

**RELIGIOUS COPING, WELL-BEING, AND DENOMINATIONAL
AFFILIATION AMONG AFRICAN-AMERICAN WOMEN**

A Dissertation

by

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ABSTRACT

African-American women are considered one of the most religious cultural groups in the United States. Despite high levels of religiosity within this group, various stressors associated with experienced racism, sexism, and other life occurrences require coping as a method to endure negative experiences. While coping through religion is not uncommon, researchers sought to explore how different beliefs impacted the coping process among African-American women. This study investigated religious coping methods, well-being, and denominational affiliation of African-American women in three Protestant denominations where African Americans are highly represented: African Methodist Episcopal, Baptist (as governed by the National Baptist Convention, USA), and Church of God in Christ.

The participant sample (N=202) was drawn from 14 churches in Houston, Texas and Bryan, Texas and ranged in age from 18 to 94. Participants completed surveys pertaining to demographics, religious coping methods, and current well-being. A confirmatory factor analysis was performed to justify variable creation for positive and negative religious coping methods; a regression analysis determined if religious coping methods and denominational affiliation affected well-being; and a moderating regression analysis and ANOVA F-tests were used to determine overall and individual denominational effects in the relationship between religious coping and well-being. Overall there was no relationship between religious coping, well-being, and denominational affiliation. No relationship was found between positive religious coping methods and well-being, but negative coping methods were associated with lower well-

being. Also, there was no relationship found between religious coping methods and well-being and well-being and denominational affiliation.

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CHAPTER I

INTRODUCTION

Adapting or reacting to negative events and other stressors is a part of every individual's life journey. The methods of adapting and reacting vary from person to person and can result in different psychological and physical consequences. This phenomenon, referred to as coping, can reveal vital information about an individual's personality, environment, and other influences that are sources of help when negative events and other stressors occur (Carver, Scheier, & Weintraub, 1989; Endler & Parker, 1990). Folkman and Moskowitz (2004) defined coping as "thoughts and behaviors that people use to manage the internal and external demands of situations that are appraised as stressful" (p. 745). Coping has been acknowledged as a multifaceted process that involves the complexity of people and their environment, and consists of positive and negative methods in which individuals engage to regulate their distress. Several theoretical models have been proposed to explain the process of coping (Carver, Scheier, & Weintraub, 1989; Endler & Parker, 1990; Folkman & Moskowitz, 2000, 2004).

Carver, Scheier and Weintraub (1989) described various dimensions of coping in their proposal of COPE, one of the most commonly used methods for measuring coping. The authors included turning to religion as a means of regulating distress for some people. Other researchers postulated that this response to stress might be extremely important to people who see religion as a way to appraise events and decide how to respond to them as well as to find meaning and purpose within one's life circumstances

(Folkman & Moskowitz, 2004; McCrae & Costa, 1986; Pargament, 1998; Pargament, Smith, Koenig, & Perez, 1998). The use of religion as a means of coping with distress was initially measured by church attendance, scripture reading, and prayer. Pargament and associates operationalized that construct and measured it with greater depth and complexity using 21 dimensions in the development of the RCOPE (Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001; Pargament, Koenig, & Perez, 2000). The investigators identified specific ways in which the use of religion is associated with good or poor adjustment to emotional distress.

As research in the use of religion to cope with stress (religious coping) has advanced, there has been a paucity of research on religious coping among minority populations. Thus, there is a need for additional studies of religious coping among diverse groups. A review of meta-analyses on religious coping and psychological adjustment identified 49 studies of religious coping, in which 65% of the participants were White, 13% were African American, and 22% were of other ethnicities, which included participants with unidentified ethnicity (Ano & Vasconcelles, 2005). While it is evident that African Americans and religious coping methods have been explored, the limitations of what is known include the assessment of an overwhelming benefit of religiosity and religious coping for African Americans compared to that for other cultural groups, and for African American women in particular. Reports have also described contrasting evidence that religious coping may be counterproductive to the well-being of African Americans (Bacchus & Holley, 2005; Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Chatters, Taylor, Jackson, & Lincoln, 2008; Daly, 1995; Ellison

& Taylor, 1996; Randolph-Seng, Nielsen, Bottoms, & Filipas, 2008; Ward, Wiltshire, Detry, & Brown, 2013; Watson & Hunter, 2015). To further understand how religious elements and coping methods may have different effects on an individual, research has explored intrinsic/extrinsic religiosity, the meaningfulness of religion to specific groups, and how well-being has been measured. There has been little exploration of the influence of specific religious denominations, even though a large proportion of the American people adhere to the tenets of particular denominations (Pargament, 2002).

American society is known to be religiously diverse, and was established that way even in colonial times. Religious Christian pluralism in the United States covers a continuum from fundamentalist to liberal beliefs (Smith, 1990). Although the study of religious coping has been a growing area of interest, investigations among specific religious groups have been largely overlooked in the literature. Previous studies have included a sample group from various congregations, but the impact of denominations has yet to be explored thoroughly. A comparative study among members of the Church of the Nazarene, Assemblies of God, Seventh-Day Adventists, mainline Protestants, and Christian Scientists reported the diverse beliefs that exist among these Christian denominations. Such divergent beliefs are particularly evident regarding the existence of demonic activity and how God heals individuals (Pargament, 2002). Wide variations in theological beliefs, biblical interpretations, and secular influences may have implications for how members of various denominations cope with negative events and other stressors. An investigation of the influence of Christian denominational differences on religious coping may provide insights into these influences that can inform

psychological counseling of individuals who are feeling emotional distress or are coping with significant physical stress.

Purpose Statement

The purpose of this study was to investigate the relationship between religious coping, well-being, and denominational affiliation among African American women from three Protestant denominations. The three denominations are Baptist, as governed by the National Baptist Convention, USA, Inc. (NBC USA), African Methodist Episcopal (AME), and Church of God in Christ (COGIC). Newkirk, Ridley, and Martinez (2015) found differences among members of these denominations in their attitudes toward mental health. Specific findings revealed the COGIC church associated religious reasons for the presence of a mental illness and identified religious methods of treating and coping with a mental illness more than the other denominations. Although all these denominations are of the Protestant tradition, it is speculated that theological and polity differences among these denominations may influence religious coping as it appeared to regarding perceptions of mental illness.

Theoretical Framework

This research was guided by the theory of religion and coping established by Pargament and Rayia (2007). The theory is underscored by seven assumptions:

1. “Religion comes in all shapes and sizes” alludes to its ability to be both passive (emphasizing avoidance and denial) and active (encouraging direct confrontation) in nature.

2. “Religious coping does not operate in a vacuum” indicates that religious coping is a result of values, attitudes, and beliefs. The use of religious coping can be influenced by the situation that is encountered.
3. “Religious coping has spiritual, psychological, and physical implications” explains that religious coping can serve various purposes in different domains within an individual’s life.
4. “Religious coping can be both helpful and harmful” speaks to the dual effects of religious coping.
5. “Religious coping is a better predictor of outcomes than more general religious orientation” observes that religious coping is concrete and specific; thus using this measure can provide specific information when linked with other variables.
6. “To study religion, multiple research methods and tools are needed” alludes to the need for multi-layered research (including both qualitative and quantitative methods) in fully understanding the complexity of religion.
7. “Religion can be more fully interwoven into efforts to help people” highlights the utilization of religion/spirituality as a tool or intervention, with the capability to contribute to beneficial results.

Research Questions

The following questions are the focus of this study:

1. Does denominational affiliation (NBC USA, AME, and COGIC) moderate the relationship between religious coping methods and well-being?

- a. Based on my previous study surveying the COGIC denomination that found it to be more fundamental than NBC USA and AME denominations, I hypothesize that COGIC participants will utilize positive religious coping more than participants from the other denominations and will yield higher well-being and higher church satisfaction (Newkirk, et al., 2015). This hypothesis is made due to fundamentalism being associated with well-being, intrinsic religiosity, group cohesiveness, and promoting religiosity over secularism. Research also states that those with a more religious orientation towards the world are more likely to utilize religious coping methods in their daily lives (Genia, 1996).
2. What is the relationship between religious coping methods and well-being among African-American women?
3. What is the relationship between religious coping and denominational affiliation among African-American women?
4. What is the relationship between well-being and denominational affiliation among African-American women?

Delimitations

The proposed study will be confined to the following aspects:

1. The participant sample will consist of African-American women over 18 years of age.

2. The participants will be recruited from NBC USA, AME, or COGIC churches.
3. The participants will indicate how much they agree/disagree with statements that attempt to reflect their thoughts, beliefs, or actions when faced with a problem.
4. The participants will indicate their level of well-being.
5. All participants will be English speakers.

Limitations

The proposed study will be limited in the following aspects:

1. The participant sample will be recruited from churches within Texas.
2. The researchers will determine which churches will be selected for data collection.

Assumptions

1. All participants will answer questions honestly.
2. All participants are members of the churches from which they are recruited and by which they identify themselves.

Definition of Terms

Terminology for this study is defined as follows:

1. **Religious coping** – is defined as “the use of religious beliefs or behaviors to facilitate problem-solving to prevent or alleviate the negative emotional consequences of stressful life circumstances” (Koenig, Pargament, & Nielsen, 1998, p. 513).

2. **Well-being** – is defined the evaluation of both affect (feelings/emotions) and domains of life satisfaction (Deiner, 1994).
3. **Denomination** – refers to a particular “organizational form and an ideological stance that accepts, and even legitimates the coexistence of diverse bodies differing in theology, ritual, and government, but drawing on the same religious tradition” (Harrison & Lazerwitz, 1982, p. 357).

CHAPTER II

LITERATURE REVIEW

Gender, Race, and Religion

The Complexity of Religion. Religion is a complex construct that encompasses more than meets the eye. Although once heralded as an enemy of the field of psychology and perceived as the antithesis of progress and education, religion's role in humanity and in the lives of individuals must be considered when evaluating psychosocial aspects of humans (Baumeister, 2002; Russell & Yarhouse, 2006). As the majority of Americans associate with a particular Christian faith (58% Protestant, 26% Roman and Orthodox Catholic), understanding the importance of faith in American culture is paramount to the study of human behavior, including the ways in which religion influences individuals (Russell & Yarhouse, 2006).

So what exactly is religion? Despite the frequent interchangeable use of the terms "religion" and "spirituality," some researchers distinctly differentiate those terms and measure and understand each phenomenon separately. Although both terms involve the idea of something sacred, a religion encompasses the specific practices, rituals, and principles that are shared by a group of people or community. Spirituality, on the other hand, is often defined by personal experience rather than principles or rituals (Koenig, 2009). The abstract essence of spirituality enables that concept to retain an overall neutral or positive nature; whereas religion can readily be viewed as a negative construct in light of the acts of violence, wars, and bigotry throughout history that have been justified on the basis of religious tenets or teachings. However, judging religion as a one-

dimensional construct fails to consider the numerous benefits of religiosity and thus fails to fully understand its influence on the human experience.

Studies have attributed physical, mental, and societal benefits to religiosity. Religiosity has been associated with physical benefits of low rates of cardiovascular disease, myocardial infarction, alcoholism, emphysema and hypertension. Attendance at religious services has been associated with lower mortality rates, and religiosity with a longer life. Religion has been associated with low rates of depression and a healthy mental state. Societal benefits of religiosity include higher levels of civil engagement, child adjustment, and marital satisfaction, and lower levels of divorce and crime. Religiosity and attendance at religious services are associated with a high level of happiness among individuals who are involved in their faith (Dein, Cook & Koenig, 2012; Mochon, Norton, & Ariely, 2011; Park, 2007).

In contrast, low levels of well-being have been associated with moderate involvement in religiousness or “weakened faith” (Mochon, Norton, & Ariely, 2011). Although having doubts about religion may be casually associated with challenging one’s faith and sometimes growing stronger in that faith, researchers found that having doubt in one’s religion was primarily associated with mental health issues such as depression, anxiety, hostility, and paranoia. Pargament (2010) discussed four domains that influence the effect of religion: the kind of religion (e.g., intrinsic religiosity, extrinsic religiosity, and religious coping methods), the well-being criterion that is measured, the individuals indulging in the religious practice, and the context and situation. Thus, it is evident that many factors help to determine the helpful and harmful

effects of religiosity. Focusing on the individual, the impact of religion can be further analyzed to determine whether a particular method of thinking should be utilized or reframed.

The Religiosity of Women. When evaluating who benefits the most from religiosity, women have consistently been depicted as being more involved than men, attending services more frequently as young and middle-aged adults, finding religion to have more meaning in their lives, and being more likely to utilize religion as a way of dealing with stressors. The evidence for these differences has served as a source of debate and speculation.

Francis (1997) identified two types of theories that involve societal influences and three theories that involve personal or psychological factors that may explain why women are more prone to religiosity. Societal elements involve “gender role socialization theories” and “structural location theories.” Under the gender role socialization theory, the argument is made that women are socialized to resolve conflict and to be gentle and nurturing, which are elements associated with religion. Girls are thus raised to be more prone to religiousness than boys. According to structural location theories, women are raised to be family-centered and as result are more dependent on personal connections, which are also emphasized through religion. At the same time, because women are said to be more family-centered and to view the home as their refuge, their desire for social connections and ignorance of the secular world is believed to direct them toward religiosity.

From a psychological standpoint, depth psychology, personality theories, and gender orientation theories attempt to explain why women are more likely to be religious than men. Depth psychology takes a Freudian approach, focusing on the perceived role of God as the Father, who is thought to be more appealing to women, as Catholicism's greater emphasis on the Virgin Mary may be more appealing to men. Personality theories attempt to draw a connection between the desire for religiousness and the perceived need of women to manage frustration, connect with someone, and handle their feelings of guilt. Gender orientation theories focus on the possibility that religion encompasses more of what society categorizes as feminine in nature. While both men and women can experience feminine attributes, the case is made that religion is more easily accessible to most women than to men.

Though some scholars refute these theories, the data support the finding that women tend to be more religious than men. The idea of most men being reluctant to embrace their religiosity has come into question, as well as the propensity of men to be greater risk takers than women, which suggests irreligiousness among men (Bryant, 2007; Stark 2002). Further exploration is needed to be certain of what it is that attracts women to religiosity more than men. Nevertheless, it is evident that there are religious differences between the sexes.

African Americans and Religion. In regard to race, the group that demonstrates higher religiosity and active religious involvement is African Americans. This group surpasses other races and ethnicities in the United States as far as attendance at religious services and receiving benefits from such involvement (Pargament, 2002). Investigators

have found that African Americans who rate high regarding religious involvement live longer, report fewer symptoms of depression and anxiety, and have greater self-esteem and satisfaction with life (Ellison & Taylor, 1996; Randolph-Seng, Nielsen, Bottoms, & Filipas, 2008). Taylor, Chatters, and Levin (2003) stated that obtaining a true understanding of the importance of religion within the African -American community would require one to “be grounded in an understanding of the historical origins of these traditions and the social, cultural, economic, and political experiences that served to define the individuals and collective religious expression for this group” (p.13). The authors further stated that besides the benefits of religion (i.e., providing meaning to life’s events and connecting with a deity), “...African-American religious traditions have also necessarily reflected the salient issues of emancipation, individual and community enfranchisement, civil and human rights, and social and economic justice” (p.14). Although there are great benefits to increased religious involvement within the African-American community, it is paramount to realize the instrumental nature of religion for this community, particularly within the hostile environment of a country that has historically discriminated against and severely oppressed African Americans.

Christianity within the African-American community became evident with the beginning of American slavery. Although this African diaspora took place over centuries, relocating many Africans throughout the world, its primary involvement in Protestant North America in the 17th and 18th centuries led to the disbandment of “primitive” religions that had been prevalent among the Africans in their native lands. Though indoctrination in the Christian faith was used to encourage obedience to White

masters, slaves began to meet separately and utilized songs in the form of Negro spirituals to establish their own form of spirituality and to communicate messages of potential freedom from slavery. Meeting separately was discouraged in the South out of fear of rebellion. However, it was during the time of slavery that the Christianity practiced by predominately White congregations began to take a separate course from the Christianity practiced by slaves, which widely embraced the hope of freedom. During the time of slavery, that hope was to be set free from the chains of bondage. Once emancipated, African Americans yearned for the freedom to move about without concern and to enjoy the rights of other free citizens, to seek knowledge through education and improve their skills through training and to apply their labor and knowledge through meaningful and fiscally rewarding work (Hunn & Craig, 2009; Lincoln & Mamiya, 1990).

Through the establishment of “the Black church” and entities that were geared toward the African American community’s needs, African-American Christianity became a mode for stirring hearts and minds toward achieving a better life and realizing fair treatment in America. At the same time, some African Americans still attended predominately Caucasian churches.

In the Jim Crow era, which started in the late 19th century and continued into the 20th century, leading to the mid-century Civil Rights era, the Black church became a powerful force that functioned as a hub of information, a meeting place at which to organize thoughts, ideas, and protests, and also an arena through which to focus hearts and minds toward the common goal of achieving equality and justice in the United

States by providing an opportunity for leadership and assisting in the development of Black identity and importance (Boyd, 2010; Lincoln & Mamiya, 1990). Religiosity and religious involvement were the primary coping mechanisms for the African Americans who lived in slavery and later for those who had to continually fight for their rights. The messages of justice, equality, and servitude to one's brother are examples of the use of Christian tenets as instruments for coping and then for social change among people in great need of justice and equality.

African-American Women

African-American Women and Mental Health. With the strong religiousness of women and African Americans, it comes as no surprise that African American women are among the most religious people in the United States; they are found to have more religious involvement than Black men, White men, and White women. Roughly 84% of Black women state that religiosity is important in their lives, and six out of ten attend service weekly (Mattis, 2002; Reed & Neville, 2014). When considering inter-group differences, age was positively correlated with organized/non-organized religious activities (church attendance, prayer, requesting prayer, church membership, etc.) indicating a stronger religiosity among African-American men and women with age (Chatters & Taylor, 1989).

Despite high levels of religious involvement and religiosity, African American women face challenges to their mental and physical health that are unique to their group. The factors of their race, gender, and historically restricted socioeconomic status lead to the triple stressors of discrimination, unemployment, and poverty (Gibbs & Fuery, 1994;

Everett, Hall, & Hamilton-Mason, 2010; Hunn & Craig, 2009). Other elements that contribute to poor mental health among Black women are the concerns that are prominent among African Americans in general: family problems, single parenthood, neighborhood and environmental stress, as well as being less likely to marry and twice as likely to require welfare assistance in comparison to their White counterparts (Gibbs & Fuery, 1994). In addition to these stressors, the image of the strong Black woman may burden these women with a stereotype that is impossible to maintain. The perception of the strong Black woman encompasses resilience, undying strength, and the steadfast ability to cope with adversity. It is a role that many Black women adopt within family systems in their community; however, it also places communal and societal pressure on African-American women to achieve that stereotype. The perceived expectation to be a strong Black woman may also prevent women from requesting assistance or accepting support when facing hardships and in need of help. These factors bring additional stress to African-American women and exacerbate other mental health issues (Watson & Hunter, 2015; Woods-Giscombe, 2010). Despite the challenge of low socioeconomic status, on average, more African-American women than men are obtaining degrees of higher education. While attending institutions of higher learning, however, African American women may have to cope with feelings of isolation from their community as well as within the academic community. Similar sentiments may be experienced in the workplace, producing work-related stress (Bacchus & Holley, 2005; Everett, Hall, & Hamilton-Mason, 2010). Numerous sources have identified African American women as being more likely to identify depressive symptoms than their White counterparts, which

is reflective of the stressors they experience (Watson & Hunter, 2015; Ward, Wiltshire, Detry, & Brown, 2013).

While the risk factors appear to be numerous, protective factors such as being married, having an education, and earning a substantial income are all related to good mental health among African American women. Full-time employment, mid to high socioeconomic status, residential mobility, and established social networks are also associated with psychological well-being (Gibbs & Fuery, 1994). Social connections, social integration, and fellowship are also important aspects of emotional support and coping among African American women. Social networking also occurs through religious involvement within congregations, which enforces the role of religion in coping (Gibbs & Fuery, 1994).

African-American Women and Coping. The literature presents clear support for religiosity as a partial or primary means of coping, but there is an apparent reluctance to consider mental health resources (i.e., talking to a counselor) as a means of coping with a problem (Bacchus & Holley, 2005; Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Chatters, Taylor, Jackson, & Lincoln, 2008; Daly, 1995; Ellison & Taylor, 1996; Ward, Wiltshire, Detry, & Brown, 2013; Watson & Hunter, 2015). Utsey, Adams, and Bolden (2000) reported four categories of coping methods that are prevalent among African Americans: collective-centered coping, ritual-centered coping, cognitive-emotional debriefing, and spiritual-oriented coping. Collective-centered coping involves seeking the influence and opinions from groups or other individuals rather than relying on one's own opinion or means of self-coping. Ritual-centered coping mechanisms involve the

use of symbolism. Cognitive-emotional debriefing refers to doing things to distract one's self from the situation, such as watching television or going out and engaging in activities. Another study identified self-improvement (i.e., education), self-care, an approach strategy (i.e., prayer), and an avoidant strategy to be the main ways Black women respond to stress in their lives. Depending on the stressor, an avoidant strategy may be seen as a positive coping strategy (Everett, Hall, & Hamilton-Mason, 2010). Bryant-Davis, Ullman, Tsong, and Gobin (2011) evaluated the usefulness of social support and religiosity among African American women coping with the aftermath of sexual assault. They viewed access to social support as an indicator of less depression and post-traumatic stress disorder. In contrast, among women who endorsed using religious coping methods, access to social support was an indicator of more symptoms of depression and post-traumatic stress disorder. As religiosity is often associated with inverse outcomes, researchers made sense of their data by proposing that African American women in the study could have been engaging in negative coping mechanisms in which they believed that they were being punished by God or that they needed to allow God to control their circumstances and other elements that constitute negative coping mechanisms. Another explanation for this finding was that those who are in greater distress may rely even more on religious coping methods.

Given the aforementioned coping methods, coping through religious means is prominent among African-American women. Through prayer, church support, hymnals, and scriptures, women in this culture have learned to cope with all types of stressors.

Nevertheless, there is much to be learned about the effectiveness of different types of religious coping methods in promoting the well-being of Black women.

Religious Coping

The study of religiosity as a means of coping has grown due to its prevalence and apparent growth in times of stress among African Americans, other disenfranchised groups, and people with lower education levels. It is thus vital to understand the factors that make up religious coping and the effectiveness of different methods of religious coping (Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001; Pargament, 2002; Pargament, Smith, Koenig, & Perez, 1998).

Because religiosity assists an individual in coping with a variety of situations in different ways, it is known to be multi-dimensional. This multi-dimensional means of coping has been studied through its general use as a coping mechanism, by evaluating religious activities or involvement, by looking at five specific ways of religious coping, and by scrutinizing what aspects of religious coping methods constitute positive versus negative coping methods (Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001).

Kenneth Pargament, a renowned researcher in the field of religious coping, and his associates developed a comprehensive measure called the RCOPE, which evaluates five functions of religious coping and deciphers which of the methods represent positive versus negative coping methods (Pargament, Koenig, & Perez, 2000). The five religious functions identified are: (1) Meaning: the idea that religion helps individuals attribute meaning to specific situations and to interpret them within the context of their life; (2) Control: the perception that religion helps individuals to assert control or to have a sense

of control, even in uncontrollable circumstances; (3) Comfort/Spirituality: the desire to connect to a higher power; (4) Intimacy/Spirituality: the connection with others through spirituality (e.g., congregation, clergy); and (5) Life Transformation: changes in behavior or perspective relating to one's faith. Within these five functions, the following 21 subscales or illustrative ways of coping are further noted, along with the religious function to which they correspond (1–5).

(1) **Benevolent religious reappraisal** – redefining the stressor through religion as benevolent and potentially beneficial

(1) **Punishing God reappraisal** – redefining the stressor as a punishment from God for the individual's sins

(1) **Demonic reappraisal** – redefining the stressor as an act of the devil

(1) **Reappraisal of God's powers** – redefining God's power to influence the stressful situation

(2) **Collaborative religious coping** – seeking control through a partnership with God in problem solving

(2) **Active religious surrender** – actively giving up control of coping to God

(2) **Passive religious deferral** – passively waiting for God to control the situation

(2) **Pleading for direct intercession** – seeking control indirectly by pleading to God for a miracle or divine intercession

(2) **Self-directing religious coping** – seeking control directly through individual initiatives rather than through help from God

- (3) **Seeking spiritual support** – searching for comfort and reassurance through God’s love and care
- (3) **Religious focus** – engaging in religious activities to shift focus from the stressor
- (3) **Religious purification** – searching for spiritual cleansing through religious actions
- (3) **Spiritual connection** – experiencing a sense of connectedness with forces that transcend the individual
- (3) **Spiritual discontent** – expressing confusion and dissatisfaction with God’s relationship to the individual in the stressful situation
- (3) **Making religious boundaries** – clearly demarcating acceptable from unacceptable religious behavior and remaining within those religious boundaries
- (4) **Seeking support from clergy or members** – searching for comfort and reassurance through the love and care of congregation members and clergy
- (4) **Religious helping** – attempting to provide spiritual support and comfort to others
- (4) **Interpersonal religious discontent** – expressing confusion and dissatisfaction with the relationship of clergy or members to the individual in the stressful situation
- (5) **Seeking religious direction** – looking to religion for assistance in finding a new direction for living when the old one may no longer be viable
- (5) **Religious conversion** – looking to religion for a radical change in life
- (5) **Religious forgiving** – looking to religion for help in shifting from the anger, hurt, and fear associated with an offense to one’s peace

Because of the extensive length of this measure when the 21 subscales are included, the Brief RCOPE was developed. That abbreviated measure originally

incorporated 21 questions. Then, after a factor analysis highlighted the positive and negative coping methods, the measure was shortened to 14 items (Pargament, Feuille, & Burdzy, 2011).

Religious coping and well-being. The association between religious coping and well-being has become increasingly evident, and related studies have elucidated the coping methods that benefit well-being, psychological adjustment, and life satisfaction (i.e., positive coping methods) as well as those that lead to lower well-being, psychological adjustment, and life satisfaction (i.e., negative coping methods) (Ano & Vasconcelles, 2005; Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001; Pargament, Koenig, & Perez, 2000; Pargament, Smith, Koenig, & Perez, 1998). Pargament, Smith, Koenig, and Perez (1998) stated that positive religious coping methods may result from “a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others.” Negative religious coping methods result from “a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle in the search for significance” (p. 712).

Positive religious coping strategies include spiritual connectedness, benevolent religious reappraisals, collaborative religious coping, receiving congregational support, having a religious focus, seeking spiritual support, and implementing religious forgiveness. On the other side, coping strategies associated with a negative effect include feeling spiritual discontent, interpersonal religious discontent, using negative reframing, self-directed religious coping, appraising the situation as punishment from God or as

demonic action, and doubting God's powers (Ano & Vasconcelles, 2005; Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001; Pargament, Koenig, & Perez, 2000; Pargament, Smith, Koenig, & Perez, 1998). While the relationships between better mental health, physical health, stress-related growth, psychological adjustment, and well-being are usually associated with positive coping methods and inversely related to negative coping methods, this is not always the case. Negative coping methods that result in a spiritual struggle that ultimately leads to mental and spiritual growth are sometimes the exception. The objective view of religious coping identifies both benefits and hindrances related to this coping method. By understanding these fundamental dynamics, researchers can identify ways to use the power of religious coping methods to heal individuals who are dealing with stress.

Well-Being

The definition of well-being has evolved over time and is highly debated by different researchers. Perspectives of well-being are often divided into two approaches. First, is the hedonic tradition, which refers to the evaluation of happiness, positive and negative affect, and life satisfaction. The second approach is the eudaimonistic tradition, which refers to positive psychological functioning and human development (Dodge, Daly, Huyton, Sanders, 2012). Several definitions of psychological well-being have emerged through the years that involve an evaluation of positive affect, negative affect, and life satisfaction, with a focus on greater positive affect over negative affect (Bradburn, 1969; Deiner and Suh, 1997). Another definition focuses on specific components of well-being that involve autonomy, environmental mastery, positive

relationships, purpose in life, realization of potential, and self-acceptance as necessary aspects to measure well-being (Ryff & Singer, 2008). A criticism of this definition is that while well-being is broken down into separate components, these are merely descriptions of well-being instead of defining the concept itself. Additional definitions of well-being have included evaluating one's "quality of life," which Shin and Johnson (1978) have alluded to as a "global assessment of a person's quality of life according to his own chosen criteria." Despite quality of life and well-being being used interchangeably in some literature, there is a distinction that defines quality of life as "an individual's perception of their position in life in the context of the culture and value systems," which refers to quality of life as a domain that is one element that constitutes well-being (World Health Organization, 1997). Lastly, within mainstream psychology, other perspectives link well-being to positive attributes and in some cases evaluates emotional, psychological, and social well-being as separate dimensions (Keyes & Lopez, 2002).

While the essence of well-being varies among researchers, an important factor to consider is that well-being can be measured on different levels: individually, within a family unit, a community, and in society as a whole. For the scope of this project, the focus is on individual well-being and thus subjective well-being (SWB), which includes "subjective experiences of career and financial wellbeing, and physical, psychological, spiritual, and moral experiences..." (La Placa, McNaught, & Knight, 2013).

The definition of SWB has evolved, while researchers have determined numerous ways to evaluate this concept. Researchers have defined SWB in two distinct

ways: affect and life satisfaction. Affect is often interpreted through emotional processing, which includes the evaluation of the pleasantness of one's thoughts, feelings, and mood that contributes to positive or negative affect. The second aspect of SWB involves cognitive appraisal, which is related to life satisfaction. The evaluation of life satisfaction involves the individual making a cognitive judgment of life circumstances, achievement of goals, and other domains in his/her life. To evaluate both affect and life satisfaction, SWB must be understood as a concept that the individual can self-appraise consistently, being that affect and satisfaction have the propensity to change throughout time and circumstances (Deiner, 1994).

As SWB is further understood and explored in the literature, views on evaluating or measuring this concept will likewise evolve. Initially, it was believed that the comprehension of SWB could be summarized by one question, such as "How do you feel about life as a whole?" The individual answering the question is given seven response options that indicate his/her overall sentiment about life (Andrew & Withey, 1976). When considering the affect and satisfaction components of well-being, other surveys found the best way to evaluate SWB was to measure these factors independently; substituting the term "general happiness" for "affect." Aside from the inclusion of multi-dimensions, considering one's memory or ability to reflect when answering questions and having cultural sensitivity as to how certain questions could be perceived were also notable factors in the development of instruments designed to measure SWB.

Many studies have indicated particular factors that impact SWB. While the level of impact is found to be minor, demographic qualities such as income, sex, age, and marital status tend to impact one's SWB and make a difference between an individual being "moderately happy" and "very happy" (Diener, 2009). Despite these factors impacting well-being, more specific factors should be considered when one is evaluating this concept.

When evaluating SWB, it is imperative to understand and consider individual factors, such as culture, to obtain an accurate view of how factors of SWB impact people differently. Diener (2009) details that differences in culture can make a difference between the same factor having a negative versus positive impact for different individuals. For instance, self-esteem, extroversion, and personality congruence are particular elements that are more impactful in regard to life satisfaction and pleasant affect among individualist cultures versus collectivist cultures. Even when looking at demographic variables, understanding how they impact SWB can vary among cultures. For example, while marital status is found to impact SWB, the impact can differ between providing companionship or additional social acceptance within a community. Alternatively, within individualistic societies, unmarried couples that live together are found to be happier than married and single individuals. Therefore, carefully considering the individual while evaluating variables used to measure SWB provides vital information about the complexity of SWB among diverse groups.

An Exploration of Christian Denominations

Christian denominations have a longstanding history in the United States, starting in the 17th century, when the Puritans landed in New England. It is of interest to explore the differences in the denominations and in the factions that have developed within a given denomination in light of how the different religious tenets and beliefs impact the lives of individual members of the congregations or individual believers. When exploring distinctive qualities of denominations, one must take into account the history of the organization, previous findings regarding denominational differences, and fundamentalism. As the scope of this research involves NBC USA, AME, and COGIC churches, these denominations will be further explored.

NBC USA. The origin of this denomination in America can be traced to the establishment of the First Baptist Church of America in Providence, Rhode Island, in 1639 by Roger Williams, who was a Puritan. The Baptists at that time were labeled as “General Baptists.” Their differentiating belief within Protestantism was that adult believers had to be immersed in water (i.e., undergo baptism). In the 18th century, as the Baptist faith spread throughout New England, those who identified with a more “Calvinist” approach to their doctrine were identified as “Particular Baptists.” The Great Awakening (of religious faith) in America led to further factions in this denomination, including “Regular Baptists” (or Old Light believers), who held moderate Calvinist views, and “Separate Baptists” (or New Light believers), who embraced extreme Calvinist views. Baptists spread to the South during the Great Awakening movement, and evangelized the slaves, gaining new converts. Among the converts, George Liele

and Andrew Bryan became the first Black ministers of African-American Baptist churches: the Silver Bluff Baptist Church in Jackson, South Carolina, which began in 1773-1775 (some reports provide a starting date of 1750), and the First African Church of Savannah, Georgia, which began in 1773. African Americans within the Baptist denomination in northern regions promoted separation from Whites because of restrictive treatment within those congregations. In the South, African-American Baptists were forbidden from congregating separately from the White church and needed “permission slips” to attend such worship services. In 1845, greater separation between White and Black Baptists occurred, leading to the establishment of traditional and predominately African-American associations or conventions, such as the Consolidated American Baptist Missionary Convention in 1867, which in turn fragmented into what is now the National Baptist Convention USA, Inc., that was established in 1880. The other two African-American factions of the Baptist denomination are the National Baptist Convention of America, which was established in 1915, and the Progressive National Convention, Inc., which was established in 1961. Though these conventions are often seen as separate denominations, for the purpose of this study, they are categorized as one group, making the NBC USA denomination the largest African-American Christian denomination in the United States (Ingersoll, 2003; Leonard, 2005; Lincoln & Mamiya, 1990; Pitts, 1993).

The NBC USA denomination is part of the Protestant movement within the United States. Besides the initial emphasis on the necessity of water immersion for all adult believers, Calvinism influenced the Baptist doctrine, which includes the belief in

the spiritual death of mankind because of original sin, man's inability to save himself, that the "elect" or those pre-selected by God are the only ones to be saved, and that it is not by merit nor any particular deed that the "elect" are saved, but by God's grace alone. Among the diverse views within the Baptist denomination, the NBC USA acknowledges the belief in the "perseverance of the saints," which in Calvinism means that once someone is saved by Christ, they are always saved. Despite the presence of the conventions and their platforms, churches within this denomination operate independently and can choose to affiliate with a convention or to function without such an affiliation. The incorporation of women into the leadership of the church has varied from church to church. Collectively within the NBC USA denomination, women pastors have been recognized since 1979; however, few have been able to serve as trustees and even fewer as deacons. In the National Baptist Convention of America, there are no women in local or national leadership positions. Because of their autonomy, Baptist churches often vary in what they emphasize. Therefore, the structure of services may differ and minor differences in beliefs may exist. While this presents difficulties in making general statements about the Baptist denomination or in comparing the Baptist denomination with other Christian denominations, studies have nevertheless acquired data that provide a better understanding of this denomination.

AME. Methodism was introduced through the evangelical style of worship and an emphasis on the poor from within a group of Anglican students at Oxford University in the mid-1720s. Led by Charles Wesley, but officially founded by his brother John Wesley, this denomination spread quickly in the 1730s, and was formally established in

the United States as the Methodist Episcopal Church in 1783–1784, during what is known as the Christmas Conference. As the number of Methodists grew in the United States, anti-slavery declarations within this denomination attracted African Americans. Views toward slavery divided the denomination into Northern and Southern Methodists. Richard Allen and Absalom Jones were African-American Methodists who were reprimanded for worshipping in a gallery that was not open to African-American Christians. This form of segregation and other acts of racism led to the establishment of the AME Church in Philadelphia in 1816, and of the AME Zion Church in New York City in 1821. These churches have identical tenets and have considered unifying as one church. The Christian Methodist Episcopal Church, which has the same agenda as the other predominately and historically African-American churches within the Methodist denomination, originated in the South from the White Southern Methodism that upheld the institution of slavery. What was once known as the Colored Methodist Episcopal Church was founded in 1870. The Black United Methodists for Church Renewal was founded in 1968, as a caucus for African Americans within the United Methodist Church (Cracknell & White, 2005; Ingersoll, 2003; Lincoln & Mamiya, 1990).

Baptist. The Baptist denomination has historical roots in Calvinism; whereas the Methodist denomination was derived from Arminianism. Calvinism includes the pre-selection of those to be saved by God and that such pre-selection imparts eternal salvation; whereas Arminianism maintains that salvation is available to all who accept Christ, but that salvation can also be rejected or lost. John Wesley included work on behalf of the poor or less fortunate as a common staple among Methodists. The AME

denomination follows the motto “God our Father, Christ our Redeemer, the Holy Ghost our Comforter, Man our Brother,” which emphasizes all the important elements in the life of a believer. Other elements of Methodism include a specific order of leadership. While Baptists have more autonomy in their local churches, Methodist churches are organized into districts, which are led by Bishops, who have the authority to assign local pastors to churches. Bishops are elected by the General Conference, which comprises a national legislative body. Annual conferences are established for the general body and various groups. Unlike the Baptist denomination, the Methodist denomination has provided for the ordination of women as deacons and elders since the 19th century, and has allowed women to serve as clergy since 1966. Ultimately, connectivity, progressiveness, education, and social involvement are extremely important within the Methodist denomination, which includes the oldest established African-American denomination in the United States (Cracknell & White, 2005; Ingersoll, 2003).

COGIC. This denomination evolved from the Holiness/Pentecostal movement through a multicultural gathering. This denomination also experienced divisions because of racism. In the late 19th century, the Holiness movement grew out of the Methodist movement through a desire to live under the influence of the Holy Spirit, (also referred to as the Holy Ghost), and to engage in purity, modesty, and devotion. Pentecostalism developed under that same movement and emphasized the individual experiencing a deeper sense of salvation, which was a part of a process called “sanctification.” In the development of Pentecostalism, believers sought and witnessed occurrences that were similar to those described in the biblical book of Acts, such as speaking in an unknown

language (i.e., glossolalia). The multicultural gathering from which these movements originated was the Azusa Street Revivals, which took place in Los Angeles in 1907. Charles Harrison Mason, who had previously experienced sanctification and began preaching about it in 1893, had been banned from the state Baptist Association with which he was once affiliated. He then established the Church of God in Christ in Memphis in 1897. Mason then attended the Azusa Street Revivals in 1907, which were led by William Seymour, and was filled with the Holy Ghost and baptized in fire, and began speaking in tongues, or showing evidence of glossolalia. This created a division within the denomination about the inclusion of Pentecostal elements, which established the Church of Christ (Holiness), USA for members who did not embrace the Pentecostal elements such as “being baptized in the Holy Ghost” and glossolalia. Elements of racial segregation present even during the multicultural gathering resulted in the formation of separate White-Pentecostal and Black-Pentecostal denominations in 1924. Despite the division, the COGIC began to grow rapidly, developing into the second largest African-American denomination and the largest Pentecostal denomination (Ingersoll, 2003; Lincoln & Mamiya, 1990).

Living a holy life within the Holiness movement involved complete abstinence from worldly distractions. Members were prohibited from indulging in drinking, dancing, theater shows, or other worldly concerns. Modesty was emphasized, along with refraining from personal distractions, gaudiness, or vanity. The women were not to cut their hair, nor to wear makeup or jewelry. Wearing simple clothing was embraced as a way of focusing one’s attention away from the world and toward godliness. During the

Pentecostal movement, some believers thought that anyone who did not show signs of speaking in tongues did not have complete salvation. A major emphasis was placed on witnessing miraculous signs, enthusiastically experiencing the Spirit, and being “slain in the spirit.” Pentecostals interpreted some biblical scripture literally. Women in this denomination have been allowed to bring messages before the congregation, but they cannot hold the title of pastor or elder. Women are not ordained as clergy, but they can hold a leadership role as a missionary, evangelist, or mother. The role of women in the COGIC church is thus different among the three denominations under study.

Further investigation of the specific differences within each denomination can provide insight into how theology, member ideology, and holding certain beliefs affect the members of each denomination. Fundamentalism is defined as a conservative movement derived from the Holiness and Pentecostal movements that was the response to the secularization and modernization of religion in the early 20th century. Beliefs associated with Fundamentalists, according to the literature, include a belief in the strict inerrancy of the Bible, personal salvation by accepting Christ as the savior, the personal premillennial imminent return of Christ, an evangelical furor to reach out and save and convert others, and acceptance in traditional Protestant beliefs. Another view of fundamentalism finds the belief that there is one set of teachings that contains the truth about God and that this truth in turn must be strictly followed, allowing those who believe and follow the teaching to be truly connected to God. It is even further postulated that fundamentalists adopt an “us versus them” mentality, are separatists, and

disregard other sources of truth that are nonreligious (Smith, 1990; Woodbury & Smith, 1998).

So how do researchers determine whether a denomination is part of fundamentalism or a more liberal part of Protestantism? Smith (1990) evaluated a series of denominations based on theology, membership beliefs, clergy beliefs, and past classification of fundamentalism. Smith evaluated the three denominations to be assessed in this study: the NBC USA, the AME, and the COGIC. The NBC USA and the COGIC were found to be Fundamentalist, and 54.5% and 81.8% of their respective congregants were found to believe that the Bible should be taken literally. The AME was found to be liberal or moderate; however, 65% of its congregants believed the Bible should be taken literally. In a pilot study, Newkirk, Ridley, and Martinez (2015) found that the COGIC held more Fundamentalist beliefs than the NBC USA.

Researchers aim to determine how differing church beliefs impact the relationship between religious coping methods and well-being. While fundamentalism is not directly being measured, by understanding the background beliefs of the denominations within the study, we are able to identify possible connections between different beliefs and religious coping methods and an individual's well-being. The differences in fundamentalism previously measured provide insight as to how well-being could be impacted. The literature reports both positive and negative effects related to fundamentalism. Modern believers in fundamentalism flourish in rituals, demonstrate strong group cohesiveness, and derive greater intrinsic motivation from their faith. Intrinsic motivation is associated with greater mental benefits and well-being compared

to extrinsic motivation. Those who are fundamentalists do not tend to use religion for social purposes but rather for comfort, security, protection, and to minimize social anxiety and doubt. On the other hand, greater adherence to fundamentalism has also been associated with religious exclusion and a greater chance of being misunderstood by others who judge fundamentalism to have psychotic or unhealthy features or practices or see fundamentalism as not reflecting the Western perception of healthy features or practices. Religious guilt and fear are also associated with high levels of fundamentalism; however, these results may be attributed to individuals who feel stress from not meeting the high expectations placed on them by their faith. Alternatively, individuals who are prone to feeling religious guilt and fear may seek fundamentalism as a source of comfort (Kennedy, 1999). For these connections, the assumption is made that not only are certain denominations fundamental in nature, but that individuals within the denominations are impacted by fundamental beliefs beyond church walls. This impact is evident through the exploration of the differences between Roman Catholic and Evangelical Hispanic women who were diagnosed with breast cancer. In analyzing how religious coping affected emotional distress among women with these two religious affiliations, the Catholic Hispanic women who reported high levels of religiousness expressed greater distress than the Evangelical Hispanic women. Alferi and associates (1999) postulated that the teachings of Catholicism, which emphasize judgment, confession, and absolution from guilt, may counteract the potentially beneficial effects of religious coping. In contrast, the Evangelical beliefs of the ability to accept faith and be saved for eternity may be more beneficial as coping methods (Alferi et al., 2009).

Ultimately, in evaluating the differences in denominational influence between religious coping and well-being, we are able to begin the journey of understanding how different beliefs impact individuals differently.

CHAPTER III

METHODOLOGY

Participants

This study recruited participants from 14 preselected AME, COGIC, and NBC USA churches in Bryan, Texas, and Houston, Texas. The churches were selected on the basis of regional convenience or recommendations from ministers known within the researcher's network. Individuals recruited for the study were women who identify as African American or Black and are at least 18 years of age. A total of 202 participants were recruited (45 from AME churches, 56 from NBC USA churches, and 101 from COGIC churches). The age of participants ranged from 22-79 years in the AME sample ($M=55.2$, $SD=14.1$), 18-94 in the NBC USA sample ($M= 47.5$, $SD = 18.2$), and 21-80 in the COGIC sample ($M=56.5$, $SD= 13.4$), with an overall age range from 21-94.

Regarding their education, the majority of participants indicated that their education went beyond high school. In the AME sample, 2.2% of the participants indicated having some high school education, 4.4% have a high school education, 13.3% indicated some college; 17.8% trade/technical/vocational training, 15.6% college graduate, 8.9% some post graduate work, 33.3% post graduate work, and 4.4% indicated obtaining an educational status not listed. In the COGIC sample, 3.0% of the participants indicated having some high school education, 11.9% indicated having a high school education, 27.7% some college; 8.9% trade/technical/vocational training, 25.7% college graduate, 4.0% some post graduate work, 16.8% post graduate work, and 2.0% did not answer this item. In the NBC sample, 8.9% indicated some high school education, 25%

indicated having a high school education; 25% some college, 5.4% trade/technical/vocational training, 21.4% college graduate, 1.8% some post graduate experience; and 12.5% indicated having obtained a post graduate degree. Overall, the sample is well educated, with participants in the AME denomination having the highest educational attainment, followed by participants in the GOGIC denomination, and lastly participants in the NBC denomination.

Regarding the marital status of the participants, majority of individuals across denominations indicated that they were not married nor had they been married. In the AME sample, 31.1% participants indicated single, never married, 31.1% married or domestic relationship; 4.4% widowed, 31.1% divorced, and 2.2% indicated that they were separated. In the GOGIC sample, 20.8% indicated single, never married; 14.8% married or domestic relationship; 16.8% widowed, 44.5% divorced, 2.0% separated, and 1.0% did not answer this item. In the NBC sample, 37.5% of the participants indicated single, never married; 14.3% married or domestic relationship, 5.4% widowed, 35.7% divorced; and 7.1% indicated that they were separated from their partner.

Regarding the number of years individuals have been affiliated with their current church at the time of surveying, the AME sample indicated a range between 0.50-67 years ($M=27.9$, $SD=21.8$), the NBC USA sample indicated .50-67 years ($M=24.5$, $SD=17.8$), and the COGIC sample indicated .66-70 years ($M=23.3$, $SD=16.7$). Overall, the participants across the denominations have an average of more than 20 years within their current church.

Regarding the amount of years individuals have been affiliated with their current denomination, the AME sample indicated a range between 3-73 years ($M=37.0$, $SD=22.1$), NBC USA participants indicated a range between .75-80 years ($M=39.4$, $SD=20.2$), while the COGIC sample indicated a range of 4-80 ($M=41.9$, $SD=19.7$) years. Overall, participants across the denominations have an average of more than 35 years within their respective denominations. A summary of all demographic data is found in Table 1 and Table 2.

Procedures

Each church was selected out of a convenience sampling on the basis of accessibility and willingness to participate. A recruitment letter was sent to establish a connection and petition for recruitment. This form is available in Appendix A. A consent form was required of each participating church, as mandated by the Texas A & M University Institutional Review Board. A sample of this form is in Appendix B. A research lab, EPSY 645, was established to assist with data collection. The function of the lab was to educate undergraduates on the nature of the project, provide training in data collection, and assist the principal investigator in the administration of surveys at each church location.

After the research assistant or researcher contacted the pastor and agreed upon a date that best suited the congregation, the researcher attended the church service that preceded the designated study session. An announcement was made in that service in order to recruit participants and encourage participation in the project. The actual surveying took place at a pre-designated area on the church grounds. Consent forms,

survey packets, and pencils were provided for all participants. As each participant finished the survey, she was asked to give the researcher her consent form, packet, and pencil. This was the procedure for each church that agreed to participate. The consent form is located in Appendix B.

Measures

To evaluate religious coping methods, well-being, and denominational affiliation among African-American Christian women, measures to specifically assess each of these areas were included.

Demographic Information. The participants in this study supplied their demographic information in order for the researchers to run a preliminary analysis and analyze specific qualities of the sample. Demographic information included age, gender, education level, marital status, length of time the participant has been affiliated with her current church, and length of time the participant has been affiliated with the denomination from which she was being surveyed. This survey is provided in Appendix C.

Religious Coping. Pargament, Koenig, and Perez (2000) developed the RCOPE, which includes several subtests and overarching themes. This scale measures the various dimensions of religious coping an individual engages in, when faced with a stressful event. Because of the length of the original assessment, which included 120 questions, researchers used the abbreviated version of the RCOPE (Pargament, Feuille, & Burdzy, 2011), which includes 14 questions that reflect the subtests on the original measure. For each question, the participants were provided with a Likert scale, which asks to what

extent they agree with the provided statement, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Statements reflective of negative coping methods include “questioned the power of God,” “wondered whether my church had abandoned me,” and “questioned God’s love for me.” An example of statements that account for positive coping methods include “sought God’s love and care,” “sought help from God in letting go of my anger,” and “tried to put my plans into action together with God.”

The Brief RCOPE has solid internal consistency and validity. It has been used with many populations, including a sample of low-income African-American women in order to evaluate self-esteem, social support, and religious coping methods as mediator variables between intimate partner violence and symptoms of post-traumatic stress disorder. The Brief RCOPE provided an alpha of .80 for negative religious coping methods and an alpha of .92 for positive religious coping methods (Bradley, Schwartz, Kaslow, 2005). Several studies have proven the concurrent, incremental, and predicative validity of this measure, including its use with various cultures and in languages other than English. Scores were determined by separating negative religious coping methods from positive coping methods and adding up the scores. Higher scores with negative coping methods referred to a greater use of negative coping methods. Higher scores with positive coping methods alluded to a greater prevalence of utilizing positive coping methods. This is provided in Appendix C.

Well-Being. To assess well-being, researchers utilized “the Flourishing Scale,” which is grounded in the perspective of SWB as defined by Keys and Lopez (2002) and the work of Ryff and Singer (2008). “The Flourishing Scale” asks the participant to rate

positive attributes and requires an evaluation of purpose and social involvement, which are also found to be related to well-being (Seligman, 2002; Diener et al., 2010). The measure, which has 8 questions, allows participants to use the 7 Likert response choices (1 – “strongly disagree” to 7 – “strongly agree”) to rate their level of agreement with each item in their lives, over the last two weeks. An example of statements provided include “I lead a purposeful and meaningful life,” “I am optimistic about my future,” and “I feel that I am a good person and live a good life.”

In a study by Diener and associates (2010) in the evaluation of 689 students, they found the Flourishing Scale to have a high internal validity (.87), temporal reliabilities (.71). Such statistics emphasize that it is a reliable measure for evaluating well-being without including sociopsychological factors. Scores were evaluated by adding the participant’s individual scores. Thus, a higher score indicates a more positive well-being. This survey is provided in Appendix C.

Data Analysis

Descriptive statistics were calculated to gain information on the sample from which the information was collected. By evaluating age, education, marital status, along with length of time spent in the church and denomination, further generalization can be made for this sample. A confirmatory factor analysis (CFA) was also a part of the evaluation process. The CFA, which was performed on the Brief RCOPE, serves to determine the model fit of positive and negative coping patterns when considering the current sample. The basis of comparison was the model utilized by a previous study that also compared religious coping methods between groups, but which looked at ministers,

elders, and the laity of the church (Pargament et al., 2001). The importance of determining model fit is that it confirms whether the variables are consistent with the sample as found in the literature. A regression analysis was conducted to evaluate the relationship between religious coping methods and well-being while considering the entire population. A moderating regression analysis was utilized to determine whether the relationship between well-being and religious coping methods was impacted by denomination. Because this study sought to evaluate the differences between denominations, it was originally suspected that regression analysis would be adequate to compare how individual denominations differed in their effect on the relationship between religious coping and well-being. With further consultation, performing 3 ANOVA F-tests was found to be the best statistical method for individually comparing the 3 denominations regarding the relationship between religious coping methods and well-being.

CHAPTER IV

RESULTS

Measure Outcomes

In describing the entire population (Table 1), it is evident that the majority of the population included those 56 years of age and older. The other demographics show a fairly consistent blend of marital status and education levels. Additional data are provided under the Participants section in the Methodology chapter. Evaluating each participant's affiliation with her church (Table 2), the average calculated from the AME participants appeared to show the longest affiliation with their church at the time of the survey (27.9 years). When looking at affiliation with a denomination, the mean of the scores from COGIC participants indicated the longest affiliation with the denomination when compared with the other denominations (41.9 years).

Table 1

Demographic Data

Characteristic	AME#^a	AME%	COGIC#^b	COGIC%	NBC#	NBC%
Age (years)						
≤35	6	13.3%	10	9.9%	20	35.7%
36-55	13	28.9%	29	28.7%	11	19.6%
≥56	25	55.6%	62	61.4%	25	44.6%
Missing	1	2.2%	---	---	---	---

Table 1

Demographic Data Continued

Characteristic	AME#^a	AME%	COGIC#^b	COGIC%	NBC#	NBC%
Education						
Some high school	1	2.2%	3	3.0%	5	8.9%
High school graduate	2	4.4%	12	11.9%	14	25.0%
Some college	6	13.3%	28	27.7%	14	25.0%
Trade/technical/vocational training	8	17.8%	9	8.9%	3	5.4%
College graduate	7	15.6%	26	25.7%	12	21.4%
Some postgraduate work	4	8.9%	4	4.0%	1	1.8%
Postgraduate degree	15	33.3%	17	16.8%	7	12.5%
Other	2	4.4%	---	---	---	---
Missing	---	---	2	2.0%	---	---
Marital status						
Single, never married	14	31.1%	21	20.8%	21	37.5%
Married or domestic relationship	14	31.1%	15	14.9%	8	14.3%
Widowed	2	4.4%	17	16.8%	3	5.4%
Divorced	14	31.1%	45	44.5%	20	35.7%
Separated	1	2.2%	2	2.0%	4	7.1%
Missing	---	---	1	1.0%	---	---

Table 2

Length of Affiliation

Characteristic	AME	AME	COGI	COGIC	NBC	NBC
	Mean	Min/Ma x	C Mean	Min/Ma x	Mean	Min/Ma x
Affiliation with church (years)	27.9	0.5/67.0	23.3	0.6/70.0	24.5	0.5/67.0
Affiliation with denomination (years)	37.0	3.0/73.0	41.9	4.0/80.0	39.4	0.7/80.0

Note. NBC is NBC USA; Min is minimum; Max is maximum

Imputed vs. Non-Imputed Data Results. The demographic summary accounts for 202 participants from whom data were collected. However, during the preliminary stage of analyzing the data, some values were found to be blank on a few of the surveys (mostly found on the brief RCOPE and flourishing scale). When computing the analysis for these variables, the researchers initially decided to omit forms with missing values, reducing the sample from 202 participants to 165. However, to account for more participants surveyed, the researchers decided to replace the empty values through imputed data calculation techniques, particularly for surveys with fewer than 5 missing data values. This method provided a new sample size of 191 participants.

Where values were missing in the Brief RCOPE, an average of the other coping mechanisms was taken to estimate a value for the missing data. This action was performed on positive and negative coping separately. Regression models were used to fill in missing values regarding the number of years with a church or years with a

denomination. For the NBC USA denomination, a regression model was fit to predict the number of years with the church based on age and years with the denomination. One value was predicted from this method. To predict two missing values pertaining to the number of years with the AME denomination, regression analysis was conducted to predict years with the denomination from age and years with the church. Another missing value was the education level for one participant from the COGIC denomination. That value was imputed by considering the most common education level among COGIC participants. After imputation, there were only two participants that listed “other” as their education level, so what was previously excluded was then included in the imputed data. Most of the missing values for which data were imputed had values in the usual ranges of the previously analyzed scores. However, one participant whose values were imputed had a very low positive coping score. This did not appear to cause any major issues with the analysis.

Ultimately, the results and conclusions of the analyses were consistent between the analyses with non-imputed data and the analyses with imputed data. No particular gain from analyzing the data with imputed values was evident; however both of these results are reported in their respective sections under each individual analysis. The categories of “high, somewhat high, moderate, somewhat low, and low” depicted in the following data were assigned by organizing the score ranges for these 5 categories.

Positive/Negative Religious Coping. To compare the denominations in regard to religious coping, the survey was split into positive coping scales and negative coping scales.

Positive coping (Table 3) was measured by accounting for the first seven questions, for which the statements reflected a positive attribute. When summing the scores for positive and negative religious coping separately, a maximum score of 28 was determined to indicate a high prevalence of use, while the minimum score of seven indicated low use in the religious coping method being measured. The calculated means from each of the denominations indicated that AME participants make the greatest use of positive coping methods, followed by NBC USA participants, and then COGIC participants.

Negative coping methods (Table 4) were separately measured by accounting for the last seven statements on the RCOPE. By evaluating the lack of agreement with the statements, the lowest mean indicated lower involvement in negative coping methods. In analyzing participants within the three denominations, the calculated mean from NBC USA participants depicted a lower involvement in negative coping methods. AME participants were next least likely to engage with negative coping methods, and the COGIC participants had the highest mean, indicating the highest involvement with negative coping methods when compared with the other denominations in this study. All scores for these denominations were in close proximity, indicating little discrepancy.

Table 3

Positive Religious Coping

Denomination	Mean	Min/Max	SD	Descriptor
AME	25.57	19/28	2.72	Somewhat high
NBC USA	25.38	17/28	2.74	Somewhat high
COGIC	24.96	15/28	3.23	Somewhat high

Note. Min is minimum; Max is maximum; SD is standard deviation

Table 4

Negative Religious Coping

Denomination	Mean	Min/Max	SD	Descriptor
AME	11.59	7/23	5.03	Somewhat low
NBC USA	11.49	7/28	5.33	Somewhat low
COGIC	13.31	7/28	4.51	Somewhat low

Note. Min is minimum; Max is maximum; SD is standard deviation

Flourishing scale. The Flourishing Scale was analyzed by associating the higher score (maximum possible score is 56) with having high well-being and lower scores (minimum possible score is 7) with lower well-being. When analyzing the scores from the three denominations (Table 5), participants from the COGIC denomination had the highest

mean scores of the three denominations. AME participants were the next highest, and participants in the NBC USA denomination had the lowest mean. However, all the means were in a close range, indicating little discrepancy.

Table 5

Flourishing Scale Data

Denomination	Mean	Min/Max	SD	Descriptor
AME	49.23	19/56	7.55	High
NBC USA	48.10	20/56	7.33	High
COGIC	50.04	8/56	6.36	High

Note. Min is minimum; Max is maximum; SD is standard deviation

Confirmatory Factor Analysis

To determine positive and negative coping methods that were to be measured, it was necessary to determine whether the data could fit into a model of positive/negative coping methods that was previously used. The confirmatory factor analysis yielded loadings that were generally consistent with the method of summing scores to analyze positive/negative religious coping methods. For the confirmatory factor analysis and following analysis for this project, p-values determined data interpretations. For the confirmatory factor analysis, p-values ($\geq .05$) were indicative of a good model fit; while for the regression and ANOVA analyses p-values ($\leq .05$) were interpreted as strong evidence of an observed relationship between variables less due to chance. These results were noted to be of significance though the importance of data is not dependent on p-

values. Analysis from the non-imputed data (Table 6) yielded a p-value of .008, which does provide evidence against the two-factor model selected. However, other tests of model fit, including the comparative fit index and the Tucker-Lewis index, yielded values of .938 and .926 (any value over .9 is deemed acceptable). The root mean squared error of approximation was .057, with a 90% confidence interval of .035- .076, indicating a good to mediocre fit. The standardized root mean squared residual was .063. While the results were mixed regarding the model fit, there was no strong evidence against using the two-factor model.

With the imputed data (Table 7), the p-value and chi-squared test was .000196, which also provided evidence against the two-factor model. The comparative fit index and the Tucker-Lewis index yielded respective values of .938 and .925, indicating an acceptable fit. The root mean squared error of approximation was .062, with a 90% confidence interval of .043- .079. These values also indicated a good to mediocre fit. The standardized root mean squared residual was .057. Overall, the results obtained using the imputed data were similar to those obtained using the non-imputed data, meaning that there was no strong evidence against the two-factor model. The determination of model fit was imperative to yield the results in Table 3 and Table 4.

Table 6

Analysis of Non-imputed Data- Confirmatory Factor Analysis

Items	Factor 1	Factor 2
	(Negative religious coping)	(Positive religious coping)
b1		0.344
b2	0.168	0.429
b3	0.113	0.588
b4		0.737
b5		0.631
b6		0.371
b7		0.560
b8	0.585	0.205
b9	0.830	
b10	0.883	
b11	0.739	
b12	0.641	0.167
b13	0.365	
b14	0.547	

Table 7

Analysis of Imputed Data- Confirmatory Factor Analysis

Items	Factor 1 (Negative religious coping)	Factor 2 (Positive religious coping)
b1		0.569
b2	0.123	0.628
b3		0.633
b4		0.757
b5		0.699
b6		0.510
b7		0.576
b8	0.569	0.120
b9	0.834	
b10	0.866	
b11	0.736	
b12	0.630	
b13	0.373	
b14	0.575	

Regression Analysis

Regression analysis was performed to determine the relationship between well-being while considering other values. Well-being was used as the response variable while predictor variables included positive and negative coping methods, denomination

and demographic variables. The analyses showed that higher negative coping scores were associated with lower well-being ($p = .0093$), while positive coping methods were not statistically significant ($p = .182$). AME and NBC USA participants did not have significantly different well-being than the participants in the “base denomination,” which was COGIC in the scope of this project ($p = .911$, $p = .527$, respectively). Years with the denomination ($p = .249$) and age ($p = .812$) were also non-significant. Those with a post-graduate degree reported higher levels of well-being ($p = .036$) than those with high school degrees, but no other education level was significantly different than the base category, which was “high school degree” in the scope of this study. Participants who were married reported better well-being than the base category, which was “single, never married” ($p = .029$), but other marriage categories did not have any significant difference. The adjusted r-squared for the model was .207. While the model diagnostics were satisfactory, there were a couple of potential outliers among the participants who had unusually low well-being. These participants did not skew the data. When running regression analysis with imputed values, few differences were found.

Table 8

Analysis of Non-Imputed Data – Regression Analysis

	Estimate	Std. Error	t-value	Pr (> t)
(Intercept)	0.819	0.411	1.993	0.04816
Age	-0.0016	0.007	-0.238	0.81234
Edu1	-0.450	0.471	-0.956	0.34063
Edu3	-0.119	0.260	-0.485	0.64766
Edu4	0.226	0.325	0.695	0.48786
Edu5	-0.362	0.257	-1.410	0.16066
Edu6	0.193	0.434	0.445	0.65671
Edu7	-0.586	0.276	-2.122	0.03550
Marital2	-0.431	0.196	-2.199	0.02946
Marital3	-0.511	0.309	-1.656	0.09978
Marital4	-0.463	0.240	-1.929	0.05570
Marital5	-0.275	0.418	-0.658	0.51158
Yrs w/ denom	-0.004	0.004	-1.156	0.24940
AME	-0.022	0.197	-0.112	0.91108
NBC USA	0.111	0.175	0.634	0.52696
^a Positivecop	0.100	0.075	1.342	0.18166
Negativecop	0.199	0.075	2.637	0.00926
R ²	0.2895			

Notes. Data are from the analysis with non-imputed values; ^a Values were reversed

Moderating Regression Analysis

The purpose of the moderating regression was to evaluate the impact of denomination on the relationship between positive coping methods and well-being, and

separately on the relationship between positive and negative coping methods and well-being. Initially, there appeared to be a possible moderating effect of denomination, however further analysis suggested that the effect was an influence of two outliers in the data. When the outliers were excluded, the moderating effect was no longer statistically significant ($p = 0.161906$).

When analyzing the data with the imputed values, there was no evidence that denomination was a moderating variable in the relationship between positive and negative coping mechanisms.

ANOVA F-Test

Three ANOVA F-tests were conducted on the non-imputed data set to determine the differences between the three denominations represented in this study. None of the ANOVA F-tests were significant (Well-being, $p = 0.2617905$, Positive Religious Coping, $p = 0.6092574$, Negative Religious Coping, $p = 0.0775539$). While the p values for negative religious coping were nearly significant, that closeness can be accounted for by the scores for NBC USA participants being higher than those for COGIC and AME participants, though they were still not significant. Ultimately, there was no evidence of any differences in well-being and how the participants in these denominations utilized positive and negative religious coping mechanisms.

CHAPTER V

CONCLUSION

The purpose of this study was to examine the relationship between religious coping methods, well-being, and denominational affiliation, among a sample of African-American women in the AME, NBC USA, and COGIC denominations. While religious coping is a budding area of research under Kenneth Pargament and many others, little investigation has been done specifically on African-American women as a focal population. There are also few studies that analyze religious coping methods and their impact among different groups of Christians or denominations. This study contributes to the body of literature not only by investigating the largest religious group in the United States that consistently encounters significant stress and adversity (African-American women), but also looks at three different denominations. Though Protestant, these denominations have different origins and areas of focus in how they approach Christianity. In this project, the researcher aimed to understand if the denomination an individual associated with, impacted the relationship between religious coping and well-being of African-American women. While current literature supports religious coping methods to influence one's well-being, the current study offers more insight into that relationship, specifically when factoring denominational affiliation.

Religious Coping, Well-Being, and Denominational Affiliation

The study results indicated no relationship between denominational affiliation, religious coping, and well-being. This disproves the hypothesis and indicates that COGIC participants did not utilize positive religious coping methods more than

participants from other denominations, nor was their level of well-being significantly different than what was found for the other denominations. This finding contradicts existing research that indicates different beliefs and practices do influence religious coping styles and outcomes (Hood, Spilk Hunsberger, Gorsuch, 1996). For instance, Catholic participants who use more religious coping methods for controllable situations (i.e. situations self-initiated) are found to be less distressed than Protestant participants. Alternatively, Protestant participants who utilize religious coping methods for uncontrollable events (i.e. situations out of one's control) are less distressed than Catholic participants (Park, Cohen, Herb, 1990; Osborne & Vandenberg, 2003). It is clear that under some conditions religious coping is related to faith traditions, particularly as they relate to individuals' perceptions of the nature of the situations they encounter.

One possible explanation for this finding relates to the fifth assumption of Pargament's Theory of Religious Coping. The assumption is that "religious coping is a better predictor of outcomes than general religious orientation" (Pargament & Raiya, 2007); Pargament, 2002). This means that while general religious orientations may be important factors to consider (i.e. church attendance, frequency of prayer, etc.) and previous studies on the influence of beliefs or practices are still valid, religious coping methods are proposed to best capture how an individual uses religion in a practical way, during times of hardship. This assumption implies that global religious measures focus on quantifying or grouping religious practices and rituals instead of seeking to understand the details and view of one's experience (i.e. asking how often one prays

vs. what does one pray for). The assumption argues that outcomes are better predicted by religious coping methods that seek to understand the quality of an experience rather than just focusing on the experience, belief, or practice itself. An example of this is inquiring about the perception of support from one's church community rather than inquiring only about church attendance in impacting depressive symptoms (Nooney & Woodrum, 2002). This study's finding reemphasizes this assumption by depicting denominational affiliation to be a weak factor in influencing religious coping and well-being. It is also suggested in this assumption that religious coping would serve as a more appropriate moderating variable which may, for example, influence the relationship between denominational affiliation and well-being.

Religious Coping and Well-Being

When evaluating the relationship between religious coping and well-being, unexpected results were found. On the one hand, a relationship between negative religious coping and well-being was found; on the other hand, no relationship was found between positive religious coping and well-being. Negative religious coping was associated with lower well-being. Participants who wondered if God had abandoned them, felt punished by God for their lack of devotion, questioned God's love, wondered whether the church had abandoned them, decided the devil made an event happen, and questioned the power of God did not endorse feeling a sense of purpose, having supportive social relationships, engagement in daily activities, optimism regarding the future, and feelings of being respected. This finding of negative religious coping methods being associated with lower well-being is consistent the literature that reports

negative religious coping methods as generally related negative outcomes in psychological, physical, and overall health domains (Ano & Vasconcelles, 2005; Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001; Pargament, Koenig, & Perez, 2000; Pargament, Smith, Koenig, & Perez, 1998).

One explanation for this finding is offered through the lens of Cognitive Behavioral Theory which describes the interlocking of thoughts, feelings, and behaviors as a method individuals use to make sense of their environment (McLeod, 2015). In response to a stimuli or event, thoughts are formed. If an individual's thoughts reflect negative religious coping methods, then due to the nature of negative religious coping methods (i.e. insecurity, doubt, abandonment), feelings and behaviors are likely to be influenced by the thought and breed more negativity, thereby impacting well-being.

Second, individuals who include religion as a major part of their identity are heavily impacted when they utilize negative religious coping methods. This was a finding in a study comparing religious coping methods and well-being between church clergy, elders, and laypersons (Pargament, Tarakeshwar, Ellison, Wulff, 2001). In that study, clergy experienced greater depressive affect when utilizing negative religious coping methods than other groups. That particular discovery is explained due to the investment and devotion given for the role of a clergyman or clergywoman. By investing in one's identity or given role while experiencing religious struggle, the individual is at risk to lose their title and question their identity due to contradiction of negative thoughts and experiences with what is expected within their role.

Similarly, statistics show that African-American women invest a large amount of their identity in their religion (Mattis, 2000, 2002; Reed & Neville, 2014). When using negative coping methods, African American women experience lower well-being – comparable to the experiences of surveyed clergy. Ultimately, this finding suggests that for individuals who have invested large parts of their identity in their religion and use negative coping methods, there will be a negative impact and evidently an impact more negative than with those who do not associate faith as a large part of their identity (Pargament, 2002). When individuals are exposed to specific teachings and have role expectations, believing contradictory messages can threaten one’s identity and demonstrate how particular religious coping methods can be harmful.

This explanation is also supported by the goal of congruence within Person-Centered Therapy, developed by psychologist Carl Rogers. While congruence is measured by the merging of self-image (how one sees themselves) and ideal-self (how one would like to be), incongruence is viewed to be a hindrance to self-actualization or reaching one’s highest potential (Martin & Bellizzi, 1982). If incongruence is seen as counterproductive to reaching one’s highest potential, then utilizing negative religious coping methods while having the ideal-self of a religious person demonstrates one way an individual could demonstrate incongruence.

In the current study and as stated above, there was no relationship found between positive religious coping and well-being. Interestingly, the finding of positive religious coping methods (i.e. having a secure relationship with God, feeling supported by faith leaders and congregants, having a collaborative relationship with God) not being

associated with well-being is generally unsupported within existing literature. Contrary to this study's finding, there is consistent and overwhelming evidence provided in literature that state positive religious coping methods influence psychological, medical, and health outcomes in positive ways (Ano & Vasconcelles, 2005; Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001; Pargament, Koenig, & Perez, 2000; Pargament, Smith, Koenig, & Perez, 1998).

In order to understand this unexpected result, two explanations are given. First, existing literature identifies the effectiveness of positive religious coping to vary depending on the stressor faced. When faced with situations of significant stress, religious coping is more often used and positive religious coping methods are seen to be more effective (Harrison, et al., 2009; Pargament & Raiya, 2007; Pargament 2002). This may also be the case due to the proposal from Pargament and Raiya (2007) that religious coping methods are more "compelling" with significant stressors that push people beyond what they are capable of handling. Applying that particular finding to this study's finding provides the idea that participants in this study may have had less stressful situations in mind while answering the questions, thus undermining the effect of positive religious coping methods on well-being. While African-American women are subjected to significant amounts of stress, it is suggested that this finding may suggest a lack of vulnerability from the participants when answering survey questions related to stressful situations.

The second speculation can be explained through the Social Identity Theory. According to this theory, individuals have pride and place importance on being apart of

an “in-group.” Higher self-esteem has even been linked with an individual’s ability to thrive in an “in group” setting (Brown, 2000). When thinking of “in group” characteristics of African-American church goers (i.e. positive religious coping methods are often endorsed over negative coping methods in several studies (Harrison, et al., 2001; Chatters, et al., 2008)). An explanation for this study’s finding is that in order to be consistent with “in group” mindsets, participants may have indicated utilizing positive religious coping methods even if it is not an accurate reflection of how they handle stressors. It is suggested that if participants endorse responses to items that do not reflect their actual practices, the association between positive coping and well-being, as reflected in the finding, will be weakened.

The implications from this finding refer to factors involving the administration of the survey. This finding alludes to the possibly of less strenuous situations being thought of, and participants answering statements reflecting what they feel they should do or think instead of what they actually do. Both suggestions explain the finding of positive religious coping not impacting well-being. Answering items while considering a low stress situation may be indicative of a guarded disposition, which is not uncommon in the African-American community due to previous unethical medical and scientific research practices (Shavers-Hornaday, et al., 2010). Also, assimilating and expressing group ideals instead of one’s own truth, may be a result of surveying in a church setting rather than a place of neutrality. While being apart of and facing internal pressures of an “in group” is unavoidable, being around in-group stimuli, fellow congregants, and knowing the principle researcher as a member of the “in group” when taking the survey

may have impacted the degree these pressures are experienced. These points will be further expounded upon in the limitations section.

Religious Coping and Denominational Affiliation

In this current study, there was no relationship found between denominational affiliation and religious coping. This finding conflicts with literature that theoretically takes the position of different beliefs and practices impacting religious coping styles and outcomes specifically among Catholic, Protestant, Evangelical, and Dutch Reform groups (Park, et al., 1990; Pargament & Raiya, 2007). It is proposed in literature that religious beliefs may influence how a stressor is perceived which in turn impacts which religious coping method(s) are viewed to be most effective.

In the relationship between denominational affiliation and religious coping, other theories can be used in understanding the results from this study. First, while denomination affiliation and specific beliefs are recognized as important, the second assumption under Pargament's Theory of Religious Coping takes the position that "religious coping does not occur in a vacuum" (Pargament & Raiya, 2007). This means that many factors (i.e. personality, values, attitudes, goals, along with beliefs) influences how one copes. Second, while religious beliefs may impact how a stressor is perceived and what religious coping styles one may utilize, individual demographics, dynamics of the stressor encountered, and availability of resources also impact religious coping methods used (Harrison, et al., 2001).

Denominational Affiliation and Well-Being

There was no relationship found between denominational affiliation and well-

being, meaning the denomination an individual belongs to was not found to impact feelings of respect, support, and having purpose for the participants. The literature reports mixed findings on the relationship between religious traditions and psychological and physical wellness. Support for this finding includes a study by Green and Elliott (2010) who compared the groups: Christianity, Catholicism, Other Religions, and Non-Religious. Their findings indicated that religious affiliation was not associated with happiness. However, one's degree of religiosity was associated with happiness and positive health outcomes. Contradictions for this study's findings include literature that suggests a difference between fundamental and moderate/liberal Christian denominations. Such literature states that fundamental denominations are associated with greater happiness, optimism, and poor health outcomes. Optimism is directly associated with well-being (Sethi & Seligman, 1993; Green & Elliott, 2010).

While this study's finding did not indicate denominational affiliation to impact well-being, suggestions are made to explain this result. Due to the high well-being for the sample in this study, there appears to be dynamics at play beyond denomination that impact well-being. For instance, one's level of religiosity and intrinsic motivation for religious involvement are associated with well-being across religious groups (Cohen & Johnson, 2016). This finding emphasizes that well-being is influenced by the individual's experience or identity rather than the content of their beliefs.

Denominational Observations

While current literature supports religious coping methods used to influence one's well-being, data collected from this study indicated that despite negative religious

coping being associated with lower well-being, there were no distinctions found between denominations regarding religious coping methods impacting well-being, the well-being of participants from each denomination, and the prevalence of positive and negative religious coping methods used from each denomination. These results indicate that though there are evident differences between the NBC USA, COGIC, and AME denominations as outlined in the literature review, these differences were not found to have distinguishing influences but instead reflect factors of a single homogenous group united through Protestantism, comparable experiences/traditions, and culture.

It can be speculated that the commonalities and areas of agreement between these denominations are more significant and powerful than areas of disagreement. This may explain why the findings fail to support the hypothesis that participants from the COGIC denomination would utilize more positive religious coping methods and have a higher well-being than the participants from other denominations. Ultimately, these similarities, which are found on a theological and traditional/cultural level, explain why results did not indicate notable differences between the denominations.

Theological Similarities. One area that unifies the AME, COGIC, and NBC USA denominations is their protestant theology. Specific beliefs associated with Protestantism include the view of a perfect and holy God who exists in three forms: God the Father, Son, and Holy Spirit (Smith, 1990). Additional beliefs include the existence of sin in humanity, the presence of evil in the world through satanic forces, the availability of salvation through the sacrifice of Jesus Christ, and receiving eternal life as a result of accepting salvation. Also in Protestantism, the bible is viewed to be divinely inspired by

God and without error. While there are distinctions on more specific matters, in regards to living out one's salvation, these core beliefs of Protestantism are present in these three denominations.

Another commonality that may overcome the differences across Black churches is theology that embraces the experiences of African Americans. Avent and Cashwell (2015) discuss three different theologies that are distinct within the Black Church. The first concept is called "Liberation Theology" which focuses on freedom from social, political, and economic disenfranchisement. In this theological perspective, there is an acknowledgement of African-American struggles, achievement, and success from a spiritual perspective. There is also emphasis on one's view of God and interactions with others. This type of theology can be seen as a form of empowerment by recognizing certain issues specific to the congregation and highlighting how faith can make one victorious in the face of adversity.

The second concept explored is called the "Alternate Society Theology" which views the Black Church as a separate entity from mainstream society that serves and meets the needs of the African-American community. While specific churches may vary on their level of community outreach efforts, there is overall sense of seeing the church as a support- spiritually, socially, financially, and psychologically. This theological perspective supports the notion that in the Black Church environment, individuals are able "to fully express their authentic selves" despite living in a country where they may feel misunderstood or disregarded by mainstream society.

The last concept discussed by Avent and Cashwell (2015) is described as "Other-

Worldly and This-Worldly Theology.” These theologies describe whether there is predominate focus on life after death vs. living and experiencing life now. The “Other-Worldly” concept derives from songs and messages Black slaves found comforting during indescribable hardships. Their hymns would focus on the temporary nature of the current world and eternal life filled with joy in the presence of God, after death. In modern times, these messages still provide encouragement for perseverance through current trials and hardships, by focusing on promises of what awaits the believer in the next life. While this theology is presented, “This Worldly Theology” focuses on working through problems and finding resources to assist someone in this life. While different churches or individual ministers may prefer one perspective over another, both of these perspectives are identified within the Black Church.

Tradition/Cultural Commonalities. Despite demonstration differences, there are commonalities within the Black Church that are bound not only by theology and beliefs but by culture and traditions for African-Americans. Very common in the Black Church experience, the style of worship predominately consists of a personal encounter with Jesus. These experiences are often conveyed through “shouting,” raising one’s hands, or demonstrating a higher level of emotionality. The interaction among the church body is also expressive in nature, involving openly spoken words of affirmation or agreement from one person to another during the church service. Music in these churches can vary between contemporary and traditional gospel and hymns. Some songs include a call-and-response style, similar to what was used by Black slaves to privately convey a message regarding escaping to freedom. The style of dress in the Black Church community

involves formal attire in the form of suits for men and fashionable hats for women. This style of dress typically communicates the idea of presenting as your best before God. Lastly, there are several ministries or boards that are common within the Black Church community. These groups include the Deacon Board, the Usher Board, Mother's Board, youth groups, children's ministry, and various others that distinctly serve a purpose and provide roles for individuals within the congregation.

Ultimately, the full experience of these denominations is so similar, that based on attendance alone some AME, COGIC, AND NBC USA congregations may be indistinguishable.

Limitations of the Study

As previously mentioned, due to the convenience sampling of churches in Bryan, Texas and Houston, Texas, the results of this study unfortunately cannot be generalized to all African-American women within the United States. Another limitation includes the low "n" or the number of participants acquired for this study. While the sample for this study is appropriate for the analysis and scope of this project, the low sample size limits the statistical significance within the data and p values, regardless of using the imputed or non-imputed data sets.

While a quantitative approach was beneficial in analyzing the impact of variables, analyzing data with qualitative methods may have provided specific details regarding religious coping, well-being, and denominational affiliation. While a quantitative method provides some information, Pargament's Theory of Religion and Coping also support the use of multiple approaches to analysis; thus, qualitative and

quantitative research is encouraged for future investigations pertaining to religious coping methods and well-being (Pargament & Rayia, 2007).

Additional limitations involve researchers only using paper surveys instead of electronic versions which would have provided more participants that were not just at church during the designated survey time. Having the church as a setting for the data collection also questions the control of biased group thinking due the potential impact the setting may have had on participant responses.

Further Implications

As this study opens the door to further evaluating African-American women and comparing religious coping patterns of three Protestant denominations, further implications can be explored in the areas of research, therapeutic or clinical practice, and in the community.

Research. In exploring this topic, it is understood that the world of religious coping understandably involves several domains. Two domains investigated in this project (African-American women and denominational affiliation) in relation to religious coping would benefit from further research.

Despite this study's findings existing literature depicts African-American women to often utilize and greatly benefit from positive religious coping; however understanding caveats to the beneficial nature of religious coping for this specific population can provide greater insight in how experiences and culture impact outcomes of religious coping or even data collection. When involving the African-American community in research, researchers are encouraged to consider potential participant

sensitivities due to previous unethical practices executed by the scientific world. For instance, instead of asking for the participant vulnerability in recalling a stressful event, providing a stressful situation may eliminate confusion of how vulnerable one must be or feels comfortable being, in order to participate in a study. Also, as explored above, the common general theology, tradition, and culture of the African-American experience unite these denominations despite differences. This speculation alone suggests that Protestants as a group, could possibly be a better predictor of outcomes than simply looking at differences between denominations. Also, due to these similarities, grouping predominately and historically African-American congregations together and comparing this group to others, may serve as a more effective way to research differences with religious coping and well-being in the future. Additionally, when studying denominational affiliation, as mentioned before, it may be beneficial to include other domains of an individual's church going experience (i.e. frequency of church attendance, involvement in activities) to understand how specific practices, when moderated by religious coping methods result in better or worse outcomes.

Therapy. Information from this study informs the practice of clinicians working with clients, specifically, African-American women who indicate faith as important area of their lives. Ethical practice involves the understanding of all domains of an individual: physical, emotional, cognitive, social, and spiritual in order to understand the totality of a person. Clinicians are encouraged to inquire about their clients' religious perspectives, how life problems are viewed in the context of their faith, and gain an understanding of theological differences distinct to the Black Church experience, for clients who are

members of predominately and historically African-American congregations. It is encouraged for clinicians to express openness in collaborating with community resources as apart of one's treatment. Due to the identification of negative and positive religious coping methods, clinicians can become competent as to what negative coping looks like and how to discuss it in a therapeutic setting. By understanding the client's perception of faith, processing how the patient utilizes that faith as a coping behavior in their life, and encouraging positive religious coping methods; a clinician can assist with alleviating distress and help the client utilize their faith as a tool to promote mental health. This suggestion is also supported by Pargament's theoretical assumption that religious coping may be utilized as a tool to help individuals (Pargament & Rayia, 2007).

Community. Within this study and other literature, African-American women are found to attend church services at a higher rate than any other group (Mattis, 2002; Reed & Neville, 2014). Literature also suggests that African Americans are least likely to seek therapy or stay in therapy, and are more likely to seek religious leaders and rely on faith during life stress (Taylor, et al., 2000). This level of involvement provides an opportunity for the church to be a front-line active agent in promoting healthy coping methods among its congregants.

Due to the multiple factors that influence well-being, it is suggested that community and churches partner together to address the many domains within a person's life. For example, by offering support and seminars for finances, social activities or classes for individuals according to their marital status, educational support or tutoring,

and mental health support, the church can promote healthiness in areas of life that contribute to one's overall well-being.

It is hoped that this study can encourage church leaders to promote congregational activities and mentorship programs to eliminate potential feelings of abandonment among congregants, encourage positive views of one's faith, and ultimately be aware of the negative religious coping behaviors that impact well-being. Keeping those factors in mind may be helpful when a religious leader finds himself or herself in the role of counselor or teacher, in church or a community setting.

Lastly, one suggestion from this study indicates that church members could present as if things are fine in order to maintain "in-group" membership while simultaneously struggling with doubt and negative religious coping. It is important for individuals who are spiritually struggling to have the space to be honest, receive non-judgmental support, take respites from church positions or work as necessary, seek help if desired, and/or connect with other empathizing individuals. While a person's support system and church may respond to religious doubts and dissatisfaction differently, allowing an individual a safe space for exploration and support is highly emphasized, especially for those who attribute religion to be a main part of their identity.

Though the data from this study did not support denominational affiliation to impact religious coping or well-being, the importance of one's beliefs and community is still relevant. By considering how one chooses to cope and how such coping methods can be more or less beneficial in one's life, individuals can be more mindful of what behaviors, methods, or mindsets to practice or abandon, that not only are responses to

life events or situations, but are in themselves agents of positivity and happiness

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APPENDIX A: CHURCH RECRUITMENT LETTER

Hello!

My name is Janelle Newkirk and I am a 5th year counseling psychology student at Texas A&M University. I earnestly request your help in completing the dissertation phase of my program. My dissertation topic is entitled “Religious coping, well-being, and denominational affiliation among African American Christian women.”

I seek to understand the ways in which African American Christian women utilize religious coping methods (i.e., how they view God when challenging circumstances arise; how they use prayer, pastoral counseling, congregational support, etc.) and how effective certain methods of coping are when compared to other methods. Because I also want to look at denominational influences on African American Christian women, I am also studying and comparing the results I find between members of the Baptist, African Methodist Episcopal, and Church of God in Christ denominations.

In order to collect data on religious coping methods, I request the opportunity to briefly recruit (via church announcements or other preferred means) and survey African American women in your congregation. I am currently in the process of gaining approval from Texas A&M University for this study. I expect this study to be authorized in September or October 2015. Thereafter, with your overseer’s permission, I would like to arrange a date for an evening on which I can collect data from the women in your congregation who are willing to participate in this study. We can select a date and evening hour that works for your church members as well as my research team.

My dissertation committee is still deciding upon the exact surveys that will be given for this study. I estimate that the completion of the consent form and survey will take each participant about 30 minutes to 1 hour, depending on how quickly the participant selects an answer to each written question.

I would love to speak with you about this project. If your congregation is interested in participating in this study, I am required to collect an official signature signifying that I have permission to collect data from your church members. This permission slip is required as part of the approval process and is due in August at the latest.

If you are interested in participating in this study, please contact me. I will be reaching out to individual churches relatively soon. Thank you for taking the time to read about my study! Furthermore, I request your prayers in regard to undertaking this project.

Janelle Newkirk
janelle.newkirk@tamu.edu

APPENDIX B: CHURCH CONSENT FORM

I (print name) _____ consent for my congregation to participate in a research study regarding religious coping methods and well-being among African American Christian women. It is my knowledge that Texas A&M University graduate student, Janelle Newkirk, or a member of her research team, will administer this study and that all of the information will be held confidential. I also give consent for the use of my facility (church name here) _____ as the location for the survey to take place. I have been explained and understand all aspects of participation in this study and therefore sign this agreement acknowledging my consent for my congregation to participate and our facility to be used.

Investigator, Research Team leader/ Date

Pastor or Representative/Date

APPENDIX C: STUDY MATERIALS

Participant Consent/Confidentiality Agreement Form

Potential study participant:

You are invited to participate in a research study conducted by Janelle Newkirk from the Texas A&M University Educational Psychology Department. I hope to learn about the relationships between religious coping methods, well-being, and denominational affiliation among African American women. You were selected as a possible participant in this study because you have identified as African American and are over 18 years of age.

If you decide to participate, you will receive a demographics page to fill out along with three surveys that will ask you (1) brief demographic information, (2) your actions related to religion when you encounter a stressful life event, (3) your feelings within the last 4 weeks, and (4) briefly, your opinions about your denomination. The entire survey should take between 30–45 minutes. Please do not put your name on the survey so that answers can be submitted anonymously. When you have completed the survey, please place the survey in the brown envelope identified by the survey administrator.

Possible risks and discomfort are minimal. If you experience discomfort from sitting for this period of time, you are free to take a break or to discontinue the survey.

The benefits of taking this survey include the researchers identifying the thoughts and opinions of African American churchgoers in regard to mental illnesses and persons with mental illnesses. This information may be used to promote the education and further research of mental illnesses and persons who suffer from mental illnesses. However, I cannot guarantee that you personally will receive any benefits from this research, aside from the idea that you are contributing to a body of knowledge that may be helpful for future research.

All information that is obtained will remain anonymous. The identities of participants will be kept anonymous by not requiring a name on the survey and encrypting all data collected from the surveys.

Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with your church, Texas A&M University, or any persons involved in this study. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions about the study, please feel free to contact the survey administrator, Janelle Newkirk (Janelle.newkirk@tamu.edu), and/or the faculty advisor of this study, Dr. Charles Ridley (cridley@cehd.tamu.edu). If you have questions regarding your rights as a research subject, please contact the Institutional Review Board (IRB) (irb@tamu.edu).

You will be offered a copy of this form to keep. Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

Demographics
Preliminary Questions

Please circle the answer that applies to you.

1. What is your age?

2. Education: What is the highest degree or level of school you have completed?

- A. Some high school
- B. High school Graduate
- C. Some college
- D. Trade/technical/vocational training
- E. College graduate
- F. Some postgraduate work
- G. Post graduate degree
- H. Other

3. What is your marital status?

- 1. Single, never married
- 2. Married or domestic partnership
- 3. Widowed
- 4. Divorced
- 5. Separated

4. What is the denomination of the church where you are completing this survey?

5. How long have you been affiliated of this church? If you cannot recall the exact amount of time, please estimate.

6. How long have you been affiliated of this denomination?

Brief RCOPE

The following items deal with ways you have coped with a particular negative event in your life. There are many ways of dealing with problems. These items ask what you did to cope with this negative event. Obviously, different people deal with things in different ways, but we are interested in how you tried to deal with a negative event. Each item says something about a particular way of coping. We want to know to what extent you have done what the item says. *How much or how frequently.* Please do not answer on the basis of what worked or did not work — just whether or not you did it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can. Circle the answer that best applies to you.

Scale:

- 1 – not at all
- 2 – somewhat
- 3 – quite a bit
- 4 – a great deal

- | | | | | |
|---|---|---|---|---|
| 1. Looked for a stronger connection with God | 1 | 2 | 3 | 4 |
| 2. Sought God's love and care | 1 | 2 | 3 | 4 |
| 3. Sought help from God in letting go of my anger | 1 | 2 | 3 | 4 |
| 4. Tried to put my plans into action together with God | 1 | 2 | 3 | 4 |
| 5. Tried to see how God might be trying to strengthen me in
this situation | 1 | 2 | 3 | 4 |
| 6. Asked for forgiveness of my sins | 1 | 2 | 3 | 4 |
| 7. Focused on religion to stop worrying about my problems | | | | |

	1	2	3	4
8. Wondered whether God had abandoned me	1	2	3	4
9. Felt punished by God for my lack of devotion	1	2	3	4
10. Wondered what I did for God to punish me	1	2	3	4
11. Questioned God's love for me	1	2	3	4
12. Wondered whether my church had abandoned me	1	2	3	4
13. Decided the devil made this happen	1	2	3	4
14. Questioned the power of God	1	2	3	4

Flourishing Scale

Below are eight statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by circling the response for each statement.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

1. I lead a purposeful and meaningful life	1	2	3	4	5	6	7
2. My social relationships are supportive and rewarding	1	2	3	4	5	6	7
3. I am engaged and interested in my daily activities	1	2	3	4	5	6	7
4. I actively contribute to the happiness and well-being of others	1	2	3	4	5	6	7
5. I am competent and capable in the activities that are important to me	1	2	3	4	5	6	7
6. I feel that I am a good person and live a good life	1	2	3	4	5	6	7
7. I am optimistic about my future	1	2	3	4	5	6	7
8. People respect me	1	2	3	4	5	6	7