

Racial/Ethnic Heterogeneity, Religion, and Mental Health: Examining the Influence of
Religiosity on African American and Afro-Caribbean Subjective Well-Being

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ABSTRACT

Religion is important to most African Americans and Afro-Caribbeans. Church attendance is positively associated with aspects of subjective well-being. However, research concerning the influence of religiosity on African Americans' and Afro-Caribbeans' subjective well-being is scarce. Research into whether measures other than church attendance is positively linked to measures of subjective well-being is thin. In addition, investigations into which mechanisms shape religion's impact on subjective well-being for both groups are also lacking. Next, investigations into whether religiosity buffers the influence of stressors on subjective well-being is limited. To address these concerns this three-part study examined the relationship among race/ethnicity, dimensions of religiosity, psychological and social resources, stressors, and subjective well-being for African Americans and Afro-Caribbeans. I used data from the National Survey of American Life (NSAL; Jackson et al. 2004) to conduct my investigation. Collectively these studies address the following overarching research questions: Is religiosity (organizational religious involvement and non-organizational religious involvement) associated with better subjective well-being for both African Americans and Afro-Caribbeans? Does religious social support mediate the relationship between religiosity and subjective well-being? Does racial discrimination adversely impact subjective well-being for African Americans and Afro-Caribbeans? Does religiosity buffer the adverse impact of racial discrimination on subjective well-being for both groups? Does religiosity interact with financial stress to influence subjective well-being? Does self-esteem mediate any buffering effects of religiosity on this relationship? Results showed that organizational religious involvement was positively associated with subjective well-being for African Americans and Afro-Caribbeans. Non-organizational religious involvement had no association with most measures (only position on the life ladder). Organizational religious involvement benefited happiness, life satisfaction, and position on life ladder more for Afro-Caribbean immigrants than African Americans and U.S born Afro-Caribbeans. Religious social support partially mediated the relationships between organizational religious involvement and life satisfaction and position on the life ladder for African Americans and Afro-Caribbeans. Religious social support fully mediated the relationship between organizational religious involvement and self-rated mental health for both groups. Next, organizational religious involvement did not help protect subjective well-being against the negative effects of racial discrimination for African Americans. Organizational religious involvement alleviated the negative impact of racial discrimination on happiness less for Afro-Caribbean non-immigrants and the other two groups. In addition, organizational religious involvement buffered the negative effect of racial discrimination on being on a better position on the life ladder more for Afro-Caribbean immigrants than their counterparts. Finally, organizational religious involvement was associated with less adverse effects of financial stress on subjective well-being. Organizational religious involvement buffered the deleterious effect of financial stress on subjective well-being by protecting self-esteem.

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GENERAL ABSTRACT

Religion is important to most African Americans and Afro-Caribbeans. However, research regarding the influence of religious involvement on African Americans' and Afro-Caribbeans' subjective well-being (happiness, life satisfaction, self-rated mental health, position on the life ladder) is not common. In addition, research into which factors explain religious involvement's impact on subjective well-being for both groups are also lacking. I used data from the National Survey of American Life (NSAL) to conduct my study into these areas. Results showed that being involved in church activities was positively related with subjective well-being for African Americans and Afro-Caribbeans. However, the influence was greater for Afro-Caribbean immigrants than African Americans and U.S born Afro-Caribbeans. Social support from church members partially explained why being involved led to better life satisfaction and position on the life ladder for African Americans and Afro-Caribbeans. Social support from church members fully explained the relationship between organizational religious involvement and self-rated mental health for both groups. Next, being involved in church activities did not reduce the negative impact of racial discrimination on subjective well-being for African Americans. Organizational religious involvement eased the negative impact of racial discrimination on happiness less for Afro-Caribbean non-immigrants and the other two groups. In addition, being involved in church activities protected against the negative effect of racial discrimination on position on the life ladder more for Afro-Caribbean immigrants than their counterparts. Finally, being involved in church activities reduced the negative effects of financial stress on subjective well-being. Being involved in church activities protected people's self-esteem and thus reduced negative effect of financial stress on their subjective well-being.

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CHAPTER 1: INTRODUCTION

Religion is very meaningful to the lives of both African Americans and Afro-Caribbeans (Chatters et al. 2008). Both groups share religious histories and traditions linked to West Africa, slavery, civil rights, and everyday life. Both groups have experienced a history of social and economic oppression and struggle with racial discrimination in contemporary America (Shaw-Taylor 2007; Waters 1999). However, there are a number of sociohistorical differences between the two groups. For example, segregation and political disenfranchisement were more prevalent among blacks in the U.S. than among their counterparts in the Caribbean. The black church became the main site for social and political autonomy for African Americans (Taylor, Chatters, & Levin, 2004).

Historically, the black church has functioned as a major foundation for African American culture, heritage, and history. Since slavery this institution has represented a place where African Americans' hope of freedom from oppression, sense of justice, faith, and strength are experienced and supported (Moore 2003). Following the Civil War and slavery, African Americans built churches in unprecedented numbers (Martin and Martin 2002). It was viewed as a response to the new need for social services for African Americans after emancipation and served multiple roles in addressing the hostile conditions of black lives in the U.S. (Martin and Martin 2002).

The black church serves as a medium for the renewal of faith and promotes African Americans' ability to positively cope with racism, prejudice, and discrimination, especially as these stressors interact in physical and mental health (Cone 1986; Haight 1998; Hardman-Cromwell 2000). It also represents a place where parishioners go for empowerment, emotional, social, and economic support, relief from financial strain, education attainment, and spiritual

leadership (Moore 2003). Major black denominations encompass 65,000 churches and about 20 million members (Dilulio 1999). As such, the black church is a primary institution within the black community. Although this institution's role has adjusted over time, it continues to meet the challenges of social and economic injustices.

Churches in the Caribbean did not perform the same cultural and civic roles as black churches in the U.S. Although British Christian churches did provide some education during slavery, formal education was provided to the children of slave from the planter class (Bacchus 2005). After emancipation, mass education was considered indispensable for self-governing of these newly freed populations of blacks in the Caribbean (Bacchus 2005). Caribbean blacks were emancipated earlier than African Americans, had more civil rights, political and economic power, and more control over their lives (Stephenson 2004). The church in the Caribbean was not as instrumental in attaining these freedoms and opportunities as it was for blacks in the U.S. However, religion and the church have played a significant role in the lives of Afro-Caribbeans living in the U.S.; providing religious support, fostering community bonds among immigrants, and political support (Waters 1999). These life experiences thus translate into discernable similarities as well as differences in levels of religious participation, consumption of religious materials, and closeness to church members for African Americans and Afro-Caribbeans in the U.S. (Taylor, Chatters, and Levin 2004).

Research concerning the link between religiosity and subjective well-being can be traced back to Durkheim's (1951) seminal work on religious involvement and suicide. Religion provides a sense of meaning, optimism, hope, security and overall satisfaction for everyday life (Hadaway 1978; Moberg 1979). In addition, people with higher levels of religious involvement report a higher level of subjective well-being than those who are less involved (Witter et al.

1985; Koenig et al. 2001). Religiosity is also positively associated with psychological resources (self-esteem) (Hughes and Demo 1989; Ellison 1993; Koenig et al. 2001). Though these studies on religion and subjective well-being also account for race, research on blacks in the U.S. focuses mainly on African Americans. However, blacks in the U.S. are not a monolithic group. While some studies have also considered Afro-Caribbeans, work addressing the influence of religion on subjective well-being for both groups is limited.

U.S. blacks constitute a substantial portion of the American population, and Afro-Caribbeans are a major ethnic subgroup of that U.S. black population. The 2010 U.S. Census reports that the black or African American population comprised 13 % of the total population (U.S. Census Bureau 2010). Over 9% of the African American population identifies as Caribbean. Afro-Caribbeans are the largest subgroup of blacks living in the U.S. They constitute 18% of the total foreign-born population and 1.2% of the total U.S. population (Acosta and de la Cruz 2011). Furthermore, more than half of foreign-born blacks are of Caribbean origin (U.S. Census Bureau 2010). The Afro-Caribbean population is also growing at a faster rate than that of U.S. born blacks. Afro-Caribbeans living in the U.S. are distinct from African Americans in terms of social and economic status and community profiles (Logan and Deane 2003; Waters et al. 2014). However, most research examines blacks in the U.S. as a monolithic group, neglecting to address in-group differences.

This dissertation consisted of a three-part study exploring the relationship among race and ethnicity, dimensions of religiosity, psychological and social resources, racial/ethnic identity, major stressors for blacks, and subjective well-being using the National Survey of American Life (NSAL; Jackson et al. 2004), a national multistage probability sample of 6,082 noninstitutionalized adults aged 18 years and older in the United States administered in 2001–

2003 by the University of Michigan's Institute for Social Research Survey Research Center. Data were collected via in-person interviews. My sample had 1,438 Afro-Caribbeans and 3,570 African Americans. Afro-Caribbeans self-identified as black and as being of West Indian or of Caribbean descent. African Americans self-identified as black but did not trace their ancestry to the Caribbean (Heeringa et al. 2004). The NSAL allowed me to assess ethnic heterogeneity among blacks in the U.S. and the influence of religiosity on subjective well-being. In these studies, I used two dimensions of religiosity: organizational religious involvement and non-organizational religious involvement. I considered four dimensions of subjective well-being: overall happiness, life satisfaction, standing on the Cantril life ladder, and self-rated mental health.

This dissertation begins with a broad review of the literature on the role of religion for African American and Afro-Caribbeans, religion and subjective well-being, race and subjective well-being, racial/ethnic identity and subjective well-being, and an overview of diversity within the black U.S. population. This serves as the foundation for contextualizing the three studies, as this section is pertinent to all three. Each study also opens with additional literature reviews specific to their research questions. The three-part study examines the following:

Part 1: Religion, Religious Social Support, and Subjective Well-Being for African Americans and Afro-Caribbeans. This study examined the associations among religiosity, religious social support, and subjective well-being for American Americans and Afro-Caribbeans. This study investigated whether religiosity (organizational religious involvement and non-organizational religious involvement) is associated with better subjective well-being for both groups. I tested religious social support as a potential mediator of the influence of religiosity on subjective well-being for both groups. This

study also explored the effect of religiosity on subjective well-being controlling for racial/ethnic identity, which is an important predictor of well-being for both groups.

Part 2: Does Religiosity Moderate the Impact of Racial Discrimination on Subjective Well-Being for African Americans and Afro-Caribbeans? In this study I explored the ability of religiosity to buffer the negative influence of racial discrimination on subjective well-being for both Afro-Caribbeans and African Americans. I evaluated the effect of religiosity on subjective well-being controlling for racial/ethnic identity.

Part 3: Does Religion Lessen the Effect of Financial Stress on Subjective Well-Being for African Americans and Afro-Caribbeans? This study examined dimensions of religiosity as potential moderators of the effect of financial stress on subjective well-being for African Americans and Afro-Caribbeans. I investigated whether and how religiosity interacts with financial stress to influence subjective well-being and whether self-esteem mediates any buffering effects of religiosity.

Overall, the goal of the dissertation is to fill this gap in the literature by addressing a frequent criticism in the research on race and mental health: that studies of black Americans often ignore in-group variation and view blacks as one monolithic group (Williams et al. 2007).

CHAPTER 2: LITERATURE REVIEW

RELIGION, SUBJECTIVE WELL-BEING, AND RACE/ETHNICITY

Religion and Subjective Well-being (including Mental Health)

Numerous studies have investigated the relationships between religious belief and practice and subjective well-being. Most findings show religion is positively associated with subjective well-being (e.g., Ellison and Levin 1998; Musick 2000; Maselko and Kubzansky 2006). The association between religion and subjective well-being is substantial (Inglehart 2010; Myers 2000; Witter et al. 1985; Campbell, Converse, and Rodgers 1976.). Compared to other correlates of well-being, the effects of religion are just as or more pronounced than income (Ellison, Gay, and Glass 1989), race, education, gender, age, and marital status. While service attendance is the most consistent correlate of subjective well-being (Ferriss 2002), non-organizational religious involvement is also related to well-being (Ellison 1991; Krause 2003; Greeley and Hout 2006). Overall, people with higher levels of religious involvement also report a higher level of subjective well-being (Witter et al. 1985; Koenig et al. 2001; Krause 2006a; Krause 2006b; Lim and Putnam 2010). In particular, religious participation and commitment positively influence happiness, life satisfaction, and meaning in life (Diener 1984; Chamberlain and Zika 1992; Poloma and Pendleton 1990; Levin and Tobin 1995).

Measures of religious belief, church attendance, feeling close to God, being a born-again Christian, frequency of prayer, prayer experiences, and involvement in church activities are important predictors of life satisfaction, existential well-being, and overall happiness (Poloma and Pendleton 1990). More specifically, regular attendance at religious services was one of the strongest predictors of subjective well-being (Ellison and George 1994; Krause 2008a; Lim and Putnam 2010). Ellison, Gay, and Glass (1989) find that both frequency of prayer and closeness to

God (devotional/private) and frequency of religious service attendance (participatory/public) are positively related with life satisfaction. The findings suggest that religious people are more satisfied with their lives because they regularly attend religious services and build social networks in their congregations.

Furthermore, respondents with larger networks of congregational friends and those who are most involved with the religious community had higher levels of life satisfaction (Lim and Putnam 2010). In addition, Zullig et al. (2006) asserts that students who describe themselves as spiritual (or religious) are likely to report greater self-perceived health.

While research reveals positive associations between organizational religious participation (e.g., religious service attendance) and subjective well-being, a negative relationships is also demonstrated with other mental health outcomes, including psychological distress (Ellison et al. 2001; Bradshaw, Ellison, and Marcum 2010; Acevedo et al. 2014), depression (Schieman et al. 2006; Ellison and Flannelly 2009; Miller et al. 2012), suicidal ideation (Colucci and Martin 2008) and anxiety (Ellison, Burdette, and Hill 2009; Chatters et al. 2008; Koenig et al. 2012). Explanations for religious participation's potent effect on mental health involves the creation and preservation of social networks and interaction with church members (Bradley 1995; Ellison and George 1994). Congregants develop social relationships that reinforce their core beliefs, which benefit their subjective well-being (Lim and Putnam 2010) and mental health (Acevedo et al. 2014; Krause 2002a, 2002b, 2008).

Psychological resources such as self-esteem and mastery are important for mental health. Organizational religious participation is positively associated self-esteem. Church attendance strengthens a sense of meaning (Ellison 1993; Krause and Ellison 2007). However, findings on the effects of mastery are inconclusive. The direction of the association between religiosity and

mastery is mixed (Schieman, Nguyen, and Elliott 2003; Ellison 1993). While some studies have shown positive association between attendance and mastery (Hughes and Demo 1989; Krause and Tran 1989; Ellison and Burdette 2011; Schieman, Pudrovska, and Milkie 2005), others document no relationship (Greenfield, Vaillant, and Marks 2009). The mixed findings may be due to the notion that higher levels of church attendance may be due to an already reduced sense of mastery. So my dissertation will only include the psychological resource of self-esteem.

Although most research on the influence of organizational religious involvement on mental health indicate a positive association, some literature have pointed to its negative effects. Involvement in church networks is also associated with negative social interactions (Ellison and Levin 1998; Taylor et al. 2004; Krause 2008b), although the positive effects were stronger. More specifically, negative social interactions in religious settings have harmful impacts on overall well-being and mental health (Ellison et al. 2009; Krause 2008b; Lincoln et al. 2003). An environment filled with demanding congregants or with those who level too much criticism can lead to detrimental effects (Krause, Ellison, and Wulff 1998; Ellison, Burdette, and Wilcox 2010).

Compared to research on the relationship between organizational religious involvement (frequency of attendance) and mental health, findings on the relationship between non-organizational religious involvement (prayer) and mental health are less clear. Prayer is considered a vehicle through which people engage in and strengthen their private relationship with God (Whittington and Scher 2010) and try to make sense of the world around them (Krause 2003a). The development of this personal relationship through regular prayer can strengthen self-esteem (Ellison 1993). However, while studies find that frequency of prayer is associated with better subjective well-being and mental health and (Ellison 1997; Levin and Taylor 1998;

Meisenhelder and Chandler 2001) others indicate that increased frequencies of prayer is associated higher levels poor mental health (depression and anxiety) and lower levels of subjective well-being (life satisfaction and optimism) (Bradshaw et al. 2008; Sternthal et al. 2010; Ellison and Lee 2010). Explanations for these relationships include; people increase prayer because they are experiencing more stressors (Bradshaw et al. 2008) and people pray for different reasons. Prayers of thanksgiving are associated with better mental health and subjective well-being, while prayers of desperation are associated with negative mental health outcomes (Poloma and Pendleton 1991; Whittington and Scher 2010).

In addition to its direct and indirect influences, religion also moderates the association between stressors and mental health (including subjective well-being). However, the relationships are not straightforward. The stress process model suggests that religion may buffer as well as exacerbate the effects of stress on mental health (Ellison and Henderson 2011; Ellison 1994). Frequency of attendance lessens the negative effects of economic hardship on distress and poor health on depression (Strawbridge et al. 1998; Bradshaw and Ellison 2010; Williams, Larson, Buckler, Heckmann, and Pyle 1991). However, Strawbridge et al. also find that organizational religious participation may worsen the effects of marital and caregiving stress on depression. Other research finds no buffering effects at all (Ellison et al. 2001; Tabak and Mickelson 2009).

Similarly, the moderating effects associated with non-organizational religious involvement are also less certain. Strawbridge et al. (1998) find that prayer and religious importance as a non-organizational religious participation index buffer against the distress associated with financial strain and poor health problems among older adults. Mirola (1999) find that prayer weakens the association between role strain and depression for women. However, the

relationship with others stressors were not buffered. Some research indicates that the frequency of prayer does not moderate the association of financial problems and poor health on life satisfaction or distress (Ellison et al. 2001), nor does it moderate the association between financial hardship and distress (Bradshaw and Ellison 2010). In addition, non-organizational religious involvement exacerbated the association between problems with children and depression (Strawbridge et al. 1998).

Another component of religiosity, subjective religiosity reveals that a belief in the afterlife also moderates the effects of chronic health problems and financial problems on life satisfaction but not on distress (Ellison et al. 2001). However, they find that a strong belief in an eternal life buffers the effect of work-related problems for distress. Recent research finds that belief in an afterlife buffers the effects of economic hardship on distress (Bradshaw and Ellison 2010). Ellison and colleagues (2009) assert that belief in an afterlife buffered the effects of poor health and financial decline on anxiety. In addition, feelings of gratitude buffer the effect of financial strain on depression for older adults (Krause 2009).

Finally, research suggests a less than straightforward association between religious coping and mental health. Negative religious coping which symbolizes combative reactions to stress, extreme dependency on God, and at the same time a less secure relationship with God is often associated to negative outcomes (Pargament et al. 1990, 1998). This type of coping undermines psychological resources such as mastery and self-esteem (Branden 1983; Ellis 1983). Research finds that this relationship with God exacerbates the relationship between divorce and depressive symptoms (Webb et al. 2010). Positive religious coping, on the other hand, is described as having a secure relationship with God as life's stressors are tackled as partnership (Pargament et al. 1998). This form of religious coping weakens the negative effects of divorce

on depressive symptoms (Webb et al. 2010). When these two items are combined into a scale the results are inconclusive. While negative religious coping is associated with greater distress (Schnittker 2001; Ellison and Lee 2010), another study finds no association with distress (Bierman 2006).

Race and Subjective Well-Being

Subjective well-being is “a broad category of phenomena that includes people’s emotional responses, domain satisfactions, and global judgments of life satisfaction” (Diener et al. 1999:277). Measures of subjective well-being are useful for assessing the quality of life of populations and subgroups (Yang 2008). They also are useful for evaluating how well societies meet their members’ needs (Veenhoven 2008). Overall happiness reflects a short-term assessment of one’s mood (Campbell 1981) and is the measure most frequently examined as an indicator of subjective well-being (Yang 2008). Theoretical and empirical research considers the pursuit of pleasure, meaning, and engagement as the three characteristics of happiness (Peterson et al. 2005; Vella-Brodrick, Park, and Peterson 2009). A related concept, life satisfaction, is deemed as more cognitive and less affective than happiness (Campbell 1981). Life satisfaction reflects a stable evaluation of personal well-being (Chen 2007); a subjective perception of one’s quality of life based on individual preferences in multiple life domains (Goldbeck et al. 2007). In addition, subjective well-being has often been assessed using Cantril’s life ladder; a measure on which people rate the overall quality of their lives (e.g., Cantril 1965; Kahneman and Deaton 2010). Unlike the satisfaction with life scale, which measures individuals’ current well-being, the Cantril Self-Anchoring Ladder-of-Life Scale aims to have respondents assess their overall well-being from a life course perspective (Cantril 1965). Another indicator of subjective well-being is self-rated mental health (e.g., Lincoln et al. 2010). Levinson and Kaplan (2014) suggest

that self-rated mental health is closely related to subjective well-being and not a substitute for measures of psychiatric morbidity.

Blacks have lower subjective well-being than whites. Blacks have lower levels of happiness, life satisfaction, and self-rated health (Coverdill et al. 2011; Barger, Donoho, and Wayment 2009; Yang 2008; Hughes and Thomas 1998; Thomas and Hughes 1986; Wilkes 2011). These differences persist even when controlling for socioeconomic status. In addition, difference in happiness cannot be explained by SES or perceived racial discrimination (Davis 1984; Hughes and Thomas 1998). Overall these findings remain mostly consistent, although one study finds no significant difference in level of happiness (Neighbors et al. 2011).

Overall, predictors of subjective well-being for blacks in the U.S. include age, gender, education, income, marital status, social support, racial/ethnic identity, and religion. Older blacks more positively evaluate their overall quality of life than their younger counterparts (Christie-Mizell et al 2010; Chatters 1989; Jackson, Chatters, and Neighbors 1986). Gender differences indicate either men are more likely to rate their life situations positively (Jackson et al. 1986; Sauer 1977) or no difference was found (Linn, Hunter, and Perry 1979; Wilson 1980). Income is negatively or unrelated to subjective well-being (Chatters 1988; Jackson et al. 1977). However, Ellison (1990) finds a positive association between family income and life satisfaction among blacks. Older African Americans who are married report higher levels of life satisfaction and happiness compared to those who are separated, divorced, or widowed (Lincoln et al. 2010; Chatters 1988). Findings for the relationship between educational status and subjective well-being among African Americans reveal either a positive association (Jackson, Bacon, and Peterson 1977) or no relationship (Jackson et al. 1986; Sauer 1977). Family and friend support are also associated with better subjective well-being (Taylor et al. 2001; Ellison 1990). Racial

identity and self-esteem are positively associated with subjective well-being, while racial discrimination has a negative association (Christie-Mizell et al. 2010; Coverdill et al. 2011).

Religion is especially effective for African American mental health because of the potency of the black church. The black church has been instrumental in providing spaces for healing, validation, expression, and safety (Gilkes 1980; McRae, Carey, and Anderson-Scott 1998). Religious attendance is more strongly related with lower depressive symptoms and lower distress for blacks than for whites (Krause 2003a; Tabak and Mickelson 2009). However, attendance is related to life satisfaction in similar ways for both groups (Musick 2000). Bierman (2006) finds that religious attendance buffers the association between discrimination and psychological distress among blacks but not whites. He argues that the significant role of the black church may strengthen the potency of religion's buffering impact of discrimination on mental health. Prayer is also more strongly associated to self-esteem among blacks than for white (Krause 2004a).

Studies of subjective well-being of blacks in the U.S. have often either focused on African Americans (Taylor et al. 2001), older African Americans (Chatters 1988; Tran et al. 1991), black Caribbeans (Jackson, Forsythe-Brown, and Govia 2007), or both older African Americans and older black Caribbean adults (Lincoln et al. 2010). Based on previous research, older African Americans are happier than older Afro-Caribbeans (Lincoln et al. 2010).

Research on black immigrant status and mental health reveals that Afro-Caribbean immigrants have lower rates of lifetime mental disorders compared to their American-born counterparts (Jackson and Antonucci 2005; Williams et al. 2007). In addition, older Afro-Caribbean immigrants who have lived in the U.S. less than 25 years are happier and reported better self-rated mental health than those living in the U.S. more than 35 years (Lincoln et al.

2010). While research on Afro-Caribbeans' mental health is limited, work on subjective well-being among Afro-Caribbeans is even scarcer. These findings point to a need for more research into the diversity within the black U.S. population.

Theories of racial stratification, while considering the overarching history of marginalization and subjugation at the hands of the dominant collective white group, do not account for the variations within black subgroups. This perspective projects a static and monolithic view of minority groups by overlooking diversity within a race (Floyd 1998). While I focus on heterogeneity within the U.S. black populations. My aim in looking at the distinctions among the black population in the U.S. is not to support a "model minority" paradigm or promote the "culture of poverty" discourse (Model (2008), advancing less important and often false narratives concerning intergroup power relations and practices of subjugation within U.S. black population. Rather I employ an ethnic and cultural lens to further highlight the often overlooked and under analyzed life experiences of U.S. blacks.

2.1 DIVERSITY AMONG BLACK PEOPLE IN THE U.S.

Diversity within the black population has been largely the result of black immigrants from the Caribbean and Continental Africa. In 2009, of all black immigrants 1,701,000 were from the Caribbean, 1,081,000 were African, and 485,000 came from Canada, Europe, and Central and South America (Capps et al. 2012). There were a total of 3.3 million black immigrants in the U.S. comprising of 8% of all black Americans with their 813,000 second-generation children representing 12% of all young black children. These figures make a sizable enough sub population to strongly influence statistical descriptions of the heterogeneous black population (Waters et al. 2014).

In 2012 about 3.9 million immigrants were from the Caribbean; these immigrants remain

highly concentrated, with more than 40 percent in Florida and another 28 percent in New York (National Academies of Sciences, Engineering, and Medicine (NASEM) 2015). African Americans and Afro-Caribbeans living in the U.S. experience different socioeconomic statuses. Afro-Caribbean immigrants surpass African Americans in household income and hold more prestigious jobs (NASEM 2015). Afro-Caribbeans report higher levels of physical and emotional well-being and educational achievement than U.S.-born Blacks, higher levels of employment, and lower poverty rates (Alex-Assensoh 2009; Logan 2007; Wheeler, Brooks, and Brown 2011). These structural differences are intensified by white prejudice and preferential treatment of Afro-Caribbeans (Shaw-Taylor 2007; Waters 1999b). In particular, employers believe that compared to Afro-Caribbeans, African American are perceived as less dutiful employees, have poor work ethic and lack the ability to learn (Waters 1999b). Furthermore, an analysis of past research on Afro-Caribbean immigrants finds that Afro-Caribbean believe that an Afro-Caribbean identity as oppose to identifying with African Americans is more highly valued and better for upward mobility (Waters et al. 2014). In addition to higher status achievements, negative stereotypes of African Americans position Afro-Caribbeans ahead of African Americans as America's "model minority" (Dudley-Grant and Etheridge 2008; Griffith, Johnson, Zhang, Neighbors, and Jackson 2011; Tillery and Chresfield 2012). These structural advantages and positive ingroup evaluation promote greater well-being.

These studies have exhibited that first and second generation Caribbean immigrants are in fact more economically successful than African Americans. However, research suggest that this is not the result of being a model minority nor because of the debunked culture of poverty discourse surrounding African Americans. Model (2008) suggests that the best hypothesis to explain their success is immigrant selectivity. Selectivity theory puts forth that people who

migrate have better social and economic resources, are more educated or have job skills, are more ambitious, talented, and diligent than those who don't (Model 1995). This theory has been used to explain the high attainment of first and second-generation immigrants (Chiswick 1979; Featherman and Hauser 1978).

Black immigrants from the Caribbean or Africa do not often think of themselves as in a racialized context before immigrating to the United States (NACSEM 2015). However, once in the U.S these groups can be racialized as black and thus face the same racial discrimination based on neither their immigrant identity nor their national origin identity. Although black immigrants from the Caribbean and Africa arrive with high levels of schooling and second generation members of these groups meet or exceed, the educational attainment of third and higher generation Americans, black immigrants experience a substantial earnings penalty in excess of 16 percent as skin color darkens (NACSEM 2015). Although U.S born children of black immigrants achieve labor market integration, it is into the racialized spaces occupied by African Americans not into the non-Hispanic white mainstream (Waters 1999c).

Existing studies have shown that factors including socioeconomic position, stress, perceived discrimination, acculturation, and feelings of acceptance seem to be strongly associated with immigrant mental health outcomes (Gee, Ryan, Laflamme, and Holt 2006; Alegria et al. 2007; Noh and Kaspar 2003; Noh, Kaspar, Hous, and et. al. 1999; Riolo, Nguyen, Greden, and King 2005). Perceived incongruence between expectations and outcomes are also associated with negative mental health outcomes (Murphy and Mahalingam 2006).

In addition, second and third generation Caribbean blacks have higher rates of psychiatric disorders than the first generation; the third generation have substantively higher rates of psychiatric disorders (Williams et al. 2007). Data from the Current Population Survey show that

the third generations have higher odds of reporting poor/fair self-rated health than the first generation. This effect is particularly strong for blacks (Acevedo-Garcia et al. 2010).

Religion and African Americans and Afro-Caribbeans

Research on African Americans and Afro-Caribbeans reveals that religious involvement plays a prominent role in their lives (Maynard-Reid 2000, Chatters et al. 2008). Both groups share common religious and spiritual histories derived from West Africa, including worship styles that embody a distinctly spiritual orientation and emphasis it is likely that they reflect a general investment in spiritual concerns and sentiments (Waters 1999c; Taylor et al. 2004). As such, similar beliefs and rituals are practiced by both groups, including communing directly with God through conversation and prayer, the presence of the Holy Ghost, spirits and possessions (Krause and Chatters 2005).

Religious traditions have been a cornerstone in the lives of both African Americans and Afro-Caribbeans living in the U.S. Through slavery, reconstruction, and the Great migration, as well as migration to the U.S. for Afro-Caribbeans, religion and the church have been essential for both groups' survival. This social institution has created social resources including physical and mental health services, education, and social assistance. The church has also fostered political involvement, community organizing, and social activism for civil rights for African Americans (Lincoln and Mamiya 1990; Nelsen and Nelsen 1975). Similarly, for Afro-Caribbean living in the U.S., the church plays a role in creating strong relationships among immigrants and providing spiritual support, a suitable climate for meeting and socializing, as well as a political voice (Waters 1999; Bashi 2007). In addition, for Afro-Caribbean immigrants, religious practices and beliefs are central to their life histories and immigration experiences (Bashi 2007).

Differences in life experiences of blacks in the U.S and Afro-Caribbeans before

migration in terms of the historical, social, and civic role of the black church may have implications for possible variations in organizational religious participation for both groups. Segregation and other barriers to political participation essentially kept African Americans from holding power or taking on leadership roles in most areas of civic life, making the church the most discernible institution controlled by blacks until the latter half of the 20th century, and the center of political and social organization during the movement for civil rights (Taylor, Chatters, and Levin 2004). Combining both religious and secular realms, the intersection of religiosity and racial/ethnic identity may provide benefits to the degree positive traits associated with the black church aids in countering negative stereotypes associated with stigmatized black racial/ethnic identity (Ellemers et al. 2012). As such, the positive attribute of the black church is associated bolstering self-esteem for older African Americans (Krause and Hayward 2012).

However, for blacks in the Caribbean, religious institutions did not occupy the same cultural position. Afro-Caribbeans living in their countries of origin had broader civil rights, held government offices and other positions of power as early as the 1830s (Stephenson 2004). Differences in the way the church is viewed may persist, because Afro-Caribbeans belong predominantly to ethnic immigrant churches, which by default may reinforce differences between the two groups (Waters 1999a). In addition, while African American culture is thought to place significant importance on collective community support, Afro-Caribbeans tend to have more individualistic and less collectivist cultural characteristics (Hunter 2008; Waters 1999c).

High percentages of both African Americans and Afro-Caribbeans indicate they are religious (Chatters, Taylor, Bullard and Jackson 2009). Both groups have high levels of religious participation, including high levels of organizational involvement (e.g., service attendance, membership, congressional activities), non-organizational involvement (e.g., reading religious

materials, watching religious television programs, listening to religious programs on radio, praying), subjective religiosity (e.g., the importance of religion while growing up, taking children to services, self-rated religiosity), and religious coping (e.g., prayer when dealing with stressful situations, looking to God for strength, support, and guidance) compared to whites (Chatters, Taylor, Jackson and Lincoln 2008; Chatters, Taylor, Bullard, and Jackson 2009; Taylor et al. 2007; Taylor and Chatters 2011).

African Americans are more likely than Afro-Caribbeans to participate in choirs and church clubs. Although both groups consume religious media, Afro-Caribbeans are more likely than African Americans to read religious materials (Chatters et al. 2008). In addition, African Americans are more likely to request prayers from others (Chatters et al. 2009). Older African Americans have a higher rate of church membership than Afro-Caribbeans (Taylor et al. 2007). These differences can be attributed to Afro-Caribbean immigration experiences in that the process of planting roots in a community and joining a church may take time. As such, not being a church member and not developing a strong church social network can reduce the likelihood of participating in church activities and requesting prayers (Taylor, Chatters, and Levin 2004).

Religion and Racial/Ethnic Identity

As mentioned earlier, religion creates and nurtures a bond within the black community and enhances subjective well-being. Similarly, racial identity connects people to others, boosts self-esteem, and thus protects mental health (Hughes and Demo 1989; Ida and Christie-Mizell 2012). While studies have examined the association between religion and subjective well-being, research on whether racial identity might explain part of that relationship for blacks in the U.S. is sparse. Thus, I include racial/ethnic identity in these studies in order to explore whether identity potentially explains the ability of religiosity to impact subjective well-being. A recent study on

the relationship between psychological health and well-being of African Americans reveals that racial/ethnic identity is positively associated with life satisfaction and sense of meaning in life, and these associations are partially mediated by high religious commitment (Ajibade et al. 2016). Racial/ethnic identity was measured using Phinney's (1991) Multi-group Ethnic Identity Measure, which includes measures of how happy one feels belonging to a group, the degree of pride in their group, and a sense of what it means to belong to their group. Religious commitment was measured using the 10-item Religious Commitment Inventory, which measures intrapersonal (prayer) and interpersonal (church involvement) religious commitment. An earlier study also revealed that racial/ethnic identity is positively associated with personal religious/spiritual beliefs for African American college students (Sanchez and Carter 2005).

Social Identity Theory and Subjective Well-Being

According to social identity theory, a social identity is a person's awareness of belonging to a social category or group, together with the value and emotional significance of belonging (Tajfel and Turner 1986). Social identity theory posits that racial/ethnic identity will be related to higher subjective well-being. Using this definition, researchers have conceptualized social identities as multi-dimensional—entailing self-categorization as a group member, some degree of identification with or feelings of closeness to a group, and a more or less positive evaluation of one's group (Ashmore et al. 2004; Ellemers et al. 1999).

Social identity theory posits that people strive for positive self-feelings and well-being. The "self-esteem hypothesis" proposed that people who identify with a social group or category are driven to attain a positive group identity in order to maintain or enhance their self-esteem (Tajfel and Turner 1986). Hence, the theory predicts that stronger ingroup identification will be associated with a more favorable ingroup evaluation. Like other social identities, racial/ethnic

identity also involves and awareness of attachment or closeness and in-group evaluation (Tajfel and Turner 1986). As such, research has found that more positive ingroup evaluation is related stronger identification with one's ingroup (Hughes and Demo 1989; Brown et al. 2002; Hughes, Kiecolt, and Keith 2014).

Both ingroup identification and positive ingroup evaluation promote greater well-being. Several previous studies have linked positive ingroup evaluation, along with racial identification, to greater self-esteem and mastery or fewer depressive symptoms among African Americans (Brown et al. 2002; Hughes and Demo 1989; Hughes et al. 2014; Ida and Christie-Mizell 2012). In addition, research reveals that stronger racial identity; closeness to and positive group evaluation other blacks, acts in protective and beneficial manner for minorities' mental health (Carter 1991; Munford 1994). More specifically, African Americans and Afro-Caribbeans are close to and positively evaluate their ingroup (Hughes and Demo 1989; Thornton et al. 2013; Kiecolt, Momplaisir, and Hughes 2016).

Racial/Ethnic Identities among Afro-Caribbeans and African Americans

This dissertation will consider two dimensions of racial/ethnic identity, evaluation of one's racial/ethnic group and feeling close to one's group. I recognize that racial and ethnic identities are different. Both African Americans and Afro-Caribbeans have racial identities as black. For Afro-Caribbeans, identity as an Afro-Caribbean is an ethnic identity. I use the term racial/ethnic identity as an umbrella term to cover both types of identity.

The terms race and ethnicity are often used interchangeably but they are not the same (Helms 1994). Helms argues that neither ethnicity nor culture essentially have anything to do with race as it is used in U.S. society. The concept of ethnicity is complex. Some theorists refer to ethnicity as differentiations due to cultural factors, including nationality, regional culture,

ancestry, and language (Greenley 1974; Waters 1999; Chatters et al. 2008a). Others view ethnicity as “a collectivity within a larger society having real or putative common ancestry, memories of a shared historical past, and a cultural focus on one or more symbolic elements defined as the epitome of their peoplehood” (Schermerhorn 1969, p. 123). I use the term ethnicity to refer to a socially distinguishable group set apart on the basis of cultural or national characteristics. Ethnic stratification can be seen at work in Latin America and in the Caribbean (Hanchard 1994; Bonilla-Silva and Dietrich 2008).

From a sociological perspective, racial/ethnic identity among Afro-Caribbeans and African Americans differs (Rogers 2000). Afro-Caribbeans at times identify with African Americans and in other situations may distance themselves from that identity. Afro-Caribbeans can shift between identifying with African American because of their race, and yet separate themselves from that identity due to their ethnic background depending on the social circumstances (Rogers 2000; Vickerman 1994). Afro-Caribbeans may decide not to identify with African Americans because of the negative stereotypes ascribed to them. Black or African Americans born in the U.S. do not have the same latitude. In comparing African Americans’ and Afro-Caribbeans’ identities, Waters (1999c) finds that culture complicates Afro-Caribbeans’ identity. Afro-Caribbeans tend to retain their ethnic identities (Haitian, Jamaican, Trinidadian, etc.) and are often reluctant to identify as black. However, ethnicity for Caribbean immigrants in the U.S can also depend on generational distinctions (Vickerman 1999). Later Afro-Caribbean generations may identify more as black or African American. This is due in part to the preponderance of racial inequalities constraining Afro-Caribbeans to share a racial group identity with U.S born blacks (Kasinitz 1992; Kasinitz, Battle, and Miyares 2001).

Nevertheless, research also reveals that Afro-Caribbeans identify more with other Afro-Caribbeans than with U.S. blacks, although they evaluate U.S. blacks just as highly as African Americans do (Ida and Christie-Mizell 2012). Research on closeness reveals that Afro-Caribbeans view themselves more similar to their ethnic group than their racial group (Thornton et al. 2012; Thornton et al. 2013). Hence, for the purpose of this dissertation I will use ethnic identity for Afro-Caribbeans.

CHAPTER 3: RELIGIOSITY, RELIGIOUS SOCIAL SUPPORT, AND SUBJECTIVE WELL-BEING FOR AFRICAN AMERICANS AND AFRO-CARIBBEANS

Abstract

Research has found church attendance benefits subjective well-being for African Americans and Afro-Caribbeans. However, research into whether other measures of religiosity is positively linked to measures of subjective well-being is thin. In addition, investigations into which mechanisms shape religion's impact on subjective well-being for both groups are also lacking. In this study I investigated whether organizational religious involvement and non-organizational religious involvement are positively associated with better subjective well-being and whether for African Americans and Afro-Caribbeans and whether religious social support mediates this for both groups. I also examined whether the benefits of religiosity differ for each group. Using data from the National Survey of American Life, I found that Organizational religious involvement was positively associated with African Americans' and Afro-Caribbeans' subjective well-being. Organizational religious involvement benefited happiness, life satisfaction, and position on life ladder more for Afro-Caribbean immigrants. Religious social support partially mediated the relationships between organizational religious involvement and life satisfaction and position on the life ladder for African Americans and Afro-Caribbeans. Religious social support fully mediated the relationship between organizational religious involvement self-rated mental health for both groups.

INTRODUCTION

Religion, Social Support, and Subjective Well-being

While studies agree on the positive association between religion and subjective well-being (Inglehart 2010; Myers 2000), research on the mechanisms influencing religion's impact on subjective well-being is limited. Religious participation likely improves subjective well-being because religious organizations provide opportunities for creating friendships and social ties (Durkheim (1951 [1897])). Scholars link such an impact of religion on well-being to general social support (Simmel 1997; Krause 2008a). However, these studies do not investigate whether the association between religion and social support's impact on subjective well-being was explained by the influence of religious-based networks and social recourses or by ties outside of the church. However, research investigating the relationship between religion, social support, stress, and self-rated health reveal that church-based support reduces the impact of financial strain on self-rated health. General social support does not have the same buffering effect (Krause 2006b).

Recently, an examination the influence of both general social support (e.g., number of close friends, social involvement; visits with close family and friends, and civic involvement; attend club meetings, group memberships, work solving community problems) and church-based support (e.g., number of close friends in congregation) reveals that religious social networks mediate most of the effects of religious attendance on life satisfaction (Lim and Putnam 2010). Respondents reported higher levels of life satisfaction because they built social networks in their congregations. However, this study does not differentiate responds by race. This study looked at respondent's religious affiliation (i.e., Catholic, Evangelical, Jewish, Mormon, Black Protestants). A similar study finds that church-based support differs by ethnicity (Assari 2013). Church-based support mediated the association between church attendance and subjective health

(Life satisfaction and self-rated mental health) for only African Americans and not for Afro-Caribbeans. However, the study only assessed the effects of church-based support and did not control for general social support. Furthermore, both studies used only a single-item measure of religiosity, frequency of church attendance, rather than more robust measures of religiosity.

Socials relationship and religiosity are two factors that researchers have identified in African American life that produce positive affect and provide a shield from negative emotions (Ellison 1992; Hughes and Demo 1989). These factors are positively related to health and general well-being (Ellison 1992; Munford 1994; Phinney et al. 1997). However, research considering the influence of racial/ethnic identity in these analyses is lacking.

Research Problem

Religion is important to most U.S. blacks, both African Americans and Afro-Caribbeans. In addition, religious involvement is positively associated with aspects of subjective well-being. However, research concerning religiosity's influence on African Americans and Afro-Caribbeans' subjective well-being is scarce. Investigations into which mechanisms shape religion's impact on subjective well-being for both groups are also lacking. I contribute to the literature by investigating other dimensions of religious involvement, the influence of religiosity and religious social support on subjective well-being for both groups, and group differences within the U.S. black population. I address three research questions: First, is religiosity (organizational religious involvement and non-organizational religious involvement) associated with better subjective well-being for both African Americans and Afro-Caribbeans? Second, does religious social support have more of an impact than general social support on influence of religiosity on subjective well-being for both groups? I consider four dimensions of subjective well-being; overall happiness, life satisfaction, standing on the Cantril life ladder, and self-rated

mental health.

Hypotheses

This research examines the relationships among domains of religious involvement, social support measures, and subjective well-being. I developed two hypotheses for this research:

Hypotheses 1a and 1b: Religious involvement: (a) organizational religious involvement and (b) non-organizational religious involvement will be positively related to subjective well-being measures.

Hypotheses 2a-c: Religious social support: (a) closeness to church members, and (b) church member strain will mediate the association of religion's impact on subjective well-being measures.

Control Variables

The analyses control for several other potential influences on subjective well-being including age, gender, marital status, education, income, and physical health (Broman 1988; Barger et al. 2009; Salinas-Jiménez et al. 2011; Sirgy 2012). Among African Americans, age is positively related to life satisfaction (Broman 1988). Gender often has significant associations with subjective well-being (Coverdill et al. 2001; Sirgy 2012; Wilkes 2011; Yang 2008). Women are, on average, happier and more satisfied with life than men. Being married is associated with greater subjective well-being (Broman 1988; Salinas-Jiménez et al. 2011; Sellers and Neighbors 2008). Among African Americans, education is associated with lower life satisfaction (Sellers and Neighbors 2008), higher levels of happiness (Coverdill et al. 2011) and higher self-rated mental health (Assari 2013). Income is positively related to more cognitive dimensions of subjective well-being (Kahneman and Deaton 2010). Self-reported health has a moderately strong positive association with subjective well-being (reviewed by Sirgy 2012).

METHODS

Data

The data for this study came from the National Survey of American Life (Jackson et al. 2004), administered in 2001–2003 by the University of Michigan’s Institute for Social Research Survey Research Center. The survey was a national multistage probability sample of 6,082 noninstitutionalized adults aged 18 years and older in the United States. Data were collected via in-person interviews. The sample consisted of 1,438 Afro-Caribbeans and 3,570 African Americans. Afro-Caribbeans self-identified as black and as being of West Indian or Caribbean descent. African Americans self-identified as black but did not trace their ancestry to the Caribbean (Heeringa et al. 2004). The sampling weights was adjusted for differential probability of inclusion (Heeringa et al. 2004). I adjusted for any standard errors of test statistics for survey design effects using Stata13.1 (Statacorp 2013).

Measures

Dependent variables. The analysis has four dependent variables. Happiness was an item that asked, “Taking all things together, how would you say things are these days—would you say you are very happy, pretty happy, or not too happy these days?” Some respondents volunteered that they were not happy at all. Responses were recoded as 0 = not happy at all or not too happy, 1 = pretty happy, and 2 = very happy.

Second, to measure life satisfaction, respondents were asked, “In general how satisfied are you with your life as a whole these days? Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?” Responses will be coded as 0 = very dissatisfied, 1 = somewhat dissatisfied, 2 = somewhat satisfied, and 3 = very satisfied). Items were coded so that higher scores denoted higher life satisfaction.

Third, to measure self-rated mental health respondents were asked, “How would you rate your overall mental health at the present time?” Responses were coded as 0 = poor or fair, 1 = good, 2= very good, and 3 = excellent.

Fourth, the Cantril life ladder has long been used to measure subjective well-being (Cantril 1965). Respondents were shown a ladder with ten steps and asked, “The steps on the ladder stand for 10 possible steps in your life. The tenth step stands for the *best* possible way of life for you, and the first step stands for the *worst* possible way of life for you. What step number best describes where you are *now*?” Responses ranged from 1 = the worst possible way of life to 10 = the best possible way of life.

Independent variables. The analysis examined two dimensions of religiosity: organizational religious involvement and non-organizational religious involvement (Taylor et al. 2007). Organizational religious involvement was measured using a two-item scale ($\alpha = .66$). Respondents were asked, “How often do you usually attend religious services?” (1 = nearly every day to 5 = less than once a year) and “Besides regular service, how often do you take part in other activities at your church?” (1 = nearly every day to 5 = never). The items were coded so that higher scores were represent the most frequent involvement. The scores were averaged so that the scale ranged from 0 = never to 4 = nearly every day.

The non-organizational religious involvement scale averaged scores on four items ($\alpha = .70$). (Taylor et al. 2007): (1) frequency of reading religious books/materials, (2) frequency of watching religious TV programs, (3) frequency of listening to religious programs on radio, and (4) frequency of praying. Responses were coded as 0 = never, 1 = a few times a year, 2 = at least once a month, 3 = a few times a month, 4 = at least once a week, and 5 = nearly every day.

Social support measures. I examined two measures of religious social support: closeness

to church members and church member strain. Closeness to church members was measured by the question, “How close are you to the people in your church? Would you say very close, fairly close, not too close, or not close at all?” Responses ranged from 0 = not close at all to 4 = very close. Church member strain was comprised of a three-item scale ($\alpha = .73$). Respondents were asked, “(1) How often do your church members make too many demands on you, (2) criticize you, and (3) try to take advantage of you?” The items were coded and scores averaged so that the scale ranged from 0 = never to 4 = very often.

I examined two measures of general social support: family and friends support. Family support comprised of a three-item scale ($\alpha = .72$). Respondents were asked, “(1) How often do your family members make you feel loved, (2) listen to your problems, and (3) express concern for your well-being?” Responses will be coded so that higher scores represented favorable evaluations (0 = never to 4 = very often). Friend support consisted of a four-item scale ($\alpha = .81$) of how often respondents saw, wrote, or talked on the telephone with friends (1 = never to 7 = nearly every day); how often friends helped them out (1 = never to 4 = very often); how often respondents helped their friends out (1 = never to 4 = very often); and how close respondents felt to their friends (1 = not close at all to 4 = very close). The categories were coded and scores averaged so that the scale ranged from 0 = not close at all to 3 = very close (Hughes, Kiecolt, and Keith 2014).

Control variables. The analyses controlled for ethnicity, age, gender, marital status, education, income, physical health and racial/ethnic identity. Age was measured in years, ethnicity was a dummy variable (0 = African American, 1 = Afro-Caribbean), as were gender (0 = male, 1 = female), marital status (0 = previously married or never married or not cohabiting, 1 = married or cohabiting). Education was a four-category variable (1 = less than high school, 2 =

high school degree, 3 = some college, 4 = college degree). Family income was measured in tens of thousands of dollars. A measure of self-reported physical health asked, “How would you rate your overall physical health at the present time? Would you say it is excellent, very good, good, fair or poor?” Response categories were coded as 4 = excellent, 3 = very good, 2 = good, 1 = fair or 0 = poor. Racial/ethnic identity measures examined two dimensions of racial/ethnic identity. Racial/ethnic identification was measured by closeness to a particular racial/ethnic group. Both African American and Afro-Caribbean respondents were asked, “How close do you feel in your ideas and feelings about things to Black people in this country?” For Afro-Caribbean respondents, the question asked, “How about black people from the Caribbean, like people from Jamaica, Bermuda, or Haiti?” Response categories were coded as 3 = very close, 2 = fairly close, 1 = not too close, or 0 = not close at all. For African Americans, ingroup closeness will be measured as closeness to African Americans; for Afro-Caribbeans it will be measured as closeness to Afro-Caribbeans.

The other measure of identity is group evaluation. I used a scale of positive and negative stereotypes held of Afro-Caribbeans or African Americans by their ingroups (Hughes, Kiecolt, and Keith 2014). Respondents were asked, “How true do you think it is that most Afro-Caribbean/Black people _____”: are intelligent, are hardworking, are proud of themselves, are lazy, give up easily, and are violent? The response categories ranged from 0 = not at all true to 3 = very true. I coded the items so that higher scores represented more favorable evaluations and averaged scores on the recoded items ($\alpha = .61$).

Data Analysis

First, I computed descriptive statistics for variables in the study for African Americans and Afro-Caribbeans. Next, I regressed the dependent variables on ethnicity (Afro-Caribbean),

the two measures of religiosity, controlling for racial/ethnic identity and social characteristics (Model I). Then I added general social support measures (Model II) and religious social support measures (closeness to church members and church member strain) (Model III) to investigate the mediating influence of the support measures. I performed ordinal logistic regressions for happiness, life satisfaction, and self-rated mental health and an OLS regression for the Cantril life ladder.

RESULTS

Table 1 shows descriptive statistics for variables in the study. Afro-Caribbeans were significantly less happy than African Americans, but reported better self-rated mental health. The results for life satisfaction and position on the Cantril life ladder were at the higher end of the range for both groups, indicating a relatively high evaluation of quality of life.

On measures of religiosity, on average, both groups reported low levels of organizational religious involvement, but African American were more involved than Afro-Caribbeans (1.51 vs. 1.31 on a scale from 0 to 4). In contrast, on average, Afro-Caribbeans and African Americans were above the midpoint of the indices on non-organizational religious involvement.

On religious social support, Afro-Caribbeans were not as close to church members as African Americans were. The respective means were 2.17 and 2.45 on a scale from 0 to 4. Similarly, both groups expressed feeling minimal strain from church members. However, Afro-Caribbeans experienced less strain than their counterpart (0.44 vs. 0.55 on a scale from 0 to 3). Next, on measures of general social support, family and friends support were similar for both groups.

The findings for racial/ethnic identity differed by dimension. Consistent with social identity theory, on average, Afro-Caribbeans and African Americans felt close to their ingroups

with respective means of 1.38 and 1.46 on a scale from 0 to 2. While both groups evaluated their ingroups favorably, Afro-Caribbeans (mean = 2.51) evaluated their ingroup more favorably than African Americans (mean = 2.18) did.

On the control variables, a smaller proportion of Afro-Caribbeans than African Americans were female, and a larger proportion were married. The mean levels of education, income, and health were higher for Afro-Caribbeans than African Americans. Finally, the majority of Afro-Caribbeans were immigrants.

Tables 2a through 2d show regressions of measures of subjective well-being on organizational religious involvement, non-organizational religious involvement, closeness to church members, church member strain, family and friend support, and control variables for U.S.-born and immigrant Afro-Caribbeans and for African Americans. Table 2a shows the odds ratios from ordered logistic regressions of happiness. A significant odds ratio greater than one indicates a higher likelihood of that outcome to occur. A significant odds ratio of less than one indicates the opposite effect. Analyses revealed that Afro-Caribbean immigrants, but not U.S.-born Afro-Caribbeans were less happy than African Americans. As predicted, Model I shows that organizational religious involvement was positively related to happiness (Hypothesis 1a). However, non-organizational religious involvement had no independent association with happiness. Closeness to one's racial/ethnic ingroup and a more positive ingroup evaluation were related to greater happiness. The addition of family and friend support measures in Model II only slightly reduced the influence of organizational religious involvement on happiness. Model III added closeness to church members as a mediating variable and controlled for church member strain. While closeness to church members was positively related to happiness (OR = 1.17, $p < .01$), church member strain negatively associated with happiness (OR = .71, $p < .001$). These

additions slightly reduced the association between happiness and organizational religious involvement by 4% from (OR = 1.29, $p < .001$ to OR = 1.24, $p < .001$).

Table 2b shows the ordinal logistic regressions of life satisfaction. Unlike happiness, life satisfaction did not differ for any group. Model I shows support for hypotheses 1a: organizational religious involvement was associated with greater satisfaction with life. However, similar to the happiness analysis, non-organizational religious involvement had no association with life satisfaction. A more positive ingroup evaluation but not closeness to one's racial/ethnic ingroup was related to better life satisfaction. Model II shows a minimal reduction in the association between organizational religious involvement and happiness with the addition of the general social support variables. Closeness to church members was positively related to being satisfied with life while church member strain was negatively associated with life satisfaction (Model III). The addition of closeness to church members and church member strain reduced the effect of organizational religious involvement on life satisfaction by 7.5% from (OR= 1.34, $p < .001$ to OR = 1.24, $p < .01$).

Table 2c shows the ordinal logistic regressions of self-rated mental health. Contrary to happiness, Afro-Caribbean immigrants reported better self-rated mental health than their Afro-Caribbean non-immigrant and African American counterparts. Model I shows that as predicted, organizational religious involvement was associated with better self-rated mental health (Hypothesis 1a). No supported was found for hypothesis 1b: non-organizational religious involvement had no association with better self-rated mental health. Closeness to one's racial/ethnic ingroup and a more positive ingroup evaluation were related to better self-rated mental health. Model II shows that general social support variables were not associated with better self-rated mental health. Closeness to church members and church member strain were

similarly associated with self-rated mental health as with the other measures of subjective well-being (Model III). As expected, Model III, shows that the addition of closeness to church members and church member strain measures reduced the effect of organizational religious involvement on better self-rated mental health by 4% from (OR = 1.14, $p < .05$ to OR = 1.09), rendering the odds ratio nonsignificant (Hypothesis 2a and 2b).

Table 2d shows the OLS regression of the Cantril life ladder. Similar to happiness, Afro-Caribbeans immigrants, but not U.S.-born Afro-Caribbeans were on a worse position on the life ladder than African Americans. As predicted, Model I shows that organizational religious involvement and non-organizational religious involvement were associated with a higher position on the life ladder (Hypothesis 1a and 1b). Model II shows that family support only slightly reduced the influence of organizational religious involvement on position on the life ladder by 5% from ($b = .22, p < .001$ to $b = .21, p < .001$). Model III shows that the addition of closeness to church members and church member strain measures reduced the effect of organizational religious involvement on position on the life ladder by 10% (from $b = .21, p < .001$ to $b = .19, p < .01$).

Finally, results from an examination of racial/ethnic heterogeneity from Model III analyses shows that an interaction of organizational religious involvement \times Afro-Caribbean immigrants was significant for life satisfaction and better position on the life ladder. The interaction term was not significant for Afro-Caribbean non-immigrants.

DISCUSSION

This study contributes to the literature on religiosity, subjective well-being, and mechanisms explaining the influence of religion on subjective well-being. I examined the

associations among religiosity, closeness to church members and church member strain, and subjective well-being for American Americans and Afro-Caribbeans.

First, I found support for hypothesis 1a (in Tables 2a-2d), which predicted that organizational religious involvement would be positively related to measures of subjective well-being. Consistent with literature on religion and subjective well-being (Diener 1984; Poloma and Pendleton 1990; Ellison and George 1994; Greeley and Hout 2006; Krause 2008a; Lim and Putnam 2010; Assari 2013), I find that respondents with higher levels of religiosity were more satisfied with their lives. Explanations for organizational religious involvements 's potent effect on mental health includes the creation and preservation of social networks and interaction with church members (Bradley 1995; Ellison and George 1994). Congregants develop social relationships that reinforce their core beliefs, which benefit their subjective well-being (Lim and Putnam 2010) and mental health (Acevedo et al. 2014; Krause 2002a, 2002b, 2008). Contrary to expectations, there was no direct association between non-organizational religious involvement and measures of subjective well-being (only position on the Cantril life ladder). The study adds to the literature that finds that increased frequencies of prayer is associated higher levels poor mental health (depression and anxiety) and lower levels of subjective well-being (life satisfaction and optimism) because they are experiencing more stress (Bradshaw et al. 2008; Sternthal et al. 2010; Ellison and Lee 2010). This is consistent with explanations including; people increase prayer because they are experiencing more stressors (Bradshaw et al. 2008) and people pray for different reasons. Findings also support previous research relating racial/ethnic identity, which I controlled for, to better mental health (Brown, Sellers, and Gomez 2002; Hughes and Demo 1989; Hughes, Kiecolt, and Keith 2014; Ida and Christie-Mizell 2012; Phinney 1991; Kiecolt, Momplaisir, and Hughes 2016).

Second, support for hypotheses 2a-b, which predicted that closeness to church members would mediate the influence of organizational religious involvement and non-organizational religious involvement on subjective well-being was mixed. Closeness to church members partially explained the relationships between organizational religious involvement and greater satisfaction with life (reflected in Tables 2b) as well as organizational religious involvement and a higher position on the life ladder (reflected in Tables 2d). Being close to church members fully mediated the relationship between organizational religious involvement and better self-rated mental health (reflected in Tables 2c). These findings augment previous findings that religious social networks mediate most of the effects of religious attendance on life satisfaction (Lim and Putnam 2010). Religion has been long thought to provide a better sense of subjective well-being (Hadaway 1978; Moberg 1979). However, having a sense of closeness to church members appears to be more effective because the relationships creates a sense of belonging (Ellison et al. 1989), aiding individuals in reevaluating the situations in their lives and provide a more positive outlook on life (Krause 2008a; Krause and Wulff 2005; Haslam et al. 2009). Congregational members are therefore able to offer valuable support (Ellison and George 1994). While stress from congregation members decreased some of the beneficial effects of religious involvement on quality of life for African Americans and Afro-Caribbeans, it does not erase the essential benefit.

Most research examining the relationship between religion and subjective well-being for blacks in the U.S. neglect black subpopulations. Thus, previous findings may not accurately represent the black experiences in the U.S., especially when considering a large subgroup such as Afro-Caribbeans. In analyses not shown, Afro-Caribbean immigrants involved in organizational religious activities are happier, more satisfied with life, and are on a higher position on the life ladder than their U.S.-born Afro-Caribbean and African American counterparts. These findings

are consistent with findings that social resources may operate differently within ethnic groups to influence mental health (Lincoln et al. 2003; Assari 2013). Furthermore, these findings add to research that posit that for Afro-Caribbean immigrants, religious practices are central to their life histories and immigration experiences (Bashi 2007), fostering community bonds and support among immigrants (Waters 1999) which contributes to their overall quality of life.

This study adds to the literature on the effect of different aspects of religion on a variety of subjective well-being measures for groups within the black U.S population, the mechanisms that explain these effects, and sheds light on resources that contribute to ethnic group differences among U.S. blacks. As with other studies of religiosity and well-being, this study has several limitations. First, the data were cross-sectional. Although there is theoretical evidence that explain why religious involvement leads to better subjective well-being, I could not determine whether religiosity influences subjective well-being, or the reverse. Second, although the measures of subjective well-being have been extensively used in previous research they were all single-item measures. Third, closeness to one's racial/ethnic ingroup also was a single-item measure. The data included multiple indicators of closeness to specific groups of U.S. blacks (e.g., poor, religious, upper class, or working class blacks), but had no parallel items that referenced groups of Afro-Caribbeans. Furthermore, Afro-Caribbeans are a diverse group. Disaggregating the sample by nation of origin may reveal similarities or differences in outcomes between groups. However, the sample is not large enough to separately analyze Afro-Caribbeans by national origin.

Future research should investigate why and how racial/ethnic identity influences how religiosity affects subjective well-being. With African Americans' and Afro-Caribbeans' diverse

social and cultural experiences racial/ethnic identity may contribute to understanding why ethnicity can be more salient than race (Waters 1994).

To conclude, religiosity does not have a uniform effect on measures of subjective well-being. Organizational religious involvement appears to have more of an impact on these outcomes than non-organizational religious involvement. While support from friends and family does not appear to mediate this relationship, closeness to church members does explain some if not all of the positive influence on African Americans' and Afro-Caribbeans' subjective well-being. Finally, this work also signals a need for a more focused investigation on within-group differences. Afro-Caribbean immigrants involved in organizational religious activities have better subjective well-being than their U.S.-born Afro-Caribbeans and African Americans counterparts.

TABLES

Table 1: Descriptive Statistics ^a and Unweighted Ns for Study Variables, by Ethnicity					
	Range	Afro-Caribbeans		African Americans	
		<i>M</i> (S.E.) or proportion	N	<i>M</i> (S.E.) or proportion	N
Happiness	0–2		1,433		3,552
Very happy		.28*		.29	
Pretty happy		.52		.57	
Not too happy		.20		.14	
Life Satisfaction	0–2		1,438		3,570
Very satisfied		.32		.36	
Somewhat satisfied		.55		.51	
Not too satisfied		.13		.13	
Self-rated mental health	0–3		1,408		3,436
Excellent		.38*		.31	
Very Good		.36		.35	
Good		.15		.23	
Not too good		.12		.11	
Cantril life ladder	1–10	7.05 (.14)	1,398	7.24 (.04)	3,418
Religiosity					
Organizational religious involvement	0–4	1.31** (.07)	1,436	1.51 (.03)	3,570
Non-organizational religious involvement	0–5	3.15 (.10)	1,432	3.31 (.03)	3,567
Religious social support					
Closeness to church members	0–4	2.17* (.04)	1,438	2.45 (.02)	3,570
Church member strain	0–3	.44** (.02)	1,113	.55 (.02)	2,960
General social support					
Family support	0–3	2.28 (.04)	1,421	2.23 (.02)	3,530
Friend support	0–3	1.97 (.04)	1,432	1.91 (.01)	3,553
Racial/Ethnic Identity					
Closeness to racial/ethnic ingroup ^b	0–2	1.38 (.06)	1,409	1.46 (.02)	3,497
Evaluation of racial/ethnic ingroup ^b	0–3	2.51*** (.03)	1,387	2.18 (.02)	3,491
Control variables					
Age	18–94	40.95 (.95)	1,438	42.33 (.52)	3,570
Female	0, 1	.49*	1,438	.56	3,570
Married	0, 1	.50**	1,438	.42	3,562
Education (years)	1–4	2.50** (.05)	1,438	2.28 (.03)	3,570
Family income in \$10,000	0–20	4.62** (.28)	1,438	3.61 (.13)	3,570
Health	0–4	2.65*** (.06)	1,408	2.42 (.02)	3,437
Immigrant	0, 1	.66	1,396	--	--

^aMeans (and standard errors) or proportions for weighted *N*'s; unweighted *N*'s are shown.

^bAfro-Caribbeans or African Americans, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$. Significant differences between African Americans and Caribbean Americans.

Table 2a. Odds Ratios from Ordered Logistic Regressions of Happiness on Religiosity, Religious social support , General Social Support, Racial/Ethnic Identity and Social Characteristics for African Americans and Afro-Caribbeans

	I	II	III
Afro-Caribbean immigrant ^a	.52***	.54***	.54***
Afro-Caribbean non-immigrant ^a	.95	.91	.93
Religiosity			
Organizational religious involvement	1.30***	1.29***	1.24***
Non-organizational religious involvement	1.01	1.00	1.00
General social support			
Family support		1.39***	1.37***
Friends support		1.26***	1.26***
Religious social support			
Closeness to church members			1.17**
Church member strain			.71***
Interactions Terms			
Organizational religious involvement X Afro-Caribbean immigrant			2.19
Organizational religious involvement X Afro-Caribbean non-immigrant			.53
Control variables			
Closeness to racial/ethnic ingroup ^b	1.20*	1.12	1.13
Evaluation of racial/ethnic ingroup ^b	1.42***	1.35**	1.29**
Age	1.02***	1.03***	1.03***
Female	.78**	.77**	.75**
Married or cohabiting	1.28**	1.37***	1.35**
Education	.85*	.85**	.87*
Household income	1.04*	1.04	1.04*
Health	1.61***	1.59***	1.57***
Cut 1	1.07***	2.26***	2.31***
Cut 2	4.42***	5.44***	5.52***
F	26.97***	31.53***	50.68***
<i>df</i>	54	54	54
N	3,767	3,767	3,767

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests). †Significant differences between African Americans, Afro-Caribbean Immigrants, and Afro-Caribbean Non-immigrants.

Table 2b. Odds Ratios from Ordered Logistic Regressions of Life Satisfaction on Religiosity, Religious social support, General Social Support, Racial/Ethnic Identity and Social Characteristics for African Americans and Afro-Caribbeans			
	I	II	III
Afro-Caribbean immigrant ^b	.85	.86	.88
Afro-Caribbean non-immigrant ^b	1.03	.99	1.02
Religiosity			
Organizational religious involvement	1.35***	1.34***	1.24**
Non-organizational religious involvement	.99	.99	.98
General social support			
Family support		1.12*	1.10
Friends support		1.19**	1.18**
Religious social support			
Closeness to church members			1.24***
Church member strain			.78***
Interactions Terms			
Organizational religious involvement X Afro-Caribbean immigrant			2.87* [†]
Organizational religious involvement X Afro-Caribbean non-immigrant			.40
Control variables			
Closeness to racial/ethnic ingroup ^b	1.12	1.07	1.07
Evaluation of racial/ethnic ingroup ^b	1.26*	1.23*	1.20
Age	1.02***	1.02***	1.02***
Female	.78**	.77**	.76**
Married or cohabiting	1.33***	1.37***	1.35***
Education	.88*	.88**	.91*
Household income	1.02	1.02	1.02*
Health	1.44***	1.43***	1.42***
Cut 1	.47	.97***	1.17***
Cut 2	3.22***	3.72***	3.96***
F	17.35***	17.74***	18.06***
<i>df</i>	54	54	54
N	3,770	3,770	3,770

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests). [†]Significant differences between African Americans, Afro-Caribbean Immigrants, and Afro-Caribbean Non-immigrants.

Table 2c. Odds Ratios from Ordered Logistic Regressions of Self-Rated Mental Health on Religiosity, Religious social support, General Social Support, Racial/Ethnic Identity and Social Characteristics for African Americans and Afro-Caribbeans			
	I	II	III
Afro-Caribbean immigrant ^a	1.35*	1.37*	1.39*
Afro-Caribbean non-immigrant ^a	.90	.89	.89
Religiosity			
Organizational religious involvement	1.14*	1.14*	1.09
Non-organizational religious involvement	1.03	1.02	1.01
General social support			
Family support		1.12	1.10
Friends support		1.05	1.04
Religious social support			
Closeness to church members			1.16**
Church member strain			.88***
Interactions Terms			
Organizational religious involvement X Afro-Caribbean immigrant			.68
Organizational religious involvement X Afro-Caribbean non-immigrant			.21
Control variables			
Closeness to racial/ethnic ingroup ^b	1.17*	1.15	1.15
Evaluation of racial/ethnic ingroup ^b	1.32**	1.30*	1.27*
Age	.99**	.99**	.99**
Female	.80*	.78*	.77*
Married or cohabiting	1.15	1.16	1.14
Education	1.16***	1.16***	1.19***
Household income	1.00	1.00	1.00
Health	2.72***	2.70***	2.69***
Cut 1	.89**	1.15***	1.27***
Cut 2	2.72***	3.00***	3.11***
Cut 3	4.58***	4.85***	4.99***
F	58.14***	53.87***	46.29***
<i>df</i>	54	54	54
N	3,770	3,770	3,770

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests). †Significant differences between African Americans, Afro-Caribbean Immigrants, and Afro-Caribbean Non-immigrants.

Table 2d. OLS Regressions of Cantril Life Ladder on Religiosity Religious social support , General Social Support, Racial/Ethnic Identity and Social Characteristics for African Americans and Afro-Caribbeans

	I	II	III
Afro-Caribbean immigrant ^a	-.22*	-.21*	-.18*
Afro-Caribbean non-immigrant ^a	-.09	-.10	-.10
Religiosity			
Organizational religious involvement	.22***	.21***	.13**
Non-organizational religious involvement	.08*	.07	.06
General social support			
Family support		.21***	.19**
Friends support		.05	.03
Religious social support			
Closeness to church members			.22***
Church member strain			-.23***
Interactions Terms			
Organizational religious involvement X Afro-Caribbean immigrant			.65* [†]
Organizational religious involvement X Afro-Caribbean non-immigrant			.11
Control variables			
Closeness to racial/ethnic ingroup ^b	.10	.07	.06
Evaluation of racial/ethnic ingroup ^b	.10	.08	.05
Age	.03***	.03***	.03***
Female	.12	.12	.14***
Married or cohabiting	.22*	.23**	.21*
Education	.01	.01	.03
Household income	.03	.02	.03
Health	.39***	.38***	.37***
Constant	3.69***	3.25***	3.05***
R ²	.16	.17	.19
N	3,754	3,754	3,754

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests). [†]Significant differences between African Americans, Afro-Caribbean Immigrants, and Afro-Caribbean Non-immigrants.

CHAPTER 4: DOES RELIGIOSITY MODERATE THE IMPACT OF RACIAL DISCRIMINATION ON SUBJECTIVE WELL-BEING FOR AFRICAN AMERICANS AND AFRO-CARIBBEANS?

Abstract

This study investigated religiosity's ability to buffer racial discrimination's negative influence on subjective well-being for both Afro-Caribbeans and African Americans. While research has acknowledged the positive effects of religiosity on subjective well-being, religiosity's potential to buffer the influence of stressors on subjective well-being for U.S. blacks is limited. Investigations of multiple dimensions of religiosity that buffer the impact of major stressors for this group is limited. This study focused on a stressor that plagues the lives of both African Americans and Afro-Caribbeans: racial discrimination. While religion plays a significant role in the lives of both groups, investigations into whether and which dimensions have the most protective impact on racial discrimination for subjective well-being is unclear. Using data from the National Survey of American Life, I found that as predicted, racial discrimination was inversely associated with all four measures of subjective well-being for African Americans and Afro-Caribbeans. Organizational religious involvement was related to better subjective well-being for African Americans and Afro-Caribbeans. An index of organizational religious involvement does not help protect subjective well-being for African Americans. However, being involved in organizational facets of religion alleviated the negative impact of racial discrimination on happiness more for Afro-Caribbean non-immigrants and the other two groups. Organizational religious involvement was found to buffer the negative effect of racial discrimination on being on a better position on the life ladder more for Afro-Caribbean immigrants than their counterparts.

INTRODUCTION

While research has acknowledged the positive effects of religiosity on subjective well-being (Witter et al. 1985; Koenig et al. 2001; Krause 2006a; Krause 2006; Lim and Putnam 2010), religiosity's potential to buffer the influence of stressors on subjective well-being for U.S. blacks is scarce. Investigations of multiple dimensions of religiosity that buffer the impact of major stressors for this group is limited. In this study, I focus on a stressor that plagues the lives of both African Americans and Afro-Caribbeans: racial discrimination. While religion plays a significant role in the lives of both groups, investigations into whether and which dimensions have the most protective impact on racial discrimination for subjective well-being is unclear. This study will examine the moderating effect of religiosity on racial discrimination for African Americans' and Afro-Caribbeans' subjective well-being.

Race and Racial Discrimination

As a concept, race has very little genetic or physical underpinning. Nor does race consist of distinctive unchangeable traits. Race, as a social structure is an ideology and system of social practices originated by the white power structure that has historically maintained a structure of black subordination and white dominance (Smedley 2007). While slavery was abolished in the mid-nineteenth century, federal and state laws as well as court decisions maintained racial classifications as the basis for unequal treatment of groups, therein maintaining dominant and subordinate racial groupings in society (Feagin and Feagin 1996). The consequences of this socially constructed phenomenon, based on the historical situation of group positions reflecting power relations (Fields 1990; Zuberi 2001; Bonilla-Silva 2006; Feagin 2006; Steinberg 2007) permeate throughout U.S. society. Race is a mechanism of social stratification and a form of

human identity institutionalized as a belief system so important to U.S. social structures and interpersonal relationships that it has been difficult to abandon (Smedley 2007).

As a consequence of the advent of race, systemic racism, a recurring pattern of racial discrimination within social institutions and individual interactions based on a hierarchical racial system that maintains white dominance over people of color persists (Feagin 2006). Racism manifests in material, social, ideological realities and operates in all major societal institutions, not merely as individual bigotry. This included land, economic, political, police, and media resources (p.51).

Racism often develops into negative attitudes and beliefs towards racial others, and disparate treatment of members of these groups by both individuals and societal institutions (Bonilla-Silva 1997). This organized system of racial discrimination does not depend on individual attitudes or behavior. Although racial discrimination and prejudice at the individual level is also an important indicator of manifestations of racism, racism exists without individual level racial discrimination and prejudice (Jackman 1994).

Religion, racial discrimination, racial identity, and mental health

Racial discrimination significantly impacts mental health for U.S. blacks (Kessler, Mickelson, and Williams, 1999; Sellers et al. 2006; Ida and Christie-Mizell 2012; Williams and Mohammed 2013; Kiecolt, Momplaisir, and Hughes 2016). In addition, racial discrimination compounds other stressors related to immigration, which have important consequences for well-being (Mejía and McCarthy 2010; Wated and Sanchez 2006; Yakhnich 2008). Perceptions of discrimination adversely impact life satisfaction for African Americans (Yap et al. 2011). African Americans who report experiencing racial discrimination in the past month tend to have low levels of life satisfaction and happiness, and higher levels of psychological distress (William

and Chung 1999). For many persons of African descent who live in the United States, racial discrimination continues to be a chronic issue within contemporary society, with frequent exposure resulting in lowered self-esteem and life satisfaction, as well as increased stress-related diseases (Utsey, Ponterotto, Reynolds, and Cancelli 2000).

Studies show that religion is instrumental for coping with racial discrimination for African Americans and Afro-Caribbeans (Chapman and Steger 2010; Chatters, Taylor, Bullard, and Jackson 2008; Krause 2002; Chatters, Taylor, Jackson, and Lincoln 2008). The beneficial role of religion in coping with stress has been broadly studied (Acevedo, Gabriel, Ellison, and Xu 2014; Ano and Vasconcelles 2005; Pargament, Smith, Koenig, and Perez 1998). Furthermore, Hayward and Krause (2015) report a link between religious behavior and coping with racial discrimination for African Americans and Afro-Caribbean.

For African Americans, religious institutions play a major role in combating institutional racism as well as providing psychological and social support for individuals (Chatters 2000). Religion serves a unique function for African Americans because it helps them confront race-related problems (Maynard-Reid 2000; Mattis and Jagers 2001). Religious attendance and guidance moderate the effects of racial discrimination on mental health, while church-based support partially offsets discrimination's negative influences (Ellison, Musick, and Henderson 2008). While attending religious services also seems to buffer African Americans from the effect of perceived discrimination on negative affect (e.g., nervous, hopeless, worthless, and restless), attendance does not buffer the impact of discrimination on positive affect (e.g. happiness, being satisfied, and full of life) (Bierman 2006). However, Krause (2004b) report that church-based emotional support buffers the negative effects of racial discrimination on life satisfaction for older African Americans. Church members and leaders may share personal experiences, provide

referrals, and coping strategies to members experiencing such stressors (Chatters 2000; Krause 2002a). Furthermore, while race-related problems can erode psychological well-being for African Americans, organizational religious involvement tends to buffer these negative effects (Krause and Tran 1989). More recent research also posit a self-worth validation through personal and spiritual support from clergy and church members may buffer the adverse psychological effects of discrimination (Krause 2002b; Taylor, Lincoln, and Chatters 2005).

Another important factor instrumental to the black experience and also associated with dampening racial discrimination's effect is high levels of racial identity (Christie-Mizell, Ida, and Keith 2010). While discrimination is a significant negative predictor of subjective well-being, racial identity has a positive association.

Given the historical significance and salience of religion's role in addressing racial discrimination for U.S. blacks, little attention has been given to how religiosity's impact on racial discrimination influences on subjective well-being for subgroups within the U.S. black population. Most investigations into such effects treat U.S. blacks as a monolith and fail to address heterogeneity among the two largest groups making up the U.S. black population: African Americans and Afro-Caribbeans. Due to the differences in the historical importance and use of religion for both groups, I will explore whether the relationship between religion and racial discrimination functions differently for each group.

Research Problem

Using a stress process model (Wheaton 1985; Mirowsky 2013; Acevedo et al. 2014), I investigated two conceptual models of the relationships among a stressor (racial discrimination), resources (dimensions of religiosity), and measures of subjective well-being for both Afro-Caribbeans and African Americans.

Hypotheses

Hypotheses 1a-d: Racial discrimination will be inversely associated with measures of (a) happiness, (b) life satisfaction, (c) self-rated mental health, and (d) position on the Cantril life ladder.

Hypotheses 2a-b: Religiosity: (a) organizational religious involvement, and (b) non-organizational religious involvement will be positively associated with measures of subjective well-being.

Hypotheses 3a-c: Religiosity: (a) organizational religious involvement and (b) non-organizational religious involvement will interact with racial discrimination to buffer the negative influence of racial discrimination on measures of subjective well-being.

There is evidence that religiosity will moderate that impact of racial discrimination on mental health (Bierman 2006; Ellison et al. 2008). In the second model, I will expect the estimated total effect of racial discrimination on subjective well-being to lessen as levels of resource increases, implying that religiosity will moderate the debilitating consequences of racial discrimination on subjective well-being. I will develop separate models for each dimension of religiosity as well as for African Americans and Afro-Caribbeans. I will test the interactions between racial discrimination and dimensions of religiosity to assess whether the relationship between racial discrimination and subjective well-being varies by dimensions of religiosity. Essentially, the premise is that religiosity will counteract the negative effect of racial discrimination on subjective well-being.

I considered four dimensions of subjective well-being; overall happiness, life satisfaction, standing on the Cantril life ladder, and self-rated mental health. This study examined two dimensions of religiosity: organizational religious involvement and non-organizational

religious involvement (Taylor et al. 2007). This study contributes to the literature on the subjective well-being, to research about religiosity and religion, racial discrimination, racial/ethnic identity, and to the literature on black immigrants.

Control Variables

The analyses control for several other potential influences on subjective well-being including age, gender, marital status, education, income, physical health, and racial/ethnic identity (Broman 1988; Barger et al. 2009; Salinas-Jiménez et al. 2011; Sirgy 2012; Hughes and Demo 1989; Hughes et al. 2014; Ida and Christie-Mizell 2012). Among African Americans, age is positively related to life satisfaction (Broman 1988). Gender often has significant associations with subjective well-being (Coverdill et al. 2001; Sirgy 2012; Wilkes 2011; Yang 2008). Women are, on average, happier and more satisfied with life than men. Being married is associated with greater subjective well-being (Broman 1988; Salinas-Jiménez et al. 2011; Sellers and Neighbors 2008). Among African Americans, education is associated with lower life satisfaction (Sellers and Neighbors 2008), higher levels of happiness (Coverdill et al. 2011) and higher self-rated mental health (Assari 2013). Income is positively related to more cognitive dimensions of subjective well-being (Kahneman and Deaton 2010). Self-reported health has a moderately strong positive association with subjective well-being (reviewed by Sirgy 2012). Racial identity is positively associated with happiness (Christie-Mizell, Ida, and Keith 2010).

METHODS

Data

The data for this study came from the National Survey of American Life (Jackson et al. 2004), administered in 2001–2003 by the University of Michigan’s Institute for Social Research Survey Research Center. The survey was a national multistage probability sample of 6,082

noninstitutionalized adults aged 18 years and older in the United States. Data were collected via in-person interviews. The sample consisted of 1,438 Afro-Caribbeans and 3,570 African Americans. Afro-Caribbeans self-identified as black and as being of West Indian or Caribbean descent. African Americans self-identified as black but did not trace their ancestry to the Caribbean (Heeringa et al. 2004). The sampling weights was adjusted for differential probability of inclusion (Heeringa et al. 2004). I adjusted for any standard errors of test statistics for survey design effects using Stata13.1 (Statacorp 2013).

Measures

Dependent variables. The analysis has four dependent variables. Happiness was an item that asked, “Taking all things together, how would you say things are these days—would you say you are very happy, pretty happy, or not too happy these days?” Some respondents volunteered that they were not happy at all. Responses were recoded as 0 = not happy at all or not too happy, 1 = pretty happy, and 2 = very happy.

Second, to measure life satisfaction, respondents were asked, “In general how satisfied are you with your life as a whole these days? Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?” Responses will be coded as 0 = very dissatisfied, 1 = somewhat dissatisfied, 2 = somewhat satisfied, and 3 = very satisfied).

Items were coded so that higher scores denoted higher life satisfaction.

Third, to measure self-rated mental health respondents were asked, “How would you rate your overall mental health at the present time?” Responses were coded as 0 = poor or fair, 1 = good, 2= very good, and 3 = excellent.

Fourth, the Cantril life ladder has long been used to measure subjective well-being (Cantril 1965). Respondents were shown a ladder with ten steps and asked, “The steps on the

ladder stand for 10 possible steps in your life. The tenth step stands for the *best* possible way of life for you, and the first step stands for the *worst* possible way of life for you. What step number best describes where you are *now*?" Responses ranged from 1 = the worst possible way of life to 10 = the best possible way of life.

Independent variables. The analysis examined two dimensions of religiosity: organizational religious involvement and non-organizational religious involvement (Taylor et al. 2007). Organizational religious involvement was measured using a two-item scale ($\alpha = .66$). Respondents were asked, "How often do you usually attend religious services?" (1 = nearly every day to 5 = less than once a year) and "Besides regular service, how often do you take part in other activities at your church?" (1 = nearly every day to 5 = never). The items were coded so that higher scores were represent the most frequent involvement. The scores were averaged so that the scale ranged from 0 = never to 4 = nearly every day.

The non-organizational religious involvement scale averaged scores on four items ($\alpha = .70$). (Taylor et al. 2007): (1) frequency of reading religious books/materials, (2) frequency of watching religious TV programs, (3) frequency of listening to religious programs on radio, and (4) frequency of praying. Responses were coded as 0 = never, 1 = a few times a year, 2 = at least once a month, 3 = a few times a month, 4 = at least once a week, and 5 = nearly every day.

Racial discrimination was measured using a ten-item index of everyday discrimination ($\alpha = .86$) used in previous studies (e.g., Hughes, Kiecolt, and Keith 2015; Ida and Christie-Mizell 2012). This index of the persistent stress of discrimination has been associated with stronger links to well-being among blacks in the U.S. (Kessler, Mickelson, and Williams 1999; Williams et al. 1997). Respondents were asked, "In your day-to-day life how often have any of the following things happened to you?": you are treated with less courtesy than other people, you

are treated with less respect than other people, you receive poorer service than other people at restaurants or stores, people act as if they think you are not smart, people act as if they are afraid of you, people act as if they think you are dishonest, people act as if they're better than you are, you are called names or insulted, you are threatened or harassed, or you are followed around in stores. Next, respondents were asked, "what do you think was the main reason for this/these experience(s)? Would you say your ancestry or national origins, your gender, your race, your age, your height or weight, your shade of skin color, or other?" Items were coded 1 if respondents attributed their experiences to ancestry or national origins, race, or shade of skin color, and 0 otherwise. Scores were recoded into a dummy variable (0 = never, 1 = less than once a year, a few times a year, a few times a month, at least once a week, and almost every day).

Control variables. The analyses controlled for ethnicity, age, gender, marital status, education, income, physical health and racial/ethnic identity. Age was measured in years, ethnicity was a dummy variable (0 = African American, 1 = Afro-Caribbean), as were gender (0 = male, 1 = female), marital status (0 = previously married or never married or not cohabiting, 1 = married or cohabiting). Education was a four-category variable (1 = less than high school, 2 = high school degree, 3 = some college, 4 = college degree). Family income was measured in tens of thousands of dollars. A measure of self-reported physical health asked, "How would you rate your overall physical health at the present time? Would you say it is excellent, very good, good, fair or poor?" Response categories were coded as 4 = excellent, 3 = very good, 2 = good, 1 = fair or 0 = poor. Racial/ethnic identity measures examined two dimensions of racial/ethnic identity. Racial/ethnic identification was measured by closeness to a particular racial/ethnic group. Both African American and Afro-Caribbean respondents were asked, "How close do you feel in your ideas and feelings about things to Black people in this country?" For Afro-Caribbean

respondents, the question asked, “How about black people from the Caribbean, like people from Jamaica, Bermuda, or Haiti?” Response categories were coded as 3 = very close, 2 = fairly close, 1 = not too close, or 0 = not close at all. For African Americans, ingroup closeness will be measured as closeness to African Americans; for Afro-Caribbeans it will be measured as closeness to Afro-Caribbeans.

The other measure of identity is group evaluation. I used a scale of positive and negative stereotypes held of Afro-Caribbeans or African Americans by their ingroups (Hughes, Kiecolt, and Keith 2014). Respondents were asked, “How true do you think it is that most Afro-Caribbean/Black people _____”: are intelligent, are hardworking, are proud of themselves, are lazy, give up easily, and are violent? The response categories ranged from 0 = not at all true to 3 = very true. I coded the items so that higher scores represented more favorable evaluations and averaged scores on the recoded items ($\alpha = .61$).

Data Analysis

First, I computed descriptive statistics for variables in the study for African Americans and Afro-Caribbeans. Next, I regressed the dependent variables on ethnicity (Afro-Caribbean), the four measures of religiosity and racial discrimination, controlling for racial/ethnic identity and social characteristics. I performed ordinal logistic regressions for happiness, life satisfaction, and self-rated mental health and an OLS regression for the Cantril life ladder. I then performed separate regressions for African Americans and Afro-Caribbeans.

First, I constructed baseline regression models for each measure (Model I). I then created interaction terms (racial discrimination by organizational religious involvement) to explore whether religiosity buffers the negative effects of racial discrimination on measures of subjective well-being (Model II). I also constructed interaction terms for racial discrimination by

each racial/ethnic group to assess whether racial discrimination influenced measures of subjective well-being for each group. Model II also presented interaction terms for racial discrimination by organizational religious involvement by Afro-Caribbean immigrants and Afro-Caribbean non-immigrants separately to investigate whether organizational religious involvement buffered the negative effect of racial discrimination on measures of subjective well-being for each group.

RESULTS

Table 1 shows descriptive statistics for study variables. Afro-Caribbeans were significantly less happy than African Americans. Both groups reported low levels of organizational religious involvement, with African American being more involved than Afro-Caribbeans. In contrast, the means for non-organizational religious involvement was on the higher end of each range. However, religion was slightly more important to African Americans than Afro-Caribbeans. Consistent with prior research, an overwhelming majority (88%) of both African American and Afro-Caribbean respondents reported experiencing racial discrimination. On the control variables, while on average, both groups felt close to and had high evaluations of their respective ingroups, Afro-Caribbeans evaluated their ingroup more favorably than African Americans did. A smaller proportion of Afro-Caribbeans than African Americans were female, and a larger proportion were married. The mean levels of education, income, and health were higher for Afro-Caribbeans than African Americans. Finally, the majority of Afro-Caribbeans were immigrants.

Tables 2a through 2d show regressions of measures of subjective well-being on organizational religious involvement, non-organizational religious involvement, racial discrimination, interaction terms, and control variables for Afro-Caribbean immigrants, Afro-

Caribbean non-immigrants, and African Americans. Table 2a shows the odds ratios from ordered logit models of happiness. A significant odds ratio greater than one indicates a higher likelihood of that outcome. A significant odds ratio of less than one indicates the opposite effect. Model I shows that Afro-Caribbean immigrants but not Afro-Caribbean non-immigrants were less happy than African Americans. As expected, controlling for racial/ethnic identity and demographic characteristics, respondents who experienced racial discrimination were less happy (OR = .54, $p < .001$) (Hypothesis 1a). Organizational religious involvement was associated with being happier (OR = 1.26, $p < .001$) for African Americans and Afro-Caribbeans (Hypotheses 2a). However, non-organizational religious involvement had no significant impact on happiness. Closeness to one's racial/ethnic ingroup and a more positive ingroup evaluation increased happiness.

A look at model II shows that contrary to the buffering hypothesis (Hypothesis 3a), the organizational facets of religion did not alleviate the negative effect of racial discrimination on happiness for African Americans. The interaction term for racial discrimination \times organizational religious involvement was not significant. Model II also shows an examination of racial/ethnic heterogeneity among U.S. blacks. The interaction terms of racial discrimination \times Afro-Caribbean immigrants and racial discrimination \times Afro-Caribbean non-immigrants were not significant. The interaction terms of organizational religious involvement \times Afro-Caribbean immigrants was not significant. However, the organizational religious involvement \times Afro-Caribbean non-immigrants term was significant (OR = 2.08, $p < .05$). The interaction of racial discrimination \times organizational religious involvement \times Afro-Caribbean non-immigrants was negative and significant (OR = .33, $p < .05$). This finding reveals that Afro-Caribbean non-immigrants who are more involved in organizational facets of religion are happier than their counterparts. However, organizational involvement buffered the negative effect of racial

discrimination on happiness less for Afro-Caribbean non-immigrants than for their Afro-Caribbean immigrant and African American counterparts.

Table 2b shows the ordinal logistic regressions of life satisfaction. Unlike happiness, life satisfaction did not differ by ethnicity. Model I analyses shows support for hypotheses 1b: racial discrimination was negatively associated with satisfaction with life (OR = .66, $p < .01$). In support of hypothesis 2a, organizational religious involvement was associated with greater satisfaction with life (OR = 1.28, $p < .001$). However, non-organizational religious involvement had no association with life satisfaction.

Model II shows no support for the buffering hypothesis (Hypothesis 3a). Organizational religious involvement did not lessen the negative effect of racial discrimination on satisfaction with life. The interaction term for racial discrimination \times organizational religious involvement was not significant.

Table 2c shows the ordinal logistic regressions of self-rated mental health. Afro-Caribbean immigrants reported better self-rated mental health than Afro-Caribbean non-immigrants and African Americans. Model I analyses shows that racial discrimination was negatively associated with better self-rated mental health (OR = .63, $p < .01$) (hypotheses 1c). The effect was the same for all three groups. In support of hypothesis 2a, organizational religious involvement was associated with better self-rated mental health (OR = 1.12, $p < .001$).

Model II shows no support for the buffering hypothesis (Hypothesis 3a). Organizational religious involvement did not lessen the negative effect of racial discrimination on self-rated mental health.

Table 2d shows the ordinal logistic regression of the Cantril life ladder. Similar to happiness, findings reveal that Afro-Caribbean immigrants were on a worse position on the life

ladder than Afro-Caribbean non-immigrants and African Americans. Model I shows that as predicted, racial discrimination was negatively associated with position on the life ladder ($b = -.34, p < .001$) (hypotheses 1d). Organizational religious involvement and non-organizational religious involvement were associated with a better position on the life ladder, ($b = .19, p < .001$ and $b = .09, p < .05$, respectively) (Hypotheses 2a and 2b). Similar to self-rated mental health, Model II shows no support for the buffering hypothesis (Hypothesis 3a). Next, racial discrimination had negatively impacted position on the life ladder more for Afro-Caribbean immigrants ($b = -1.07, p < .05$) than their counterparts. Afro-Caribbean immigrants involved in organizational facets of religion were on a worse position on the life ladder than their two counterparts ($b = -.62, p < .001$). The interaction of racial discrimination \times organizational religious involvement \times Afro-Caribbean immigrants was positive and significant ($b = .75, p < .01$). involvement did not lessen the negative effect of racial discrimination on position on the life ladder. Furthermore, Model II shows organizational religious involvement buffered the negative effect of racial discrimination on being on a better position on the life ladder more for Afro-Caribbean immigrants than their counterparts.

DISCUSSION

This study contributes to the literature on religiosity, racial discrimination, ethnic heterogeneity, and subjective well-being. First, as predicted, racial discrimination was inversely associated with all four measures of subjective well-being for African Americans and Afro-Caribbeans (Hypothesis 1a-1d). This study further reinforces findings that racial discrimination reduces subjective well-being and mental health for African Americans and Afro-Caribbeans (Yap et al. 2011; William and Chung 1999; Ida and Christie-Mizell 2012).

Second, organizational religious involvement was related to better subjective well-being for African Americans and Afro-Caribbeans (Hypotheses 2a). However, non-organizational religious involvement was only associated with a better position on the life ladder. Respondents with higher levels of organizational religious involvement were happier with their lives, more satisfied with life in general, reported better self-rated mental health, and were on a better position on the life ladder. These findings add to findings that religious attendance is positively associated with other measures of subjective well-being (i.e., happiness, life satisfaction and self-rated mental health) (Diener 1984; Chamberlain and Zika 1992; Poloma and Pendleton 1990; Ellison and George 1994; Levin and Tobin 1995; Lim and Putnam 2010; Assari 2013).

Third, previous research found that attending religious services did not buffer the impact of discrimination on positive affect (e.g. happiness, being satisfied, and full of life) for African Americans (Bierman 2006). Consistent with this study, I found that an index of organizational religious involvement does not help protect subjective well-being. However, this study adds to this research with my examination into black heterogeneity which revealed that being involved in organizational facets of religion alleviate the negative impact of racial discrimination on happiness more for Afro-Caribbean non-immigrants and the other two groups. In addition, organizational religious involvement buffered the negative effect of racial discrimination on being on a better position on the life ladder more for Afro-Caribbean immigrants than their counterparts. These findings may reflect that although religious involvement may not help counteract the deleterious effects of discrimination for U.S. blacks in general, Afro-Caribbean communities in the U.S. may benefit even more from this association.

This study has several limitations. First, the data were cross-sectional, so I could not determine whether religiosity and racial discrimination influenced happiness, or whether higher

levels of happiness is associated with increased vulnerability to racial discrimination and participation in religion. However, the latter is unlikely because being happier would not lead to greater exposure to racial discrimination. Second, religious involvement may be more beneficial for people dealing with personal experiences of discrimination, as opposed to structural racial discrimination. My measure of racial discrimination did not distinguish between the two. Third, Afro-Caribbeans are a diverse group. Disaggregating the sample by nation of origin and U.S-born status may reveal similarities or differences in outcomes between groups. However, the sample is not large enough to separately analyze Afro-Caribbeans by national origin.

To conclude, I investigated the relationships among a racial discrimination, dimensions of religiosity, and happiness for both Afro-Caribbeans and African Americans. Organizational religious involvement buffered the negative effects of racial discrimination on happiness and life satisfaction for Afro-Caribbean immigrants only. The findings make a case for a more research on the benefits of religion for quality of life while investigating within group differences. Future research should also investigate whether religion influences how racial discrimination affects subjective well-being for other racial/ethnic minority groups (e.g., Native Americans, Hispanics Americans, Asian Americans) who may share similar historical experiences of discrimination in the U.S.

TABLES

Table 1: Descriptive Statistics ^a and Unweighted Ns for Study Variables, by Ethnicity					
	Range	Afro-Caribbeans		African Americans	
		<i>M</i> (S.E.) or proportion	N	<i>M</i> (S.E.) or proportion	N
Happiness	0–2		1,433		3,552
Very happy		.28*		.29	
Pretty happy		.52		.57	
Not too happy		.20		.14	
Life Satisfaction	0–2		1,438		3,570
Very satisfied		.32		.36	
Somewhat satisfied		.55		.51	
Not too satisfied		.13		.13	
Self-rated mental health	0–3		1,408		3,436
Excellent		.38*		.31	
Very Good		.36		.35	
Good		.15		.23	
Not too good		.12		.11	
Cantril life ladder	1–10	7.05 (.14)	1,398	7.24 (.04)	3,418
Religiosity					
Organizational religious involvement	0–4	1.31** (.07)	1,436	1.51 (.03)	3,570
Non-organizational religious involvement	0–5	3.15 (.10)	1,432	3.31 (.03)	3,567
Racial discrimination	0,1	0.88	1,394	0.88	3,483
Control Variables					
Closeness to racial/ethnic ingroup ^b	0–2	1.38 (.06)	1,409	1.46 (.02)	3,497
Evaluation of racial/ethnic ingroup ^b	0–3	2.51*** (.03)	1,387	2.18 (.02)	3,491
Age	18–94	40.95 (.95)	1,438	42.33 (.52)	3,570
Female	0, 1	.49*	1,438	.56	3,570
Married	0, 1	.50**	1,438	.42	3,562
Education (years)	1–4	2.50** (.05)	1,438	2.28 (.03)	3,570
Family income in \$10,000	0–20	4.62** (.28)	1,438	3.61 (.13)	3,570
Health	0–4	2.65*** (.06)	1,408	2.42 (.02)	3,437
Immigrant	0, 1	.66	1,396	--	--

^aMeans (and standard errors) or proportions for weighted *N*'s; unweighted *N*'s are shown.

^bAfro-Caribbeans or African Americans, respectively.

p* < .05. *p* < .01. ****p* < .001. Significant differences between African Americans and Caribbean Americans

Table 2a. Odds Ratios from Ordered Logistic Regressions of Happiness on Religiosity, Racial Discrimination, and Social Characteristics for African Americans and Afro-Caribbeans		
	I	II
Afro-Caribbean immigrant ^a	.54***	1.48
Afro-Caribbean non-immigrant ^a	1.04	.86
Religiosity		
Organizational religious involvement	1.26***	1.11
Non-organizational religious involvement	.99	.99
Racial discrimination		
	.55***	.42**
Interactions Terms		
Racial Discrimination X Organizational religious involvement		1.16
Racial Discrimination X Afro-Caribbean immigrant		.26
Racial Discrimination X Afro-Caribbean non-immigrant		1.80
Organizational religious involvement X Afro-Caribbean immigrant		.37
Organizational religious involvement X Afro-Caribbean non-immigrant		2.08*†
Racial Discrimination X Organizational religious involvement X Afro-Caribbean immigrant		3.60
Racial Discrimination X Organizational religious involvement X Afro-Caribbean non-immigrant		.33*†
Control Variables		
Closeness to racial/ethnic ingroup ^b	1.15	1.15
Evaluation of racial/ethnic ingroup ^b	1.28**	1.28**
Age	1.02***	1.02***
Female	.76***	.76***
Married or cohabiting	1.28**	1.28**
Education	.85**	.85**
Household income	1.04*	1.04*
Health	1.60***	1.60***
Cut 1		
	.16	-.10
Cut 2		
	3.20***	2.95***
F	29.46***	19.41***
<i>df</i>	54	54
N	4,553	4,553

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests). †Significant differences between African Americans, Afro-Caribbean Immigrants, and Afro-Caribbean Non-immigrants.

Table 2b. Odds Ratios from Ordered Logistic Regressions of Life Satisfaction on Religiosity, Racial Discrimination, and Social Characteristics for African Americans and Afro-Caribbeans

	I	II
Afro-Caribbean immigrant ^a	.80	1.56
Afro-Caribbean non-immigrant ^a	.90	1.01
Religiosity		
Organizational religious involvement	1.28***	1.43*
Non-organizational religious involvement	1.00	1.00
Racial discrimination		
	.66**	.83
Interactions Terms		
Racial Discrimination X Organizational religious involvement		.87
Racial Discrimination X Afro-Caribbean immigrant		.34
Racial Discrimination X Afro-Caribbean non-immigrant		.77
Organizational religious involvement X Afro-Caribbean immigrant		.86
Organizational religious involvement X Afro-Caribbean non-immigrant		1.15
Racial Discrimination X Organizational religious involvement X Afro-Caribbean immigrant		1.48
Racial Discrimination X Organizational religious involvement X Afro-Caribbean non-immigrant		.97
Control Variables		
Closeness to racial/ethnic ingroup ^b	1.08	1.08
Evaluation of racial/ethnic ingroup ^b	1.15	1.15
Age	1.02***	1.02***
Female	.75***	.75***
Married or cohabiting	1.30***	1.30***
Education	.87***	.87***
Household income	1.02	1.02
Health	1.48***	1.48***
Cut 1		
	-.36	-.16
Cut 2		
	2.36***	2.56***
F	21.67***	16.29***
<i>df</i>	54	54
N	4,555	4,555

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests). †Significant differences between African Americans, Afro-Caribbean Immigrants, and Afro-Caribbean Non-immigrants.

Table 2c. Odds Ratios from Ordered Logistic Regressions of Self-Rated Mental Health on Religiosity, Racial Discrimination, and Social Characteristics for African Americans and Afro-Caribbeans

	I	II
Afro-Caribbean immigrant ^a	1.31*	1.19
Afro-Caribbean non-immigrant ^a	.91	1.01
Religiosity		
Organizational religious involvement	1.12**	.95
Non-organizational religious involvement	.99	.99
Racial discrimination		
	.63**	.47*
Interactions Terms		
Racial Discrimination X Organizational religious involvement		1.20
Racial Discrimination X Afro-Caribbean immigrant		.82
Racial Discrimination X Afro-Caribbean non-immigrant		.98
Organizational religious involvement X Afro-Caribbean immigrant		1.39
Organizational religious involvement X Afro-Caribbean non-immigrant		1.72
Racial Discrimination X Organizational religious involvement X Afro-Caribbean immigrant		.85
Racial Discrimination X Organizational religious involvement X Afro-Caribbean non-immigrant		.53
Control Variables		
Closeness to racial/ethnic ingroup ^b	1.18*	1.17*
Evaluation of racial/ethnic ingroup ^b	1.17*	1.17*
Age	.99***	.99***
Female	.78*	.78*
Married or cohabiting	1.09	1.09
Education	1.10**	1.11**
Household income	1.01	1.01
Health	2.62***	2.63***
Cut		
Cut 1	-.16	-.39
Cut 2	1.58***	1.34***
Cut 3	3.41***	3.17***
F	55.55***	32.74***
<i>df</i>	54	54
N	4,554	4,554

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests). † Significant differences between African Americans, Afro-Caribbean Immigrants, and Afro-Caribbean Non-immigrants.

Table 2d. OLS Regressions of Cantril Life Ladder on Religiosity, Racial Discrimination, and Social Characteristics for African Americans and Afro-Caribbeans

	I	II
Afro-Caribbean immigrant ^a	-.21**	.70
Afro-Caribbean non-immigrant ^a	-.11	.24
Religiosity		
Organizational religious involvement	.19***	.15
Non-organizational religious involvement	.09*	.09*
Racial discrimination		
	-.34***	-.43*
Interactions Terms		
Racial Discrimination X Organizational religious involvement		.04
Racial Discrimination X Afro-Caribbean immigrant		-1.07*
Racial Discrimination X Afro-Caribbean non-immigrant		-.56
Organizational religious involvement X Afro-Caribbean immigrant		-.62**
Organizational religious involvement X Afro-Caribbean non-immigrant		.32
Racial Discrimination X Organizational religious involvement X Afro-Caribbean immigrant		.75***†
Racial Discrimination X Organizational religious involvement X Afro-Caribbean non-immigrant		-.14
Control Variables		
Closeness to racial/ethnic ingroup ^b	.09	.09
Evaluation of racial/ethnic ingroup ^b	.02	.02
Age	.03***	.03***
Female	.10	.10
Married or cohabiting	.18	.18
Education	.01	.01
Household income	.03*	.03*
Health	.42***	.42***
Constant	4.29***	4.36***
R ²	.17***	.17***
N	4,532	4,532

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests). † Significant differences between African Americans, Afro-Caribbean Immigrants, and Afro-Caribbean Non-immigrants.

CHAPTER 5: DOES RELIGION LESSEN THE DAMPENING EFFECT OF FINANCIAL STRESS ON SUBJECTIVE WELL-BEING FOR AFRICAN AMERICANS AND AFRO-CARIBBEANS?

Abstract

This study examined dimensions of religiosity as potential moderators of the effect of financial stress on subjective well-being for African Americans and Afro-Caribbeans. While research has acknowledged the positive effects of religiosity on subjective well-being, religiosity's potential to buffer the influence of stressors on subjective well-being for U.S. blacks is limited. I investigated whether and how religiosity interacts with financial stress to influence subjective well-being and whether self-esteem mediates any buffering effects of religiosity. Using data from the National Survey of American Life, I found that as predicted, the influence of financial stress was negatively associated with subjective well-being. Of the two dimensions of religiosity examined, organizational religious involvement but not non-organizational religious involvement was associated with less adverse effects of financial stress on measures of subjective well-being (happiness, self-rated mental health, and position on the Cantril life ladder). In addition, as expected, religiosity buffered the deleterious effect of financial stress on subjective well-being by protecting self-esteem, which positively influenced one's subjective well-being for African Americans and Afro-Caribbeans. That is, self-esteem explained part if not all of the buffering effect of religiosity. Religion buttresses blacks' sense of self-worth as a protective psychological resource against stressors.

INTRODUCTION

Financial stress is negatively associated with subjective well-being for U.S. blacks (Longmire-Avital et al. 2012; Bryant et al. 2008; Lincoln 2007; Krause 1993). Studies have investigated the relationship between mental health and financial strain including potential buffering mechanisms (Hughes et al. 2014; Bradshaw et al. 2010; Ellison et al. 2001). However, the paths linking financial stress and subjective well-being for black subpopulations is thin. In the stress process model, stressors erode protective resources such as self-esteem thus weakening their protective influence on mental health. (Pearlin et al. 1981; Wheaton et al. 2013). Research suggests that religious involvement may mitigate the negative consequences of financial stress on negative mental health (Bradshaw 2010; Acevedo et al. 2014; Ellison et al. 2001). Individuals may gain a sense relief or comfort from prayer or religious beliefs during times of trouble. Religiosity may help impact the initial appraisal of stressful events or situations and also secondary appraisals of stressors, thus providing a feeling of confidence that they can effectively cope with difficult conditions over the long term (Ellison 1994; Idler 1995; Pargament et al. 1998).

African Americans and Afro-Caribbeans share similar histories and life experiences including the importance of religion in their lives. However, the research indicates a number of differences between the two groups. Afro-Caribbeans have higher median household income, experience lower rates poverty, lower rates of unemployment, and higher educational attainment than African Americans (Kalmijn 1996; Logan 2007). Waters (1999c) indicates that employers distinguish between African Americans and Afro-Caribbeans and believe that Afro-Caribbeans are smarter and make better employees. All of these factors influence the likelihood of experiencing financial stress and differences in levels of exposure to stressors for both groups.

Research also reveals differences between African Americans and Afro-Caribbeans' perceptions of stressors. Afro-Caribbeans report higher levels of relationship stress (death or illness of close family member, problems with aging parents, children, and partner), fear of violence (fear of crime or violence in one's community and knowing someone who was a victim of violence), occupational stress (hassles at work and trouble balancing work and family demands), and financial stress (problems with money, loss of job) (Williams 2000). The higher level of financial stress is surprising considering Afro-Caribbeans have a higher SES than African Americans.

Studies have examined the relationship between financial stress and negative mental health outcomes (Hughes, Kiecolt, and Keith 2014; Acevedo et al. 2014). In this study, I will investigate whether and how dimensions of religiosity buffer the effects of financial stress on subjective well-being for African Americans and Afro-Caribbeans. I propose that religiosity will protect subjective well-being from some of the debilitating effects of financial stress because it lessens the impact of financial stress on self-esteem. I examine two dimensions of religiosity and four measures of subjective well-being. I focus on one dimensions of financial stress: money problems (Hughes, Kiecolt, and Keith 2014).

Religion and Stress

Religiosity influences individual life satisfaction by lessening the negative impact of stressful life conditions and events (Ellison, Gay, and Glass 1989). Findings also reveal that, although stressors erode feelings of self-worth and mastery, these negative effects are offset by greater religious involvement (Krause and Tran 1989). As such, Acevedo et al. (2014) argue that organizational religious participation buffers the effects of perceived financial hardship. These studies also noted that organizational religious participation and non-organizational religious

participation buffer the detrimental effects of perceived neighborhood disadvantage.

Financial Stress and Subjective Well-Being

To link financial stress to mental health and subjective well-being, I draw on the stress process model (Pearlin et al. 1981; Wheaton et al. 2013). Financial stress can become a chronic stressor, which can be more harmful than a discrete stressor (Kahn and Pearlin 2006; Thoits 2010). Financial strain is associated with dissatisfaction with life in general (Dolan, Peasgood, and Mathew 2008), lower psychological well-being (Martin, Grunendahl, and Martin 2001), depression (Thoits 2010; Young and Schieman 2012); and low self-esteem (Pearlin et al. 1981).

Financial stress and Self-Esteem

Financial stress including economic strain and poverty are linked to lower levels of psychological well-being (Hughes, Kiecolt, and Keith 2014; Mirowsky and Ross 2003). This debilitating stressor degrades self-esteem and encourages feelings of helplessness (McKee-Ryan et al. 2005). In addition, the lack of financial resources may induce negative self-evaluations (Wickrama et al. 2012). Financial strain negatively affects people's self-esteem and sense of personal control and leads people to doubt their abilities and competence. Hence, financial stress can wreak havoc on an individual's self-worth. However, when racial identity is strong, the negative impact on self-esteem is reduced (Ida and Christie-Mizell 2012; Hughes, Kiecolt, and Keith 2014).

Self-esteem and Subjective Well-Being

In general, self-esteem is strongly correlated with subjective well-being. This psychological resource has been a strong predictor of happiness and life satisfaction (Diener 1994). Self-esteem is thought to have a bidirectional relationship with subjective well-being (An, An, O'Connor, and Wexler 2008). That is, high self-esteem lowers subjective well-being, while

poor subjective well-being lowers self-esteem. Furthermore, research reveals that self-esteem has significant effects on subjective well-being (Turner and Roszell 1994; Ellison and Flannelly 2009). Greater levels of self-esteem enhance one's sense of subjective well-being (life satisfaction and happiness) for older blacks (Turner and Roszell 1994). In addition, self-esteem is an important variable that helps maintain higher degrees of life satisfaction despite some of life's difficulties. Cox et al. (2012) argue that self-esteem helps maintain high levels of subjective well-being despite the negative impacts of perceived health and social difficulties.

Religion and Self-Esteem

Self-esteem denotes feelings of global self-worth (Gecas and Burke 1995). High levels of religiosity are positively associated with self-esteem (Keyes and Reitzes 2007). Religious involvement produces higher levels of self-esteem (Hughes and Demos 1989; Ellison and Flannelly 2009). Overall, blacks in the U.S. have relatively high self-esteem (Hughes and Demo 1989; Ross and Sastry 1999; Breslau et al. 2006; Kiecolt, Hughes, and Keith 2009; Williams et al. 2012; Hughes et al. 2015). Research reveals that the black church has been a pillar to the community, providing social relationships (Ortega, Crutchfield and Rushing 1983) and a sense of self-worth as a protective psychological resource against stressors (Moore 1991). Furthermore, Mays and Nicholson (1971) argue that the black church enhances self-esteem by providing a sense of self that others in the church verify and affirm. Studies of older African Americans have shown that those members who had more positive views of the historical role of the African American church enjoyed better life satisfaction (Krause 2004b), and experienced more improvement in self-esteem over time (Krause and Hayward 2012).

Research Problem

Studies have examined the relationship between financial stress and negative mental

health outcomes (Hughes, Kiecolt, and Keith 2014; Acevedo et al. 2014). Using the moderated mediation effect (Muller et al. 2005; Ida and Christie-Mizell 2012; Hayes 2013; Hughes, Kiecolt, and Keith 2014) this study investigates the relationship among religiosity (organizational religious involvement and non-organizational religious involvement), financial stress, self-esteem, and measures of subjective well-being. Specifically, this study investigates whether and how dimensions of religiosity will moderate the effects of financial stress on subjective well-being for African Americans and Afro-Caribbeans. Religious involvement may protect self-esteem against the negative impact of financial stress, hence the indirect effect of financial stress on psychological well-being may be weaker when religious involvement is high. I explored these relationships while controlling for racial identity, as racial identity is an important resource for U.S. blacks. Additionally, I controlled for age, gender, marital status, education, income, and physical health—all factors that vary among black Americans and that prior research has shown are associated with subjective well-being. Based on previous research I predict:

Hypotheses 1a-1b: Religiosity: (a) organizational religious involvement, and (b) non-organizational religious involvement will be positively associated with measures of subjective well-being.

Hypotheses 2a-2d: Financial Stress will be inversely associated with measures of (a) happiness, (b) life satisfaction, (c) self-rated mental health, and (d) position on the Cantril life ladder.

Hypotheses 3a-3b: Religiosity: (a) organizational religious involvement and (b) non-organizational religious involvement will interact with financial stress to buffer the negative influence of financial stress on measures of subjective well-being.

Hypotheses 4a-4b: Self-esteem will mediate the buffering effect of interaction of

religiosity: (a) organizational religious involvement and financial stress and (b) non-organizational religious involvement and financial stress on measures of subjective well-being.

METHODS

Data

The data for this study came from the National Survey of American Life (Jackson et al. 2004), administered in 2001–2003 by the University of Michigan’s Institute for Social Research Survey Research Center. The survey was a national multistage probability sample of 6,082 noninstitutionalized adults aged 18 years and older in the United States. Data were collected via in-person interviews. The sample consisted of 1,438 Afro-Caribbeans and 3,570 African Americans. Afro-Caribbeans self-identified as black and as being of West Indian or Caribbean descent. African Americans self-identified as black but did not trace their ancestry to the Caribbean (Heeringa et al. 2004). The sampling weights was adjusted for differential probability of inclusion (Heeringa et al. 2004). I adjusted for any standard errors of test statistics for survey design effects using Stata13.1 (Statacorp 2013).

Measures

Dependent variables. The analysis has four dependent variables. Happiness was an item that asked, “Taking all things together, how would you say things are these days—would you say you are very happy, pretty happy, or not too happy these days?” Some respondents volunteered that they were not happy at all. Responses were recoded as 0 = not happy at all or not too happy, 1 = pretty happy, and 2 = very happy.

Second, to measure life satisfaction, respondents were asked, “In general how satisfied are you with your life as a whole these days? Would you say that you are very satisfied,

somewhat satisfied, somewhat dissatisfied, or very dissatisfied?” Responses will be coded as 0 = very dissatisfied, 1 = somewhat dissatisfied, 2 = somewhat satisfied, and 3 = very satisfied).

Items were coded so that higher scores denoted higher life satisfaction.

Third, to measure self-rated mental health respondents were asked, “How would you rate your overall mental health at the present time?” Responses were coded as 0 = poor or fair, 1 = good, 2 = very good, and 3 = excellent.

Fourth, the Cantril life ladder has long been used to measure subjective well-being (Cantril 1965). Respondents were shown a ladder with ten steps and asked, “The steps on the ladder stand for 10 possible steps in your life. The tenth step stands for the *best* possible way of life for you, and the first step stands for the *worst* possible way of life for you. What step number best describes where you are *now*?” Responses ranged from 1 = the worst possible way of life to 10 = the best possible way of life.

Independent variables. The analysis examined two dimensions of religiosity: organizational religious involvement and non-organizational religious involvement (Taylor et al. 2007). Organizational religious involvement was measured using a two-item scale ($\alpha = .66$). Respondents were asked, “How often do you usually attend religious services?” (1 = nearly every day to 5 = less than once a year) and “Besides regular service, how often do you take part in other activities at your church?” (1 = nearly every day to 5 = never). The items were coded so that higher scores were represent the most frequent involvement. The scores were averaged so that the scale ranged from 0 = never to 4 = nearly every day.

The non-organizational religious involvement scale averaged scores on four items ($\alpha = .70$). (Taylor et al. 2007): (1) frequency of reading religious books/materials, (2) frequency of watching religious TV programs, (3) frequency of listening to religious programs on radio, and

(4) frequency of praying. Responses were coded as 0 = never, 1 = a few times a year, 2 = at least once a month, 3 = a few times a month, 4 = at least once a week, and 5 = nearly every day.

Financial Stress. I used money problems as my measures of financial stress. Money problems was measured using a single item that asked, “In the past month have you had any money problems?” This variable was coded as a dummy variable (1 = yes, 0 = no).

Self-Esteem. Self-esteem was measured using Rosenberg’s self-esteem scale (Rosenberg 1965). Using this 10 item scale, participants responded to: I felt that I was just as good as other people; I had trouble keeping my mind on what I was doing; I felt depressed; I felt that everything that I did was an effort; I felt hopeful about the future; My sleep was restless; I was happy; People were unfriendly, I enjoyed life; I had crying spells; I felt that people disliked me; and I could not get “going.” Respondents were asked to rate each item from 1 (strongly agree) to 4 (strongly disagree). Responses were coded 3= very true, 2 = somewhat true, 1 = a little true, or 0 = not true at all. Responses were coded and averaged so that higher values represent higher self-esteem. The scale will range from 0 to 3 ($\alpha = .76$).

Control variables. The analyses controlled for ethnicity, age, gender, marital status, education, income, physical health and racial/ethnic identity. Age was measured in years, ethnicity was a dummy variable (0 = African American, 1 = Afro-Caribbean), as were gender (0 = male, 1 = female), marital status (0 = previously married or never married or not cohabiting, 1 = married or cohabiting). Education was a four-category variable (1 = less than high school, 2 = high school degree, 3 = some college, 4 = college degree). Family income was measured in tens of thousands of dollars. A measure of self-reported physical health asked, “How would you rate your overall physical health at the present time? Would you say it is excellent, very good, good, fair or poor?” Response categories were coded as 4 = excellent, 3 = very good, 2 = good, 1 = fair

or 0 = poor. Racial/ethnic identity measures examined two dimensions of racial/ethnic identity. Racial/ethnic identification was measured by closeness to a particular racial/ethnic group. Both African American and Afro-Caribbean respondents were asked, “How close do you feel in your ideas and feelings about things to Black people in this country?” For Afro-Caribbean respondents, the question asked, “How about black people from the Caribbean, like people from Jamaica, Bermuda, or Haiti?” Response categories were coded as 3 = very close, 2 = fairly close, 1 = not too close, or 0 = not close at all. For African Americans, ingroup closeness will be measured as closeness to African Americans; for Afro-Caribbeans it will be measured as closeness to Afro-Caribbeans.

The other measure of identity is group evaluation. I used a scale of positive and negative stereotypes held of Afro-Caribbeans or African Americans by their ingroups (Hughes, Kiecolt, and Keith 2014). Respondents were asked, “How true do you think it is that most Afro-Caribbean/Black people _____”: are intelligent, are hardworking, are proud of themselves, are lazy, give up easily, and are violent? The response categories ranged from 0 = not at all true to 3 = very true. I coded the items so that higher scores represented more favorable evaluations and averaged scores on the recoded items ($\alpha = .61$).

Data Analysis

First, I computed descriptive statistics for variables in the study for African Americans and Afro-Caribbeans. Next, I regressed the dependent variables on ethnicity (Afro-Caribbean), the two measures of religiosity, financial stress, self-esteem, controlling for racial/ethnic identity and social characteristics. I performed ordinal logistic regressions for happiness, life satisfaction, and self-rated mental health and an OLS regression for the Cantril life ladder.

I constructed baseline regression models for each measure (Model I). I then created

interaction terms (Financial Stress by religiosity) to explore whether organizational religious involvement buffers the negative effects of Financial Stress on measures of subjective well-being (Model II) (only significant interactions will be reported). To test for a moderated mediation effect I assess whether the interaction term Financial Stress (independent variable) X religiosity (moderator) would be significant in predicting self-esteem (psychological resource variable) (Muller et al. 2005; Hayes 2013; Hughes, Kiecolt, and Keith 2014). Next, I constructed Model III which adds self-esteem to determine whether self-esteem explains how religiosity buffers the negative impact of financial stress on measures of subjective well-being. In addition, I used a bootstrap method to test whether the indirect effect of financial stress on subjective well-being through self-esteem differs from zero at levels of religiosity (Hayes 2013; Hughes, Kiecolt, and Keith 2014). Overall, this analysis will test how much a resource (religiosity) protects subjective well-being from a stressor (financial stress) because it moderates the impact of the stressor on a psychological resource (self-esteem) (Ida and Christie-Mizell 2012; Hughes, Kiecolt, and Keith 2014).

RESULTS

Table 1 shows descriptive statistics for variables in the study. Afro-Caribbeans were significantly less happy than African Americans, but reported better self-rated mental health. The results for life satisfaction and position on the Cantril life ladder were at the higher end of the range for both groups, indicating a relatively high evaluation of quality of life.

Slightly over half of the Afro-Caribbean and African American respondents (55% and 56%, respectively) reported money problems in the past month. On average, both groups reported low levels of organizational religious involvement, but African American were more involved than Afro-Caribbeans (1.51 vs. 1.31, on a scale from 0 to 4). In contrast, on average,

Afro-Caribbeans and African Americans were above the midpoint of the indices on measures of non-organizational religious involvement. Both groups had relatively high self-esteem. On average, Afro-Caribbeans and African Americans felt close to their ingroups. While both groups evaluated their ingroups favorably, Afro-Caribbeans evaluated their ingroup more favorably than African Americans did (2.51 vs. 2.18, respectively). A smaller proportion of Afro-Caribbeans than African Americans were female, and a larger proportion were married. The mean levels of education, income, and health were higher for Afro-Caribbeans than African Americans. Finally, the majority of Afro-Caribbeans were immigrants.

Tables 2a through 2d show analyses of whether religiosity moderated the effect of financial stress on subjective well-being for U.S.-born and immigrant Afro-Caribbeans and for African Americans and whether self-esteem explains the moderating effect of religiosity. These tables reflect only significant interaction terms involving organizational religious involvement or non-organizational religious involvement and a financial stressor. Interaction terms that were not significant were dropped from further analyses and not included in the tables.

Table 2a shows the odds ratios from ordered logistic regressions of happiness. A significant odds ratio greater than one indicates a higher likelihood of that outcome to occur. A significant odds ratio of less than one indicates the opposite effect. Analysis reveals that Afro-Caribbean immigrants, but not U.S.-born Afro-Caribbeans were less happy than African Americans. As predicted, Model I shows that organizational religious involvement was positively related to happiness (OR = 1.23, $p < .001$) (Hypothesis 1a). Non-organizational religious involvement had no significant impact on happiness. In support of hypothesis 2a, respondents with money problems were less happy than those without money problems (OR = .45, $p < .001$). Closeness to one's racial/ethnic ingroup and a more positive ingroup evaluation

were related to greater happiness. Model II shows that as predicted, the interaction of organizational religious involvement \times money problems was positive and significant (OR = 1.12, $p < .05$) (Hypothesis 3a). Organizational religious involvement buffered the negative impact of money problems on happiness. Respondents involved in organizational facets of religion reported greater overall happiness though experiencing the stress of money problems.

To investigate whether self-esteem explains the moderating effect of religion, I first regressed self-esteem (potential mediator) on money problems, organizational religious involvement, the interaction of money problems and organizational religious involvement, and control variables. In analyses not shown, organizational religious involvement, money problems, and the organizational religious involvement \times money problems interaction were significantly related to self-esteem. Self-esteem was then added in Model III as a potential mediating variable predicting happiness. As predicted, adding self-esteem slightly reduced the moderating effect of organizational religious involvement \times money problems on happiness by 5%, from (OR = 1.19, $p < .05$ to OR = 1.13), rendering it nonsignificant (Hypothesis 4a).

Table 2b shows the odds ratios from ordered logistic regressions of life satisfaction. Life satisfaction did not differ for any group. In support of hypothesis 1a, Model I shows that organizational religious involvement was positively associated with greater life satisfaction (OR = 1.24, $p < .001$). As predicted, money problems was negatively related to life satisfaction (OR = .37, $p < .001$) (hypothesis 2b). Model II shows no support for hypothesis 3a: organizational religious involvement did not buffer the negative effect of money problems on satisfaction with life.

Table 2c shows the odds ratios from ordered logistic regressions of self-rated mental health. Contrary to happiness, Afro-Caribbean immigrants reported better self-rated mental

health than their Afro-Caribbean non-immigrant and African American counterparts. In support of hypothesis 1a, Model I shows that organizational religious involvement was associated with better self-rated mental health (OR = 1.10, $p < .05$). As predicted, money problems was negatively associated with self-rated mental health (OR = .60, $p < .001$) (hypotheses 2c). Closeness to one's racial/ethnic ingroup but not a more positive ingroup evaluation was related to better self-rated mental health. Model II shows support for the buffering hypothesis (Hypothesis 3a). The interaction of organizational religious involvement \times money problems was positive (OR = 1.23, $p < .01$). In partial support of hypothesis 4a, the addition of self-esteem in Model III slightly reduced the moderating effect of organizational religious involvement \times money problems on better self-rated mental health by 4%, from (OR = 1.23, $p < .01$ to OR = 1.18, $p < .01$).

Table 2d shows the OLS regression of the Cantril life ladder. Similar to happiness, Afro-Caribbeans immigrants, but not U.S.-born Afro-Caribbeans rated themselves lower on the life ladder than African Americans did. As predicted, Model I shows that organizational religious involvement and non-organizational religious involvement were associated with a higher position on the life ladder ($b = .16$, $p < .001$) and ($b = .11$, $p < .05$), respectively (Hypothesis 1a and 1b). Similarly, in support of hypothesis 2d, respondents with money problems rated themselves lower on the life ladder compared to those without money problems ($b = -.73$, $p < .001$). The addition of the organizational religious involvement \times money problems term in Model II supported the buffering hypothesis (Hypotheses 3a). The coefficient was significant ($b = .12$, $p < .05$), revealing that the negative association between money problems and position on the life ladder was reduced among respondents with higher levels of organizational religious involvement. As predicted, adding self-esteem in Model III reduced the moderating effect of

organizational religious involvement \times money problems on position on the life ladder by 42% from $b = .12, p < .05$ to $b = .07$, rendering it nonsignificant (Hypothesis 4a).

Table 3 shows the estimates of indirect effects of financial stress on subjective well-being through self-esteem based on the level of organizational religious involvement, using the bootstrap method (Hayes 2013; Hughes, Kiecolt, and Keith 2014). Indirect effects of financial stress on subjective well-being measures at all levels of organizational religious involvement were significant. The findings reveal a consistent pattern showing that self-esteem is a significant mediator of the negative impact of financial stress on subjective well-being. In addition, the indirect effect varies in strength depending on the level of organizational religious involvement. For example, the indirect effect of money problems on position on the life ladder through self-esteem was ($b = -.10, p < .001$) at a high level of organizational religious involvement, ($b = -.14, p < .001$) at a moderate level, and ($b = -.19, p < .001$) at a low level. Hence, my moderated mediation model shows that self-esteem explains why experiencing money problems was less strongly associated with a higher position on the life ladder when the level of organizational religious involvement was high. The same patterns were present in the analysis of money problems and happiness as well as money problems and better self-rated mental health.

DISCUSSION

This study contributes to the literature on religiosity, financial stress, psychological resources, and subjective well-being. As predicted, organizational religious involvement was positively related to measures of subjective well-being (Hypothesis 1a). Non-organizational religious involvement was positively related to a higher position on the life ladder (Hypotheses 1b). Consistent with previous research on religious involvement and subjective well-being (Diener 1984; Poloma and Pendleton 1990; Chamberlain and Zika 1992; Ellison and George

1994; Levin and Tobin 1995; Greeley and Hout 2006; Krause 2008a; Lim and Putnam 2010; Assari 2013), these findings show that respondents with higher levels of religious involvement are more satisfied with their lives. Explanations for organizational religious involvements' s potent effect on mental health include the formation and maintenance of social networks and interaction with church members (Bradley 1995; Ellison and George 1994). Congregants develop social relationships that reinforce their core beliefs, which benefit their subjective well-being (Lim and Putnam 2010) and mental health (Acevedo et al. 2014; Krause 2002a, 2002b, 2008). Contrary to expectations, there was no direct association between non-organizational religious involvement and most measures of subjective well-being (only position on the Cantril life ladder). This study adds to the literature that finds that increased frequencies of prayer is associated higher levels poor mental health (depression and anxiety) and lower levels of subjective well-being (life satisfaction and optimism) (Bradshaw et al. 2008; Sternthal et al. 2010; Ellison and Lee 2010). This is consistent with explanations including; people increase prayer because they are experiencing more stressors (Bradshaw et al. 2008) and people pray for different reasons.

The influence of financial stress was negatively associated with subjective well-being (Hypothesis 2a - 2d), adding to findings that financial strain is associated with lower happiness with life in general (Dolan, Peasgood, and Mathew 2008) and poorer mental health (Thoits 2010; Young and Schieman 2012; Hughes, Kiecolt, and Keith 2014; Acevedo, Ellison, and Xu 2014). Furthermore, involvement in organizational facets of religion buffered against the harmful effect of financial stress on subjective well-being (happiness, self-rated mental health, and position on the Cantril life ladder) (Hypothesis 3a). These findings add to findings that religious involvement lessens the negative effects of financial stress on negative mental health (Acevedo et al. 2014;

Strawbridge et al. 1998; Bradshaw and Ellison 2010; Williams et al. 1991; Ellison et al. 2001). Fellowship within congregations may provide a sense of unity in faith that can help those in need see past their difficult circumstances (Krause et al. 2001). Church congregations are an important space to form networks that can provide informal support and material assistance (Ellison and George 1994; Taylor, Chatters, and Levin 2004; Krause 2008). Congregations may promote formal programs and church ministries that focus on providing tangible provisions to assist those in need, including fostering relationships with social service agencies, provide financial assistance, and information on job opportunities (Chaves 2004). These finding also add to research on the utility of protective resources against adverse effects of financial stress on mental health, such as racial identity (Hughes, Kiecolt, and Keith 2014), which I controlled for in this study.

Next, in line with my expectations, organizational religious involvement buffered the deleterious effect of financial stress on subjective well-being by protecting self-esteem, which positively influences one's subjective well-being (Hypothesis 4a, 4c, and 4d). These findings augment previous findings that self-esteem is an effective mediator of the relationship between financial stress and mental health for U.S. blacks (Hughes, Kiecolt, and Keith 2014). In addition, these findings are theoretically consistent with the suggestion that religion buttresses blacks' sense of self-worth as a protective psychological resource against stressors (Mays and Nicholson 1971; Moore 1991). This study adds to a growing body of research illustrating the potential for moderated mediation models to reveal the protective effect of resources in the stress process (Ida and Christie-Mizell 2012; Hughes, Kiecolt, and Keith 2014).

As with all studies, this study has several limitations. First, because the data were cross-sectional, I could not establish causal relationships among the variables in my analysis. Although

there is theory that explains why religion leads to better subjective well-being, I could not determine whether religion influences subjective well-being, or the reverse. Likewise, research does find that higher levels of religious involvement enhances self-esteem (Keyes and Reitzes 2007; Hughes and Demos 1989; Ellison and Flannelly 2009). However, the reverse may also be true. Second, money problems was a single-item measure and I could not determine its severity. I was also not able to determine whether the money problems was a chronic strain.

Future research should build on this study by investigating the potential negative effects of religion (e.g., negative interactions) on financial stressors on subjective well-being for U.S. blacks. Additional psychological as well as social resources including mastery and social support should also be considered as potential mediators of the moderating effect of religion. Finally, more moderated mediation models should test whether the indirect effects of stressors on subjective well-being via social and psychological resources vary by levels of religiosity.

TABLES

Table 1: Descriptive Statistics ^a and Unweighted Ns for Study Variables, by Ethnicity					
	Range	Afro-Caribbeans		African Americans	
		<i>M</i> (S.E.) or proportion	N	<i>M</i> (S.E.) or proportion	N
Happiness	0–2		1,433		3,552
Very happy		.28*		.29	
Pretty happy		.52		.57	
Not too happy		.20		.14	
Life Satisfaction	0–2		1,438		3,570
Very satisfied		.32		.36	
Somewhat satisfied		.55		.51	
Not too satisfied		.13		.13	
Self-rated mental health	0–3		1,408		3,436
Excellent		.38*		.31	
Very Good		.36		.35	
Good		.15		.23	
Not too good		.12		.11	
Cantril life ladder	1–10	7.05 (.14)	1,398	7.24 (.04)	3,418
Financial Stress					
Money problems	0-1	0.55	1,409	0.56	3,436
Religiosity					
Organizational religious involvement	0–4	1.31** (.07)	1,436	1.51 (.03)	3,570
Non-organizational religious involvement	0–5	3.15 (.10)	1,432	3.31 (.03)	3,567
Self-esteem	0–3	2.63 (.03)	1,392	2.62 (.01)	3,415
Control Variables					
Closeness to racial/ethnic ingroup ^b	0–2	1.38 (.06)	1,409	1.46 (.02)	3,497
Evaluation of racial/ethnic ingroup ^b	0–3	2.51*** (.03)	1,387	2.18 (.02)	3,491
Age	18–94	40.95 (.95)	1,438	42.33 (.52)	3,570
Female	0, 1	.49*	1,438	.56	3,570
Married	0, 1	.50**	1,438	.42	3,562
Education (years)	1–4	2.50** (.05)	1,438	2.28 (.03)	3,570
Family income in \$10,000	0–20	4.62** (.28)	1,438	3.61 (.13)	3,570
Health	0–4	2.65*** (.06)	1,408	2.42 (.02)	3,437
Immigrant	0, 1	.66	1,396	--	--

^aMeans (and standard errors) or proportions for weighted *N*'s; unweighted *N*'s are shown.

^bAfro-Caribbeans or African Americans, respectively.

p* < .05. *p* < .01. ****p* < .001. Significant differences between African Americans and Caribbean Americans

Table 2a. Odds Ratios from Ordered Logistic Regressions of Happiness on Religiosity, Financial Stress, Interaction Term, Self-esteem, Racial/Ethnic Identity, and Social Characteristics for African Americans and Afro-Caribbeans

	I	II	III
Afro-Caribbean immigrant ^a	.53***	.53***	.57***
Afro-Caribbean non-immigrant ^a	1.11	1.11	1.12
Financial Stress			
Money Problems	.45***	.35***	.41***
Religiosity			
Organizational religious involvement	1.23***	1.12*	1.13*
Non-organizational religious involvement	1.02	1.03	1.11
Money Problems			
X Organizational religious involvement		1.18*	1.13
Self-esteem			4.49***
Control Variables			
Closeness to racial/ethnic ingroup ^b	1.17*	1.17*	1.13
Evaluation of racial/ethnic ingroup ^b	1.27**	1.27**	1.11
Age	1.02***	1.02***	1.02***
Female	.82**	.83**	.79***
Married or cohabiting	1.33**	1.34***	1.28**
Education	.82***	.83***	.76***
Household income	1.02	1.02	1.00
Health	1.52***	1.52***	1.34***
Cut 1	.07	-.09	2.86***
Cut 2	3.17***	3.02***	6.17***
F	32.04***	31.71***	30.85***
<i>df</i>	54	54	54
N	4,623	4,623	4,623

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

[^] $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests).

Table 2b. Odds Ratios from Ordered Logistic Regressions of Life Satisfaction on Religiosity, Financial Stress, Interaction Term, Self-esteem, Racial/Ethnic Identity, and Social Characteristics for African Americans and Afro-Caribbeans

	I	II
Afro-Caribbean immigrant ^a	.81	.81
Afro-Caribbean non-immigrant ^a	.97	.97
Financial Stress		
Money Problems	.37***	.37***
Religiosity		
Organizational religious involvement	1.24***	1.24***
Non-organizational religious involvement	1.02	1.02
Money Problems		
X Organizational religious involvement		1.00
Self-esteem		
Control Variables		
Closeness to racial/ethnic ingroup ^b	1.07	1.07
Evaluation of racial/ethnic ingroup ^b	1.12	1.13
Age	1.01***	1.01***
Female	.83*	.83*
Married or cohabiting	1.34***	1.34***
Education	.83***	.83***
Household income	1.00	1.00
Health	1.41***	1.42***
Cut 1	-.94**	-.94**
Cut 2	1.90***	1.90***
F	37.78***	38.49***
<i>df</i>	54	54
N	4,626	4,626

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

[^]p < .10. *p < .05. **p < .01. ***p < .001 (two-tailed tests).

Table 2c. Odds Ratios from Ordered Logistic Regressions of Self-Rated Mental Health on Religiosity, Financial Stress, Interaction Term, Self-esteem, Racial/Ethnic Identity, and Social Characteristics for African Americans and Afro-Caribbeans

	I	II	III
Afro-Caribbean immigrant ^a	1.31*	1.31*	1.43***
Afro-Caribbean non-immigrant ^a	.93	.92	.89
Financial Stress			
Money Problems	.60***	.44***	.52***
Religiosity			
Organizational religious involvement	1.10*	.98	.97
Non-organizational religious involvement	1.00	1.00	.97
Money Problems			
X Organizational religious involvement		1.23**	1.18**
Self-esteem			
			4.52***
Control Variables			
Closeness to racial/ethnic ingroup ^b	1.18**	1.18**	1.13
Evaluation of racial/ethnic ingroup ^b	1.16	1.16	1.01
Age	.99***	.99***	.99***
Female	.81	.82	.79*
Married or cohabiting	1.10	1.11	1.05
Education	1.08*	1.08*	1.00
Household income	.99	.99	.98
Health	2.56***	2.56***	2.34***
Cut 1			
	-.20	-.39	2.56***
Cut 2			
	1.55***	1.37***	4.45***
Cut 2			
	3.39***	3.21***	6.38***
F	52.28***	60.47***	67.87***
df	54	54	54
N	4,625	4,625	4,625

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

^p < .10. *p < .05. **p < .01. ***p < .001 (two-tailed tests).

Table 2d. OLS Regressions of Cantril Life Ladder on Religiosity, Financial Stress, Interaction Term, Self-esteem, Racial/Ethnic Identity and Social Characteristics for African Americans and Afro-Caribbeans

	I	II	III
Afro-Caribbean immigrant ^a	-.20**	-.20**	-.11*
Afro-Caribbean non-immigrant ^a	-.06	-.07	.07
Financial Stress			
Money Problems	-.73***	-.91***	-.70***
Religiosity			
Organizational religious involvement	.16***	.10*	.09*
Non-organizational religious involvement	.11*	.11*	.07*
Money Problems			
X Organizational religious involvement		.12*	.07
Self-esteem			
			1.44***
Control Variables			
Closeness to racial/ethnic ingroup ^b	.10	.10	.06
Evaluation of racial/ethnic ingroup ^b	-.01	-.01	-.16*
Age	.03***	.03***	.03***
Female	.19**	.20**	-.13*
Married or cohabiting	.21*	.21*	.15
Education	-.02	-.02	-.09***
Household income	.01	.01	-.01
Health	.38***	.38***	.24***
Constant			
	4.70***	4.80***	2.09***
R ²	.20***	.20***	.28***
N	4,600	4,600	4,600

^aAfrican American was the omitted comparison category.

^bAfro-Caribbeans or African Americans, respectively.

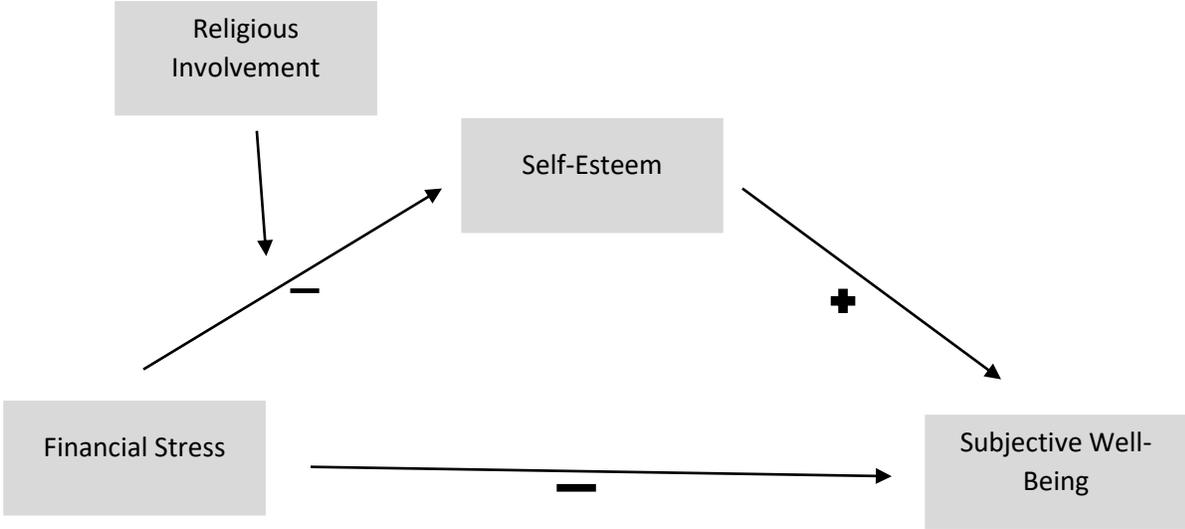
^p < .10. *p < .05. **p < .01. ***p < .001 (two-tailed tests).

Table 3. Indirect Effects of Financial Stress on Subjective Well-being measures as mediated by Self-Esteem and Levels of Religiosity

Mediators	Indirect effect on happiness of	Bootstrap Standard Error	z
Self-Esteem	Money Problems		
Level of organizational religious involvement			
High	-.03***	.01	-5.15
Moderate	-.04***	.01	-5.52
Low	-.05***	.01	-3.14
	Indirect effect on life satisfaction of		
Self-Esteem	Money Problems		
Level of organizational religious involvement			
High	-.02**	.01	-3.16
Moderate	-.04***	.01	-5.57
Low	-.05***	.01	-5.15
	Indirect effect on self-rated mental health of		
Self-Esteem	Money Problems		
Level of organizational religious involvement			
High	-.04***	.01	-5.31
Moderate	-.06***	.01	-5.77
Low	-.08***	.02	-5.31
	Indirect effect on Cantril life ladder of		
Self-Esteem	Money Problems		
Level of organizational religious involvement			
High	-.10***	.02	-5.58
Moderate	-.14***	.02	-7.91
Low	-.19***	.02	-4.03

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed tests).

Figure 1: Conceptual Model of Moderated Mediation



Model of how religious involvement may buffer the negative effect of financial stress on subjective well-being by protecting self-esteem.

CHAPTER 6: CONCLUSION

I began the literature review (Chapter 2) of this dissertation with an evaluation of the association between religion and subjective well-being (including mental health) for U.S. blacks. A review of previous studies showed a focus on African Americans or blacks in general to account for people of the African diaspora living in the U.S. This is a frequent criticism of the research on race and mental health: that studies of black Americans often ignore in-group variation and view blacks as one monolithic group (Williams et al. 2007). I employed an ethnic and cultural lens to further highlight the often overlooked and under analyzed life experiences of U.S. blacks. I investigated the two largest groups making up the U.S. black population: African Americans and Afro-Caribbeans.

Also, most research into the association of religion and mental health focuses on negative mental health (i.e., psychological distress, depression, anxiety) with limited research on positive mental health outcomes. This dissertation focuses on four measures of subjective well-being; happiness, life satisfaction, position on the Cantril life ladder, and self-rated mental health. These indicators of quality of life differ and underpin the overarching need to investigate multiple measures of subjective well-being. Life satisfaction measure individuals' current well-being and is more cognitive and less affective than happiness (Campbell 1981). Position on the Cantril life ladder asks respondents to assess their overall quality of life from birth to their current stage. (e.g., Cantril 1965; Kahneman and Deaton 2010). Self-rated mental health is a subjective measure of one's emotional, psychological, and social well-being and not a substitute for measures of psychiatric morbidity (Levinson and Kaplan 2014). The next logical step was to investigate the relationships among race and ethnicity, religiosity, and subjective well-being. This dissertation draws from theories of race and ethnicity, religion, social identity, racial

discrimination, and stress. They all are areas of importance but collectively under investigated for U.S. blacks' subjective well-being. The current literature is sparse.

The first study of this dissertation (Chapter 3) investigates the associations among religiosity, religious social support, and subjective well-being for American Americans and Afro-Caribbeans. The next two studies (Chapters 4 and 5) further explore the growing literature examining whether religiosity counteracts the negative impact of stressors for U.S. blacks. Chapter 4 investigates the relationship among racial discrimination, dimensions of religiosity, and measures of subjective well-being for American Americans and Afro-Caribbeans. Chapter 5 examines the relationship among religiosity, financial stress, self-esteem, and measures of subjective well-being for both groups.

My first study (Chapter 3) investigated whether general social support and religious social support explains the association between religiosity and subjective well-being for African Americans and Afro-Caribbeans. Both types of support are important for U.S. blacks and influence mental health, but how they influence subjective well-being for African Americans and Afro-Caribbeans is unclear. Previous research finds that while general social support explains part of the relationship, church-based social support mediates the relationship between religiosity and life satisfaction for African Americans (Lim and Putnam 2010; Assari 2013). My study adds two significant findings to the literature. First, religious social support mediates that relationship between organizational religious involvement and self-rated mental health for African Americans and Afro-Caribbeans. Second, Afro-Caribbean immigrants involved in organizational religious activities are happier, more satisfied with life, and are on a higher position on the life ladder than U.S. born Afro-Caribbeans and African Americans.

An evaluation of the association between religiosity and subjective well-being would not

be complete without using the stress process model (Wheaton 1985; Mirowsky 2013; Acevedo et al. 2014) to investigate whether and how religiosity interacts with major stressors to explain subjective well-being outcomes. As such, Chapter 4 addressed the question of whether religiosity moderates the negative impact of racial discrimination on subjective well-being for African Americans and Afro-Caribbeans. Not surprisingly, previous literature showed that racial discrimination reduces subjective well-being (happiness and life satisfaction for African Americans) and that religiosity does not protect subjective well-being (happiness and life satisfaction) for African Americans. Chapter 4 augments previous research, revealing three significant findings. First, racial discrimination negatively impacts all four measures of subjective well-being (happiness, life satisfaction, self-rated mental health, and position on the life ladder) for both African Americans and Afro-Caribbeans. Not only African Americans, but also Afro-Caribbeans living in the U.S. experience the adverse impact of racial discrimination on subjective well-being. Second, the effects of racial discrimination are worse for Afro-Caribbean immigrants' position on the life ladder than for U.S. born Afro-Caribbeans' and African Americans'. This may be explained by the assertion that racial discrimination compounds other stressors related to immigration that have important consequences for well-being (Mejía and McCarthy 2010; Wated and Sanchez 2006; Yakhnich 2008). Third, involvement in organizational facets of religion is likely to alleviate the negative impact of racial discrimination on happiness more for Afro-Caribbean non-immigrants and the other two groups. In addition, organizational religious involvement buffered the negative effect of racial discrimination on being on a better position on the life ladder more for Afro-Caribbean immigrants than for U.S. born Afro-Caribbeans and African Americans.

Next, Chapter 5 continued the inquiry concerning the adverse impact of stressors for U.S.

blacks by investigating whether and how religion lessen the effect of financial stress on subjective well-being for African Americans and Afro-Caribbeans. The literature showed that financial strain was associated with lower happiness with life (Dolan, Peasgood, and Mathew 2008) and poorer mental health (Thoits 2010; Young and Schieman 2012; Hughes, Kiecolt, and Keith 2014; Acevedo, Ellison, and Xu 2014). In addition, racial identity mitigated the harmful effects of financial stress on African Americans' mental health, and psychological resources (self-esteem, mastery, family support) are effective mediators of this relationship (Hughes, Kiecolt, and Keith 2014). Chapter 5 reveals three significant findings. First, financial stress not only reduces happiness, but also contributes to being less satisfied with life, worse self-rated mental health, and being on a lower position on the life ladder for African Americans and Afro-Caribbeans. Second, organizational religious involvement protects happiness, self-rated mental health, and position on the Cantril life ladder against the harmful effect of financial stress for both groups. Finally, organizational religious involvement buffers the detrimental effect of financial stress on happiness, self-rated mental health, and position on the Cantril life ladder by protecting self-esteem, which is a positive agent for one's subjective well-being.

What exactly do the findings in this dissertation mean? First, findings reinforce that religion is an important and effective resource in the lives of African Americans and Afro-Caribbeans living in the U.S. Religiosity not only benefits mental health but also various aspects of subjective well-being for both groups.

In addition, this research improves on how measures of religiosity are constructed to examine their influence of mental health outcomes. My findings reveal that an index of organizational religious involvement and not merely frequency of church attendance, which most studies use as a proxy for religious involvement/participation, positively influences subjective

well-being. My index is a more robust measure of religiosity. My research reinforces that while in many ways, religion has numerous benefits, the most influential effects are found in involvement in organizational facets of religion. In addition, some of the beneficial effects of religion differ for African Americans and Afro-Caribbean. For example, while being active in religious activities is related to better subjective well-being, social support from church members explains the benefits of this association for self-rated mental health for both groups. Stated differently, the formation and maintenance of religious social ties and interactions through the involvement in organizational facets of religion strengthen of core beliefs and provides a more positive outlook on life (Bradley 1995; Ellison and George 1994; Acevedo et al. 2014; Krause 2002a, 2002b, 2008; Lim and Putnam 2010).

Next, my findings augment previous research that found that religion does not protect mental health against the negative effects of racial discrimination for U.S. blacks. My findings reveal that racial discrimination adversely affect African Americans' and Afro-Caribbeans' subjective well-being (happiness, life satisfaction, self-rated mental health, and position on the life ladder).

This dissertation further strengthens the call for the use of critical race theory in the study of race and racism and mental health, which often conflate race and ethnicity (Brown 2008). By fusing the two, researchers fail to consider cultural and social factors that distinguish the life circumstances for blacks in the diaspora.

My findings also speak to the “immigrant paradox”. One component of this paradox is that foreign-born blacks fare better than native-born blacks and whites despite being more socially and economically disadvantaged on average (Crosnoe and Turley-Lopez 20110). Being involved in organizational facets of religion alleviate the negative impact of racial discrimination

on happiness more for Afro-Caribbean non-immigrants than the other two groups. This finding is evidence that religious social resources influence mental health differently for different ethnic groups to (Lincoln et al. 2003; Assari 2013), highlighting distinctive benefits of religiosity and community bonds for Afro-Caribbean immigrants (Bashi 2007; Waters 1999). Also, organizational religious involvement buffered the negative effect of racial discrimination on position on the life ladder more for Afro-Caribbean immigrants than their counterparts.

Another components puts forth that Afro-Caribbean immigrants have better mental health compared to their American-born counterparts (Jackson and Antonucci 2005; Williams et al. 2007). My findings are mixed here. I found that Afro-Caribbean immigrants have better self-rated mental health than African Americans. However, they are less happy.

This dissertation reveals an absence of difference between U.S born Afro-Caribbeans and African Americans on subjective well-being outcomes. Similarly, previous research has found that while Afro-Caribbean immigrants fare better than African Americans on mental health outcomes, U.S born Afro-Caribbeans' outcomes progressively resemble that of African Americans (Williams et al. 2007). Possible explanations for this lack of difference include an increase exposure to minority status in the United States. U.S born Afro-Caribbeans and African Americans lives reflect similar societal stressors associated with being black in America. However, Afro-Caribbean immigrants are socialized in a predominantly black context outside of the U.S.

Finally, this research adds to literature on the negative impact of financial stress on mental health and happiness. Financial stress adversely impacts other measures of subjective well-being for African Americans and Afro-Caribbeans. This includes life satisfaction, position on the Cantril life ladder, and self-rated mental health. Organizational religious involvement

creates communion within congregations delivering a sense of unity in faith that aid seeing beyond difficult circumstances (Krause et al. 2001) and provides a platform to provide support and assistance that mitigate difficult financial situations (Ellison and George 1994; Taylor, Chatters, and Levin 2004; Krause 2008; Chaves 2004). Thus religious organizational involvement dispenses support that shields subjective well-being for African Americans and Afro-Caribbeans experiencing financial stress by protecting their self-esteem. A sense of self-worth acts within these relationships as a protective psychological resource.

As with all studies, this study has several limitations. First, because the data were cross-sectional, I could not fully establish causal order among the variables in my analyses. I could not determine whether religiosity influences subjective well-being, or the reverse. Although research does find that higher levels of religious involvement enhance self-esteem (Keyes and Reitzes 2007; Hughes and Demos 1989; Ellison and Flannelly 2009), the reverse may also be true. Second, although measures of subjective well-being have been widely used in previous research they are all single-item measures. Third, closeness to one's racial/ethnic ingroup also was a single-item measure. The data contained multiple indicators of closeness to specific groups of U.S. blacks (e.g., poor, religious, upper class, or working class blacks), but had no matching items that Afro-Caribbeans. Money problems was also a single-item measure and I could not determine its severity. I could not to determine whether money problems was a chronic strain.

Lastly, Afro-Caribbeans are a diverse group. Disaggregating the sample by nation of origin may reveal similarities or differences in outcomes between groups. However, the sample is not large enough to separately analyze Afro-Caribbeans by national origin. Also, the U.S born Afro-Caribbean sample was small.

Finding from this dissertation augment previous findings regarding the utility of religious

social support in explaining why organizational religious involvement promotes better subjective well-being for African Americans and Afro-Caribbeans. The effects of organizational religious involvement persist after accounting for non-organizational religious involvement and controlling for general social support and racial/ethnic identity. Several questions remain, however. Will religious support remain as influential a resource in explaining organizational religious involvement's effects on subjective well-being for other black groups in congregations were they are not the dominant racial group? This question is especially important because segregated congregations are a fact of life. The Reverend Martin Luther King, Jr., once said "it is appalling that the most segregated hour of Christian America is eleven o'clock on Sunday morning." Michael Emerson (2006), found that only 8% of all Christian congregations in the U.S. are racially mixed to a significant degree: 2-3% of mainline Protestant congregations, 8% of other Protestant congregations, and 20% of Catholic parishes. Do blacks in the U.S. of various racial/ethnic backgrounds benefit from involvement in these congregations? Or do religion and faith continue to be overshadowed by racial differences? Do the effects of religious involvement on subjective well-being differ by religious denomination? Future research should expand on my findings and further explore these areas of concern.

Next, do religious social support explain the buffering effect of organizational religious involvement on stress for black groups living in the U.S.? I find that organizational religious involvement moderates the negative impact of financial stress on subjective well-being and that self-esteem mediates this relationship. religious social support also may mediate the relationship. Theoretical explanations for the effectiveness of religious social support includes the boosting of individuals' self-esteem and their ability to appraise stressors so as to see viable solutions to a problem. This needs to be examined empirically.

Finally, this work further signals the need for a more focused investigation of within-group differences in mental health and subjective well-being outcomes. Afro-Caribbean immigrants involved in organizational religious activities have better subjective well-being than their U.S.-born Afro-Caribbeans and African Americans counterparts. Future research should investigate why and how racial/ethnic identity influences how religiosity affects subjective well-being. With African Americans' and Afro-Caribbeans' diverse social and cultural experiences racial/ethnic identity may contribute to understanding why ethnicity can be more salient than race (Waters 1994). Future research should also investigate whether religion influences how racial discrimination affects subjective well-being for other racial/ethnic minority groups (e.g., Native Americans, Hispanics Americans, Asian Americans) who may share similar historical experiences of discrimination in the U.S. Adding a qualitative component to this work by interviewing parishioners, broadening the categories of ethnic blacks, and considering differences in religious denominations would also give voice to stakeholders and provide depth to this line of work.

In addition, another important source of heterogeneity among blacks is skin tone. Pigmentation plays a significant role in the lives of U.S blacks. This aspect of black life may have an impact on identity, status, and life chances. Future research should consider how skin color impacts subjective well-being outcomes.

Coincidentally, my research was conducted at a time of growing racial and economic inequality. Researching whether the effectiveness of religious involvement persists in the lives of blacks in the U.S should be at the epicenter of understanding the viability of religiosity in influencing better mental health outcomes. Overall, my goal as a scholar is to impact the discipline by exploring the effects of religiosity, psychological resources, the efficacy of

racial/ethnic identity theory on mental health and subjective well-being outcomes. I now have answers to the questions I addressed, but there is still much we do not fully understand about the role religion plays in U.S. blacks' mental health and subjective well-being. As such, I am not quite done.

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