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Andrews University  
School of Education

THE CHURCH AS A SOCIAL SUPPORT FOR WOMEN:  
PERSPECTIVES OF FEMALE MEMBERS OF  
SELECTED SEVENTH-DAY ADVENTIST  
CHURCHES

A Dissertation

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

by

Norma Greenidge

April 2000

UMI Number: 9968522

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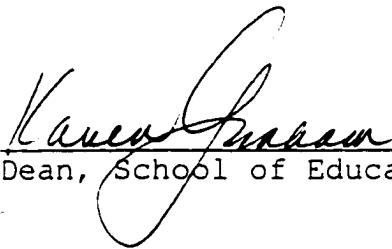
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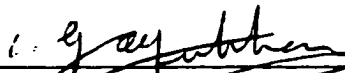
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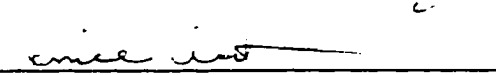
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ABSTRACT

THE CHURCH AS A SOCIAL SUPPORT FOR WOMEN:  
PERSPECTIVES OF FEMALE MEMBERS OF  
SELECTED SEVENTH-DAY ADVENTIST  
CHURCHES

by

Norma Greenidge

Chair: James A. Tucker



ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

Title: THE CHURCH AS A SOCIAL SUPPORT FOR WOMEN:  
PERSPECTIVES OF FEMALE MEMBERS OF SELECTED  
SEVENTH-DAY ADVENTIST CHURCHES

Name of researcher: Norma Greenidge

Name and degree of faculty chair: James S. Tucker, Ph.D.

Date completed: April 2000

Problem

The subject of social support and its role in health and well-being of individuals has become an important topic to many researchers. This study was designed to discover to what extent female members of Seventh-day Adventist churches perceive their church as providing them with social support.

Method

The instrument used was the Social Provision Scale which measures six aspects of social support--

attachment, guidance, nurture, reliable alliance, social integration, and worth. Scores from the 99 White and 48 African American women were compared for each of the six aspects on the basis of ethnicity, age, and marital status using Analysis of Variance.

### Results

In comparing the women on the basis of ethnicity, the Black women had a higher perception of their church as a provider of social support. Among the different age groups, older women scored higher than the young or middle aged. Married women also had a greater perception of receiving social support than single women.

### Conclusions

The women surveyed appeared to have a rather high perception of their church as a provider of social support. However, there may be other factors in their lives which are responsible for their feelings of well-being.

Dedicated to  
Arielle Jacinta  
and  
Andrew Jordan

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## CHAPTER I

### INTRODUCTION

Over the past two decades the subject of social support and its role in the health and well-being of individuals has become an important topic to many researchers. In 1982 the Social Sciences Citation Index, an international, interdisciplinary index covering about 2,000 journals in the social sciences, showed more than 50 articles dealing with the subject of social support compared with only 2 in 1972, and in recent years hundreds of articles have been added (Kahn, 1994). This increase in the literature may be a reflection, at least in part, of the complex nature of this subject.

Social support has many aspects, and these can be expressed in various ways. Support can be given and received in the form of material aid such as food, clothing, and other tangible gifts. Providing guidance and giving information are also ways in which social support can be dispensed to individuals. Emotional

support is also regarded as a form of social support. Affirming an individual by meeting the need for love, understanding, esteem, and belonging is another avenue through which social support may be channeled.

Studies have been conducted to discover the relationship between social support and physical and mental health. How stress and its effects, including depression, may be prevented or alleviated has long been a subject of concern to mental health professionals. It is believed that individuals who receive social support enjoy better psychological and physical health, and are less susceptible to the negative effects of stress in their lives. This theory has formed the basis of investigation by various researchers (Froland, Brodsky, Olson, & Stewart, 1979; Lepore, Evans, & Schneider, 1991; Reifman, Biernat, & Lang, 1991; Snapp, 1992; Sullivan & Poertner, 1989).

Research has also been conducted to discover whether different events in an individual's life may have an impact on the perception and provision of social support. Some have investigated whether a person's marital status affects the amount of social support received (Aneshensel, 1986; Greene & Feld, 1989). The

question of the influence of ethnicity and whether the perception or provision of social support is greater in one race than another has also been researched (Ferraro & Koch, 1994; Hatch, 1991). Still other studies have been conducted in an attempt to discover whether there is a gender difference in the amount of support needed and given (Ruback & Riad, 1994; Turner, 1994).

Other researchers have concentrated on the role and importance of organizations rather than individuals in the provision of social support. Most of this research has centered around the role of churches, especially Black churches—congregations which are comprised of, and administered by, individuals of African descent. These researchers feel that this can be explained by the fact that Black churches are seen as traditional providers of social support to their members (Peterman, 1990; Taylor & Chatters, 1991; Walls & Zarit, 1991).

Different researchers approach the subject from the viewpoint of their particular discipline and may not always reach the same conclusions in their studies; but, according to Wilcox and Vernberg (1985), the empirical literature supports the idea that both objective and

perceived characteristics of social support influence health and well-being. Also, theoretical models of stress and coping suggest that perceived and actual provisions of support influence responses to environmental events.

### **Statement of the Problem**

There is little if any literature on research being conducted on the perceptions of female Seventh-day Adventist church members regarding the church as a social support. Much of the literature on women and the Seventh-day Adventist church attempts to interpret the biblical view of the position of women in the church. In recent years the controversy surrounding the ordination of women to the gospel ministry has also added to this literature. However, little attention has been paid to the opinions of the female church members and their perceptions of the support they receive from the church.

This study addresses female members of Seventh-day Adventist churches to discover their perceptions of their churches as providers of social support in the areas of guidance, reassurance of worth, social integration, attachment, nurturance, and reliable alliance, based on race, age, and marital status, as



measured by the Social Provision Scale (Russell & Cutrona, 1984).

### **Purpose of the Study**

The purpose of this study was to determine the perceptions of female members of selected Seventh-day Adventist churches regarding the church as a social support for women. A self-report survey was used to determine these perceptions.

### **Research Questions**

This study examined the following research questions.

Among female Seventh-day Adventist church members responding to a self-administered questionnaire on social support:

1. Is there a difference between White women from the mainly White churches in the Michigan Conference of Seventh-day Adventists and Black women from the predominantly Black churches in the Lake Region Conference of Seventh-day Adventists in their perceptions of the church as a social support for women?

2. Is there a difference between married and single women in their perceptions of the Seventh-day Adventist church as a social support for women?

3. Is there a difference among young, middle, and older adult women in their perceptions of the Seventh-day Adventist church as a social support for women?

### **Statement of Hypotheses**

This study was based on the following research hypotheses:

Hypothesis 1: Among female Seventh-day Adventist church members there is a significant difference, between ethnic groups, in their perceptions of the church as a provider of social support as measured by the Social Provision Scale.

Hypothesis 2: Between married and single female Seventh-day Adventist church members there is a significant difference in their perceptions of the church as a provider of social support as measured by the Social Provision Scale.

Hypothesis 3: Among female Seventh-day Adventist church members, there is a significant difference, among those in different age groups, in their perceptions of the church as a provider of social support as measured by the Social Provision Scale.

### **Significance of the Study**

This study explores, through the use of a self-administered questionnaire, the perceptions of female Seventh-day Adventists regarding the church as a provider of social support.

At the Seventh-day Adventist General Conference Executive Committee Spring Meeting held on April 7-8, 1993, it was voted to designate 1995 as the Year of the Adventist Woman. Some of the aims were to highlight the contributions of women to the Adventist church, help them identify their spiritual gifts, and prepare them to become more effective in all spheres of church life. It also called for efforts to nurture women's ministries.

However, in 1995, the Seventh-day Adventist church in world conference session voted to deny North America's request to ordain qualified women to the gospel ministry. This decision has caused much controversy and feelings that women are being undervalued.

It is hoped that the results of this study will be useful in showing how women feel about the support they are receiving from their churches and will be helpful in planning future programs to benefit women.

### **Definition of Terms**

Some of the terms used in the study are defined below:

General Conference: The central governing body of the Seventh-day Adventist Church. Its territory encompasses all the churches worldwide of that denomination.

Lake Region Conference: A unit of organization of the Seventh-day Adventist Church. It is composed primarily of the Black congregations in the states of Illinois, Indiana, Michigan, Minnesota, and Wisconsin.

Michigan Conference: A unit of organization of the Seventh-day Adventist church composed predominantly of the White congregations in the state of Michigan.

### **Delimitations of the Study**

The population of interest in this study is female Seventh-day Adventist church members ages 20 or older. The study is limited to churches located in

southwest Michigan, whose pastors were agreeable to having the survey distributed in their churches.

The sample is further limited to those members who were in attendance at their respective churches when the survey was distributed. Since the instrument is a self-administered questionnaire, collection of data was dependent on the subjects' willingness to cooperate by completing and returning the survey.

### **Organization of the Study**

This dissertation is organized into five chapters:

Chapter 1 includes the introduction, statement of the problem, purpose of the study, research questions, significance of the study, definition of terms, and the limitations of the study.

Chapter 2 reviews the relevant literature on the definitions and models of social support, the relationship between social support and health and well-being, the role of churches as providers of social support, the effect of social support on women, and the role of women in the Seventh-day Adventist Church.

Chapter 3 describes the methodology and type of research to be used in the study, including the sample,

instrumentation, survey administration, data collection, and statistical analysis.

Chapter 4 presents the findings and interpretation of the results.

Chapter 5 provides a summary of the study, discussion of the results, and conclusions and recommendations for further study.

## CHAPTER II

### REVIEW OF LITERATURE

#### **Introduction**

According to Gottlieb (1983), the work of John Cassel and Sidney Cobb, regarding the nature and health-protective effects of social support, is believed to have formed the basis of much of the present work on the benefits of social support. These two epidemiologists were concerned with reasons why some people seemed to be able to successfully withstand stressful life events, while others developed symptoms of illness.

As a result of their research, Cassel and Cobb encouraged new initiatives directed toward mobilizing social support in the community. Cobb (1976) concluded that

there appears to be enough evidence on the importance of social support to warrant action, although, of course, all the details as to the circumstances under which it is effective are not yet worked out. . . . We should start now to teach all our patients, both well and sick, how to give and receive social support. (p. 312)

Cassel (1974) advocated that rather than attempting to reduce exposure to stressors, efforts should be encouraged to improve and strengthen social supports.

Cobb and other researchers also attempted to give definitions of social support. The next section shows how these researchers defined social support according to their particular discipline.

### **Definitions of Social Support**

Cobb (1976) perceives social support as belonging to one of three classes. They are:

1. Information leading the subject to believe that he is cared for and loved.
2. Information leading the subject to believe that he is esteemed and valued.
3. Information leading the subject to believe that he belongs to a network of communication and mutual obligation. (p. 300)

Cobb believes that the first of these, which he also refers to as information about agapē or emotional support, is given in more intimate situations involving trust, with the result that the person has feelings of being loved and cared for. Information that one is esteemed and valued, also referred to as esteem support, is given in more public situations and leads the person to have feelings of self-esteem and self-worth. The



third class, also called network support, gives the person a feeling of having a definite position in a network of communication where there is an understanding of mutual obligation.

Gottlieb (1983) also believes that social support involves mutual obligation. He offers what he calls a working definition of social support which states, "Social support consists of verbal and/or nonverbal information or advice, tangible aid, or action that is proffered by social intimates or inferred by their presence and has beneficial emotional or behavioral effects on the recipient" (pp. 28-29). He concludes by saying, "Social support is an expression of the ongoing interdependence between people; mutuality is its cornerstone" (p. 28). Froland et al. (1979) refer to this as reciprocity or mutuality of exchanges. They believe this to be the central feature of social support. Without mutuality of exchanges, support could become a burden.

Maguire (1991) also suggests that social support refers to the positive interactions which take place in a person's social environment. This environment includes

family, friends, and coworkers, as well as professionals such as pastors, doctors, lawyers, and social workers.

Thoits (1985) has defined social support as the performance of helpful functions for an individual by significant others such as family members, friends, coworkers, neighbors, and relatives. These functions include socioemotional support which involves empathy, love, and trust; instrumental support, or the giving of money, skills, and service; and informational aid or guidance in dealing with problems.

Others have looked at how these functions are beneficial to individuals. In her study of the support system of the elderly in New York's inner city, Cantor (1979) broadly defines social support as encompassing both the informal and formal activities which the elderly need in order to remain independently in the community. She states that social support provides the older person opportunities for socialization, the ability to carry out daily tasks of living, as well as providing personal assistance during times of illness or crisis.

Geleyn (1980) also concentrates on these benefits in her definition of social support as "an enduring pattern of continuous or intermittent ties that play a

significant part in maintaining the psychological and physical integrity of an individual over time" (p. 70).

Social support is also defined as continuing interactions with an individual, network, group, or organization that provides individuals with opportunities for feedback about themselves and validation about others. These interactions with others serve to provide the individual with help in mobilizing psychological resources and mastering emotional burdens. Interaction with others also includes sharing tasks and providing resources and guidance to help the individual handle various situations (Caplan, 1974).

Even though the word "network" is used in many definitions of social support, there are those who feel that social network is not necessarily synonymous with social support systems. Maguire (1991) posits a difference between the two. In his definition "social support" is usually positive, and includes caring, guidance, and help from other individuals, whereas the term "social network" is essentially neutral and can have either positive or negative effects on the individual.

In reviewing the research on social support, Ell (1984) concludes that using social networks to represent

social support creates confusion. She believes that merely having access to social networks does not necessarily mean that the individual will be supported. Lieberman (1982) agrees that social support is a much narrower concept than network. He believes that the assessment of social support depends on the person's assessment of his or her social network as containing individuals who are reliable and in whom they can confide.

This phenomenon of social support has been researched in different social-science and health-related disciplines. Sociologists have this in mind when they refer to voluntary associations and their role in social integration, and the negative effects on the health of those who lack this support. Anthropologists look at how people's social networks affect their level of support. Social workers and researchers in urban studies investigate the helping networks of the neighborhood; while social psychiatrists and mental health professionals are concerned with mutual-help groups (Gottlieb, 1981).

Perhaps as a result of this complexity, the different researchers have often concentrated on whether

the explanation of the effects of social support requires one or more models.

### **Models of Social Support**

Research on social support often follows one of two models. The first is the "main effects" model which states that support is independent of whether or not the person is undergoing a stressful situation. In this model social support would either prevent the event (stress prevention model), or would have an effect independent of the event (additive model).

In the "buffer model" social support is important only under stressful circumstances—when something important is at stake for the individual the presence or absence of social support acts as a buffer by reducing stress or giving assistance in coping with the situation (Schwarzer & Leppin, 1992).

Cutrona (1996) compares the two models and appears to find them both lacking. Of the first she says, "Social support is not linked exclusively to crisis situations, but is conceptualized as enhancing the quality of life irrespective of adversity level" (p. 4). The implication is that whether individuals are experiencing high or low stress, those with higher-quality social support will

enjoy better mental and physical health. She believes that by focusing only on the effects of social support on stress in the buffer model, the implication is that when there are no stressful situations, social support is not important.

Holt (1993) believes that the buffer model deserves to be studied further using the person-environment fit approach. His idea is that "social support should be most ameliorative when the amount available fits the amount wanted" (p. 358).

Cohen and Wills (1985) present evidence consistent with both models of support. They believe that both models contribute to understanding the relation between social support and health. They conclude that "both conceptualizations of social support are evidently correct in some respects, but each represents a different process through which social support may affect well-being" (p. 348).

In addressing these two models, Monroe and Johnson (1992) state,

Both influences may hold under different conditions. . . . Particular types of social support might bolster the day-by-day feelings of life satisfaction and well-being whereas other dimensions of support might mitigate the effects of severe stressors capable of bringing about depression. (pp. 102-103)

Cohen and Syme (1985) refer to these models as the direct or main effect hypothesis and the buffering hypothesis. They offer this explanation of how the individual is affected by each model:

Direct effects generally occur when the support measure assesses the degree to which a person is integrated within a social network, while buffering effects occur when the support measure assesses the availability of resources that help one respond to stressful events.  
(p. 6)

### **Social Support and Health and Well-Being**

In reviewing the literature on the relationship between social support and health and well-being, it becomes evident that people who have a strong, positive network of support often seem to enjoy better physical and mental health. This may be because a network of supportive individuals will encourage each other to follow health guidelines and refrain from injurious behavior.

The effect of social support on health is widely accepted by many researchers, but the relationship between the two is not as easily understood. Asher (1984) found that social support networks have a definite impact on the individual's health because they provide incentives for a healthful lifestyle. This comes as a result of altruistic behavior on the part of members of the network as well as

the exchange of information. Advice about physicians, information on warning signs of illness, and preventive care are all included in the support offered by the network.

Gottlieb (1983) proposes two ways in which social support may have an effect on health. "First, social support may shield people from exposure to certain types of stressors; second, it may enhance health and morale in general, thus serving a health-promotive function" (p. 35). He further states that the absence of social support is a stressor in itself. He believes that when people lose supportive social ties and are unable to compensate for the loss through other relationships, they are at risk of adverse health consequences.

In discussing this theory, Schwarzer and Leppin (1992) also perceived social support as having a positive effect on health. They concluded that the relationship between support and health is often underestimated. They believe that the presence of social support encourages healthy behavior, such as following medical regimens.

Cobb (1982) also discussed how the presence of a social support system would encourage healthy behavior. He suggests that physicians who desire that their patients



follow a complex routine for health maintenance should pay attention to the patient's support system. He believes that those who have strong support will more readily comply with the physician's orders because "the association of compliance and social support is one of the best documented relationships in all of medical sociology" (p. 195). He also believes that social support has beneficial and protective effects on a wide variety of health variables throughout the life span from conception to just before death. "Furthermore, social support can reduce the amount of medication required and accelerate recovery" (Cobb, 1976, p. 310).

Other researchers have also studied how health-care professionals may promote social support in helping their patients. Gelein (1980) is concerned with the health of elderly women. She believes that since the life expectancy of women is higher than that of men, health-care providers need to be more concerned with factors which will promote health in older women. The presence of social support appears to buffer the effects of disease-promoting stress. The absence of this support appears to increase susceptibility to various debilitating physiological conditions.

Lazarus and Lazarus (1985) was also interested in how professionals could utilize social support in helping their clients. They advise, "As health care professionals working with patients, we might try to increase our efforts to help patients learn and use effective coping skills, develop resources they can draw on, and improve the social support available" (p. 54).

Gutfeld, Sangiorgio, and Rao (1993) report on a study involving 80 patients with insulin or non-insulin dependent diabetes. It was discovered that under periods of heavy stress, the glucose levels rose above the desired norm in those patients who had low social support. The glucose level of those who had high levels of social support did not rise to the same extent.

Social support has also been shown to have a positive effect on mental health and well-being. In considering the effects of social support on well-being, Vaux (1988) suggests that there is a good deal of evidence that

social support can have a direct and positive effect on well-being, both generally (where stressors remain unmeasured) and independently of life stressors. There also is convincing evidence that social support can buffer the effects of stressors. (p. 130)

Henderson (1992) analyzed 35 studies which dealt with social support and depression, and found consistency of findings even though the studies varied in their method. The hypothesis being researched was that supportive social relationships provide protection against depressive symptoms, depressive disorder, and anxiety. The conclusion reached was that "deficient social support increases the risk of developing depressive symptoms" (p. 87). After reviewing the literature on social support, Pearson (1986) reports a "consensus that social support is a key situational moderator or buffer to the effects of psychosocial stressors" (p. 391).

In his book Counseling and Social Support, Pearson (1990) attempts to provide guidelines and procedures which would aid counselors in their daily interactions with clients. He defines social support as a process which is basic to the development of humanness, and whose presence or absence greatly affects the development and maintenance of personal effectiveness. In conclusion, he describes social support as "a phenomenon central to human experience" (p. 222) which he believes can inform and guide various aspects of counseling.

There has also been research to test whether there is a difference between perceived and received support and which has greater effect on well-being. Cohen and Wills (1985) conclude that perceived support has a greater impact on well-being than received support because the support/well-being relationship is cognitively mediated.

Helgeson (1993) conducted a study with 64 patients and their spouses to test the effects of social support and adjustment to the first cardiac attack. Subjects were tested just before discharge from the hospital and 3 months after. The conclusion was that perceived support had a greater impact on adjustment than received support.

This relationship may also affect the seeking of support. Persons who are secure in their relationships tend to perceive significant others as providing high levels of support and they will seek support in times of need. This is in contrast to insecure persons who perceive low levels of available support from others and are less likely to seek support when they need it.

### **The Role of the Church as a Social Support**

In referring to religious institutions as support systems, Caplan (1974) describes them as being "the most widely available organized support systems in the

community and probably cater on a regular basis to more people than all others" (p. 25).

Ellison and George (1994) studied religious involvement and social support in a southeastern community of the United States. They report that frequent attenders at religious services had larger nonfamily networks. Religious congregations appear to bring together individuals who share similar social values. Church attenders also benefit from both tangible support such as money, goods, and services, as well as socioemotional support. They are more likely to perceive themselves as being cared for and valued, and belonging to a continuing network of communication and mutual obligation.

Much of the literature on the church as a social support appears to be concentrated on the Black churches—churches whose membership consists totally or almost completely of Black members, and which are administered by Black individuals. Historically, the Black church has played an important role in the lives of its members, both slaves and free, and has continued to be supportive and involved in providing assistance to these individuals. Black churches have also played a major role in, and are committed to, the political and social

advancement of Black Americans (Taylor & Chatters, 1991). The support that these churches offer has taken the form of tangible assistance such as food and clothing, as well as more informal support including promoting feelings of self-worth and self-esteem (Taylor, 1988).

Jones (1983) describes the Black college and the Black church as the two institutions that have been historically and are currently sources of social support in the Black community. But of the two, "the Black Church must be considered as a more predominant source of support" (p. 59). The church provides its members with both emotional and instrumental (problem-solving) support, providing a sense of caring and valuing as well as help with more tangible needs. "Thus the Black Church must be viewed as a multi-level provider of support" (pp. 61-62).

Eng, Hatch, and Callan (1985) also looked at the contributions of the Black church to its members and the community. They see the church as meeting not only the spiritual, but also the educational, physical, and social needs of its members and their families and friends. Because of this they believe that the Black church has provided social support in the most important sense of the term to members and the community.

Hatch (1991) compared the informal support patterns of older African-American and White women using a sample of women age 60 or older with at least one adult child. One of the hypotheses which she tested was: "Religious participation will be a stronger predictor of informal support patterns for older African-American women than for older White women" (p. 149). The results of the study show that religious participation, specifically attendance at religious social events, was significantly more important in predicting informal support patterns of older African-American women than older White women. As a result, the researcher concurred with Taylor (1988), who concluded that "the church may be a more integral component of the support of elderly Blacks than has been previously thought" (p. 275).

Ferraro and Koch (1994) also studied religion and health among Black and White Americans. Some of the findings were that the effect of social support on health appeared similar for both ethnic groups, but the link between religion and health is stronger for Blacks than Whites. Those who practice their religion appeared to reap more positive health benefits. Black adults in poor health are more likely than their White counterparts to

turn to religion for support in coping with their problems.

Walls and Zarit (1991) conducted a study to determine the relationship between social support from the church and the well-being of elderly Blacks. The findings showed that 40% of the individuals designated as important to the respondents were church members and were mostly nonfamily members. They also discovered that even though the elderly subjects perceive more support being provided by family than by church members, church support contributes to feelings of well-being. Those who perceive high support from their church and its members have higher well-being scores.

Sherrod (1995) also agrees that perceived high levels of social support from the church contribute to the mental health of Blacks in the church. Also, she concludes that "members who perceived high levels of social support showed greater participation in tithing, more frequent attendance at church services, and more active involvement in various ministries at the church and in the community" (p. 21).



### **Social Support and Women**

The role of women changed dramatically in the 20th century. Women entered the work force in greater numbers, and moved into previously male-dominated professions. They demanded more rights both in the workplace and in the home. However, attempts at balancing these different roles often produced stress. More attention must therefore be focused on the special needs of women and interventions which will aid them in coping successfully. Hobfoll (1986) believes that social support is very important in helping women cope with these special stressors which they experience from adolescence through old age.

Berk (1998) believes that

women's greater experience of poverty and participation in caregiving, including for chronically ill family members, expose them to higher levels of stress. . . . They may turn to religion for social support and for a larger vision of community that places life's challenges in perspective. (p. 594)

Aneshensel (1986) suggests that social support has an important effect on women's psychological well-being whether they are married and employed or not. She also argues that social support, role-strain, and depression interact with each other. Women who receive little support and esteem in their marriages and their jobs are

more likely to experience psychological strain than those who live and work in a supportive environment.

Hibbard and Pope (1992) studied the relation between employment, social support, and mortality in women. They suggest that social support at work is a factor in explaining the differences in health status in employed and unemployed women. This support appears to be health-protective and contributes to mortality risk differences in employed and unemployed women.

Davis-Sacks, Jayaratne, and Chess (1985) studied the effects of social support on the incidence of burnout. Their subjects were 62 female child-care workers in a state department of social services. All but one of the subjects were White. The results show that spousal support is very important to this group. Those women who feel they are supported by their husbands are less likely to feel burned out, anxious, or depressed.

Mookherjee's (1997) study also shows that marriage enhances the perception of well-being. Married women in this study scored significantly higher in well-being than did the single subjects. Marks (1986) suggests that social support should be enhanced across disadvantaged groups (including singles). Her reason is that in her

research she observed that, overall, single women at midlife fared more poorly on measures of well-being.

Turner (1994) discovered that even though women are more prone to bouts of depression than men, they also experience more frequent network contact and social involvement and perceived themselves as receiving more social support to help them in dealing with stress.

In studying the effect of social support and self-esteem on the well-being of women, Pugliesi (1989) reports that social support affects well-being indirectly because it has a positive effect on self-esteem, and the combination of self-esteem and social support has a direct and positive impact on well-being.

### **Women in the Seventh-day Adventist Church**

The literature on the role of women in the Seventh-day Adventist Church is concerned to a great degree with interpretations of the biblical view of women. This is at least partially caused by the ongoing controversy over the ordination of female pastors to the gospel ministry. This section will present some of these interpretations of what the Bible teaches on the role of women, showing both support and the lack of it for women who aspire to the ministry. The chapter will also show

the trends of female leadership in the Seventh-day Adventist Church. Perspectives of various women in the church will also be addressed. These writers are all Seventh-day Adventists.

Bacchiocchi (1987) contends that even though women have a role to play in the work of the church, it cannot be one that is equal to the role of men. He cites as some of the reasons for this belief the order of creation, the order of redemption, and the principle of headship and subordination as found, according to his interpretation, in the writings of the Apostle Paul. He believes that even though there was equality in being between the first man and woman in Eden, there was subordination in function. He sees their roles as being different yet complementary. This leads to the formulation of the principle that

in Scripture men and women are equal before God by virtue of creation and redemption. Yet God assigned both distinctive and complementary roles to men and women in their relation to each other. These roles are not nullified, but clarified by Christ's redemption and thus they should be reflected in the church. (p. 104)

Koranteng-Pipim (1995) also agrees that according to biblical teaching only men are eligible to fill the roles of leadership in the church. He maintains that women have a place to work in partnership with ordained

men in various levels of the organization, but their position should not be one of leadership.

Rosado (1990) disagrees with this view. He argues that this belief and practice of male dominance is not in harmony with Christ's teachings. He believes that it is time women's talents were recognized and utilized in all aspects of the work of the church.

Neall (1992) also examines the accounts of creation and Paul's writings as did Bacchiocchi. However, her interpretation and conclusions were different from his. Her interpretation of "headship" in Paul's writings is that its purpose "is always to enable, to empower, to exalt" (p. 36). As a response to this she believes that women should strive to develop every talent so they can fulfill their roles and dedicate their lives full-time to the spreading of the gospel.

Dasher (1992) traces the decline in women's leadership in the church during the period 1915-1970. At the time when women in America were gaining more leadership roles in society, women in the church were being convinced that it was in the best interest of the church for them to relinquish to men the roles they previously held. She cites an example from the field of

education, which has been traditionally an area of service for Seventh-day Adventist women. In 1920 the leadership of the education department in 57% of the conferences in North America was held by women. This figure declined to 23% in 1930, 5% in 1940, "and by 1950 there were no women in administrative leadership in education departments in any conference in North America" (p. 77). These changes were also evident in other leadership positions including the Sabbath School department, and the position of secretary-treasurer in the local conferences. However, women continued to uphold and support the local churches both financially and by their personal efforts in paid and volunteer positions.

Perez-Greek (1992) identifies some of the changes which have been made in the decades between 1971 and 1992. The establishment in 1983 of the North American Division Women's Commission has served to heighten awareness of women's needs. Other official groups have been formed in the church which also represent women's concerns. There have also been some changes in the position of women in leadership roles since 1971. She quotes statistics which show that in 1991 there were 131 women in administrative positions at the General Conference, division, union, and

local conference levels compared with 17 in 1970. How far these changes will go and in what direction will be shown by

changes not only in leadership decisions that involve women's concerns, contributions, gifts, and talents, but also by the thinking and attitudes on the part of the general church membership as they relate to women's matters. (p. 98)

Daily (1985) examines the role of Adventist women in 19th-century America. He finds it ironic that Adventists claim a woman as an authority figure, yet women are given no significant representation in the major decision-making bodies of church government. He argues that in so doing, three-fifths of the resource persons available in the church are not allowed to fully develop their potential or utilize their gifts.

Other writers have looked at the views of women in the church and ways that their needs can be met. In a survey of African-American women, Bliss and Lewis (1995) found a reluctance on the part of these women to express strong disapproval of the hiring practices of the church. However, their examination of the data suggested silent disapproval of these practices. The respondents also seemed unsure about male support of female leadership, but they gave overwhelming support to the ordination of women.

In their discussion of the views of African-American women on the role of women in the church the authors conclude: "The skills and abilities of women from all ethnic groups should be fully utilized to assist in fulfilling the global mission of spreading the Christian gospel to all the world" (p. 181).

Morales-Gudmundsson and Rosado (1995) looked at the Latino culture and the traits of machismo/marianismo, the sole and exclusive dominance of the male and the passive role of the female. They compared this with male/female relations in Adventism. They believe that because of the low sex ratio in the church (women make up over 60% of the membership) women are valued more for their maintenance role in sustaining the status quo. They see this as a reflection of society at large, but point out that corrective measures are being applied more aggressively outside the church than within. The authors call for a change as a new century approaches, and appeal for a more inclusive paradigm which will affirm women and give them the freedoms and responsibilities to which they are entitled.

Harris (1992) addresses the need for women to help other women. In describing the women she worked with in



various women's organizations, she depicts many of them as hurting, lonely, and struggling with feelings of low self-esteem. She observed that there is a need for support and encouragement, and a church which cares for them and will respond to their needs. One of the solutions would be the formation of a network of caring which would offer women support, training for leadership, and opportunities for growth and exposure.

Many Seventh-day Adventist churches now have a Women's Ministries Department. When asked why there was a need for a separate ministry for women, Perez-Greek (1995) responded that it evolved out of the needs women in the church had which were not being met. Snyman (1997) discusses women's ministries in the Lake Union Conference, of which the churches surveyed are a part. He sees this ministry as a place where the spiritual, emotional, physical, and social needs of women can be addressed. He also sees it as a place where the church can reach women through prayer, support, and nurturing.

### **Summary**

A review of the literature shows that social support has become a very important and widely researched topic in recent years. There is evidence that social

support can contribute to an individual's health and well-being. Even though the relationship is not always understood, there are studies which show that physical and mental health can be affected positively or negatively by the presence or absence of a support network.

There is also evidence that women may need to be provided with support in their work and other areas both inside and outside the home. Women are usually the ones who give nurturance in the home, and they also appear to suffer more from depression than men. This means that they need to have a support system which will help them deal with their problems and stressors.

The church is regarded as an organization which can provide support for its members. Specifically the Black church has been cited as being active in the provision of social support.

Much of the literature on the Seventh-day Adventist Church and women centers on the issue of the place of women in the church, and whether they should be ordained to the gospel ministry. Some writers feel that women have needs which ought to be met. The Women's Ministries Department is an attempt to help women address and meet these needs.

## CHAPTER III

### METHODOLOGY

The purpose of this study was to determine the perceptions of the church as a social support for women, using a representative sample of female church members from selected Seventh-day Adventist churches located in southwest Michigan.

#### **Research Design**

This was an ex-post-facto study to assess the perceptions of female Seventh-day Adventist church members regarding the church as a social support for women. The research involved subjects' answering a self-administered questionnaire, the Social Provision Scale, designed to measure perceptions of social support. Perceptions were compared across ethnic, age, and marital groups.

**Sample**

The subjects used for this study were drawn from the population of female members of selected Seventh-day Adventist churches. The churches were selected from those in the Michigan and Lake Region Conferences, and were limited to churches located in southwest Michigan. The criterion used in the selection was that the churches could be classified as either (1) Black, in which the membership and administration were solely or predominantly Black, or (2) White with a predominantly White membership and administration. Because of this, churches in the area with other ethnic memberships were not considered for this study, neither were those whose membership and/or administration define themselves as multiethnic.

The pastors were approached and asked for a list of their members so that the instrument could be mailed to the female members of their churches. Some pastors were willing to comply with this request, but others declined because it was against their policy to share this information. All of the pastors were then asked if they would allow the questionnaires to be distributed in their churches. In order to avoid any differences in the

way the survey was conducted, the churches used in the study were those whose pastors agreed to allow the questionnaires to be distributed in their church. The mailing lists were not used.

In each church, all female members over the age of 20 who were present when the surveys were distributed were eligible for inclusion in the study, in order to discover the perceptions of women in the young, middle, and late adulthood stages of development.

### **Instrumentation**

Respondents were asked to fill out a short demographic survey. The purpose of this was to ascertain the conference in which their church is located, the ethnic makeup of the church, and the person's ethnicity. Also included were questions on marital status (married or single) and adult age range (young, 20-39, middle, 40-64, or older, 65+).

The main instrument used for this study to measure social support was the Social Provision Scale (SPS) developed by Russell and Cutrona (1984). This instrument is a self-report survey consisting of six provisions of 4 items each making a total of 24 items. Responses are given on a 4-point Likert scale ranging

from (1) strongly disagree to (4) strongly agree (see Appendix A for a copy).

The instrument is based on Weiss's (1974) description of the provision of social relationships. Weiss believed that there are six different social functions or provisions which are obtained from relationships with others and which are necessary for the individual to feel supported, though the provisions may not all be crucial at the same time.

The six provisions which the scale measures are: (1) attachment, a sense of emotional closeness and security; (2) guidance, which involves giving advice and information; (3) nurturance, where the individual feels a sense of responsibility for the well-being of others; (4) reliable alliance, the assurance that others can be counted on for tangible assistance; (5) social integration, or a sense of belonging to a group of people who share common interests and recreational activities; and (6) reassurance of worth, which is a feeling that one's competence and skill are acknowledged by others.

The original version consisted of 12 statements. Each provision was measured by 2 statements, 1 negatively and 1 positively worded. Analyses were conducted to

evaluate the relationship between each of the social provisions and measures of interpersonal relationships. The results of these analyses supported the validity of the Social Provision Scale.

These original items were regarded as too few to establish reliability of the instrument. Therefore, 12 new items were added. Each provision is now assessed by 2 negatively and 2 positively worded statements. Analyses were then conducted using a sample of 1,792 individuals. The results of these analyses, according to Cutrona and Russell (1987), show that "the reliabilities of the individual social provision subscales are adequate for use of the instrument in research contexts, with coefficient alphas ranging from .653 to .760" (pp. 45-46).

In the original instrument, respondents were asked to think about current relationships with friends, family members, coworkers, and community members as they answered the questions, and to give their perceptions of the support they perceived themselves as receiving from these individuals. For the purpose of this study, subjects were asked to answer the questions as they relate to

their relationship with their church and other church members. Their responses to each item would provide a measure of their relationship in the church and the social support which they perceived as being provided.

For statistical purposes, the scores for the two negatively worded items in each subscale were reversed and added to the scores of the positive items. This gave a score of 16 for each of the six subscales.

The questions for each of the six subscales are shown in Table 1.

### **Survey Administration**

The survey was administered to female members of selected Seventh-day Adventist churches located in southwest Michigan. To ensure complete anonymity and confidentiality of the subjects who consented to participate in the study, the identity of the churches involved is not disclosed.

Permission to have the survey distributed in their churches was requested and granted by the pastors. A copy of the questionnaire was made available to the pastors to acquaint them with its content. After approval was received, a number of envelopes were sent to each church



corresponding to the estimated number of women who were members of that church. Each envelope contained the Social Provision Scale, the demographic survey, a stamped and addressed return envelope, and a letter explaining to the subjects the purpose of the survey and assuring them of anonymity and confidentiality.

TABLE 1  
SUBSCALES OF THE SOCIAL PROVISION SCALE

Statement	Requires Reverse Scoring
<b>Attachment</b>	
I feel that I do not have close personal relationships with other people	✓
I have close relationships that provide me with a sense of emotional security and well being	
I feel a strong emotional bond with at least one other person.	
I lack a feeling of intimacy with another person.	✓
<b>Guidance</b>	
There is no one I can turn to for guidance in times of stress.	✓
There is someone I could talk to about important decisions in my life.	
There is a trustworthy person I could turn to for advice if I were having problems.	
There is no one I feel comfortable talking about problems with.	✓

Statement	Requires Reverse Scoring
<b>Nurturance</b>	
There are people who depend on me for help.	
I feel personally responsible for the well-being of another person.	
There is no one who really relies on me for their well-being.	✓
No one needs me to care for them.	✓
<b>Reliable Alliance</b>	
There are people I can depend on to help me if I really need it.	
If something went wrong, no one would come to my assistance.	✓
There is no one I can depend on for aid if I really need it.	✓
There are people I can count on in an emergency.	
<b>Social integration</b>	
There are people who enjoy the same social activities I do.	
I feel part of a group of people who share my attitudes and beliefs.	
There is no one who shares my interests and concerns.	✓
There is no one who likes to do the things I do.	✓
<b>Reassurance of worth</b>	
Other people do not view me as competent.	✓
I do not think other people respect my skills and abilities.	✓
I have relationships where my competence and skill are recognized.	
There are people who admire my talents and abilities.	

The decision on the method of distribution of the envelopes was left to the individual pastors. Subjects

were asked to complete the survey and return it in the envelope provided.

### **Hypotheses and Statistical Analysis**

This study tested the following null hypotheses:

Hypothesis 1: Among female Seventh-day Adventist church members there is no significant difference, between ethnic groups, in their perceptions of the church as a provider of social support as measured by the Social Provision Scale.

Hypothesis 2. Between married and single female Seventh-day Adventist church members there is no significant difference in their perceptions of the church as a provider of social support as measured by the Social Provision Scale.

Hypothesis 3. Among female Seventh-day Adventist church members, there is no significant difference, among those indifferent age groups, in their perceptions of the church as a provider of social support as measured by the Social Provision Scale.

Hypothesis 4. There is no significant interaction between ethnic group and marital status with

respect to scores on social support as measured by the Social Provision Scale.

Hypothesis 5. There is no significant interaction between ethnic group and age group with respect to scores on social support as measured by the Social Provision Scale.

Hypothesis 6. There is no significant interaction between marital status and age group with respect to scores on social support as measured by the Social Provision Scale.

Hypothesis 7. There is no significant three-way interaction between ethnic group, marital status, and age group with respect to scores on social support as measured by the Social Provision Scale.

Each of these hypotheses leads to six sub-hypotheses, since there are six provisions included in the instrument. The hypotheses were tested on each of these six social provisions—attachment (hypothesis 1a to 7a); guidance (1b to 7b); nurture (1c to 7c); reliable alliance (1d to 7d); social integration (1e to 7e); and worth (1f to 7f).

Each of the six sets of hypotheses (a to f) were tested by three-way ANOVA for which the six hypotheses

are appropriate. In each case, the interaction hypotheses tests must be noted first.

A significant three-way interaction of hypotheses (a to f) requires that all two-way analyses be run. Even when an interaction is not statistically significant, there may be at times sufficient interaction evident in the table of means to indicate possible masking of a main effect.

Therefore, in all cases, all possible two-way analyses were undertaken to study the possible presence of main effects or interaction. Similarly, if any two-way analysis suggested the presence of interaction (though not statistically significant), the one-way simple effects were run.

All hypotheses were tested at the alpha level of .05.

Whenever there was significant difference among the age groups, a Scheffé test was used because the group sizes are rather unequal. Because the Scheffé test is overly conservative, the .10 level of significance was used as recommended by Ferguson (1976, p. 297).

### **Summary**

This chapter summarized the methodology used in this research project.

The selection of the subjects was discussed including criteria for the selection of the churches used. A description of the questionnaire, the Social Provision Scale, is given, including its development and tests of validity and reliability. The breakdown of the six subscales is also outlined.

The chapter also included the method of survey administration which gives the manner of delivery and return procedure of the instrument.

The seven hypotheses which were developed to test the perceptions of the subjects were stated as well as the statistical methods used in analyzing them.

## CHAPTER IV

### ANALYSIS OF DATA

#### **Introduction**

The purpose of this study was to investigate, through the use of the Social Provision Scale, the perceptions of a sample of female Seventh-day Adventist church members regarding their church as a social support for women. This chapter presents the results of the survey and the statistical analyses of these results, including the relationship of age, ethnicity, and marital status to the subjects' perceptions of social support.

The Social Provision Scale is a self-report survey designed to measure six areas of social support: guidance, reassurance of worth, social integration, attachment, nurturance, and reliable alliance. Each of these areas was analyzed separately. Demographic variables of age (young, middle, and older adult), marital status (married and single), and ethnicity (Black

and White) were the independent variables used in the analysis of the data.

### **General Characteristics of the Study Population**

The subjects for this study were a sample of female members of Seventh-day Adventist churches. All of the subjects were members of churches located in southwest Michigan. The churches represented the Lake Region and the Michigan Conferences of Seventh-day Adventists. All female members over the age of 20 were given the opportunity to participate. A total of 147 questionnaires were returned, all of which were used in the analysis of the data. Of these respondents, 48 (33%) were Black and 99 (67%) were White. Tables 2 and 3 present the demographic characteristics of the subjects.

TABLE 2

#### AGES

	20-39	40-64	65+	Total
Black	21 (44%)	21 (44%)	6 (12%)	48
White	42 (42%)	38 (38%)	19 (19%)	99
Total	63 (43%)	59 (40%)	25 (17%)	147



TABLE 3

## MARITAL STATUS

	Married	Single	Total
Black	25 (52%)	23 (48%)	48
White	85 (86%)	14 (14%)	99
Total	110 (75%)	37 (25%)	147

Of the Black subjects, there were 21 (44%) young adults (ages 20-39), 21 (44%) in the middle adult group (ages 40-64), and 6 (12%) older adults (over 65 years old). In the White sample there were 42 (42%) young adults, 38 (38%) in the middle adult group, and 19 (19%) older adults. Of the total number there were 63 (43%) young adults, 59 (40%) of middle adult age, and 25 (17%) older adults.

One hundred ten (75%) of the subjects were married and 37 (25%) were single. Twenty-five (52%) of the Black women were married and 23 (48%) were single. Of the White women, 85 (86%) were married and 14 (14%) were single.

Thus, with respect to age, the percentages for Black and White subgroups were very similar. In both of these groups the older population was less than half the

size of either of the other two. With respect to marital status, however, a considerably higher proportion of the White subsample was married.

### **Descriptive Results of Survey**

A frequency distribution was run on the scores for each of the six subscales and the means, the median score at which half the scores fall above and half below it, and the mode or most frequently occurring scores were obtained. Table 4 shows the results of this analysis. Each of the six subscales contained four statements with scores ranging from 1-4. Two of the statements were positive and two were negative. The scores for the negative statements were reversed and added to the scores for the positive statements to obtain a score for each subscale, giving a maximum possible score of 16 for each subscale. Almost the whole possible range was covered by scores in each scale.

From Table 4 it can be observed that the actual mean score for each subscale was relatively high, ranging from 12.184 in the area of nurturance to 13.667 in the area of reliable alliance. The means for social integration, reassurance of worth, and guidance were

TABLE 4

DESCRIPTIVE ANALYSIS OF SCORES

Subscales	Possible Range	Actual Range	Mean	<u>SD</u>	Median	Mode	Reliability Coefficient
Guidance	4-16	4-16	13.041	2.818	13	16	.8309
Reassurance of worth	4-16	5-16	13.068	2.311	13	14	.7789
Social integration	4-16	5-16	13.374	2.280	14	16	.7202
Attachment	4-16	4-16	12.190	2.997	13	12	.8016
Nurturance	4-16	7-16	12.184	2.359	12	10	.6796
Reliable alliance	4-16	6-16	13.667	2.428	14	16	.8096

13.374, 13.068, and 13.041 respectively. The next to the lowest mean was 12.190 in the area of attachment. With a possible score of 16, the median scores were also high, with a range of 12-14. Two areas shared the highest median score of 14. They were social integration and reliable alliance. The lowest score of 12 was again in the area of nurturance. Guidance, reassurance of worth, and attachment all had median scores of 13.

The mode or most frequently occurring score was 16 (which was also the highest possible score) for three of the subscales—guidance, social integration, and reliable alliance. In the area of nurturance all of the scores were somewhat lower. The mode for this subscale was 10.

The frequency distribution (see Appendix B) showed that 31 (21.09%) of the subjects strongly agreed that their church provided social support in the area of social integration—the perception of belonging to a group which shares common interests and recreational activities.

Perceptions of the church as a support in the area of guidance or the giving of advice and information

met with strong agreement from 41 (27.89%) of the subjects.

A slightly larger percentage, 52 (35.37%) of the subjects, strongly agreed that their church provided social support in the areas of reliable alliance, the assurance that others could be counted on for tangible assistance.

Only 12 (8.16%) of the subjects expressed strong agreement in their perceptions of the church as a provider of social support in the area of nurturance, which is a sense of responsibility for the well-being of others.

From these scores it would appear that the majority of the subjects were at least somewhat satisfied with their church as a provider of social support. The most disagreement with the statements was in the area of nurturance. This was the only area where over 30% of the women's scores fell on the lower end of the scale.

### **Results of Hypothesis Testing**

For each of the six subtests (a to f) hypotheses were tested by three-way ANOVA. These are stated for each subtest separately. As explained above, interactions were first studied, and two-way and one-way

analyses were undertaken if interaction was statistically significant, or discernible in the table of means even though not statistically significant. All hypotheses were tested at  $\alpha = .05$ .

### **Attachment (Hypotheses 1a to 7a)**

Hypothesis 1a. Among female Seventh-day Adventist church members there is no significant difference, between ethnic groups, in their perceptions of the church as a provider of attachment as measured by the Social Provision Scale.

Hypothesis 2a. Between married and single female Seventh-day Adventist church members there is no significant difference in their perceptions of the church as a provider of attachment as measured by the Social Provision Scale.

Hypothesis 3a. Among female Seventh-day Adventist church members, there is no significant difference, among those in different age groups, in their perceptions of the church as a provider of attachment as measured by the Social Provision Scale.

Hypothesis 4a. There is no significant interaction between ethnic group and marital status with

respect to scores on attachment as measured by the Social Provision Scale.

Hypothesis 5a. There is no significant interaction between ethnic group and age group with respect to scores on attachment as measured by the Social Provision Scale.

Hypothesis 6a. There is no significant interaction between marital status and age group with respect to scores on attachment as measured by the Social Provision Scale.

Hypothesis 7a. There is no significant three-way interaction between ethnic group, marital status, and age group with respect to scores on attachment as measured by the Social Provision Scale.

Table 5 gives the results of the three-way ANOVA, and indicates that the three-way interaction is significant. Therefore, the significance of the main effects is ignored at this stage because interaction masks the main effects. All seven possible two-way analyses must be undertaken.

## THREE-WAY ANOVA-ATTACHMENT

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	68.635	2	34.317	4.411	.014*
	MARITAL	57.802	1	57.802	7.429	.007*
	ETHNIC	101.415	1	101.415	13.035	.000*
two-way Interaction	AGE x MARITAL x	4.064	2	2.032	.261	.771
	AGE x ETHNIC	12.020	2	6.010	.772	.464
	MARITAL x ETHNIC	2.478	1	2.478	.318	.573
	AGE x MARITAL x ETHNIC	92.845	2	46.422	5.967	.003*
Error		1050.349	135	7.780		
Total		1320.667	146	9.046		

\*Significant at the .05 level.

### 1. Age by marital status for Black

Table 6 gives the cell means for the ANOVA test. Table 7 gives the results of the ANOVA test. Table 7 indicates no significant interaction or main effect. The fact that the interaction effect is close to significance, and Table 6 indicates possible presence of interaction, led me to undertake the one-way simple effects analyses. These, however, did not produce significant results.



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TABLE 6

MEANS-AGE BY MARITAL STATUS FOR BLACKS-ATTACHMENT

	Married	Single	Total
Young	13.00	13.67	13.38
Middle	13.60	10.50	12.71
Older	15.00	12.60	13.00
Total	14.44	12.61	13.04

TABLE 7

TWO-WAY ANOVA-AGE BY MARITAL STATUS FOR BLACKS-ATTACHMENT

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	10.101	2	5.050	.873	.425
	MARITAL	13.700	1	13.700	2.368	.131
two-way Interaction	AGE x MARITAL	34.571	2	17.286	2.988	.061
Error		242.967	42	5.785		
Total		295.917	47	6.296		

2. Age by marital status for White

Table 8 gives the cell means for the ANOVA test. Table 9 gives the results of the ANOVA test. As the interaction effect is significant, all the one-way simple effects analyses must be undertaken. The results of these analyses are given in Table 10.

TABLE 8

## MEANS-AGE BY MARITAL STATUS FOR WHITES-ATTACHMENT

	Married	Single	Total
Young	12.38	8.50	11.64
Middle	11.03	12.00	11.13
Older	13.35	13.50	13.37
Total	12.04	10.21	11.78

TABLE 9

## TWO-WAY ANOVA-AGE BY MARITAL STATUS FOR WHITES-ATTACHMENT

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	63.531	2	31.765	3.659	.030*
	MARITAL	38.686	1	38.686	4.456	.037*
two-way Interaction	AGE x MARITAL	62.338	2	31.169	3.590	.031*
Error		807.382	93	8.682		
Total		973.111	98	9.930		

\*Significant at the .05 level

Of the five simple effects tests, two are significant. For the married White women, there is a significant age effect. Because the group sizes are rather unequal, the Scheffé test was used to compare all possible pairs of means. Because this test is overly conservative, the .10 level of significance was used for the test as recommended by Ferguson (1976, p. 297).

Table 11 gives the results of the Scheffé test for the White married women.

TABLE 10

## ONE-WAY ANOVA-AGE BY MARITAL STATUS FOR WHITES-ATTACHMENT

Effect	df	F	P
Age for Married	2,82	3.836	.026*
Age for Single	2,11	3.953	.051
Marital for Young	1,40	10.439	.002*
Marital for Mid-adult	1,36	0.371	.546
Marital for Older	1,17	0.006	.938

\*Significant at the .05 level

TABLE 11

## SCHEFFÉ TEST-WHITE MARRIED WOMEN-ATTACHMENT

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	±1.58	1.35
Young-Older	±1.93	-0.97
Mid-Adult-Older	±1.93	-2.32*

\*Significant at the .10 level.

The Scheffé test indicated that, among these women, the older group has a significantly higher mean attachment score than the mid-adult group. That is, among White married women, the older ones perceived a greater

sense of emotional closeness to the church than did the women in the middle adult group. Also, among the young White women, the married ones perceived a greater sense of emotional closeness to the church than did the single women.

### 3. Age by ethnic for married

Table 12 gives the cell means for the ANOVA test. Table 13 gives the results of the ANOVA test. Table 13 indicates no significant interaction. Both main effects were significant. For married women there is a significant age effect and a significant ethnic effect. The Black married women perceived a greater sense of emotional attachment to their church than did the White married women. A Scheffé test was run to compare the means for the ages. The results are shown in Table 14.

TABLE 12

#### MEANS-AGE BY ETHNIC FOR MARRIED-ATTACHMENT

	Black	White	Total
Young	13.00	12.38	12.51
Middle	13.60	11.03	11.82
Older	15.00	13.35	13.44
Total	13.44	12.04	12.35

TABLE 13

## TWO-WAY ANOVA-AGE BY ETHNIC FOR MARRIED-ATTACHMENT

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	56.437	2	28.218	3.559	.032*
	ETHNIC	57.918	1	57.918	7.306	.008*
two-way Interaction	AGE x ETHNIC	16.135	2	8.068	1.018	.365
Error		824.482	104	7.928		
Total		935.173	109	8.580		

\*Significant at the .05 level.

TABLE 14

## SCHEFFÉ TEST-MARRIED WOMEN-ATTACHMENT

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	±1.28	0.69
Young-Older	±1.72	-0.93
Mid-Adult-Older	±1.69	-1.62

Even with  $\alpha = .10$ , the conservative Scheffé test fails to indicate any significant contrast. However, with a significant F for the ANOVA, it is safe to conclude that the older married women scored higher than the mid-age married women.

## 3. Age by ethnic for single

Table 15 gives the cell means for the ANOVA test. Table 16 gives the results of the ANOVA test, and indicates a significant two-way interaction. Therefore, all the one-way simple effects analyses were undertaken. The results are given in Table 17.

Table 17 indicates a significant ethnic effect for the young single women. The young single Black women had a significantly higher attachment score, a greater sense of emotional closeness to the church than did the young White single women.

TABLE 15

## MEANS-AGE BY ETHNIC FOR SINGLE-ATTACHMENT

	Black	White	Total
Young	13.67	8.50	11.60
Middle	10.50	12.00	11.10
Older	12.60	13.50	12.86
Total	12.61	10.21	11.70

TABLE 16

## TWO-WAY ANOVA-AGE BY ETHNIC FOR SINGLE-ATTACHMENT

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects					
AGE	9.239	2	4.620	.634	.537
ETHNIC	45.961	1	45.961	5.308	.017*
two-way Interaction					
AGE x ETHNIC	88.729	2	44.365	6.089	.006*
Error	225.867	31	7.286		
Total	373.730	36	10.381		

\*Significant at the .05 level.

TABLE 17

## ONE-WAY ANOVA-AGE BY ETHNIC FOR SINGLE-ATTACHMENT

Effect	df	F	P
Age for Black	2,20	2.759	.087
Age for White	2,11	3.953	.051
Ethnic for Young	1,18	21.225	.000*
Ethnic for Mid-adult	1,8	.417	.536
Ethnic for Older	1,5	.442	.544

\*Significant at the .05 level.

#### 5. Ethnic by marital status for young

Table 18 gives the cell means for the ANOVA test. Table 19 gives the results of the ANOVA test. It indicates a significant two-way interaction. All possible one-way simple effects analyses were undertaken. The results are given in Table 20.

TABLE 18

MEANS-ETHNIC BY MARITAL STATUS FOR YOUNG-ATTACHMENT

	Married	Single	Total
Black	13.00	13.67	13.38
White	12.38	8.50	11.64
Total	12.51	11.60	12.22

TABLE 19

TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR  
YOUNG-ATTACHMENT

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects ETHNIC	71.530	1	71.530	9.322	.003*
MARITAL	40.581	1	40.581	5.289	.025*
two-way Interaction ETHNIC x MARITAL	59.318	1	59.318	7.731	.007*
Error	452.696	59	7.673		
Total	594.889	62	9.595		

\*Significant at the .05 level.

TABLE 20

ONE-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR  
YOUNG-ATTACHMENT

Effect	df	F	P
Ethnic for Married	1,41	.324	.573
Ethnic for Single	1,18	21.225	.000*
Marital for Black	1,19	.552	.467
Marital for White	1,40	10.439	.002*

\*Significant at the .05 level.



Of the four simple-effects analyses, two were significant. There was a significant ethnic effect for the young single women. The young, Black single women had significantly higher mean attachment scores than the young, White single women. The young, White married women had a greater feeling of emotional support than did the young, White single women.

6. Ethnic by marital status  
for mid-adult

Table 21 gives the cell means for the ANOVA test.

Table 22 gives the results of the ANOVA test.

TABLE 21

MEANS-ETHNIC BY MARITAL STATUS FOR MID-ADULT-ATTACHMENT

	Married	Single	Total
Black	13.60	10.50	12.71
White	11.03	12.00	11.13
Total	11.82	11.10	11.69

As Table 22 indicates, there was no significant two-way interaction. However, there was a significant ethnic main effect. The Black mid-adult women had significantly higher mean scores in the area of attachment than did the White mid-adult women. Black women in the

middle adult age range perceived more emotional support from their church than the other middle adult women.

TABLE 22

TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR MID-ADULT-  
-ATTACHMENT

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	ETHNIC	41.861	1	41.861	4.816	.032*
	MARITAL	12.242	1	12.242	1.408	.240
two-way Interaction	ETHNIC	32.316	1	32.316	3.718	.059
x	MARITAL	478.071	55	8.692		
Error		556.508	58	9.595		
Total						

\*=Significant at the .05 level

While the main effect for ethnic is significant, the effect is very different for married and single mid-adults. Also, the interaction effect is close to being significant. Therefore, I ran the four one-way ANOVAs, with results as shown in Table 23.

For the married mid-adults, the mean for the Black women is significantly higher than for the White women. There is no significant difference for the single mid-adults. Also, for the Black mid-adults, the married mean is significantly higher than for the single women in that

age range. There is no significant difference between the White married and the White single women.

TABLE 23  
ONE-WAY ANOVAS FOR MID-ADULTS-ATTACHMENT

Effect	F	p
Black v. White for Married	8.630	.005*
Black v. White for Single	0.417	.536
Married v. Single for Black	5.179	.035*
Married v. Single for White	0.371	.546

\*Significant at .05 level.

#### 7. Ethnic by marital status for older

Table 24 gives the cell means for the ANOVA test. Table 25 gives the results of the ANOVA test. As this table indicates no significant two-way interactions nor main effects, no further analyses were undertaken.

TABLE 24  
MEANS-ETHNIC BY MARITAL STATUS FOR OLDER-ATTACHMENT

	Married	Single	Total
Black	15.00	12.60	13.00
White	13.35	13.50	13.37
Total	13.44	12.86	13.28

TABLE 25

TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR  
OLDER-ATTACHMENT

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	ETHNIC	.031	1	.031	.005	.942
	MARITAL	1.150	1	1.150	.202	.658
Two-way Interaction	ETHNIC x MARITAL	3.689	1	3.689	.648	.430
Error		119.582	21	5.694		
Total		125.040	24	5.210		

**Guidance (Hypotheses 1b to 7b)**

Hypothesis 1b. Among female Seventh-day Adventist church members there is no significant difference, between ethnic groups, in their perceptions of the church as a provider of guidance as measured by the Social Provision Scale.

Hypothesis 2b. Between married and single female Seventh-day Adventist church members there is no significant difference in their perceptions of the church as a provider of guidance as measured by the Social Provision Scale.

Hypothesis 3b. Among female Seventh-day Adventist church members, there is no significant difference, among those in different age groups, in their perceptions of the

church as a provider of guidance as measured by the Social Provision Scale.

Hypothesis 4b. There is no significant interaction between ethnic group and marital status with respect to scores on guidance as measured by the Social Provision Scale.

Hypothesis 5b. There is no significant interaction between ethnic group and age group with respect to scores on guidance as measured by the Social Provision Scale.

Hypothesis 6b. There is no significant interaction between marital status and age group with respect to scores on guidance as measured by the Social Provision Scale.

Hypothesis 7b. There is no significant three-way interaction between ethnic group, marital status, and age group with respect to scores on guidance as measured by the Social Provision Scale.

Table 26 gives results of the three-way ANOVA test.

The table indicates that the three-way interaction is significant. Therefore, the significance of the main

effects is ignored at this stage. All 7 possible two-way analyses must be undertaken.

1. Age by marital status for Black

TABLE 26  
THREE-WAY ANOVA-GUIDANCE

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	73.344	2	36.672	5.320	.006*
	ETHNIC	89.316	1	89.316	12.956	.000*
	MARITAL	28.004	1	28.004	4.062	.046*
Two-way Interaction	AGE x ETHNIC	18.822	2	9.411	1.365	.253
	AGE x MARITAL	19.214	2	9.607	1.394	.252
	ETHNIC x MARITAL	4.023	1	4.023	.584	.446
	AGE x ETHNIC x MARITAL	62.027	2	31.013	4.499	.013*
	ETHNIC x MARITAL					
Error		930.648	135	6.894		
Total		1167.755	146	7.998		

\*significant at the .05 level.

Table 27 gives the cell means for the ANOVA test. Table 28 gives the results of the two-way ANOVA test and indicates no significant two-way interaction nor main effects. No further analyses were undertaken.

TABLE 27

## MEANS-AGE BY MARITAL STATUS FOR BLACKS-GUIDANCE

	Married	Single	Total
Young	14.00	14.33	14.19
Middle	14.07	12.17	13.52
Older	14.00	14.40	14.33
Total	14.04	13.78	13.92

TABLE 28

## TWO-WAY ANOVA-AGE BY MARITAL STATUS FOR BLACKS-GUIDANCE

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	8.684	2	4.342	.862	.430
	MARITAL	3.620	1	3.620	.718	.401
Two-way Interaction	AGE	12.556	2	6.278	1.246	.298
	MARITAL					
Error		211.633	42	5.039		
Total		233.667	47	4.972		

## 2. Age by marital status for White

Table 29 gives the cell means for the ANOVA test.

Table 30 gives results of the two-way ANOVA test.

Table 30 shows a significant two-way interaction.

All one-way simple effects analyses were conducted.

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TABLE 29

MEANS-AGE BY MARITAL STATUS FOR WHITES-GUIDANCE

	Married	Single	Total
Young	13.12	9.50	12.43
Middle	11.85	13.25	12.00
Older	14.18	15.00	14.26
Total	12.82	11.36	12.62

TABLE 30

TWO-WAY ANOVA-AGE BY MARITAL STATUS FOR WHITES-GUIDANCE

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects AGE	65.867	2	32.934	4.260	.017*
MARITAL	24.270	1	24.270	3.139	.080
Two-way Interaction AGE x MARITAL	68.685	2	34.343	4.442	.014*
Error	719.015	93	7.731		
Total	879.414	98	8.974		

\*Significant at the .05 level.

The results of the one-way ANOVA are shown in Table 31.

Of the five simple effects tests, three were significant. For the married White subjects there was a significant age effect. A Scheffé test was conducted to compare the means. The results are shown in Table 32.



TABLE 31

ONE-WAY ANOVA-AGE BY MARITAL STATUS FOR WHITES-GUIDANCE

Effect	df	F	P
Age for Married	2,82	4.286	.017*
Age for Single	2,11	4.341	.041*
Marital for Young	1,40	11.874	.001*
Marital for Mid-adult	1,36	0.627	.434
Marital for Older	1,17	0.635	.436

\*Significant at the .05 level.

TABLE 32

SCHEFFE TEST-AGE FOR WHITE MARRIED-GUIDANCE

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	±1.47	1.26
Young-Older	±1.80	-1.06
Mid-Adult-Older	±1.80	-2.32*

\*Significant at the .10 level.

Among the White married women there was no significant difference between the young women and the mid-adult or older ones. However, there is a significant difference between the older women and those in middle adulthood. The older, White married women had a greater sense of being able to receive advice and information from the members of their church.

There was also a significant age effect for the single White women. The Scheffé test (see Table 33) indicated that the older, single White women, more than the younger, single White women, perceived their church as providing them with advice and information.

TABLE 33  
SCHEFFÉ TEST-AGE FOR WHITE SINGLE-GUIDANCE

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	$\pm 4.11$	-3.75
Young-Older	$\pm 5.31$	-5.50*
Mid-Adult-Older	$\pm 5.82$	-1.75

\*Significant at the .10 level.

Among the young White women, the married ones had a greater mean score than did the single women. That is, married young White women perceived a greater sense of receiving guidance than did the single women.

### 3. Age by ethnic for married

Table 34 gives the cell means for the ANOVA test. Table 35 gives the results of the two-way ANOVA test.

TABLE 34

## MEANS-AGE BY ETHNIC FOR MARRIED-GUIDANCE

	Black	White	Total
Young	14.00	13.12	13.30
Middle	14.07	11.85	12.53
Older	14.00	14.18	14.17
Total	14.04	12.82	13.10

TABLE 35

## TWO-WAY ANOVA-AGE BY ETHNIC FOR MARRIED-GUIDANCE

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects AGE	55.558	2	27.779	3.866	.024*
ETHNIC	46.018	1	46.018	6.405	.013*
Two-way Interaction AGE x ETHNIC	10.557	2	5.279	.735	.482
Error	747.198	104	7.185		
Total	841.900	109	7.724		

There is no significant two-way interaction as indicated by Table 35. There are significant age and ethnic main effects. The married Black women perceived their church as providing them with more guidance than did their married White cohorts.

A Scheffé test was conducted to test the significance of the age effect. The results are shown in Table 36.

TABLE 36

## SCHEFFÉ-AGE FOR MARRIED-GUIDANCE

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	±1.22	0.77
Young-Older	±1.64	-0.87
Mid-Adult-Older	±1.61	-1.64*

\*Significant at .10 level.

Table 36 shows that older married women scored significantly higher than married women in the mid-adult range.

## 4. Age by Ethnic for single

Table 37 gives the cell means for the ANOVA test.

Table 38 gives the results of the ANOVA test.

TABLE 37

## MEANS-AGE BY ETHNIC FOR SINGLE-GUIDANCE

	Married	Single	Total
Young	14.33	9.50	12.40
Middle	12.17	13.25	12.60
Older	14.40	15.00	14.57
Total	13.78	11.36	12.86

TABLE 38

## TWO-WAY ANOVA-AGE BY ETHNIC FOR SINGLE-GUIDANCE

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects					
AGE	19.386	2	9.693	1.638	.211
ETHNIC	45.173	1	45.173	7.634	.010*
two-way Interaction					
AGE	70.291	2	35.146	5.939	.007*
ETHNIC					
Error	183.450	31	5.918		
Total	324.324	36	9.009		

\*Significant at the .05 level.

Table 38 indicates a significant two-way interaction. All one-way simple effects analyses were conducted. Table 39 gives the results of the analyses.

TABLE 39

## ONE-WAY ANOVA-AGE BY ETHNIC FOR SINGLE-GUIDANCE

Effect	df	F	P
Age for Black	2,20	2.194	.138
Age for White	2,11	4.341	.041*
Ethnic for Young	1,18	22.764	.000*
Ethnic for Mid-adult	1,8	.283	.609
Ethnic for Older	1,5	.169	.698

\*=Significant at the .05 level

Of the five simple effects tests, two were significant. There was a significant age effect for the White single subjects and a significant ethnic effect for

the young single women. As indicated by the Scheffé test in Table 33, the older, White single women had a greater perception of receiving guidance than the young, White single women. The young, Black single women also saw themselves as receiving more advice and information than did the young, White single women.

#### 5. Ethnic by Marital status for young

Table 40 gives the cell means for the ANOVA test. Table 41 gives the results of the two-way ANOVA test. Table 41 indicates that there is a significant two-way interaction. All possible one-way simple effects analyses were conducted. The results of these analyses are shown in Table 42.

TABLE 40

#### MEANS-ETHNIC BY MARITAL STATUS FOR YOUNG-GUIDANCE

	Married	Single	Total
Black	14.00	14.33	14.19
White	13.12	9.50	12.43
Total	13.30	12.40	13.02

TABLE 41

## TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR YOUNG-GUIDANCE

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects					
AGE	72.927	1	72.927	12.217	.001*
MARITAL	40.581	1	40.581	6.798	.012*
Two-way Interaction					
AGE x MARITAL	44.747	1	44.747	7.496	.008*
Error	352.196	59	5.969		
Total	480.984	62	7.758		

\*Significant at the .05 level.

TABLE 42

## ONE-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR YOUNG-GUIDANCE

Effect	df	F	p
Ethnic for Married	1,41	.862	.359
Ethnic for Single	1,18	22.764	.000*
Marital for Black	1,19	.163	.691
Marital for White	1,40	11.874	.001*

\*Significant at the .05 level.

Table 42 indicates that two of the four simple effects tests are significant. There is a significant ethnic effect for the young single women, and a significant marital effect for the young White women. The young, single Black women had a greater perception of receiving advice and information from their church than did the young, single White women. Also, the young, White

married women had a greater perception of receiving guidance from the church than did the young, White single women.

6. Ethnic by marital status for mid-adult

Table 43 gives the cell means for the ANOVA test.

Table 44 gives the results of the ANOVA test.

There was no significant two-way interaction, and there were also no significant main effects. No further analyses were conducted.

TABLE 43

MEANS-ETHNIC BY MARITAL STATUS FOR MID-ADULT-GUIDANCE

	Married	Single	Total
Black	14.07	12.17	13.52
White	11.85	13.25	12.00
Total	12.53	12.60	12.54

7. Ethnic by marital status for older

Table 45 gives the cell means for the ANOVA test.

There was no significant two-way interaction, and there were also no significant main effects. No further analyses were conducted.



TABLE 44

## TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR MID-ADULT-GUIDANCE

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	ETHNIC	32.622	1	32.622	3.368	.072
	MARITAL	1.256	1	1.256	.130	.720
Two-way Interaction	ETHNIC x MARITAL	21.201	1	21.201	2.189	.145
Error		532.781	55	9.687		
Total		586.644	58	10.115		

TABLE 45

## MEANS-ETHNIC BY MARITAL STATUS FOR OLDER-GUIDANCE

	Married	Single	Total
Black	14.00	14.40	14.33
White	14.18	15.00	14.26
Total	14.17	14.57	14.28

TABLE 46

## TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR OLDER-GUIDANCE

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	ETHNIC	.442	1	.442	.203	.657
	MARITAL	1.245	1	1.245	.572	.458
Two-way Interaction	ETHNIC x MARITAL	.102	1	.102	.047	.831
Error		45.671	21	2.175		
Total		47.040	24	1.960		

**Nurture (Hypotheses 1c to 7c)**

Hypothesis 1c. Among female Seventh-day Adventist church members there is no significant difference, between ethnic groups, in their perceptions of the church as a provider of nurture as measured by the Social Provision Scale.

Hypothesis 2c. Between married and single female Seventh-day Adventist church members there is no significant difference in their perceptions of the church as a provider of nurture as measured by the Social Provision Scale.

Hypothesis 3c. Among female Seventh-day Adventist church members, there is no significant difference, among those in different age groups, in their perceptions of the church as a provider of nurture as measured by the Social Provision Scale.

Hypothesis 4c. There is no significant interaction between ethnic group and marital status with respect to scores on nurture as measured by the Social Provision Scale.

Hypothesis 5c. There is no significant interaction between ethnic group and age group with

respect to scores on nurture as measured by the Social Provision Scale.

Hypothesis 6c. There is no significant interaction between marital status and age group with respect to scores on nurture as measured by the Social Provision Scale.

Hypothesis 7c. There is no significant three-way interaction between ethnic group, marital status, and age group with respect to scores on nurture as measured by the Social Provision Scale.

Table 47 gives the results of the three-way ANOVA test.

The table indicates a significant three-way interaction. Therefore, the significance of the main effects is ignored at this stage. All possible two-way analyses must be conducted.

1. Age by marital status for  
Black

Table 48 gives the cell means for the ANOVA test. Table 49 gives the results of the two-way ANOVA test. Table 49 indicates no significant two-way interaction nor main effects. No further analyses were conducted.

TABLE 47

## THREE-WAY ANOVA-NURTURE

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	53.839	2	26.919	5.592	.005*
	ETHNIC	70.120	1	70.120	14.566	.000*
	MARITAL	15.753	1	15.753	3.272	.073
Two-way Interaction	AGE x ETHNIC	11.299	2	5.649	1.174	.312
	AGE x MARITAL	8.902	2	4.451	.925	.399
	ETHNIC x MARITAL	1.998	1	1.998	.415	.521
	AGE x ETHNIC x MARITAL	36.078	2	18.039	3.747	.026*
Error		649.880	135	4.814		
Total		818.041	146	5.603		

\*Significant at .05 level.

TABLE 48

## MEANS-AGE BY MARITAL STATUS FOR BLACKS-NURTURE

	Married	Single	Total
Young	12.67	13.00	12.86
Middle	13.33	12.33	13.05
Older	15.00	13.00	13.33
Total	13.16	12.83	13.00

TABLE 49

## TWO-WAY ANOVA-AGE BY MARITAL STATUS FOR BLACKS-NURTURE

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects					
AGE	1.558	2	.779	.165	.849
MARITAL	1.750	1	1.750	.370	.546
Two-way Interaction					
AGE x MARITAL	6.440	2	3.220	.681	.512
Error	198.667	42	4.730		
Total	208.000	47	4.426		

2. Age by marital status for  
White

Table 50 gives the cell means for the ANOVA test. Table 51 gives the results of the two-way ANOVA test. Since the two-way interaction is significant, all the one-way simple effects analyses must be undertaken. The results of the analyses are given in Table 52.

TABLE 50

## MEANS-AGE BY MARITAL STATUS FOR WHITES-NURTURE

	Married	Single	Total
Young	11.79	9.13	11.29
Middle	11.47	12.25	11.55
Older	13.24	14.50	13.37
Total	11.95	10.79	11.79

TABLE 51

## TWO-WAY ANOVA-AGE BY MARITAL STATUS FOR WHITES-NURTURE

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects					
AGE	56.416	2	28.208	5.814	.004*
MARITAL	12.634	1	12.634	2.604	.110
Two-way Interaction					
AGE x MARITAL	38.540	2	19.270	3.972	.022*
Error	451.213	93	4.852		
Total	562.545	98	5.740		

\*Significant at the .05 level.

TABLE 52

## ONE-WAY ANOVA-AGE BY MARITAL STATUS FOR WHITES-NURTURE

Effect	df	F	P
Age for Married	2,82	3.735	.028*
Age for Single	2,11	6.655	.013*
Marital for Young	1,40	11.362	.002*
Marital for Mid-adult	1,36	0.357	.554
Marital for Older	1,17	0.700	.415

\*Significant at the .05 level.

Of the five simple effects tests three were significant. For the married White subjects there is a significant age effect. A Scheffé test was conducted to compare all possible pairs of means. The results are found in Table 53.

The test showed no significant difference between the young and the mid-adult groups. There was a significant difference between the older and the young groups, as well as between the older and the mid-adult groups. The older, married White females had a greater perception of nurture from their church than did the women in the other two age groups.

TABLE 53

## SCHEFFÉ TEST-AGE FOR MARRIED WHITE-NURTURE

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	$\pm 1.47$	.32
Young-Older	$\pm 1.44$	-1.45*
Mid-Adult-Older	$\pm 1.44$	-1.76*

\*significant at the .10 level.

The one-way ANOVA also indicated a significant age effect for the single White women. The results of the Scheffé test are found in Table 54.

This test indicated no significant difference between the mid-adult and the older females. However, there were significant difference between the young and the mid-adult women and between the young and older women. The middle-adult-aged, single White women and the older,

single White women had a greater perception of being nurtured by their church than did the young single White women.

TABLE 54  
SCHEFFÉ TEST-AGE FOR SINGLE WHITE-NURTURE

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	$\pm 3.10$	-3.13*
Young-Older	$\pm 4.00$	-5.38*
Mid-Adult-Older	$\pm 4.38$	-2.25

\*Significant at the .10 level.

There was also a significant marital effect for the young White women. The married women had a greater perception of nurture than did the single women.

### 3. Age by ethnic for married

Table 55 gives the cell means for the ANOVA test. Table 56 gives the results of the two-way ANOVA test. Table 56 indicates no significant two-way interaction. There are significant age and ethnic main effects. Among the married women, the older group had significantly higher scores than the young group. This is shown in the Scheffé test in table 57.



The Black married women also scored higher in the area of nurture than did the White married women.

TABLE 55

## MEANS-AGE BY ETHNIC FOR MARRIED-NURTURE

	Black	White	Total
Young	12.67	11.79	11.98
Middle	13.33	11.47	12.04
Older	15.00	13.24	13.33
Total	13.16	11.95	12.23

TABLE 56

## TWO-WAY ANOVA-AGE BY ETHNIC FOR MARRIED-NURTURE

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	38.523	2	19.262	4.085	.020*
	ETHNIC	40.247	1	40.247	8.535	.004*
two-way Interaction	AGE	4.227	2	2.113	.448	.640
x	ETHNIC	490.422	104	4.716		
Error		561.318	109	5.150		
Total						

\*significant at .05 level.

TABLE 57

## SCHEFFÉ TEST-AGE FOR MARRIED-NURTURE

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	±0.99	-0.06
Young-Older	±1.33	-1.35*
Mid-Adult-Older	±1.30	-1.2

\*Significant at .10 level.

## 4. Age by ethnic for single

Table 58 gives the cell means for the ANOVA test. Table 59 gives the results of the ANOVA test. Table 59 shows a significant two-way interaction for the single females. All of the one-way simple effects analyses were conducted. The results are given in table 60.

TABLE 58

## MEANS-AGE BY ETHNIC FOR SINGLE-NURTURE

	Black	White	Total
Young	13.00	9.13	11.45
Middle	12.33	12.25	12.30
Older	13.00	14.50	13.43
Total	12.83	10.79	12.05

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TABLE 59

TWO-WAY ANOVA-AGE BY ETHNIC FOR SINGLE-NURTURE

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	17.053	2	8.527	1.656	.207
	ETHNIC	32.156	1	32.156	6.251	.018*
Two-way Interaction X	AGE	43.150	2	21.575	4.104	.024*
	ETHNIC	159.458	31	5.144		
Error		255.892	36	7.108		
Total						

\*Significant at the .05 level.

TABLE 60

ONE-WAY ANOVA-AGE BY ETHNIC FOR SINGLE-NURTURE

Effect	df	F	P
Age for Black	2,20	.177	.839
Age for White	2,11	6.655	.013*
Ethnic for Young	1,18	20.634	.000*
Ethnic for Mid-adult	1,8	.002	.965
Ethnic for Older	1,5	.527	.500

\*Significant at the .05 level.

The table indicates a significant age effect for the single White women. As shown in Table 54, the women in the mid-adult and older groups had a greater perception of nurture than did the young group.

There was also a significant ethnic effect for the young single women. The Black women had significantly higher scores than the White women.

5. Ethnic by marital status for young

Table 61 gives the cell means for the ANOVA test.

Table 62 gives the results of the ANOVA test.

TABLE 61

MEANS-ETHNIC BY MARITAL STATUS FOR YOUNG-NURTURE

	Married	Single	Total
Black	12.67	13.00	12.86
White	11.79	9.13	11.29
Total	11.98	11.45	11.81

TABLE 62

TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR YOUNG-NURTURE

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	ETHNIC	51.652	1	51.652	12.570	.001*
	MARITAL	20.868	1	20.868	5.079	.028*
Two-way Interaction	ETHNIC x MARITAL	25.841	1	25.841	6.289	.015*
Error		242.434	59	4.109		
Total		323.714	62	5.221		

\*Significant at the .05 level.

Table 62 indicates a significant two-way interaction for the young women. All one-way simple effects analyses were conducted. Table 63 gives the results of the analyses.

TABLE 63

## ONE-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR YOUNG-NURTURE

Effect	df	F	P
Ethnic for Married	1,41	1.237	.273
Ethnic for Single	1,18	20.634	.000*
Marital for Black	1,19	.136	.717
Marital for White	1,40	11.362	.002*

\*Significant at the .05 level.

Of the four simple effects tests, two were significant. There was a significant ethnic effect for the single young women and a significant marital effect for the White young women. The Black, young single women had higher mean scores in the area of nurture than the White, young single women. Also, the young, White married women had higher mean scores than did the young, White single women.

6. Ethnic by marital status for  
mid-adult

Table 64 gives the cell means for the ANOVA test.

Table 65 gives the results of the two-way ANOVA test.

TABLE 64

## MEANS-ETHNIC BY MARITAL STATUS FOR MID-ADULTS-NURTURE

	Married	Single	Total
Black	13.33	12.33	13.05
White	11.47	12.25	11.55
Total	12.04	12.30	12.08

TABLE 65

## TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR MID-ADULTS-NURTURE

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects ETHNIC	29.956	1	29.956	5.283	.025*
MARITAL	.285	1	.285	.050	.824
Two-way Interaction ETHNIC x MARITAL	6.175	1	6.175	1.089	.301
Error	311.887	55	5.671		
Total	348.576	58	6.010		

\*Significant at the .05 level.

Table 65 shows no significant two-way interaction.

There is an ethnic main effect. The Black women had higher scores than the White women.

7. Ethnic by marital status for  
older

Table 66 gives the cell means for the ANOVA test.

Table 67 gives the results of the two-way ANOVA test.

TABLE 66

MEANS-ETHNIC BY MARITAL STATUS FOR OLDER-NURTURE

	Married	Single	Total
Black	15.00	13.00	13.33
White	13.24	14.50	13.37
Total	13.33	13.43	13.36

TABLE 67

TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR OLDER-NURTURE

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	ETHNIC	.096	1	.096	.021	.886
	MARITAL	.136	1	.136	.030	.865
Two-way Interaction	ETHNIC x MARITAL	6.060	1	6.060	1.332	.261
Error		95.559	21	4.550		
Total		101.760	24	4.240		

Table 67 indicates no significant two-way interaction nor main effects. No further analyses were conducted.

**Reliable Alliance (Hypotheses 1d to 7d)**

Hypothesis 1d. Among female Seventh-day Adventist church members there is no significant difference, between ethnic groups, in their perceptions of the church as a provider of reliable alliance as measured by the Social Provision Scale.

Hypothesis 2d. Between married and single female Seventh-day Adventist church members there is no significant difference in their perceptions of the church as a provider of reliable alliance as measured by the Social Provision Scale.

Hypothesis 3d. Among female Seventh-day Adventist church members, there is no significant difference, among those in different age groups, in their perceptions of the church as a provider of reliable alliance as measured by the Social Provision Scale.

Hypothesis 4d. There is no significant interaction between ethnic group and marital status with respect to scores on reliable alliance as measured by the Social Provision Scale.

Hypothesis 5d. There is no significant interaction between ethnic group and age group with



respect to scores on reliable alliance as measured by the Social Provision Scale.

Hypothesis 6d. There is no significant interaction between marital status and age group with respect to scores on reliable alliance as measured by the Social Provision Scale.

Hypothesis 7d. There is no significant three-way interaction between ethnic group, marital status, and age group with respect to scores on reliable alliance as measured by the Social Provision Scale.

Table 68 gives the results of the three-way ANOVA.

The table indicates no significant three-way or two-way interaction. All of the main effects are significant, therefore all main effects may be studied.

Table 69 shows the three-way table of means for Reliable Alliance. From the table it can be seen that the Black women had significantly higher scores in this area than did the White women. The married women also scored significantly higher than did the single women. From this table it appears that the older women's scores were significantly higher than those of women in the other age groups. A Scheffé test was conducted to test this. The results appear in Table 70.

TABLE 68

## THREE-WAY ANOVA-RELIABLE ALLIANCE

		Sum of Squares	df	Mean Square	F	Sig
Main Effects	AGE	34.117	2	17.059	3.067	.050*
	ETHNIC	38.009	1	38.009	6.833	.010*
	MARITAL	38.573	1	38.573	6.934	.009*
Two-way Interaction	AGE x ETHNIC	3.649	2	1.825	.328	.721
	AGE x MARITAL	13.480	2	6.740	1.212	.301
	ETHNIC x MARITAL	.359	1	.359	.064	.800
Three-way Interaction	AGE x ETHNIC x MARITAL	19.306	2	9.653	1.735	.180
Error		750.979	135	5.563		
Total		866.667	146	5.936		

The three-way ANOVA in Table 68 shows that the age effect at  $p=.050$  is only just significant. Even with  $\alpha =.10$ , the conservative Scheffé does not yield any significant difference.

TABLE 69  
 MEANS-RELIABLE ALLIANCE

	Black			White			Married	Single	Total
	Married	Single	Total	Married	Single	Total			
Young	14.22	13.42	13.76	13.94	11.13	13.40	14.00	12.50	13.52
Mid-Age	14.67	13.17	14.24	13.00	13.00	13.00	13.51	13.10	13.44
Older	16.00	14.60	14.83	14.35	15.50	14.47	14.44	14.86	14.56
Total	14.56	13.61	14.10	13.65	12.29	13.45	13.85	13.11	13.67

SCHEFFÉ FOR AGE-RELIABLE ALLIANCE

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	±0.92	-0.08
Young-Older	±1.21	-1.04
Mid-Adult-Older	±1.22	-1.12

**Social Integration (Hypotheses 1e to 7e)**

Hypothesis 1e. Among female Seventh-day Adventist church members there is no significant difference, between ethnic groups, in their perceptions of the church as a provider of social integration as measured by the Social Provision Scale.

Hypothesis 2e. Between married and single female Seventh-day Adventist church members there is no significant difference in their perceptions of the church as a provider of social integration as measured by the Social Provision Scale.

Hypothesis 3e. Among female Seventh-day Adventist church members, there is no significant difference, among those in different age groups, in their perceptions of the church as a provider of social integration as measured by the Social Provision Scale.

Hypothesis 4e. There is no significant interaction between ethnic group and marital status with respect to scores on social integration as measured by the Social Provision Scale.

Hypothesis 5e. There is no significant interaction between ethnic group and age group with respect to scores on social integration as measured by the Social Provision Scale.

Hypothesis 6e. There is no significant interaction between marital status and age group with respect to scores on social integration as measured by the Social Provision Scale.

Hypothesis 7e. There is no significant three-way interaction between ethnic group, marital status, and age group with respect to scores on social integration as measured by the Social Provision Scale.

The results of the three-way ANOVA are given in table 71. The table indicates that the three-way interaction is not significant. Also, there are no significant two-way interactions. Therefore, main effects may be studied. The marital effect only is significant.

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TABLE 71

THREE-WAY ANOVA-SOCIAL INTEGRATION

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	5.287	2	2.643	.508	.603
	ETHNIC	19.307	1	19.307	3.709	.056
	MARITAL	27.635	1	27.635	5.309	.023*
Two-way Interaction	AGE x ETHNIC	1.189	2	.594	.114	.892
	AGE x MARITAL	7.166	2	3.583	.688	.504
	ETHNIC x MARITAL	.159	1	.159	.031	.862
	Three-way Interaction AGE x ETHNIC x MARITAL	8.648	2	4.324	.831	.438
Error		702.702	135	5.205		
Total		764.422	146	5.236		

\*significant at the .05 level.

Table 72 gives the table of means for Social Integration. The married women scored significantly higher than the single women in this area.

TABLE 72

## MEANS—SOCIAL INTEGRATION

	Black			White			Total		
	Married	Single	Total	Married	Single	Total	Married	Single	Total
Young	14.00	12.75	13.29	13.74	11.75	13.36	13.79	12.35	13.33
Mid-Age	14.27	12.67	13.81	13.00	13.25	13.03	13.39	12.90	13.31
Older	14.00	14.60	14.50	13.41	13.00	13.37	13.44	14.14	13.64
Total	14.16	13.13	13.67	13.38	12.36	13.23	13.55	12.84	13.37

**Worth (Hypotheses 1f to 7f)**

Hypothesis 1f. Among female Seventh-day Adventist church members there is no significant difference, between ethnic groups, in their perceptions of the church as a provider of worth as measured by the Social Provision Scale.

Hypothesis 2f. Between married and single female Seventh-day Adventist church members there is no significant difference in their perceptions of the church as a provider of worth as measured by the Social Provision Scale.

Hypothesis 3f. Among female Seventh-day Adventist church members, there is no significant difference, among those in different age groups, in their perceptions of the church as a provider of worth as measured by the Social Provision Scale.

Hypothesis 4f. There is no significant interaction between ethnic group and marital status with respect to scores on worth as measured by the Social Provision Scale.

Hypothesis 5f. There is no significant interaction between ethnic group and age group with



respect to scores on worth as measured by the Social Provision Scale.

Hypothesis 6f. There is no significant interaction between marital status and age group with respect to scores on worth as measured by the Social Provision Scale.

Hypothesis 7f. There is no significant three-way interaction between ethnic group, marital status, and age group with respect to scores on worth as measured by the Social Provision Scale.

The results of the three-way ANOVA are given in table 73.

Table 73 indicates no significant three-way interaction, no significant two-way interaction, nor significant main effects.

Even though there were no significant three-way nor two-way interactions, the ethnic main effect and the age/marital interaction were both near significance. Therefore the ethnic by age at each marital level and ethnic by marital at each age group were studied.

TABLE 73

## THREE-WAY ANOVA—WORTH

		Sum of Squares	df	Mean Square	F	Sig.
Main Effects	AGE	9.487	2	4.743	.900	.409
	ETHNIC	19.157	1	19.157	3.635	.059
	MARITAL	14.196	1	14.196	2.694	.103
Two-way Interaction	AGE x ETHNIC	1.373	2	.687	.130	.878
	AGE x MARITAL	28.349	2	14.174	2.690	.072
	ETHNIC x MARITAL	4.430	1	4.430	.841	.361
	Three-way Interaction AGE x ETHNIC x MARITAL	2.964	2	1.482	.281	.755
Error		711.419	135	5.270		
Total		785.320	146	5.379		

## 1. Age by ethnic for married

Table 74 gives the cell means for the ANOVA test.

Table 75 gives the results of the two-way ANOVA test.

TABLE 74

## MEANS-AGE BY ETHNIC FOR MARRIED—WORTH

	Black	White	Total
Young	14.00	13.76	13.81
Middle	13.47	13.56	12.84
Older	12.00	12.53	12.50
Total	13.60	13.04	13.16

TABLE 75

## TWO-WAY ANOVA-AGE BY ETHNIC FOR MARRIED-WORTH

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects					
AGE	31.299	2	15.650	3.139	.047*
ETHNIC	6.111	1	6.111	1.226	.271
Two-way Interaction					
AGE	3.126	2	1.563	.314	.732
ETHNIC					
Error	518.469	104	4.985		
Total	559.055	109	5.129		

\*Significant at .05 level.

The table indicates no significant interaction. However there is a significant age effect. A Scheffé test was conducted to test the means.

The Scheffé test indicated no significant differences. However, it is possibly safe to say that the younger married women had higher scores in the area of worth than did the older married women.

TABLE 76

## SCHEFFÉ-AGE FOR MARRIED-WORTH

Contrast	Critical Value	Actual Difference
Young-Mid-Adult	±1.01	0.97
Young-Older	±1.36	1.31
Mid-Adult-Older	±1.34	0.34

## 2. Age by ethnic for single

Table 77 gives the cell means for the ANOVA test. Table 78 gives the results of the ANOVA test. Table 78 indicates no significant interaction nor main effects. No further tests were undertaken.

TABLE 77  
MEANS-AGE BY ETHNIC FOR SINGLE-WORTH

	Black	White	Total
Young	12.92	11.25	12.25
Middle	13.83	13.00	13.50
Older	13.60	12.50	13.29
Total	13.30	11.93	12.78

TABLE 78  
TWO-WAY ANOVA-AGE BY ETHNIC FOR SINGLE-WORTH

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects AGE	11.638	2	5.819	.935	.403
ETHNIC	15.518	1	15.518	2.493	.124
Two-way Interaction AGE x ETHNIC	1.211	2	.605	.097	.908
Error	192.950	31	6.224		
Total	222.270	36	6.174		

3. Ethnic by marital for young

Table 79 gives the cell means for the ANOVA test.

Table 80 gives the results of the ANOVA test.

TABLE 79

## MEANS-ETHNIC BY MARITAL STATUS FOR YOUNG-WORTH

	Married	Single	Total
Black	14.00	12.92	13.38
White	13.76	11.25	13.29
Total	13.81	12.25	13.32

TABLE 80

## TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR YOUNG-WORTH

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects ETHNIC	7.854	1	7.854	1.835	.181
MARITAL	41.117	1	41.117	9.606	.003*
Two-way Interaction ETHNIC x MARITAL	5.873	1	5.873	1.372	.246
Error	252.534	59	4.280		
Total	299.651	62	4.833		

\*Significant at .05 level

Table 80 indicates no significant two-way interaction. There is a significant main effect. The married subjects scored higher in this area than did the

single subjects. The young married subjects had higher scores than the young single subjects.

4. Ethnic by marital status for mid-adult

Table 81 gives the cell means for the ANOVA test.

Table 82 gives the results of the ANOVA test.

TABLE 81

MEANS-ETHNIC BY MARITAL STATUS FOR MID-AGE-WORTH

	Married	Single	Total
Black	13.47	13.83	13.57
White	12.56	13.00	12.61
Total	12.84	13.50	12.95

TABLE 82

TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR MID-AGE-WORTH

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects					
ETHNIC	10.234	1	10.234	1.935	.170
MARITAL	1.262	1	1.262	.239	.627
Two-way Interaction					
ETHNIC x MARITAL	0.011	1	0.011	.002	.964
Error	290.949	55	5.290		
Total	304.847	58	5.256		

The results of the two-way ANOVA showed no significant interactions nor main effects. No further tests were undertaken.

5. Ethnic by marital status for older

Table 83 gives the cell means for the ANOVA test.

Table 84 gives the results of the ANOVA test.

TABLE 83

MEANS-ETHNIC BY MARITAL STATUS FOR OLDER-WORTH

	Married	Single	Total
Black	12.00	13.60	13.33
White	12.53	12.50	12.53
Total	12.50	13.29	12.72

TABLE 84

TWO-WAY ANOVA-ETHNIC BY MARITAL STATUS FOR OLDER-WORTH

	Sum of Squares	df	Mean Square	F	Sig.
Main Effects ETHNIC	.484	1	.484	.060	.808
MARITAL	.625	1	.625	.078	.782
Two-way Interaction ETHNIC x MARITAL	1.510	1	1.510	.189	.668
Error	167.935	21	7.997		
Total	173.040	24	7.210		

Table 84 indicates no significant two-way interaction nor main effects. No further tests were undertaken.

### **Summary**

This chapter dealt with the findings of the research project. Demographic characteristics of the study population were given, including age, ethnicity, and marital status. Descriptive results of the survey were given, including the mean, median, and mode for each area of the six areas (attachment, guidance, nurturance, reliable alliance, social integration, and reassurance of worth) of the Social Provision Scale.

Analyses of the seven hypotheses were given for each of the six areas. A three-way Analysis of Variance was used to test each hypothesis, followed by a two-way and one-way where interaction was statistically significant.

Hypothesis 1 stated that there would be no significant difference, because of ethnicity, on the six areas measured by the Social Provision Scale.

Hypothesis 2 stated that there would be no significant difference, because of marital status, on the six areas measured by the Social Provision Scale.



Hypothesis 3 stated that there would be no significant differences among different age groups on the six areas measured by the Social Provision Scale.

Hypothesis 4 stated that there would be no significant interaction between ethnic group and marital status on the six areas measured by the Social Provision Scale.

Hypothesis 5 stated that there would be no significant interaction between ethnic group and age group on the six areas measured by the Social Provision Scale.

Hypothesis 6 stated that there would be no significant interaction between marital status and age group on the six areas measured by the Social Provision Scale.

Hypothesis 7 stated that there would be no significant three-way interaction between ethnic, marital, and age group on the six areas measured by the Social Provision Scale.

In the area of attachment, the null hypotheses (1a to 7a) were all rejected.

Six of the seven null hypotheses 1b to 7b in the area of guidance were rejected. Null hypothesis 5, which

stated that there would be no significant interaction between ethnic group and age group, was retained.

In the area of nurturance (null hypotheses 1c to 7c) five of the seven null hypotheses were rejected. Hypothesis 5, which stated that there would be no significant interaction between ethnic group and age group, and hypothesis 6, which stated there would be no significant interaction between marital status and age group, were both retained.

In the area of reliable alliance (null hypothesis 1d to 7d) three of the seven null hypotheses were rejected. There were significant differences between Black women and White women and between married and single women. There were also significant interactions between ethnic group and marital status.

Only one of the seven null hypotheses (1e to 7e) was rejected in the area of social integration. There were significant differences between the married and the single women.

In the area of reassurance of worth (1f to 7f), three of the seven null hypotheses were rejected. There were significant differences in the areas of marital status and age.

## CHAPTER V

### SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

#### **Introduction**

This chapter contains a summary of the study, including the statement of the problem, purpose of the study, and overview of the literature. The methodology and analysis of the results are given with a discussion of the results. Conclusions and recommendations for further study are based on the results.

#### **Summary**

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

Much of the literature on women in the Seventh-day Adventist church centers primarily on the role of women from a biblical view, specifically as it pertains to the ordination of women to the gospel ministry. Research on the perceptions of women regarding the church appears to be scant.

**Purpose of the Study**

The purpose of this study was to determine the perceptions of female Seventh-day Adventist church members regarding the church as a social support for women. The Social Provision Scale was utilized to assess these perceptions.

**Overview of the Literature**

Over the past two decades, research in the area of social support and its effects on health and well-being has increased rapidly. The work of two epidemiologists, John Cassel and Sidney Cobb, is credited with forming the basis of this research (Gottlieb, 1983). They were concerned with reasons why some individuals seemed to be able to withstand stressful life events, while others developed symptoms of illness. They encouraged new initiatives to improve and strengthen social support in the community (Cassel, 1974; Cobb, 1976).

Various definitions of social support have been suggested in the literature. Cobb (1976) perceives social support as being made up of three components: emotional, esteem, and network support. Social support has also been defined as helpful functions by significant

others (Thoits, 1985); beneficial information, advice, and aid by social intimates (Gottlieb, 1983); positive interactions in the social environment (Maguire, 1991); and helpful interactions with an individual, network, or group (Caplan, 1974). These definitions vary in wording, but they all show social support as an exchange involving at least two people with beneficial results.

Two models of social support have been proposed in the literature. The first is the main effects model. This is the belief that social support may either prevent stressful events, or may have an effect independent of the event. The second, or buffer model, works only during actual stressful events, serving to reduce stress or giving assistance in coping (Schwarzer & Leppin, 1992). The value of both models, under different circumstances, has been endorsed by researchers (Cohen & Syme, 1985; Cohen & Wills, 1985; Monroe & Johnson, 1992).

Individuals who have a strong social support network appear to enjoy better physical and mental health. Research has been conducted and suggestions made on the association between social support and health and well-being (Cobb, 1982; Gottlieb, 1983; Pearson, 1990; Schwarzer & Leppin, 1992). There have been studies

linking social support with positive results in specific illnesses including diabetes (Gutfeld et al., 1993), cardiac attack (Helgeson, 1993), and depression (Henderson, 1992).

The church, especially the Black church, has been studied as a provider of social support to its members. Caplan (1974) suggested that the church was the most widely organized support system in the community. The Black church is described as providing both tangible and informal support (Hatch, 1991; Taylor, 1998; Taylor and Chatters, 1991), and contributing to the well-being of its members (Sherrod, 1995; Walls & Zarit, 1991).

The role of women has changed dramatically in this century, and this has resulted in problems and stressors unique to women. Hobfoll (1986) examined these special stressors which he believed women experienced from adolescence through old age. Aneshensel (1986) and Hibbard & Pope (1992) studied employed women and social support. Vaux (1985) compared social support across ethnic and age groups.

The position of women in the Seventh-day Adventist church has been studied mainly according to biblical teaching, especially concerning their ordination

to the ministry (Bacchiocchi, 1987; Koranteng-Pipim, 1995; Rosado, 1990). Recently other writers have examined the views and needs of women in the church (Bliss and Lewis, 1995; Harris, 1992; Morales-Gudmundsson & Rosado 1995).

## **Methodology**

### Sample

The subjects for this study were 48 Black and 99 White women. All were members of Seventh-day Adventist churches located in southwest Michigan. All subjects were 20 years old or older.

### Instrumentation

Demographic information was gathered on each subject. This included age, marital status, and ethnicity.

The main instrument used was the Social Provision Scale (Appendix A). This is a 24-item self-report survey which measures six areas of social support—guidance, reassurance of worth, social integration, attachment, nurturance, and reliable alliance. Each area is made up of four statements, two positively and two negatively worded. Cutrona and Russell (1987) give evidence that

both reliability and validity of the instrument have been established. Subjects gave their responses on a 4-point Likert scale ranging from 1, strongly disagree, to 4, strongly agree. The scores of the negative items were reversed before analyses were conducted.

#### Analysis of data

Three research questions were examined in determining the perceptions of female Seventh-day Adventist church members regarding the church as a social support for women. These questions are:

1. Is there a difference between White women from the mainly White churches in the Michigan Conference of Seventh-day Adventists and Black women from the predominantly Black churches in the Lake Region Conference of Seventh-day Adventists in their perceptions of the church as a social support for women?

2. Is there a difference between married and single women in their perceptions of the Seventh-day Adventist church as a social support for women?

3. Is there a difference among young, middle, and older adult women in their perceptions of the Seventh-day Adventist church as a social support for women?



These questions led to the analysis of seven null hypotheses. Each of the hypotheses was tested on the six social provisions included in the instrument—attachment, guidance, nurturance, reliable alliance, social integration, and reassurance of worth (hypotheses 1a-7a to hypotheses 1f-7f). Each of the six sets of null hypotheses was tested by factorial ANOVA. Significance was set at the alpha level of .05.

Hypothesis 1. Among female Seventh-day Adventist church members there is no significant difference, between ethnic groups, in their perceptions of the church as a provider of social support as measured by the Social Provision Scale.

Hypothesis 2. Between married and single female Seventh-day Adventist church members there is no significant difference in their perceptions of the church as a provider of social support as measured by the Social Provision scale.

Hypothesis 3. Among female Seventh-day Adventist church members, there is no significant difference, among those in different age groups, in their perceptions of the church as a provider of social support as measured by the Social Provision Scale.

Hypothesis 4. There is no significant interaction between ethnic group and marital status with respect to scores on social support as measured by the Social Provision Scale.

Hypothesis 5. There is no significant interaction between ethnic group and age group with respect to scores on social support as measured by the Social Provision Scale.

Hypothesis 6. There is no significant interaction between marital status and age group with respect to scores on social support as measured by the Social Provision Scale.

Hypothesis 7. There is no significant three-way interaction between ethnic group, marital status, and age group with respect to scores on social support as measured by the Social Provision Scale.

In the area of attachment, the young, single Black women and the older married women had significantly higher scores than the young, single White women and the mid-adult married women. These women had a greater sense of emotional closeness and security than the others.

These two groups also scored significantly higher on the scale for guidance. They felt that they could

count on receiving advice and information when needed from their church.

They also had a sense of responsibility for the well-being of others. This was evident by their significantly higher scores in the area of nurturance.

The single women had significantly lower scores in the area of reliable alliance. They did not feel that others in their church could be counted on for tangible assistance. This was especially true of the White single women.

Single women did not feel that their church offered them support in the area of social integration. Their lower scores showed that they did not feel they belonged to a group of people who share common interests and recreational activities.

Reassurance of worth is the feeling that one's competence and skill are acknowledged by others. In this area the young married women had significantly higher scores.

### **Discussion**

There were three research questions which led to the development and analysis of the three hypotheses. The first question asked, Is there a difference between

Black and White women in their perception of the church as a social support for women? Differences were found between these two groups in four of the six areas of the Social Provision Scale. These four areas are defined as a sense of emotional closeness and security (attachment); giving advice and information (guidance); a feeling of responsibility for the well-being of others (nurturance); and the assurance that others can be counted on for tangible assistance (reliable alliance). Black married women and young, Black single women had significantly higher scores on the first three areas than the White women. Black single women had significantly higher scores than White single women in the area of reliable alliance.

Findings that the scores for the Black subjects were significantly higher are in keeping with the literature on the Black church. The Black church has historically been a support to its members, giving not only tangible but informal support including feelings of self-worth and self-esteem (Taylor, 1988), and meeting the social needs of its members as well as their spiritual needs (Eng et al., 1985). Hatch (1991) also discovered that religious participation was significantly

more important in predicting informal support patterns of older African-American women than older White women.

The second question was concerned with marital status. It asked, Is there a difference between married and single women in their perceptions of the church as a social support for women? In all of the six areas the single women scored significantly lower than did the married women.

In the areas of nurturance, reliable alliance, and social integration the married women scored higher than the single women. The young married women had a greater feeling that their competence and skill were acknowledged by others (reassurance of worth) than did the young single women. Young, White married women had a greater feeling of attachment than did young, White single women. Black, married mid-adult women also had more of this sense of emotional closeness and security than did the Black, single mid-adults. The young, White married women perceived the church as providing them with more guidance than did the young, White single women. In the area of nurturance the White married women had a greater sense of responsibility for others than did the White single women.

There may be factors other than support from the church which account for these differences. Mookherjee (1997) in a study involving marital status and perception of well-being concluded that marriage enhances the perception of well-being in women. Marks (1986) also found that overall, at midlife, singles scored more poorly on measures of well-being. Women who are secure in their relationships may be more likely to perceive others as being supportive.

The third question asked, Is there a difference between women in different age groups in their perception of the church as a social support for women? The older group had higher scores in three of the six areas. In the areas of attachment and guidance, the older married women had significantly higher scores than the mid-adult married women. The older, single White women also scored higher in that area than the other single White women. In the area of nurturance, the scores for the older White women were significantly higher than the other two groups, and the single older and mid-adult White women scored higher than the single, young White women. Only in the area of worth did the young married women score higher than the older married women.

Subjects in the older group are in Erikson's (1950) stage of ego integrity versus despair. He describes ego integrity as "emotional integration which permits participation by followership as well as acceptance of the responsibility of leadership" (p. 233). Peck (1968) sees this period as involving three tasks. The first is ego differentiation versus work-role preoccupation, which means that as the person 65 and older approaches and reaches retirement, there must be other activities which can be undertaken which will be beneficial to others. The older adults in this study perceived their church as providing more emotional closeness and security as well as advice and information, but they also were given the sense of being responsible for the well-being of another person. This is important for their own well-being. Berk (1998) believes that many older people place such value on independence that they are hesitant to accept support from those around them unless they are given the opportunity to reciprocate.

### **Conclusions**

As a result of the overview of the literature and the results of the hypothesis testing, certain conclusions were drawn:

1. Black women perceived their church as providing them with more social support than did White women.
2. Older women perceived their church as providing them with more social support than did younger women or women in midlife.
3. Married women perceived their church as providing them with more social support than did the single women.
4. Overall, female members of Seventh-day Adventist churches appear to have a high perception of their church as a provider of social support.

### **Recommendations**

This study was conducted with a small sample of women from selected churches in southwest Michigan. It is recommended that:

1. Similar studies should be conducted with a larger sample from other areas of the country.
2. Further studies should be conducted to compare women in ethnically mixed churches.
3. Studies should be conducted to compare other ethnic groups.



## APPENDIX

APPENDIX A  
INSTRUMENT AND COVER LETTER



16. There is a trustworthy person I could turn to for advice if I were having problems. \_\_\_\_\_
17. I feel a strong emotional bond with at least one other person. \_\_\_\_\_
18. There is no one I can depend on for aid if I really need it. \_\_\_\_\_
19. There is no one I feel comfortable talking about problems with. \_\_\_\_\_
20. There are people who admire my talents and abilities. \_\_\_\_\_
21. I lack a feeling of intimacy with another person. \_\_\_\_\_
22. There is no one who likes to do the things I do. \_\_\_\_\_
23. There are people I can count on in an emergency. \_\_\_\_\_
24. No one needs me to care for them. \_\_\_\_\_

DEMOGRAPHIC<sup>137</sup> INFORMATION

Age Range

1. \_\_\_\_\_ 20-39
2. \_\_\_\_\_ 40-64
3. \_\_\_\_\_ 65+

Marital Status

1. \_\_\_\_\_ Married
2. \_\_\_\_\_ Single

Ethnicity

1. \_\_\_\_\_ Black
2. \_\_\_\_\_ White

Church Affiliation

1. \_\_\_\_\_ Lake Region Conference
2. \_\_\_\_\_ Michigan Conference

May 14, 1996

8815 Grove St.  
Berrien Springs, MI 49103

Dear Church Member:

I am a student at Andrews University currently completing my doctoral degree in the area of Educational Psychology. My dissertation will address the subject of the church as a social support for women.

I am requesting your assistance in completing this project. Please take a few minutes to complete the two questionnaires and return them in the enclosed stamped envelope. The demographic information is for statistical purposes only. The results will be completely anonymous, and there will be no references made either to you personally or to your church.

If you have further questions I may be reached at the above number in the evening, or at (616) 471-3270 during the day.

Thank you for your cooperation.

Sincerely,



Norma Greenidge

Faculty Advisor:  
James Tucker, PhD  
Dept. Ed. & Counseling Psych.  
Andrews University  
(616) 471-3475

APPENDIX B  
FREQUENCY DISTRIBUTIONS

## Attachment

Score	Frequency	Percent
4	2	1.4
5	1	0.7
6	5	3.4
7	8	5.4
8	6	4.1
9	4	2.7
10	11	7.5

Score	Frequency	Percent
11	11	7.5
12	23	15.6
13	22	15.0
14	16	10.9
15	16	10.9
16	22	15.0

## Guidance

Score	Frequency	Percent
4	1	0.7
5	1	0.7
6	1	0.7
7	4	2.7
8	8	5.4
9	3	2.0
10	11	7.5

Score	Frequency	Percent
11	5	3.4
12	20	13.6
13	20	13.6
14	18	12.2
15	14	9.5
16	41	27.9

## Nurture

Score	Frequency	Percent
7	2	1.4
8	4	4.1
9	17	11.6
10	21	14.3
11	15	10.2

Score	Frequency	Percent
12	20	13.6
13	18	12.2
14	19	12.9
15	19	12.9
16	12	8.2

## Reliable Alliance

Score	Frequency	Percent
6	1	0.7
7	2	1.4
8	4	2.7
9	5	3.4
10	4	2.7
11	5	3.4

Score	Frequency	Percent
12	26	17.7
13	15	10.2
14	17	11.6
15	16	10.9
16	52	35.4



## Social Integration

Score	Frequency	Percent	Score	Frequency	Percent
5	1	0.7	12	25	17.0
7	3	2.0	13	18	12.2
8	2	1.4	14	18	12.2
10	9	6.1	15	28	19.0
11	12	8.2	16	31	21.1

## Worth

Score	Frequency	Percent	Score	Frequency	Percent
5	1	0.7	11	14	9.5
6	2	1.4	12	23	15.6
7	1	0.7	13	24	16.3
8	4	2.7	14	28	19.0
9	3	2.0	15	18	12.2
10	5	3.4	16	24	16.3

## REFERENCE LIST

## REFERENCE LIST

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