CHAPTER 30

FAITH AND THE SACRED IN AFRICAN AMERICAN LIFE

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Eighty-nine percent of African American adults self-identify as religious; 78% attend religious services regularly; and 90% pray, meditate, or use religious materials (Taylor, Chatters, & Levin, 2004). Data on African American youth indicate that 51% of eighth graders, 55% of 10th graders, and 55% of 12th graders report that religion plays a "very important" role in their lives (Taylor et al., 2004). Consistent with these data, 46% of African American 10th graders and 40% of 12th graders report that they attend religious services weekly (Taylor et al., 2004). In fact, African American eighth through 12th graders are significantly more likely to attend religious services, and significantly more likely to belong to a religious youth group than U.S. adolescents of other ethnic groups (Smith, Denton, Faris, & Regnerus, 2002). Taken together, these data illustrate the centrality of religion for African Americans and the relevance of faith life across the life span (Taylor et al., 2004; Taylor, Mattis, & Chatters, 1999). The pivotal role of religion and spirituality in the lives of African Americans marks this ethnoracial group as a particularly important target for attention in research on the psychology and sociology of religion. In this chapter we endeavor to achieve three ends: First, we briefly review literature on the meanings of religiosity and spirituality among African Americans. Second, we review the literature on the link between religiosity, spirituality, and health among African Americans. Finally, we examine findings regarding the pathways by which religion and spirituality may achieve its ends.

ON THE MEANING OF RELIGION AND SPIRITUALITY

Jagers (1997) defined *spirituality* as a belief in a sacred, transcendent force that permeates all things and influences all aspects of lived experience. When invited to provide subjectively meaningful definitions of religiosity and spirituality, African American adults define *religion* or *religiosity* as one's adherence to the prescribed beliefs and devotional practices associated with the worship of God (Mattis, 2000). In contrast, African Americans define *spirituality* as individuals' recognition of the sacredness of all things, a relationship between humans and sacred or transcendent forces (e.g., God, spirits, ancestors), and as the consequent conscious commitment made by individuals to live a life of virtue (Mattis, 2000).

Although these definitions are rich, sociological and anthropological evidence points to a conceptual gap that plagues psychology research on religion and spirituality. Missing from the psychology literature is systematic attention to secular cultural beliefs in the transcendent, noncorporeal (i.e., spiritual) dimensions of life. Indeed, from a cultural perspective, "spirituality" references rituals, symbols, and patterns of cognition that we refer to as *intuition*, *prophetic vision*, and *wisdom*. Spirituality also refers, in part, to secular, cultural, and theologically grounded beliefs about the nature of life and the nature of reality (e.g., belief in transcendence and an afterlife, purpose, and in the existence of spirits

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including angels and ancestral spirits); to a complex web of experiences with the transcendent dimensions of life; and to understandings about how those transcendent dimensions manifest in and influence numerous aspects of life, including (but not limited to) fate, health, and healing. Although the cultural aspects of spiritual life are deeply intertwined with religiosity, empirical research on the devotional life of African Americans consistently fails to embrace the broad meanings and manifestations of spirituality and religiosity as cultural phenomena.

The need for critical attention to culture in our studies of African American religiosity and spirituality is all the more evident when we consider that the label African American is a homogenizing term that highlights biological similarities but obscures cultural differences (i.e., differences in national histories, language, beliefs, and practices) between multigenerational Black Americans and first- and second-generation Black immigrants (e.g., from the Caribbean and Africa) living in the United States. Recent work on religiosity and spirituality emerging out of the National Survey of American Life (NSAL) has begun to explore similarities and differences in the religious and spiritual lives of African Americans and Caribbean Americans living in the United States (Chatters et al., 2008; Neighbors et al., 2007). The findings of this body of research indicate that African Americans and Caribbean Americans are similar with respect to their tendency to self-define as both religious and spiritual (as opposed to only religious or only spiritual; Chatters et al., 2008). Research is needed, however, that critically examines differences in the religious histories and identities of African Americans and Afri-Caribbean peoples and that explores how cultural identities inform their beliefs, practices, and life outcomes.

The differences in religiosity and spirituality among multigenerational African Americans and Blacks of Caribbean and African descent (i.e., Blacks who immigrate to the United States from Anglophone, Francophone, Hispanophone, Dutch West Indian/Caribbean, and West African nations) is not well documented because of the tendency of social scientists to conceive of Blacks in the United States as a homogenous group. Scholars in sociology, religious studies, and history have highlighted a number of cultural differences related to religion that are noteworthy. First, R. Stewart (1999) aptly noted that in Caribbean contexts, Christian deities and beliefs often are synthesized with African culture symbols to produce creolized forms of Christian ideology and creolized patterns of worship. Second, although Christianity is dominant in both African American and Caribbean contexts, scholars assert that there are a number of religious and spiritual traditions that have deep roots among Blacks in the Caribbean (e.g., Rastafarianism, Obeah, Vodou) that may be unfamiliar to, or may be stigmatized by, African Americans or may be understood only marginally in U.S. contexts (Chatters et al., 2008; R. Stewart, 1999). Finally, despite the substantial Christian bias in much of the psychology of religion, historians have demonstrated that intercultural contact over the course of the histories of African and Caribbean nations, as well as patterns of immigration, have led to the involvement of Afri-Caribbeans and Africans in Abrahamic as well as non-Abrahamic religions. The substantial pattern of intermarriage and everyday cultural contact between Blacks and South and East Asians in Trinidad and Guyana, for example, means that Black Americans who are of Trinidadian and Guyanese descent may identify as Muslim or Hindu (Khan, 1999). Thus, the lack of attention to non-Christians in psychology research on African American religiosity is noteworthy.

Abdullah (2009) documented the rapid rise in the number of West African Muslims in major U.S. cities, including New York, Atlanta, Boston, Chicago, and Los Angeles, and the ways in which the presence of these Muslim communities have challenged ideas of what it means to be African, Black, and Muslim. Using Harlem as a context for analysis, Abdullah noted that decades of immigration have brought West African Sufi Muslims, including the Murids of Senegal, and West African Sunni Muslims, into the same neighborhoods as African American Sunni Muslims, and the subset of African Americans who are members of the Nation of Islam (NOI). This contact has highlighted crucial inter- and intracultural, ethnic, and sociopolitical differences between these groups (e.g., differences in languages of origin, customs) as well as important differences in their religious ideologies and religious

histories. The extent to which beliefs, practices, and identities are retained by Africans and Caribbeans who immigrate to the United States deserves empirical attention. The ways that these beliefs, practices, and identities shape behavior and psychosocial outcomes among Black immigrant youth and adults also deserves attention.

RELIGION, SPIRITUALITY, AND HEALTH AMONG AFRICAN AMERICANS

In this section, we provide an overview of findings related to the role of religion and spirituality in several domains of health: religious and spiritual health, mental health, physical health, relational health, and community health. We conclude by integrating the findings into a conceptual model of religiosity, spirituality, and health in the African American context.

Religious and Spiritual Health

Few studies have explored the meaning of spiritual or religious health among African Americans. The work conducted by Ravenell and colleagues and by Russell and colleagues are notable exceptions. Findings from these studies demonstrate that African American men think of spiritual health (e.g., being "spiritually fit") as a component of overall health (Ravenell, Johnson, & Whitaker, 2006). Similarly, Russell, Swenson, and Skelton (2003) found that African American women conceive of spirituality as important in global health (e.g., they view health as a balance between body, mind, and spirit). Russell found that for these women, "spiritual health" involves having a personal relationship with God, talking to God about health concerns, being blessed with good health, and being wise about health decisions (Russell et al., 2003). The extent to which spiritual health may be synonymous with or distinct from religious and spiritual maturity is a matter for exploration.

Religion, Spirituality, and Psychological and Mental Health

Much of the empirical research in the social sciences focuses on the link between religion, spirituality, and mental health. Within that context, there are four streams of work: The first centers on the ties between religion, spirituality, and identity. The second centers on the associations between religion, spirituality, and self-esteem. The third focuses on the link between religion, spirituality, and coping. The final stream attends to the relationship between religion and internalizing and externalizing behaviors among youth and adults.

The literature indicates that religious identity, gender identity, and gender construction are integrally related among African American adults. One line of work demonstrates that religiosity is critical to gender identity. In particular, Hunter and Davis (1992) found that being religious and spiritual are central in African American men's definitions of masculinity. In a more recent qualitative study, when asked to describe "what it means to be a man," African American men asserted that being a "man" means, in part, "being Godly in word and deed" and "turning to God and faith for guidance in everyday life" (Hammond & Mattis, 2005). That is to say that men believed that being an authentic and mature man meant being a person of principles, being a person who has the willingness and courage to pray and submit to God's will, and being someone who behaves in accordance with the virtues that are identified with faith (e.g., forgiveness, love, compassion). In the same way that religiosity influences gender identity construction, research demonstrates that gender also informs religious identity formation. More specifically, pointing to the powerful role of women in the process of religious socialization, empirical findings demonstrate that maternal religious affiliation among African Americans robustly predicts religious affiliation of adults (Taylor & Chatters, 1991).

Religion and religious institutions influence mental health by shaping other social identities—particularly racial, political, and sexual identity. African American religious institutions (particularly religious institutions that espouse liberationist social justice themes) promote a strong sense of racial identity in their members (Reese & Brown, 1995). African Americans who attend church frequently, and those who score higher on indexes of subjective religiosity, tend to express pride in being members of their racial and religious groups and to believe

that others regard their racial and religious groups positively (Brega & Coleman, 1999). Individuals who attend social justice–oriented religious institutions (i.e., churches and mosques that highlight the importance of faith as a tool for liberation and for achieving social transformation) also tend to explain the challenges facing African Americans in terms of sociological and political forces rather than in terms of individual factors such as personality (Calhoun-Brown, 1996). Furthermore, members of these churches are more likely to respond to unjust social arrangements and unjust events by attending political and protest rallies, voting, political fundraising, participating in boycotts, and contacting public officials to insist on change (Calhoun-Brown, 1996).

The relationship between religiosity and political identity and political engagement is a complex one. Indeed, contrary to expectations, findings suggest that African American adults who are otherworldly oriented may tend to endorse radical nationalist political approaches, including institutional separatism and racial and institutional autonomy (Calhoun-Brown, 1996). Calhoun-Brown's (1996) findings may suggest that even among those African Americans who have an otherworldly orientation, the hope that is placed in heaven and in life after death do not obscure the everyday realities of race and class discrimination. Otherworldly African Americans who live with the realities of racism and classism and with the ways in which these "-isms" compromise their safety, well-being, and life conditions, may see value in separatism as a path to survival while on Earth. The tendency of religious African Americans (including otherworldly oriented African Americans) to take a systems-level rather than individual-level focus on explaining social problems, along with the tendency to hold other Blacks in positive regard, may buffer against the deleterious mental and physical health consequences of race-related stress. That is to say, these tendencies may prevent feelings of powerlessness and hopelessness and may buffer against assaults on a personal sense of esteem and efficacy. Importantly, the relationship between religiosity and race appears to be dynamic rather than unidirectional. Indeed, youth who are raised on a diet of positive racial socialization messages (e.g., messages that encourage pride in being Black) tend to place greater value and emphasis on using religious and spiritual strategies to cope with the challenges of life (Stevenson et al., 2002).

Although faith life appears to shape racial identity positively, the link between religiosity, mental health and other social identities (e.g., sexual identity) may be less positive. Miller (2007) aptly noted that historically, churches, including Black churches, have taken a hostile and sometimes punitive stance towards lesbian, gay, bisexual, and transgender (LGBT) individuals (see Chapter 34 in this volume). Certainly, some LGBT African Americans are members of faith communities that are explicitly welcoming and affirming of their identities. Those who remain in religious institutions that are hostile to LGBT identities, however, often are exposed to homophobic messages that can undermine their well-being and self-worth. Homophobia in the church may also negatively affect individuals' efforts to seek emotional, social, or instrumental supports from religious leaders, coreligionists, and religious institutions as a whole. Finally, homophobia may limit individuals' ability to coherently integrate their sexual, racial, and spiritual identities (e.g., individuals may be unable to reconcile their identities as Black, gay, and Christian or Muslim with their understandings of God and of faith life).

As noted, religion's influence in the mental health of African Americans is not limited to issues of identity. Indeed, empirical findings indicate that, a second pathway through which religiosity and spirituality influences mental health is by promoting positive self-esteem for African Americans. Blaine and Crocker (1995) noted that the belief that they are loved by God may be particularly important in promoting the self-esteem of African Americans—especially African Americans who may experience psychic assaults in other areas of life. In addition to personal religious and spiritual beliefs, religious institutions are vital contexts for bolstering the self-esteem and self-efficacy of African Americans. These institutions serve as milieu in which individuals can build and demonstrate competencies, talents, and qualities (e.g., intellectual gifts, musical talents, oratorical skills, leadership skills) that may be invisible or actively denigrated in secular settings. African American religious institutions also routinely and

publicly celebrate the personal achievements of members of their congregations (e.g., ministers may announce the names of those who made the honor roll or who are accepted into college). The enthusiastic and authentic public support that youth and adults in these settings receive from religious leaders, congregations, and their peers can bolster pride, create a psychological sense of purpose and connectedness, and buffer against perceived isolation, hopelessness, and despair.

A third line of work in the area of religion and mental health attends to religion's role in coping (i.e., in buffering against negative mental health outcomes for African Americans; see Chapter 19 in this volume). To negotiate stress, African Americans often seek religious (i.e., divine or ministerial) support. Indeed, data indicate that African Americans turn to God and to religious leaders for support with a wide array of stressors (e.g., racial discrimination, chronic and acute financial problems, grief, and illness; see Ali, Milstein, & Marzuk, 2005; Byng, 1998; Mattis et al., 2007; Neighbors, Musick, & Williams, 1998). Although the overwhelming majority of work on religion and coping among African Americans focuses on Christians, Byng (1998) and Wyche (2004) noted that faith and the support of the religious community are central in African American Muslim women's efforts to cope with discrimination. Indeed, the Qur'an provides a context for reifying African American women's faith in their own humanity, for claiming their power to define themselves (as opposed to being defined by others), and for making meaning of unjust events (Byng, 1998).

Although religious support is important in coping with stress, for African Americans the effort to cope with life's challenges may be informed by religion's impact on expectancies. Recent research suggests that religious African Americans (i.e., those who attend church more frequently, and those who view God as a benevolent figure) are more optimistic about the future and are less likely to be pessimistic (Mattis, Fontenot, Hatcher-Kay, Grayman, & Beale, 2004). The extent to which African Americans' expectations about future outcomes influences behaviors (e.g., task perseverance, decision making) remains unstudied.

The protective effects of religion and spirituality are evident across the developmental span. Indeed, for African American adolescents experiencing a high level of stress, religiosity serves as a buffer against depression, anxiety, and social withdrawal (Grant et al., 2000). Religiosity also appears to buffer against suicide by minimizing the extent to which African American youth perceive themselves to be at risk of dying by suicide (Greening & Stoppelbein, 2002). Some African American youth may be less likely to attempt suicide because they hold the attitude that suicide is not a choice that African Americans make (i.e., they believe that suicide is not "a Black thing"). Importantly, styles of religious coping also appear to be relevant to the relationship between religiosity and suicidality among African American youth. Those youth who rely on themselves as well as on God in times of stress (i.e., those who use collaborative strategies of religious coping) report a greater number of reasons for living (Molock, Puri, Matlin, & Barksdale, 2006). In contrast, youth who rely principally on themselves rather than on God to cope in times of stress (i.e., those who used self-directed forms of coping) report greater depression, a greater sense of hopelessness, and a greater number of suicide attempts (Molock et al., 2006). Adults also experience the prophylactic effects of religion. For example, African American men and women who regularly attend religious services report fewer family, work, and financial stresses than do their less religiously involved counterparts (Ellison et al., 2001). Adults who attend formal religious services more frequently and those who report strong religious beliefs also report lower levels of psychological distress, such as depression and anxiety (Blaine & Crocker, 1995; Jang & Johnson, 2004; Neighbors et al., 1998).

Research demonstrates that direct and intercessory prayers are vital and primary coping resources for most African Americans (see Chapter 16 in this volume). Prayer serves as a vehicle through which individuals experience emotional support, information, and moral guidance (El-Khoury et al., 2004; Mattis, 2002; Neighbors et al., 1998). Importantly, although we are accustomed to viewing prayer as a coping strategy employed by adults, data indicate that African American children pray independently and that they pray for comfort and about concerns that are developmentally relevant (e.g., school-related goals such as performance on exams;

see Humphrey, Hughes, & Holmes, 2008; Norton, 2006; see also Volume 2, Chapter 21, this handbook). As is the case with the prayers of adults, the prayers of African American children reveal a strong belief in God as a causal agent who has the ability and the will to intervene in important domains of life (Humphrey et al., 2008; Norton, 2006). To date, there is no body of work that systematically examines the prayer life of African American youth. The few studies on youth prayer life, however do reveal that religious youth and college students (i.e., those who pray and attend services more frequently) perform better academically than less religious youngsters (Jeynes, 2002; Walker & Dixon, 2007).

The fourth and final stream of research on the link between religiosity, spirituality, and mental health examines the impact of religion on internalizing (e.g., depression and anxiety) and externalizing symptoms and behaviors (e.g., drug use). Using data from a national probability sample of African Americans, Ellison and Flannelly (2009) found that adults who use religion to guide their everyday decisions reported significantly lower depression levels than their less religious counterparts. Interestingly, Ellison and Flannelly found no relationship between religious service attendance or church support and depressive symptomatology. Chatters et al. (2008), however, found that for adults over the age of 55, religious service attendance was negatively related to the likelihood of experiencing a mood disorder in one's lifetime. Religious values, formal religious involvement (e.g., service attendance), and the subjective importance of religion in one's life also are associated with a lower likelihood of engaging in such externalizing behaviors as alcohol, cigarette, and marijuana use among African Americans (Brody, Stoneman, & Flor, 1996; Steinman & Zimmerman, 2004).

Ministers and coreligionists may influence psychological health in these domains by fostering trust in, a healthy mistrust of, or skepticism about secular interventions (e.g., professional psychology, psychiatry, medical help). Importantly, given the well-documented history of medical abuse experienced by African Americans from slavery through the recent present (e.g., the Tuskeegee syphilis experiments, forced sterilization of African American women; see Jones, 1981; Roberts, 1997) a healthy mistrust of medical and professional recommendations often serves as a precursor to the questioning and research needed to ensure effective and trustworthy care by mental health and medical (e.g., psychiatric) professionals.

Although religious African Americans are especially likely to turn to religious leaders for support with physical, emotional, relational, and general concerns (Neighbors et al., 1998), recent evidence suggests that greater involvement in the public aspects of faith life (e.g., religious attendance) is associated with a greater willingness to seek mental health care from someone other than a minister (Morse et al., 2000). Adults attribute the decision not to seek emotional or instrumental support from ministers to a number of factors. Some individuals choose to take their concerns to God directly. Others reported that they would not seek ministerial support because of concerns about the minister's character (e.g., indiscreet, uncompassionate ministers) and competence, access to alternative sources of support (e.g., friends, therapists), and shame and guilt (Mattis et al., 2007).

Religion, Spirituality, and Physical Health

Scholars have identified a range of factors that serve as barriers to health care access and health care utilization among African Americans. Some scholars note that disrespectful and sometimes dehumanizing treatment at the hands of medical professionals, incompetent medical treatment, and medical abuse have contributed to an entrenched sense of medical mistrust among many African Americans (Giger, Appel, Davidhizar, & Davis, 2008; Hammond, Matthews, Mohottige, Agyemangm, & Corbie-Smith, 2010). Furthermore, poorly equipped medical care settings, lack of transportation, and lack of medical insurance all have contributed to health care underutilization and to disparities in health care for African Americans (Giger et al., 2008). Against the landscape of disparities in access to quality care, Black religious institutions have emerged as contexts through which health information and health care services are provided (Giger et al., 2008; Lincoln & Mamiya, 1990).

Historically, religious and African American medical professionals have used the pulpit as a space from which to admonish risky behaviors, to encourage positive health practices, and to disseminate health information to congregations. More recently, researchers have begun in earnest to use religious institutions as crucial platforms through which to provide health education and deliver health care interventions to African Americans (e.g., see Dodani & Fields, 2010; Molock, Matlin, Barksdale, Puri, & Lyles, 2008).

Religiosity and spirituality are associated with lower mortality risk (Ellison et al., 2000) and with better management of symptoms (Harrison et al., 2005) among African Americans. Scholars have suggested that these positive health outcomes are the results of religion and spirituality's impact in shaping health practices, coping, and health beliefs. For Muslims, for example, the core tenets of faith have been identified as factors that reinforce the importance of a healthy diet, exercise, moderation, and the avoidance of any substances that might compromise health (Ohm, 2003).

Among African Americans, religiosity and spirituality appear to be inversely associated with risky behaviors. Marks et al. (2005) found that a low level of religious involvement is associated with greater risk-taking and greater use of unhealthy coping strategies, such as alcohol and drug (ab)use. Greater reported religiosity also is associated with abstinence from substance use (C. Stewart, Koeske, & Pringle, 2008) and premature sexual intercourse (Lewis, Mellins, & Brackis-Cott, 2006). The inverse relationship between religion and risky behaviors may be especially pronounced among African American Muslims. Central to Islam is the belief that the body is God's gift to humans. Because the body is viewed as a divine gift, Islam expressly forbids the consumption of alcohol or of any food or substance that is intoxicating or that harms the body (Rajaram & Rashidi, 2003). Furthermore, Muslims engage in ritual fasting to purify the body (Rajaram & Rashidi, 2003). Religiously adherent Muslims are, therefore, less likely than others to engage in such risky behaviors as alcohol or drug (ab)use and more likely to engage in behaviors that promote healthy outcomes.

Marks et al. (2005) noted that religion helps African Americans to cope with health concerns. African Americans pray to God and ask for divine support in managing their diets, managing smoking, and engaging in regular exercise (King et al., 2005). Indeed, for African Americans, prayer provides a mechanism for meaning making and for fostering a feeling of hope, solace, and posttraumatic growth related to significant health problems among African Americans (Marks et al., 2005).

Although coping is an important function of religiosity and spirituality, religiosity also is associated with a complex set of health beliefs and health decisions among African Americans. Empirical research has demonstrated a link between religious beliefs and negative health decision making (e.g., with the failure to seek medical treatment and the failure to adhere to medication protocols). Religious African Americans often report that prayer can heal, that God has the capacity to cure any illness, and that health outcomes reflect God's will (Holt, Schulz, & Wynn, 2006). These beliefs can inspire a tendency to turn health outcomes over to God and a tendency to adopt a passive and fatalistic stance with regard to health. An emerging body of research suggests that religion's influence on the health beliefs and health practices of African Americans is quite complex. Wittig (2001) found, for example, that although religiosity was associated with African Americans' reluctance to donate organs to strangers (i.e., people often insisted that God is in charge of health and therefore donations were not necessary), religious sensibilities were associated with a willingness to donate organs to family members (i.e., respondents believed that donating to a family member was an index of authentic faith). Similarly, Holt et al. (2006) found that although Africans Americans may believe that God is in control of their health outcomes, they do acknowledge that misinterpretations of the Bible and extreme religious beliefs can lead people to make poor or inaccurate health decisions. King et al. (2005) advanced the view of a "combined agency" approach in their effort to explain the way that religion shapes the health decision making and health behavior of African Americans. King et al. suggested that although African Americans regard God as in ultimate control with regard to health

outcomes, they still exercise agency over their health by seeking medical care and by electing to behave in ways that promote health (e.g., managing their diet, exercising).

Religious involvement gives people access to supportive social networks that may promote positive health outcomes by ameliorating the negative effects of stress. Mattis et al. (2007) noted that African American believers often include ministers in their support networks and turn to ministers for help and solace in the face of health problems (see also Neighbors et al., 1998). Importantly, other researchers have noted that religion may work in tandem with network support to influence the amount of time that individuals take before seeking medical care. Indeed, Gullatte et al. (2010) found that religious African American women who disclosed their physical health symptoms to friends and female family members were more likely to seek medical care than nondisclosers. In contrast, women who did not share their symptoms with loved ones and who turned only to God were more likely to postpone seeking medical care. These findings suggest that the relationship between religion and health may be informed by personality factors (e.g., tendency toward self-disclosure), by social network factors, and perhaps by the real or perceived severity of health concerns.

Religion, Spirituality, and Relational Health

In addition to their roles in mental health, religiosity and spirituality may play crucial roles in shaping the relational health and well-being of African Americans. Sacred texts, notably the Bible and Qur'an, provide clear expectations regarding the respect due to parents, elders in communities, siblings, and those who are viewed as vulnerable (e.g., children, the poor, the ill). Religions may highlight the importance of a host of moral emotions (e.g., compassion, shame, guilt) that can lead individuals to forgive others, care for others, and fulfill obligations to those around them.

Religious institutions may serve as important contexts for supporting relational health. African American youth and adults who are involved in organized faith life may be enveloped in an enduring and supportive web of relationships that include religious leaders (e.g., ministers, youth ministers) and fellow worshippers who hold common beliefs and values and who comprise a family (e.g., church brothers and sisters; Townsend Gilkes, 2001). Religious institutions may also affect the relational health of believers by sponsoring family outreach programs, including family and couples counseling initiatives and activities (e.g., couples retreats) that provide opportunities for couples and families to understand and enact their relationship and their family life as extensions of their faith experience (Caldwell et al., 1995; Jang & Johnson, 2004). Finally, religious beliefs and devotional practices such as prayer appear to play positive roles in relational life by shaping the efforts of grandparents, parents, and male caregivers to cope with the social, emotional, and financial responsibilities associated with family life and with the demands of care giving (Brodsky, 2000; Gibson, 2002).

Research on relational quality points to a possible impact of organized religion, prayer, and subjective religiosity on relationships. Indeed, religiously involved adults report fewer family problems than those with less active religious involvement (Ellison et al., 2001). More specifically, among African American fathers, greater religiosity is associated with reports of more supportive relationships with spouses and less conflict in roles as cocaregivers (Brody et al., 1994). African American families that score higher on indexes of religiosity also tend to extend greater levels of emotional and social support to husbands and fathers who are unemployed or underemployed; this heightened support appears to be crucial to men's efforts to cope with the challenges of fulfilling their roles as providers (Bowman, 1990). Support, whether perceived or received, may help couples and families to cope effectively with life's challenges generally, and with the challenges of marriage specifically (Chadiha, Veroff, & Leber, 1998). Furthermore, Jang and Johnson (2004) have found that not only do religious African Americans report receiving more levels of social support from friends and family relative to their less religious counterparts but also that this reported support mediates the relationship between religiosity and psychological distress.

Religion's influence on family life seems to resonate through the spousal relationship to affect the level of warmth, harmony, and the quality of communication and discipline in the relationship between African American parents and their children (Simons, Simons, & Conger, 2004). Mothers who are more religious report more consistent parenting and less conflictual relationships with their children (Brody et al., 1994). There also is evidence that religion's effects filter downward from parents to siblings. African American parents who are more religious have children who tend to report more positive sibling relationships (McHale, Whiteman, Kim, & Crouter, 2007).

Religion's impact on family life is not necessarily or uniformly positive. Religious involvement and religious identification may affect the ways in which believers, religious leaders, and religious institutions understand and respond to interpersonal (e.g., partner) violence as well as their tendencies to commit such acts of violence (Watlington & Murphy, 2006). In some religious communities, theology is used to justify patriarchal domination and control of women. Skewed and uncritical discourses about the need for female submission and about men's rights to exercise power over women and children may be used to rationalize the use of violence to control women. Such readings, when combined with religious mandates against divorce, may encourage victims of interpersonal violence to remain in relationships that leave them (and sometimes their children) vulnerable to emotional control, physical injury, or death (see Volume 2, Chapters 17 and 20, this handbook). Although research on interpersonal violence among African American Muslims is sparse, Kiely-Froude and Abdul-Karim (2009) suggested that mandates against divorce, fears of exposing spouses and children to shame and unwanted public scrutiny, and fears of losing the support of their faith community may leave African American Muslim women especially vulnerable to spousal violence.

On the positive side, religiosity and spirituality can inform African American women's efforts at meaning making and coping when they become victims of violence, and they also may help women to extricate themselves from violent situations (Watlington & Murphy, 2006) or from those involving other forms of abuse, such as incest (Robinson, 2000).

For some women, empowerment may result from a general belief that a forgiving and loving God would not require them to submit to or endure the violence of others. For other women, empowerment may be rooted in specific readings of the Bible and Qur'an. For example, the following passage of New Testament text from the Christian Bible often has been used (acontextually) as evidence of men's right to insist on the submission of their wives:

> [22]Wives, submit to your own husbands, as to the Lord. [23]For the husband is the head of the wife even as Christ is the head of the church, his body, and is himself its Savior. [24]Now as the church submits to Christ, so also wives should submit in everything to their husbands. (Ephesians 5, v. 22–24, New American Standard Bible)

Women, however, may find the subsequent verses of the same chapter of Ephesians to be empowering:

> [25]Husbands, love your wives, as Christ loved the church and gave himself up for her, [26]that he might sanctify her, having cleansed her by the washing of water with the word, [27]so that he might present the church to himself in splendor, without spot or wrinkle or any such thing, that she might be holy and without blemish. [28]In the same way husbands should love their wives as their own bodies. He who loves his wife loves himself. [29]For no one ever hated his own flesh, but nourishes and cherishes it, just as Christ does the church, [30]because we are members of his body. [31]Therefore a man shall leave his father and mother and hold fast to his wife, and the two shall become one flesh. [32]This mystery is profound, and I am saying that it refers to Christ and the church. [33]However, let each one of you love his wife as himself, and let the wife see that she respects her husband. (Ephesians 5, v. 25–33, New American Standard Bible)

In sum, many Christian women may take solace in the fact that the Bible does not equate a wife's "submission" with a husband's violence and that the Bible explicitly identifies hurting one's wife as sinful. The extent to which, and the ways in which, African American women reread the Bible and Qur'an in the service of empowering themselves against, and to cope with the consequences of, spousal violence deserves empirical attention.

Religion's impact on relational life extends beyond the family to peer and more distal (i.e., community) relationships. For African American boys, for example, religiosity and spirituality are associated with feeling more valued by and more popular with others (Spencer et al., 2003). Research on the link between religiosity, spirituality, and friendship suggests that spirituality also positively affects the friendships of men. Indeed, African American men who are more subjectively spiritual report a greater level of emotional sharing with their male friends and a tendency to experience their friendships with other men as more supportive (Mattis et al., 2001). Mattis et al. (2001) speculated that African American men who view themselves as more spiritual may be more willing to make themselves emotionally vulnerable in their friendships with other men—a fact that may lead to a deepened level of support in these friendships. These findings suggest that spirituality, with its explicit focus on interconnectedness, intimacy, and the sacredness of life (Mattis, 2000; Zinnbauer et al., 1997), may push men to challenge traditional scripts of restrictive masculinity that prohibit emotional expressiveness. The extent to which religion and spirituality inform women's same-sex or cross-sex (i.e., male–female) friendships among African Americans is not clear.

With respect to relationships, religiosity also appears to influence beliefs about such relationally relevant topics as sexual abstinence and abortion, attitudes toward contraceptives, and the timing of sexual intimacy (see Brewster et al., 1998). African Americans who hail from families that pray frequently are less likely to be sexually active than youth from less religious families (Lewis et al., 2006). African American youth who are personally religious are also less likely to be sexually active than their less religious counterparts (Ball et al., 2003; Childs, Moneyham, & Felton, 2008). Importantly, the lower level of sexual activity among religious youth may owe, in part, to the fact that these youth are less likely to spend time in situations that increase the risk of sexual acting out (e.g., they spend less unsupervised time in private settings with the opposite sex; see Lewis, Mellins, & Brackis-Cott, 2006). When they do engage in sexual activity, religious youth may be particularly able to exercise sexual agency. In fact, religious African American adolescent girls report greater self-efficacy than their less religious counterparts in rejecting unsafe sexual activities and in discussing sex, sexual health, and sexual safety (e.g., preventing sexually transmitted disease, using condoms) with their partners (McCree, Wingood, DiClemente, Davies, & Harrington, 2003).

Finally, the literature on the link between faith and relationship outcomes indicates that religiosity and spirituality are associated with efforts to negotiate relationship violations. Religiosity and spirituality are associated, for example, with African American men's efforts to forgive race-related transgressions (Powell Hammond, Hudson-Banks, & Mattis, 2006). More specifically, African American men who are subjectively religious, and those who rely more heavily on religious coping (i.e., the search for spiritual guidance, meaning and support in times of crisis) are significantly more likely to embrace positive affect, cognitions, and behaviors toward transgressors ("positive forgiveness") and to relinquish negative affect, cognitions, and behaviors toward perpetrators of aggression ("negative forgiveness"). This greater capacity to forgive has implications for the ability of religious or spiritual men and women to reconcile after a transgression and to sustain relationships with others over time.

Religion, Spirituality, and Community and Political Health

In addition to their roles at the individual level, religion and spirituality are central in mitigating negative outcomes and promoting positive outcomes at the group level. Relative to those who are less religious, urban-residing African American and Afri-Caribbean adolescents who are religiously involved are less likely to engage in risky or antisocial

activities that compromise the quality of community life (Cook, 2000; Wallace & Forman, 1998). Pearce et al. (2003) have demonstrated that African American youth who engage in private religious activities (e.g., prayer, listening to religious music) and those who are more subjectively religious tend to report fewer conduct problems (e.g., lower number of incidents of lying, destroying property, fighting) than their less involved peers. Youth who attend religious services also are significantly less likely to commit non-drug-related crimes and are less likely to engage in drug dealing than children who do not attend religious services (Johnson, Larson, Li, & Jang, 2000). In fact, religiously involved youth tend to withdraw from social interactions with individuals who are engaged in antisocial behaviors (Jagers, 1997).

Religiosity and spirituality are negatively associated with antisocial acting out. Religiosity and spirituality, however, are also associated with prosocial action (Jagers, Smith, Mock, & Dill, 1997). Religious and spiritual youth and adults (particularly those who are involved in organized faith life) are more likely to volunteer, to be involved in civic life, and to spend more hours involved in volunteer activities (Mattis et al., 2000; Musick, Wilson, & Bynum, 2000). Church involvement is also strongly linked to formal prosocial involvement among men. Religiously involved African American men (e.g., those who attend church more frequently) are significantly more likely than their less involved counterparts to engage in volunteer work, and they spend more time volunteering (Mattis et al., 2000; Mattis, Beckham, et al., 2004). Furthermore, men who report that religion is important to their identity (i.e., those who are subjectively religious) are more likely to belong to a political or social justice organization (Mattis, Beckham, et al., 2004).

Historically, despite the visible presence of men in positions of leadership in Black churches, church-based outreach ministries in African American communities have been catalyzed and sustained largely through the work of women (Townsend Gilkes, 2001). Through their involvement in church ministries, African American women have served several vital roles: They have launched protest activities and been actively engaged in political education and political organizing; they have provided spiritual as well as secular educational opportunities for youth and adults; and they have created opportunities for economic relief, assisted in providing housing, and led efforts in health education and in providing medical care and psychological counseling to those who are most in need.

The institutional context in which African Americans worship powerfully shapes their political identities and the specific ways that they enact commitment to social justice and social change. Although limited in scope, the extant work on the lives of African American Muslims demonstrates that whereas Orthodox African American Muslims (i.e., Sunnis) of immigrant origins are more likely to hold broadly humanistic political stances, those native-born African American Sunnis who worship as a part of the NOI are more likely to endorse specifically pro-Black, social justice–oriented political views (Lumumba, 2003). As is the case with members of the NOI, African Americans Christians who attend "political Black churches" (i.e., churches that view theology and faith as inextricably linked to social justice, liberation, and political activism) are more likely to engage in conventional forms of activism, including voting and seeking public office (Calhoun-Brown, 1996). Individuals who attend church frequently and those who attend politicized churches, however, are not more likely to attend political or protest rallies, and are actually less likely than those who do not attend church to sign a petition and picket and boycott (Swain, 2010). Swain has suggested that these findings point to the increasing depoliticization of the Black church. It is equally feasible, however, that these findings simply reflect the complex relationship between the various domains of religiosity and spirituality and the various forms of activism and civic engagement.

Social scientists have paid significant attention to religion's role in formal acts of prosocial engagement (e.g., volunteerism; see Mattis et al., 2000; Mattis, Beckham, et al., 2004). Far less attention has been paid to religion and spirituality's role in motivating informal acts of selfless (i.e., altruistic) giving (see Chapter 24 in this volume). Mattis et al. (2009) found that in spite of the dire social and economic contexts in which they live, low-income, inner-city-residing African American adults reported being motivated by

religion and spirituality to behave altruistically. Participants in this study indicated that they behave altruistically because doing so is (a) a way of honoring God's command to be good to each other; (b) a way of seeing and respecting both the divinity in others and their belief in the fundamental interconnectedness of all life; and (c) a manifestation of individuals' awareness of, and gratitude for, God's grace.

Pathways

The mechanisms by which religiosity and spirituality inform the various domains of health are myriad. A review of the literature, however, suggests that the core pathways of influence include emotions, cognitions, and behaviors. Youth and adults who, as a consequence of their religious or spiritual leanings, are able to better manage their emotions may be more likely to develop and maintain supportive relationships (e.g., friendships, healthy family relationships) and may reduce their risk of being exposed to depressogenic stressors (e.g., social stigma and retaliation). For these youth and adults, religion and spirituality may provide subjectively and culturally meaningful and authoritative moral codes from which to draw as they make life choices and as they negotiate the challenges of everyday life. This moral code may be especially meaningful for individuals who are embedded in high-risk environments.

Theologians argue that for African Americans, love, humility, compassion, empathy, and forgiveness even in the face of overwhelming suffering come from the tradition of linking their plight to the plight of prominent figures from sacred texts including the Bible (Cone, 1997). Sacred texts and other religious materials (e.g., music, art, literature) provide believers with portrayals of life's most overwhelming dramas and dilemmas (e.g., grief, catastrophic loss, relational conflict, infidelity, illness) and give guidance about how to make meaning of, respond to, and transcend life's most extraordinary difficulties (see Chapter 10 in this volume). The guidance that sacred texts (and religious leaders) provide regarding how to address life's joys and challenges exists alongside the subjective meanings that individuals ascribe to events.

Religion and spirituality inform various domains of health by establishing an authoritative set of beliefs, norms, attitudes, and values (Wills et al., 2003) to which individuals will adhere. Individuals who internalize the norms, attitudes, and values of their faith community are likely to behave in ways that are consistent with these norms, attitudes, and values (Lumumba, 2003; Ohm, 2003). Those who violate the moral codes and norms established by religion are likely to suffer distress-inducing public and private emotional consequences, including guilt and shame (Hardy & Raffaelli, 2003). The extent to which particular emotions, norms, and practices are implicated in the various domains of health deserves greater attention.

IMPLICATIONS

Directions for Future Research

Taken together, the current literature demonstrates that the effort to examine the role of religion and spirituality in African American life and health is a complex enterprise. Figure 30.1 presents a model that we hope will guide future empirical research on the role of religiosity and spirituality in African American health. Several key elements of this model are highlighted in the following paragraphs.

First, the model highlights the notion that at the heart of any discussion about the role of religion and spirituality in African American health must be a focus on the question of who is African American. In that regard, we must attend to the ways in which the religiosity–spirituality–health link is informed by such factors as the ethnic and cultural origins, immigrant status, gender, sexual identity, educational level, socioeconomic status, area of residence (e.g., region, neighborhood), and degree of enculturation and acculturation.

Second, we must seek to delineate the domains of religious and spiritual life in which we are interested. Here, the model compels us to understand the ways in which African American people's intersecting identities complicate myriad aspects of religiosity and spirituality, including religious affiliation, readings and interpretations of sacred texts, access to religious institutions, public and private devotional practices, subjective beliefs about the sacred and about faith, and subjective religious or spiritual identity. People's social identities (e.g., gender, education, urbanicity) both inform the kinds of risk

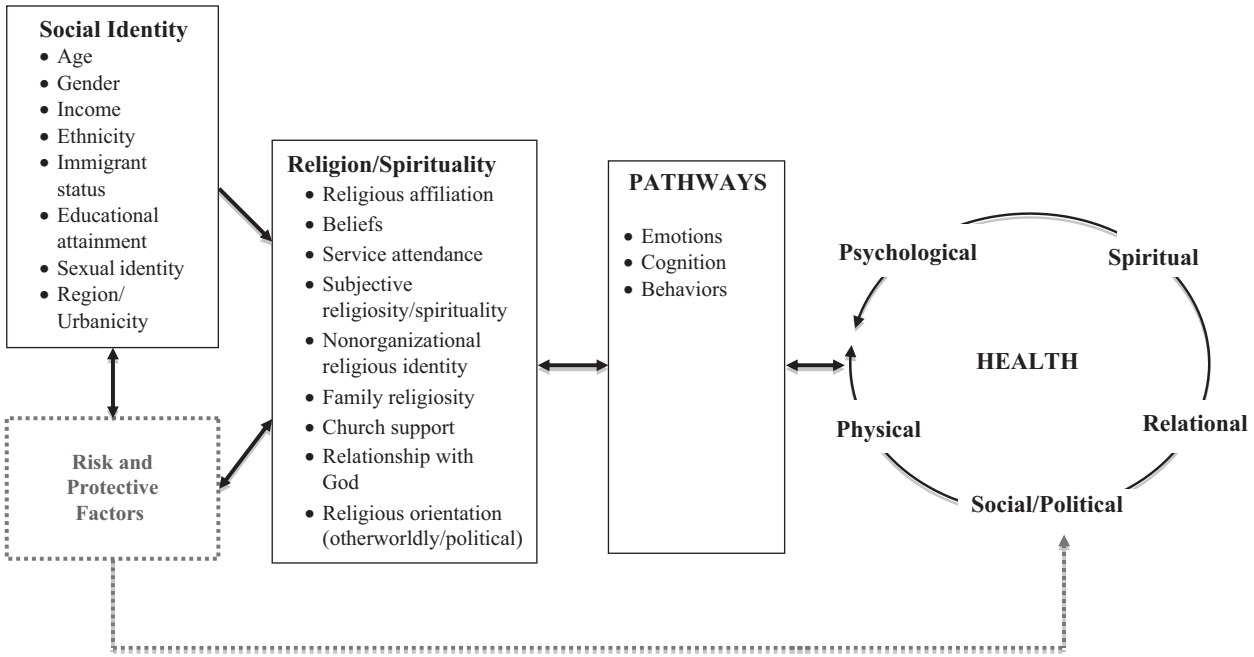

FIGURE 30.1. Conceptual model of religion and spirituality's influence on health.

factors to which they are exposed and the kinds of protective factors that are available to them.

With respect to risks and protections, there is a need for empirical attention to individual-level risks and protections (e.g., temperament) as well as to risks and protections within the broader ecologies in which people live. Importantly, the tendency in social science literatures is to examine religiosity and spirituality as protective factors that buffer against the potentially deleterious impact of *either* individual-level *or* broader ecological-level stressors on health. However, people routinely negotiate both individual-level and ecological-level stresses (e.g., genetic vulnerability to illness and exposure to crime or toxins). Furthermore, the effort to negotiate both levels of stress is affected by individual-level as well as broader ecological-level protections (e.g., temperament and access to health care). The field is in dire need of studies that take a nuanced view of the ways in which religiosity and spirituality work together with individual-level and broader contextual-level stressors and protections to inform health outcomes. Studies of this kind will provide us with a more complex (and perhaps more ecologically valid) view of the way that religion and spirituality operate in the lives of individuals.

Third, this model suggests the need for attention to the mechanisms through which religion and spirituality operate. In the face of particular background as well as risks and protective factors, religious beliefs influence health by shaping emotions (e.g., the emergence of love, guilt), cognitions (e.g., values), and behavior (e.g., decision making, risk-taking). Here again, it will be useful to explore how emotions, cognitions, and behavior operate together with ecological risks and protections to inform health outcomes for people who define themselves as religious or spiritual. More specifically, it might be useful to explore the ways in which religiosity, spirituality, fear of being incapacitated by illness (emotion), and optimism about health outcome (cognition) shape health outcomes for people who have limited access to health insurance and live in high-stress contexts.

Fourth, the model recognizes the interdependence of all domains of health (e.g., physical health is inextricably tied to psychological health and both are tied to relational health). Furthermore, consistent with the integrative paradigm of this handbook (see Chapter 1 in this volume), the model recognizes that the religion-spirituality-health relationship is dynamic, multidirectional, multilevel, and multivalent. In sum, religiosity and spirituality influence emotions, beliefs, and behaviors, which, in turn, inform health outcomes. Health reciprocally,

however, influences our thoughts, emotions, actions, and the quality and direction of our religious and spiritual lives. The recognition of the dynamic relationship between these factors highlights the need for longitudinal quantitative as well as qualitative data on the religiosity-spirituality-health link for African Americans. Importantly, although this model points us toward a nuanced approach to the study of the religiosity–spirituality–health link among African Americans, extant research is varied in the extent to which it explores the various components of this complex set of relationships.

Clinical Implications

Religion and spirituality are topics that are rarely explored in depth in mental health training programs—even in programs that attend to multicultural competence. As such, practitioners often struggle to determine how (if at all) to address issues of faith in their work with clients. Clinicians working with African American clients must be aware of the heterogeneity in the ethnic, cultural, religious, and spiritual identities of African American people. Tools such as spiritual eco-maps (Hodge, 2000) can be quite useful in capturing the social ecology of clients' spiritual life (i.e., the role of family, friends, institutions, rituals in faith life). Furthermore, spiritual life maps (Hodge, 2005) can point to hallmark experiences in the spiritual life and development of individuals. These tools can help mental health practitioners to identify core themes in African American clients' spiritual journeys (e.g., themes of loss, guilt, and growth) and can serve as means to elucidate how those themes have emerged in relation to the full spectrum of health outcomes (e.g., mental health, physical health challenges, relational health). Mental health practitioners who are able to elicit African American clients' spiritual life histories, and to explore the beliefs, values, emotions, and behaviors associated with high and low points in their clients' lives may be well situated to support effective change work with their clients.

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