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Andrews University  
School of Education

RELIGIOUS COMMITMENT AS A CORRELATE  
OF MENTAL HEALTH AND LIFE  
SATISFACTION AMONG BLACK  
AMERICAN FAMILIES

A Dissertation

Presented in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy

by

Judith Bernard-Fisher

June 2000

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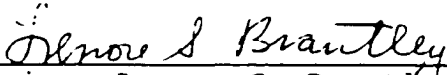
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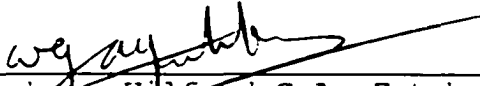
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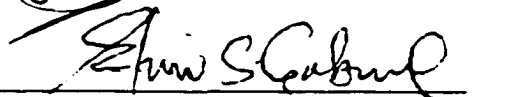
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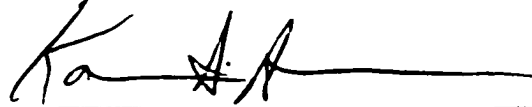
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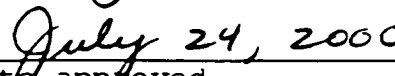
  
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Member: Wilfred G.A. Futcher

  
Member: Elvin S. Gabriel

  
Member: Karen A. Allen

  
Dean, School of Education  
Karen Graham

  
Date approved

ABSTRACT

RELIGIOUS COMMITMENT AS A CORRELATE  
OF MENTAL HEALTH AND LIFE  
SATISFACTION AMONG BLACK  
AMERICAN FAMILIES

by

Judith Bernard-Fisher

Chair: Lenore S. Brantley

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

Title: RELIGIOUS COMMITMENT AS A CORRELATE OF MENTAL HEALTH  
AND LIFE SATISFACTION AMONG BLACK AMERICAN FAMILIES

Name of researcher: Judith Bernard-Fisher

Name and degree of faculty chair: Lenore S. Brantley, Ed.D.

Date completed: June, 2000

**Problem**

The salutary effect of religion is receiving greater acceptance among researchers, and its positive association with both physical and mental health has been increasingly examined in the scientific literature. Since religion has played a central role in the lives of Blacks, and since previous research has identified positive correlations between some religious attributes and individual well-being, it would seem that religious Black families would enjoy a greater degree of health.

A religious commitment model encompassing affiliation, participation, devotional intensity, and practices was used in the investigation of Black families' mental health and life satisfaction. As the first study of this kind, integrating four scientifically proven dimensions within the religious commitment model, this study sought to identify and re-emphasize the beneficial facets of religiosity as they relate to Black families.

### **Method**

A randomized sample consisting of 236 Black families residing in the United States completed a family questionnaire. The data analysis was effected through multiple regression, canonical analysis, as well as t-tests and chi-square analyses. The .05 significance level was observed throughout the analysis.

### **Results**

Eight research questions were examined through the analysis of 14 hypotheses. Each of the four dimensions of religious commitment showed significant correlations with Black family mental health. Two facets of the devotional intensity dimension, family prayer and family feeling close to God, achieved the most frequent significant correlations with healthy family relationships and system maintenance.

Religious commitment was not observed to significantly correlate with Black family life satisfaction. Significant differences between Seventh-day Adventist and non-Seventh-day Adventist families were noted on the Family Functioning scales and the religious commitment variables. No significant differences were noted between the two groups with respect to their life satisfaction and their feeling close to God.

### **Conclusions**

Most Black families reported an average to high life satisfaction, and the majority felt very close to God. Religious commitment correlated with various aspects of Black family mental health. Strong family characteristics included cohesion, expressiveness, religious emphasis, organization, sociability, as well as intellectual and cultural orientation. Black Seventh-day Adventist families seemed to be more democratic, and embraced to a greater degree intellectual, cultural, and religious values.



I dedicate this family study in memory of my late sister, Delivranss Jenny Bernard-Cadet, who always believed in me, and whose gifts of love, energy, and warmth provided our family with the fondest and most precious memories.

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My ultimate gift came from my heavenly Father who granted me life, and an insatiable thirst for knowledge and truth. To Him I owe it all.

Our lives are made more meaningful as we share with others the gifts with which we have been blessed. This is my pledge.

## CHAPTER 1

### INTRODUCTION

The family is our refuge and springboard; nourished on it, we can advance to new horizons. In every conceivable manner, the family is link to our past, bridge to our future.

Alex Haley

The family nucleus and its role as the infrastructure of society has been the object of renewed focus, particularly by those who continue to search for more effective means of understanding human nature. Although organized institutions such as the school system, the church, and governmental agencies continue to exert undeniable influence on societal perceptions and individual outcomes, research consistently points to the family as the basic social unit, providing the shaping force to individual values, ideologies, and traditions (Hanline & Daley, 1992; Scannapieco & Jackson, 1996; Schvaneveldt & Young, 1992; Trivette & Dunst, 1990).

One of the pioneer studies on family strengths (Otto, 1963) identified 12 basic nurturing elements constituting the rampart of the American family. Among those elements

Otto cites the family's ability to provide support, security, and encouragement, to maintain individual growth through effective communication and role flexibility, and to help family members develop a sense of mutual respect, cooperation, unity, and loyalty. More than two decades later, a study involving more than 3,000 families (Stinnett & DeFrain, 1986) identified another set of family strengths which include coping skills, spiritual wellness, appreciation, open communication, commitment, and family quality time. It was noted that those strengths were particularly evident when the family faced periods of stress and crisis. More recently, as a growing number of studies focus on African American families, other elements of strengths are being identified as responsible for the resiliency found among such families (Hanline & Daley, 1992; McCubbin, Thompson, Thompson, & Futrell, 1998).

Among the many epithets used to describe the function of the healthy family, images of a haven (Lasch, 1977), a harbor (Howard, 1978), and a shelter in the time of storm (Schaffer, 1997) point to the protective nature of the family and its role as a place of refuge, nurture, and renewal. If the family unit exerts such a powerful force on individual members, identifying both external and internal factors that strengthen its positive role or lead

to its demise and the weakening of its members is a vital endeavor.

Numerous recent studies (Bagley & Carroll, 1998; Boss, 1987; McCubbin & McCubbin, 1988; Olson et al., 1983; Schumm, 1985) have been undertaken to identify factors contributing to family resiliency, and to explore ingredients responsible for protecting its members from the harmful effects of adverse circumstances. As the minority family comes under more intense scrutiny, questions regarding its viability have become more pronounced (Schvaneveldt & Young, 1992). Because of the uniqueness of social, cultural, and ethnic groupings, family beliefs and practices conducive to mental health and life satisfaction continue to be objects of investigation. It is only as we attempt to understand the nature of those attributes that we can better assist families in adopting and nurturing beliefs and practices leading to healthier and more successful lifestyles.

#### **Statement of the Problem**

The status of the African American family during recent years has been analyzed from different perspectives (Allen & James, 1998; Bowles & Kington, 1998; Darity & Moyers, 1986; Myers, 1984; Norton & Glick, 1986; Taylor &

Chatters, 1993), and it has been perceived by many through a deficit model (Hill, 1993; Luster & McAdoo, 1994; Moyers, 1986; Moynihan, 1967; Taylor, Hinton, & Wilson, 1995,)), which emphasizes its instability, pathology, and deviance. Hill asserts that violence, physical child abuse, and homicides are among the many social problems plaguing the African American family. Other challenges faced by the African American family include low family income (Glick, 1988; Hernandez, 1993; Jaynes & Williams, 1989; Malveaux, 1988; Norton & Glick, 1986), single-parent households (McLanahan & Casper, 1995; Sweet & Bumpass, 1987), and low academic achievement of Black urban youth (Hess & Greer, 1987; Kaufman, 1991; Mickelson, 1990). Mickelson argues that Black American youth usually "earn lower grades, drop out more often, and attain less education than Whites" (p. 44). Although demographic changes are occurring within the family unit regardless of ethnicity, a disproportionately large number of Black families seems to be negatively affected by an increase in percentages of children residing in single-parent households, higher proportions of births to unmarried mothers, and larger proportions of children living in poverty (Jaynes & Williams, 1989; Wilson, 1987). Moreover, poorly funded school systems, high-school dropout

rates, drugs, and unemployment seem to characterize too often the Black community and the African American family.

There is an obvious imbalance in numbers when comparing the African American family to the population at large. Seventy percent of the children of African American single parents are being raised in poverty, and over 50% of all African American students are in one of the 12 largest inner-city districts, where learning conditions are not ideal (Austin, 1992; Bowman, 1984; Burton, 1992; Korenman & Turner, 1996). It is thus apparent that the African American family faces unusual challenges.

One cannot ignore the alarming statistics unveiling the pathological facet of the Black family, and its dysfunctional nature. It is significant, however, to note that in spite of the distressing views often held of the Black family, this entity continues to thrive, meet many of its challenges, and make valuable contributions to its community, its nation, and the world (Floyd, 1996; Maton & Hrabowski, 1998).

Maton and Hrabowski's 1998 qualitative study of 60 high achieving African American males, members of the Meyerhorff Scholars Program between 1989 and 1995, at the University of Maryland, Baltimore County, reveals strong family connectedness, high parental involvement and

expectations, and consistent social support from community groups, particularly the church. The study further notes that for the majority of these successful young men and their parents, "church attendance was a regular shared family activity. For some, the church was described as a crucial structure and source of support" (p. 654). Of those interviewed, 67.7% reported attending church two to four times a month, and 68.9% of them "perceived their religious background to be either very important or important to their success" (p. 655). Among the many factors contributing to the success of these scholars and to their perceived sense of satisfaction and accomplishment, the church seems to have played a significant role.

Amidst the plethora of dismal assessments and projections surrounding the Black community, family resilience, coping patterns, and successful strides continue to emerge, indicative of a family system capable of adjusting and even succeeding in spite of adversity. Pejorative descriptions of the Black family, though staggering in scope, do not seem to obliterate favorable characterizations reflected in more recent research attempting to identify and understand positive ingredients within the Black family. Religion's influence on Black

American family lifestyle, ideals, and behaviors, though indisputably recognized as a factor in the success equation, remains to be examined more exhaustively.

### **Why Study Black Families Within a Religious Context?**

One of the observations made through various studies is the role of religion in Black family life. Although studies examining correlations between the family and religion have involved primarily White samples, an increasingly growing body of research reveals that religion has enabled Blacks to survive difficult periods and to achieve in spite of the odds (Bagley & Carroll, 1998; Lincoln & Mamiya, 1990). Throughout the turbulent years of economic, social, and political adjustment, Black families found strength and refuge within the institution of the church (Hill, 1972; Morris, 1984). As the Black family now stands at the threshold of the new millennium, religious commitment, particularly within the context of church involvement, points to a higher quality of family life (Ellison, 1997).

In a 1995 study examining the relationship between dimensions of religious involvement, health status, and individual life satisfaction among Black Americans, Levin, Chatters, and Taylor concluded that



religious involvement, particularly that occurring within the organizational context of the church, serves to buffer and redress the deleterious, psychological, and political-economic conditions that affect the lives of Blacks. In so doing, religious behaviors and attitudes impact on the physical and emotional well-being of Black Americans. (p. 16)

To what degree does religion affect the lives of individuals? It can be assumed that those whose lives are mostly affected by a religious environment will reflect that exposure or experience in their lifestyles. It is unquestionable that religion has held a prominent place in the lives of Blacks throughout the centuries (Ellison, 1997; Hill, 1993; McAdoo, 1988). Since research suggests positive associations between certain religious beliefs and lifestyles, it can thus be postulated that the more exposure to and active involvement Black families have in religion and its influences, the more positive and healthy a lifestyle they will lead. Furthermore, it can be re-emphasized that religious beliefs and practices may serve as a protective shield from the noxious conditions that seem to plague the Black family.

In a study that included 87 elderly depressed patients at the Duke University Medical Center, Harold Koenig (1998), leading authority on religion and medicine, concluded that traditional religious beliefs and practices

were positively related to good mental health. Depressed patients who were more religious recovered from their symptoms faster than the less religious ones. Religion has also been found to positively correlate with the mental health of adolescents (Wallace & Forman, 1998). Moreover, the findings reveal that religious coping behaviors tend to reduce the negative impact of stressful conditions, providing a shield-like effect (Chumbler, 1996; Ellison, 1991; Mattlin, Wethington, & Kessler, 1990).

Individual coping styles, perceptions, degree of adjustment to environmental pressures, and the management of stressors germane to the Black experience are intertwined with unique family patterns of interaction, beliefs, and attitudes. Roberts and Magrab (1991) suggest that families develop unique styles of problem solving, processes of decision-making, and conflict resolution. Individual family members as well as the family group contribute to a family unit's distinct and identifying lifestyle shaped through a complex system of exposures to entities directly impacting on the family.

In a 1972 study, Hill identified five strengths observable in Black families. These strengths were determined to be strong kinship bonds, strong work orientation, flexible family roles, strong achievement

orientation, and strong religious orientation. The shaping and nurturing of these positive traits are significantly impacted by external factors such as economic and social trends, as well as formal and informal support systems, such as the church, community organizations, and complex internal family schematization (Hill, 1993).

A major force impacting the lives of Blacks in America is the church (Alexander, 1987; Hill, 1993; Taylor, Thorton, & Chatters, 1987). Hill notes that the Black church has shifted throughout the last century from its major role of economic bastion for families in times of crisis, especially when those in need were orphans and widows, to that of providing "a wide range of social services directed toward strengthening families and enhancing positive development of children and youth" (p. 87). With the majority of Blacks perceiving the church through favorable light (Taylor et al., 1987), and being directly impacted by its ideologies, family researchers may do well in understanding the correlation between dimensions of church-related thoughts and family lifestyle. This knowledge may provide some insight into the intertwining nature of religious commitment and family well-being, particularly for Black families.

The link between religious commitment and family well-being may be pronounced in instances where higher degrees of religious commitment are interwoven in the very fabric of a family's existence. This may be especially true for conservative religious groups whose teachings closely follow the directives of the Bible, and whose lifestyles are directly influenced by religious beliefs and practices.

### **Quality of Life, Life Satisfaction, and Well-Being**

Quality of life theories abound in the scientific literature (Chumbler, 1996; Frisch, 1998; Parker & Calhoun, 1996), and most studies identify this construct with a degree of excellence in life experienced by individuals in terms of expressed or implied standards of comparison within a societal group (*Oxford English Dictionary*, 1989). Quality of life is synonymous with subjective well-being (Lazarus, 1991; Myers & Diener, 1995), and is viewed in terms of life satisfaction. Subjective self-ratings of global life satisfaction, along with age and socioeconomic status, have been identified as some of the strongest predictors of general well-being (Diener, 1984; George & Landerman, 1984; Okun, Stock, Haring, & Witter, 1984). Consequently, an evaluation of individual or family life

satisfaction provides invaluable insight into general well-being, a "meta-construct comprising personal evaluations of one's emotional and psychological status, and of general circumstances of one's inner life" (Levin & Taylor, 1998, p. 698). In this study, life satisfaction, quality of life, and family functioning are viewed within the context of general family health and well-being.

### **Purpose of the Study**

This study has sought to explore the degree to which religious commitment in terms of affiliation, participation, devotion, and practice correlates with Black families' mental health and life satisfaction. The objectives are fourfold:

1. To examine the degree to which religious affiliation may influence family mental health and life satisfaction
2. To determine possible relationships between mental health, life satisfaction, and public (participation) as well as private (devotion) aspects of Black families' religious commitment
3. To identify practices stemming from religious commitment which may positively relate to Black families' mental health and life satisfaction

4. To determine which facets of religious commitment best predict Black families' mental health and life satisfaction

### **Need and Significance of the Study**

The significance of this study is threefold. First, it moves beyond the pathological model that depicts the Black family as a dysfunctional unit with successful families as the exception. Second, it departs from most studies, which look for correlations between aspects of religiosity with single individuals, by offering a more substantial view of the Black individual as portrayed within the family context and not just as an isolated being. Third, it seeks to identify specific dimensions of religious commitment that most directly influence Black family mental health and life satisfaction. It is as we identify positive traits, beliefs, and practices that contribute to the strengthening of Black families that preventative measures as well as nurturing strategies may be implemented vis-à-vis the Black community.

### **Theoretical Foundation of the Study**

The essential role that religion plays in the lives of individuals and the family unit has long been a subject of research. The 2000 Gallup Survey (Gallup, 2000) denotes

that 81% of Blacks are members of an organized church, compared to 68% of individuals nationwide, and 89% of Blacks believe that religion is a very important aspect of their lives compared to 61% of the general population. A number of theoretical stands regarding predictors of individual well-being have prompted many studies which only within the last few years have included Blacks. Life satisfaction, according to many researchers including Ellison, Gay, and Glass (1989), is a "cognitive assessment of an underlying state of thought relatively consistent and influenced by social factors" (p. 107). Others argue that an affective component is present in the multidimensional nature of life satisfaction (Andrews & McKennell, 1980).

Mental health, a related construct, also the object of much research, has been investigated within the context of religiosity with mixed results. Gartner, Larson, and Allen's 1991 review of over 200 empirical studies on religion and psychopathology during a 30-year span reveals three equally plausible positions regarding religious commitment and its correlation with individual well-being or the presence of psychopathology. Their findings suggest that approximately one third of the reviewed studies found a positive relationship between aspects of religious commitment and mental health. The remaining studies had

the same proportions of those who observed negative relationships and those whose findings were inconclusive. Gartner et al.'s comprehensive review focused on various facets of mental health. Positive studies revealed that religiously committed individuals, particularly those who attended church regularly, lived longer, exhibited fewer suicidal behaviors, were less likely to use or abuse drugs and alcohol, and were less likely to be delinquent. Church attendance was also the key factor in self-reported marital satisfaction, lower levels of depression, overall feeling of well-being, and even physical health. Furthermore, their review of Chu and Klein's 1985 study reveals lower rates of continued hospitalization for schizophrenic patients who attended church.

Contradictory studies reviewed by Gartner et al., (1991) found extrinsic aspects of religiosity to be associated with higher levels of anxiety and prejudice, while intrinsic religiosity correlated with lower anxiety. Although fewer in number, some studies suggested relatively weak or inconclusive associations between certain aspects of religiosity and psychosis, self-esteem, and sexual disorders. Finally, some of the reviewed studies confirmed aspects of religiosity related to higher levels of suggestibility, dependence, authoritarianism, and a



negative relationship between religious commitment and self-actualization. Northcott and Jarvis (1987) have argued that religious involvement may be associated with ritual suicide and other practices deleterious to one's health. Higher rates of hypertension found among older Mexican Americans were attributed to adherence to strict religious norms (Levin & Markides, 1986), and other studies have pointed to groups whose religious beliefs interfered with their receiving conventional medical treatment. Ferraro and Albrecht-Jensen (1991) postulated that most of these negative associations between religion and health are exceptions, not occurring in the mainline American denominations representing the majority. The growing number of studies investigating religion and health has identified positive associations, and many researchers are now attempting to examine the strength of those positive associations.

Although Gartner et al.'s (1991) empirical review seems to concur with other earlier reviews (Bergin, 1983; Gorsuch & Butler, 1976; Larson, 1985; Levin & Vanderpool, 1987) with regard to the distribution of findings linking religion with health, it is evident that the discrepancy between research findings may be attributed to the complexity of the religious construct and the difficulty in

identifying specific facets of religiosity that consistently lead to stable results. A multi-dimensional study of religiosity conducted in 1989 by Ellison et al., identified three factors correlating with general life satisfaction. Their conceptual model also included measures of social involvement and demographic covariates. Findings revealed that both intrinsic and extrinsic dimensions of religion (participation and devotion), as well as affiliation, positively correlated with individual life satisfaction. The social aspect of religious participation as a nurturing agent may be a crucial factor conducive to life satisfaction. "Regular attendance at religious services may foster well-being by facilitating quality of social bond among participants" (p. 117). However, those findings are far from being conclusive. As Ellison et al., advanced, "theoretical linkages between religious plausibility structures, collective participation, spiritual experience, and aspects of mental health require extensive elaboration and specification" (p. 118).

Using Ellison et al.'s 1989 conceptual framework with a few minor modifications, Chumbler (1996) examined religious factors affecting life satisfaction, developing a new model which included divine interaction, existential

certainty, the use of spiritual gifts, and belief in divine authority. Results in terms of the role played by frequency of church attendance were inconsistent with many previous studies (Chumbler, 1996; Ellison et al., 1989; Parker & Calhoun, 1996) due to lack of any significant correlation between church participation and life satisfaction. Chumbler (1996) posits that this major inconsistency may be due to his study's "exclusive use of frequency of attendance as a quantitative measure" (p. 230). This observation reflects the subtle complexities involved in measuring religiosity, particularly within the context of individual life satisfaction.

The need for more specific confirmatory data delineating the connection between aspects of religiosity and well-being is evident, particularly with the increased saliency of religiosity, especially within the Black community. Of further importance is to empirically assess the well-being of the family unit as opposed to the individual in isolation. Such a study may project additional insight into family dynamics leading to individual attitudes, perceptions, and behaviors.

### **Statement of the Research Questions**

Using an integrated model, this study sought to answer the following questions:

1. Does religious commitment correlate with Black family mental health?

2. Does religious commitment correlate with Black family life satisfaction?

3. Does a significant multiple correlation exist between any linear combination of the 14 religious commitment variables and Black family mental health as measured by the Family Functioning scales?

4. Does a significant multiple correlation exist between any linear combination of the 14 religious commitment variables and Black family life satisfaction as measured by the Quality of Life Inventory?

5. Does a canonical relationship exist between any linear combination of the religious commitment variables and any linear combination of the Family Functioning scales and the Quality of Life Inventory measuring both Black family mental health and life satisfaction?

6. Do the means of Seventh-day Adventist and non-Seventh-day Adventist families on the Quality of Life Inventory significantly differ?

7. Do the means of Seventh-day Adventist and non-Seventh-day Adventist families significantly differ on the Family Functioning scales denoting Black family mental health?

8. Do Seventh-day Adventist families significantly differ from non-Seventh-day Adventist families in their religious commitment as measured by the 14 variables, denoting length of religious affiliation, religious participation, devotional intensity, and religious practices?

#### **Definitions of Terminology**

Definition of the following terms will assist in better understanding the thrust of this study:

Religiosity: The sum of behaviors reflecting public and private religious involvement, as well as subjective religious attitude (Levin, Chatters, & Taylor, 1995).

Religious commitment: Subjective and objective measures of religiosity as relating to affiliation, participation, devotion, and practices (Ellison et al., 1989)

Affiliation: Holding membership in an organized denomination group (Ellison et al., 1989), as well as the duration of that membership. In this study, length of

affiliation was included in the religious commitment model, while denominational membership was used to examine differences between two denominational groups.

Participation: Frequency of attendance at church services, percentage of income tithing (Albrecht & Cornwall, 1989), mid-week prayer meeting attendance, percentage of income allocated to offerings, and degree of involvement in church-related activities

Devotional intensity: Frequency of family prayer time and personal evaluation of degree of closeness to God (Ellison et al., 1989), as well as frequency of family devotions involving more than prayer

Religious practices: Behaviors reflecting one's commitment to religious beliefs. In this study those practices consist of adopting a vegetarian diet, attendance at church-affiliated schools, and abstaining from drugs, alcohol, and tobacco (Dudley, Mutch, & Cruise, 1987; Hardy & Kirby, 1995; Parmer & Rogers, 1997; Wallace & Forman, 1998).

Quality of life: A dimension of the greater construct of subjective well-being or happiness, referring to an individual's satisfaction with, and evaluation of, his or her degree of fulfilling personal desires, needs, and goals in particular domains or areas of life (Evans, 1994). It

is equated with life satisfaction and suggests a combined cognitive-affective dimension (Frisch, 1994).

Family mental health: Family's state of functioning within a three-dimensional sphere which combines relationship, personal growth and value, and system maintenance, as suggested by Moos, Insel, and Humphrey (1974)

Black American family: A Black family of African American heritage, or more recently immigrating to the United States of mixed ethnicity.

#### **Delimitation of the Study**

The population in this study is restricted to Black American families living within the continental United States. Religious dimensions considered reflect only length of denominational affiliation, participation in church-related functions, devotional intensity, and specific religious practices as components of religious commitment.

#### **Limitations of the Study**

Due to the complexity of the religiosity construct and its multifaceted nature, only length of denominational affiliation, church participation, devotional intensity, and religious practices in terms of religious commitment

are considered. Therefore, other potentially important aspects of religiosity should not be implied or included in my conclusions.

### **Organization of the Study**

This study is divided into five chapters:

Chapter 1 presents an overview of the study, statement of the problem, purpose of the study, its theoretical foundation, statement of the research questions, definition of commonly used terms, delimitation, and limitations of the study.

Chapter 2 provides a careful review of the literature as pertaining to the research investigating the many facets of religion's influence on mental health and quality of life, particularly with African Americans.

Chapter 3 outlines the research methodology applied through the data collection and analysis phases. Included are sampling procedures, description of instrumentation, delineation of research hypotheses, identification of variables, and outlining of general procedures leading to the data analysis.

Chapter 4 interprets analysis results and discusses the findings of the research.



Chapter 5 presents a summary of research findings, draws conclusions, and offers recommendations for educators, families, and future research.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

For all his learning and sophistication, man still instinctively reaches toward that force beyond. . . . Only arrogance can deny its existence, and the denial falters in the face of evidence. On every hand, in every tuft of grass, in every bird, in every opening bud, there it is.

Hal Borland

#### **The Religious-Health Connection**

The religious connection in the mental health paradigm has been an increasingly researched topic, particularly within the past 30 years (Albrecht, Chadwick, & Alcron, 1977; Benson & Spilka, 1977; Brown & Lowe, 1951; Ellison & Levin, 1998; Poloma & Pendleton, 1991; Rohrbaugh & Jessor, 1975; Stark, 1971). Since the establishment of the Academy of Religion and Mental Health in 1957 (Meissner, 1961), various components of religiosity have been positively associated with physical health, mental health, and individual life satisfaction. The salutary effects of the religious factor, however, were not readily acknowledged, and a number of sociologists as well as psychologists encapsulated religious beliefs through Freudian lenses,

associating religion with psychopathological thinking and behavior, or obsessional neurosis (Freud, 1961). Albert Ellis, founder of the Rational Emotive School of Psychotherapy, echoes Freud's sentiments in his assertions that religious beliefs and behaviors are the results of irrational thinking and emotional disturbance (Ellis, 1980). Studies linking religiosity with rigidity (Hassan & Khalique, 1981), dependence and submissiveness (Tennison & Snyder, 1968), and lower self-esteem (Beit-Hallahmi & Nevo, 1987) have been counteracted by a body of research pointing to religion's positive influence on individual mental health (Larson, 1985; Levin & Chatters, 1998), well-being (Ellison, 1998), life satisfaction (Ellison et al., 1989), values and behavior (Dudley et al., 1987; Gottlieb & Green, 1984). Although epidemiologists may have at times considered religion only as a tangential factor in health matters, the scientific literature continues to reflect a growing interest in specific dimensions of religiosity and their effects on health and psychological well-being (Ellison et al., 1989; Larson, Pattison, Blazer, Omram, & Kaplaan, 1986; Levin & Markides, 1986; Levin & Schiller, 1987; Witter, Stock, Okun, & Haring, 1985).

Religion and its many derivatives are among priority concerns in American society, where 68% of the national

population are members of an organized church, 61% consider religion to be a very important part of their lives, and approximately 36% attend church weekly (Gallup, 2000). With such great emphasis placed on religious beliefs and behaviors, the influence that religion exerts on American life is an irrefutable reality. This influence, however, has been deemed deleterious at times (Dubey, 1986; Sorenson & Bolwig, 1987), beneficial at others (Adlaf & Smart, 1985; Zukerman, Kasl, & Ostfeld, 1984), and even ambiguous by many (Bergin, Masters, & Richards 1987; Florian & Kravetz, 1983), who have sought to dissect the minuscule fragments of the religious construct in an effort to increase the specificity of their theories.

The growing body of research evaluating aspects of religiosity was noted by Weaver, Flannelly, Flannelly, Koenig, & Larson, (1998), who reviewed 311 quantitative studies published in three major mental health nursing journals—*Archives of Psychiatric Nursing*, *Journal of Psychosocial Nursing*, and *Issues in Mental Health Nursing*. Of those publications, 31% assessed at least one religious variable, with a major focus on religious affiliation. Weaver et al. cited a few studies (Conrad, 1991; Mellick, Buckwalter, & Stolley, 1992) establishing a negative correlation between church involvement and suicidal risk,

particularly among two high-risk populations, adolescents and elderly Caucasian men, whose suicide rate is presently four times higher than that found in the general population (Kaplan, Adamek, & Johnson, 1994). Their findings also suggest that "religion appears to provide a healing cognitive schema that enhances well-being, lowers distress, and may facilitate faster and more effective cognitive restructuring after severe loss and emotional trauma" (Weaver et al., 1998, p. 270).

Religion's salutary effects were also annotated by Dudley et al. (1987), whose study of 801 youth between the ages of 12 and 24 from 71 Seventh-day Adventist churches throughout the United States and Canada revealed that those who attended church services more frequently, who engaged in private devotion such as family worship and personal prayer, and were involved in church-sponsored social events were more likely to abstain completely from drugs or to use them less frequently than those who did not share those religious practices. Specific religious variables seem to directly relate to specific positive effects.

Although the correlational nature of most studies precludes the establishment of any level of causality, reviewing research with specific emphasis on religious commitment with regard to church affiliation, religious

participation, devotional intensity, and religious practices provides insight into the possible influence these variables may have on mental health and quality of life of Black families for whom religion constitutes a central force (Lincoln & Mamiya, 1990).

### **Religion and the African American Family**

The roots of the Black tradition are firmly planted in religious beliefs and practices, spanning centuries of growth and adjustment. Long before African American families were allowed access to educational and social resources within the community, the Black church was pivotal in providing cultural, social, and material support to its constituency. The Black church has been the cradle of the Black educational experience and of other agencies aimed at promoting growth and nurture of the Black community (Nelson, Yokley, & Nelson, 1977).

Blacks throughout the United States have acquired a sense of belonging, hope, and safety through the church and the ideology it embraces (Moore, 1991). It is through its teachings and the lifestyle it promotes that its members develop a sense of unity (Ellison, 1990) and collective identity (Hammond, 1988). The church creates a cohesive support system reminiscent of the African-village concept

by which the community assisted in the nurturing of all the children, and fostered a sense of racial pride (McRae, Carey, & Scott-Anderson, 1998).

Wallace and Williams's (1997) socialization model places the family nucleus as the primary source of socialization, influencing family members' acceptance of norms and values of the larger society. The model further postulates that religion functions as a secondary socialization influence, through which the family transmits its values, beliefs, and lifestyle patterns to the younger generation. Religion as an intergenerational vehicle of value transmission within the family unit is an ever-present component of family studies.

### **Religious Commitment and Affiliation**

The affiliative dimension of religious commitment touches on the specific religious organization or community with which one identifies. Ellison et al.'s 1989 study stemming from the 1983 NORC General Social Survey included nine major religious denominations. Subcultural effects on Black life satisfaction were found to be positively significant for Southern Baptists and other Baptists, who remained strong predictors in the life satisfaction model even when other dimensions of religiosity such as social

factors were controlled for. Ellison et al. further noted that Southern Baptists as well as other Baptist groups may reflect strong ties with life satisfaction as a result of their conservative nature. Conservative denominations have been found to inspire a greater degree of life satisfaction among their members than those of a more liberal signature (Buttel, Wilkening, & Martinson, 1977).

Conservatism has also been associated with greater protection against harmful behavior (Ellison et al., 1989; Wallace & Forman, 1998). Although religious denominations, regardless of whether they functioned as proscriptive or prescriptive agencies, were found to positively link with health behaviors (Northcott & Jarvis, 1987), Nelsen and Rooney (1982), as well as Hadaway, Elifson, and Petersen (1984), argue that adolescents affiliated with proscriptive religions which embrace more fundamentalistic beliefs tend to experience lower levels of drug use than those affiliated with prescriptive religions, embracing less conservative beliefs.

The role of denominational affiliation in the acquisition of values and the adoption of behavioral practices, although at times not clearly delineated, seems to create definite differences among individuals. In an examination of a national sample generated from the General



Social Surveys between 1972 and 1984, comprising 11,035 participants, Hertel and Hughes (1987) concluded that clear differences are evident among religious denominations, even after controlling for education, age, gender, and region. Religions interspersed on the conservative-liberal continuum seem to exert different influences on those embracing their beliefs. In this study, length of affiliation is used within the religious commitment model, and religious affiliation differentiates among two religious groups of Black families.

#### **Religious Commitment and Participation**

The interactive element as well as the support system present in the participatory dimension of religious commitment has held positive relationships with mental health and individual life satisfaction (Crawford, Handal, & Wiener, 1989; Levin et al., 1995; Wrigley & LaGory, 1994). Religious participation has been examined under a variety of appellations, including cultic dimension (Fukuyama, 1961), associational involvement (Lenski, 1961), and ritual involvement (Stark & Glock, 1968). The construct according to Albrecht and Cornwall (1989) includes both church attendance and percentage of income tithing. This present study followed the Albrecht and

Cornwall model, adding an offering component, as well as an element of active involvement in church activities and attendance at mid-week prayer meeting.

Ellison et al.'s 1989 examination of the 1983 General Social Survey reveals a positive and significant effect of frequent religious attendance on life satisfaction among African Americans. Another study aimed at identifying predictors of life satisfaction among African Americans (Parker & Calhoun, 1996) produced comparable results. Parker and Calhoun examined data from the National Survey of Black Americans (NSBA), consisting of personal interviews conducted in 2,107 households from a national probability sample. Their findings suggested that weekly attendance at religious services was among the predictors of life satisfaction among Black male adults.

In addition to subjective well-being, religious participation was found to positively correlate with longevity (House, Robbins, & Metzner, 1982; Zuckerman, Kasl, & Ostfeld, 1984), drug abstinence (Adlaf & Smart, 1985; Hasinn, Endicott, & Lewis, 1985), marital satisfaction (Caplow, 1983; Glenn & Weaver, 1978; Shrum, 1980), positive self-concept (Gurin, Veroff, & Field, 1960), and lower incidents of adolescent deviant behavior (Albrecht et al., 1977; Burkett & White, 1974). "Religion

may have salutary effects by enhancing social support, strengthening self-esteem, promoting constructive coping responses, encouraging positive health behaviors, or promoting healthy beliefs" (Ellison & Levin, 1998, p. 711).

Religious participation even when reduced simply to frequent attendance to religious services seems to carry salutary effects. Sloane and Potvin's 1986 study using data from a 1975 interview of 1,121 adolescents from a national probability sample revealed that adolescents who attended church more frequently tended to have lower incidents of delinquent behavior. Stark, Kent, and Doyle (1982) confirmed these findings, and postulated that the positive effects of church attendance were more evident for individuals in a social group where other group members had the same frequency of church attendance. Oman and Reed (1998) studied a cohort of 2,025 55-year-old and older residents of Marin County, California, between 1990 and 1995. Their intent was to determine whether attendance at church services served as a protective element against all-cause mortality, only by virtue of its social nature. Covariables which were potential causal elements were placed in six categories: health status, physical functioning, health habits, social functioning, psychological state, and demographics such as gender, age,

marital status, and income. Even after controlling for those six categories of variables, respondents who attended church weekly had a lower mortality rate. The protective effects of religious attendance were slightly stronger for those with higher levels of social support. The researchers argued that religious participation did not simply provide a social support system as suggested by the social support hypothesis supported by a number of studies (Durkheim, 1951; Gilk, 1980; Idler, 1987; McGuire, 1988; Northcott & Jarvis, 1987). Rather than having a substitutionary effect, they advance, religious participation had a complementary effect, whereby it provided maximum protection as it teamed with other practices. Respondents who attended church weekly and did volunteer work seemed to benefit from a greater amount of protection against mortality.

Other studies linking longevity with religious participation include a study of open-heart surgery patients (Oxman, Freeman, & Manheimer, 1995) whose 6-month mortality rate was significantly higher among those who were not strengthened by their religious faith, and a larger national study of elders (Ellison & Levin, 1998) which revealed strong effects of religious attendance on an 8-year mortality risk. Another noteworthy study (Idler &

Kasl, 1992) involved elderly subjects in New Haven, Connecticut, who were found to delay the timing of their deaths until after the celebration of significant religious holidays. Even longitudinal studies reflect similar results. Three generations of Mexican-Americans who attended religious services more frequently than once a week were found to experience reduced rates of depressive disorders and other psychological distress (Levin, Markides, & Ray, 1996). Even after controlling for physical health status and social support, Ellison, Levin, Taylor, and Chatters (1997) found that frequent church attendance coupled with a religious guidance in everyday living resulted in reduced depressive disorders and psychological distress in a group of African Americans. This study put in question the postulate that some of the positive correlations between religion and health were due to failure to isolate extraneous variables which may have led to questionable positive results (Levin & Markides, 1986; Levin & Vanderpool, 1987).

Another study linking religion and mental health involved 601 Blacks from three denominations. Catholics, Baptists, and Seventh-day Adventists formed the subject core of King's 1989 correlational investigation, which suggested that individuals actively involved in

organizational church activities, such as working with church committees or holding a church office, reported less stress.

When church attendance, an extrinsic dimension of religious commitment, is strengthened by intrinsic religious factors such as belief in the importance of religion in one's life, significant correlations with health remain. Using a nationally representative sample of approximately 5,000 high-school seniors, Wallace and Forman (1998) concurred with previous studies, identifying attendance at religious services as salutary to adolescents. They found that seniors who attend church weekly and report that religion is important in their lives tend to engage in behavior promoting long-term well-being, while engaging in fewer risk behaviors such as carrying a weapon, fighting, and abusing drugs.

Data from the U.S. General Social Surveys conducted by the National Opinion Research Center between 1972 and 1980 formed the population base for Stack and Wasserman's study (1995), aimed at examining the role that family, marriage, and religious ties may play on suicidal ideology. Although marriage lowered the score of pro-suicide ideology, institutional ties to religion were found to be the most strongly related to lowered suicide ideology. Even after

controlling for other variables, the greater the church attendance, the less likely the suicidal ideology.

Membership in particular religious groups may have an impact on physical or mental health by virtue of the particular lifestyles and health-related behaviors required of religious adherents. "Behavioral indicators such as religious membership and participation may have beneficial effects on health or well-being by virtue of the salutary psychosocial effects which potentially result from such involvement" (Chatters & Levin, 1992, p. 270).

#### **Religious Commitment and Devotional Intensity**

The intrinsic dimension of religiosity has been a subject of debate, particularly with respect to its relationship with well-being and life satisfaction. More than 80 years ago, Durkheim (1915) expressed interest in the function of religion in individual and group well-being, particularly as it applies to suicidal tendencies. Throughout the many studies purporting to examine the intrinsic nature and influence of religiosity, results continue to reflect positive relationships between intrinsic religious commitment, referred to in this study as devotional intensity (Ellison et al., 1989) and mental health. Ellison defines devotional intensity as an index

derived from an individual's frequency of prayer and personal evaluation of degree of closeness to God (p. 108). Personal attitudes and devotional practices stemming from internal religious beliefs seem to carry beneficial effects even in studies showing that extrinsic measures may not consistently predict mental health.

Intrinsic measures of religious commitment have been found to positively correlate with lower anxiety (Bergin et al., 1987), faster rate of recovery from depression (Koenig, Moberg, & Kvale, 1988), and higher levels of life satisfaction (Chumbler, 1996). Religious coping, an index of intrinsic religiosity, was investigated in a group of 55-year-old and older patients diagnosed mostly with cardiovascular and neurological disorders at Duke University Medical Center and the Durham Veterans' Administration Medical Center. Of the 577 participants, 38% were Black. Even after controlling for medical illness severity, patients with positive religious coping tended to experience fewer depressive symptoms and better quality of life. Religious coping was interpreted as seeking support from pastors and church members, praying for the well-being of others, and perceiving God as a partner who had a divine plan (Koenig, Pargament, & Nielsen, 1998).



One hundred nineteen Junior and Senior Mormon students attending Brigham Young University were the objects of Bergin et al.'s 1987 study which was aimed at observing the active role that religion plays in the lives of individuals whose extrinsic behavior was directly influenced by their religious belief, an intrinsic index of religiosity. These students abstained from alcohol, tobacco, and drug consumption, as well as from engaging in sexual relations outside of marriage, a lifestyle resulting from their religious beliefs. During a 2-year period, between 1981 and 1983, they were administered the Taylor Manifest Scale, the Beck Depression Inventory, the Religious Orientation Scale, and other personality measures. Results indicated that those with higher levels of intrinsic religiosity were more likely to exercise more self-control, as well as experience less anxiety and other emotional distresses covaried with extrinsic scores.

### **Religious Commitment and Practices**

A number of religious practices beyond attending religious services have been found to also have positive relationships with dimensions of health. Studies linking religious practices and lowered mortality are increasing (Berkman & Syme, 1979; Hannay, 1980; Zuckerman et al.,

1984). Although few in number, some studies have focused on specific denominations whose members embrace clearly set behaviors known to affect health. Lower rates of cancer have been found among religious groups advocating dietary and hygienic practices emerging from religious beliefs (Gardner, Sanborn, & Slattery, 1995; Koenig, Smiley, & Gonzalez, 1988). The study of 801 Seventh-day Adventists between the ages of 12 and 24 (Dudley et al., 1987) revealed that religious practices, such as abstinence from watching R-rated movies and listening to hard rock music, were highly protective against drug usage. Furthermore, respondents who engaged in other religious practices such as regular family devotions were much less likely to use drugs. Another less researched religious-related practice, that of educating one's children in religious schools, was also found by Dudley et al. to be salutary. Seventh-day Adventist youths who attended religious schools were less likely to use marijuana or alcohol. Other significant predictors of abstinence or less marijuana usage among these youths were personal prayer, attendance at Sabbath School, attendance at church-sponsored social activities, and participating in family devotions. Youths who followed these four religious practices regularly were more likely to abstain completely or use drugs less frequently than

those for whom these practices were not regular. When these youths were compared to others of comparable age in the general population, the Seventh-day Adventist youths were 30% as likely to use tobacco, 23% as likely to use alcohol, and 15% as likely to use marijuana. The most protective religious practice from drug usage, as revealed in this study, was regular family devotion, referred to in Dudley's study as family worship.

In his article "Who Are Black-American Seventh-day Adventists?" Taylor (1993) stressed the active participation of Black Seventh-day Adventists in the development of the Seventh-day Adventist Church, and he alluded to their "strange Victorian and dietary habits." Pierson (1994) echoed the same sentiment in tracing the involvement of Black Seventh-day Adventists in lifestyle reforms from the inception of Seventh-day Adventism following the Great Advent Awakening of 1844.

Religious practices with regard to abstinence from smoking, drinking, and adherence to dietary regimen have been found to serve as a protective shield for Seventh-day Adventists, lowering their incidence of major illnesses such as heart conditions, colon cancer, and other types of cancers. This is particularly remarkable considering the higher rates of African Americans experiencing these health

problems (Northcott & Jarvis, 1987; Phillips et al., 1980; Troyer, 1988).

Although Troyer (1988) noted that Seventh-day Adventists are the most studied religious denomination because of their unique dietary practices, very few empirical studies provide insight into the role that religious commitment plays in the health factor of this religious group. A recent study, comparing effects of religious practices among African Americans of Seventh-day Adventist and of Baptist persuasions (Parmer & Rogers, 1997), did not reveal significant differences between the two groups with respect to perceptions of being susceptible to illness. However, Seventh-day Adventists consistently followed religious-based dietary practices, abstained from tobacco and alcohol, and practiced behaviors associated with a healthier lifestyle.

In a recent symposium address, associate professor of sociology and researcher, Christopher Ellison (1998) postulated that

religious involvement may facilitate mental and physical well being by regulating health relevant conduct in ways that decrease the risk of disease—e.g., by discouraging alcohol and substance use/abuse, and by promoting an ethos of moderation. Moreover, most religious communities have teachings that (a) discourage risk-taking and deviant behaviors, (b) provide moral guidance about sexuality and family life, including marriage and child rearing, and (c)

shape other lifestyle choices in ways that may reduce exposure to various events and conditions.  
(pp. 692-693)

Throughout the history of this country, Blacks have been associated with a strong religious orientation. The following thought captures this focus (Martin & Martin, 1978):

Child-raising in the Black family tradition rested upon religious beliefs, strict discipline, respect for parental authority, and reliance on experience. The aged were nourished on a philosophy of hope, perseverance, and faith in God. By trusting in God, one could 'make a way out of no way'. (p. 49)

Although the African American family has experienced many changes, and old values as well as behavioral standards and traditions are no longer upheld consistently as with previous generations, the African American family with strong religious ties seems to benefit from a protective shield emerging from religious beliefs and behaviors.

### **Ellison's Theoretical Models**

Ellison and Levin (1998), examining the complex interplay of factors present in the religion-health labyrinth, suggested five possible theoretical models which may serve to illuminate further research:

1. The Prevention model focuses on behavioral practices directly affecting lifestyle. Religious participation including frequency of church attendance, engaging in personal prayer, and following other church-related practices, such as abstaining from alcohol and

tobacco usage, may reduce the risk of health problems. These behavioral adoptions have a protective element, promoting a lifestyle conducive to physical and emotional well-being.

2. The Stressor Response model suggests that religious behaviors and beliefs are sought and more firmly adhered to as a response to stressful life events. Adverse conditions tend to be a motivating force, causing individuals to gravitate toward the social support offered by the church, and cling to religious faith and beliefs as they attempt to cope with stressful events.

3. The Stressor Effects model surmises that life problems may diminish the individual's ability to benefit from the salutary effects associated with religion. The individual experiencing overwhelming circumstances may experience a decrease in church participation, and lose sight of the support and strength offered through religious functions and activities. Consequently, as the degree of religiosity decreases, so does the potential of health benefits.

4. The Moderator model views religion as a mediating agent aimed at reducing the harmful effects of stressors, particularly when those seem to be intense in nature. Individuals experiencing major health problems or going through the process of bereavement may benefit from the support, coping strategies, and hope offered through religion. According to this model, individuals with fewer

stressors may not benefit as much from the healing attributes of religion.

5. The Offsetting or Counterbalancing Effects model presents religion as a stable factor, remaining consistent across levels of stress. It counterbalances the damaging effects of stressful events, partly offsetting the damaging effects of stressors (p. 712).

The preventive potential of religious commitment, if thoroughly established, may provide yet another tool for the strengthening of families, especially as they face challenging and less than adequate life situations.

#### **Chapter Summary**

Regardless of the role played by dimensions of religiosity in one's life, the overwhelming body of literature suggests statistically significant and mostly salutary effects on subjective well-being (Levin & Markides, 1986), physical health (Larson, Millano, & Barry, 1996), smoking and drinking behaviors (Koenig et al., 1988), depressive symptoms (Idler, 1987), and general life satisfaction (Levin et al., 1995).

## CHAPTER III

### RESEARCH METHODOLOGY

It is not what you possess, but what you do with  
what you have that determines your true worth.

Thomas Carlyle

This chapter is devoted to the presentation of methods utilized in the research of this topic. Descriptions of participants and information regarding sampling, as well as instrumentation, the survey process, and the analyzing of data are detailed therein.

#### **Nature of Research**

This study sought to determine correlations of dimensions of religious commitment, with respect to denominational affiliation, religious participation, devotional intensity, and religious practices, with variables of mental health and life satisfaction among Black American families residing in the Continental United States. The correlational design used in this quantitative research allows the investigation of degrees of associations among targeted variables. Because of ethical



and feasibility factors which would preclude using a treatment and control group in such a study, potential extraneous variables as well as plausible rival hypotheses are considered in the examination of the relationship among the observed variables. Although this study applies directly to Black American families living in the Continental United States, the randomization, matching, and homogeneous selection of subjects increase the generalizability property of this study, providing vital data regarding the role of religious dimensions.

### **Participants**

Using a computer random-number generating program, 400 Black families were selected from the national member listing of the *Message*, published by the Review and Herald. The *Message* is a Black family-oriented religious publication distributed nationally to over 30,000 families primarily throughout North America. Three hundred additional families were also randomly selected from Black church and school listings in the East, South, West, and Midwestern regions of the United States. Church pastors, school principals, or Family Life directors from the randomly selected churches or schools were contacted by telephone and sent survey packets with instructions to

randomly distribute the questionnaires to family members of their congregation, or to parents in their school system.

### **Instrumentation**

The intricacies of the religious construct as well as the complex nature of family functioning have led to a potentially great number of variables, which could be observed and analyzed; consequently, this study focused on four dimensions of religiosity as relevant to religious commitment. These dimensions, together with family mental health and life satisfaction, were assessed through a family questionnaire using both the Colorado Self-Report Measure of Family Functioning, also known as the Family Functioning scales, by Bernard L. Bloom (1985), and the Quality of Life Inventory by Michael B. Frisch (1994).

Family interactions, perceptions, and practices have long been a substantial portion of the equation in individual members' health or pathology. Decades before family dynamics became the subject of many research endeavors, the family as a unit, and not just the individual, was considered the primary vehicle of mental health or illness (Barnhill, 1979; Handel, 1965). The interweaving nature of family evolution produces an ever-changing milieu where extraneous as well as internal

factors contribute to the changes occurring in individual members as they affect the family unit and are affected in return. Devising an instrument capable of dissecting through these interactive forces is thus a difficult task. Assessing members of a family requires a different set of tools than those needed to assess the family as a unit (Bloom, 1985).

### The Family Functioning Scales

During recent years, Van der Veen's Family Concept Q Sort (FCQS) (1965), Moos's Family Environment Scale (FES) (1974), Olson's Family Adaptability and Cohesion Evaluation Scales (FACES) (1986), and Skinner's Family Assessment Measure (FAM) (Skinner, Steinhauer, & Santa-Barbara, 1983), have provided a window's view into various facets of family health, interactions, perceptions, and pathology. The Colorado Self-Report Measure of Family Functioning (CSRFF), more commonly known as the Family Functioning scales, and developed by Bernard L. Bloom from the University of Colorado, emerged from a factor analysis of these four widely used measures as a more integrated approach to understanding the family as a unit.

The scales were developed through a four-phase study involving each of the original scales. The first phase of

the study included 269 undergraduate college students who participated in a combined administration of the FCQS and the FES. The primary difference between the original scales and the combined version of these two was the placement of a four-choice answer format. The two-choice answer format of the FES was deemed unsuitable for the completion of factor analytic studies, while the nine-choice answer format of the FCQS seemed, according to Bloom, to require much more discriminating skills than necessary.

A cluster analysis of the 90-item FES scales resulted in a shortened version which reduced from nine to five the items loading on each of the 10 scale-dimensions while retaining its psychometric integrity. Measures of internal consistency for both the original nine-item FES scales and the ensuing five-item scales produced similar results with the cohesion, conflict, and moral-religious scales reflecting the highest Cronbach alphas of .85, .82, and .81 respectively. Inter-scale correlations as well as inter-item correlations showed similar levels of correlations, although the newer scales consistently reported higher means of inter-item correlations, indicative of greater item homogeneity on the resulting scales.

Cluster analysis of the FCQS produced 5 scales, 2 of

which seemed to assess additional facets of family functioning not already identified by the revised FES. These two independent scales, with Cronbach Alphas of .78 and .66, were combined with the FES, resulting in a 60-item measure with 12 five-item scales.

The second phase of the emerging family measure involved the administration of a combined questionnaire including both the newly developed 60-item test and Olson's 111-item FACES. Three hundred and twenty college students participated in the study. Data replicated from the first phase strengthened the study, and following the blending of phase 1 and phase 2 results, 17 scales emerged with Cronbach alphas ranging from .53 to .92.

The third phase of the Colorado Measure development included the fourth original scale, the FAM, which was then added to the 17 five-item scales obtained in phase 2. Two hundred and twelve college students participated in this study. Sixty-three percent of the subjects came from two-parent homes, and the remaining participants came from homes where the parents divorced when the students were between the ages of 12 and 19. This specification was deemed necessary to begin testing the scale's validity. Two scales present in the second study continued to have questionable value, and were thus eliminated, and no new

clusters were identified, leaving the 15 five-item scales which now comprise the Colorado Measure.

Confirmatory psychometric and validity testing for the new measure consisted of a new administration to 191 married parents and a factor analysis of the newly developed scales. A Varimax rotation produced 13 identifiable factors with eigenvalues in excess of 1.00, accounting for 88.4% of the communality. Through a second-order factor analysis, the two remaining scales were retained.

A 1994 revision of the 15 Family Functioning scales by Bernard Bloom resulted in the modification and strengthening of five of the scales which have become more psychometrically robust, exhibiting higher rates of stability and reliability, and with Cronbach alphas ranging from .63 to .90. Test-retest reliability coefficients range from .78 to .93. Since its emergence, the instrument has been utilized in part or as a whole in various investigations of family functioning (Ellwood & Stolberg, 1991; Penick & Jepsen, 1992; Portes, Haas, & Brown, 1991; Shean & Lease, 1991), and seems to be a valuable tool.

The Family Functioning scales, presented in a 4-point Likert Scale format in which the response choices are "Very untrue for my family," "Fairly untrue for my family,"

"Fairly true for my family," and "Very true for my family," provide an overall view of the family system. Its norming is based on a non-clinical sample. Three general areas of family functioning are emphasized: relationship, personal growth and value, and system maintenance. The 15 subscales measure: cohesion, expressiveness, conflict, intellectual-cultural orientation, active-recreational orientation, religious emphasis, organization, family sociability, external locus of control, family idealization, disengagement, enmeshment, as well as democratic, laissez-faire, and authoritarian family styles.

#### The Quality of Life Inventory

The Quality of Life Inventory (QOLI) by Michael B. Frisch consists of 16 subscales, measuring satisfaction vis-à-vis health, self-esteem, goals and values, money, work, play, learning, creativity, helping, love, friends, children, relatives, home, neighborhood, and community. Quality of life is viewed as a dimension of the greater construct of subjective well-being (Diener, 1984; Veenhoven, 1984). Frisch (1989) defines quality of life as an individual's assessment of the degree to which his or her desires, needs, and goals have been met.

The QOLI measures satisfaction in 16 domains

empirically associated with overall life satisfaction and happiness (Frisch, 1994). Veenhoven (1984) postulates that overall life satisfaction is the sum of domain satisfaction relevant to an individual's life. Identifying areas of life with which an individual reports satisfaction or dissatisfaction, as well as understanding what may contribute to an individual's negative or positive evaluation of his or her environment, may facilitate the task of distinguishing between areas of strength and those in need of improvement (Diener, 1984).

The QOLI underwent a series of validating tests to enable its use for both clinical and non-clinical populations. The first validating procedure in the development of the measure involved its administration to 54 male inpatients admitted to the Alcohol Rehabilitation unit of the Waco Veterans' Administration Medical Center. The patients, ranging in ages from 27 to 60 years, included three ethnic groups: Caucasian (79%), Black (17%), and Hispanic (4%). Convergent validity was established by the administration of Gurin et al.'s (1960) Overall Rating of Happiness; Campbell, Converse, and Rodgers's (1976) Index of Overall Life Satisfaction; Andrews and Withey's (1976) Delighted-Terrible Scale, the Happiness Rating, and the Satisfaction with Life Scale (Diener, Emmons, Larsen, &



Griffin, 1985), in addition to the QOLI. Discriminant validity was established through the administration to the same group of other validated measures of depression, anxiety, and overall distress and pathology. Those measures included the Global Severity Index (GSI), Positive Symptom Total (PST), and Positive Symptom Distress Index (PSDI) of the Symptoms Checklist-90-R (Derogatis, 1983; Lambert, Shapiro, & Bergin, 1986), the Beck Depression Inventory (Beck, Rush, Shaw, & Emery, 1979), and the Anxiety, Dysthymia, and Major Depression scales of the Millon Clinical Multiaxial Inventory-II (Millon, 1987).

Three other adult samples were also included in the validating procedure: a recovered Veterans' Administration sample consisting of 51 subjects (Caucasian 88%, Black 10%, & Hispanic 2%), an inpatient sample from a private psychiatric hospital consisting of 18 subjects (Caucasian 86%, Black 14%), and a sample from a counseling center consisting of 127 subjects (Caucasian 93%, Black 2%, & Hispanic 5%).

A college sample was extracted from the Baylor University undergraduate psychology student body. Two hundred and seventy-two students were evaluated using the same measures as the general adult sample. The sample's ethnic composition included 91% Caucasians, 3% Blacks, 3%

Hispanics, and 3% Asian Americans. A final sampling consisted of 19 residents at the McLennan County Court Residential Treatment Center, a rehabilitating center treating criminal offenders. This group's ethnic composition included 73% Caucasians, 16% Blacks, and 11% Hispanics.

With the exclusion of the private inpatient and the rehabilitating center's sample due to their small numbers, all remaining four samples reflected a Pearson Correlation of total weighted satisfaction scores better than .98. Cronbach's coefficient alpha across the samples registered between .77 and .89, indicative of the measure's internal consistency and stability. Following a national standardization process with a racial/ethnic composition reflecting that of the 1990 U.S. Census, the Quality of Life Inventory provides a comprehensive measure of life satisfaction and personality functioning (Ogles, Lambert, & Masters, 1996).

### **Demographics**

Seven demographic variables proven to have empirical value throughout the literature with respect to mental health and subjective well-being were included in the survey for descriptive purposes. These included income

level, age of parents, number of children in the home, parent level of education, ethnicity, household head composition, and home location.

### **Variables**

Four independent variables comprise the religious commitment model in this study. Denominational affiliation involves two variables with two distinct functions: the specific religious community into which the family is integrated (Ellison et al., 1989), and the length of affiliation with a religious group. Following the Albrecht and Cornwall (1989) model, religious participation encompasses both frequency of church attendance and percentage of income tithing. Three additional items, percentage of income allocated to offerings, attendance at mid-week prayer meeting, and weekly number of hours devoted to church-related activities, strengthen the model in describing active participation. Giving of one's time and of one's financial support beyond expected tithing and attendance at regular weekly church services reflect a greater degree of involvement and commitment than what could be viewed as merely perfunctory behaviors.

Devotional intensity follows Ellison et al.'s model, consisting of one's evaluation of personal degree of closeness to God and frequency of prayer. A third item,

frequency of family devotions, is added to this model because of its close relationship with the prayer habits of most families (Dudley et al., 1987; Ellison et al., 1989). Religious practices are limited to behaviors found in recent literature to have statistically salutary value and positive direct effect on overall well-being. Following Dudley et al.'s (1987), Koenig et al.'s, (1988), Parmer and Rogers's, (1997), and Wallace and Forman's (1998) findings, five items denoting five practices, abstinence from alcohol, tobacco products, and drugs, attendance at religious schools, and adherence to a vegetarian diet, measure the religious practice variable.

The dependent variables are family mental health as measured by the Colorado Self-Report Measure of Family Functioning, referred to as the Family Functioning scales (Bloom, 1985), and life satisfaction as measured by the Quality of Life Inventory (Frisch, 1994).

#### **Procedures for Data Collection**

Seven hundred families were contacted through individual mailings as well as through randomly selected churches and schools throughout the United States. Church listings were compiled from the North American Division Seventh-day Adventist Regional Conference data as well as

from national electronic listings of non-denominational and denominationally affiliated African American churches and schools. Power value was set at .90, with  $\alpha = .05$  and a population effect size of  $R = .30$ . The sample size tables (Cohen, 1969, p. 99) yielded a minimum number of 112 families needed to produce significant results.

Each selected family received a packet consisting of an invitation to participate in the research study, a questionnaire, and a stamped, self-addressed return envelope. Individual packets were either mailed directly to participants or sent to selected churches or schools for distribution. All participants were offered the opportunity to request a brief synopsis of the study's results upon its completion. Within 2 weeks of the original mailing, a postcard serving as both a thank-you note and a friendly reminder was sent to all selected families who had received a direct mailing. Those responding through the church or school mailings received a reminder through their pastor, principal, or designated contact person. Of the 400 packets mailed directly to selected families, 52 were not delivered because individuals had either moved or letters were undeliverable. Two hundred and sixty-seven questionnaires were returned from the direct mailings and from the church and school

groups, resulting in a 38% response rate. Data from only 236 subjects were used in this study due to the discarding of 31 questionnaires with incomplete data.

### **Research Questions, Null Hypotheses, and Data Analysis**

Eight research questions, formulated through the investigation of 14 Null Hypotheses, constituted the core focus of this study.

Research question 1 asked: *Does religious commitment correlate with Black family mental health?* Null Hypotheses 1 through 4 addressed this aspect of the research:

*Null Hypothesis 1:* Length of religious affiliation does not significantly correlate with Black family mental health.

*Null Hypothesis 2:* Religious participation does not significantly correlate with Black family mental health.

*Null Hypothesis 3:* Devotional intensity does not significantly correlate with Black family mental health.

*Null Hypothesis 4:* Religious practice does not significantly correlate with Black family mental health.

Research question 2 asked: *Does religious commitment correlate with Black family life satisfaction?* In response, Null Hypotheses 5 through 8 were formulated as follows:

*Null Hypothesis 5:* Length of religious affiliation does not significantly correlate with Black family life satisfaction.

*Null Hypothesis 6:* Religious participation does not significantly correlate with Black family life satisfaction.

*Null Hypothesis 7:* Devotional intensity does not significantly correlate with Black family life satisfaction.

*Null Hypothesis 8:* Religious practice does not significantly correlate with Black family life satisfaction.

Hypotheses 1-8 were tested by zero-order correlation analysis. In each instance, family mental health involved 15 variables, and family life satisfaction, measured by the Quality of Life Inventory, yielded a single score. Family mental health variables include cohesion, expressiveness, conflict, intellectual-cultural orientation, active-recreational orientation, religious emphasis, organization, family sociability, external locus of control, family idealization, disengagement, democratic family style, laissez-faire family style, authoritarian family style, and enmeshment. The following components of life satisfaction were measured by the Quality of Life Inventory: health,

self-esteem, goals and values, money, work, play, learning, creativity, helping, love relationship, friendships, relationships with children, relationships with relatives, home, neighborhood, and community. These 16 domains of life satisfaction yielded a single score.

Research question 3 asked: *Does a significant multiple correlation exist between any linear combination of the 14 religious commitment variables and Black family mental health as measured by the Family Functioning scales?*

Hypotheses 9a through 9n investigated that relationship as follows:

*Null Hypothesis 9a:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family cohesion.

*Null Hypothesis 9b:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family expressiveness.

*Null Hypothesis 9c:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family conflict.

*Null Hypothesis 9d:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family socialization.



*Null Hypothesis 9e:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family disengagement.

*Null Hypothesis 9f:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family idealization.

*Null Hypothesis 9g:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family intellectual and cultural orientation.

*Null Hypothesis 9h:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family active-recreational orientation.

*Null Hypothesis 9i:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family religious emphasis.

*Null Hypothesis 9j:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family democratic style.

*Null Hypothesis 9k:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family authoritarian

style.

*Null Hypothesis 9l:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family laissez-faire style.

*Null Hypothesis 9m:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family external locus of control.

*Null Hypothesis 9n:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family organization.

*Null Hypothesis 9o:* There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family enmeshment.

Hypotheses 9a through 9o were tested using multiple regression analysis.

Research question 4 asked: *Does a significant multiple correlation exist between any linear combination of the 14 religious commitment variables and Black family life satisfaction as measured by the Quality of Life Inventory?*

*Null Hypothesis 10* responded: There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and Black family life

satisfaction as measured by the Quality of Life Inventory.

Multiple regression analysis was used to determine predictive sets of variables for Black family life satisfaction.

Research question 5 asked: *Does a canonical relationship exist between any linear combination of the religious commitment variables and any linear combination of the Family Functioning scales and the Quality of Life Inventory measuring both Black family mental health and life satisfaction?*

Null Hypothesis 11 responded: There is no significant canonical correlation between any linear combination of the 14 religious commitment variables and any linear combination of the 15 Family Functioning scales and the Quality of Life variable measuring both Black family mental health and life satisfaction.

Hypothesis 11 was tested by canonical correlation analysis.

Research question 6 asked: *Do the means of Seventh-day Adventist and non-Seventh-day Adventist families on the Quality of Life Inventory significantly differ?*

Null Hypothesis 12 responded: *There is no significant difference between the means on the Quality of Life Inventory of Seventh-day Adventist families and those of*

*other denominational affiliations.*

Research question 7 asked: *Do the means of Seventh-day Adventists and non-Seventh-day Adventist families significantly differ on the Family Functioning scales denoting Black family mental health?*

Null Hypothesis 13 responded: *There is no significant difference between the means on any of the 15 Family Functioning scales for Black Seventh-day Adventist families and those of other denominational affiliations.*

t-tests were performed for both Null Hypotheses 12 and 13 to determine significant differences between the two groups for both the Family Functioning scales and the Quality of Life Inventory.

Research Question 8 asked: *Do Seventh-day Adventist families significantly differ in their religious commitment as measured by the 14 variables denoting length of religious affiliation, religious participation, devotional intensity, and religious practice from non-Seventh-day Adventist families?*

Null Hypothesis 14 responded: *There is no significant difference between the responses on any of the 14 religious commitment variables for Black Seventh-day Adventist families and those of other denominational affiliations.*

Chi-square was performed to examine the differences in

responses between both groups. All hypotheses were conducted with  $\alpha = .05$ .

### **Chapter Summary**

This chapter delineates the survey research design and methodology used in this research. It postulates the relationships between variables comprising the religious commitment construct and Black family mental health and life satisfaction as measured by the Colorado Self-report Measure of Family Functioning and the Quality of Life Inventory. The nature of the instruments and sample selection, as well as the research questions and Null Hypotheses followed by each respective statistical analysis performed, constitute the core of this chapter.

## CHAPTER IV

### RESULTS OF STATISTICAL ANALYSES

I do not forget that my voice is but one voice, my experience a mere drop in the sea, my knowledge no greater than the visual field in a microscope, my mind's eye a mirror that reflects a small corner of the world, and my ideas—a subjective confession.

Carl Jung

This chapter presents a detailed investigation of the study's objectives. First of all, descriptive data characterizing the sample are reviewed, with special attention given to typical traits profiling the Black family as depicted through the study. An overview of the scales follows, incorporating the means and standard deviations for the study's sample, as well as providing a synopsis of the optional free response item appearing at the end of the family questionnaire. The third section, forming the quintessential component of this study, presents each of the 14 Null Hypotheses and the analysis conducted to test each one. A brief summary concludes this chapter.

### Overview of the Sample

The sample for this study consisted of 236 Black families residing in 20 states of the United States. Respondents were randomly selected from a membership listing of the *Message*, a Black-oriented religious publication, distributed nationally, and from randomly selected Black churches and schools throughout the United States. Information regarding place of residence was not requested of respondents, yet their location was determined through postal markings on returned envelopes. States represented were scattered throughout the East, West, South, and the Midwest. Although surveys were sent to Black families, respondents were asked to identify their ethnic origin on the questionnaire. Seventy-seven percent identified themselves as African Americans, and the remaining 23% perceived themselves as Blacks of mixed heritage, which included African, European, Hispanic, and West-Indian. Seventy percent of the participants were couples heading their families, while 4% of the respondents were single males, heads of households, and 26% were single females, heads of households.

The median range of family annual income registered between \$20,000 and \$50,000, indicative of middle-class socioeconomic status. Nineteen percent earned less than

\$20,000 annually, and 18% reported annual earnings of more than \$75,000. The median age range for both female and male heads of households was between 31 and 41 years.

Figure 1 illustrates the income distribution of participating families.

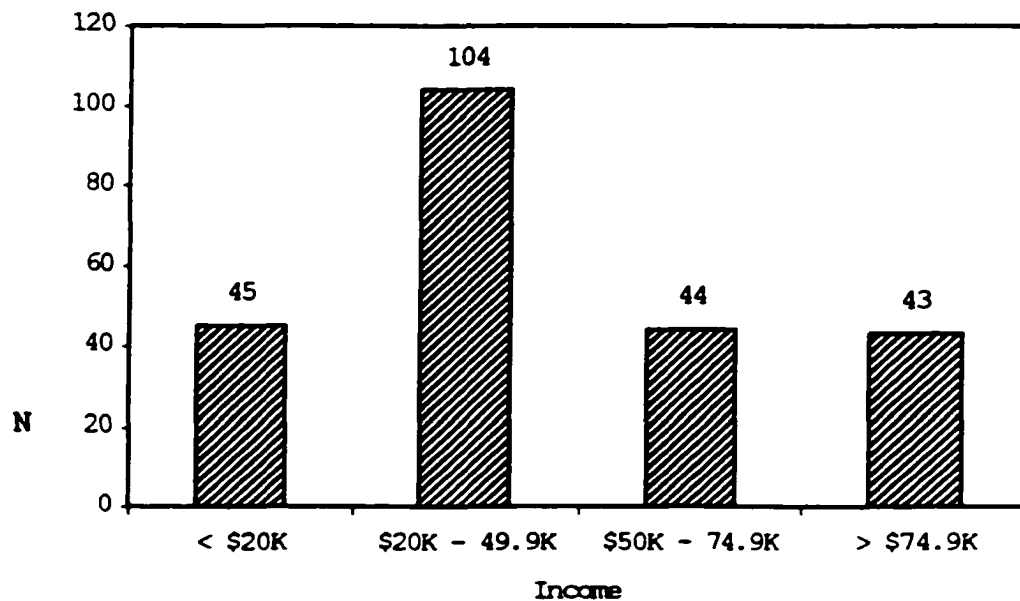


Figure 1. Income levels of sample families.

Thirty-one percent of the head-of-household males and 47% of the head-of-household females had earned at least a college degree. Twenty-four percent of the males and 28% of the females had some college education, and while 1.7% of the males had only an elementary education, less than 1% of the females reported having only an elementary



education. Fifty-three percent of the families lived in a large city, and 55% reported having three or more children. Table 1 presents the educational attainment of participants.

Table 1

*Highest Educational Achievement of Sample Families*

Education Level	Male %	Female %
Elementary	1.7	.8
Some High School	30.4	13.5
High School Diploma	12.3	10.2
Some College	24.2	28.4
College Degree	19.1	28.4
Masters Degree	8.1	17.4
Doctoral Degree	4.2	1.3

Of the respondents, 97.5% identified themselves with a religious group, while the remaining 2.5% claimed no church affiliation, although half of those claiming no church affiliation indicated that members of their families attended various church services irregularly, especially during major holidays. Of the participating families,

53.8% were Seventh-day Adventists, 21.2% were of the Baptist faith, 4.7% were of the Methodist persuasion, and 3.0% were of the Catholic faith. The remaining 14.8% specified their affiliation as Non-Denominational, Lutheran, Episcopal, African Methodist Episcopal, Church of Christ, Presbyterian, Disciples of Christ, Pentecostal, or Jehovah's Witness. Of the 300 surveys delivered to Seventh-day Adventist respondents, a 47% response rate was achieved. Four hundred surveys were distributed to non-Seventh-day Adventist families, and 34% of those surveys were returned. The greater response rate of Seventh-day Adventist respondents may be attributed to their familiarity with the institution affiliated with the researcher. The name recognition may have prompted their participation. Figure 2 presents an overview of the religious affiliation distribution. Sixty-one percent of the families were affiliated with their denomination 25 years or more, and 78% reported active church attendance at least once a week. Church participation for the majority of families also included mid-week prayer meeting, with 32% attending prayer meeting once a week, and 80% attending periodically. Another significant finding with this group is its degree of involvement in church activities. Thirty-nine percent of the families reported church involvement

beyond regular church services, between 1 and 4 hours weekly, with 32% reporting 5 to 12 hours of weekly involvement. A remarkable 17% reported 13 hours or more of weekly church involvement beyond participation in church services.

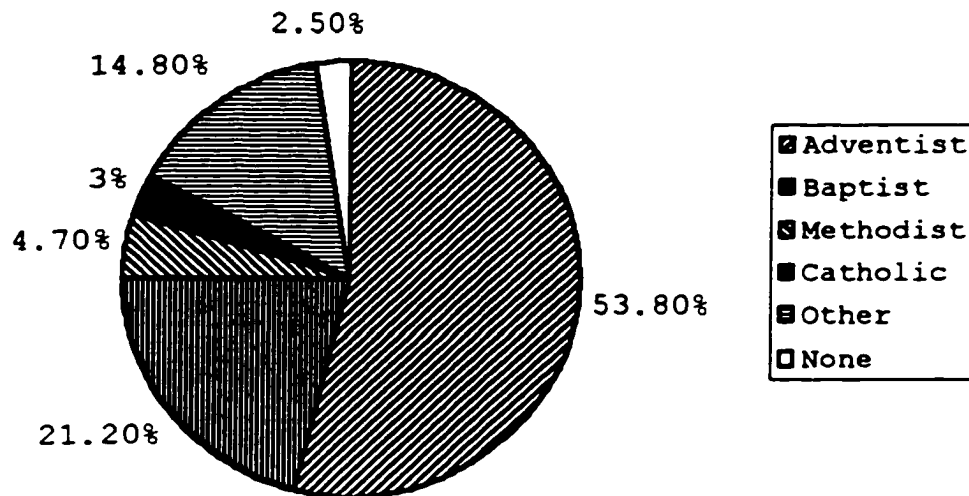


Figure 2. Religious affiliations of sample families.

Another notable factor in this group's religious commitment is the significant percentage of financial contribution reported. Seventy-five percent of the families tithed regularly, with 26% reporting tithing of

more than the usual 10%. Figure 3 depicts percentage of income tithing of sample families.

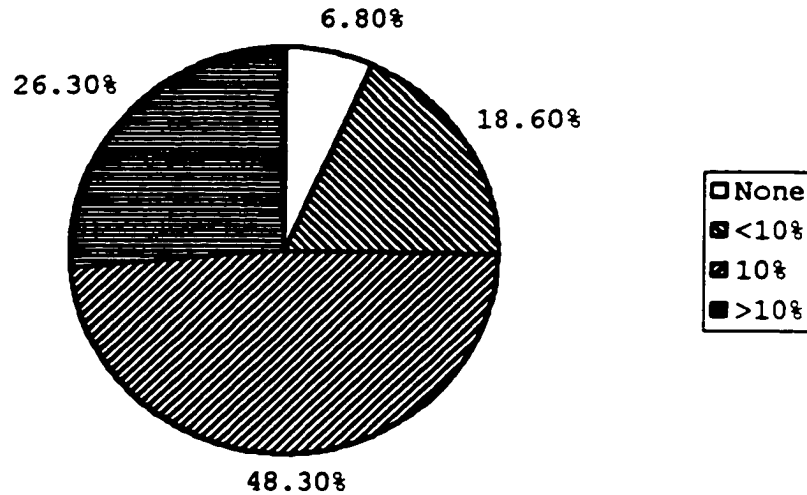


Figure 3. Tithing practices of sample families.

With regard to church offerings, 60% contributed 5% or more of their income to church offerings. Furthermore, 47% financially supported educational institutions associated with their churches by having enrolled one or more of their family members in church-affiliated schools. This practice may reflect a degree of trust in the church school system. The pattern of offering giving is shown in Figure 4.

Family devotions were reported to be a daily practice in 22% of the families, with 36% meeting several times per

week for family devotions. Thirty-two percent prayed together as a family at least once per day, while 52% reported having family prayers several times per week. The greater percentage of family prayers may reflect tendencies among families to gather for a brief family prayer even when a more extensive devotional time was not allocated. Whether families gathered daily or weekly for devotions and prayers, 71% felt very close to God.

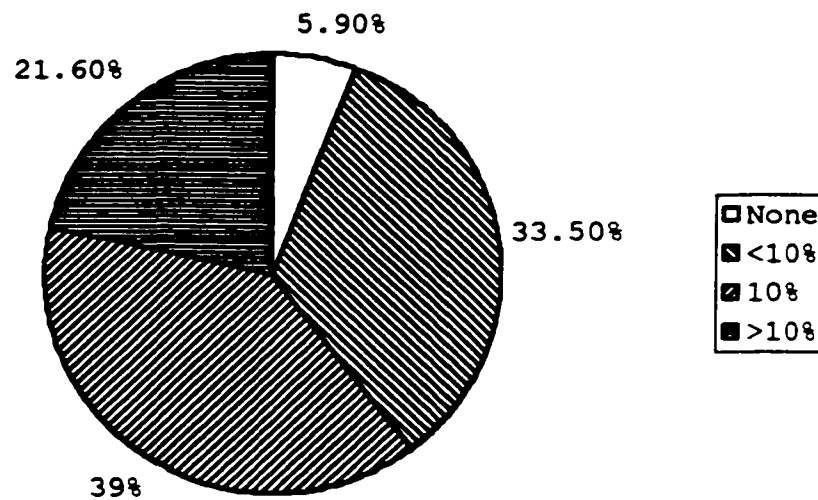


Figure 4. Offering practices of sample families.

A number of practices often related to religious beliefs were endorsed by participating families. Fifty-six percent abstained from alcohol, 57.6% refrained from using

tobacco, and 87.3% did not use drugs. Moreover, 13.6% had adopted a vegetarian diet, while 36.9% occasionally did so.

### **Profile of the Black Family**

In spite of the diversity inherent to family systems even within ethnic groupings, a typical Black family, if one does exist, may be defined. Using the median value for each of the demographic and religious commitment variables, a profile of the typical Black family in this study can be extrapolated. Based on these values, the typical Black family in this study is comprised of two parents between the ages of 31 and 41, with more than three children, and of middle-class socioeconomic status, living in an urban area. Both parents have attended college and either they or their children have been enrolled in an educational institution affiliated with a church. Family members have been affiliated with their denomination for 25 years or more, attend church services once a week, and spend an additional 1 to 4 hours per week in church-related activities. They attend mid-week prayer meeting at least once monthly, and support their church financially through their tithes and offerings. They have family devotions periodically, pray together as a family a few times per week, and feel very close to God. In terms of dietary

habits, they are non-vegetarians, consume alcohol minimally, and refrain from tobacco, and drugs.

### **Scales Description**

Fifteen scales emerging from Bloom's 1985 factor analysis of four well-established measures of family functioning assess Black family mental health, which incorporate three major dimensions following Moos's 1974 family functioning model. The first dimension, measuring family relationship, consists of six scales. The cohesion, expressiveness, and conflict scales, as conceptualized by Moos, denote "the extent to which family members feel that they belong to and are proud of their family, the extent to which there is open expression within the family, and the degree to which conflictual interactions are characteristic of the family" (p. 5). The family sociability, idealization, and organization scales, as described by Bloom (1985), depict family members as they derive gratification from social interactions, admire each other, and retain their individuality (p. 236).

The second dimension, measuring family values, consists of three scales. The Intellectual-Cultural Orientation, the Active-Recreational Orientation, and the Religious Emphasis scales designate notable values embraced

by the family. Values identified by Bloom (1985) include degree of intellectual and cultural nurturing as well as the degree of participation in recreational activities. Religious emphasis, which completes the model, incorporates frequency of church attendance, importance of the Bible, prayer practice, meaning of religious holidays, and belief in the hereafter.

A third dimension, the family maintenance system, includes the final six scales. The organization, external locus of control, democratic family style, laissez-faire family style, authoritarian family style, and enmeshment scales, according to Moos (1974), provide information relating to the family structure, particularly with regard to the degree of control each member exerts within the system. Table 2 presents properties of the 15 Family Functioning scales reflecting responses from the sample families. The table reveals that responses from the sample cover most of the possible range for each of the scales.

The second instrument, the Quality of Life Inventory (QOLI), consists of 16 scales and 32 items. Weighted responses were converted into T-scores and percentiles. T-scores carried a mean of 50 and a standard deviation of 10. Each family obtained a total Satisfaction T-score, reflecting one of the four Quality of Life classifications.



Table 2

*Properties of Family Functioning Scales Reflecting Responses From 236 Black Families*

Scale	Scale Range	Mean	SD
Cohesion	8-20	17.11	2.59
Expressiveness	6-20	15.92	3.10
Conflict	5-17	9.35	2.33
Intellectual-Cultural Orientation	5-20	15.20	3.08
Active-Recreational Orientation	6-20	14.14	3.04
Religious Emphasis	7-20	17.54	2.61
Organization	6-20	15.58	2.75
Family Socialization	5-20	16.17	2.76
External Locus of Control	5-19	9.01	2.79
Family Idealization	5-20	12.85	3.35
Disengagement	5-19	11.90	2.84
Democratic Family	5-20	14.24	3.06
Laissez-faire Family	5-17	7.69	2.71
Authoritarian Family	7-20	12.76	2.60
Enmeshed Family	5-20	9.26	3.31

\*Possible Range of all scales = 5-20.

Table 3 shows T-scores, categories identified by the developers of the Quality of Life Inventory, and sample percentages.

Table 3

*Quality of Life Classifications Based on T-Scores and Percentiles*

T-Score Range	Percentile Score Range	Classification	% of Sample
58-77	81 <sup>st</sup> -99 <sup>th</sup>	High	35.2
43-57	21 <sup>st</sup> -80 <sup>th</sup>	Average	42.8
37-42	11 <sup>th</sup> -20 <sup>th</sup>	Low	11.8
0-36	1 <sup>st</sup> -10 <sup>th</sup>	Very Low	10.2

As Table 3 indicates, 42.8% of the families reported an average degree of life satisfaction, while 35.2% registered a high level of life satisfaction, placing them at the top 20% level of the standardization sample. The majority of Black families (78%) reported an average to high degree of life satisfaction. This denotes their ability to meet basic needs as well as to achieve personal goals.

The majority of Black families in this population, according to Frisch (1994), are able to see the world in a fairly accurate light without distorting their circumstances in a negative way by catastrophizing or

blowing things out of proportion when problems arise. They are generally able to set priorities. They emphasize the importance of the rewarding and controllable areas of life and de-emphasize the unfulfilling and uncontrollable areas. Average scorers may be expected to live fairly balanced lives in which they gain satisfaction from many areas that could make them vulnerable to dissatisfaction should problems occur. People scoring in the average range are generally not extremely distressed, depressed, anxious, or angry, and they seem to be generally fulfilled rather than frustrated with their lives (p. 24).

Table 4 reflects the score range, percentile, mean score, and standard deviation of family responses to the Quality of Life Inventory. As can be observed, the mean score reflects average life satisfaction, but as was noted from Table 3, the majority (78%) scored within the average to high range.

Table 4

*Properties of Quality of Life Scale Reflecting Responses From 236 Black Families*

T-Score Range	% Score Range	M	SD	Classification
18-77	1 <sup>st</sup> -99 <sup>th</sup>	52.98	11.59	Average

A free response item appearing at the end of the Family Questionnaire offered respondents the opportunity to identify factors contributing to their life satisfaction. The following assertions reflect some of the reasons given:

A couple with two children wrote: "At present I [the husband] am out of work, so we have had to depend on our faith in God to see us through some hard times. Recently our doctor has informed us that I [the wife] have an incurable hereditary disease. In spite of those challenges, it is wonderful how our friends and family have responded. Thank God for so many blessings."

A widowed mother of four adult children explained, "Although I lost my husband three years ago, I hold my head up high, because our family members love each other very much. We spend a lot of times together, I go to church every week, I like to help people, and I feel good for myself."

A couple with three children stated, "Our family put great emphasis on education. I [the husband] am involved in all aspects of our children's development, especially with their school activities. We also believe in family worship and family prayer."

A young couple with two children stated, "We as parents spend a lot of quality time with our children. We

have daily family devotions with our children, and during the week we have our own private worship as a couple."

A single female parent explained: "My satisfaction comes from helping my family. My father lives with me, and I have helped raise my nephews and nieces at different periods of time."

A couple with three young children wrote, "Our satisfaction comes from family togetherness. We have our meals together, we have family devotions, we go to church together, and each family is responsible for certain activities in the house. We are a team."

A couple with more than three children disclosed, "We have had to be united to be strong, because alone we are nothing. Even though our salaries make it hard for us to have health insurance, we still send our kids to a church school. With God we will succeed. How? By faith." All of those who responded to the free response item emphasized the love they have for their family, and the desire they have for their family members to succeed. That desire did not limit itself to just a wish, but seemed to be concretized through hard work, encouragement, involvement, and most of all faith in God. A comment from a widowed mother of two adult sons epitomizes that spirit. "It has not been easy raising my sons without my husband,"

she said, "but I worked hard and put God first and my children second. I invested much time and love into my family and I put my children ahead of my personal agendas. They have now graduated from college and are doing well."

Using the median values derived from the Family Functioning scales and the Quality of Life Inventory, The typical Black family, again if it can be defined, is characterized as cohesive, expressive, and organized. Members emphasize religion in their home, have an intellectual-cultural orientation, and seek gratification from social interactions. They tend to minimize conflictual interactions, have an internal locus of control, and maintain a healthy system of interdependence in a democratic family setting. They score average on the Quality of Life measure, an indication of their ability to lead stable lives, derive gratification from their endeavors, face their daily challenges with optimism, set meaningful attainable goals without catastrophizing their failures, and achieve satisfaction in valued areas of life.

Upon reviewing the data description output, four variables in the religious commitment model were found to be severely negatively skewed, indicative of the majority of scores registering at the high end of the distribution.

Figure 5 presents median values for the sample Family Functioning scales.

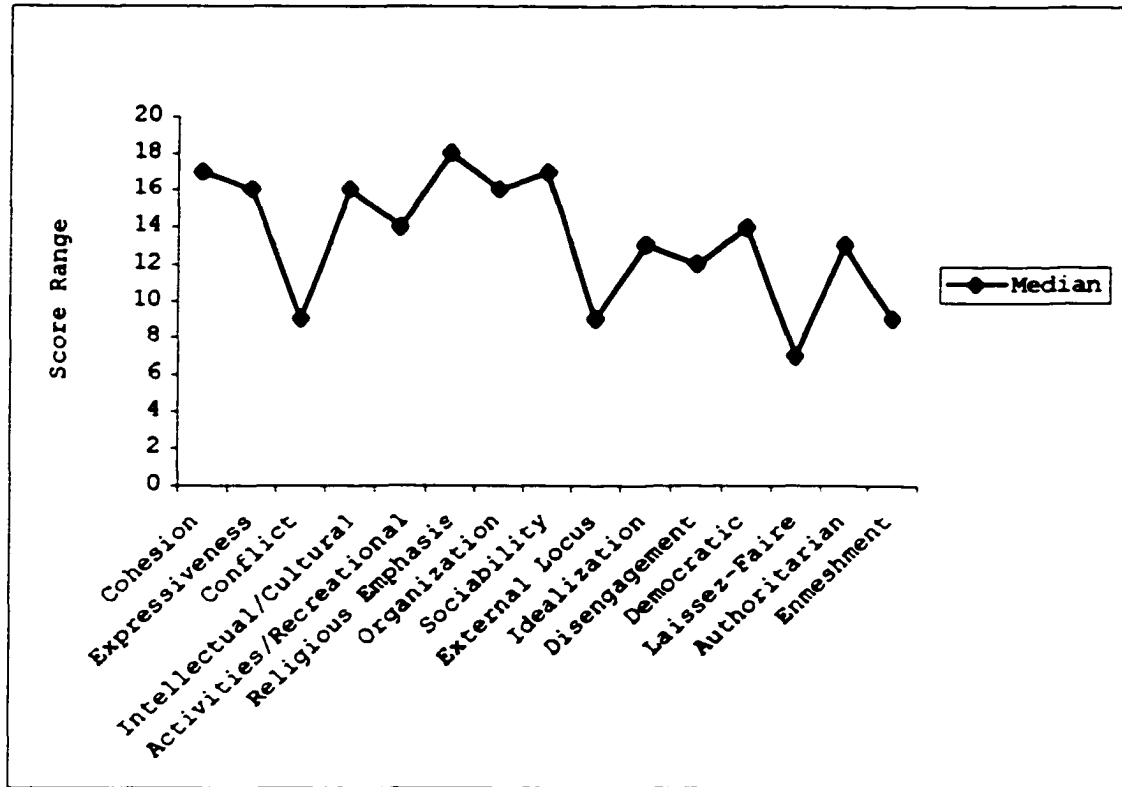


Figure 5. Family functioning characteristics.

Seventy-eight percent of the families endorsed the weekly attendance response, while 70.8%, 57.6%, and 87.3% marked very true for the following respective items: *Our family as a whole feels close to God*, *Our family abstains from alcohol consumption resulting from our religious lifestyle*, and *Our family abstains from tobacco products resulting from our religious lifestyle*. To satisfy the

assumption of linearity of relationship, essential for zero-order correlations, and the assumption of normality of distribution as well as that of homogeneity of variance inherent to *t*-test analyses, a reciprocal transformation was effected, producing transformed values conforming more closely to the assumptions of normality, linearity, and homogeneity of variance. The following formula was used:

$$\text{New } X = \frac{1}{(K - X)}$$

In this transformation, referred to as a monotonically decreasing transformation, *K* is greater than the maximum possible value of *X*, so that (*K*-*X*) is always greater than 0. The transformation to (*K*-*X*) alone would reverse the direction of the scale; however, the reciprocal reverses the direction again, so that the full transformation does not affect the direction of scores. As a monotonic transformation, this procedure does not alter what is measured by the dependent variable. It only allows the non-normal data to become more in line with the normal distribution.

### **Testing the Null Hypotheses**

The statistical results appearing in this section of the research relate to the 14 hypotheses forming the thrust of this study. Hypotheses 1 through 4 examine the



relationships between variables comprising the religious commitment model and each of the 15 Family Functioning scales. Hypotheses 5 through 8 seek to establish the relationships between the same variables forming the religious commitment model and the Quality of Life Inventory measuring family degree of life satisfaction. Zero-order correlations were used to test Null Hypotheses 1 through 8.

Hypothesis 9 seeks to identify the best set of predicting religious commitment variables correlating with each of the 15 Family Functioning scales. Hypothesis 10 also attempts to discover the best predicting set of religious commitment variables, but, in this instance, the target value is family life satisfaction. Multiple regression analysis, commonly used to determine the predictive nature of independent variables, was the chosen method of analysis for Null Hypotheses 9 and 10.

Hypothesis 11 analyzes the canonical relationship between the aforementioned 14 religious commitment variables and the 15 Family Functioning scales. The canonical analysis, an ordinary product-moment correlation between two weighted sums of scores, allows for the determination of linear combinations of the religious

commitment variables most likely correlated with linear combinations of the Family Functioning scales.

In view of the fact that Seventh-day Adventist families comprised a large proportion of the target population, it was noteworthy to investigate significant differences between the means of Seventh-day Adventist families and those of families affiliated with other denominations. For the purpose of comparison, respondents from the remaining 12 identified denominational affiliations were grouped and classified as non-Seventh-day Adventists. Hypotheses 12 and 13 seek to determine significant statistical differences between the means of the Seventh-day Adventist and non-Seventh-day Adventist groups on the Quality of Life Inventory and the Family Functioning scales. A two-independent-samples *t*-test was used for Hypotheses 12 and 13 respectively.

Hypothesis 14 attempts to determine significant statistical differences between the responses of the Seventh-day Adventist and non-Seventh-day Adventist groups on the 14 religious commitment variables. Chi-square, a non-parametric test, was deemed best suited to test this hypothesis, considering the non-interval nature of the variables.

Statistical analyses performed for the three final hypotheses excluded 2.5% of the respondents who claimed no church affiliation. The criterion for the rejection of each of the 14 hypotheses stated in the null form was set at the .05 level of significance.

Table 5 presents the intercorrelations between the 14 religious commitment variables and the 15 Family Functioning scales. As can be noted, of the 210 correlations, 35% were significant at the  $p < .05$  level, more than would be expected by chance. Table 5 reflects correlations used in the testing of Hypotheses 1 through 8.

#### Null Hypothesis 1

Null Hypothesis 1 states: *Length of religious affiliation does not significantly correlate with any of the 15 Family Functioning scales measuring mental health in Black families.*

Significant correlations were determined between length of religious affiliation and the Cohesion (.169), the Intellectual-Cultural (.167), the Active-Recreational (.190), the Religious Emphasis (.228), the Sociability (.159), and the External Locus of Control scale (-.185). The Null Hypothesis was thus rejected.

Table 5

*Inter-correlation Matrix Between the 14 Religious Commitment Variables and the 15 Family Functioning Scales*

Variable	Cohesion	Expressiveness	Conflicts	Intellect Cultural	Active Recreational	Religious Emphasis	Organization	Socialization	External Locus	Idealization	Disengagement	Democratic	Laissez-faire	Authoritarian	Enmeshment
Years Affiliation	.169*	.067	-.119	.167*	.190*	.228*	-.026	.169*	-.185*	.079	-.006	.068	-.023	-.082	-.126
Church Attend	.027	.070	-.006	.057	.025	.416*	-.021	-.071	-.117	-.067	-.053	.027	.028	-.135*	.043
Tithing	.125	.155*	-.085	.187*	.104	.455*	.075	.120	-.163*	-.019	-.045	.102	-.040	-.004	-.014
Offerings	.182*	.218*	-.118	.209*	.155*	.359*	.065	.103	-.156*	.110	-.028	.065	-.050	-.041	-.058
Prayer Meeting Attend.	.032	.090	.001	.076	.045	.256*	.085	-.019	-.135*	-.007	.110	.119	-.081	.008	-.004
Church Activities	.112	.169*	-.025	.096	.159*	.358*	-.022	.067	-.048	-.008	-.163*	.111	.041	-.067	.077
Family Devotion	.103	.180*	.006	.167*	.074	.333*	.132*	.165*	-.163*	-.008	.136*	.290*	-.168*	.130*	.031
Family Praying Together	.179*	.220*	-.060	.193*	.113	.372*	.150*	.159*	-.192*	.014	-.184*	.209*	-.239*	.060	.047
Religious School Attend.	.068	.039	-.042	.129*	.009	.127*	.037	.081	-.074	.000	-.212*	.091	-.052	-.005	-.060
Closeness to God	.271*	.314*	-.229*	.148*	.093	.220*	.154*	.204*	-.160*	.355*	-.047	.111	-.139*	.066	-.063
Vegetarian Diet	-.041	.060	.047	.151*	.034	.215*	.031	-.005	.061	-.007	.208*	.158*	-.055	-.039	.077
Abstinence from Alcohol	.040	.133*	-.032	.098	.009	.371*	-.010	-.038	-.006	-.024	-.150*	.178*	-.026	-.014	.114
Abstinence from Tobacco	.019	.086	.041	.158*	.089	.301*	.009	.056	-.045	-.034	.069	.118	-.000	.025	.064
Abstinence from Drugs	.104	.174*	-.112	.026	.203*	.142*	.063	.134*	-.127*	.041	-.035	.020	.007	-.151*	-.074

\* Significant at the .05 level.

The above zero-order correlations suggest that the longer Black families were affiliated with their churches, the more cohesive they were. Other factors associated with length of religious affiliation included the embracing of intellectual, cultural, recreational, and religious values, the seeking of a greater degree of interaction with community members, and a more developed internal locus of control.

#### Null Hypothesis 2

Null Hypothesis 2 states: *Religious participation does not significantly correlate with any of the 15 Family Functioning scales measuring mental health in Black families.*

Within the religious participation model consisting of church attendance, tithing, offering, prayer meeting attendance, and church activities, each of the five variables established significant correlations with different Family Functioning scales.

A significant correlation was noted between the giving of offerings and family cohesion (.182), family expressiveness (.218), family intellectual-cultural orientation (.209), family active-recreational orientation (.155), family religious emphasis (.359), and family

external locus of control (-.156). These individual variables suggest that Black families, who gave a higher percentage of their earnings as offerings to the church, seemed to respectively enjoy a greater degree of cohesion and expressiveness, and embrace more intellectual, cultural, religious, and recreational values. Those families, moreover, appeared to experience a greater degree of internal locus of control.

Another religious participation variable, family tithing, significantly correlated with family expressiveness (.155), family intellectual-cultural orientation (.187), family religious emphasis (.455), and family external locus of control (-.186). As Black families increased their tithing, they experienced respectively more family expressiveness, a greater degree of intellectual, cultural, and religious values, and maintained a higher degree of internal locus of control.

A third variable in the religious participation model, family attendance at prayer meeting services, significantly correlated with family religious emphasis (.256) and family external locus of control (-.135). The more frequently Black families attended prayer meeting, the more religious values they embraced. Those families also exercised a greater sense of internal locus of control.

The fourth religious participation variable, church activities, significantly correlated with family expressiveness (.169) and family disengagement (-.153). Black families who participated more frequently in church activities experienced greater family expressiveness. They were also less disengaged as a family.

The final religious participation variable, church service attendance, significantly correlated with family religious emphasis (.416) and authoritarian family style (-.135). The more frequently Black families attended church services, the more religious values their members embraced. Moreover, those families were less authoritarian. The Null Hypothesis was thus rejected.

### Null Hypothesis 3

Null Hypothesis 3 states: *Devotional intensity, consisting of the family devotion, praying together, and closeness to God variables, does not significantly correlate with any of the 15 Family Functioning scales measuring mental health in Black families.*

Significant correlations were determined between all three variables of the devotional intensity model and 7 of the 14 religious commitment variables. First, the model significantly correlated with family expressiveness

(closeness to God = .314, pray together = .220, family devotions = .180). Second, it significantly correlated with family intellectual-cultural orientation (closeness to God = .148, pray together = .193, family devotions = .167). A third group of correlations was established between the three-variable model and family religious emphasis (closeness to God = .220, pray together = .372, family devotions = .333). A fourth set of correlations was also noted with family organization (closeness to God = .154, pray together = .150, family devotions = .132). A fifth set of significant correlations was achieved between the model and family sociability (closeness to God = .204, pray together = .159, family devotions = .165). The last two significant groups of correlations were observed with family external locus of control (closeness to God = -.160, pray together = -.192, family devotions = -.163) and family laissez-faire (closeness to God = -.139, pray together = -.239, family devotions = -.166).

The more Black families felt closer to God, prayed together, and had family devotions, the more expressive they tended to be. They also tended to embrace a greater degree of intellectual, cultural, and religious values. Furthermore, they were more sociable, experienced a greater



degree of internal locus of control, and demonstrated fewer characteristics of a laissez-faire style.

Individual variables within the model also presented some meaningful correlations. The first variable, family praying together, significantly correlated with family cohesion (.179), democratic family (.209), and family disengagement (-.184). Thus, Black families who prayed together more frequently were more cohesive, less disengaged, and adopted a more democratic family style.

The second variable, family devotions, significantly correlated with authoritarian family style (.130), denoting that the more frequently Black families participated in family devotions, the more authoritarian their family style. A positive correlation was also observed with democratic family style (.290), suggesting that Black families participating in regular devotional practices were most likely to embrace a democratic family style. A negative correlation with family disengagement (-.136) reflects a tendency for those families to be less disengaged.

The third variable, closeness to God, significantly correlated with family cohesion (.271), family idealization (.355), and family conflict (-.229). The closer to God Black families felt, the more cohesive they were, the more

they tended to affirm their members, and the fewer family conflicts they experienced. The Null Hypothesis was thus rejected.

#### Null Hypothesis 4

Null Hypothesis 4 states: *Religious practice, measured by attendance at religious schools, following a vegetarian diet, and abstaining from alcohol, tobacco, and drugs, does not significantly correlate with any of the 15 Family Functioning scales measuring mental health in Black families.*

Significant correlations were noted between each variable in the religious practice model and religious emphasis (attendance at religious schools =.127, vegetarian diet =.215, alcohol abstinence =.317, tobacco abstinence =.301, drug abstinence =.142). Black families, whose members attended a religious institution, followed a vegetarian diet and abstained from alcohol, tobacco, and drugs, tended to incorporate religious values more extensively in their lifestyle. These religious practice variables also achieved significant individual correlations.

Attendance at church-affiliated schools significantly correlated with intellectual-cultural orientation (.129)

and family disengagement (-.212). Black families whose members attended church-affiliated schools tended to possess a greater degree of intellectual-cultural orientation and were less likely to become disengaged.

Vegetarian diet significantly correlated with intellectual-cultural orientation (.151), democratic family style (.158), and family disengagement (-.208). The more Black families adopted a vegetarian diet, the more intellectually and culturally oriented they were, the more democratic their style, and the less disengaged were their members.

Alcohol abstinence significantly correlated with family expressiveness (.133), democratic family style (.158), and family disengagement (-.150). The more Black families abstained from alcohol, the more expressive were their members, the more democratic their style, and the less disengaged were their members.

Tobacco abstinence significantly correlated with intellectual-cultural orientation (.158). The more Black families abstained from tobacco products, the more intellectual and cultural values they embraced.

Drug abstinence significantly correlated with family expressiveness (.174), active-recreational orientation (.203), family sociability (.134), external locus of

control (-.127), and authoritarian family style (-.151). The more Black families abstained from drugs, the more expressive, active, and sociable were their members, the less of an authoritarian style they adopted, and the more of an internal locus of control they developed. The hypothesis was thus rejected.

#### Null Hypothesis 5

Null Hypothesis 5 states: *Length of religious affiliation does not significantly correlate with Black family life satisfaction.*

No significant correlation was determined between length of religious affiliation and Black family life satisfaction. The hypothesis was thus retained.

#### Null Hypothesis 6

Null Hypothesis 6 states: *Religious participation does not significantly correlate with Black family life satisfaction.*

None of the five variables comprising the religious participation model was determined to significantly correlate with Black family life satisfaction. The hypothesis was thus retained.

### Null Hypothesis 7

Null Hypothesis 7 states: *Devotional intensity does not significantly correlate with Black family life satisfaction.*

None of the three variables comprising the devotional intensity model was determined to significantly correlate with Black family life satisfaction. The hypothesis was thus retained.

### Null Hypothesis 8

Null Hypothesis 8 states: *Religious practice does not significantly correlate with Black family life satisfaction.*

None of the five variables comprising the religious practice model was determined to significantly correlate with Black family life satisfaction. The hypothesis was thus retained.

Although statistically significant zero-order correlations pointed to the relationship between individual religious commitment variables and individual Family Functioning scales, the correlations proved to be very small, with the exception of a few which reached the stated effect size of .30. A clearer picture was sought in terms of determining the best combination of predicting variables

for each of the 15 Family Functioning scales measuring Black family mental health. Through multiple regression analysis, the most strongly related sets of variables were identified. Hypotheses 9 and 10 address that aspect of the study.

#### Null Hypothesis 9a

Null Hypothesis 9a states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family cohesion.*

The best predicting set of variables for family cohesion consisted of years of affiliation, praying together, closeness to God, and non-vegetarian diet, with each variable contributing significantly to the prediction as shown in Table 6. The multiple correlation yielded by this linear combination was  $R = .365$  ( $R^2 = .1333$ ). The Null Hypothesis was thus rejected.

Table 6

*Standardized Regression Coefficients Associated With the Cohesion Scale*

Variable	$\beta$ Coefficient	Computed t Value
Years Affiliation	.12906	2.08
Family Praying Together	.19866	3.02
Closeness to God	.25715	4.13
Vegetarian Diet	-.15283	-2.32

Cohesive families were best described as those affiliated with their denominations the longest, praying together as a family, feeling close to God, yet not necessarily following a vegetarian diet.

#### Null Hypothesis 9b

Null Hypothesis 9b states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family expressiveness.*

The best predicting set of variables for family expressiveness consisted of offering giving, praying together, closeness to God, and abstinence from drugs, with each variable contributing significantly to the prediction as reflected in Table 7. The multiple correlation yielded by this linear combination was  $R = .393$  ( $R^2 = .1547$ ). The Null Hypothesis was thus rejected.

Expressive families were best described as those who gave more offerings at church, prayed together as a family, felt close to God, and abstained from drugs.

Table 7

*Standardized Regression Coefficients Associated With the Expressiveness Scale*

Variable	$\beta$ Coefficient	Computed t Value
Offerings	.12713	2.04
Family Praying Together	.15072	2.43
Closeness to God	.27119	4.44
Abstinence From Drugs	.13263	2.19

#### Null Hypothesis 9c

Null Hypothesis 9c states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family conflict.*

The best predicting variable for family conflict as noted in Table 8 was closeness to God. The addition of other variables did not significantly increase the correlation. The zero-order correlation was  $r = .22$  ( $r^2 = .0484$ ). There was no significantly greater correlation. The hypothesis was thus retained.

Table 8

*Standardized Regression Coefficients Associated With the Conflict Scale*

Variable	$\beta$ Coefficient	Computed t Value
Closeness to God	-.02291	-3.60



## Null Hypothesis 9d

Null Hypothesis 9d states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family sociability.*

The Black family's sociability, reflected in the degree to which members obtain social gratification from social interactions with others, was best predicted by church attendance, years of affiliation, tithing, praying together, feeling close to God, and not having any alcohol restrictions. As in the preceding sets, each variable significantly contributed to the prediction as shown in Table 9. The multiple correlation yielded by this linear combination was  $R = .358$  ( $R^2 = .1285$ ). The Null Hypothesis was, therefore, rejected.

Families interacting sociably with others were affiliated with their denomination for a longer period of time, tithed, prayed together as a family, felt close to God, but did not attend church regularly, neither did they abstain from alcohol.

Table 9

*Standardized Regression Coefficients Associated With the Sociability Scale*

Variable	$\beta$ Coefficient	Computed t Value
Church Attendance	-.24304	-3.04
Years of Affiliation	.17444	2.65
Tithing	.20249	2.52
Family Praying Together	.19986	2.954
Closeness to God	.20981	3.36
Abstinence From Alcohol	-.18538	-2.43

## Null Hypothesis 9e

Null Hypothesis 9e states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family idealization.*

Black families who are prized or affirmed by their members were best predicted by feeling close to God, yet not attending church frequently, with each variable contributing significantly to the prediction as shown in Table 10. The multiple correlation yielded by this linear combination was  $R = .366$  ( $R^2 = .1337$ ). The Null Hypothesis was thus rejected.

Black families valuing their members did not attend church regularly, but felt close to God.

Table 10

*Standardized Regression Coefficients Associated With the Idealization Scale*

Variable	$\beta$ Coefficient	Computed t Value
Church Attendance	-.125278	-2.04
Closeness to God	.373974	6.09

#### Null Hypothesis 9f

Null Hypothesis 9f states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family disengagement.*

Black disengaged families were best predicted by a two-variable set consisting of not praying together and no religious school attendance, with each variable inversely correlated and contributing significantly to the prediction as displayed in Table 11. The multiple correlation yielded by this linear combination was  $R = .242$  ( $R^2 = .0588$ ). The Null Hypothesis was thus rejected.

Black families failing to develop interdependence, and feeling disconnected from each other, prayed together less often and their members did not attend church-affiliated schools.

Table 11

*Standardized Regression Coefficients Associated With the Disengagement Scale*

Variable	$\beta$ Coefficient	Computed t Value
Family Praying together	-.150278	-2.34
Religious School Attendance	-.184967	-2.87

#### Null Hypothesis 9g

Null Hypothesis 9g states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family intellectual-cultural orientation.*

The best predicting set of variables for family intellectual-cultural orientation consisted of the giving of offerings and praying together, with each variable contributing significantly to the prediction as noted in Table 12. The multiple correlation yielded by this linear combination was  $R = .242$  ( $R^2 = .0586$ ).

Table 12

*Standardized Regression Coefficients Associated With the Intellectual-Cultural Scale-I*

Variable	$\beta$ Coefficient	Computed t Value
Offerings	.25329	2.70
Family Praying Together	.15475	2.38

Families with an intellectual-cultural orientation were likely to be generous offering-givers, and they prayed together as a family.

Another close predicting set of intellectual-cultural orientation included both offering giving and family devotions. Each variable once more contributed significantly to the prediction as shown in Table 13. The multiple correlation yielded by this linear combination was  $R = .228$  ( $R^2 = .0520$ ). The Null Hypothesis was thus rejected.

Table 13

*Standardized Regression Coefficients Associated With the Intellectual-Cultural Scale-II*

Variable	$\beta$ Coefficient	Computed t Value
Offerings	.25329	2.70
Family Devotions	.13014	2.01

Families with an intellectual-cultural orientation were also more likely to give generously of their offerings and to participate in family devotions.

#### Null Hypothesis 9h

Null Hypothesis 9h states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family active-recreational orientation.*

The best set of variables predicting a Black family's active-recreational orientation consisted of years of affiliation, church attendance, abstinence from drugs, and no alcoholic beverage restriction. Each variable contributed significantly to the prediction as reflected in Table 14. The multiple correlation yielded by this linear combination was  $R = .286$  ( $R^2 = .0818$ ). The hypothesis was thus rejected.

Black families characterized as embracing values in terms of their participation in recreational activities and hobby interests were most likely to be affiliated the longest with their denomination, to attend church services frequently, to abstain more from drugs, but have fewer restrictions on alcoholic beverages.

Table 14

*Standardized Regression Coefficients Associated With the Active-Recreational Scale*

Variable	$\beta$ Coefficient	Computed $t$ Value
Years of Affiliation	.17522	2.70
Church Activities	.16401	2.45
Abstinence From Alcohol	.14616	-2.08
Abstinence From Drugs	.19408	2.98

#### Null Hypothesis 9i

Null Hypothesis 9i states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family religious emphasis.*

Two predictive sets are worthy of mention. The best set of variables predicting Black family religious emphasis consisted of church attendance, tithing, praying together, and closeness to God. Each variable contributed significantly to the prediction as noted in Table 15. The multiple correlation yielded by this linear combination was  $R = .545$  ( $R^2 = .2972$ ).

Table 15

*Standardized Regression Coefficients Associated With the Religious Emphasis Scale—Subset I*

Variable	$\beta$ Coefficient	Computed $t$ Value
Church Attendance	.18479	2.69
Tithing	.25417	3.63
Family Praying Together	.23506	4.07
Closeness to God	.13462	2.43

Black families emphasizing religious values in their homes were best described as attending church regularly, paying their tithe, praying together as a family, and feeling close to God.

The second predicting set of variables substituted church attendance with church activities, another variable in the religious participation model. As in the previous set, each variable contributed significantly to the prediction as shown in Table 16. The multiple correlation yielded by this linear combination was  $R = .540$  ( $R^2 = .2916$ ). The hypothesis was thus rejected.

Black families emphasizing religious values in their homes were also described as paying their tithe, participating in church activities, praying together as a family, and feeling close to God. It should be noted that



neither length of affiliation nor any of the variables measuring religious practices predicted religious emphasis.

Table 16

*Standardized Regression Coefficients Associated With the Religious Emphasis Scale—Subset II*

Variable	$\beta$ Coefficient	Computed t Value
Tithing	.30296	4.83
Church Activities	.14409	2.31
Family Praying Together	.22247	3.78
Closeness to God	.14288	2.57

#### Null Hypothesis 9j

Null Hypothesis 9j states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family organization.*

Family organization was best predicted by a combination of praying together and feeling close to God. Table 17 reflects that combination with each variable contributing significantly to the prediction. The multiple correlation yielded by this linear combination was  $R = .185$  ( $R^2 = .0344$ ). The hypothesis was thus rejected.

Families organized in a hierarchical manner with appropriate degree of control exerted by family members

Table 17

*Standardized Regression Coefficients Associated With the Organization Scale*

Variable	$\beta$ Coefficient	Computed t Value
Family Praying together	.13757	2.14
Closeness to God	.14218	2.21

vis-à-vis each other can best be described as families who pray together and feel close to God. Both variables are included in the devotional intensity model, reflecting intrinsic religious commitment.

#### Null Hypothesis 9k

Null Hypothesis 9k states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family external locus of control.*

The best set of variables predicting external locus of control included tithing, praying together, feeling close to God, vegetarian diet, abstinence from drugs, and from alcohol, with each variable contributing significantly to the prediction as reflected in Table 18. The multiple correlation yielded by this linear combination was  $R = .339$  ( $R^2 = .1149$ ). The hypothesis was thus rejected.

Table 18

*Standardized Regression Coefficients Associated With the External Locus of Control Scale*

Variable	$\beta$ Coefficient	Computed t Value
Tithing	-.22398	-.316
Family Praying Together	-.22661	-3.27
Closeness to God	-.15817	-2.52
Vegetarian Diet	.17659	2.46
Abstinence From Alcohol	.17756	2.23
Abstinence From Drugs	-.13919	-2.18

Black families with an external locus of control, perceiving themselves the victims of circumstances, tithed less, prayed less together as a family, did not feel close to God, did not abstain from drugs, but were more likely to follow a vegetarian diet and abstain from alcohol.

#### Null Hypothesis 91

Null Hypothesis 91 stipulates: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and democratic family style.*

Democratic family style was best predicted by four separate one-variable sets as presented in Table 19.

Combining the variables did not significantly increase the

correlation. The correlations yielded by each single variables were  $r = .284$  ( $r^2 = .0804$ );  $r = .199$  ( $r^2 = 0395$ );  $r = .166$  ( $r^2 = 0274$ );  $r = .144$  ( $r^2 = 0208$ ) The hypothesis was, therefore, retained.

Table 19

*Standardized Regression Coefficients Associated With the Democratic Family Scale*

Variable	$\beta$ Coefficient	Computed t Value
Family Devotion	.29029	4.64
Family Praying Together	.20868	3.26
Abstinence From Alcohol	.17769	2.76
Vegetarian Diet	.15809	2.45

#### Null Hypothesis 9m

Null Hypothesis 9m states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and laissez-faire family style.*

Laissez-faire family style was best predicted by a three-variable set as identified in Table 20, with each variable contributing significantly to the prediction. The multiple correlation yielded by this linear combination was  $R = .277$  ( $R^2 = .0767$ ). The hypothesis was thus rejected.

Table 20

*Standardized Regression Coefficients Associated With the Laissez-faire Family Scale*

Variable	$\beta$ Coefficient	Computed $t$ Value
Church Activities	.02863	2.03
Family Praying Together	-.26761	-4.06
Closeness to God	-.12828	-2.03

Families who lacked rules governing family behavior were best described as participating in more church-related activities, but praying together less and feeling less close to God.

## Null Hypothesis 9n

Null Hypothesis 9n states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and authoritarian family style.*

Authoritarian families were best predicted by a three-variable set comprising less church attendance, more family devotions, and more drug usage, with each variable contributing significantly to the prediction as noted in Table 21. The multiple correlation yielded by this linear combination was  $R = .259$  ( $R^2 = .0671$ ). The hypothesis was thus rejected.

Table 21

*Standardized Regression Coefficients Associated With the Authoritarian Family Scale*

Variable	$\beta$ Coefficient	Computed t Value
Church Attendance	-.19525	-2.97
Family Devotion	.20243	3.06
Abstinence From Drugs	-.17449	-2.75

Families where parents were the sole rule makers, giving their children minimal participation in family decisions, had more family devotions, but attended church less frequently and did not abstain from drugs.

#### Null Hypothesis 9o

Null Hypothesis 9o states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and family enmeshment.*

Black enmeshed families were best predicted by a two-variable set as depicted in Table 22, with each variable contributing significantly to the prediction. The multiple correlation yielded by this linear combination was  $R = .173$  ( $R^2 = .0300$ ). The hypothesis was, therefore, rejected.

Table 22

Standardized Regression Coefficients Associated With the Enmeshed Family Scale

Variable	$\beta$ Coefficient	Computed $t$ Value
Years of Affiliation	-.164578	-2.48
Abstinence From Alcohol	.15500	2.33

Black families with strong interdependent relationships, failing to develop a sense of individuality, were best described as having fewer years of affiliation with their religious denomination and as abstaining more from alcohol.

#### Null Hypothesis 10

Null Hypothesis 10 states: *There is no significant multiple correlation between any linear combination of the 14 religious commitment variables and Black family life satisfaction measured by the Quality of Life Inventory.*

No linear combination of religious commitment variables yielded a significant multiple correlation with Black family life satisfaction. The Null Hypothesis was thus retained.

## Hypothesis 11

Null Hypothesis 11 states: *There is no significant canonical correlation between any linear combination of the 14 religious commitment variables and any linear combination of the 15 Family Functioning scales and Quality of Life variable measuring both Black family mental health and life satisfaction.*

Three of the 14 canonical functions were found to be significant at the .05 level. The first function yielded a canonical correlation of  $r = .650$  ( $R^2 = .423$ ), with  $X^2 = 395.61$  and  $p < .0005$ . The second canonical function yielded a canonical correlation of  $r = .530$  ( $R^2 = .281$ ), with  $X^2 = 275.61$ , and  $p = .0001$ . The third canonical function yielded a canonical correlation of  $r = .461$  ( $R^2 = .213$ ), with  $X^2 = 202.92$ , and  $p = .0342$ . Tables 23, 24, and 25 present the canonical variable loadings in the two sets of variables for each of these three functions respectively. It is a common procedure to initially note only variables whose weights are at least half the value of the greatest weight. These variables are ranked and considered significant in the canonical analysis. Variables are ranked in decreasing order. The Null Hypothesis was rejected.



Table 23

*Canonical Correlation Function 1*

Religious Commitment Variables Set 1			Family Functioning Variables Set 2		
Variable	Weight	Rank	Variable	Weight	Rank
Yrs. Affil	.412	9	QOL	.125	
Church Att.	.603	3	Cohesion	.497	3
Tithing	.712	1	Expressiveness	.554	2
Offering	.633	2	Conflict	-.351	
Prayer Meet.	.347		Intel-Cultural	.345	
Church Act.	.550	5	Act-Recreation	.356	
Family Dev.	.458	8	Rel. Emphasis	.843	1
Pray Together.	.561	4	Organization	.189	
Rel. School A	-.144		Sociability	.367	
Close to God	.496	6	Ext. Locus	-.468	4
Veget. Diet	.174		Idealization	.243	
Alcohol Abst.	.472	7	Disengagement	-.133	
Tobacco Abst.	.409	10	Democratic	.201	
Drug Abst.	.345		Laissez-faire	-.201	
			Authoritarian	-.067	
			Enmeshment	-.084	

Table 24

*Canonical Correlation Function 2*

Religious Commitment Variables Set 1			Family Functioning Variables Set 2		
Variable	Weight	Rank	Variable	Weight	Rank
Yrs. Affil	-.156		QOL	-.362	6
Church Att.	.487	2	Cohesion	-.420	3
Tithing	.274	9	Expressiveness	-.218	
Offering	.006		Conflict	.365	5
Prayer Meet.	.394	5	Intel-Cultural	-.122	
Church Act.	.264		Act-Recreation	-.302	8
Family Dev.	.450	4	Rel. Emphasis	.326	7
Pray Together.	.376	6	Organization	-.076	
Rel. School A	-.104		Sociability	-.483	2
Close to God	-.345	8	Ext. Locus	.237	
Veget. Diet	.461	3	Idealization	-.508	1
Alcohol Abst.	.552	1	Disengagement	-.245	
Tobacco Abst.	.362	7	Democratic	.224	
Drug Abst.	-.155		Laissez-faire	.031	
			Authoritarian	-.013	
			Enmeshment	.377	4

Table 25  
*Canonical Correlation Function 3*

Religious Commitment Variables Set 1			Family Functioning Variables Set 2		
Variable	Weight	Rank	Variable	Weight	Rank
Yrs. Affil	.003		QOL	-.154	
Church Att.	.256	4	Cohesion	-.208	
Tithing	-.109		Expressiveness	-.148	
Offering	.036		Conflict	-.009	
Prayer Meet.	-.075		Intel-Cultural	-.378	5
Church Act.	.232	6	Act-Recreation	.139	
Family Dev.	-.450	1	Rel. Emphasis	-.040	
Pray Together.	-.363	3	Organization	-.373	6
Rel. School A	.214		Sociability	-.412	4
Close to God	-.246	5	Ext. Locus	.230	
Veget. Diet	-.046		Idealization	-.199	
Alcohol Abst.	-.010		Disengagement	.091	
Tobacco Abst.	-.050		Democratic	-.432	3
Drug Abst.	.394	2	Laissez-faire	.469	2
			Authoritarian	-.650	1
			Enmeshment	.075	

The first significant canonical function, as indicated in Table 23, suggested that Black families who tithe more, give more offerings, attend church more frequently, pray together more, participate more in church activities, feel closer to God, abstain more from alcohol, have more family devotions, are affiliated with their churches the longest, and abstain more from tobacco tend to emphasize religious values more in their homes, be more expressive, have more cohesion, and have more of an internal locus of control.

The second significant canonical function, as presented in Table 24, indicates that Black families who abstain more from alcohol, attend church more frequently, follow more of a vegetarian diet, have more family devotions, attend prayer meeting more frequently, pray together more often, abstain more from tobacco, feel less close to God, but tithe more, tend to lack family idealization, sociability and cohesion, tend to be more enmeshed, experience more conflicts, feel dissatisfied about life, emphasize religion in their homes, and embrace fewer recreational values.

The third significant canonical function, as shown in Table 25, suggests that Black families who have fewer family devotions, but abstain from drugs, pray together less often, but attend church more regularly, feel less close to God, but participate more often in church-related activities, tend to have less of an authoritarian family style, adopt more of a laissez-faire family style, embrace less of a democratic family style, tend to be less sociable, less intellectually or culturally oriented, and less organized.

#### Null Hypothesis 12

Null Hypothesis 12 states: *There is no significant difference between the means on the Quality of Life Inventory of Seventh-day Adventist families and those of other denominational affiliations.*

No significant differences were determined between the means of Black Seventh-day Adventist families and Black families from other denominational affiliations in terms of life satisfaction. The means of the Seventh-day Adventists and of the non-Seventh-day Adventists on the Quality of Life Inventory were 53.359 and 52.582 respectively. The *t*-test yielded  $t = .50$ , and the  $p = .6144$ . The hypothesis was thus retained.

### Null Hypothesis 13

Null Hypothesis 13 states: *There is no significant difference between the means on any of the 15 Family Functioning scales for Black Seventh-day Adventist families and those of other denominational affiliations.*

Table 26 displays the group means and t-test results. Significant differences were noted on 5 of the 15 Family Functioning scales: Intellectual-Cultural Orientation, Religious Emphasis, Disengagement, Democratic Family Style, and Laissez-faire Family Style. The group means and t-test results are shown in Table 26. The Null Hypothesis was thus rejected.

As Table 26 portrays, Seventh-day Adventist families seem to have a greater degree of intellectual-cultural orientation than non-Seventh-day Adventist families. They also appear to embrace a greater degree of religious values and adopt a more democratic family style than non-Seventh-day Adventist families. Non-Seventh-day Adventist families, conversely, appear to be more disengaged, and tend to adopt a more laissez-faire family style.

Table 26

*t-Tests for Means Comparison Between SDA and Non-SDA Groups on Family Functioning Scales*

Scales	MEANS		t	p
	SDA	Non-SDA		
Cohesion	17.12	17.13	-.02	.98
Expressiveness	16.15	15.66	1.18	.24
Conflict	9.35	9.21	.46	.64
Intellectual-Cultural	15.58	14.77	1.98	.05*
Active-Recreational	14.15	14.01	.35	.73
Religious Emphasis	18.53	16.70	5.79	.00*
Organization	15.48	15.70	-.60	.55
Sociability	16.20	16.23	-.10	.92
External Locus of Control	8.88	9.12	-.62	.54
Family Idealization	12.55	13.26	-1.60	.11
Disengagement	11.31	12.58	-3.42	.00*
Democratic Style	14.76	13.73	2.63	.00*
Laissez-Faire Style	7.23	8.16	-2.57	.01*
Authoritarian Style	12.86	12.68	.52	.60
Enmeshment	9.43	9.11	.72	.47

\*Significant at the .05 level.

## Null Hypothesis 14

Null Hypothesis 14 states: *There is no significant difference between the responses on any of the 14 religious commitment variables for Black Seventh-day Adventist families and those of other denominational affiliations.*

Chi-square analysis with a significance level of .05 yielded significant differences between Seventh-day Adventist and non-Seventh-day Adventist families on 13 of the 14 Family Functioning scales. The Null Hypothesis was thus rejected. Tables 27-40 present the contingency tables for the 14 variables.

Table 27 displays the chi-square contingency table for both groups' years of denominational affiliation. The merger of the first two levels of length of affiliation eliminated any expected frequency values below 5 (Chi-square = 13.470 &  $p = 0.0037$ ).

As Table 27 reveals, Seventh-day Adventists reported a significantly greater number of years of affiliation than non-Seventh-day Adventists. Although the majority of families in both groups had experienced over 24 years of membership affiliation, 66.9% of Seventh-day Adventists had been affiliated with their church 24 years or more.



Table 27

*Contingency Table—Years of Affiliation*

Years	Non-SDA N(%)	SDA N(%)	TOTAL
Below 6	12 (11.7)	8 (6.3)	20
6 to 10	18 (17.5)	6 (4.7)	24
11 to 24	15 (14.6)	28 (22.0)	43
Above 24	58 (56.3)	85 (66.9)	143
Total	103	127	230

*Note.* Pearson  $\chi^2 = 13.470$ ;  $df = 3$ ;  $p = 0.0037$ ; minimum estimated expected value = 8.96.

Table 28 displays the chi-square contingency table for both groups' frequency of church attendance. The removal of the first level of frequency, and the merger of levels 3 and 4, eliminated any expected frequency values below 5.

Table 28

*Contingency Table—Church Attendance*

	Non-SDA N(%)	SDA N(%)	TOTAL
Less than once/month	19 (18.4)	4 (3.1)	23
Once or twice/month	20 (19.4)	4 (3.1)	24
Weekly	64 (62.1)	119 (93.7)	183
Total	103	127	230

*Note.* Pearson  $\chi^2 = 34.854$ ;  $df = 2$ ;  $p = 0.0000$ ; minimum estimated expected value = 10.30.

As Table 28 presents, Seventh-day Adventist families reported an overwhelming 93.7% rate of weekly church attendance, although the non-Seventh-day Adventist group also reflected a high percentage of weekly church attendance (62.1%).

Table 29 displays the chi-square contingency table for both groups' tithing practices (Chi-square = 39.227 &  $p = 0.0000$ ).

Table 29

*Contingency Table—Tithing*

Tithe	Non-SDA N(%)	SDA N(%)	TOTAL
None	8 (7.8)	2 (1.6)	10
Below 10%	36 (35.0)	8 (6.3)	44
10%	41 (39.8)	73 (57.5)	114
Above 10%	18 (17.5)	44 (34.6)	62
Total	103	127	230

*Note.* Pearson  $\chi^2 = 39.227$ ;  $df = 3$ ;  $p = 0.0000$ ; minimum estimated expected value = 4.48.

As Table 29 reflects, Seventh-day Adventist families tithed a significantly greater percentage of their earnings than non-Seventh-day Adventist families. While the majority of Seventh-day Adventist families tithed their earnings at 10% or more, the other families tithed at 10% and below. It is also noted that a smaller percentage of

Seventh-day Adventist families reported no tithing practices (1.6%) as opposed to the 7.8% of non-Seventh-day Adventist families.

Table 30 displays the chi-square contingency table for both groups' offering practices. The merger of the first two offering percentage levels canceled any expected frequency values below 5 (Chi-square = 19.502 & p = 0.0001).

Table 30  
*Contingency Table—Offerings*

Offerings	Non-SDA N(%)	SDA N(%)	TOTAL
Below 10%	52 (50.5)	35 (27.6)	87
10%	25 (24.3)	66 (52.0)	91
Above 10%	26 (25.2)	26 (20.5)	52
Total	103	127	230

*Note.* Pearson  $\chi^2 = 19.502$ ;  $df = 2$ ;  $p = 0.0001$ ; minimum estimated expected value = 23.29

As shown on Table 30, Seventh-day Adventist families allocated a significantly greater percentage of their income for church offerings. Seventy-two percent of Seventh-day Adventist families tithed 10% or more of their income, compared to 49% of non-Seventh-day Adventist families.

Table 31 displays the chi-square contingency table for both groups' prayer meeting attendance frequency (Chi-square = 23.843 &  $p = 0.0001$ ).

Table 31

*Contingency Table—Prayer Meeting Attendance*

Prayer Meeting	Non-SDA N(%)	SDA N(%)	TOTAL
Never	31 (30.1)	9 (7.1)	40
Once in a while	27 (26.2)	43 (33.9)	70
Once/month	6 (5.8)	7 (5.5)	13
Twice/month	8 (7.8)	24 (18.9)	32
Once/week	31 (30.1)	44 (34.6)	75
Total	103	127	230

*Note.* Pearson  $\chi^2 = 23.843$ ;  $df = 4$ ;  $p = 0.0001$ ; minimum estimated expected value = 5.82.

As Table 31 demonstrates, Seventh-day Adventist families attend prayer meeting at a significantly greater frequency than non-Seventh-day Adventist families.

Table 32 displays the chi-square contingency table for both groups' participation in church-related activities (Chi-square = 24.261 &  $p = 0.0001$ ).

As indicated in Table 32, Seventh-day Adventist families participate at a significantly greater frequency than non-Seventh-day Adventist families in church-related activities.

Table 32

*Contingency Table—Church Activities*

Church Activities	Non-SDA N(%)	SDA N(%)	TOTAL
None	18 (17.5)	5 (3.9)	23
1 to 4 hours	50 (48.5)	41 (32.3)	91
5 to 8 hours	13 (12.6)	31 (24.4)	44
9 to 12 hours	10 (9.7)	22 (17.3)	32
Over 12 hours	12 (11.7)	28 (22.0)	40
Total	103	127	230

*Note.* Pearson  $\chi^2 = 24.261$ ;  $df = 4$ ;  $p = 0.0001$ ; minimum estimated expected value = 10.30

Table 33 displays the chi-square contingency table for both groups' frequency of family devotions (Chi-square = 47.753 and  $p = 0.0000$ ). As noted, Seventh-day Adventist families participate more frequently in family devotions than non-Seventh-day Adventist families.

Table 34 displays the chi-square contingency table for both groups' frequency of praying together (Chi-square = 52.314 and  $p = 0.0000$ ). As Table 34 indicates, Seventh-day Adventist families pray together more frequently than non-Seventh-day Adventist families.

Table 35 displays the chi-square contingency table for both groups' support of denominational schools (Chi-square = 24.070 and  $p = 0.0000$ ).

Table 33

*Contingency Table—Family Devotions*

Family Devotions	Non-SDA N(%)	SDA N(%)	TOTAL
Never	26 (25.2)	4 (3.1)	30
Once in a While	46 (44.7)	37 (29.1)	83
Once/week	15 (14.6)	18 (14.2)	33
Few times/week	7 (6.8)	25 (19.7)	32
Once/day	9 (8.7)	43 (33.9)	52
Total	103	127	230

*Note.* Pearson  $\chi^2 = 47.753$ ;  $df = 4$ ;  $p = 0.0000$ ; minimum estimated expected value = 13.43

Table 34

*Contingency Table—Praying Together*

Praying	Non-SDA N(%)	SDA N(%)	TOTAL
Never	20 (19.4)	2 (1.6)	22
Once in a While	43 (41.7)	21 (16.5)	64
Once/week	8 (7.8)	16 (12.6)	24
Few time/week	17 (16.5)	29 (22.8)	46
Once/day	15 (14.6)	59 (46.5)	74
Total	103	127	230

*Note.* Pearson  $\chi^2 = 52.314$ ;  $df = 4$ ;  $p = 0.0000$ ; minimum estimated expected value = 9.85.

Table 35

*Contingency Table—Religious School Attendance*

Attendance	Non-SDA N(%)	SDA N(%)	TOTAL
Yes`	31 (30.4)	80 (63.0)	111
No	71 (69.6)	47 (37.0)	118
Total	102	127	229

Note. Pearson  $\chi^2 = 24.070$ ;  $df = 1$ ;  $p = 0.0000$ ; minimum estimated expected value = 49.44.

As Table 35 describes, Seventh-day Adventist families support church-affiliated academic institutions to a greater degree than non-Seventh-day Adventist families.

Table 36 displays the chi-square contingency table for both groups' reported feeling of closeness to God. The merger of the first two levels eliminated any expected frequency values below 5.

Table 36

*Contingency Table—Closeness to God*

	Non-SDA N(%)	SDA N(%)	TOTAL
Untrue	8 (7.8)	2 (1.6)	10
Fairly True	23 (22.3)	33 (26.0)	56
Very True	72 (69.9)	92 (72.4)	164
Total	103	127	230

Note. Pearson  $\chi^2 = 5.379$ ;  $df = 2$ ;  $p = 0.0679$ ; minimum estimated expected value = 4.48.

As Table 36 reveals, no significant differences were noted between Seventh-day Adventist and non-Seventh-day Adventist families in terms of their feeling close to God (Chi-square = 5.379 &  $p = 0.0679$ ).

Table 37 displays the chi-square contingency table for both groups' adoption of a vegetarian diet (Chi-square = 80.571 and  $p = 0.0000$ ). As Table 37 denotes, a significantly greater proportion of Seventh-day Adventist families endorsed a vegetarian diet.

Table 37

*Contingency Table—Vegetarian Diet*

Vegetarian	Non-SDA N(%)	SDA N(%)	TOTAL
Very Untrue	82 (79.6)	31 (24.4)	113
Fairly Untrue	14 (13.6)	19 (15.0)	33
Fairly True	5 (4.9)	47 (37.0)	52
Very True	2 (1.9)	30 (23.6)	32
Total	103	127	230

*Note.* Pearson  $\chi^2 = 80.571$ ;  $df = 3$ ;  $p = 0.0000$ ; minimum estimated expected value = 14.33.

Table 38 displays the chi-square contingency table for both groups' proportions of alcohol abstinence. (Chi-square = 90.885 &  $p = 0.0000$ ).



As Table 38 denotes, a significantly greater proportion of Seventh-day Adventist families abstains from alcohol.

Table 38

*Contingency Table—Alcohol Abstinence*

No Alcohol	Non-SDA N(%)	SDA N(%)	TOTAL
Very Untrue	29 (28.2)	7 (5.5)	36
Fairly Untrue	27 (26.2)	2 (1.6)	29
Fairly True	24 (23.3)	12 (9.4)	36
Very True	23 (22.3)	106 (83.5)	129
Total	103	127	230

*Note.* Pearson  $\chi^2 = 90.885$ ;  $df = 3$ ;  $p = 0.0000$ ; minimum estimated expected value = 12.99.

Table 39 displays the chi-square contingency table for both groups' rates of tobacco abstinence (Chi-square = 81.161 and  $p = 0.0000$ ).

As Table 39 indicates, a significantly greater proportion of Seventh-day Adventist families abstains from tobacco products.

Table 40 displays the chi-square contingency table for both groups' rates of drug abstinence. The merger of the first two drug abstinence levels eliminated any expected frequency values below 5.

Table 39

*Contingency Table—Tobacco Abstinence*

No Tobacco	Non-SDA N(%)		SDA N(%)		TOTAL
Very Untrue	32	(31.1)	9	(7.1)	41
Fairly Untrue	22	(21.4)	2	(1.6)	24
Fairly True	22	(21.4)	9	(7.1)	31
Very True	27	(26.2)	107	(84.3)	134
Total	103		127		230

*Note.* Pearson  $\chi^2 = 81.161$ ;  $df = 3$ ;  $p = 0.0000$ ; minimum estimated expected value = 10.75.

As Table 40 demonstrates, a significantly greater proportion of Seventh-day Adventist families abstains from drugs. Although drug usage among the families in both groups is very low, 79.6% of non-Seventh-day Adventist families as opposed to 92.9% of Seventh-day Adventist families abstain from drugs.

Table 40

*Contingency Table—Drug Abstinence*

No Drugs	Non-SDA N(%)		SDA N(%)		TOTAL
Untrue	8	(7.8)	6	(4.7)	14
Fairly True	13	(12.6)	3	(2.4)	16
Very True	82	(79.6)	118	(92.9)	200
Total	103		127		230

*Note.* Pearson  $\chi^2 = 10.627$ ;  $df = 2$ ;  $p = 0.0049$ ; minimum estimated expected value=6.27.

As Tables 27 through 40 reveal, Seventh-day Adventist families had experienced a greater number of years of affiliation with their denomination, attended church services, prayer meeting, and church activities more frequently than non-Seventh-day Adventist families, appropriated a greater percentage of their income to tithe and offerings, participated in family devotions, and prayed together more often than other families. Greater proportions of Seventh-day Adventist families also enrolled their members at church-affiliated schools. Moreover, Seventh-day Adventist families followed a vegetarian diet and abstained more from alcohol, tobacco, and drugs than the other families. No significant differences were noted between the groups' feeling close to God.

### **Summary of Findings**

The population for this study consisted of 236 randomly selected Black families of various religious affiliations from a national sample. Respondents completed a family questionnaire which included a demographics component as well as two standardized instruments. The Family Functioning scales were used to measure family mental health, and the Quality of Life Inventory was used to measure family life satisfaction.

Fourteen independent variables formed the religious commitment model consisting of four major dimensions: religious affiliation, religious participation, devotional intensity, and religious practices. The dependent variables included the 15 Family Functioning scales and the Quality of Life variable. The demographics variables, though not appearing in the analysis, provided a descriptive base for participating families.

The results revealed significant relationships between several aspects of religious commitment and family functioning. Moreover, multiple regression analyses as well as canonical analyses identified significant linear combinations which reinforced the nature of the findings.

Another aspect of the study sought to determine significant differences between the responses of the two groups of families identified as Seventh-day Adventists and non-Seventh-day Adventists. Significant differences were noted between both groups. Among the 15 Family Functioning scales, 5 reflected significant differences. While Seventh-day Adventist families seemed to experience significantly greater degrees of intellectual-cultural orientation, and religious values, as well as embraced more of a democratic family style, non-Seventh-day Adventist families seemed to experience a significantly greater

degree of family disengagement while embracing also a significantly greater degree of laissez-faire family style.

Significant differences between the two family groups were also noted on 13 of the 14 religious commitment variables. A significantly greater proportion of Seventh-day Adventist families seemed to experience more years of denominational affiliation, and a greater frequency of church participation, which included church service and prayer meeting attendance, tithe and offering giving, as well as participation in church-related activities. Furthermore, a significantly greater proportion of Seventh-day Adventist families took part in religiously motivated practices which included a vegetarian diet and abstinence from alcohol and tobacco products, as well as from drug use. A remarkable difference between both groups was observed in the religious school attendance endorsement. Seventh-day Adventist families enrolled their members in church schools at more than twice the proportions of non-Seventh-day Adventist families.

Within the devotional intensity dimension of religious commitment, no significant differences were observed between the responses of Seventh-day Adventist and non-Seventh-day Adventist families in terms of their perceived closeness to God. The majority of families from both

groups felt very close to God. Significant differences, however, were noted on two of the devotional intensity dimension variables. A greater proportion of Seventh-day Adventist families prayed together and participated in daily family devotions.

## CHAPTER V

### SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Whatever is at the center of our life will be the source of our security, guidance, wisdom, and power.

Stephen Covey

#### **Summary of the Study**

The underlying assumption present throughout this study has been the undeniably crucial role that religious beliefs and practices occupy in the lives of Black families. Although a number of studies have positively associated various religious practices and beliefs with dimensions of both physical and mental health, the vast body of research examining these correlations has focused primarily on non-minority groups. In view of the fact that research points to religion as a major force in the lives of Blacks, and identifies the church as an institution that provides cohesive support to Black communities while fostering in individual members a sense of pride (McRae et al., 1998), this study has sought to examine more closely

the relationships between specific religious dimensions and Black family mental health, as well as levels of life satisfaction.

Previous research has investigated positive connotations of denominational affiliation, church attendance, and some lifestyle changes related to church beliefs, such as the adoption of vegetarianism and abstinence from drugs, alcohol, or tobacco products. This study was pursued with the understanding that the presence of specific dimensions of religious commitment denotes not only enhanced individual well-being, but also family mental health. Inasmuch as families shape individuals, and as the family nucleus constitutes the infrastructure of societal idiosyncrasies, scrutinizing family customs provides an adequate picture of the community at large.

Furthermore, this study utilized a religious commitment model that not only combined previously researched variables, but also incorporated added variables to expand and strengthen the model. Factors such as tithing and the giving of offerings, as well as length of religious affiliation, attendance at prayer meeting, and participation in church-related activities, were combined in this study's model to contribute to a much more thorough and encompassing analysis.



This concluding chapter presents a summary of the study's core, its research problem, and its methodology. As research questions are reviewed, general conclusions are discussed and implications for research noted.

### **Summary of the Literature**

The religious factor in mental health and well-being has been a subject of debate for many decades. A number of studies have associated religious dimensions with pathology (Dubey, 1986; Sorenson & Bolwig, 1987), and yet a greater number of recent scientific explorations have identified positive relationships between different aspects of religiosity and mental health (Adlaf & Smart, 1985; Mellick et al., 1992).

Religion's salutary effects have been examined in adolescents (Burkett & White, 1974; Dudley et al., 1987; Wallace & Forman, 1998) as well as in the elderly (House et al., 1982; Koenig, 1998; Zuckerman et al., 1984). Its association with enhanced physical and mental health is receiving greater support (Ellison et al., 1997; Northcott & Jarvis, 1987; Oxman et al., 1995; Sloane & Potvin, 1986).

Religion has also been examined among various social groups, and its central role in the lives of Blacks has been established through a number of studies (Ellison,

1990; McRae et al., 1998; Moore, 1991; Nelson et al., 1977). Among the many strengths attributed to Black families, their strong religious orientation has often been considered to be the coping mechanism that has enabled them to survive through difficult periods in history (Lincoln & Mamiya, 1990). The religious involvement of Blacks in the organized church system has served to buffer the deleterious conditions faced by the Black family (Levin et al., 1995). Since the church in the Black community is providing a greater scope of social services directed at strengthening Black family ties, educating parents, children, and the youth (Hill, 1993; Taylor et al., 1987), studies examining specific dimensions of religiosity and their relationship with Black family mental health may provide researchers and educators with more effective tools to better meet the needs of Black families.

#### **Summary of the Research Problem**

The Black plight throughout recent decades has been the object of numerous inquiries, conjectures, and studies. One of the most unifying elements within the Black community has been the religious belief that Blacks have shared, regardless of their denominational affiliation. Religion has been a pivotal force throughout the history of

Blacks in the United States. It continues to exert a very strong influence in Black communities and in Black families from both urban and rural settings, as well as across socioeconomic tiers.

The dismal picture characterizing the Black population has often failed to probe beyond the negative stereotypical scenes that seem to permeate the research arena. Under close scrutiny, however, one may observe a more positive image which, if carefully assessed, will facilitate the identification of strengths and underlying factors that contribute to the success of many in spite of the odds.

As families across ethnic groups face the arduous challenge of maintaining their members within a healthy system under deteriorating conditions, Black families continue to experience these conditions at an exaggerated rate with serious implications (McCubbin et al., 1998). Bagley and Carroll (1998) identified religious involvement as one of the healing forces within Black families, emphasizing its role in promoting self-esteem and identity, while strengthening individual and family bonds.

As the scientific literature increases its focus on specific religious practices and beliefs that may denote strength within Black families, greater attention may be given to promoting those areas of strength which may

minimize or altogether alter the deficiency model which too often typifies the black family.

### **Summary of the Research Purpose and Methodology**

This study was designed to examine significant correlations between dimensions of religious commitment and two dependent variables: Black family mental health and life satisfaction, as measured by the Family Functioning scales and the Quality of Life Inventory. Two hundred and thirty-six participating Black families were randomly selected from a nationally distributed Black-oriented religious publication membership, and from randomly selected churches and schools serving Black families. Selected variables from family demographics and from various dimensions of family religious commitment were examined in terms of their relation to family mental health and degree of life satisfaction.

The actual power for this study was set at .90, with a significance criterion of  $\alpha = .05$ , and a population effect size of  $R = .30$ , suggesting a 90% probability of finding statistical significance within the analysis if the Null Hypothesis should be rejected. The sample size tables suggested a minimum number of 112 families (Cohen, 1969).

The first eight hypotheses were tested by zero-order correlations to determine significant associations between the dependent and independent variables. Hypotheses 9 and 10, which were used to assess associations between linear combinations of one set and individual variables of the other set, were tested by multiple regression analysis. Canonical correlational analysis tested Hypothesis 11, while t-tests examined statistical differences between the means of the Seventh-day Adventist and non-Seventh-day Adventist families for Hypotheses 12 and 13. Hypothesis 14, which sought to determine statistical differences between the responses of Seventh-day Adventist and non-Seventh-day Adventist families on the religious commitment variables, was tested through chi-square analysis.

### **Discussion of Major Findings**

#### **Research Question 1**

*Does religious commitment correlate with Black family mental health?*

Significant correlations were observed between Black family mental health and each of the four dimensions of religious commitment: affiliation, participation, devotional intensity, and practices. The findings suggest that Black families affiliated the longest with their

churches were more cohesive. Those families were also more intellectually and culturally oriented, preferring to read rather than watch television, and expressing an interest in cultural activities. Moreover, they were more sociable, enjoying the company of friends and of extended families. The sociological implications of religious involvement have been identified through numerous studies (Griffith, Young, & Smith, 1984; Hadden 1987; Hertel & Hughes, 1987; Levin, 1984; McRae et al., 1998). Membership in religious congregations facilitates social integration and support (Ellison, 1995). More than a decade ago, Idler (1987) suggested that the social support offered by the church to its members has enabled them to achieve social cohesiveness which buffers the impact of stressful life conditions. The church as an educational vehicle is also noted in these findings as members expand their knowledge on a variety of subjects. Many of the activities sponsored by the church promote educational experiences in the church community. Tutoring programs for school-aged students, vacation Bible schools for the younger children, health fairs, family and parenting workshops in various forms, as well as numerous other community-oriented programs reflect the learning atmosphere that surrounds the church as an institution. The church not only provides a structured educational

experience, but it also facilitates vicarious learning and modeling, as well as promotes socialization (McRae et al., 1998). The longer Black families are associated with their church family, the longer their exposure to these learning experiences.

It must be noted that the scientific literature has focused on religious affiliation in terms of organizational membership and church attendance as opposed to length of affiliation. This study which examined each of these variables independently has established significant positive correlations between length of affiliation and family cohesiveness as well as the embracing of positive values. A moderate positive correlation was also observed with family religious emphasis. Families affiliated the longest with their churches tend to emphasize religious values in their homes. It is evident, as Ellison (1995) postulated, that the social support offered by the church serves to reinforce and strengthen values and lifestyles compatible with its teachings. Some of the church's teachings include prescriptive and proscriptive guidelines for healthy behaviors with respect to physical fitness and diet, as well as alcohol and tobacco use (Northcott & Jarvis, 1987).

Furthermore, continued membership in a religious organization promotes the adoption and reinforcement of religious values that seem to enable the individual in a shared group experience to manage "day-to-day living problems, learn that they are not alone in their experiences, and feel accepted in their social milieu. These experiences instill hope and faith so that one can effectively resolve problems of daily living" (McRae et al., 1998, p. 783). McRae's inferences also support this study's findings with regard to the inverse correlation found between length of affiliation and external locus of control. Specific religious tenets have been conducive to emotional and cognitive states empowering the individual to move from a victim's role to a more secure state where the individual experiences feelings of self-esteem and self-efficacy.

Ellison (1998) observed that

religious involvement also promotes "self-worth and perhaps vicarious control, by developing an ongoing personal relationship with a perceived divine other who (a) is believed to love and care for each person unconditionally, and (b) can be engaged interactively (via prayer and meditation) in a quest for solace and guidance. (p. 693)



It is this perceived divine alliance that seems to foster an internal locus of control within the Black family nucleus.

With regard to religious participation, this study concludes that attendance at church services, mid-week prayer meetings, and church-related activities, and the practice of tithing and offering giving, forming the religious participation dimension, correlate respectively with various components of Black family mental health.

Although religious participation has been found to positively correlate with dimensions of mental health in various populations (Dudley et al., 1987; Ellison et al., 1989; Levin et al., 1995), variables describing religious participation have not ordinarily included tithing and offering giving. Findings from this study suggest that these two dimensions of religious participation positively correlate with family expressiveness, family intellectual-cultural orientation, religious emphasis, and internal locus of control. Giving not only of one's energy, but also of one's financial resources to a perceived worthy cause or to those of less fortunate means, may be indicative of a more encompassing focus that moves beyond the self, to include one's community and ultimately the world. McRae's 1998 study emphasized the strong sense of

outreach that is nurtured in church families as members reach out to give back to the church and the broader community what they conceive to be blessings from their own church experience.

It is a custom of church organizations to coordinate charitable projects throughout the world, and families participating in these benevolent endeavors within their church community often express noticeable interest in informing themselves as well as understanding the nature and purpose of their contribution. Moreover, the act of giving of one's resources instills a sense of oneness with humanity, and provides a feeling of self-worth as the givers consider their role in the church's mission toward the community and even the world at large. With the median number of Black families contributing at least 10% of their income as tithe, and at least 5-9% of their income as church offerings, it may be determined that the emphasis of mission service and community focus, and a religious commitment that goes beyond the mere perfunctory act of tithing are concretized within the Black community.

Two other components of the religious participation model, attendance at church services and participation in church-related activities, were noted to have an inverse correlation with family disengagement and family

authoritarian style respectively. Biblical teachings often form the radix from which the family concept with mutual caring between or among immediate or extended family members emerges. As families attend church services, their members are nurtured with a sense of commitment and togetherness without sacrificing their sense of autonomy. Moreover, as family members negotiate in terms of their time, efforts, and interests to participate in various church-related activities, extremely rigid interactional patterns tend to decrease. As Olson's (1986) Circumplex Model of Marital and Family Systems suggests, authoritarian families are characterized by one or both parents occupying an autocratic role. Rules tend to be rigid, discouraging family members from making adaptive changes when challenged by new circumstances. Rogers-Dulan and Blacher (1995) asserted that

attendance at church-related activities reinforces group cohesiveness as well as personal validation, sense of control in one's life, and extended social networks. The interactive worship style and communal religious experience that typifies African American churches creates an atmosphere where members relate to one another as extended family, offering social and material support in time of stress that mediates adjustments. (p. 235)

McAdoo (1993) observed that typical Black families are egalitarian in style, where both parents share responsibilities vis-à-vis the family, although roles may

differ. Marie Peters, in a 1981 review of scientific studies identifying healthy Black family strengths, included role flexibility, echoing Hill's 1972 study which identified flexible family roles as one of the five strengths of Black families. Other strengths recognized by Hill included strong kinship bonds, strong work orientation, strong achievement orientation, and strong religious orientations. This study confirms Hill's assertions in identifying among Black family strengths its cohesiveness and its intellectual, cultural, and religious orientation.

All three variables forming the devotional intensity model achieved significant positive correlations with family expressiveness, intellectual-cultural orientation, religious emphasis, organization, and sociability. Inverse correlations were achieved with family external locus of control and laissez-faire family style.

The devotional intensity measure, as conceived by Ellison et al. (1989), assesses family subjective spiritual resources out of the realm of any particular organizational context. Private devotional practices, whether they consist of involved family devotions or simple family prayers, foster positive mental health. Feeling close to God and communicating with him on a personal level within

the privacy of one's family reflects more of an intrinsic religiosity than that which may motivate the family to attend weekly services at the community church. Masters and Bergin (1992) asserted that intrinsically religious individuals tend to be more mentally healthy than those who are extrinsically motivated. Rossi (1993) emphasized the salutary effects of intrinsic religiosity, which often translates into ritual activities such as prayer and devotional time, alluding to its nurturing effect on positive emotions such as forgiveness, self-esteem, love, and hope, which in turn strongly impact on mental health and physiology.

Family devotional moments often unite family members as they seek divine guidance through scriptural meditations, prayer, and inspirational interchanges. These are moments during which parents transmit more directly their religious values to their children, discuss the nature of their faith, and attempt to bring to life their religious experience. As noted previously, intrinsic measures of religiosity correlate with internal locus of control. Families, who through their private prayer life develop a personal relationship with the divine, may enjoy a sense of vicarious control over their life as they develop a partnership with their God. Moreover, developing

a meaningful relationship with an omnipotent God and embracing biblical values through daily religious studies bestow upon the family a sense of security and power.

As individuals seek to satisfy their need for safety, belongingness, and love, they often reach for a milieu in which they can find a powerful protector to shield them from harm (Maslow, 1970). Feeling close to God engenders a feeling of oneness with a Supreme Being who encompasses the universe. This is consistent with Pargament and Brant's (1998) assertion that religion moves us beyond our finite and limited nature to a realm of unlimited possibilities where optimism and hope abound.

Maslow (1970) suggested that humans have a need to assemble and feel rooted. Family members who set aside frequent moments for devotion and prayer develop a bond among themselves, allowing each member to become more expressive, and lending a sense of unity which enables family members to face daily challenges with more confidence.

Another significant finding in this study is the inverse correlation between the devotional intensity dimension of religious commitment and laissez-faire family style. Feeling close to God and maintaining regular contact with biblical teachings during family devotional

and prayer moments enable family members to internalize biblical concepts in terms of God being perceived as a God of order. Dudley et al.'s 1987 study of 801 youths throughout the United States revealed that those who participated in personal devotional practices were more law-abiding, not wanting to break the rules or disappoint their parents. This attitude served as a protective shield against drug usage.

Maton and Hrabowski's 1998 longitudinal study of a group of African American males who were members of the Meyerhoff Scholars Program at the University of Maryland, Baltimore County, suggested that these high achievers came from families where parents had established guidelines, were strict, persistent, and were directly involved in the lives of their children, while experiencing a high sense of religious connectedness. The presence of a more structured family style in a home embracing religious values is consistent with various aspects of previous research (Wallace & Forman, 1998).

Within the devotional intensity model it is worthy to note that the family devotion variable holds a small but significant correlation with authoritarian family style (.13). This same variable also has a significant correlation with democratic family style (.29). Parents

establish rules and expectations in both the authoritarian and democratic family style (Baumrind, 1991; Olson, 1986). In their perception of biblical teachings, parents may adopt an authoritative or democratic parenting style which includes the child in the formulation and establishment of family rules. The danger exists, however, for parents to move to an extreme position where they may use Bible teachings to become rigid enforcers of rules perceived to be essential to family survival. In such a rancorous milieu, Baumrind observes that children tend to become irritable, moody, resentful, unhappy, and vulnerable to stress.

A positive correlation between family members' tendency to affirm or idealize each other and their feeling close to God substantiates the feeling of uniqueness that characterizes the individual who experiences a close relationship with a loving God. This finding also points to the powerful impact that a perceived loving ethereal relationship may have on more tangible relationships within a family nucleus. When we feel special and loved, this impression often radiates in our relationships with others as we find it easier to affirm, encourage, and appreciate.

Significant correlations were noted between three of the five variables of the religious practice model, and the



religious emphasis variable. Furthermore, positive correlations were established with abstinence from both alcohol (.31) and tobacco (.30). It is evident that in families where biblical teachings are emphasized, members tend to refrain from alcohol and tobacco products. Other practices often followed in those families also include the adoption of a vegetarian diet, attendance at religious schools, and abstinence from drugs.

A growing number of studies focus on the protective role of religion in the lives of adolescents. Among such may be found Dudley et al.'s study (1987) which purports that adolescents whose homes emphasize religious values exhibit lower rates of drug and alcohol use. Wallace and Forman (1998) made the same observation in their study of a large national sample in which they determined that religiously oriented youth are less likely to participate in risk-taking behavior. They observed that teens for whom religion was important participated in fewer injury-related behaviors. They were less involved in interpersonal violence, and were less prone to marijuana use, tobacco use, and binge drinking. Adventist youth studied through the Valuegenesis project (Hughes, 1993) also seemed to be protected from risk-taking behaviors through religious values learned at home, at church, and in the church

schools.

Another significant finding in this study is the positive correlation between attendance at church-affiliated schools and the embracing of intellectual and cultural values. As part of the private school system, church-affiliated schools often emphasize achievement and the reaching of one's potential (Cooper & Gargan, 1996; Institute of Urban Life, 1998). Families whose members had attended church schools were also more cohesive, indicative of the unifying bonds that may be erected within families for whom Bible teachings are emphasized not only at home, but also at school. The reinforcing of those religious values at home, at church, and at school seems to be invaluable in promoting family togetherness.

Significant correlations between religious practices and both family values and family interactive style point to the protective effects of a religious climate reinforced by the adoption of biblical principles in the home.

#### Research Question 2

*Does religious commitment correlate with Black family life satisfaction?*

A surprising finding in this study is the lack of significant correlations between family life satisfaction

and any of the four dimensions of family religious commitment. As noted in the analyses of Hypotheses 5 through 8, no significant relationships were observed between any of the 14 variables describing religious commitment and Black family life satisfaction. This finding is inconsistent with a few studies of Blacks (Levin et al., 1995; Parker & Calhoun, 1996; Thomas & Holmes, 1992). It is, however, supported by Chumbler's 1996 study which revealed that religious participation such as church attendance did not significantly correlate with life satisfaction. As Thomas and Holmes postulated, life satisfaction is a complex construct that emerges from an interplay that encompasses both an objective situation and an individual's perception of that situation. It is possible that an individual's sense of optimism may negate the deleterious effects of affecting circumstances. It must be emphasized that religious commitment, though not significantly correlating with life satisfaction in Black families in this study, established positive correlations with psychological well-being in terms of the quality of family relationship, values orientation, and system maintenance. Of the 236 Black families, 78% reported a range of average to high satisfaction level, and 71% disclosed feeling very close to God, a measure of intrinsic

religiosity often associated with life satisfaction. A 1989 study of older Americans by Morris revealed that religious activities had no effect on life satisfaction, and even though church attendance was among the predictors of life satisfaction, matters of health and perceived adequacy of income seemed to be stronger predictors. Further evaluation of highly religious Black families such as those represented in this study may prove to be helpful in determining more specific religious variables that may predict life satisfaction.

### Research Question 3

*Does a significant multiple correlation exist between any linear combination of the 14 religious commitment variables and Black family mental health as measured by the Family Functioning scales?*

In order to view family mental health from a more holistic perspective, each of the three major dimensions of family functioning, as delineated by Bloom (1985), is examined individually. The first dimension, which assesses the nature of family relationships, includes the cohesion, expressiveness, conflict, sociability, idealization, and disengagement scales. The second dimension, which measures family values, consists of the intellectual-cultural, the

active-recreational, and the religious emphasis scales. The remaining 5 scales, comprised of family organization, locus of control, enmeshment, democratic, authoritarian, and laissez-faire family styles, gauge the family maintenance system.

Family members praying together and feeling close to God were observed to be the best and most consistent predictors of healthy family relationships. Other significant predictors included length of affiliation and attendance at church services. Length of church affiliation appeared as a significant predictor of two dimensions of family relationship: family cohesion and family sociability. It was also a contributing factor to family activities and recreational values.

The predicting value of years of affiliation when all the other religious commitment variables are controlled for may point to the positive effect of the social support offered by church settings. The close bonds developed within the church family usually strengthen with the passing of time. Even when Black urban families find themselves isolated from their biological family members due to physical distance or emotional barriers, the church family offers the possibility of new friends who play the role of extended family. The longer the affiliation, the

more extensive and rooted become those bonds. The modeling effect of the church's warmth and feeling of brotherhood among its members impacts on individual family nuclei as they consider themselves extensions of their church families. The charismatic nature of Black church services engenders a sense of closeness within members (Griffith et al., 1984), to the extent that it overflows into the personal lives and interpersonal relationships outside of the physical church ambience.

Ellison's 1995 study of a large ( $N = 2956$ ) Southeast sample suggested that Blacks with no church affiliation experienced substantially more depressive symptoms than those affiliated with a church family, even when church attendance was controlled for. The cohesive power that characterizes Black churches is actualized through church members' practices of considering each other as members of a larger family system, and their participating in shared activities which fosters a sense of racial pride (McRae et al., 1998).

The fact that family cohesion was best predicted by its members being affiliated with a church family for an extended period of time, reflects the powerful modeling effect the church family as a larger system may have on individual family systems within its boundaries. Of

significance is the presence of a negative correlation that a vegetarian diet occupies within the predictive set. The adoption of dietary restrictions may create conflicts among family members when everyone does not share those choices. The ensuing conflicts that often arise may lead to friction within family relationships. Consequently, families considering a change in dietary habits may do well in clearly communicating those desires, and allowing individual members to share their views without feeling pressured by anyone. This practice may be essential even if the decision involves younger children.

Family closeness to God and praying together appeared again as best predictors of family expressiveness, along with the giving of offerings and abstinence from drugs. The positive correlation (.39) achieved by the combination of those variables points to the nurturing of family communication within the system as members interact, negotiate, and decide on issues related to family financial contributions to church projects and family members' understanding of God's will for their lives.

Church affiliation was observed once more to combine in a most unique way in predicting family social orientation. In this instance, the other variables in the set included those measuring religious behaviors and

intrinsic values. Those who prayed together as a family and even felt close to God, tithed, and may have been a part of their church for a number of years, but attended church less and did not abstain from alcohol, were more socially active in their community. It must be noted that the number of years of affiliation does not counteract the alcohol use. Assertions measuring family sociability include, "Our family likes having parties," and "We are full of life and good spirits." Families who socialize with friends and engage in "having parties" often include the use of alcohol even in moderate amounts. Although the church as an institution encourages its members to engage in healthy lifestyle behaviors (Wallace & Forman, 1998), moderate use of alcohol is not frowned upon by many churches which have taken only a prescriptive stand. Seventh-day Adventists are among the few who proscribe the use of alcohol. Consequently, it is conceivable that Black families with a strong socialization orientation will use alcohol in spite of their years of church affiliation. Only 55.5% reported abstaining from alcohol.

Another noteworthy observation is the inverse correlation that church attendance achieves within this predictive model. The positive influence of church attendance has received much support in the scientific



literature (Brown & Gary, 1994; Ellison & Levin, 1998; Kennedy , Kelman, Thomas, & Chen, 1996; Maton & Hrabowski, 1998). Furthermore, the lack of regular church attendance associated with non-abstentious alcohol practices is consistent with many studies that have found frequent church attendance related to lower levels of alcohol consumption (Brown & Gary, 1994; Dudley et al., 1987; Koenig, 1994).

Examining the second dimension of family functioning, family value orientation, family prayer life as well as its religious participation through the giving of offerings achieved a significant correlation with family members' intellectual and cultural orientation. It must be noted that the family-praying-together variable combines with other variables as significant predictors of 10 of the 15 family functioning characteristics measured in this study. In this instance, this seemingly pivotal variable merges with the giving of offerings in predicting families' embracing of cultural and intellectual values.

Since the implications of offering giving as a religious practice have not been the object of much research, it can be postulated through present findings that when families develop a praying partnership with whom they perceive to be an omniscient God, a divine being who

desires his created beings to increase in knowledge and wisdom, those family members may be more receptive to expanding their knowledge through intellectual and cultural vehicles. Moreover, such families will be more invested in reaching out to their fellowmen by participating financially in community and world-wide undertakings, such as those that are the objects of church offering projects and campaigns. Giving back to the community is a theme shared by most church groups (McRae et al., 1998). By contributing to charitable endeavors aimed at enhancing physical health and educational attainments in areas that would otherwise not have had access to such assistance, family members' scope of vision moves beyond their immediate needs and even their own deficiencies to encompass the human race and all of its intricacies.

Years of affiliation, combined with participation in church-related activities and abstinence from drugs, were found to best predict Black families' adoption of activities and recreational values. One more variable crucial to this scenario is the alcohol factor, which achieved an inverse correlation in that paradigm. Although this is a very religious group, with 61% affiliated 25 years or more with their denomination, 78% attending church weekly, and 70% feeling very close to God, only 55.5%

abstain from alcohol. When compared to other abstemious practices for these families, 57.6% do not use tobacco products, and a great majority (87.3%) refrain from drug use. Thus alcohol usage may understandably characterize families who are socially active, entertain much, and are involved in recreational activities. It is interesting to note that years of affiliation with the church once more do not negate the alcohol use for these families.

Religious emphasis, the most salient value dimension and the strongest of the Family Functioning scales, with a mean of 17.54 as indicated in Table 1, is suggestive of the significant role that religion plays in the lives of Black families. The best predicting set of variables for this religious value dimension ( $R = .55$ ) includes two of the five religious participation measures, tithing and being involved in church-related activities, combined with two of the three variables forming the devotional intensity dimension, feeling close to God and praying together. In another predictive set with a slightly lower  $R$  value (.54), another dimension of the religious practice model, church-related activities, replaces the church attendance variable. When religion is emphasized in the home, its teachings are often internalized by family members, as they develop attitudes and nurture habits reflecting their

adherence to church doctrines (Edwards, 1987). Devotional practices as well as church attendance and tithing are often viewed as fundamental elements of a religious life.

The third family functioning dimension, the family maintenance system, presented some noteworthy findings. Once more, two variables measuring Black families' devotional life—the frequency of their praying together and their feeling of closeness to God—were among significant predictive sets for three components of the family's maintenance system dimension: family organization, locus of control, and laissez-faire style. These two variables were observed to be among the best set of predictors for 7 of the 14 Family Functioning scales. Frequency of family devotions emerged as a significant element in a fourth family maintenance system dimension, authoritarian family style. In the first three aforementioned scales, the two variables achieved positive correlations with family organization, while maintaining negative correlations within their predictive sets for both family external locus of control and laissez-faire family style.

Family devotional intensity, reflecting intrinsic religiosity, has been found to be associated with life satisfaction (Ellison et al., 1989; Hadaway, 1978; Petersen & Roy, 1985), and fewer psychological symptoms among Black

women (Handal, Black-Lopez, & Moergen, 1989). These religious indices of internalized religious values seem to instill a sense of hope, "a subjective sense of having a meaningful future despite obstacles" (Post, 1998, p. 24). It is this hope, and a sense of optimism arising from a close relationship with an all-powerful God, that is usually observed in individuals who do not view themselves to be victims of circumstances, and whose relationship with a God of order infuses in them the need to maintain a structure within their home.

Four additional variables combine to best predict external locus of control. As the set indicates, Black families exhibiting an external locus of control were best described as tithing less, not praying together regularly as a family, not feeling very close to God, not abstaining from drug use, but following a vegetarian diet and abstaining from alcohol. Here again family prayer as a significant predictor seems to not only reflect one's degree of relationship with God, but also the means by which family members may cope with challenging circumstances. Prayer facilitates the verbalization of problems (McRae et al., 1998), and this process often enables individuals to summarize and clarify thoughts associated with the problem conceptualization, fostering a

sense of control.

Of noteworthy mention is the positive weight that a vegetarian diet achieves in this combined set of variables. While it is true that a vegetarian diet was initially mainly associated with religious convictions, such as those shared by Seventh-day Adventists whose health teachings discourage the use of meat-based products (Parmer & Rogers, 1997; Troyer, 1988), the gradually renewed interest in health reform nationwide has resulted in the embracing of dietary restrictions for many without the religious connotation. Many individuals and families may enjoy the benefits of lifestyle dietary changes without the added protective values of religious beliefs or practices.

Another observation is the presence and the direction of the drug variable. In spite of following a vegetarian diet and even abstaining from alcohol use, drug use combined with the lack of intrinsic religiosity often characterizes Black families who exhibit an external locus of control. The tithing variable which appears in this predictive set is also among the predictors of religious emphasis and family sociability. It seems to be reflective of the sense of security that families experience when they share their material resources with an all-powerful God, who promises to provide them with abundant blessings in

return. Active participation in religious practices combined with an internalized religious commitment seems to be found in individuals who exercise more self-control and experience less anxiety and emotional distress (Bergin et al., 1987; Koenig et al., 1988; Pargament, 1997).

While regression analysis resulted in no significant predictors of family democratic style, in the family maintenance system dimension, family enmeshment tendencies were best predicted by fewer years of religious affiliation and abstinence from alcohol. Alcohol use has usually been linked to less family cohesion and expressiveness, and more conflictual relationships (Smart & Chibucos, 1990; Stewart, Switch, & Brown, 1993;). Extreme closeness such as can be found in families exhibiting enmeshed behaviors can also be linked to drug use, especially alcohol (Brook, Lukoff, & Whiteman, 1980; Cutter & Fisher, 1980). In this study, Black families with enmeshment tendencies were less likely to use alcohol, and were likely to be affiliated with their churches the least number of years. It is possible that the crucial factor in this equation is the years-of-affiliation variable. Even when Black families refrained from or were less likely to use alcohol, a factor that might have protected them from enmeshed behaviors, the fewer years they were affiliated with their churches, the

more their enmeshed tendencies.

#### Research Question 4

*Does a significant multiple correlation exist between any linear combination of the 14 religious commitment variables and Black family life satisfaction measured by the Quality of Life Inventory?*

This study did not observe any significant correlations between the affiliative, participatory, devotional, and practices dimensions of religious commitment and the life satisfaction construct. This finding is inconsistent with a number of studies (Ellison et al., 1989; Ellison & Smith, 1991; Levin et al., 1995). Although significant correlations were observed between each of the religious dimensions with Black family mental health, the life satisfaction variable remained non-significant throughout the study. As previously noted, some dimensions of religious commitment have not always correlated with life satisfaction (Chumbler, 1996). Further scrutiny of the life satisfaction construct among Black families may provide some insight into its correlations with religiosity.

#### Research Question 5

*Does a canonical relationship exist between any linear*



*combination of the religious commitment variables and any linear combination of the Family Functioning scales and the Quality of Life Inventory measuring both Black family mental health and life satisfaction?*

In each of the three significant functions resulting from the canonical analysis, the religious commitment variables registered more prominently on the scales assessing the nature of Black family relationships and its maintenance system.

In the first significant function four of the five top ranking variables in set 1 belong to the participatory aspect of religious commitment, correlating with cohesion and expressiveness in the relationship dimension of family functioning. This finding supports past research (Bagley & Carroll, 1998; Levin et al., 1995; McCubbin et al., 1998) in emphasizing the close ties existing between various forms of religious involvement and the fostering of self-esteem as well as the strengthening of individual and family bonds.

The relationship factor in family mental health is once more accentuated in function 2 as four of its six scales are found in the top ranking five variables. A definite association is present between religious commitment and the Black family's ability to maintain its

cohesiveness, affirm its members, and reach out to those of its surroundings through social means. The social support offered by the church family system, when combined with the internalization of values, resulting in a belief framework compatible with ensuing behavioral practices, may provide the unifying compound that bonds Black families within their homes and throughout their community. The cohesive aspect of Black families is an observed strength in this study (median score = 17 with score ranges between 5 & 20), second only to their religious emphasis (median score = 18) in the home. Almost three decades ago, Hill made similar observations when his 1972 study of the Black family identified among its strengths its strong religious orientation and kinship bonds. The cohesive aspect of the Black family also highlights the sense of belonging that members possess, as well as the feeling of pride that they share about each other. This collective pride is appraised in the Idealization scale, also significant in this function.

In the third function, the most prominent family functioning dimension correlating with religious commitment is the family maintenance system dimension, with four of its variables appearing in the significant set. As the function indicates, Black families' religious commitment

correlates with their embracing a democratic or authoritarian style. Their religious style seems to be incompatible with a laissez-faire attitude in family structure. Although these parents may not subscribe to a permissive style of parenting which often fosters rebellion and low achievement in children (Baumrind, 1991), the danger still remains for those parents to move to another extreme by establishing and enforcing rigid rules which generally create an atmosphere of stress and unhappiness in the home. Black families characterized by a democratic parenting style involve their children in the establishment of clear rules and expectations which promote healthy coping behaviors and a predisposition for achievement (Baumrind, 1991; Rueter & Conger, 1995).

Consistent with previous findings (Gilkes, 1980; Griffith et al., 1984; McRae et al., 1998), religious commitment in its affiliative, participatory, devotional, and practice dimensions achieved positive correlations with various aspects of Black family mental health. Levin et al.'s, 1996 study on the salutogenic effects of religion on mental health emphasized the nurturing value of religiously related attributes such as love, hope, forgiveness, and faith, which are interwoven within the fabric of religious involvement, and which function as strengthening ties in

individuals, families, and communities. It is this element of religious involvement that seems to provide the protective coating that buffers the deleterious conditions that surround the lives of Black families (Chumbler, 1996; Levin et al., 1995).

#### Research Question 6

*Do the means of Seventh-day Adventist and non-Seventh-day Adventist families on the Quality of Life Inventory significantly differ?*

Both groups of families reported a higher than average level of life satisfaction. As Table 2 indicates, 35.2% of Black families reported a high level of life satisfaction compared to 18% of individuals in the standardization sample. The higher than average life satisfaction index reported by Blacks, in spite of continuing struggles with stagnant or deteriorating conditions (Bennett, 1993), was examined by Adams (1999) whose study revealed that the reporting of high general life satisfaction among Blacks may be the result of their satisfaction in individual life domains. In his study a consistently significant association was observed between general life satisfaction and family satisfaction. Black families' strong kinship bonds may be a contributing factor to their high level of

life satisfaction. With high levels of cohesiveness, expressiveness, and sociability, Black families may derive a strong sense of life satisfaction stemming from family support. Although this study's aim was not to examine correlations between the Family Functioning scales and the Quality of Life Inventory, significant correlations are noted between both constructs as reflected in Appendix C. Such significant correlations support Adams's findings with regard to the essential role that family satisfaction and functioning play in Black family life satisfaction. With a median score of 54, Black families in this study expressed a high average level of life satisfaction. The means of both groups were not significantly different (SDA =54.359; Non-SDA= 52.582).

#### Research Question 7

*Do the means of Seventh-day Adventist and non-Seventh-day Adventist families significantly differ on the Family Functioning scales denoting Black family mental health?*

In terms of family relationships encompassing cohesiveness, expressiveness, conflicts, socialization, and idealization, no significant differences were observed. However, four of the scales evaluating family value orientation and maintenance system, as well as the

disengagement scale from the family relationship dimension, revealed significant differences between the groups. Seventh-day Adventist families were found to be less disengaged, adopting more of a democratic and less of a laissez-faire family style. Seventh-day Adventist families were also found to emphasize religious values more in their homes, and to possess a greater degree of intellectual and cultural orientation. Since the preponderance of studies of the Seventh-day Adventist population focuses on its dietary and physical health dimensions, additional studies on Seventh-day Adventist mental health may provide more supportive data on their family styles and value orientations.

#### Research Question 8

*Do Seventh-day Adventist families significantly differ in their religious commitment from non-Seventh-day Adventist families as measured by the 14 variables denoting length of religious affiliation, religious participation, devotional intensity, and religious practices?*

Significant differences were registered on 13 of the 14 variables measuring religious commitment. Both groups felt very close to God with no significant differences observed between the two groups on that intrinsic variable,

an indication of their subjective perception of their relationship with the divine. In terms of internalizing that belief and allowing it to emanate through religious behaviors, Seventh-day Adventist families seemed to integrate to a greater degree the intrinsic and extrinsic dimensions of religious commitment.

Seventh-day Adventist families remained connected the longest to their religious organizations, they participated more frequently in their church affairs by attending services and mid-week prayer meetings more regularly, and were involved in church-related activities to a significantly greater degree than non-Seventh-day Adventist families. Although both groups had a median income of \$20,000 to \$50,000, Seventh-day Adventist families allocated a greater percentage of their income to their church tithes and offerings. Figure 6 presents an overview of the differences between Seventh-day Adventist and non-Seventh-day Adventist families on the religious commitment variables. As can be observed, a greater percentage of Seventh-day Adventist families tithe their income as well as participate in other dimensions of religiosity.

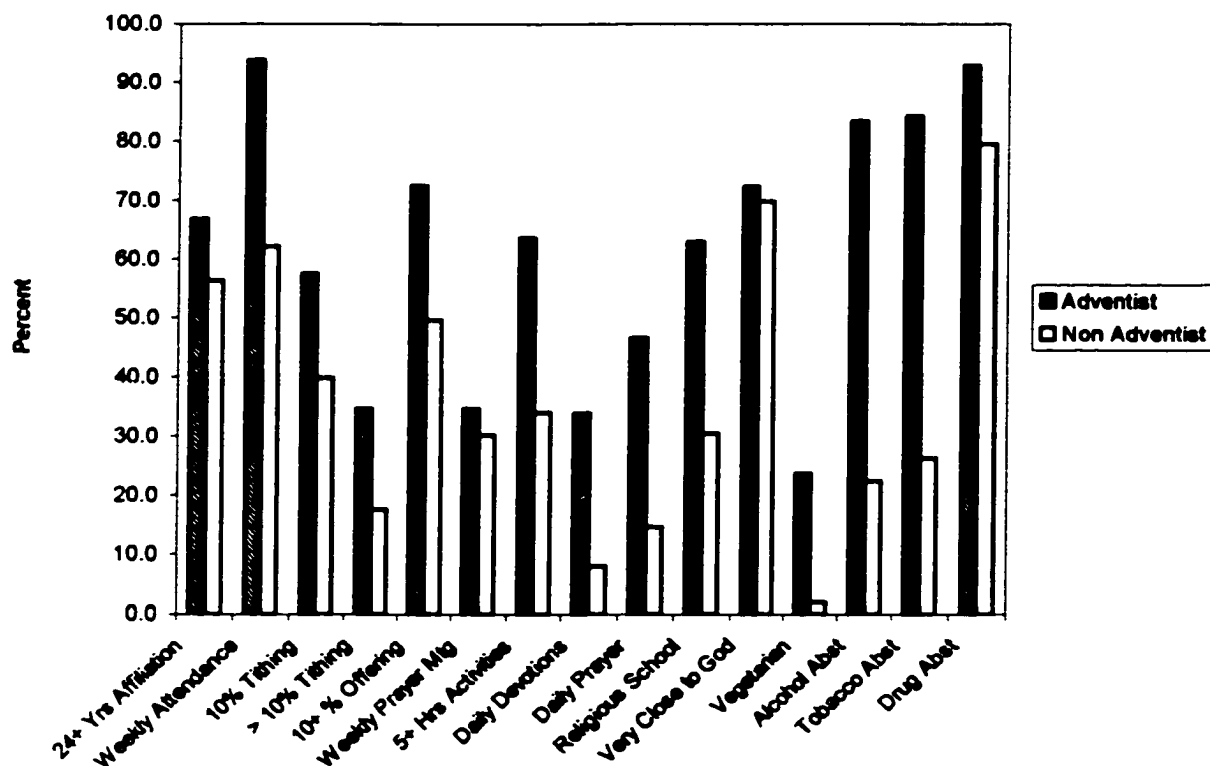


Figure 6. Religious commitment dimensions.

The thrust of scientific research on Seventh-day Adventists as a religious entity has been its dietary practices and proscriptive stand pertinent to the use of alcohol, tobacco, and drugs. This study, consistent with previous findings in confirming the abstemious practices of Seventh-day Adventist families, serves to identify additional traits that exemplify this group.

Seventh-day Adventist families participated to a significantly greater degree in family devotions, and they



also prayed together more frequently. Moreover, they scored significantly higher than non-Seventh-day Adventist families, not only on the length of affiliation measure, but also on both the religious participation and religious practice dimensions.

A remarkable observation is the school participation variable in the religious practice dimension. While 63% of Seventh-day Adventist families had enrolled at least one member in a church-affiliated school, only 30% of non-Seventh-day Adventist families had been affiliated with a church school system. With the exception of the Catholic school system and a much smaller Lutheran school system, the academic preparation of the youth through a religious medium has not been a priority focus for church organizations. The emphasis placed by Seventh-day Adventists on a religion-based education is confirmed in this study. This commitment to religious education was highlighted through interviews of Black Seventh-day Adventist families (Brantley, 1996), who stressed the struggles undergone by Black parents to ensure that their children received a religion-based education. Although the protective value of church-school attendance has not been extensively researched, Dudley et al.'s 1987 study of Seventh-day Adventist youth suggested that attending an

Adventist school served as a protective agent against alcohol and marijuana use. The reduced rate of alcohol and marijuana use among Seventh-day Adventists is evidenced in this study which reveals, as indicated in Table 38, that 83.5% of Seventh-day Adventist families compared to only 22.3% of non-Seventh-day Adventist families refrain from alcohol use. With respect to tobacco usage the rates are similar as shown in Table 39. Even though the majority of Black families in this study refrained from drug usage, a practice which may be a factor of their religiosity, Table 40 indicates that a significantly greater proportion of Seventh-day Adventist families abstain from drug use. These results concur with previous studies (Mozar, Farag, Andren, & Peters, 1967; Northcott & Jarvis, 1987; Troyer, 1988; Wallace & Forman, 1998).

### **Conclusions**

This study does suggest clearly defined relationships between various dimensions of religious commitment and Black family mental health. Further analyses have also shown marked differences between Seventh-day Adventist and non-Seventh-day Adventist Black families. As Ellison and Levin's (1998) prevention model suggests, religiously motivated attitudinal and behavioral changes, such as those

examined in this study, seem to serve as a protective element from harmful conditions, promoting instead a lifestyle characterized by emotional well-being. The following conclusions may be derived from this study:

1. Although Black families approximate percentage rates of the standardization sample's life satisfaction in the very low and low classifications, a greater proportion of Black families (35.2%) report a high life satisfaction level.

2. Cohesive Black families are best predicted by more years of church affiliation, praying together more as a family, feeling very close to God as a family, and not following a vegetarian diet.

3. Black expressive families tend to participate in the giving of offerings at church, pray together as a family, feel very close to God, and abstain from drugs.

4. The closer Black families feel to God, the fewer conflicts they tend to experience.

5. Black families characterized as sociable and reaching out to their community, tend to attend church less often, remain affiliated with their churches the longest, tithe a greater portion of their income, pray together as a family, feel very close to God, yet not abstain from alcohol.

6. Black families who affirm and value their members tend to attend church less frequently, but feel very close to God.

7. Black families who exhibit the most symptoms of family disengagement tend to pray less frequently as a family, and not enroll a family member in a religious school.

8. Black families who embrace intellectual and cultural values tend to be more generous in their offerings, and pray or have family devotions more frequently.

9. Black families who adopt recreational values tend to be affiliated the longest with their churches, participate in more church-related activities, abstain more from drugs, yet not abstain from alcohol.

10. Black families emphasizing religious values in their homes are best predicted by the frequency of their church attendance, their tithing, their frequency of participating in family prayers, and their feeling close to God.

11. Black families described as being most organized, tend to pray together and feel very close to God as a family.

12. Black families with an internal locus of control

tend to tithe more, pray together as a family more frequently, feel very close to God, abstain from drugs, but not follow a vegetarian diet, and not abstain from alcohol.

13. Black democratic families are best described as having regular family devotions, praying together as a family, abstaining from alcohol, and following a vegetarian diet.

14. Black laissez-faire families are best described as not feeling close to God, not praying together regularly as a family, yet participating to a greater degree in church-related activities.

15. Black authoritarian families are best described as attending church less frequently, not abstaining from drugs, and yet participating in regular family devotions.

16. Black enmeshed families tend to abstain more from alcohol, but tend to remain affiliated with their churches the least number of years.

17. Black Seventh-day Adventist families were not observed to be significantly different from non-Seventh-day Adventist families with respect to feeling close to God and life satisfaction.

18. Black Seventh-day Adventist families were not found to be significantly different from non-Seventh-day Adventist families in terms of cohesiveness,

expressiveness, conflicts, idealization, sociability, active-recreational values, authoritarian style, locus of control, enmeshment, and organization.

19. Black non-Seventh-day Adventist families were found to be more disengaged than Seventh-day Adventist families in their relationships, and they tend to adopt more of a laissez-faire family style. Conversely, Seventh-day Adventist families were found to be more democratic, more intellectually and culturally oriented, and they tend to emphasize to a greater degree religious values in their homes.

20. In terms of religious commitment, Black Seventh-day Adventist families tend to remain affiliated the longest with their churches, attend church services and mid-week prayer meetings more frequently, and donate more of their time to church-related activities. Black Seventh-day Adventist families also tend to tithe more of their income and give a greater proportion of their income to church offerings. Moreover, they tend to pray together more frequently and participate in family devotions more regularly. These families, furthermore, tend to enroll their members in church schools and tend to be more abstemious in their dietary intake, preferring to follow a vegetarian diet and abstain more from drugs, alcohol, and

tobacco.

### **Recommendations for Families and Educators**

1. Inasmuch as this study establishes clearly delineated connections between various aspects of religious commitment and Black family mental health, it behooves those involved in family issues to closely examine those associations and utilize them to assist in strengthening Black families across economic tiers. Whereas religious coping is more beneficial to those who are more religious (Pargament, 1997), and as religious commitment continues to be observed as a strength among Black families, reinforcing those values will serve as a bastion of protection for Black families, particularly those assailed the most by surrounding deleterious conditions.

2. Since, as this study reveals, praying together and feeling close to God appear most frequently among the best predictors of healthy family relationships, religious educators may develop thematic presentations that will promote family prayer practices in the home, while fostering in family members a more meaningful relationship with God.

3. Family education writers and editors may designate entire publications or study units to reinforcing in Black

families the need to adopt regular family devotional and prayer moments. This need for a greater awareness is especially true considering the fact that 32.2% of Seventh-day Adventist families and a staggering 69.9% of non-Seventh-day Adventist families acknowledged never having family devotions, or doing so only once in a while.

4. Much caution needs to be exercised in promoting religious values and practices in view of the conflicts that may arise within families as members adopt a different lifestyle. As noted with the church attendance and family devotions variables, which have been associated with some positive family attributes, they can also be used in an authoritarian milieu and impair family cohesion.

5. Although the majority of Seventh-day Adventist families had been associated with a church-affiliated school (63%), 37% of the Black Seventh-day Adventist families had not enrolled a family member in a church school. A more alarming note is the greater proportion of non-Seventh-day Adventist families (69.6%) who had not enrolled a family member in a church-affiliated school. As this study suggests, consistent with other studies (Dudley et al., 1987; Hughes, 1993), church-school attendance correlates with cohesiveness in families, and seems to protect the youth against risk-taking behaviors. This may



be of essential value to administrators who may seek more effective measures of encouraging Black families to enroll their children in church schools, particularly in view of the alarming rate of violence that surrounds urban communities with the largest concentration of Black families.

### **Recommendations for Further Research**

This study signifies a small yet meaningful step in the growing exploration of Black family dynamics. Scientific research is never static, but a compelling force that, when used appropriately, can project much-needed light to human understanding; thus the need for more research.

1. In view of the paucity of empirical studies on Black families, the need remains for more detailed research aimed at identifying factors that may contribute to Black family mental health.

2. Confirmatory studies may provide more insight into the predictive values of various dimensions of religious commitment, particularly for Black families.

3. In view of the challenges faced by Hispanic families and other minority groups who constantly struggle with the injurious by-products of urban life, duplicating

this study with other minority groups may help to reinforce and identify practices and values that may prove to be protective for those families.

4. Further exploration of Black family life satisfaction may provide answers in terms of its relationship with dimensions of religiosity.

5. Although the Quality of Life Inventory identifies life satisfaction in 16 life domains, a more thorough analysis of relationships that may exist between satisfaction in each of these life domains and religious commitment was not possible, because *T*-scores for the instrument are extracted only from the overall raw scores for which validity has already been established. The use of a life satisfaction instrument with provisions for more detailed scrutiny of individual areas of life satisfaction may isolate specific life domains that may be associated with religious commitment.

6. The need remains for further studies of a longitudinal nature to move beyond establishing correlations between religiosity and family mental life, in view of examining any causal relationship that may be present between the two constructs.

## APPENDICES

**APPENDIX A**

**CORRESPONDENCE**

# Andrews University

October 5, 1999

Judith Fisher  
10835 Ridgewood Trail  
Berrien Springs, MI 49103

Dear Judith:

**RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**

**HSRB Protocol # :** 98-99 : 350      **Application Type :** Original      **Dept :** Ed & Couns Psyc - 0104

**Review Category :** Exempt      **Action Taken :** Approved

**Protocol Title :** *Religious Commitment as a Correlate of Mental Health and the Quality of Life of Black American Families*

On behalf of the Human Subjects Review Board (HSRB) I want to advise you that your proposal has been reviewed and approved. You have been given clearance to proceed with your research plans.

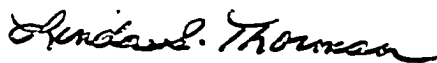
All changes made to the study design and/or consent form after initiation of the project require prior approval from the HSRB before such changes are implemented. Feel free to contact our office if you have any questions.

The duration of the present approval is for one year. If your research is going to take more than one year, you must apply for an extension of your approval in order to be authorized to continue with this project.

Some proposal and research designs may be of such a nature that participation in the project may involve certain risks to human subjects. If your project is one of this nature and in the implementation of your project an incidence occurs which results in a research-related adverse reaction and/or physical injury, such an occurrence must be reported immediately in writing to the Human Subjects Review Board. Any project-related physical injury must also be reported immediately to the University physician, Dr. Loren Hamel, by calling (616) 473-2222.

We wish you success as you implement the research project as outlined in the approved protocol.

Sincerely,



Linda Thorman, Ed.D.  
Human Subjects Review Board  
c: Lenore Brantley

Department of Psychology

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Muenzinger Psychology Building  
Campus Box 345  
Boulder, Colorado 80309-0345  
(303) 492-8662  
F.A.X: (303) 492-2967

July 3, 1999

Ms. Judith G. Fisher  
10835 Ridgewood Trail  
Berrien Springs, MI 49103

Dear Ms. Fisher:

I have your letter of June 15<sup>th</sup> regarding your interest in our work examining the factorial structure of four existing self-report measures of family functioning. You are most welcome to use the results of our analyses and I would suggest that you use the results as described in the original 1985 paper.

Cordially,



Bernard L. Bloom, Professor Emeritus

## Judith Bernard-Fisher

10835 Ridgewood Trail, Bowling Springs, MO 64103. 616/471-1329

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September 3, 1999

Dr. Michael B. Frisch  
Psychology Department  
Baylor University  
P.O. Box 97334  
Waco, TX 76798

Dear Dr. Frisch:

A few months ago I requested from you information regarding the use of the QOLI, and permission to use the instrument in my doctoral dissertation which seeks to study the correlation between religious commitment and life satisfaction. This research will be conducted among families of various religious affiliations. Although permission was granted over the phone, I would appreciate your written approval for inclusion with the research project.

I do thank you for allowing me to include the QOLI in my research.

Sincerely Yours,



Judith Fisher, M.A., Ph.D. Candidate  
Andrews University

Permission granted to use the QOLI. Let me know what you find.



10/11/99

Date: Fri, 10 Sep 1999 13:03:29 -0400  
From: Steve Hanson <shanson@mpa.org>  
To: Judith Fisher <jfisher@andrews.edu>  
Re: Message Membership Listing for Judith Fisher

Hello Judith,

I send you regards from the Review and Herald and my apologies to your husband that we never were able to meet face to face here at the publishing house.

I understand that Bill was given a diskette yesterday with the names that you requested. I trust that this information will be what you wanted. If not, please contact me and I'll pull other information for you.

The information that you have on the disc was created from our newest entry for the 1999-2000 message campaign. At the time of creation of your list, we pulled your information from the new names that have been entered to start their subscriptions with the September-October issue that is about to go to press. We expect to receive additional names from the regional conferences throughout the next couple of months, but your information was selected from the following:

300 sponsor names selected randomly from an approximate list of 6,000 names. Sponsors are mostly Adventist church members.

400 recipient names selected randomly from an approximate list of 20,000 names. Recipients could be a mix of Adventist and non-Adventist names. There is not a way to tell if these subscriptions have a church affiliation with the Seventh-day Adventist Church.

Message magazine has an annual subscriber base of 65,000 to 70,000 recipients on an average campaign year. Message magazine reached its highpoint of readership in 1995 when we had over 80,000 bi-monthly subscribers. Since Message magazine is primarily a campaign-driven publication, it is sponsored by local church appeals and donations to the magazine. Annual subscription price is \$8.47 per subscription during the campaign and \$9.97 outside of the campaign time. Campaign appeals start in late April and continue in most churches through August. Overall, we have approximately 8,500 sponsors on an annual basis who are for the most part sponsors and recipients of the magazine too.

If you need additional information or if you think of other questions that you want to ask to aid you with your study, please contact me by phone at 301-393-3247 or by e-mail.

Regards,  
Steve Hanson, Director  
Message Subscriber Services



# Family Strengths Study

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December 29, 1999

Dear Family Member:

Maintaining a family as we enter the new millennium is quite an undertaking. The challenges that we face as well as the joys we experience are unique. As a Black educator, wife, and mother, I share your experiences and the anticipation that the new era brings.

As a doctoral intern in the Psychology department at Andrews University, I am conducting research aimed at identifying special factors that contribute to the strength and success of the Black family. Most research involving Black families focus on the things that do not work within the Black community. My research moves away from the usual, seeking to identify protective and strengthening elements in the Black family.

A number of studies have sought to better understand the role that religious practices play in individual lives. Most of these studies, however, have been conducted with other ethnic groups and with individual participants as opposed to families as a unit. As I focus on the Black family, I hope to raise the level of awareness regarding the role that such practices play in the transmission of strong values.

I need your help in gathering information regarding individual family practices. The enclosed questionnaire consists of items evaluating family functioning, satisfaction, and religious practices. Your participation is voluntary and confidential. No names are associated with any of the responses, and the questionnaire takes approximately 15 minutes to complete. We only ask that you answer honestly to all the questions so that the results may be meaningful. You may request a brief synopsis of the study's results at its conclusion if you so desire.

Families throughout the United States are being contacted, and since this study is scheduled to be completed early spring, we ask that you return your completed questionnaire in the self-addressed stamped envelope on or before January 14, 2000. Your input is extremely important. So please do take a few minutes to assist us. Your efforts will be worthwhile.

This study is supervised by Dr. Lenore Brantley, family educator and professor at Andrews University. If you have any questions, please feel free to contact Dr. Brantley or me at the address below. Please receive my heartfelt thanks for your assistance, and best wishes to you and your family.

Yours Truly,



J. B. Fisher, MA, Ph.D. Candidate  
Family Strengths Study/Dr. L. Brantley  
Andrews University/Bell Hall #159  
Berrien Springs, MI 49104-0104 (616) 471-7771

APPENDIX B  
FAMILY QUESTIONNAIRE

FAMILY QUESTIONNAIRE

These questions are intended to give more insight into family beliefs and practices.

- I. Please blacken the one statement that most accurately describes your family:
1. My family's religious affiliation is:  
 [a] Baptist      [b] Catholic      [c] Episcopal      [d] Lutheran      [e] Methodist  
 [f] Seventh-day Adventist      [g] Other (specify) \_\_\_\_\_  
 [h] None
  2. The number of years our family has been affiliated with the above named denomination is:  
 [a] less than one    [b] 1-5      [c] 6-10      [d] 11-24      [e] 25 or more
  3. Our family attends church services at least:  
 [a] never      [b] once in a while      [c] Once a month  
 [d] twice a month      [e] once a week
  4. Our family as a whole supports our church financially by tithing our income:  
 [a] none      [b] less than 10%      [c] 10%      [d] more than 10%
  5. Our family as a whole supports our church financially by offerings of our income:  
 [a] none      [b] less than 5%      [c] 5-9%      [d] 10% or more
  6. Our family attends prayer meetings at least:  
 [a] never      [b] once in a while      [c] Once a month  
 [d] twice a month      [e] once a week
  7. The number of hours per month our family spends in church related activities other than regular services is:  
 [a] none    [b] 1-4      [c] 5-8      [d] 9-12      [e] 13 or more
  8. Our family gets together for family devotions:  
 [a] never      [b] once in a while      [c] Once a week  
 [d] a few times a week      [e] at least once a day
  9. Our family prays together:  
 [a] never      [b] once in a while      [c] Once a week  
 [d] a few times a week      [e] at least once a day
  10. Our family's total annual income is:  
 [a] Less than \$20,000.00    [b] \$20,000.00-\$50,000.00  
 [c] \$50,001-\$75,000.00      [d] More than \$75,000.00
  11. Our family's ethnic origin is:  
 [a] African      [b] African-American      [c] Hispanic  
 [d] West Indian      [e] other (Please specify) \_\_\_\_\_
  12. Our family is headed by:  
 [a] Two parents      [b] One male parent      [c] One female parent
  13. In our family the male parent is between the ages of:  
 [a] 20-30    [b] 31-40    [c] 41-50    [d] 51-64    [e] 65-older
  14. The highest level of education of the male parent in our family is:  
 [a] Elementary school    [b] Some high school    [c] High school diploma  
 [d] Some college    [e] College degree    [f] Master's degree    [g] Doctoral degree
  15. In our family the female parent is between the ages of:  
 [a] 20-30    [b] 31-40    [c] 41-50    [d] 51-64    [e] 65-older
  16. The highest level of education of the female parent in our family is:  
 [a] Elementary school    [b] Some high school    [c] High school diploma  
 [d] Some college    [e] College degree    [f] Master's degree    [g] Doctoral degree
  17. The number of children in my family is:  
 [a] none    [b] one    [c] two    [d] three    [e] more than three
  18. One or more of school-aged members in our family attend(s) or has attended a school run by a religious denomination:  
 [a] Yes [b] No
  19. Our family lives in a:  
 [a] large city      [b] suburb      [c] small town      [d] rural area
  20. Our family as a whole feels close to God:  
 [a] Very untrue    [b] Fairly untrue    [c] Fairly true    [d] Very true
  21. Our family follows a vegetarian diet:  
 [a] Very untrue    [b] Fairly untrue    [c] Fairly true    [d] Very true

(Please continue on back of page)

22. Our family abstains from alcohol consumption:  
 [a] Very untrue [b] Fairly untrue [c] Fairly true [d] Very true
23. Our family abstains from tobacco products:  
 [a] Very untrue [b] Fairly untrue [c] Fairly true [d] Very true
24. Our family does not use drugs:  
 [a] Very untrue [b] Fairly untrue [c] Fairly true [d] Very true

II. For each of the following statements blacken the category that best describes your family.

	Very Untrue	Fairly Untrue	Fairly True	Very True
25. Family members really help and support one another.	[a]	[b]	[c]	[d]
26. There is a feeling of togetherness in our family.	[a]	[b]	[c]	[d]
27. We do not do things together.	[a]	[b]	[c]	[d]
28. We really get along well with each other.	[a]	[b]	[c]	[d]
29. Family members seem to avoid contact with each other when at home.	[a]	[b]	[c]	[d]
30. Family members feel free to say what is on their mind.	[a]	[b]	[c]	[d]
31. We do not discuss our family problems.	[a]	[b]	[c]	[d]
32. We discuss problems and usually feel good about the solutions.	[a]	[b]	[c]	[d]
33. In our family it is important for everyone to express their opinion.	[a]	[b]	[c]	[d]
34. We don't tell each other about our personal problems.	[a]	[b]	[c]	[d]
35. We fight a lot in our family.	[a]	[b]	[c]	[d]
36. Family members sometimes get so angry they throw things	[a]	[b]	[c]	[d]
37. Family members hardly ever lose their tempers.	[a]	[b]	[c]	[d]
38. Family members sometimes hit each other.	[a]	[b]	[c]	[d]
39. Family members rarely criticize each other.	[a]	[b]	[c]	[d]
40. We rarely go to lectures, plays, or concerts.	[a]	[b]	[c]	[d]
41. We rarely have intellectual discussions.	[a]	[b]	[c]	[d]
42. Watching TV is more important than reading in our family.	[a]	[b]	[c]	[d]
43. Family members really like music, art, and literature.	[a]	[b]	[c]	[d]
44. We are very interested in cultural activities.	[a]	[b]	[c]	[d]
45. We often go to movies, sports events, camping, etc.	[a]	[b]	[c]	[d]
46. Everyone in our family has a hobby or two.	[a]	[b]	[c]	[d]
47. Family members aren't very involved in recreational activities outside work or school.	[a]	[b]	[c]	[d]
48. Family members sometimes attend courses or take lessons for some hobby or interest.	[a]	[b]	[c]	[d]
49. Friends rarely come over for dinner or to visit.	[a]	[b]	[c]	[d]
50. Family members attend church, synagogue, Sabbath or Sunday school fairly often.	[a]	[b]	[c]	[d]
51. We don't say prayers in our family.	[a]	[b]	[c]	[d]
52. We often talk about the religious meaning of Christmas, Passover, or other holidays.	[a]	[b]	[c]	[d]
53. We don't believe in heaven or in hell.	[a]	[b]	[c]	[d]
54. The Bible is a very important book in our home.	[a]	[b]	[c]	[d]
55. It is often hard to find things when you need them in our household.	[a]	[b]	[c]	[d]
56. Being on time is very important in our family.	[a]	[b]	[c]	[d]
57. Family members make sure their rooms are neat.	[a]	[b]	[c]	[d]
58. Dishes are usually done immediately after eating.	[a]	[b]	[c]	[d]
59. We are generally pretty sloppy around the house.	[a]	[b]	[c]	[d]
60. We are full of life and good spirits.	[a]	[b]	[c]	[d]
61. Our family enjoys being around other people.	[a]	[b]	[c]	[d]

	Very Untrue	Fairly Untrue	Fairly True	Very True
62. Socializing with other people often makes my family uncomfortable.	[a]	[b]	[c]	[d]
63. As a family, we have a large number of friends.	[a]	[b]	[c]	[d]
64. Our family likes having parties.	[a]	[b]	[c]	[d]
65. We encourage each other to develop in his or her own individual way.	[a]	[b]	[c]	[d]
66. We are satisfied with the way in which we live.	[a]	[b]	[c]	[d]
67. Our decisions are not our own, but are forced upon us by things beyond our control.	[a]	[b]	[c]	[d]
68. Our family has had more than its share of bad luck.	[a]	[b]	[c]	[d]
69. My family feels that we have very little influence over the things that happen to us.	[a]	[b]	[c]	[d]
70. I don't think that any family could live together with greater harmony than my family.	[a]	[b]	[c]	[d]
71. I don't think anyone could possibly be happier than my family and I when we get together.	[a]	[b]	[c]	[d]
72. My family has all the qualities I've always wanted in a family.	[a]	[b]	[c]	[d]
73. Our family is as well adjusted as any family in this world could be.	[a]	[b]	[c]	[d]
74. My family could be happier than it is.	[a]	[b]	[c]	[d]
75. It is difficult to keep track of what other family members are doing.	[a]	[b]	[c]	[d]
76. In our family we know where all family members are at all times.	[a]	[b]	[c]	[d]
77. Family members do not check with each other when making decisions.	[a]	[b]	[c]	[d]
78. Family members are extremely independent.	[a]	[b]	[c]	[d]
79. Family members are expected to have the approval of others before making decisions.	[a]	[b]	[c]	[d]
80. Family members make the rules together.	[a]	[b]	[c]	[d]
81. Family members feel that they have no say in solving problems.	[a]	[b]	[c]	[d]
82. Each family member has at least some say in major family decisions.	[a]	[b]	[c]	[d]
83. Parents and children in our family discuss together the method of punishment.	[a]	[b]	[c]	[d]
84. In our family, parents do not check with the children before making important decisions.	[a]	[b]	[c]	[d]
85. Members of our family can get away with almost anything.	[a]	[b]	[c]	[d]
86. Family members are not punished or reprimanded when they do something wrong.	[a]	[b]	[c]	[d]
87. It is unclear what happens when rules are broken in our family.	[a]	[b]	[c]	[d]
88. It is hard to know what the rules are in our family because they always change.	[a]	[b]	[c]	[d]
89. There is strong leadership in our family.	[a]	[b]	[c]	[d]
90. Parents make all of the important decisions in our family.	[a]	[b]	[c]	[d]
91. There is strict punishment for breaking rules in our family.	[a]	[b]	[c]	[d]
92. Family members are severely punished for anything they do wrong.	[a]	[b]	[c]	[d]
93. There are very few rules in our family.	[a]	[b]	[c]	[d]
94. Nobody orders anyone around in our family.	[a]	[b]	[c]	[d]

(Please continue on back of page)

	Very Untrue	Fairly Untrue	Fairly True	Very True
95. Family members find it hard to get away from each other.	[a]	[b]	[c]	[d]
96. It is difficult for family members to take time away from the family.	[a]	[b]	[c]	[d]
97. Family members feel pressured to spend most free time together.	[a]	[b]	[c]	[d]
98. Family members feel guilty if they want to spend some time alone.	[a]	[b]	[c]	[d]
99. It seems like there is never any place to be alone in our house.	[a]	[b]	[c]	[d]

III. This section of the questionnaire addresses the parent or parents heading the family. For a family headed by a two-parent team, answers to each question needs to reflect your agreed upon opinion.

The following questions ask how satisfied you are with parts of your life such as your work and your health. They also ask how important these things are to your happiness. Special definitions are used for words like **money**, **work**, and **play**. Keep these definitions in mind as you answer the questions. Answer every question, even if it does not seem to apply to you. It is your feelings and opinions that are important. So there are no right or wrong answers. Just give the answers that best describe you and your family.

**Important** means how much this part of your life adds to your overall happiness. You can say how important something is by picking one of three choices: **Not important**, **Important**, or **Very important**.

**Satisfied** means how well your needs, goals, and wishes are being met in this area of your life. You can say how satisfied you are by picking one of six choices from **Very Dissatisfied** to **Very Satisfied**.

For each question, blacken the circle that best describes you and your family.

**HEALTH** is being physically fit, not sick, and without pain or disability.

100. How important is HEALTH to your happiness?

Not  Important  Very Important  
 \_\_\_\_\_  
 Important

101. How satisfied are you with your health?

Very  Somewhat  A Little  A Little  Somewhat  very  
 \_\_\_\_\_  
 Dissatisfied Satisfied

**SELF-ESTEEM** means liking and respecting yourself in light of your strengths and weaknesses, successes and failures, and ability to handle problems.

102. How important is SELF-ESTEEM to your happiness?

Not  Important  Very Important  
 \_\_\_\_\_  
 Important

103. How satisfied are you with your self-esteem?

Very  Somewhat  A Little  A Little  Somewhat  very  
 \_\_\_\_\_  
 Dissatisfied Satisfied

**GOALS AND VALUES** are your beliefs about what matters most in life and how you should live, both now and in the future. This includes your goals in life, what you think is right or wrong, and the purpose or meaning of life as you see it.

104. How important are goals-and-values to your happiness?

Not  Important       Important       Very Important

└──────────┬──────────┬──────────┘

105. How satisfied are you with your goals-and-values?

Very       Somewhat       A Little       A Little       Somewhat       Very

└──────────┬──────────┬──────────┘      └──────────┬──────────┬──────────┘

Dissatisfied    Satisfied

**MONEY** is made up of three things. It is the money you earn, the things you own (like a car or furniture), and believing that you will have the money and things that you need in the future.

106. How important is money to your happiness?

Not  Important       Important       Very Important

└──────────┬──────────┬──────────┘

107. How satisfied are you with the money you have?

Very       Somewhat       A Little       A Little       Somewhat       Very

└──────────┬──────────┬──────────┘      └──────────┬──────────┬──────────┘

Dissatisfied    Satisfied

**WORK** means your career or how you spend most of your time. You may work at a job, at home taking care of your family, or at school as a student. WORK includes your duties on the job, the money you earn (if any), and the people you work with. (If you are unemployed, retired, or can't work, you can still answer these questions.)

108. How important is work to your happiness?

Not  Important       Important       Very Important

└──────────┬──────────┬──────────┘

109. How satisfied are you with your work? (if you are not working, say how satisfied you are about not working?.)

Very       Somewhat       A Little       A Little       Somewhat       Very

└──────────┬──────────┬──────────┘      └──────────┬──────────┬──────────┘

Dissatisfied    Satisfied

**PLAY** is what you do in your free time to relax, have fun, or improve yourself. This could include watching movies, visiting friends, or pursuing a hobby like sports or gardening.

110. How important is play to your happiness?

Not  Important       Important       Very Important

└──────────┬──────────┬──────────┘

111. How satisfied are you with the play in your life?

Very       Somewhat       A Little       A Little       Somewhat       Very

└──────────┬──────────┬──────────┘      └──────────┬──────────┬──────────┘

Dissatisfied    Satisfied

(Please continue on back of page)





**FRIENDS** are people (not relatives) you know well and care about who have interests and opinions like yours. Friends have fun together, talk about personal problems, and help each other out. (If you have no friends, you can still answer these questions.)

120. How important are friends to your happiness?

                                             
 Not Important      Important      Very Important

121. How satisfied are you with your friends? (If you have no friends, say how satisfied you are about having no friends.)

                                               
 Very      Somewhat      A Little                      A Little      Somewhat      Very  
 \_\_\_\_\_                      \_\_\_\_\_  
 Dissatisfied                      Satisfied

**CHILDREN** means how you get along with your child (or children). Think of how you get along as you care for, visit, or play with your child. (If you do not have children, you can still answer these questions.)

122. How important are children to your happiness? (If you have no children, say how important having a child is to your happiness.)

                                             
 Not Important      Important      Very Important

123. How satisfied are you with your relationships with your children? If you have no children, say how satisfied you feel about not having children.)

                                               
 Very      Somewhat      A Little                      A Little      Somewhat      Very  
 \_\_\_\_\_                      \_\_\_\_\_  
 Dissatisfied                      Satisfied

**RELATIVES** means how you get along with your parents, grandparents, brothers, sisters, aunts, uncles, and in-laws. Think about how you get along when you are doing things together like visiting, talking on the telephone, or helping each other. (If you have no living relatives, blacken the 0 ["Not Important"] circle for question 124 and do not answer question 125.)

124. How important are relatives to your happiness?

                                             
 Not Important      Important      Very Important

125. How satisfied are you with your relationships with relatives

                                               
 Very      Somewhat      A Little                      A Little      Somewhat      very  
 \_\_\_\_\_                      \_\_\_\_\_  
 Dissatisfied                      Satisfied

**HOME** is where you live. It is your house or apartment and the yard around it. Think about how nice it looks, how big it is, and your rent or house payment.

126. How important is your home to your happiness?

                                             
 Not Important      Important      Very Important

127. How satisfied are you with your home?

                                               
 Very      Somewhat      A Little                      A Little      Somewhat      very  
 \_\_\_\_\_                      \_\_\_\_\_  
 Dissatisfied                      Satisfied

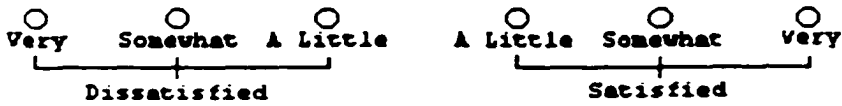
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**NEIGHBORHOOD** is the area around your home. Think about how nice it looks, the amount of crime in the area, and how well you like the people.

128. How important is your neighborhood to your happiness?



129. How satisfied are you with your neighborhood?

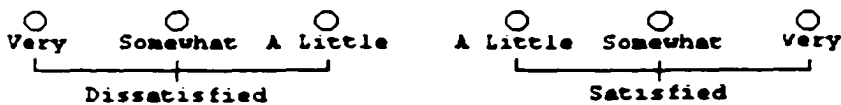


**COMMUNITY** is the whole city, town, or rural area where you live (it is not just your neighborhood). Community includes how nice the area looks, the amount of crime, and how well you like the people. It also includes places to go for fun like parks, concerts, sporting events, and restaurants. You may also consider the cost of things you need to buy, the availability of jobs, the government, schools, taxes, and pollution.

130. How important is your community to your happiness?



131. How satisfied are you with your community?



Please add below any comments you may have describing your family strengths, and areas of life your family finds satisfying. Please take your time and be specific. Your added comments will give us further insight into what helps make our Black families strong.

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Your contribution is essential to our identifying Black family strengths and areas of satisfaction.

Please do not skip any questions, with the exception of #'s 13 and 14 or #'s 15 and 16 if you are a single parent

Thank you for your participation.

APPENDIX C

QUALITY OF LIFE INVENTORY  
CORRELATION TABLES

Table 41

## Correlation Table of Quality of Life Inventory (QOLI) and Family Functioning Scales

Variable	QOLI	Variable	QOLI
Cohesion	.267*	Active-Recreation	.354*
Expressiveness	.334*	Religious Emphasis	.101
Conflict	-.196*	Organization	.314*
Sociability	.417*	External Locus	-.421*
Idealization	.259*	Democratic	.230*
Disengagement	-.050	Authoritarian	.017
Intel-Cultural	.346*	Laissez-faire	-.283*
Enmeshment	-.247*		

\*Significant at the .05 level

Table 42

## Correlation Table of Quality of Life Inventory (QOLI) and Religious Commitment Variables

Variable	QOLI	Variable	QOLI
Yrs. Affiliation	.072	Praying Together	-.011
Church Attendance	.093	Close to God	-.110
Tithing	.048	Religious School Attn.	-.028
Offerings	.042	Vegetarian Diet	-.037
Prayer Meeting	-.030	Alcohol Abstinence	-.070
Church Activities	.023	Tobacco Abstinence	.048
Family Devotions	-.002	Drug Abstinence	.000

\*No correlations are significant at the .05 level

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## VITA

**JUDITH BERNARD-FISHER**

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**EDUCATION**

- Ph.D. Counseling Psychology, 2000  
Andrews University, Berrien Springs, MI  
Specialty: Marital and Family Therapy
- M.A. Linguistics, 1980  
Northeastern Illinois University, Chicago, IL
- B.A. Concentrations: English & Psychology, 1976  
Oakwood College, Huntsville, AL  
Summa Cum Laude

**TEACHING AND ADMINISTRATIVE EXPERIENCE**

- Contract teacher—Andrews University, Berrien springs, MI (1998)  
Counselor/Teacher—Workforce Skills Development Center, Benton Harbor, MI (1996)  
Principal—Chicago SDA Academy, Chicago, IL (1992 - 1994)  
Teacher—Adult Education, City Colleges of Chicago. (1978-1982)  
Teacher—Chicago SDA Academy Chicago, IL. (1976 - 1992)  
Teacher—Private language instruction—French/Spanish (1975-1995)

**CLINICAL EXPERIENCE**

- Pre-Doctoral Internship—Notre Dame University Counseling Center, Notre Dame, IN (2000)  
Pre- Doctoral Internship— Mercy Hospital, Behavioral Medicine Services, Detroit, MI (1999)  
Therapist—Andrews University Counseling Center, Berrien Springs, MI (1998-1999)  
Practicum—Andrews University Counseling Center, Berrien Springs, MI (1997-1998)  
Practicum—Andrews University Counseling and Psychological Services Center, (1996-1997)

**PROFESSIONAL TRAINING**

- 1998 REBT Training and Practicum for the Treatment of Addictions.  
Albert Ellis Institute

**HONORS**

- Zappara Excellence in Teaching Award—1995  
Summa Cum Laude—B.A., 1976

**PUBLICATION**

- Fisher, J., Kim, H., Lee, S., & Sacks, S. (1998). Stability of religious orientation and academic honesty. *Journal of Research on Christian Education*, 7, 55-66.

**PROFESSIONAL MEMBERSHIPS**

- American Psychological Association  
Phi Delta Kappa  
Pi Lambda Theta