Events. *Community Mental Health Journal, 32,* 223-233.

Schiele, J. (1994) 'Afrocentricity as an alternative worldview for equality', *Journal of Progressive Human Services,* 5(1) pp. 5—25.

Schiele, J. (1997) "The contour and meaning of Afrocentric social work', *Journal of Black Studies,* 27(6) pp. 800-19.

Sellers, R. M., & Shelton, J. N. (2003). The role of racial identity in perceived racial discrimination. *Journal of Personality and Social Psychology, 84*, 1079-1092.

Smedley, A. & Smedley, B. D. (2005). Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race. *American Psychologist, 60,* 16–26.

Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care.* Institute of Medicine. Washington, DC: National Academic Press.

Smith, L., Chambers, D. A., & Bratini, L. (2009). When oppression is the pathogen: The participatory development of socially-just mental health practice. *American Journal of Orthopsychiatry*, *79*, 159-168.

Steele, C. M., & Aronson, J. (1995). Stereotype threat and intellectual performance of African Americans. Journal of Personality and Social Psychology, 69, 797-811.

Taylor, S. E. (1999). *Health Psychology* (4th ed). Boston: McGraw-Hill.
    Taylor J. (1998) T*he Real American Dilemma: Race, Immigration and the Future of America*. Oakton, VA: New Century Books.

Taylor, J. & Turner, R. J. (2002). Perceived discrimination, social stress, and depression in the transition to adulthood. *Social Psychology Quarterly, 65*(3), 213-225.

Taylor, R. J., Chatters, L. M., Jayakody, R., & Levin, S. (1996). Black and White differences in religious participation: A multisample comparison. Journal for the Scientific Study of Religion, 35, 403-410.

Taylor, R. J., Thornton, M. C., & Chatters, L. M. (1987). Black Americans' perceptions of the socio-historical role of the church. Journal of Black Studies, 18, 123-138.

Thompson, C. E. & Carter, R. T. (1997). Racial identity theory: Applications to individual, group, and organizational interventions Mahwah, NJ: Lawrence Erlbaum Associates.

Thompson, C.E., & Neville, H. A. (1999). Racism, mental health, and mental health practice. The Counseling Psychologist, 27, 155-223.

Townsend, T.G. & Belgrave, F.Z. (2000). The impact of personal identity and racial identity on drug outcomes among African American children. *Journal of Black Psychology,* 46(4), 421-436.

Trice, P. D., & Bjorck, J. P. (2006). Pentecostal perspectives on causes and cures of depression. *Professional Psychology: Research and Practice, 37*(3), 283-294.

Troxel, W.M., Matthews, K.A., Bromberger, J.T., & Sutton-Tyrrell, K. (2003). Chronic stress burden, discrimination, and subclinical cardiovascular (citation states carotid artery instead of cardiovascular) disease in African American and Caucasian women. *Health Psychology, 22,* 300-309.

US Department of Health and Human Services. (USDHHS). (2003). *Mental health:*

culture, race and ethnicity: A supplement to Mental health: A report of the Surgeon General. Washington, D.C.: Author.

Van Dyk, S. (1995) 'Toward an Afrocentric perspective: the significance of Afrocentricity', in Ziegler, D. (ed.), *Molefi Keta Asante and Afrocentricity,* Nashville Tennessee, James Winston Publishing.

Verharen, C. (1995) 'Afrocentrism and acentrism: a marriage of science and philosophy', *Journal of Black Studies,* 26(1), pp. 62-76.

Wallace, B. C. and Carter, R.T. (Eds.). (2003). *Understanding and dealing with violence: A multicultural approach.* Thousand Oaks, CA: Sage.

Yalom, I.D. (1982) The 'Terrestrial' meanings of life. International Forum for Logotherapy 5, 92–102.

Yarhouse, M., Butman, R., & McRay, B. (2005). *Modern psychopathologies: A comprehensive Christian appraisal.* Downers Grove, IL: InterVarsity Press.

TABLE 1

Summary of Self-Reported Demographic Data (N = 362)

Demographic Variable	N	Percent
Gender		
Female	248	69
Male	114	31
Socioeconomic Status		
Lower Class	58	16
Working Class	146	40
Middle Class	120	33
Upper-Middle Class	35	10
Upper Class	3	1
Religious Affiliation		
Christian	107	30
Catholic	72	20
Protestant	63	17
Baptist	57	16
Muslim	12	3
Spiritual	39	12
None	9	2
Missing		
Ethnicity		
African American	193	53
Haitian	92	25
African	21	6
Caribbean	35	10
Missing	21	6

TABLE 2

Descriptive Data
(N = 362)

Variable	MEAN	SD	Range	Alpha
Sf	18.24	3.15	8 – 28	.78
Scc	23.12	6.33	5 – 30	.89
Rcc	21.34	4.73	5 – 30	.88
Pwb	31.68	14.43	10 – 82	.92
S-A	27.12	12.32	7-40	.86
Prwo	26.65	13.33	7-40	.82
Aut	28.32	11.65	7-40	.87
Pil	29.21	15.35	7-40	.92
Prg	25.93	14.51	7-40	.84
Dep	32.54	15.32	8 – 36	.90
Anx	28.22	9.14	8 – 36	.87
Som	31.22	16.32	8 – 36	.82
Dist	81.84	18.45	24 – 108	.90
Pre	39.76	10.11	18 - 74	.82
Enc	23.12	3.54	7 - 27	.76
Im	39.94	8.05	35 – 58	.83
Int	58.29	7.59	21 – 70	.84

sf – Spiritual Faith, scc – Spiritual Cultural Coping, rcc – Ritual-centered Coping, pwb – Psychological well-being, s-a – Self-acceptance, prwo – Positive Relations with Others, aut – Autonomy, pil – Purpose in Life, pg – Personal Growth, dep – Depression, anx – Anxiety, som – Somatization, dist – Psychological Distress, pre – Preencounter, enc – Encounter, im – Immersion-Emersion, int – Internalization

TABLE 3

Intercorrelations of predictor variables

		1	2	3	4	5	6	7	8	9	10
1.	sf	-									
2.	scc	.38**	-								
3.	rcc	.27*	.26*	-							
4.	pwb	.32**	.42**	.54	-						
5.	dep	-.45*	.33**	.37*	.29	-					
6.	dist	-.32*	.38**	.37*	.32	.47*	-				
7.	pre	-.33*	.41**	.58	.36**	.44**	.32	-			
8.	enc	-.34*	.31**	.22*	.32*	.31**	.27*	.33**	-		
9.	im	-.19	.42**	.43	.33	.22*	.12*	.39**	.44**	-	
10.	int	.24**	.31**	.19	.18	.25	.24*	-.11**	-.26	.09	-

** = p < .01; * = p < .05

sf – Spiritual Faith, scc – Spiritual Cultural Coping, rcc – Ritual-centered Coping, pwb – Psychological well-being, dep – Depression, anx – Anxiety, pre – Preencounter, enc – Encounter, im – Immersion-Emersion, int – Internalization

TABLE 4

Research Hypothesis 1: Regression predicting ritualistic cultural coping from spiritual faith (n = 362)

predictor	final B	adj. R^2	ΔR^2	F	Sig
sf	.13	.07	.07	16.65	.11

*= p<.01

TABLE 5

Research Hypothesis 1: Regression predicting spiritual coping from spiritual faith (n = 362)

predictor	final B	adj. R^2	ΔR^2	F	Sig
sf	.38	.15	.15	65.94	.01

*= p<.01

TABLE 6

Research Hypothesis 2a: Hierarchical regression predicting depression from spiritual faith and spiritual coping (n = 362)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1**			.21	.20	146.30	.00
	Sf	-.68				.00
2**			.29	.08	38.62	.00
	Sf	-.32				.00
	Scc	-.56				.00

**= p < .01

TABLE 7

Research Hypothesis 2b: Hierarchical regression predicting psychological distress from spiritual faith and spiritual coping (n = 362)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1**			.10	.09	59.68	.00
	Sf	.47				.00
2**			.15	.05	6.47	.00
	Sf	.41				.01
	Scc	.10				.01

**= p < .01

TABLE 8

Research Hypothesis 2c: Hierarchical regression predicting psychological well-being from spiritual faith and spiritual coping (n = 362)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1**			.21	.20	146.30	.00
	Sf	-.68				.00
2**			.29	.08	38.62	.00
	Sf	-.32				.00
	Scc	-.56				.00

**= p < .01

TABLE 9

Research Hypothesis 2d: Hierarchical regression predicting self-acceptance from spiritual faith and spiritual coping (n = 362)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1**			.10	.09	59.68	.00
	Sf	.47				.00
2**			.15	.05	6.47	.00
	Sf	.41				.01
	Scc	.10				.01

TABLE 10

Research Hypothesis 3: Hierarchical regression predicting psychological well-being from racial identity attitudes, spiritual coping, and spiritual coping and racial identity interaction (n = 362)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1			.18	.18	76.37**	.00
	Scc	.29				.00
	Pre	-.10				.02
	Enc	.01				.42
	Im	.18				.03
	Int	.20				.08
2			.17	.01	3.76	.36
	Scc	.26				.02
	scc x pre	-.03				.33
	scc x enc	.10				.25
	scc x im	-.06				.60
	scc x int	.07				.48

*= p < .01

TABLE 11

Research Hypothesis 3: Hierarchical regression predicting psychological distress from racial identity attitudes, spiritual coping, and spiritual coping and racial identity interaction (n = 362)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1			.28	.28	91.04	.00
	Scc	-.37				.01
	Pre	.14				.06
	Enc	-.19				.07
	Im	.08				.42
	Int	-.11				.01
2			.29	.01	5.32	.13
	Scc	-.45				.02
	scc x pre	-.25				.23
	scc x enc	.31				.28
	scc x im	-.22				.39
	scc x int	.16				.41

TABLE 12

Research Hypothesis 3bMales: Hierarchical regression predicting psychological well-being from racial identity attitudes, spiritual coping, and spiritual coping and racial identity interaction (n = 114)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1			.12	.12	37.45	.01*
	Scc	.19				.01
	Pre	-.17				.22
	Enc	-.14				.11
	Im	.22				.01
	Int	.23				.16
2			.14	.02	8.51	.10
	Scc	.33				.07
	scc x pre	-.14				.54
	scc x enc	.21				.28
	scc x im	-.25				.21
	scc x int	.12				.38

TABLE 13

Research Hypothesis 3bMales: Hierarchical regression predicting psychological distress from racial identity attitudes, spiritual coping, and spiritual coping and racial identity interaction (n = 114)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1			.13	.11	39.42	.01
	Scc	-.24				.02
	Pre	.18				.23
	Enc	-.14				.11
	Im	.17				.22
	Int	-.23				.13
2			.13	.01	5.21	.11
	Scc	-.31				.06
	scc x pre	-.25				.20
	scc x enc	.31				.28
	scc x im	-.21				.09
	scc x int	.16				.26

TABLE 14

Research Hypothesis 3bFemales: Hierarchical regression predicting psychological well-being from racial identity attitudes, spiritual coping, and spiritual coping and racial identity interaction (n = 248)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1			.14	.13	57.83	.01
	Scc	.40				.01**
	Pre	-.22				.01
	Enc	-.18				.11
	Im	.23				.01
	Int	.27				.16
2			.16	.02	11.34	.31
	Scc	.38				.06
	scc x pre	-.21				.16
	scc x enc	.28				.22
	scc x im	-.18				.42
	scc x int	.26				.62

**= p < .01

TABLE 15

Research Hypothesis 3bFemales: Hierarchical regression predicting psychological distress from racial identity attitudes, spiritual coping, and spiritual coping and racial identity interaction (n = 248)

Step	Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
1			.16	.03	42.26	.01
	Scc	-.24				.02
	Pre	.18				.23
	Enc	-.14				.11
	Im	.17				.22
	Int	-.23				.13
2			.18	.02	4.79	.36
	Scc	-.31				.18
	scc x pre	.25				.33
	scc x enc	.31				.42
	scc x im	.27				.13
	scc x int	-.18				.28

TABLE 16

Research Hypothesis 4: Regression predicting psychological well-being from racial identity attitudes (n = 362)

Predictor	final β	R^2	F	Sig
		.29	108.96	.01
Pre	-.22			.01
Enc	-.18			.21
Im	.24			.02
Int	.27			.16

*= p<.01

TABLE 17

Research Hypothesis 4: Regression predicting spiritual coping from preencounter (n = 362)

predictor	final β	adj. R^2	ΔR^2	F	Sig
pre	.41	.17	.17	65.6	.12

*= p<.01

TABLE 18

Research Hypothesis 4: Regression predicting spiritual coping from immersion-emersion (n = 362)

Predictor	final β	adj. R^2	ΔR^2	F	Sig
im	.34	.18	.18	74.3	.01*

*= p<.01

TABLE 19

Research Hypothesis 4: Regression predicting psychological well-being from immersion-emersion and spiritual coping (n = 362)

Predictor	Final B	Adj. R^2	ΔR^2	ΔF	Sig
		.21	.21	92.68	.00
Im	.41				.00*
Scc	.27				.00*

*= p < .01

Appendix A

Scales of Psychological Well-Being (Ryff, 1989)

AUTONOMY
Definition: High Scorer: Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards.
Low Scorer: Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.
(-) [6.] *I tend to be influenced by people with strong opinions.*
(+) [9.] *I have confidence in my opinions, even if they are contrary to the general consensus.*
(+) [14.] *I judge myself by what I think is important, not by the values of what others think is important.*

(+) indicates positively scored items
(-) indicates negatively scored items

ENVIRONMENTAL MASTERY
Definition: High Scorer: Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.
Low Scorer: Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world.
(+) [1.] *In general, I feel I am in charge of the situation in which I live.*
(-) [2.] *The demands of everyday life often get me down.*
(+) [4.] *I am quite good at managing the many responsibilities of my daily life*.

(+) indicates positively scored items
(-) indicates negatively scored items

PERSONAL GROWTH
Definition: High Scorer: Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self knowledge and effectiveness.
Low Scorer: Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors.
(+) [5.] *I think it is important to have new experiences that challenge how you think about yourself and the world.*
(+) [11.] *For me, life has been a continuous process of learning, changing, and*

growth.
(-) [13.] ***I gave up trying to make big improvements or changes in my life a long time ago.***

(+) indicates positively scored items
(-) indicates negatively scored items

POSITIVE RELATIONS WITH OTHERS
Definition: High Scorer: Has warm satisfying, trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships.
Low Scorer: Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.
(-) [2.] ***Maintaining close relationships has been difficult and frustrating for me***
(+) [9.] ***People would describe me as a giving person, willing to share my time with others.***
(-) [10.] **I h***ave not experienced many warm and trusting relationships with others.***

(+) indicates positively scored items
(-) indicates negatively scored items

PURPOSE IN LIFE
Definition: High Scorer: Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.
Low Scorer: Lacks a sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning.
(-) [2.] ***I live life one day at a time and don't really think about the future.***
(+) [10.] ***Some people wander aimlessly through life, but I am not one of them.***
(-) [11.] ***I sometimes feel as if I've done all there is to do in life.***

(+) indicates positively scored items
(-) indicates negatively scored items

SELF-ACCEPTANCE
Definition: High Scorer: Possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self including good and bad qualities; feels positive about past life.
Low Scorer: Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is.
(+) [1.] ***When I look at the story of my life, I am pleased with how things have***

turned out.
(+) [5.] *I like most aspects of my personality.*
(-) [7.] *In many ways, I feel disappointed about my achievements in life.*

(+) indicates positively scored items
(-) indicates negatively scored items

APPENDIX B – Spirituality Scale

	COMPLETELY FALSE	MOSTLY FALSE	SOMEWHAT FALSE	SOMEWHAT TRUE	MOSTLY TRUE	COMPLETELY TRUE
1. To me, every object has some amount of spiritual quality.	1	2	3	4	5	6
2. To have faith in each other is to have faith in God.	1	2	3	4	5	6
3. I believe that the world is not under our control but is guided by a greater force.	1	2	3	4	5	6
4. All people have a common core which is sacred.	1	2	3	4	5	6
5. I act as though unseen forces are at work.	1	2	3	4	5	6
6. We all need to have knowledge of the world's religions.	1	2	3	4	5	6
7. Just because I have faith and beliefs does not mean I live that way all of the time.	1	2	3	4	5	6
8. No preacher could ever understand the problems I have.	1	2	3	4	5	6
9. Without some form of spiritual help, there is little hope in life.	1	2	3	4	5	6
10. I pray before eating a meal.	1	2	3	4	5	6
11. The most important part of me is the inner force which gives me life.	1	2	3	4	5	6
12. My happiness is found in the material goods I own.	1	2	3	4	5	6
13. I feel that all life is simply made up of different chemicals.	1	2	3	4	5	6
14. I pray before I go on a trip.	1	2	3	4	5	6
15. To me the world can be described as a bg machine.	1	2	3	4	5	6
16. If I had more money, life would be happier.	1	2	3	4	5	6
17. I don't know where to find the answer's to life's questions.	1	2	3	4	5	6
18. To me, an object's material worth is that object's value.	1	2	3	4	5	6
19. Though I may go to the doctor when I am ill, I also pray.	1	2	3	4	5	6
20. I feel that life is made up of spiritual forces.	1	2	3	4	5	6

APPENDIX C – BSI-18

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Nervousness or shakiness inside.	0	1	2	3	4
2. Faintness or dizziness.	0	1	2	3	4
3. Feeling easily annoyed or intimidated	0	1	2	3	4
4. Pains in heart or chest.	0	1	2	3	4
5. Suddenly scared for no reason.	0	1	2	3	4
6. Temper outbursts you could not control.	0	1	2	3	4
7. Feeling lonely.	0	1	2	3	4
8. Feeling "blue".	0	1	2	3	4
9. Feeling fearful.	0	1	2	3	4
10. Nausea or upset stomach.	0	1	2	3	4
11. Feeling inferior to others.	0	1	2	3	4
12. Feeling that people are unfriendly or dislike you.	0	1	2	3	4
13. Trouble getting your breath.	0	1	2	3	4
14. Sudden hot or cold sensations for no apparent reason.	0	1	2	3	4
15. Numbness or tingling in parts of your body.	0	1	2	3	4
16. Thoughts of ending your life.	0	1	2	3	4
17. Feeling no interest in things.	0	1	2	3	4
18. Your feelings being easily hurt.	0	1	2	3	4

APPENDIX D -- BRIAS
Social Attitudes Scale (Revised)

Instructions: This questionnaire is designed to measure people's attitudes about social and political issues. There are no right or wrong answers. Different people have different viewpoints. So, try and be as honest as you can. Beside each statement, circle the number that best describes how you feel. Use the scale below to respond to each statement.

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

(circle here)

1 2 3 4 5   1. I believe that being Black is a positive experience.

1 2 3 4 5   2. I know through my personal experiences what being Black in America means.

1 2 3 4 5   3. I am increasing my involvement in Black activities because I don't feel comfortable in White environments.

1 2 3 4 5   4. I believe that large numbers of Blacks are untrustworthy.

1 2 3 4 5   5. I feel an overwhelming attachment to Black people.

1 2 3 4 5   6. I involve myself in causes that will help all oppressed people.

1 2 3 4 5   7. A person's race does not influence how comfortable I feel when I am with her or him.

1 2 3 4 5   8. I believe that White people look and express themselves better than Blacks.

1 2 3 4 5   9. I feel uncomfortable when I am around Black people.

1 2 3 4 5   10. I feel good about being Black, but don not limit myself to Black activities.

1 2 3 4 5   11. When I am with people I trust, I often find myself referring to Whites as "honkies", "devils", "pigs", "white boys", and so forth.

		1		2	3	4	5
		Strongly Disagree		Disagree	Uncertain	Agree	Strongly Agree

(circle here)

1	2	3	4	5	12. I believe that being Black is a negative experience.
1	2	3	4	5	13. I believe that certain aspects of "the Black experience" apply to me, and others do not.
1	2	3	4	5	14. I frequently confront the system and the (White) man.
1	2	3	4	5	15. I constantly involve myself in Black political and social activities (such as art shows, political meetings, Black theater, and so forth).
1	2	3	4	5	16. I involve myself in social action and political groups even if there are no other Blacks involved.
1	2	3	4	5	17. I believe that Black people should learn to think and experience life in ways that are similar to White people's ways.
1	2	3	4	5	18. I believe that the world should be interpreted from a Black or Afrocentric perspective.
1	2	3	4	5	19. I am changing my style of life to fit my new beliefs about Black people.
1	2	3	4	5	20. I feel excitement and joy in Black surroundings.
1	2	3	4	5	21. I believe that Black people came from a strange, dark, and uncivilized continent.
1	2	3	4	5	22. People, regardless of their race, have strengths and limitations.
1	2	3	4	5	23. I find myself reading a lot of Black literature and thinking about being Black.
1	2	3	4	5	24. I feel guilty or anxious about some of the things I believe about Black people.

1	2	3	4	5

| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |

1   2   3   4   5   25. I believe that a Black person's most effective weapon for solving problems is to become art of the White person's world.

1   2   3   4   5   26. I speak my mind about injustices to Black people regardless of the consequences (such as being kicked out of school, disappointing my parents, being exposed to danger).

1   2   3   4   5   27. I limit myself to Black activities as much as I can.

1   2   3   4   5   28. I am determined to find my Black identity.

1   2   3   4   5   29. I believe that White people are more intelligent than Blacks.

1   2   3   4   5   30. I believe that I have many strengths because I am Black.

1   2   3   4   5   31. I feel that Black people do not have as much to be proud of as White people do.

1   2   3   4   5   32. Most Blacks I know are failures.

1   2   3   4   5   33. I believe that White people should feel guilty about the way they have treated Blacks in the past.

1   2   3   4   5   34. White people can't be trusted.

1   2   3   4   5   35. In today's society if Black people don't achieve, they have only themselves to blame.

1   2   3   4   5   36. The most important thing about me is that I am Black.

1   2   3   4   5   37. Being Black just feels natural to me.

1   2   3   4   5   38. Other Black people have trouble accepting me because my life experiences have been so different from their experiences.

1   2   3   4   5   39. Black people who have White people's blood should feel ashamed of it.

1   2   3   4   5   40. Sometimes, I wish I belonged to the White race.

1   2   3   4   5   41. The people I respect most are White.

1   2   3   4   5   42. A person's race usually is not important to me.

1   2   3   4   5   43. I feel anxious when White people compare me to other members of my race.

1   2   3   4   5   44. I can't feel comfortable with either Black people or White people.

1   2   3   4   5   45. A person's race has little to do with whether or not he or she is a good person.

1   2   3   4   5   46. When I am with Black people, I pretend to enjoy the things they enjoy.

1   2   3   4   5   47. When a stranger who is Black does something embarrassing in public, I get embarrassed.

1   2   3   4   5   48. I believe that a Black person can be close friends with a White person.

1   2   3   4   5   49. I am satisfied with myself.

1   2   3   4   5   50. I have a positive attitude about myself because I am Black.

APPENDIX E

<u>PERSONAL DATA SHEET</u>

This questionnaire is designed to obtain demographic information. Please circle the answer corresponding to the appropriate response or provide a specific response in the blank.

1. Age _____

2. Gender (check one)

   Male   __

   Female   __

3. Race (check one)

   White   _____

   Black   _____

   Hispanic   _____

   Asian/Pacific Islander _____

   Native American   _____

   Biracial   _____

   Other (specify)   _____

4. Ethnicity (eg. American, Japanese)

   _____

5. Country of Origin (specify)

   _____

6. If born outside of the United States, how many years have you lived here? (specify)

   _____

7. Socioeconomic Status
   (check one)

   Lower Class   _____

   Working Class   _____

   Lower Middle Class   _____

   Middle Class   _____

   Upper Middle Class   _____

   Upper Class   _____

8. Religious Affiliation

   (check one)

   Catholic   _____

   Protestant   _____

   Christian   _____

   Jewish   _____

   Muslim   _____

   Hindu   _____

   Buddhist   _____

   None   _____

   Other (specify) _____

9. Education Level:

   (Circle highest grade completed):

   Elementary: 1 2 3 4 5 6 7 8

   High School: 9 10 11 12

   College: 13 14 15 16

APPENDIX F - ACSI

<u>Africultural Coping Systems Inventory</u>

1. Prayed that things would work themselves out
2. Got a group of family or friends together to help with the problem
3. Remembered what a parent (or other relative) once said about dealing with these kinds of situations
4. Tried to forget about the situation
5. Shared my feelings with a friend or relative
6. Went to church (or other religious meeting) to get help from the group
7. Thought of all the struggles Black people have had to endure and this gave me strength to deal with the situation
8. To keep from thinking about the situation I found other things to keep me busy
9. Sought advice about how to handle the situation from an older person in my family or community
10. Read a scripture from the Bible (or similar book) for comfort and/or guidance
11. Asked for suggestions on how to deal with the situation during a meeting of my organization or club
12. Tried to convince myself that it wasn't that bad
13. Asked someone to pray for me
14. Spent more time than usual doing group activities
15. Hoped that things would get better with time
16. Read passage from a daily meditation book
17. Spent more time than usual doing things with friends and family
18. Tried to remove myself from the situation
19. Sought out people I thought would make me laugh
20. Got dressed up in my best clothing
21. Attended a social event (dance, party, movie) to reduce stress caused by the situation
22. Asked for blessings from a spiritual or religious person
23. Helped others with their problems
24. Lit a candle for strength or guidance in dealing with the problem
25. Sought emotional support from family and friends
26. Burned incense for strength or guidance in dealing with the problem
27. Sung a song to myself to help reduce the stress
28. Used a cross or other object for its special powers in dealing with the problem
29. Found myself watching more comedy shows on TV
30. Left matters in God's hands

APPENDIX G

Glossary of Terms

1. Spirituality – concerned with or affecting the spirit or soul; "a spiritual approach to life"; "spiritual fulfillment"; "spiritual values"; "unearthly love". It also encompasses ancestral or cultural traditions, writings, history, and mythology, as well as personal faith and may include religious experience.

2. Spiritual Faith -- the confident belief in the truth of or trustworthiness of a person, idea, or thing; a belief without tangible proof or evidence

3. Religion – an organized approach to human spirituality which usually encompasses a set of narratives, symbols, beliefs and practices, often with a supernatural or transcendent quality, that give meaning to the practitioner's experiences of life through reference to a higher power or truth. The term "religion" refers to both the personal practices related to communal faith and to group rituals and communication stemming from shared conviction.

4. Religious Faith -- often used in a religious context, as in theology, where it almost universally refers to a trusting belief in a transcendent reality, or else in a Supreme Being and said being's role in the order of transcendent objects.

5. Spiritual Coping – the use of spiritual or transcendent beliefs in the process of managing taxing circumstances and expending effort to solve personal and interpersonal issues.

6. Transcendent -- a state of being or existence above and beyond the limits of material experience.

7. Fatalism -- a philosophical doctrine emphasizing the subjugation of all events or actions to fate or inevitable predetermination. Generally refers to several of the following ideas:

a. A flawed perception of the consequences of exercised free will, ignorance, and forgetfulness.

b. That free will does not exist, meaning therefore that history has progressed in the only manner possible.

c. That actions are free, but nevertheless work toward an inevitable end.

d. That acceptance is appropriate, rather than resistance against inevitability.