AFRICAN AMERICAN WOMEN, PSYCHOLOGICAL WELL-BEING, RELIGIOSITY, AND STRESS

A dissertation submitted to the
Kent State University College
of Education, Health, and Human Services
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy

By
Yvonne N. Glass

December 2014
The current study examined the moderating ability of intrinsic religiosity on the association of stress and psychological well-being for African American women. It was conducted in Northeastern Ohio and investigated the extrinsic religiosity, intrinsic religiosity, psychological well-being, and stress of African American women ages 18 to 65. A causal comparative, cross-sectional study was conducted that explored the effects between the variables in a nonexperimental setting. Data are from three instruments and one demographic survey completed by 143 African American women from two Northeast Ohio churches. Participants completed four questionnaires: a demographics questionnaire, the Perceived Stress Scale (Cohen et al., 1983), the Religious Orientation Scale (Allport and Ross, 1967), and the Psychological Well-Being Scale (Ryff, 1989). Bivariate correlations focusing on moderation were used to analyze the data results. Extrinsic religiosity was found not to be associated with psychological well-being. Intrinsic religiosity was found to positively influence psychological well-being. Stress was found to negatively influence psychological well-being. Neither extrinsic nor intrinsic religiosity was found to be a moderator of the relationship between stress and psychological well-being.
ACKNOWLEDGEMENTS

Authoring this dissertation has been an extensive, exciting, collaborative process that has added to my character and professionalism. I have learned a great deal about my profession through the research. And I’ve learned about myself as I worked through this process. For these two reasons alone, I am forever grateful for the opportunity to take on such a large task as a doctoral degree. Through the many challenges, my dissertation committee has been helpful, encouraging, and supportive. Their commitment to help me design a quality study and put together a quality manuscript goes without saying.

I would also like to acknowledge and thank the ladies of Burning Bush Church and Shepherd’s Pasture for all Nations Church for their assistance in this project. Without their willingness to share themselves and their time, I would have never been able to see this project come to be. I especially thank the pastors of these churches for trusting and allowing me to come to their congregants and ask them to participate in my research.

Last and certainly not least, I thank my family and friends. Without your support and encouragement, I would not be at this point in this process or my career. The never-ending encouragement and support of my family, always offering words to keep me motivated and reminders to keep me persistent, have been welcomed, enjoyed, and used to add to my perseverance to complete this chapter in my life and education.

My unending gratitude is extended to my husband, Bryndon, for his encouragement, praise, comfort, and support of this project and me. Without it, I would not have the luxury of earning this degree. Words cannot express my gratitude. There is not enough space to show how much you have given and sacrificed for this.
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS ........................................................................................................ iv

LIST OF TABLES ................................................................................................................. vi

CHAPTER

I. REVIEW OF LITERATURE ................................................................................................. 1
   Rationale for Study ............................................................................................................. 34

II. METHODOLOGY ............................................................................................................... 43

III. RESULTS ......................................................................................................................... 56
   Analyses ............................................................................................................................ 57

IV. DISCUSSION
   Discussion of Each Research Question .............................................................................. 67
   Implications for Future Research ....................................................................................... 71

APPENDIXES ...................................................................................................................... 76

APPENDIX A. INTRODUCTION TO STUDY AND INVITATION TO PARTICIPATE SCRIPT ................................................................. 77

APPENDIX B. DEMOGRAPHICS QUESTIONAIRRE ................................................................ 79

REFERENCES ....................................................................................................................... 83
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Descriptive Statistics on Key Background Variables</td>
<td>46</td>
</tr>
<tr>
<td>2.</td>
<td>Correlation of Psychological Well-being Factors</td>
<td>58</td>
</tr>
<tr>
<td>3.</td>
<td>Religiosity, Psychological Well-Being, and Stress Correlation</td>
<td>60</td>
</tr>
<tr>
<td>4.</td>
<td>Extrinsic Religiosity as a Moderator of the Relationship between Stress and Psychological Well-being</td>
<td>63</td>
</tr>
<tr>
<td>5.</td>
<td>Estimates for Extrinsic Religiosity as Moderator of Relationship between Stress and Psychological Well-being</td>
<td>63</td>
</tr>
<tr>
<td>6.</td>
<td>Intrinsic Religiosity as Moderator of Relationship between Stress and Psychological Well-being</td>
<td>64</td>
</tr>
<tr>
<td>7.</td>
<td>Estimates for Intrinsic Religiosity as Moderator of Relationship between Stress and Psychological Well-being</td>
<td>65</td>
</tr>
</tbody>
</table>
African American Women, Stress, Religiosity, and Psychological Well-Being

CHAPTER I

REVIEW OF LITERATURE

Religion plays a significant role in the overall well-being of African Americans (Holt, Llewellyn, & Rathweg, 2005). There are numerous references in the literature examining the influence of religious beliefs on the African American community (Burdette, Ellison, Sherkat, & Gore, 2007; Ellison, Trinitapoli, Anderson, & Johnson, 2007; Park et al., 2008; Roff et al., 2005; Taylor, Chatters, & Jackson, 2007). Research involving African Americans on a range of topics (e.g. mental illness, physical illness, history, cultural diversity, economics, politics, and sociology) includes references to religious involvement.

Despite the purportedly high level of religious involvement and its function as a buffer against negative life circumstances, African Americans have been some of the greatest consumers of mental health services, with diagnoses such as depression, anxiety, and bipolar disorder (Mays, 1985; Mays, Caldwell, & Jackson, 1996). Stress has historically been a part of the African American life, especially African American female life (Woods-Giscombe, 2010). The varieties of behavioral and physiological consequences of stress can lead to psychological stress and in turn to chronic illnesses (Woods-Giscombe & Black, 2010). African Americans experience documented stressors such as racial disparities, socioeconomic disparities, social pressures and cultural demands, family and/or situational conflicts, and health problems. Often, these stressors are not singular but occur simultaneously with multiple stressors present at one time.
(McCallum, Arnold, & Bolland, 2002). This litany of stressors may suggest that African Americans, due to their high level of stress, have lower overall psychological well-being compared to other ethnic groups.

In studies of psychological well-being, religious involvement provided salient benefits for individuals, including improved physical health (Pargament, 2002). Pajevic, Sinanovic, and Hasanovic (2005) suggested that religiosity reduced psychopathological behaviors. This may indicate that individuals with high religious involvement should also experience increased psychological well-being. Religiosity may serve as a moderator for psychological well-being during stressful times or events.

Religiosity has been differentiated as extrinsic and intrinsic (Reitsma, Scheepers, and Janssen, 2006; Allport, 1964; Keonig, 1988). Extrinsic religiosity refers to the activities one does to meet individual needs; it is an external expression of religious involvement. Intrinsic religiosity refers to how individuals use their religion to shape their lives, beliefs, and ideals; it is an internal process or expression of religious involvement determining how much an individual incorporates his or her religious views into daily life.

Within the literature, there appears to be a disconnect between religious involvement and psychological well-being for African American females. Although African American females represent the largest religiously involved subpopulation (Barna & Jackson, 2004; Gallup, 2007), the literature has shown this to be a group in psychological distress (Mays, 1985; Mays et al., 1996). The salient benefits found by Pargament (2002) do not appear to be evident when examining the psychological well-
being of African American females.

The current study examined the moderating ability of intrinsic religiosity on the association of stress and psychological well-being for African American women. The primary research question that guided the study was: “Does intrinsic religiosity moderate the association between psychological well-being and stress among African American females?”

**Religious Involvement: Religion, Spirituality, and Religiosity**

Three concepts are commonly used to describe religious involvement: religion, spirituality, and religiosity. Although religion, spirituality, and religiosity are often used interchangeably, many researchers consider religion and spirituality to have an either/or relationship (Faiver, Ingersoll, O’Brien, & McNally, 2001), and religiosity to be something entirely different than either the concept of religion or spirituality. This section briefly examines differing views of each concept, considers the relationships among the concepts, identifies each concept’s appropriateness for this particular study, and highlights the argument for the selection of each concept as a focus in the current study.

**Religion**

Religion, according to Pajevic et al. (2005), is derived from the Latin noun *religare*, “the initiate or reestablished connection with The Divine Being” and from the Latin noun *religare*, meaning “to discern, again to perceive the relationship and connection of a human with The Divine Being” (p. 87). Mattis and Jagers (2001) defined religion as “a shared system of beliefs, mythology, and rituals associated with a god or
Helminiak (2001) said organized religion advises individuals as to what life is about and how to live it. He believed it is through organized religion that individuals find their way or pattern of living. It provides the individual with a set of “credo and commitments, vision and virtues, beliefs and ethics, cognitions and evaluations” (p. 1). Faiver et al. (2001) defined religion as a “social vehicle to nurture and express spirituality” (p. 2). Ellison (1993) defined religion as a mechanism for reducing human anxiety.

Religion is an organized conduit for channeling values, energy and/or emotions to a larger entity—The Divine. Many believe it to be a socially constructed organization that people use to share beliefs, as well as to reduce psychosomatic symptoms. The rituals established by the organization serve as tools for persons to find their way through a confusing world. Religion provides individuals with a value system to guide their actions. In essence, religion can be said to create meaning out of chaos.

**Spirituality**

Spirituality, according to Mattis (2000), is derived from the Latin word *spiritus*, which means “the breath of life” (p. 103). Potts (1991) defined spirituality as a “belief that there is a sacred force that exists in all things” (p. 54). Elkins, Hedstrom, Hughes, Leaf, and Saunders (1988) outlined nine components of spirituality: transcendence, meaning and purpose in life, mission in life, awareness of life, material values, altruism, idealism, awareness of tragedy, and beneficial outcomes and rewards. They defined spirituality as “a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard
to self, others, nature, life, and whatever one considers to be The Ultimate” (p. 7).

Holden (1996) understood spirituality as a common human element in all religions and cultures that may be expressed through theism. Gilman (1990) also stated that students today do not wish to be identified with a specific religion but prefer simply to be identified as religious beings, but from a desire to be drawn closer to God. Faiver et al. (2001) defined spirituality as “a deep sense of wholeness, connectedness, and openness to The Infinite” (p. 2).

Chandler, Holden, and Kolander (1992) defined spirituality as: “pertaining to the innate capacity to, and tendency to seek to, transcend one’s current locus of centricity, which transcendence involves increased knowledge and love” (p. 169). They interpreted spirituality to be an inner desire to move beyond the current psychological state toward understanding a greater world view and a gaining sense of benevolence toward others. They believed spiritual experiences could occur, which would lead individuals through spiritual development toward the goal of spiritual wellness or balance in life. Helminiak (2001) believed that to be a spiritual being means to have a connection to God.

From Helminiak’s (2001) extensive research, he defined spirituality as a religious phenomenon. Those who do not want to be associated with any one particular religion or with organized religion refer to themselves as spiritual. He stated that spirituality “entail[ed] a lived-out commitment to a set of meanings and values” (p. 1) and that it has only been in recent history that spirituality has been differentiated from religion. He also stated that the purpose of modern psychology was to remove the spiritual aspect from religion and leave religion to the theologians, as mental health clinicians are not
credentialed in such realms as religion and spirituality. He found, however, that one cannot separate religion and spirituality as cleanly as many attempt within the confines of scientific research, as most forms of spirituality still maintain a belief in God.

Helminiak (2001) believed it impossible for mental health professionals to remain objective while addressing spirituality. To resolve this issue, he suggested normative forms of spirituality, transcendental precepts that can be used effectively within the confines of psychology. He stated that the human spirit could be the basis for discussing spirituality within a counseling context. He defined spirituality as the “deliberate and lived-out commitment to the felicitous engagement of the human spirit.” (p. 3).

Helminiak (2001) summarized spirituality as the preferred act toward God of the human spirit.

Spirituality is an experience of the divine. According to the literature, it is a communal ideal that exists in all. How people express their spirituality varies greatly from not at all to daily engagement in spiritual acts such as prayer, meditation, readings, or altruism. Researchers agree that spirituality is a bonding ideal that connects all humans together regardless of its expression. There appears to be no right or wrong way to engage in spiritual acts. Spirituality is not ritualistic, but can have different mechanisms to follow. Spirituality appears to be an expression of inner desires.

Religiosity

Faiver et al. (2001) connected spirituality and religion by stating that “religion is the practice through which individuals channel their spirituality” (p. 2). This connection mirrors the third term, religiosity. Mattis and Jagers (2001) defined religiosity as “an
individual’s degree of adherence to the beliefs, doctrines, and practices of a religion” (p. 522). Reitsma et al. (2006) defined religiosity as practices, beliefs, experiences, and consequences. They, like others (Allport, 1964; Koenig, 1988), categorized religiosity as intrinsic and extrinsic. Combined, these two constructs constitute an individual’s spiritual and religious orientation.

Genia (1993) also believed that religiosity had two constructs that constituted it, intrinsic and extrinsic. She justified examining the two constructs separately as well as the potential influence of each, individually, on another variable. She further postulated that intrinsic religiosity, unlike extrinsic religiosity, was a unified construct. Intrinsic religiosity, in her view, was a whole concept, with no separate contributing factors. Contrastingly, extrinsic religiosity was found to be influenced by social pressure and personal benefit (Genia, 1993; Gorsuch & McPherson, 1989).

Religiosity allows researchers to examine the extrinsic and intrinsic dimensions of religious involvement. By considering ritual adherence such as church attendance, researchers can determine an individual’s extrinsic religiosity. Religiosity also provides insight into the social motivators (e.g. feeling part of a group, social interactions) that encourage religious involvement. By examining how individuals apply religious beliefs to daily decision processes, using assessments such as self-report measures, researchers can assess an individual’s intrinsic religiosity. Religiosity provides insight into the level of spirituality expressed by people. Intrinsic religiosity, in particular, may provide additional insight into religious expression as it focuses on the inward processes and application of religiosity.
Comparing Religion, Spirituality, and Religiosity

Religion and spirituality appear to be on a continuum and are not two distinct entities. To clarify, religion is at one end of the continuum as a ritualistic communal practice, whereas spirituality is at the other end of the spectrum as an idiosyncratic belief and experience.

Religiosity combines religion and spirituality (Allport, 1964) and therefore can be considered a bridge between religion and spirituality. McAdoo (1995) defined religiosity as the importance of religion; the integration of beliefs to bring significance to the ritual. According to Allport (1964), although the concepts of religiosity and spirituality overlap within the sociological research (Moberg, 1990), religiosity encompasses a sense of being (spirituality) as well as communal ritualistic practices (religion). Taylor et al. (1999) suggested that “religion is an extremely complex human phenomenon and that religiosity includes behaviors, attributes, values, beliefs, feelings, and experiences… Religiosity is comprised of separate dimensions that necessarily require a variety of conceptual approaches and measurement strategies” (p. 527).

Rationale for Use of Religiosity

Religiosity was selected for the current study as the construct to measure an individual’s religious involvement. Because it encompasses the rituals of religion and the experience of spirituality, it captures the diversity of religious involvement in the African American community. Research has found inconsistencies when individuals rely solely on religious activity to improve overall well-being. Donahue (1985) found that individuals with higher intrinsically oriented religiosity were more psychologically
adjusted than individuals with extrinsically oriented religiosity. However, Levin, Taylor, and Chatters (1995) found that religiosity positively influenced overall well-being, suggesting its utility as a measure of religious involvement.

**African Americans and Religious Involvement**

Several studies have examined religious involvement in the study of members of the African American community (Burdette et al., 2007; Ellison et al., 2007; Park et al., 2008; Roff et al., 2005; Taylor et al., 2007). Sherkat (2002) described African Americans as the world’s most religious people. Gallup (2002) supported these results in its study of spiritual commitment. Although different levels of religious involvement were noted in the African American community, all levels were associated with some benefit (Fitchett et al., 2007). Religious involvement plays a role in the ethnic identity of African Americans, fostering a sense of community and social well-being, as well as integrating individuals and families. It additionally provides a buffer against social and economic stressors (Pargament, 2002).

The religious involvement of African Americans has served as a buffer against racism, poverty, and poor physical health. Religious involvement has also maintained a sense of community and generated pride among its members (Burdette et al., 2007; Ellison et al., 2007; Klemmack et al., 2007; Park et al., 2008; Roff et al., 2004; Roff et al., 2006; Taylor et al., 2007). Religious involvement influences physical well-being and is central to African American interpersonal relationships, social obligations, romantic partner choices, definitions of community, civic responsibility, and political beliefs and patterns (Mattis, 2000).
Religious involvement has also influenced individuals when making decisions concerning their health. Klemmack et al. (2007) found that poor physical health did not impede African Americans from attending religious services or from participating in private practices such as prayer and Scripture reading. Roff et al. (2005) investigated positive relationships between religious beliefs/practices and exercise, as well as healthy eating. They found inverse relationships between religious beliefs/practices and negative health behaviors, such as cigarette smoking. In another study, Roff et al. (2004) studied the impact of religious beliefs and practices on levels of depression after controlling for social factors such as physical health, financial resources, and social support. In their study of 1,000 adults aged 65-106 years, they found that religiosity decreased depressive symptoms. Roff et al. (2004) concluded that religious participation, both intrinsic and extrinsic, contributed to greater overall psychological well-being.

**Religiosity and African Americans**

Barna and Jackson (2004), in their ground-breaking book, *High Impact African American Churches*, estimated that 57% of all African Americans are born–again Christians. Furthermore, 56% read the Bible at times other than when they are at church. In relation to church activities, 47% attend church services, 28% attend Sunday school, and 30% participate in a small group therapy format. The intrinsic activities of African Americans are notable as well, with 92% praying to God and 14% conducting weekly religious fasts. These rates are noticeably higher than any other American ethnic group, including Caucasians and Hispanics.

The pastor is instrumental in the lives of religious African Americans. His or her
opinion holds great weight with congregants. Purdy et al. (1983) found that the members of five Pentecostal churches in the South Bronx of New York City believed the role of the pastor extended beyond spiritual and religious matters. These members also viewed the pastor as the employment agency, social worker, interpreter, and real estate broker. The pastor provided insight into the areas normally addressed by these professionals. Respondents of the study were provided with a series of problems and a list of helpers to whom they would send someone confronted with one of the listed problems. The researchers examined concerns such as "eviction, child on drugs, alone/sad, lost job, need apartment, child-school, molest child, beating, sleep/eat, raped, child behaving in a disrespectful manner, police, loved one angry/violent, thoughts won’t go away, control thoughts, who/where they are, overly suspicious, sex problems, and take own life." This included areas where many counselors would consider themselves the expert, such as "alone/sad, molest child, child/disrespectful, loved one angry/violence, thoughts won’t go away, overly suspicious, and take own life." Although parishioners showed a greater awareness of mental health issues, they continued to use their clergymen for 12 of the 19 examined problem areas.

Mattis (2000) conducted two qualitative studies with 128 African American women from a large Midwestern university and its surrounding communities. In the first study, Mattis (2000) discovered that for the majority of respondents, spirituality was associated with a belief in the existence of a transcendent, nonmaterial dimension of life. This definition of spirituality is a reflection of ideologies, practices, and experiences based on a belief in a Higher Power, and the Higher Power's active presence in daily life.
She stated that spirituality for these women was a connection to living, dead, and divine spirits.

Mattis’ (2000) second study included in-depth interviews with 59% of the women who participated in the initial study. She asked the participants to distinguish spirituality and religiousness (religion). The participants stated that spirituality is an internalization and expression of key values, whereas religiousness is an individual’s embrace of prescribed beliefs and ritual practices related to God. The participants further asserted that “religious values and practices serve as conduits for achieving spirituality” (p.114).

Taylor, Mattis, and Chatters (1999) used five different data sets from previously conducted national studies to develop a definition of religiosity among African Americans. Data sets included the Americans’ Changing Life study conducted at the University of Michigan in 1986, the General Social Survey conducted annually at the University of Chicago, the Monitoring the Future Surveys conducted in 1987 at the University of Michigan, the National Black Election Study conducted in 1984 at the University of Michigan, and the National Survey of Black Americans conducted from 1979-1980 by the Program for Research on Black Americans. Each survey contained a measure of subjective religiosity. Taylor et al. (1999) developed a three-dimensional model of religious involvement that included organizational religiosity, non-organizational religiosity, and subjective religiosity. Organizational religiosity involved activities, such as church and church event attendance. Non-organizational religiosity involved behaviors that were not in a church setting, including prayer, as well as listening to and watching religious programming. Subjective religiosity referred to perceptions and
attitudes regarding religion. The authors examined sociodemographic differences in various indicators of subjective religiosity.

Taylor et al. (1999) found that organizational religiosity was a significant part of the African American community. It provided the same buffers and sense of community previously mentioned, such as decreased depression despite dire financial, emotional, or social circumstances. They also found that subjective religiosity was equally significant to organizational and non-organizational religiosity.

These two studies highlight the importance of religiosity for the African American community. Their research suggests that African Americans are highly involved in religious activities, as also found by Gallup (2002), but they are also intrinsically motivated and have a desire to incorporate beliefs into daily life. The participants of both studies described individual and communal experiences. They also appeared to stress the significance of both intrinsic and extrinsic participation, supporting the use of religiosity as a measure of religious involvement of African American community members.

**Religiosity and African American Women**

Many studies of African American women describe the religious involvement of participants or recommend further study of religious involvement in future studies. African American females are known to have higher levels of religiosity than their male counterparts (Burdette et al., 2007; Ellison et al., 2007; Lesniak, Rudman, Rector, & Elkin, 2006; Klemmack et al., 2007; Park et al., 2008; Roff et al., 2004, 2006; Taylor et al., 2007). Numerous authors highlight the influence of religious involvement on the values of African American women (Berkel, Armstrong, & Cokley, 2004; Fitchett et al.,
2007; Thomas, 2007). Gallup (2007) stated that African American women are the most religiously committed ethnic subpopulation.

Williams, Frame, and Green (1999) found in their study of nine African American women involved in a counseling group that spirituality was important for the development of group cohesion. The shared belief system of the women provided a basis for the women to nurture relationships. The women reported that spirituality fostered a personal belief in the significance of self and facilitated growth. In their qualitative study of African American women, Washington and Moxley (2001) found that prayer gave the female participants a voice in difficult circumstances. These women used the process of prayer to “talk out” their current events or issues. They defined prayer as “an expression of spirituality.” It served as a social support system for the women. The researchers found that although significant variations existed among the religious practices of African American women, religious involvement remained high in the community.

These two studies have highlighted the value of intrinsic religiosity for African American females. Findings suggest that the experience of spirituality allowed the women in these two studies to actively participate in group counseling. Although the extrinsic practices may have varied for the participants of both studies, their intrinsic belief system kept them connected to one another as evidenced by the pervasiveness of religious involvement.

**Stress**

Stress has been examined thoroughly within the literature. Lazarus and Folkman (1984) defined stress as a particular relationship between a person and his or her
environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being. Their theory became known as the appraisal theory. They believed that the assessment of the situation and the nature of its influence on the well-being of the individual determined the impact of the situation. They defined three potential outcomes of the primary appraisal of the event: irrelevant—the situation does not affect the person or his/her goals; benign/positive—the situation enhances the well-being of the person; stressful—the situation taxes or exceeds the person’s resources. They further postulated that the appraisal of an event as stressful resulted in decreased psychological well-being. They further stated that the appraisal of an event as stressful generated a need for coping. Lazarus and Folkman (1984) additionally subcategorized stressful events as follows: harm/loss, sustaining damage in the present or the past; threat, future potential for the event to cause harm or loss; or challenge, future potential for the event to cause gain or growth.

Jackson and Sears (1992) believed that not having enough resources or feeling inadequate in dealing with difficult situations was not only stressful, but the hallmark of the African American female life. Over the years, attempts have been made to categorize these stressors to better assess them and their subsequent impact. McCallum, Arnold, and Bolland (2002) assigned stressors into eight categories: inadequate resources, role-functioning, relationship conflict, health concerns, loss, racism, work, and gain. Inadequate resources referred to not having enough financial resources to meet needs or difficulties with bureaucracies if relying on government assistance. Too many roles referred to the demands associated with school, parenting, housekeeping, and legal
problems. Relationship conflict referred to dissatisfaction with interpersonal relationships. Personal illness or illness of a relative characterized the health concerns stressor. Loss was defined as any loss or death. Racism referred to any perceived mistreatment able to be attributed to racial or cultural characteristics. Work-related concerns such as maintaining employment or obtaining employment defined work stressors. Gain stressors were defined as positive changes in lifestyle such as marriage. Multiple forms of stress can also be categorized as: situational (i.e. divorce, being a single parent, loss of employment, loss of family or friend, role conflicts, relationship concerns); socioeconomical (i.e. few economical and educational resources, underemployment, housing, childcare); racial; and gender-based (Glazer, et al., 2002).

Almeida, Stawski, and Cichy (2011) distinguished two types of stressors to be examined: chronic stressors (i.e. pervasive events) and daily stressors (i.e. hassles). They believed that the accumulation of daily stressors was as impactful, if not more so than the presence of chronic stressors. The daily hassles potentially created patterns of stress that built over the course of a day to produce similar negative results physically, emotionally, mentally, psychologically, and socially. These daily hassles had the potential to be more influential to life due to the trivializing the nature of the events that accumulated throughout the course of a day.

The current study defined stress as the appraisal of a situation as stressful. It examined stress in the context of daily hassles and the potential for those stressors to have a cumulative effect. Smith and Kirby (2011) identified Lazarus’s (1984) appraisal theory as the framework to examine the impact of stress on psychological well-being.
Almeida et al. (2011) found daily stressors to be a better indicator of stressful events than the presence of chronic stressors. They concluded that the cumulative effect of daily hassles more greatly impacted psychological well-being than chronic stressors or checklists that looked at stressors over a period of time.

**Stress and African Americans**

It is well documented that African Americans, representing a large majority of impoverished Americans, often lack resources to resolve conflicts that arise in their lives (Glazer et al., 2002). Any combination of McCallum, et al.’s (2002) categorizations of stress can be found in the lives of African American women (Hamilton-Mason et al., 2009). Hamilton-Mason et al. (2009) found that African American women have a higher risk of multi-faceted stressors than other racial groups due to the social, economical, and cultural characteristics of being an African American female. McCallum et al. (2002) further postulated that exposure to stressful life events and chronic stressors increased risks for both physical and mental illness among African Americans. Jackson and Sears (1992) found that African American women continue to experience high rates of morbidity and mortality due to stress and stress-related illnesses.

**Stress and Religiosity**

Glazer et al. (2002) attributed coping (what an individual does in response to a stressful situation) to several factors, including energies valued by a person or a social group, such as religiosity. Religiosity is an important coping mechanism for dealing with stress (Copeland-Linder, 2006). Copeland-Linder (2006) found that the buffering effect of religiosity is complex and dependent on the nature of the stress. Religiosity most
positively impacted the stressful events categorized as psychological. Copeland-Linder (2006) attributed this to the perception of the events; attributing hope or maintaining inner strength acted as buffers against stress. Research has shown that examining multiple stressors found more salient results than isolated stressors (Copeland-Linder, 2006). In other words, religiosity was found to be a buffer when multiple stressors are present, but not for isolated stressors.

Jackson and Sears (1992) noted that African American women’s religious involvement was important when examining the impact of stress on the life of an African American woman. They believed that religion served as a buffer for stressful events. As previously mentioned, African Americans have an extensive history of being a religiously involved group, with females dominating the religious community. Jackson and Sears (1992) noted that to examine the African American female without considering religiosity would negate a large piece of the puzzle. They believed not including religiosity as a construct nullified the research because religion was a large part of African American women’s life.

For African American females, involvement in the religious community acts as a buffer against stressful events (Hamilton-Mason et al., 2002). Hamilton-Mason et al. (2002) believed that African American women relied on their religious communities as a support system during emotionally distressful periods. Paragment (1997) found that communities that lacked outside resources often relied on their religiosity to persevere during emotionally stressful times. A lack of resources, defined as stress by Jackson and Sears (1992), is alleviated by dependence upon religiosity.
Stress and Psychological Well-being

Stress has been found to be a determining factor for physical and psychological well-being (Jackson & Sears, 2001). Studies examining the link between stress and physical and mental disease are well-represented within the research. Stress has been correlated with physical illnesses such as heart disease as well as mental health disorders such as depression (McCallum et al., 2002). Both Jackson and Sears (2001) and McCallum et al. (2002) found that stressful life events and chronic stressful events were detrimental to physical, emotional, and mental well-being.

The multiple sources of stress in the lives of African American women and the scarcity of resources available to them contributed to decreased psychological well-being (Woods-Giscomb, 2010). According to Folkman and Lazarus (1988), psychological stress can represent a potentially dangerous relationship between the person and the environment. A lack of resources can present chronic dangers (e.g., lack of housing, poor interpersonal relationships, lack of financial stability) in the lives of African American women and consequently increases their stress levels. However, Hamilton-Mason et al. (2009) believed that African American women tend to minimize the stressful events in their lives. This may be attributed to the “Superwoman Schema” adopted by many African American women (Woods-Giscombe, 2010). This schema is grounded in the belief that African American women desire and are able to perform multiple roles well and simultaneously. As previously mentioned, the multiple roles of an African American female can be a source of stress. According to this schema, many African American women believe that they should not be stressed by taking on multiple roles--mother,
nurturer, and breadwinner, for example. This belief, according to Woods-Giscomb (2010), causes African American women to minimize or deny the stressful nature of the events occurring in their lives. Hamilton-Mason et al. (2009) believed that when African American women minimized or denied stressful events, they experienced psychological distress or low psychological well-being. They further postulated that this segment of the population tends to believe that stress is a part of life that must be endured and therefore that they will not seek professional help when feeling distressed.

**Psychological Well-Being**

Many studies address psychological well-being only as the presence or absence of psychological distress (e.g., anxiety, depression, unhappiness); however, there has been a noticeable shift toward a two-dimensional understanding of psychological well-being, such as happiness versus unhappiness (Guirguis & Hermans, 1973; Ryff, 1989). In their study of psychological well-being, Wissing and van Eeden (2002) highlighted several other constructs or aspects of psychological well-being. These constructs include coherence, self-efficacy, satisfaction with life, dispositional optimism, resourcefulness, constructive thinking, emotional intelligence, coping, social support, reality orientation, self-actualization, resilience, fortitude, and hope. These constructs may only delineate specific aspects of overall client attitude toward life, rather than individually address the concept of general psychological well-being.

Definitions of psychological well-being vary depending on the researcher. Some researchers refer to psychological well-being as “happiness,” whereas others regard it as “life satisfaction.” Still, others see it as “the absence of negative events.” Bradburn
(1969), one of the first to study psychological well-being, defined it as “a two-fold model examining the positive and negative affect” (p. 75).

Bradburn (1969) developed questions to assess the positive effect of psychological well-being related to feeling pleased about having accomplished something, feeling pleased about things going one’s way, feeling proud due to a compliment from someone concerning a deed or task performed, being interested or excited about something, and feeling “on top of the world.” Questions to assess the negative effects of psychological well-being included topics such as feeling so restless you are unable to sit in a chair, feeling bored, feeling depressed or unhappy, feeling isolated from others, and feeling upset about criticism. Bradburn (1969) believed the two scores measuring positive and negative psychological effects were uncorrelated and that to discover a person’s overall psychological well-being, the researcher must take the difference between the two scores. Consequently, he developed the Balanced Effect Scale.

Warr (1978) defined psychological well-being as a continuous variable, from negative mental states (dissatisfaction, unhappiness, worry) toward happiness and life satisfaction. He believed psychological well-being included favorable evaluation, growth and learning, freedom from constraints, and success in personal endeavors. He stated that psychological well-being was a wide-ranging concept that embraced everyday occurrences.

Psychological well-being is periodically referred to as “subjective well-being.” Subjective well-being is defined as a person’s evaluative reactions to events in his or her
life based on a two-dimensional scale of positive and negative effects (Hansson, Hilleras, & Forsell, 2005). The scale measures the cognitive as well as the emotional impact of life events. Dolan, Peasgood, and White (2008) defined subjective well-being as the overall view of one’s circumstances. They believed that subjective well-being was related to life satisfaction, happiness, or well-being. MacLeod, Coates, and Heatherton (2007) argued that subjective well-being is an aspect of psychological well-being. They asserted that many factors are associated with subjective well-being, including economic, social, personal, and cognitive factors.

Keyes, Shmotkin, and Ryff (2002) defined psychological well-being as a “perceived thriving vis-à-vis the existential challenges of life” (p. 1007). Psychological well-being studies are based on two concepts of positive functioning. The first is based on the frequency and intensity of both positive and negative events. Bradburn (1969) believed the balance of both positive and negative events creates happiness. His work was based on research that examined the impact of social changes affecting life situations. The second concept of positive functioning was based on life satisfaction. Andrews (1991) believed that overall well-being could be discerned from responses to general, global questions. These two concepts—frequency and intensity of both positive and negative events, as well as life satisfaction—did not, however, provide a clear view of psychological well-being (Ryff & Keyes, 1995). Ryff’s (1989) theory of psychological well-being is informed by life span development, mental health, and personal growth (Frazier et al., 2005). Ryff (1989) based her model on Maslow’s (1968) concept of self-actualization, Rogers’ (1961) view of a fully functioning person, Jung’s (1933; van Franz,
1964) formulation of individuation, Allport’s (1964) conception of maturity, Erikson’s (1959) psychological stage model, Buhler’s (1935; Buhler & Massarik, 1968) tendencies toward life fulfillment, Neugarten’s (1969, 1973) descriptions of personality change, and Jahoda’s (1958) positive criteria of mental health.

Ryff (1989) noticed the similarities and themes among Maslow (1968), Rogers (1961), Jung (1933, van Franz, 1964), Allport (1961), Erikson (1959), Buhler (1935; Buhler & Massarik, 1968), Neugarten (1968, 1973), and Jahoda’s (1958) research and theories. She developed six dimensions of personal development that included the commonalities between the theorists and their theories. She (Ryff, 1989) believed these authors’ findings had little impact on the research of psychological well-being because of a lack of empirical research with credible assessments to measure these theorists’ ideas.

Second, Ryff (1989) believed the theorists’ criteria for psychological well-being were too diverse to generate a common definition. Finally, she believed the ideas proposed by these researchers were too value-laden to be accepted by others as valid. However, she believed the ideas could be integrated to develop an overall view and definition of psychological well-being. The six dimensions of her theory of psychological well-being are as follows: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989).

Self-acceptance, as defined by Ryff (1989), is whether or not a person has a positive attitude toward themselves or their life. Self-acceptance was defined as a central feature of Jahoda’s (1958) view of mental health. It was a characteristic of Maslow’s (1968) self-actualization, and was deemed as part of optimal functioning by Rogers.
Ryff defined positive relations with others as the ability to achieve warm, trusting, interpersonal relationships, which are central to overall psychological well-being (Ryff & Singer, 2008). Jahoda (1958) considered the ability to love to be essential to mental health. Maslow (1968) described those with the ability to self-actualize as individuals with the ability to express love, empathy, and compassion toward others. Allport (1961) considered positive relationships with others as a sign of maturity. Life span theorists determined the achievement of close relationships as “adulthood” (Ryff & Singer, 2008).

The ability to resist social pressures to behave or think in a certain way is how Ryff (1989) defined autonomy, emphasizing such traits as independence, self-determination, and regulation of behavior (Ryff & Singer, 2008). Maslow (1968) described self-actualizers as individuals who demonstrate a resistance to enculturation. Rogers (1961) defined autonomy as not looking to others for approval, but making evaluations of self based on individualistic standards. Jung (1933) emphasized the ability to individuate oneself from going along with the masses and subjecting oneself to dogma and cultural dictates. Life span developmentalists referred to autonomy as a turning inward, especially later in life, and as a gaining of freedom from everyday pressures. Ryff and Singer (2008) believed this to be the criterion with the most Western influence.

Environmental mastery has been defined as active participation in and mastery of
one’s environment. Jahoda (1958) described the ability to create or adapt to the environment to suit individual psychological needs as key to obtaining and sustaining mental health. Life span theorists have noted the importance of being able to manipulate one’s environment, both mentally and physically. Allport (1961) believed there to be great significance in extending oneself to impact others. Ryff and Singer (2008) noted that this construct appeared to mimic other constructs that focused on control, but believed this construct differed, as its focus was on altering the context in which an individual lived to suit personal needs.

“Purpose in life,” the fifth criterion of Ryff’s (1989) psychological well-being model, involves a person whose goals, intentions, and sense of direction all contribute to meaningfulness and integration of life. This dimension has many fundamentals based on the work of Viktor Frankl (1960). Frankl’s (1960) work focused on the search for meaning in life during times of difficulty and extreme stress. Ryff (1989) also considered one’s life purpose from a more positive light. Jahoda (1958) explicitly emphasized the need for a purpose in life. Allport (1961) defined maturity as having a clear definition of purpose for one’s personal life including directedness and intentionality. Life span theorists refer to changing purposes for the different stages of life one experiences.

The final criterion is “personal growth.” Ryff (1989) defined this criterion as an individual’s continued development of potential, expansion, and adaptation to the outside world. Ryff and Singer (2008) believed this dimension came closest to Aristotle’s meaning of “eudaimonia”—self-realization of the individual. Developing one’s potential is an ever-changing process. Maslow (1968), Jahoda (1958), and Rogers (1961) all
emphasized the need to continuously grow and improve—moving forward and not remaining stagnant—as essential to mental health.

**Psychological Well-being and Gender**

Gender differences in relation to psychological well-being are of interest to many researchers (Roothman, Kirsten, & Wissing, 2003). These differences are significant, as all individuals have a desire to achieve eudaimonia. The relationship between gender and psychological well-being has not been clarified in various studies. Fuller et al. (2003) found that married men have higher psychological well-being than married women. However, women have higher psychological well-being based on the quality of their marriages. Fuller et al. (2003) supported these observations from their study of a Thai community.

Worrell (1978) believed that psychological well-being is impacted by adherence to culturally accepted gender roles. In her research, she found that adherence to masculinity or femininity determined an individual’s level of psychological well-being. She stated that each individual possesses an affinity for both masculine and feminine traits. She further suggested that balance, otherwise known as psychological well-being, occurred when androgyny was present. Androgynous states were defined as having equal amounts of femininity and masculinity (Bem, 1974). Bem (1974) believed that individuals could have lower psychological well-being when they strictly adhere to gender specific roles—masculinity and femininity—rather than that of androgyny, which provides freedom for self-expression. Worrell (1978) argued that androgyny was too ambiguous and created sex-role conflict within individuals, and consequently could
decrease one’s psychological well-being.

Sharpe and Hepner (1991) stated that masculine traits, as well as adherence to masculine sex roles, tend to lead to higher self-esteem and consequently, higher psychological well-being. This suggests that adherence to female sex roles can lead to lower levels of psychological well-being. The authors did not explicitly state whether they believed there were strengths in feminine sex roles or not. However, they did note that the associations of male sex roles were more strongly related with positive psychological health. They believed gender role conflict actually contributed to psychological well-being. Gender role conflict is believed to occur when a sex role has a negative impact or results in negative consequences for the individual or those around them (O’Neil, 1981).

**Race and Psychological Well-being within the African American Woman**

Lewin (1948) argued that a solid sense of ethnic identity may be important to psychological well-being. Phinney (1990) believed ethnic identity may be of great importance for minority groups in relation to psychological well-being. Napholz (1994) believed that the stress of racism and sexism were specifically important to the psychological well-being of African American women. She found that women report higher rates of depression than men, with African American women having the highest incidence of depression and the least access to services, compared to other ethnic populations. She attributed this to an increased number of stressors placed on African American women such as negative life events, higher exposure to the stressful events of significant others, and chronic stressors such as discrimination. She stated that
chronic stressors have a greater negative impact on psychological well-being than negative major life events.

Young et al. (2004) reported that African American women experience greater overall health stress in comparison to women of other ethnicities, especially Caucasian women. They believed that African American women are at an increased risk for negative health outcomes, such as heart disease, high blood pressure and cholesterol, and diabetes. They also believed African American women are more likely to become obese or experience heart disease and diabetes at earlier ages. They believed this was due to low socioeconomic status and chronic life stressors. Furthermore, the researchers stated that African American women report greater incidences of lower psychological well-being, and higher psychological distress, than other ethnic groups. When variables such as socioeconomic status were controlled, these levels of psychological well-being and distress remained. They believed these statistics were due to continued disparities between African Americans and other ethnicities, Caucasians in particular.

Napholz (1994) studied the effects of sex role theory on the psychological well-being of working African American women. Her study corresponded to previous findings that resolution of role conflict was necessary for psychological well-being. She studied African American women in a Midwestern metropolitan county who ranged in age from 18 to 65 years. They worked in one of eight businesses in the area, including a hospital, a bus company, and a small clerical/housekeeping business, amongst others. Participants completed the Personal Attributes Questionnaire and the Bem Sex Role Inventory to assess sex role identification. They also completed the Beck Depression Inventory and
the Satisfaction with Life Scale to assess their psychological well-being, in addition to the Role Conflict Questionnaire for Women to assess role conflict. Napholz (1994) found that psychological well-being was negatively impacted by the sex role conflicts that exist for African American women. She found that women who struggled with defining their roles as women had lower psychological well-being than women who adequately defined their feminine roles in life.

**Religiosity and Psychological Well-Being**

There are numerous studies that have investigated the salient benefits of religiosity on psychological well-being (Berkel et al., 2004; Burdette et al., 2007; Chaaya et al., 2007; Chandler et al., 1992; Ellison et al., 2007; Faiver et al., 2001; Griffith et al., 2002; Hackney et al., 2003; Holt et al., 2005; Josephson, 2004; Keyes et al., 2002; Krause, 1995; Lesniak et al., 2006; Pajevic et al., 2005; Pargament, 2002). Francis and Kaldor (2002) found significant relationships between psychological well-being and three indices of the Christian religion: church attendance, personal prayer, and belief in God. The researchers used Bradburn’s (1969) Balanced Effect Scale to measure psychological well-being. That scale is the foundational scale for many researchers studying psychological well-being. However, for the purposes of the current study, a more recently developed scale, Ryff’s Six-Factor Model (1989), which has been examined on more diverse populations and includes more developmental theoretical frameworks, was used.

In an earlier study conducted by Maltby, Lewis, and Day (1999), 474 undergraduate students between the ages of 18 and 29 were surveyed on measures of psychological well-being and religiosity at an English university. The first set of
questionnaires measured religiosity (intrinsic religiosity and extrinsic religiosity) and included the Quest scale. The second set measured psychological well-being: the Beck Depression Inventory and the Trait-Anxiety Scale. The third set was a demographics questionnaire. They found that personal prayer time was one of the most significant factors mediating religiosity and psychological well-being.

Greenfield and Marks (2007) believed that identification with one’s religion was a reason to examine the association between religiosity and psychological well-being. They reviewed the data from the 1995 MIDUS (National Survey of Midlife in the United States) of 25 to 74 year olds. Their hypotheses examined whether higher participation in formal religious activities was associated with higher levels of psychological well-being. They also expected that strong social identity would have a stronger association and would account for higher levels of psychological well-being. The researchers found evidence to support both hypotheses, and both are significant for the current study. From the 1995 MIDUS data set, they found that the more one identified with his or her religion, the greater his or her psychological well-being. They believed this was one of the mechanisms social and psychology theorists could use to incorporate religiosity as a tool to increase overall psychological well-being.

The desire of African Americans to use their religiosity to increase overall health is evident in the research, as well. Lesniak, Rudman, Recor, and Elkin (2006) found that African Americans want to incorporate faith beliefs and churches in mental and physical health promotion interventions. Nelson (1997) conducted a qualitative year-long study of an African American Methodist Episcopal Church in South Carolina, finding that many
members of the congregation attributed their life changes to the Spirit of God. This finding could point to the ability to use the attitude that religiosity can increase overall psychological well-being.

**Religiosity, Psychological Well-being, and African American Women**

Pajevic et al. (2005) found that “religiosity reduces the tendency toward high-risk behavior, impulsive reactions, aggression; it corrects a tendency toward psychopathological and paranoid behavior…” (p. 86). Jang, Borenstein, Chiriboga, Phillips, and Mortimer (2006) found that among minorities, African Americans have lower socioeconomic status and higher rates of mortality; the difference is only increased when compared to Caucasians. The perceptions of well-being among African Americans are quite positive; however, this was attributed to the level of religiosity within this community. They suggested that religiosity makes a difference in the lives of African Americans by helping them to remain resilient despite life stressors. They found, through their research of 255 African Americans, that a strong religiosity is an expression of cultural identity. This research finding supports the examination of the subpopulation in the current study.

Females in the African American community have greater levels of religiosity than their male counterparts (Lesniak, Rudman, Rector, & Elkin, 2006). Additionally, it is also common knowledge that African American females deal with extensive stress from multiple sources that can be either incidental or chronic (Lesniak et al., 2006). This stress can affect overall psychological well-being. Lesniak et al. (2006) found that religiosity helps to moderate distress for African American females. However, this group seems to
be one of the least researched subgroups when it comes to religiosity and psychological well-being (Frazier, Mintz, & Mobley, 2005).

Sokoya, Muthukrishna, and Collings (2005) studied psychological well-being of Nigerian women as it pertains to Afrocentric constructions. They observed 40 adults (male and female) and 31 children in a purposive, qualitative study in five farming communities in Ogun State, Nigeria. The methodology included life history, in-depth interviews, focus groups, and interactive observation. The researchers found that for the women, there was one factor that made a defining difference in the Afrocentric construction of psychological well-being: a belief in the divinity of God. Although the majority of the female participants were Christian, the rest were Muslim. The authors stated the belief in God was the defining attribute of psychological well-being for the women.

**Psychological Well-being, Religiosity, and Stress in the African American Woman**

The current study proposed to examine whether religiosity moderated the association of stress and psychological well-being for African American women. Religiosity has been found to produce salient benefits on stress (Brown, 2008). Brown (2008) stated that “religiosity has the ability to reduce or compensate the negative effects of stress” (p. 3). Religiosity has been found to produce salient benefits on psychological well-being. Stress has been found to produce lowered psychological well-being. The moderating ability of religiosity on psychological well-being during stressful times has not been examined closely (Colbert, 2009). The current study proposed to examine how religiosity influences psychological well-being during times of stress. Religiosity may be
able to explain the variance of psychological well-being during stressful times for African American women. The moderating effect of religiosity may explain its influence on the variance of psychological well-being among this stressed group. In other words, increased religiosity may account for increased psychological well-being for African American women experiencing extensive stress. Religiosity may act as a buffer or an antagonist between psychological well-being and stressful events.

The majority of research focusing on religiosity has previously examined it as a whole concept. Previous research exists that demonstrates the significance of delineating religiosity into extrinsic and intrinsic components (Allport, 1964; Genia, 1993; Koenig, 1988). Extrinsic religiosity has been shown to have little to no impact on psychological well-being or stressful events (Donahue, 1985). Although intrinsic religiosity has been shown to have more impact than extrinsic religiosity on psychological well-being, it has not been studied with respect to stress.

The appraisal of daily hassles as stressful has been shown to contribute to decreased psychological well-being. The literature has shown that African American females experience decreased overall psychological well-being (Napholz, 1994). The literature has shown that African American females experience increased exposure to stressful events (Napholz, 1994; McCallum et al., 2002). Finding a moderator, either a buffer or antagonist, between these two constructs can benefit the stressed, psychologically distressed, African American female. Discovering if and how religiosity influences the relationship between psychological well-being and stress may prove helpful for African American women that are experiencing high levels of stress.
Religiosity may serve as a resource for this population.

**Rationale for Study**

As previously mentioned, African Americans are the most frequent consumers of mental health services (Mays, 1985; Mays et al., 1996). This implies that African Americans have lower overall psychological well-being compared to other ethnic groups. Research has shown that stress often contributes negatively in significant ways to the psychological well-being of African American women (Hamilton-Mason et al., 2009; McCallum et al., 2002). In studies of psychological well-being, religious involvement showed salient benefits related to physical and mental health (Pargament, 2002). Pajevic et al. (2005) believed that religiosity reduced psychopathological behaviors. This should mean that individuals with high religious involvement should also experience high psychological well-being. However, the results from previous literature are contrary to this theory.

The literature supports the notion that African American females are the largest religiously involved subpopulation (Barna & Jackson, 2004; Gallup, 2007); this group appears to be high in the expression of extrinsic religiosity. However, this group also tends to be in psychological distress (Mays, 1985; Mays et al., 1996). This may be attributed to the high levels of stress this group experiences (Woods-Giscomb, 2010). Brown et al. (2008) believed that religiosity moderated the relationship between conflict and depressive symptoms. The role of therapists is to help clients find mediating, i.e. coping, factors that can positively influence psychological distress. Therapists accomplish this through teaching clients how to alleviate psychological distress, improving overall
psychological well-being through therapeutic interventions and/or coping mechanisms. Religiosity, particularly intrinsic religiosity, can serve as an indirect problem-focused coping mechanism (Zinnbauer & Paraugment, 2005). Jackson and Sears (1992) believed that religion needs to be included in the psychological process. Hamilton-Mason (2002) believed that religion could act as a buffer during stressful times. Understanding how to use religiosity, a part of the African American female experience, as a resource during stressful times could prove beneficial during psychological sessions.

Research has focused on the influence of religiosity on psychological well-being. Although results have been mixed with regards to religiosity and psychological well-being, extrinsic religiosity has been found to not produce consistently significant results (Fitchett et al., 2007). The moderating effect of intrinsic religiosity has not been studied extensively. Lesniak et al. (2006) found that many African Americans wanted to include religiosity in their psychological treatment. Understanding the potential moderating effect of intrinsic religiosity could psychologically benefit African American women that desire to include religiosity in their treatment. The current study was conducted to understand the potential moderating effect of intrinsic religiosity on the association between stress and psychological well-being in African American females. The current study examined the potential that higher levels of religiosity, particularly intrinsic religiosity, could be a buffer or antagonist between stress and psychological well-being.

Intrinsic religiosity can be correlated with aspects of the six-factor model of psychological well-being. As previously stated, intrinsic religiosity refers to how individuals use their religion to shape their lives, beliefs, and ideals; it is an internal
process or expression of religious involvement determining how much an individual incorporates his or her religious views into daily life. Certain aspects of the six-factor psychological well-being model have the potential to correlate with this concept of internal processing (Ryff et al., 2003). For example, personal growth, self-acceptance, autonomy, and purpose in life are all related to internal processing. Each of these, while distinct from one another, focuses the individual inward. It can be hypothesized that the ability to internally process beliefs and concepts may be associated with these areas of psychological well-being because engagements in the expression of intrinsic religiosity such as prayer, meditation, and altruism focus individuals inwardly. The ability of an individual to maintain this inward focus can be hindered by stressful life events. The current study proposed to examine the moderating effects of intrinsic religiosity on psychological well-being during times of stress. Jang and Johnson (2005) believed African American women could benefit from effective stress-reducing tools. Eckersley (2002) noted there is growing evidence that culture directly impacts one’s well-being. As previously mentioned, religiosity is a part of the African American female culture and can be used as a tool to decrease the impact of stressful events and increase overall psychological well-being. According to Helminiak (2001), it is pertinent to address spiritual and religious issues in a counseling session, as these issues are central to the lives of many African Americans. Additionally, there is impetus for the continued study of the relevance of religion in a counseling session (Park et al., 2008; Washington & Moxley, 2001). The potential of the inclusion of intrinsic religiosity as a resource to help moderate the association between psychological well-being and stress could alleviate the
distress of one of the largest consumer groups of mental and physical health services. It could potentially serve as a tool to reduce psychopathological disorders such as anxiety and depression.

**Purpose of Study and Research Questions**

The current study, conducted in Northeastern Ohio, investigated the intrinsic religiosity, psychological well-being, and stress of African American women ages 18 to 65—an undocumented subgroup of African-American females. The majority of studies examining religiosity in African American women focused on elderly women. This study focused on younger women. This group of women has not been studied extensively in regards to religiosity, psychological well-being, and stress. This may be due to the transitory nature of their lives, being a younger group, or the stressors present.

Few studies have been conducted that examine psychological well-being of African Americans. Most examine psychological distress (Frazier, Mintz, & Mobley, 2005). There are even fewer studies that examine psychological well-being specifically of African American females. African American females have been shown to be a group living under stressful circumstances (McCallum et al., 2002). Stressful circumstances, chronic and daily, have been shown to negatively influence psychological well-being (McCallum et al., 2002). This study examined how intrinsic religiosity moderated the association between stress and psychological well-being. The primary research question that guided the study was: “Does intrinsic religiosity moderate the association between psychological well-being and stress among African American females?”

As previously mentioned, religiosity is a complex construct; separating it into two
smaller constructs makes examining it richer. Consequently, the current study examined the extent to which extrinsic and intrinsic religiosity moderate the association between stress and psychological well-being. Additional research questions addressed the demarcated religiosity and its effect on stress.

The additional research questions were: “Are extrinsic religiosity and psychological well-being related? Are extrinsic religiosity and stress related? Are intrinsic religiosity and psychological well-being related? Are intrinsic religiosity and stress related?

The hypotheses formulated for this study are as follows:

1. Extrinsic religiosity will have no association with psychological well-being.
2. Women with high levels of intrinsic religiosity will report higher levels of psychological well-being.
3. Extrinsic religiosity will have no association with stress.
4. Intrinsic religiosity will have no association with stress.
5. Women reporting high levels of stress will have lower levels of psychological well-being.
6. The negative association between stress and psychological well-being will not be buffered by extrinsic religiosity.
7. The negative association between stress and psychological well-being will be buffered by intrinsic religiosity.

**Definition of Terms**

An examination of the following terms was provided in the literature review.
Various researchers have developed and researched views of the constructs used in the current study generating varying degrees of meaning. The purpose of the definition of terms is to make a declaration of meaning of the terminology for the current study. The following is a list of the terms relevant to the current study and a clarifying statement of meaning for each term.

**African American Women**

An African American woman is defined as a female that self-identifies as being of African American descent. Each woman will be between the ages of 18 and 65 years.

**Extrinsic Religiosity**

Extrinsic religiosity is defined as the outward acts conducted by an individual to express religious involvement (Allport, 1964; Koenig, 1988). It is an aspect of religiosity that focuses on the social acceptability of religious involvement.

**Intrinsic Religiosity**

Intrinsic religiosity is defined as the inward expression of religious beliefs (Allport, 1964; Koenig, 1988). This aspect of religiosity focuses on how individuals act out their religious beliefs in private acts such as prayer and meditation.

**Perceived Stress Scale**

This 14-item scale measures a person’s beliefs about their stress levels after a series of events. The Perceived Stress Scale (PSS) was developed in 1983 by Cohen, Kamarck, and Mermelstein.

**Psychological Well-being**

Psychological well-being is sometimes referred to as “subjective well-being”.
Subjective well-being is defined as a person’s evaluative reactions to events in his or her life based on a two-dimensional scale of positive and negative effects (Hansson et al., 2005). Keyes et al. (2002) defined psychological well-being as a “perceived thriving vis-à-vis the existential challenges of life” (p. 1007). Ryff developed a theory to integrate an overall view and definition of psychological well-being. The six dimensions of her theory of psychological well-being are: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989). The current study will use Ryff’s (1989) definition of psychological well-being.

**Psychological Well-being Scale**

This 18-item scale measures psychological well-being. It was developed by Ryff in 1989. It measures six dimensions of her theory of psychological well-being.

**Religion**

Religion is an organized conduit for channeling values, energy and/or emotions to a larger entity—The Divine. Many believe it to be a socially constructed organization that people use to share beliefs, as well as to reduce psychosomatic symptoms (Ellison, 1993). Through the rituals established by the organization, people possess tools to find their way through a confusing world. Religion provides individuals with a value system to guide their actions. In essence, religion can be said to create sense out of chaos.

**Religiosity**

Religiosity allows researchers to examine both dimensions of religious involvement. By looking at ritual adherence such as church attendance, researchers can determine an individual’s extrinsic religiosity. External religiosity provides insight into
the social motivators that exist and thus encourage religious involvement. Intrinsic religiosity allows researchers to examine the incorporation of beliefs into daily life. Intrinsic religiosity provides insight into the level of spirituality expressed by people (Allport, 1964; Koenig, 1988). Religiosity appears to gather both religion and spirituality into one concept.

**Religiousness**

Religiousness is an individual’s embrace of prescribed beliefs and ritual practices related to God (Mattis, 2000).

**Religious Involvement**

Religious involvement pertains to how an individual participates in activities pertaining to concepts of God. It includes church attendance, Bible reading, prayer, and belief integration into daily living. Three concepts are used to describe religious involvement: religion, spirituality, and religiosity.

**Religious Orientation Scale**

This scale was developed by Allport in 1950. The scale measures both intrinsic and extrinsic religiosity. It contains 21 items on a Likert scale.

**Spirituality**

Spirituality is an experience of The Divine. According to the literature, it is a communal ideal that exists in all. How people express their spirituality varies greatly from not at all to daily engagement in spiritual acts such as prayer, meditation, readings, or altruism. Researchers agree that spirituality is a bonding ideal that connects all humans together regardless of its expression. There appears to be no right or wrong way to
engage in spiritual acts. Spirituality is not ritualistic, but can have different mechanisms to follow. Spirituality appears to be an expression of inner desires (Faiver et al., 2001).

**Stress**

Stress is the appraisal of daily hassles as stressful (Lazarus and Folkman, 1984; Almeida et al., 2011).

**Summary of Chapter I**

In Chapter I, the literature related to stress, religiosity, and psychological well-being was reviewed. The association of each concept was examined in African American women aged between 18 and 65 years. This leads to the methodology discussed in Chapter II.
CHAPTER II

METHODOLOGY

The purpose of this study was to address the moderating ability of religiosity on the association between stress and psychological well-being among African American women. The primary research question that guided the study was: “Does intrinsic religiosity moderate the association between psychological well-being and stress among African American females?” There were three additional research questions. There were seven hypotheses formulated for this study.

The current study attempted to understand how intrinsic religiosity affects the association between stress and psychological well-being of African American women. The current study tested intrinsic religiosity as a moderator of stress and psychological well-being. This chapter describes research design, participant types, and procedure for data collection, instrumentation, and data analysis.

Research Design

Nonexperimental Quantitative Research

For the current study, two moderating variables were tested: intrinsic religiosity and extrinsic religiosity. The dependent variable was psychological well-being. The independent variable was stress. A causal comparative study was conducted that explored the effects between variables in a nonexperimental setting. Researchers have used this form of research to examine associations between and among variables that cannot or should not be manipulated, allowing for the examination of dynamics in their natural environment.
The current study utilized cross-sectional survey design. A cross-sectional design involves data collection at one point in time from a sample representing the greater population. Participants completed four questionnaires: a demographics questionnaire, the Perceived Stress Scale (Cohen et al., 1983), the Religious Orientation Scale (Allport and Ross, 1967), and the Psychological Well-Being Scale (Ryff, 1989).

**Sampling Procedures and Recruitment**

When designing a sampling process for a research question, the researcher must address several points: the intention, measurability, practicality, and economics. The intent of the current study was to assess the moderating ability of intrinsic religiosity on stress and psychological well-being for African American women. The study was highly feasible, with there being a substantial number of African American females to sample. The ease of access to the women also made the current study economically sound.

The current study used convenience sampling. Convenience sampling involves the sample being drawn from a population that is easily accessible. This type of sampling generally does not allow for scientific generalizations. The current study looked at several considerations necessary for researchers using convenience sampling: setting controls within the research design such as permitting individuals to self-select, using a researcher-selected group in hopes of achieving a higher response rate and a higher quality of responses, and repeating previously conducted research techniques that have demonstrated the current study’s research questions can be adequately answered by using a convenience sample.

The participants were solicited from two nondenominational, predominantly
African American churches in Northeast Ohio. The churches are each less than fifteen years old. The majority of the congregants are less than 65 years old. The target population to be sampled comprised approximately 200 women. A sample size of approximately 132 was calculated through power analysis. Power analysis was used to calculate the minimum sample size required to accept the outcome of a statistical test with a particular level of confidence. Statistical power depended on a number of factors: the statistical significance criterion, confidence interval, used in the test; the magnitude of the effect of interest in the population; the sample size used to detect the effect. A significance criterion is a statement of how unlikely a result must be, if the null hypothesis is true, to be considered significant. The precision with which the data are measured also influences statistical power. A response rate of at least 50% of the target population was expected. The confidence interval was 5.

Participants were recruited during a church-sponsored event. Each church provided a date and time for the researcher to present the current study and agenda to participants. During the event, participants were informed of the current study by the event leader. The event leader introduced the researcher to the participants. The researcher then described the current study and data collection procedures to event participants. Materials were distributed to event participants. The researcher explained the significance of completing materials in entirety. The researcher explained that the process should take no longer than 30 minutes. The researcher remained on site during the administration of the research materials. Completed research materials were placed on a designated table to be collected at the end of the allotted time. The researcher provided
refreshments during and immediately following data collection. There was no additional compensation for participating in the current study.

Sample

The participants were African American females between the ages of 18 and 65. The women were attendees of two nondenominational, predominantly African American churches in Northeast Ohio: Burning Bush Church in Akron, Ohio, and Shepherd’s Pasture for All Nations in Tallmadge, Ohio. The women were of varying socioeconomic statuses and educational backgrounds. The women have also been attendees of either church for varying time periods. The women self-selected to participate in the study. Research materials were given to all attendees of the event. Those participants’ materials that did not meet research requirements, i.e. ethnicity, were removed from collected data. Table 1 shows the demographics of the participants.

Table 1
Descriptive Statistics on Key Background Variables

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>32.42</td>
<td>10.863</td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td>1.85</td>
<td>1.122</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>52.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married, separated</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>3.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>14.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, Never married</td>
<td>1.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td>2.86</td>
<td>1.164</td>
</tr>
<tr>
<td>High school diploma/equivalent</td>
<td>8.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>39.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical/associate degree</td>
<td>16.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Degree</td>
<td>23.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Degree</td>
<td>9.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Work status</strong></td>
<td></td>
<td>1.92</td>
<td>1.510</td>
</tr>
<tr>
<td>Employed</td>
<td>62.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>6.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemaker</td>
<td>7.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>12.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td>1.97</td>
<td>1.256</td>
</tr>
<tr>
<td>Less than $25,000</td>
<td>49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25,001-$35,000</td>
<td>27.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$35,001-$45,000</td>
<td>9.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$45,001-$55,000</td>
<td>5.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater than $55,000</td>
<td>8.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 1 (continued)

Descriptive Statistics on Key Background Variables

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>1.52</td>
<td>1.319</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>27.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>18.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>29.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>10.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-rated Overall Health</td>
<td>1.59</td>
<td>0.841</td>
<td></td>
</tr>
<tr>
<td>Healthy</td>
<td>59.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat healthy</td>
<td>25.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately healthy</td>
<td>10.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat unhealthy</td>
<td>4.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instrumentation**

**Psychological Well-being**

The current study used the 6-Factor Model of Well-Being created by Ryff (1989). It is available for research purposes by contacting the creator, Dr. Carol Ryff. It is a multidimensional model of psychological well-being, conceptually described in Chapter I. There are six subscales, one to measure each dimension/factor of psychological well-being. The scale has 84 items measured using a 1-6 strongly disagree to strongly agree
Likert scale. Sample items include: “Most people see me as loving and affectionate,” “I am the kind of person who likes to give new things a try,” and “Everyone has their weaknesses, but I seem to have more than my share.”

Reliability and validity for this scale have been examined extensively (Ryff & Singer, 2006). Test-retest reliability scores range from .81 to .88 and the internal consistency scores range from .86 to .93. The factorial validity of the instrument was measured by van Dierendonck (2005). He found the instrument to be valid using the LISREL 8.5. LISREL, an acronym for linear structural relations, is a statistical software package used in structural equation modeling.

The scale was used on diverse adult populations with varying socioeconomic, education, and age demographics (Ryff & Singer, 2006). Ryff and Singer (2006) found item-to-scale coefficients to be statistically significant and powerful. They further found the model to have an adjusted goodness of fit index of 0.0 and 1. The goodness of fit of a statistical model describes how well it fits a set of observations summarizing the discrepancy between observed values and expected values.

One of the greatest critiques of the model was made by Springer and Hauser (2006). Their main critique was the conceptualization of the model, not the measure. However, many researchers have found that the model and its conceptualization are sound and effective for measuring positive psychological functioning. Ryff and Singer (2006) discredited Springer and Hauser’s (2006) critique by stating that Springer and Hauser (2006) ultimately concluded that the 6-Factor Model of Well-Being works as an assessment of psychological well-being. Ryff and Singer (2006) additionally reported
data to contradict all criticisms generated by Springer and Hauser (2006).

**Religiosity**

The instrument selected for the current study, the Religious Orientation Scale (ROS), assesses both dimensions of religiosity (intrinsic and extrinsic), as well as overall religiosity. The instrument was found in its entirety with permission for use in “Personal Religious Orientation and Prejudice” in *Journal of Personality and Social Society* (Allport & Ross, 1967). Many researchers have attempted to validate the instrument, as well as revise the instrument, to more efficiently assess religiosity (Burris, 1999). Numerous instruments are available to measure religiosity (Allport & Ross, 1967; Hoge & Carroll, 1973; Pargament, 2002). Some focus solely on one dimension (Hoge & Carroll, 1973), while others focus on both intrinsic and extrinsic dimensions (Allport & Ross, 1967).

The ROS is based on Allport’s (1950) conceptualization of “intrinsic religiosity” and “extrinsic religiosity.” The 21-item scale was created by Allport and Ross (1967). The scale uses a 1-5 Likert measure of strongly disagree to strongly agree. One subscale measures extrinsic religiosity, the other intrinsic religiosity. The extrinsic subscale assesses one’s acknowledgment of the peripheral role that religion plays in life, as well as religion’s contribution to social acceptance with items such as, “Although I believe in religion, I feel there are many more important things in my life.” The intrinsic subscale assesses the motive, i.e. purpose or actualization, of religion in an individual’s life with items such as, “It is important for me to spend periods of time in private religious thought and meditation.”
There are several criticisms of the ROS. Burris (1999) believed the criticisms could be divided into two groups: pure empirical critiques and conceptual-empirical critiques. The pure empirical critiques focused on the perceived inadequacies of the ROS’s psychometric properties. Hoge’s (1973) logic for generating a new scale was the absence of a strong inverse extrinsic/intrinsic correlation. Another criticism was the low inter-item correlations and multidimensionality and the obscure item wording (which requires adult reading-level ability) (Kirkpatrick, 1989). Conceptual-empirical critiques were based on what the ROS does and does not measure. Subsequently, new scales attempted to address these gaps. However, these criticisms do not impede researchers from finding applicability of the scale to their studies.

One practical consideration in using the ROS is its Protestant Christian influence. The wording of the items includes Christianity-specific terms that prevent the generalizing of scale scores to other religions or to the nonreligious. However, for the purposes of the current study, this is not an issue. The respondents surveyed were all members of a Christian church. Genia (1993) found the scale to be both valid and reliable when used to assess religiosity, particularly intrinsic religiosity, with Christians. Another consideration is that the ROS can only be administered to adult, literate respondents. Although this may be a concern for the current study, there is no way to eliminate illiterate adults except through such a participant’s decision to not participate in the study. Burris (1999) found that the instrument had been used on diverse ethnicities and age ranges.

Allport and Ross (1967) standardized the scale using members of six different
churches/denominations. However, they did not assess differences among the churches/denominations. Burris et al. (1996) found higher intrinsic scores among conservative Protestant groups than among liberal Protestants and Catholics. Conservative Protestants also scored lower on extrinsic religiosity compared to Catholics, but not liberal Protestants. The alpha levels of 0.65 suggest moderate reliability for the extrinsic religiosity subscale, and the 0.69 alpha levels for intrinsic religiosity are similar (Genia, 1993). The reliability as measured by the Kuder-Richardson formula 20 is .901 and the predictive validity is .582 (Hoge & Carroll, 1973).

**Stress**

The current study used the Perceived Stress Scale created by Cohen et al. (1983). The scale was found in Cohen et al. (1983) and was used with permission for research. This 10-item scale was designed to measure the degree to which situations in one's life are appraised as stressful. The Perceived Stress Scale has shown adequate reliability and correlates with life-event scores. The Perceived Stress Scale is the most widely used psychological instrument for measuring the perception of stress. Items were designed to reveal how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. The Perceived Stress Scale has been suggested for examining the role of nonspecific appraised stress in the etiology of disease and behavioral disorders and as an outcome measure of experienced levels of stress. The scale uses a Likert scale of 0-4, never to very often. Sample items include: “In the last month, how often have you been upset because of something that happened unexpectedly?” and “In the last month, how
often have you felt that you were on top of things.” The reliability for the PSS was found to be 0.84, 0.85, and 0.86. The instrument was found to be valid for significance levels for 0.05 and 0.1.

**Data Analysis**

**Hypotheses 1 and 2**

First, the correlations between extrinsic religiosity, intrinsic religiosity and psychological well-being will be examined to test hypotheses 1 and 2.

**Hypotheses 3 and 4**

Secondly, the correlations between extrinsic and intrinsic religiosity, individually, and psychological well-being will be examined.

**Hypothesis 5**

Third, the correlation between stress and psychological well-being will be examined to test hypothesis 5.

**Hypothesis 6 and 7**

Finally, the moderating affect of extrinsic and intrinsic religiosity, individually, on the association between stress and psychological well-being will be examined. A correlation model will be used to test hypotheses 1, 2, 3, 4, and 5. The correlation model implies that there is an association between the two variables. A moderation model will be used to test hypothesis 6 and 7. Two models will be used to analyze the data. Model 1 will examine the relationship between stress and psychological well being. The second model will add religiosity, extrinsic and intrinsic separately, as an interaction, to determine if religiosity is a moderator of the relationship between stress and
psychological well-being.

Although, classically, moderation implies a weakening of a causal effect, a moderator can amplify or even reverse that effect (Baron & Kenny, 1986). The current study hypothesizes that religiosity will amplify or reverse the influence of stress on psychological well-being. The data analysis will be a linear regression. The independent variable will be stress. The dependent variable will be psychological well-being. The moderating variables will be extrinsic and intrinsic religiosity. The covariate control factor will be education. Given previous research (Cichy, Stawski, Almeida, 2013), education has been shown to be a predictor of psychological well-being.

The alpha level was set at 0.05 to obtain statistical significance. This allowed for maximum generalizability which is important for the current study due to the nature of data collection. Additionally, it is the most common alpha level for social science research because it means that the likelihood of there being an error in the research is less than one percent.

**Summary of Chapter II**

The current study proposed to investigate how stress and religiosity has impacted the psychological well-being of African American females. The current study attempted to assess the extent of the causal association between religiosity and psychological well-being, as well as the impact of stress on each construct. Participants of the study were solicited from two Northeast Ohio churches. Participants ranged in age from 18 to 65 years. The participants were asked to complete four questionnaires: a demographics questionnaire, the Psychological Well-Being Scale (Ryff, 1989), the Religious
Orientation Scale (Allport & Ross, 1967), and the Perceived Stress Scale. The data were analyzed using multiple regression and correlation. These statistical analyses allow for causal association analysis. The results of the analyses are discussed in Chapter III.
CHAPTER III

RESULTS

This chapter presents the results of the current study. Data are from three instruments and one demographic survey completed by 143 African American women from two Northeast Ohio churches. The results are presented with the examination of each hypothesis. The current study examined the moderating effects of intrinsic religiosity during times of stress on psychological well-being. The research question addressed was: “Does intrinsic religiosity moderate the association between psychological well-being and stress among African American females?”

Participants

The participants in the current study were African American women from two churches: Shepherd’s Pasture for All Nations (SPAN), located in Tallmadge, OH and Burning Bush Church (BBC), located in Akron, OH. Table 1 provided the summary of demographic data. Only three sets of data were answered by all participants: marital status, income range, and health status. The remaining demographic questions had missing data. Based upon the collected data, the most representative group of women were 32 years of age, had some college education, had an earned income of less than $25,000, were employed, single, never married, had two children, and rated their health as healthy.
Survey participants were observed by researcher during the data collection process. Participants with children present during assessment were observed to take the shortest time completing the surveys. Participants completed the surveys in varying time frames. Some were observed to complete the survey in less than thirty minutes. Most were observed to take approximately forty-five minutes to complete. A few took more than sixty minutes to complete the surveys. A few women commented that they felt the surveys were extensive and difficult to complete. The majority of the women made little to no comment towards the researcher about the process or the surveys.

Analyses

Bivariate Associations

Correlations were developed to examine the following questions: “Does intrinsic religiosity moderate the association between psychological well-being and stress among African American females? Are extrinsic religiosity and psychological well-being related? Are extrinsic religiosity and stress related? Are intrinsic religiosity and psychological well-being related? Are intrinsic religiosity and stress related?

The hypotheses formulated for this study are:

1. Extrinsic religiosity will have no association with psychological well-being.
2. Women with high levels of intrinsic religiosity will report higher levels of psychological well-being.
3. Extrinsic religiosity will have no association with stress.
4. Intrinsic religiosity will have no association with stress.
5. Women reporting high levels of stress will have lower levels of psychological well-being.
well-being.

6. The negative association between stress and psychological well-being will not be buffered by extrinsic religiosity.

7. The negative association between stress and psychological well-being will be buffered by intrinsic religiosity.

Data were analyzed using correlation and regression analyses. A psychological well-being score was computed for each participant’s response to the survey questions on Ryff’s (1989) Psychological Well-being instrument (PWB). Religiosity was computed for each participant’s response to the religiosity instrument, the Religious Orientation Scale (ROS). Extrinsic and intrinsic religiosity subscale scores were computed for each participant. The stress score was computed for each participant using the Perceived Stress Scale. Bivariate associations were conducted to assess correlations and moderation.

The current study examined whether extrinsic and intrinsic religiosity moderated the association between two variables, stress and psychological well-being. Three models were used to analyze the data. Model 1 examined the relationship between stress and psychological well-being. The second model examined the relationship between religiosity, extrinsic and intrinsic separately, and psychological well-being. The third model added religiosity, extrinsic and intrinsic separately, as an interaction, to determine if religiosity was a moderator of the relationship between stress and psychological well-being.

**Results of Correlations**

The six factors of Ryff’s (1989) psychological well-being had varying correlations
with each other. All correlations, outlined in Table 2, were statistically significant.

Table 2

*Correlation of Psychological Well-being Factors*

<table>
<thead>
<tr>
<th>Positive Relationship with Others</th>
<th>Autonomy</th>
<th>Mastery</th>
<th>Personal Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Relationship with Others</td>
<td>1</td>
<td>0.520</td>
<td>0.633</td>
</tr>
<tr>
<td>Autonomy</td>
<td>0.520</td>
<td>1</td>
<td>0.659</td>
</tr>
<tr>
<td>Mastery</td>
<td>0.633</td>
<td>0.659</td>
<td>1</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>0.602</td>
<td>0.597</td>
<td>0.571</td>
</tr>
<tr>
<td>Purpose in Life</td>
<td>0.577</td>
<td>0.618</td>
<td>0.727</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>0.673</td>
<td>0.639</td>
<td>0.752</td>
</tr>
<tr>
<td>Total PWB</td>
<td>0.804</td>
<td>0.797</td>
<td>0.865</td>
</tr>
</tbody>
</table>

Table 2 continued

*Correlation of Psychological Well-being Factors*

<table>
<thead>
<tr>
<th>Purpose in Life</th>
<th>Self-Acceptance</th>
<th>Total PWB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Relation with Others</td>
<td>0.577</td>
<td>0.673</td>
</tr>
<tr>
<td>Autonomy</td>
<td>0.618</td>
<td>0.639</td>
</tr>
<tr>
<td>Mastery</td>
<td>0.727</td>
<td>0.752</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>0.758</td>
<td>0.650</td>
</tr>
<tr>
<td>Purpose in Life</td>
<td>1</td>
<td>0.798</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>0.798</td>
<td>1</td>
</tr>
<tr>
<td>Total PWB</td>
<td>0.878</td>
<td>0.899</td>
</tr>
</tbody>
</table>
Table 3 shows the correlations of extrinsic religiosity, intrinsic religiosity, and stress, respectively, with psychological well-being. The correlations between extrinsic religiosity and the six factors of psychological well-being were all negative and not statistically significant. As extrinsic religiosity increased, psychological well-being decreased. However, these findings were not statistically significant. Therefore, this study shows no association between extrinsic religiosity and psychological well-being. The correlations between intrinsic religiosity and the six factors of psychological well-being were positive and had varied levels of statistical significance. All correlations between intrinsic religiosity and the individual factors were statistically significant with the exception of autonomy and self-acceptance. Examination of the composite score of psychological well-being showed that as intrinsic religiosity increased, psychological well-being increased. All the correlations between stress and the six factors of psychological well-being were negative and statistically significant. As stress increased, psychological well-being decreased.

The associations of extrinsic religiosity and the subscales of psychological well-being, intrinsic religiosity and the subscales of psychological well-being, and stress and the subscales for psychological well-being were not statistically significant. Therefore, the current study used the composite scores of psychological well-being to test the hypotheses.
Table 3
Religiosity, Psychological Well-Being, and Stress Correlation

<table>
<thead>
<tr>
<th></th>
<th>Extrinsic Religiosity</th>
<th>Intrinsic Religiosity</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Relationships with Others</td>
<td>-0.150</td>
<td>0.292*</td>
<td>-0.365*</td>
</tr>
<tr>
<td>Autonomy</td>
<td>-0.127</td>
<td>0.155</td>
<td>-0.326*</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>-0.110</td>
<td>0.165*</td>
<td>-0.628*</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>-0.067</td>
<td>0.125*</td>
<td>-0.263*</td>
</tr>
<tr>
<td>Purpose in Life</td>
<td>-0.145</td>
<td>0.246*</td>
<td>-0.490*</td>
</tr>
<tr>
<td>Self Acceptance</td>
<td>-0.114</td>
<td>0.221</td>
<td>-0.528*</td>
</tr>
<tr>
<td>Total PWB</td>
<td>-0.143</td>
<td>0.232*</td>
<td>-0.522***</td>
</tr>
</tbody>
</table>

*p<0.05, ***p<0.005

Results of Each Hypothesis

Hypothesis 1

Extrinsic religiosity was hypothesized to not be significantly associated with psychological well-being. As expected, extrinsic religiosity was not significantly associated with psychological well-being ($r = -0.143$, $p > 0.05$). The hypothesis was supported. The current study shows no association between extrinsic religious activities and psychological well-being.

Hypothesis 2

Higher levels of intrinsic religiosity were hypothesized to be correlated with higher levels of psychological well-being. As expected, intrinsic religiosity was found to
be significantly, positively correlated with psychological well-being \((r=0.232, p<0.05)\).

The hypothesis was supported. Increased participation in intrinsic religiosity was associated with increased psychological well-being.

**Hypothesis 3**

Extrinsic religiosity was hypothesized to have no association with stress.

Unexpectedly, extrinsic religiosity was found to have a positive association with stress \((r=0.250, p<0.05)\). The hypothesis was not supported. This study suggests that as extrinsic religiosity increases, stress increases.

**Hypothesis 4**

Intrinsic religiosity was hypothesized to have no association with stress. As expected, intrinsic religiosity was found to have a negligible association with stress \((r=-0.082, p>0.05)\). The negative association is considered not to be statistically significant. The hypothesis was supported. This study shows no association between intrinsic religiosity and stress.

**Hypothesis 5**

Stress was hypothesized to be negatively associated with psychological well-being. As expected, stress was significantly, negatively correlated with each of the six factors of psychological well-being. As mentioned, for the purposes of the current study, the composite score of psychological well-being was used to test the hypotheses. Stress was significantly, negatively correlated with composite psychological well-being \((r=-0.522, p<0.001)\). The hypothesis was supported. This study shows that as stress increases, psychological well-being decreases.
Hypothesis 6

Zero-order correlation is the relationship between two variables, while ignoring the influence of other variables in prediction. Partial correlation is the relationship between two variables after removing the overlap completely from both variables. Pearson correlation coefficients were computed among the three variables of religiosity (extrinsic and intrinsic individually), stress, and PWB. These correlations were used to test hypotheses 6 and 7. Three models were used. Model 1 examined the interaction between stress and psychological well-being. Model 2 examined the interaction between religiosity and psychological well-being. Model 3 examined the interaction between religiosity and stress and psychological well-being. The predictor variables were religiosity, extrinsic and intrinsic separately, and stress. The dependent variable was psychological well-being. Examination of these models allowed for determination of moderation of religiosity on the relationship between stress and psychological well-being.

Extrinsic religiosity was hypothesized to not moderate the correlation between stress and psychological well-being. The current study found that extrinsic religiosity was not a significant predictor of psychological well-being ($r=0.524, p>0.05$), as seen in Table 4. Model 1 shows the correlation between stress and psychological well-being. Model 2 shows the correlation between extrinsic religiosity and psychological well-being. Model 3 shows the interaction between stress and extrinsic religiosity and the effect on psychological well-being.
Table 4
Extrinsic Religiosity as a Moderator of the Relationship between Stress and Psychological Well-being

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>$R^2$</th>
<th>$R^2$ Change</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td>0.522</td>
<td>0.272</td>
<td>0.272</td>
<td>0.000</td>
</tr>
<tr>
<td>Model 2</td>
<td>0.522</td>
<td>0.272</td>
<td>0.000</td>
<td>0.855</td>
</tr>
<tr>
<td>Model 3</td>
<td>0.524</td>
<td>0.274</td>
<td>0.002</td>
<td>0.526</td>
</tr>
</tbody>
</table>

Table 5
Estimates for Extrinsic Religiosity as Moderator of Relationship between Stress and Psychological Well-being

<table>
<thead>
<tr>
<th></th>
<th>$\beta$</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>-4.694</td>
<td>0.647</td>
</tr>
<tr>
<td>Model 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>-4.664</td>
<td>0.670</td>
</tr>
<tr>
<td>Extrinsic Religiosity</td>
<td>-0.101</td>
<td>0.551</td>
</tr>
<tr>
<td>Model 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>-4.613</td>
<td>0.676</td>
</tr>
<tr>
<td>Extrinsic Religiosity</td>
<td>2.322</td>
<td>0.556</td>
</tr>
<tr>
<td>Stress x Extrinsic Religiosity</td>
<td>0.301</td>
<td>4.529</td>
</tr>
</tbody>
</table>

As seen in Tables 4 and 5, extrinsic religiosity did not moderate the relationship
between stress and psychological well-being. The hypothesis was supported. Extrinsic religiosity did not moderate the relationship between stress and psychological well-being.

**Hypothesis 7**

Intrinsic religiosity was hypothesized to moderate the association between stress and psychological well-being. As seen in Tables 6 and 7, expectedly, intrinsic religiosity was a significant predictor of psychological well-being. Model 1 shows the correlation between stress and psychological well-being. Model 2 shows the correlation between intrinsic religiosity and psychological well-being. Model 3 shows the interaction between intrinsic religiosity and stress and psychological well-being. The hypothesis was not supported. Intrinsic religiosity did not moderate the relationship between stress and psychological well-being.

Table 6
*Intrinsic Religiosity as Moderator of Relationship between Stress and Psychological Well-being*

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>R²</th>
<th>R² Change</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td>0.522</td>
<td>0.272</td>
<td>0.272</td>
<td>0.000</td>
</tr>
<tr>
<td>Model 2</td>
<td>0.555</td>
<td>0.298</td>
<td>0.036</td>
<td>0.008</td>
</tr>
<tr>
<td>Model 3</td>
<td>0.555</td>
<td>0.308</td>
<td>0.000</td>
<td>0.942</td>
</tr>
</tbody>
</table>
Table 7
Estimates for Intrinsic Religiosity as Moderator of Relationship between Stress and Psychological Well-being

<table>
<thead>
<tr>
<th></th>
<th>β</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>-4.694</td>
<td>0.647</td>
</tr>
<tr>
<td>Model 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>-4.554</td>
<td>0.635</td>
</tr>
<tr>
<td>Intrinsic Religiosity</td>
<td>2.333</td>
<td>0.861</td>
</tr>
<tr>
<td>Model 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>-4.558</td>
<td>0.639</td>
</tr>
<tr>
<td>Intrinsic Religiosity</td>
<td>2.322</td>
<td>0.877</td>
</tr>
<tr>
<td>Stress x Intrinsic Religiosity</td>
<td>0.301</td>
<td>4.138</td>
</tr>
</tbody>
</table>

The results of these correlation analyses indicated that neither extrinsic nor intrinsic religiosity moderated the relationship between stress and psychological well-being.

Summary of Chapter III

This chapter reported the results of the current study. Presented was an analysis of the data collected from the surveys. Chapter IV presents the discussion of the data results.
CHAPTER IV

DISCUSSION

This chapter provides a discussion of the results of the current study. This chapter reviews results as they address the initial research question. Secondly, a review of the results as they address each hypothesis is provided. The chapter concludes with suggestions for further research.

The current study examined the moderating ability of intrinsic religiosity on the association between stress and psychological well-being for African American women. The primary research question that guided the study was: Does intrinsic religiosity moderate the association between psychological well-being and stress among African American adult females? Associations between each aspect of religiosity and psychological well-being were examined. Associations between each aspect of religiosity and stress were examined.

Discussion of Each Research Question

Extrinsic Religiosity and Psychological Well-being

One finding was that extrinsic religiosity had no correlation with psychological well-being. It appears that for the women in the current study, participation solely in religious activities did not influence psychological well-being. These findings were supported by previous research of Mattis (2000), Taylor et al. (1999), and Hamilton-Mason (2002). Additionally, extrinsic religiosity and stress were negatively correlated. This was an unexpected finding. It appears that participation solely in religious activities
increased the stress level of participants in the current study. It may be speculated that because extrinsic religiosity may be dependent upon the opinion of others, it can be stressful and add to the stress of the participants.

**Intrinsic Religiosity and Psychological Well-being**

The second research question examined the relationship between intrinsic religiosity and psychological well-being. Although intrinsic religiosity influenced the six factors of Ryff’s (1989) PWB model differently, the differences were not statistically significant enough to differentiate without further study. It proved more fruitful to examine the association of intrinsic religiosity with the composite score of PWB. The current study found that intrinsic religiosity was a predictor of psychological well-being. Higher levels of intrinsic religiosity were positively associated with higher levels of psychological well-being ($r=0.232$, $p<0.05$). These findings were supported by previous research as well (Genia, 1993; Frazier et al., 2005).

**Stress and Psychological Well-being**

Additional research questions focused on the influence of stress on psychological well-being and intrinsic religiosity. It was hypothesized that stress would be negatively associated with PWB. The results showed that stress had a moderate to somewhat strong, significant, negative correlation with PWB as a whole ($r=-0.522$, $p<0.05$). Stress has been found to be a determining factor for physical and psychological well-being (Jackson & Sears, 2001; McCallum et al., 2002) and is noted as being detrimental to both.

**Intrinsic Religiosity, Stress, and Psychological Well-being**

In the current study, the data showed statistically that intrinsic religiosity did not
moderate the relationship between stress and psychological well-being. Intrinsic religiosity had a positive association with psychological well-being; as intrinsic religiosity increased, psychological well-being increased. Stress had a negative association with psychological well-being; as stress increased, psychological well-being decreased. However, intrinsic religiosity did not buffer the negative effects of stress on psychological well-being.

In the current study, intrinsic religiosity was not a significant predictor of stress. How an individual incorporated religiosity did not influence how stress was perceived. If intrinsic religiosity does not affect stress, then it will not influence the relationship between stress and psychological well-being. It cannot moderate if it does not influence both variables.

Previous research has focused on religiosity as a whole. Few studies have examined the potential association between intrinsic religiosity and psychological well-being. Fewer studies have examined the interaction between intrinsic religiosity and the relationship between stress and psychological well-being. The current study found that intrinsic religiosity does not have the potential to moderate the relationship between stress and psychological well-being for younger African American women. The current study adds to the literature that intrinsic religiosity is associated with psychological well-being. It also provides an additional option to benefit a group that desires to use religiosity within therapeutic services. This group of women may have higher overall psychological well-being when they use intrinsic religiosity within session.

Limitations of Current Study
The study results showed that intrinsic religiosity did not moderate the correlation between psychological well-being and stress. Intrinsic religiosity, in and of itself, is significantly, positively associated with psychological well-being. Statistically, however, it is challenging to conclude that it moderates the relationship between stress and psychological well-being. In this sample, stress was significantly, negatively associated with psychological well-being. Because both of these factors have significant associations with psychological well-being, the statistical change of the interaction between intrinsic religiosity and stress would need to be significant as well to conclusively show moderation. The statistical change is not large enough to conclude moderation. It does, however, create room for further examination.

A potential explanation may be attributed to the design of the study. The sample size for the current study was convenient. The participants were solicited from two small, local congregations. The nature of data collection, solicitation of participants at their home churches, presence of the researcher, and participants’ wishes to be socially accepted may have contributed to high PWB scores. During data collection, participants were observed to interact with one another, commenting on the items listed as well as the length of the instruments. The setting for data collection as well as the familiarity of the researcher to the participants may have influenced how participants answered even though they were verbally assured of anonymity during the data collection process. The researcher was present during data collection; however, there was no way to connect any participant to her survey instruments. Participants frequently made comments to the researcher about the length of the instruments being excessive and wordy. A common
statement was “I feel like I’m in school.”

The timing of administration also may have been a factor. The study was conducted after a church service. The perception of the participant may change depending on when the study is conducted. The definition of intrinsic religiosity is that it focuses on how individuals act out their religious beliefs in private acts such as prayer and meditation. Individuals may have reported higher levels of intrinsic religiosity because they had just experienced a time of intrinsic religious behaviors.

A second potential explanation for inability of intrinsic religiosity to moderate the relationship between stress and psychological well-being in the current study may be related to the perspective of stress for African American women. The instrument that measured stress was based on self-report. Hamilton-Mason et al. (2009) and Woods-Giscombe (2010) believed that African American women tend to minimize the stressful events in their lives. It can be postulated that minimizing stress would decrease the need to have intrinsic religiosity influence psychological well-being. If African American women do not believe that they are in psychological distress because stress is a part of life, then they may be less likely to rate items listed on the scale as stressful.

Implications for Future Research

The results of the current study provide opportunity and direction for further research. Future research could have a different design. It could focus on larger, less convenient, population sample sizes. A less convenient sample size potentially removes the influence of perception of participants by the researcher, other participants, and interested constituents. Future studies could solicit participants randomly through mail,
phone, or Internet surveys. Future studies also could solicit participants from more congregations.

Also, future research could occur in a non-religious setting. This may add more breadth to the results. Consideration needs to be made for individuals high in intrinsic religiosity that may not be present at a church service for various other reasons. Future studies could be conducted at doctor’s offices, schools, or with parents of students. Conducting the study at a time not immediately following a church service may also influence the results of the study. Studies conducted during the week when thoughts focus more on stressors may alter the respondents’ responses. Also, respondents may be less inclined to be using intrinsic religiosity when not in a church setting. Additionally, results may differ if the instruments were measured over a period of time. For example, administrating the instruments again in six months may show different results.

Additionally, future research could focus on how intrinsic religiosity influences psychological well-being when various types of stress are evaluated. The current study focused on one type of stress: perceived stress. The differences in the types of stress could have implications for how much said stress impacts psychological well-being. Subsequently, the influence of intrinsic religiosity could vacillate as well. Self-report scales rely upon participant perception. Scales that are objective may provide a more precise analysis of stress.

Future research could use different instruments as well. Ryff’s (1989) PWB instrument provided a descriptive viewpoint of psychological well-being. However, participants made comments that the scale was long and cumbersome. Although the scale
provided an objective, precise analysis, users stated that it was overwhelming. There were no such comments made concerning the ROS instrument or the Perceived Stress Scale.

Finally, a qualitative study may provide more insight into not only the need for, but also the method of introducing intrinsic religiosity into therapy to improve psychological well-being. Examining intrinsic religiosity individually and intimately may provide a greater understanding of how intrinsic religiosity influences psychological well-being. Future studies could examine this factor and add to the literature beyond the statistical implications.

**Reflections on Current Study**

For African American women in the current study, intrinsic religiosity is significant for psychological well-being. However, the stress experienced in their lives is not moderated by their practice of intrinsic religiosity. Consequently, the current study raised many questions for the researcher. Does the timing of the delivery of the instruments affect results? Is there a certain level of intrinsic religiosity that needs to be present to observe influence? Are there some forms of intrinsic religiosity that are more impactful than others? Would a different measurement of stress produce different results? Would a different measurement of intrinsic religiosity produce different results? Would a different measure of psychological well-being produce different results?

While the current study produced significant results in regards to the association between intrinsic religiosity and psychological well-being, it is unclear if the results can be generalized to African American women as an entire group. Although the study found that the association between intrinsic religiosity and psychological well-being is
statistically significant, it would be generous to suggest that the current study showed that all clients benefit from and should incorporate intrinsic religiosity into the therapeutic process, thus altering therapeutic interventions. It does, however, show that for those who desire to include intrinsic religiosity in session, it has the potential to be beneficial.

Incorporating religion, in any form, is a complicated process. The literature review has shown that people, African American women in particular, would like to include religion in their session and therapeutic process. Religion is often a segment in curriculum for counselor trainees. This study may provide insight as to the need to incorporate religion into the therapeutic process.

Psychological well-being instruments measure clients’ perspectives about themselves and their current situations. From this perspective, this study has some merit for further research. If intrinsic religiosity increases the positivity of the client’s perspective, it potentially serves as a benefit to the therapist to use in session and to the client to feel actualized. Intrinsic religiosity has the potential to be a contributing tool and a resource to improve overall psychological well-being of clients.

Additional questions to add to the research include: Was it the design of the current study that failed to produce significant results in regards to the moderating ability of intrinsic religiosity? Is there a turning point or certain level that a client must reach before benefits of intrinsic religiosity are observed? If intrinsic religiosity became a tool for therapists to use in session, how would it reliably and validly be used? Answers to these questions may provide increased ability to generalize these findings to all African American women.
Summary of Chapter IV

This chapter reported the discussion of the current study. Presented was a discussion of the results of the current study, limitations of the current study, and implications for future research.
APPENDIXES
APPENDIX A

INTRODUCTION TO STUDY AND INVITATION TO PARTICIPATE SCRIPT
Appendix A

Introduction to Study and Invitation to Participate Script

The purpose of this study is to see if there is a connection between religious involvement and psychological well-being. The current project looks at African American women ages 18 to 65. Please complete these materials and then return them to the table. There is no compensation for participating in this study. Your participation is voluntary. However, your generosity of time is greatly appreciated. It should take approximately 30 minutes to complete all materials. But, you have unlimited time to complete materials; completion is more important than the lapse of time. By completing and returning the study materials being distributed, you are consenting to participate in this research project. There are no anticipated risks or direct benefits to participating in the project. You may decide to stop participating at any time. There are no identifying questions in the research materials. Please complete all research materials; total completion is necessary for the research project and for the inclusion of your materials into the research project. Please read all directions carefully. It is important that you ask questions if necessary. Please complete the materials independently. I am interested in your thoughts alone. You are free to discuss the materials after you have completed them and turned them into the researcher. I will remain in the room during the entire administration of the research materials.
APPENDIX B

DEMOGRAPHICS QUESTIONNAIRE
Appendix B

Demographics Questionnaire

Please tell me a little about yourself by answering the following questions. Thank you.

1. Age:

2. Highest education level:
   1. High school diploma or equivalent
   2. Some college
   3. Technical degree/Associate’s degree
   4. College degree
   5. Advanced degree

3. Household Income level:
   1. Less than $25,000
   2. $25,001-$35,000
   3. $35,001-$45,000
   4. $45,001-$55,000
   5. Greater than $55,000

4. Employment status:
   1. Employed
   2. Unemployed
   3. Retired
   4. Homemaker
5. Student

5. Marital status:
   1. Single, never married
   2. Married
   3. Married, but separated
   4. Divorced
   5. Widowed

6. Number of children for which you are primary caregiver:

7. Number of grandchildren for which you are primary caregiver:

8. Are you a caregiver to an elderly or disabled person?
   1. Yes
   2. No

9. Self-rated overall health:
   1. Healthy
   2. Somewhat healthy
   3. Moderately healthy
   4. Somewhat unhealthy
   5. Unhealthy

10. Length of time of church attendance (in years):
    1. 0-1
    2. 1-5
    3. 5-10
4. 1-15

5. Greater than 15
REFERENCES
REFERENCES


Dolan, P., Peasgood, T., & White, M. (2008). Do we really know what makes us happy?


Keyes, C. L. M. & Ryff, C. D. (1999). Psychological well-being in midlife. In James D. Reid; Sherry L. Willis; James Reid (Eds.), *Life in the middle: Psychological and*


Dr. Carl Eisdorfer (Ed.), *The psychology of adult development and aging* (311-335). American Psychological Association: Washington, DC.


Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of


New York: Cambridge University Press.


Educational and Psychological Measurement, 62(3), 466-482.


on stress, strength, and health. *Qualitative Health Research*, 20(5), 668-663.


