

RELIGIOSITY, COPING, AND PSYCHOLOGICAL WELL-BEING AMONG
LDS POLYNESIANS IN THE U.S.

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the Faculty of the Graduate School
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In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

RELIGIOSITY, COPING, AND PSYCHOLOGICAL WELL-BEING AMONG LDS
POLYNESIANS IN THE U.S.

presented by G.E. Kawika Allen,

a candidate for the degree of doctor of philosophy,

and hereby certify that, in their opinion, it is worthy of acceptance.

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DEDICATION

I dedicate this work to my wife Carolina and children, Elijah, Olivia, Miriam, and Hannah. To Carol, I dedicate my whole heart and sincere gratitude for your unwavering support, understanding, guidance, and encouragement throughout the many years of long exhausting days and sleepless nights. On numerous occasions, your strength and spirit uplifted and motivated me during times of discouragement. You contributed to this work more than you know and when I needed strength to continue you were always there to keep me moving forward. It could not have been done without you. You are my strength and eternal partner. For this, I dedicate this work to you. To my children, I dedicate this to you for your genuine understanding and patience during times when dad could not come home to play or was unable to tuck you in to sleep at night. I want you to know that there were many moments of longing to be with you during my graduate work. Be assured that you never left my thoughts and heart. For this, I dedicate this work to you.

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LIST OF ABBREVIATIONS

RCI	Religious Commitment Inventory
RC	Religious Commitment
CCS	Collectivistic Coping Styles
ARS	Acceptance, Reframing, and Striving
FS	Family Support
RS	Religion-Spirituality
AD	Avoidance and Detachment
PEO	Private Emotional Outlets
PWS	Psychological Well-being Scale
SA	Self-acceptance
PL	Purpose in Life
BSI-18	Brief Symptom Inventory-18
DEP	Depression
ANX	Anxiety

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ABSTRACT

This study examined religiosity, collectivistic coping, and psychological well-being among 94 LDS Polynesians residing in the Midwest. As hypothesized, highly religious LDS Polynesians were more likely to have a healthy psychological well-being and are also likely to use collectivistic coping styles. Family support and religion-spirituality coping styles were also significantly correlated with a positive psychological well-being. However, these collectivistic coping styles did not mediate the relationship between LDS Polynesians' religious commitment and psychological well-being. Implications are discussed in terms of religiosity, culture, coping, and psychological well-being.

Keywords: religiosity, coping, psychological well-being and distress, Polynesians

CHAPTER 1

INTRODUCTION

As the American Society becomes increasingly diverse, further attention to and research on multicultural groups across a variety of settings is needed. Heppner (2006) declared that multicultural and cross-cultural research can expand and greatly enhance the knowledge bases in psychology, particularly in the field of counseling psychology. He also maintained that increased multicultural and cross-cultural competence will increase the sophistication of our research and expand its utility and generalizability. Multicultural research will not only increase counseling effectiveness, but also address the ability of the counseling psychology field to provide mental health needs across different populations (Heppner, 2006). It is essential that more attention be given to those marginalized and underrepresented groups through research to clarify presenting concerns and best practices. This will enable professionals in the community to provide state-of-the-art services designed with specific groups in mind. One of these populations which has received virtually no attention is South Pacific Islanders.

South Pacific Islanders, also known as Polynesians, have been substantially underrepresented in social and psychological research, specifically those who live in the U.S. (Allen, 2005). Historically, the multicultural psychology literature has primarily focused on Latinos/as, Asian-Americans, African-Americans, and Native-Americans as the main ethnic/racial minority groups related to studying psychological issues. However, there seems to be a dearth of research regarding Polynesians in the U.S. mainland. South

Pacific Islanders are clustered under the Asian American census category but represent a group that is very unique culturally, historically, linguistically, and religiously. Research about South Pacific Islanders as a unique group can aid in recognizing and describing group differences that stems from their unique culture and history. Not only can this additional information and research about Polynesians help individuals to better understand and be sensitive to this unique group, but can also promote inclusiveness and belonging that can be formed between the U.S. majority, this minority group, and other minority communities. More specifically, research on Polynesians will assist professionals in the counseling psychology field (i.e., counselors, scholars, researchers) better serve this population; moreover, such research may well have implications for other populations and cultures. Among the several areas of focus for research that have not been conducted on Polynesians, religiosity and coping are some of these.

Studies on religiosity, religious and collectivistic coping, and their impact on psychological well-being among racially ethnic minorities have been proliferated in recent years (Cervantes & Parham, 2005; Khalili, Murken, Reich, Shah, & Vahabzadeh, 2002; Fukuyama & Sevig, 1999; Yeh, Arora & Wu, 2006; Bhui, King, Dein & O'Connor, 2008; Maddux, 2008; Yoon, 2004; Folkman & Moskowitz, 2004). Studies have shown that racial ethnic minorities tend to be religious and likely to exhibit religious coping strategies (i.e., attend church services/activities, read scriptures, regular prayer, effective thoughts like “God will provide and help”) when faced with psychological distress (Rogers, 2007; McRae, Thompson & Cooper, 1999; Bell, 1997; Bhui, King, Dein & O'Connor, 2008). Interestingly, African Americans, Latino/as, and Asian Americans also share a similar cultural value related to collectivism. This cultural/familial value also

functions as a collectivistic coping style from which they draw to shield against psychological distress (Yeh et al, 2006; Folkman & Moskowitz, 2004). One of these main strategies is family support (Yeh et al, 2006) that allows families to unify and resolve the stresses of life together resulting in a collective effort to ensure that all members of the family are psychologically stable and healthy. In addition, it has also been documented that the meaning of life and other coping strategies can mediate between religiosity and psychological well-being (Tix & Frazier, 1998; Steger & Frazier, 2005), which can be an effective channel through which counselors can assist and engage with their clients even when they do not share similar perspectives on religion.

Although these efforts have provided a great foundation for advanced research among racial ethnic minorities, there is a lack of research on these same constructs (i.e., religiosity, collectivistic coping, and psychological well-being) with Polynesians. Little is known about this unique population regarding how they have coped with struggles of adjusting to life here in the mainland U.S. while transitioning from one cultural context to another. Religiosity and spirituality may be important variables in Polynesians coping and overall well-being as it is the primary reason they might have relocated to the U.S. mainland. Spirituality and religion are deeply rooted in this collectivistic society and culture. For example, in the Hawaiian culture, many dances, chants, and cultural practices are performed at Polynesian events and festivals where family members and friends are gathered together. These spiritual (i.e., ancient Hawaiian Hula) and collectivistic events (i.e., Luaus) are intrinsically connected to harmony and well-being and enhance greater collectivistic interpersonal relationships among family members and friends. Being raised in the culture and through personal observation and communication, Polynesians have

used spirituality and religiosity to provide a buffer against psychological stress and daily life struggles.

Of particular interest in the current investigation is a specific group of Polynesians who belong to The Church of Jesus Christ of Latter-Day Saints (LDS) also known as Mormons. The LDS Church has had a significant influence in the South Pacific Islands, specifically through missionary service efforts. Many Polynesians have converted to the LDS church and have since relocated to the mainland because of their strong religious beliefs. One of the main locations where LDS Polynesians have relocated, unknown to many, is in the Midwest area of Independence, Missouri. Historically, early LDS members journeyed from the east and settled in the Jackson County, Independence, Missouri area due to persecution and physical violence by mobs. This region, at that time, was promised to be a place of refuge, beauty, and peace for the members. To this day, it still remains as such. There is also very little known concerning how these Polynesians adjust to a different cultural context and how their religious commitment has impacted their collectivistic coping strategies and psychological well-being.

Based on the information gathered and interactions observed by the author that LDS Polynesians residing in the Independence, MO area are highly religious and operate within a collectivistic system, it is essential to examine if there are specific religious and collectivistic coping strategies that they use to buffer the daily psychological stresses of life. Moreover, some components of collectivistic living and group collectivism are also found in the LDS Church (i.e., needs of others over one's own, overall welfare of the whole and not just the one, service to others, charitable acts) that are similar to the

Polynesian collectivistic system. These warrant investigation into how LDS Polynesians cope with psychological struggles and develop a healthy psychological well-being.

Therefore, the overall purpose of this study was to examine the impact of religious commitment of LDS Polynesians as this was a substantial motivating factor for their relocation to the U.S. Specifically, the purpose of the study was threefold: (1) analyze the association between religiosity and psychological well-being, anxiety, and depression among LDS Polynesians as this group may have used religiosity as a buffer against psychological distress and to develop a healthy psychological well-being, (2) examine if there is a relationship between religiosity and collectivistic coping styles that helped them cope with everyday life, and (3) analyze the association between collectivistic coping styles and psychological well-being, anxiety, and depression among LDS Polynesians. The target population was LDS Polynesians living in the Independence, Missouri area. Another primary goal of the study was to assess if there are collectivistic coping styles that mediate the relationship between LDS Polynesians' religious commitment and psychological well-being.

CHAPTER 2

REVIEW OF LITERATURE

This literature review will be separated into eight parts. First, Pacific Islanders will be described, defined, and differentiated from other Asian and Pacific Islanders, particularly Polynesians. Second, the religious beliefs and commitments of Polynesians who are LDS will be addressed. Third, LDS Polynesians' relocation from their native homelands to the U.S. mainland, specifically Independence Missouri will also be discussed. Fourth, the evolution and current research regarding religiosity and psychological wellbeing will be reviewed. Fifth, current research on religiosity and coping will be discussed. Sixth, existing research on collectivistic coping will be included. Seventh, the purpose of the current study will be outlined. And finally, research questions and hypotheses were generated for this study based from this literature review.

Pacific Islanders

From the South Pacific to the Mainland

Throughout the 20th century, there has been a surge of diverse races and cultures which have settled in the U.S. as their home (Allen, 2005; Greenless & Saenz, 1999; Cobb-Clark & Kossoudji, 2000; Root, 1996). One of these diverse groups is Pacific Islanders, which account for approximately 874,414 individuals in the U.S., about 0.3% of the U.S. population (Census Bureau, 2005). States in which there are large populations

of Pacific Islanders include: Hawaii, California, Washington, Texas, Utah, Oregon, and Nevada (Allen, 2005; Census Bureau, 2005).

According to the U.S. Census Bureau (2005), Pacific Islanders are clustered together in the same racial category as Asian-Americans (e.g., AAPIs). It is important that certain distinctions between groups of Asian-Americans and other Pacific Islanders are made. For example, Pacific Islanders and Asian-Americans are two distinct racial and culturally different groups. These two groups are differentiated by home location, languages, customs, traditions, and phenotype characteristics. In 2008, the Asian and Pacific Islander American Health Forum (APIAHF) released a document providing classification guidance for Native Hawaiians and Pacific Islanders. The purpose of this document was to “discuss the use and classification of the term Native Hawaiians and Pacific Islanders (NHPI) and to provide guidance on how to accurately address the classification of NHPI verbally and in written format.” (p. 1) In past and some current research publications, Asian, Native Hawaiians, and Pacific Islanders are often amalgamated and may not accurately reflect the NHPI population. This document suggests that a possible reason for the initial grouping of these racial groups was due to several Asian leaders in the 1960s and 1970s who embraced the classification inclusion of Pacific Islanders due to migration and establishment into locations such as Hawaii. It is important to note that although Hawaii has individuals of Asian descent, other South Pacific Islands typically do not.

There is another distinction that is important specifically relating to this community. A person who identifies him or herself as a *South* Pacific Islander, according to group norms and values, typically prefers the term *Polynesian* instead. The word

Pacific Islander is representative of a variety of ethnic groups who reside in the North and South Pacific Ocean (i.e., Melanesia, Micronesia), but the word Polynesian is more specific to an area of ethnic groups. For example, the word Polynesian comes from the Greek word Polynesia (*polus* – many and *nesos* – islands), a concentrated area in the Central and South Pacific Ocean that consists of several different islands (i.e., Hawai'i, Tonga, Samoa (Western and American), Tahiti, New Zealand, Fiji, French Polynesia, Easter Island, Marquesas Islands, and many others). This area is commonly known as the Polynesian triangle, stretching from New Zealand to Easter Island and then north to Hawaii. Each island consists of a specific and different group of people, culture, language, customs, and traditions (Allen, 2005). Throughout this paper the more preferred term Polynesian will be used.

The top five states in which Polynesians live are Hawaii, California, Washington, Texas, and Utah. In the state of Hawaii, for instance, Polynesians account for a considerable amount of the population among the various racial and ethnic groups, approximately 22% (274,766). There have been some research focused on Pacific Islanders/Polynesians (Liu, 2006; Coloma, 2006; Allen, 2005), but very little is known about Polynesians migrating to the mainland U.S. For example, there is a relatively large number of Polynesians in the following states: an estimated .004% (145,800) of the population in California, around .005% (31,900) live in Washington state and in Texas an estimated .001% (27,000). As for Utah, there was a somewhat large migration in the late 1970s and early 1980s. Currently, there are an estimated .009% (25,000) of Polynesians living in Utah, primarily Tongans and Samoans, giving Utah the fifth-highest Polynesian population in the United States, behind Hawaii, California, Washington, and Texas.

Regarding the Midwest, Polynesians residing in Missouri are estimated at .001% (8,000) of the population, mostly concentrated in the Independence area (U.S. Bureau of Census, 2006). Why these Polynesians chose to leave their island home and move to these U.S. states may have a great deal to do with their religious faith.

Latter-Day Saints and Polynesians

LDS Polynesians in the “Isles of the Sea”

Since its organization on April 6, 1830 in Fayette, NY, the LDS church and its people had to move to various places between the years of 1830 to 1847. They finally reached their final destination by foot (pulling wagons) into the Salt Lake Valley in the summer of 1847. The reason for their continuous and difficult migration was due to persecution by others in the surrounding areas who were intolerant of the LDS Church’s diverse beliefs and practices (Barrett, 1973). During the tough times of this young church, many lives were lost because of persecution, violence, and from winter exposure during the movement westward.

Currently, the headquarters for the LDS church is located in Salt Lake City, Utah and many of its members reside in this state. The population in Utah among members of the Church is close to 1.9 million or 72 percent of the population according to end-of-year 2008 statistics (LDS website, 2009). Similar to the early years of the LDS Church, members continued to relocate from their homelands, not as much due to persecution but more for strong religious reasons. Many of the Polynesians, who were residing in their native lands/islands where they were converted by LDS missionaries (who usually proselyte for 2 to 3 years in an assigned location in the world), began migrating to Utah

in the late 1960s and early 1970s. The purpose behind this migration was to be closer and more intimately involved with the LDS Church, its growth, and its members. Older generations of LDS Polynesians have now lived in Utah for over 25 years and have raised their children and grandchildren there.

According to Mormon doctrine and scripture, many individuals who are numbered among God's people would be gathered and called in from the "isles of the sea." "And it shall come to pass that they shall be gathered in from their long dispersion, from the *isles of the sea*, and from the four parts of the earth; and the nations of the Gentiles shall be great in the eyes of me, saith God, in carrying them forth to the lands of their inheritance" (Book of Mormon: 2 Nephi 10: 8). Much of the deep-rooted beliefs of the LDS Polynesians are due, in part, to the promises given to them in the isles of the sea, "But great are the promises of the Lord unto them who are upon the isles of the sea..." (Book of Mormon: 2 Nephi 10: 21). Many of these scriptures addressing the isles of the sea are commonly interpreted among members of the church as islands of the South Pacific and many LDS Polynesians believe these scriptures are directly referring to them. They believe that they are numbered among the people of God and that they are promised an inheritance of certain special lands. Similar to migrating to Utah, LDS Polynesians have also migrated to the Midwest, specifically to Independence, Missouri.

LDS Polynesians in Missouri

Relocation to the "land of promise"

As mentioned earlier, Missouri has approximately 8,000 Polynesians, more specifically residing in the Independence area. Why Independence, Missouri? Similar to

the reason that LDS Polynesians moved to Utah, other LDS Polynesians migrated to Missouri because of strong religious convictions. They, too, began moving to Missouri, roughly around the late 1960s and early 1970s. The majority of the LDS Polynesians reside in Independence, MO. Members of the LDS church believe that this area in Missouri is a special and sacred place. According to LDS teachings, many of the saints (members of the church) will be “gathering together upon the land of Zion” and that Independence, Jackson County, Missouri will be this Zion where there will be much peace and refuge from the world, specifically in the last days prior to Jesus Christ’s second coming. The word Zion is generally defined as “the pure in heart” and often used in Mormon doctrine in reference to the Lord’s people or to the Church and its stakes [large congregations] (LDS website, 2007).

In addition, Mormon doctrine describes a temple to be built in Independence, Missouri, which will be in the center of Independence. As indicated in scriptures called the Doctrine and Covenants used by LDS members, “HEARKEN, O ye elders of my church, saith the Lord your God, who have assembled yourselves together, according to my commandments, in this land, which is the land of Missouri, which is the land which I have appointed and consecrated for the gathering of the saints. Wherefore, this is the land of promise, and the place for the city of Zion. And thus saith the Lord your God, if you will receive wisdom here is wisdom. Behold, the place which is now called Independence is the center place; and a spot for the temple...” (Doctrine and Covenants 57: 3).

These LDS Polynesians moved to this area due to these specific reasons noted above. They view themselves as committed to this doctrine of the church and have a strong belief that they were called from their places of origin to move to Independence,

Missouri. As LDS scripture instructs, “Zion shall flourish, and the glory of the Lord shall be upon her... And she shall be an ensign unto the people, and *there shall come unto her out of every nation under heaven*. And it shall be called the New Jerusalem, a land of peace, a city of refuge, a place of safety for the saints of the Most High God” (Doctrine and Covenants 45: 66).

Many LDS Polynesians are very dedicated to their church and have traveled many miles to live in what they strongly believe to be a sacred and holy place. They came to find peace, harmony, greater presence of heavenly things, higher spiritual living, and overall better living conditions. Despite all of the positives that LDS Polynesians gain from relocating to Missouri, little is known about the challenges that they might face in making the transition. Negotiating a shift in cultural contexts can be taxing and may predispose some to psychological difficulties.

Not much is known about this unique people regarding how they have coped with struggles of adjusting to life here in the mainland U.S. Little for example is known about what psychological difficulties they might have had while transitioning from one cultural context to another. Similar to other ethnic groups (Bohon, Macpherson & Atilas, 2005) who have moved here to the U.S. from their homelands, Polynesians also struggle with this cultural and language transition. For instance, following a conversation with Mr. Lee Moe, a prominent figure in this community, the English language has been a struggle for Polynesians in the Independence, Missouri area to learn. Many stressful situations and relationship strains have occurred between those who speak English as a first language and Polynesians. Another existing difficulty of transitioning from their cultural context from the island life to the mainland life is differences in cultural norms and values. For

example, in the South Pacific Islands, particularly the Polynesian triangle, life is more calm and relaxed. There is very little “hustle and bustle” to get to appointments, to work, or to “important meetings.” Although some elements of this type of fast-paced life may exist in some parts, the mentality and attitudes toward this way of life is different. Perhaps one of the differences is that seemingly little importance is given to being on time to events or activities. To not make the error of generalizing these aspects of their lifestyle to all Polynesians, not all Polynesians view punctuality in this manner. Many certainly value punctuality. In addition, there are large groups of non-Polynesian LDS members who regularly attend predominately Polynesian LDS congregations. Seemingly, both groups have integrated into these LDS congregations in a positive way, as well as into the schools and community as a whole.

Religiosity and Psychological Well-being

The psychology of religion, religiosity, and religious identity has been gaining scholarly attention in psychological literature (Cervantes & Parham, 2005; Khalili, Murken, Reich, Shah, & Vahabzadeh, 2002). According to Donelson (1999), this area of research had been overlooked for an extended period of time, but has now re-emerged. Much of these re-emerging research efforts could be attributed to Allport’s (1959) early theoretical framework, which places individuals into dichotomous categories of intrinsic and extrinsic religious motivation. Other researchers purport that there are several different subcategories or factors that influence one’s religious identity. These include: a positive religious identity development, self or parents not religious, religion as a source

of conflict, relationship between culture and religion, belief in human nature, and belief in a higher power (Tomishima, 2000).

A particular aspect of religiosity that has received recent attention is the difference between religion and spirituality (Cervantes & Parham, 2005; Walsh, 1999). According to Walsh (1999), religiosity differs from spirituality in that a religious person typically holds an organized belief system and specific moral values that are shared among other persons who belong to the same institutionalized religion. These individuals often center their beliefs on a God or the idea of a Higher Power, which includes their involvement and devotion to a specific religious and faith-driven group. In contrast, spirituality is defined as a person with a unique co-existence in the universe, who holds transcendent beliefs that are overarching and views life as a journey to greater awareness and wholeness (Cervantes & Parham, 2005; Parham, 2002; Walsh, 1999).

Research regarding spirituality or religiosity among persons of color has also received greater attention recently (Cervantes & Parham, 2005; Khalili, Murken, Reich, Shah, & Vahabzadeh, 2002; Fukuyama & Sevig, 1999). Cervantes and Parham (2005) state that multiculturalism in the field of counseling psychology is mostly associated with race/culture/ethnicity, gender, sexual orientation, and disability. They agree that these various identities are important areas for research and evaluation for multicultural practice in mental health. However, there are few guidelines concerning how to assist the client integrate their religion into their lives. According to these authors, there appears to be a significant lack of multicultural focus regarding information, diversity skills training, sensitivity, awareness, and overall competence regarding how to engage with and connect to people who hold religious views and values, specifically in a psychotherapeutic

session. Similarly, Yeh and her colleagues (2006) conducted an investigation in which they interviewed 11 Asian Americans who had lost members of their families to the World Trade Center (WTC) attacks on September 11th, 2001. One of their findings was that counselors who were not attentive to religious issues was a factor in these Asian Americans not utilizing available mental health services. This finding supports Cervantes and Parham's (2005) concern regarding counselor's insensitivity and incompetence in working with highly religious clients.

In addition, Richards and Bergin (1997) maintained that there is a spiritual energy in our nation and "it has created a powerful cultural demand for psychotherapists to be more aware of and sensitive to religious and spiritual issues" (pg. 6). They also purport that unfortunately relatively few psychotherapists are adequately trained or prepared to deal effectively with such issues and furthermore, that the religious faith and spiritual concerns of clients have long been neglected in the psychotherapy profession (Bergin, 1991; Richards & Bergin, 1997). To meet this spiritual energy, a spiritual strategy must be implemented which will greatly enhance our capacity to understand and effectively assist the human family. The deepest, most profound, lasting psychological change occurs when spiritual healing also occurs (Richards & Bergin, 1997).

Regarding religiosity and ethnic minority individuals, it has been shown that ethnic racial groups, particularly African Americans, underutilize psychological services. One reason observed for the underutilization of counseling services has been religion as a major coping mechanism (Rogers, 2007; McRae, Thompson & Cooper, 1999; Bell, 1997). In one study regarding ethnic racial minorities seeking professional mental health, Rogers (2007) utilized a multiple regression design with religiosity as a predictor variable

and confidence in mental health practitioner, stigma and interpersonal openness as outcome variables. The multiple regression explored the extent to which the three variables were predicted by the level of religiosity. The results suggested that religiosity did not predict confidence in mental health practitioners, stigma, and interpersonal openness. These results support the assumption that African Americans who are religious may not be open to seeking competent professional help and may be affected by the stigma of mental illness, and as a result they are more likely to cope with psychological struggles through their religious faith and convictions.

Recently, there have been studies conducted on the reliability and appropriateness of religious inventories for ethnic minority groups (Ghorpade, Lackritz, & Singh, 2006). For example, Ghorpade, et al (2006) developed and tested a refined version of the intrinsic religious orientation (IRO) component of the Religious Orientation Scale (ROS) originally created by Allport (1959) with 4 ethnic minority groups (African Americans, Asian Americans, Filipinos, and Latinos). They were interested in knowing what psychological correlates were associated with intrinsic religious views among these ethnic minorities. The findings suggest that intensity of religious commitment has implications for the psychological adaptation of minorities in the mainstream White, Anglo American culture. These authors, however, were unable to conclude whether failure to adapt drives people to religious intensity or whether religious intensity prevents them from moving into the mainstream. In addition, they reported positive and significant correlations between IRO and alienation suggesting that high religious commitment is associated with alienation.

Based on these research findings (Ghorpade, Lackritz, & Singh, 2006; Yeh et al, 2006; Cervantes & Parham, 2005; Khalili, Murken, Reich, Shah, & Vahabzadeh, 2002; Fukuyama & Sevig, 1999; Rogers, 2007; McRae, Thompson & Cooper, 1999; Bell, 1997), religiosity clearly impacts psychological well-being among people of color. The role of religiosity is quite salient and in many cases determines the healthy psychological state of many ethnic minorities. Although these studies offer significant information about some people of color relating to religiosity and psychological well-being, there is still a lack of knowledge about other ethnic minority groups with regard to these variables, particularly LDS Polynesians. Moreover, no studies have been conducted on LDS Polynesians and the role of religiosity in their lives. This warrants investigation to add to the current multicultural psychology literature.

Religiosity and Coping

Recently, several studies on religiosity and religious coping have been done on mainly Whites adults and White college students (Banziger, Van Uden & Janssen, 2008; Hovey & Seligman, 2007). This trend has been persistent over the years since Allport's (1959) early theoretical contributions. However, religiosity and religious coping have been studied, although in a somewhat limited way, among racially ethnic groups in recent years as well (Bhui, King, Dein & O'Connor, 2008; Maddux, 2008; Taylor, Chatters & Jackson, 2007; Vilchinsky & Kravetz, 2005; Yoon, 2004). Studies show that for some racial ethnic minorities, religious beliefs and activity are associated with a healthy psychological well-being. For instance, among African Americans, Korean Americans, Jewish Israeli students, and Latinos, results demonstrated positive mental health benefits

accruing from religious practice (Maddux, 2008; Vilchinsky & Kravetz, 2005; Yoon, 2004). For older Korean-American immigrants, the importance of religious convictions and affiliation as a social support were confirmed (Yoon, 2004). In one study, Vilchinsky and Kravetz (2005) found that religious belief is positively related to psychosocial well-being and negatively related to psychological distress among Israeli Jewish students. In addition, Taylor et al (2008) found that older African Americans and Caribbean Blacks reported higher levels of religious participation, religious coping, and spirituality than older Whites. Given these studies, ethnic racial minorities tend to use religiosity and religious coping to deal with psychological distress.

Heppner, Heppner, Lee, Wang, and Park (2006) developed and validated the Collectivistic Coping Styles Inventory (CCS) among Taiwanese students attending college in Taiwan, which includes a factor measuring Religion-Spirituality. There were four items that made up this factor, which consistently reflected coping with trauma through the use of religion or spiritual activities. These scholars postulated that this factor of the CCS focuses on religion or spiritual activities in which the individuals cope by aligning themselves with religious affiliations (Heppner et al, 2006). For internal consistency, the alpha coefficients for the Religious-Spirituality (RS) factor was .88 and helpfulness ratings for this factor was reported as providing between “a little” to “a moderate amount of help.” One of the findings was that as college students in Taiwan experience higher levels of posttraumatic stress, more interference in their daily lives, and more psychological distress in general, the more helpful they found the Religion-Spirituality activities (Heppner et al, 2006).

Regarding psychological adjustment, a study conducted recently by Maddux (2008) found that religious support in African Americans was a better predictor of adjustment than religious coping. There was also some evidence of a compensatory effect, which suggested African Americans rely on religious coping in the absence of religious support. The results also supported that in African Americans, religious support is a relatively stronger moderator than religious coping on the effects of life stress on adjustment. Furthermore, religious support consistently moderated the effect of life stress on alcohol use and problems while religious coping did not, which was one of the investigator's main findings.

There is a growing evidence base for how people use religious and spiritual coping, and how coping patterns differ among ethnic groups (Taylor et al, 2008; Bhui et al, 2008). For example, Bhui (2008) and colleagues aimed to describe what constitutes religious coping and compare patterns of religious coping across ethnic groups. One hundred and sixteen in-depth interviews were completed with participants recruited from six ethnic groups. Participants described how they cope with mental distress; their accounts were recorded, transcribed and analyzed. Results indicated that formalized religion was not always necessary for individuals to make use of religious coping. Religious coping was most commonly practiced by Bangladeshi Muslims and African Caribbean Christians. Coping included prayer, listening to religious radio, using amulets (an object that protects a person from trouble), talking to God, having a relationship with God and having trust in God. Cultural or spiritual coping practices were indistinguishable from religious coping among Muslims. There was a greater degree of choice and personal responsibility for change among Christians who showed a less deferential and more

conversational quality to their relationship with God. Religious and spiritual coping practices were frequently used, and led to a change in emotional states, which promoted resilience and recovery from psychological distress (Taylor et al, 2008; Bhui et al, 2008).

Another investigation was conducted by Yeh and her colleagues (2006) in which they interviewed 11 Asian Americans who had lost members of their families to the World Trade Center (WTC) attacks on September 11th, 2001. They examined the use of individualistic and collectivistic coping strategies among these Asian American family members who experienced this loss. The results indicated that Asian Americans utilized a spiritual collectivistic coping method to deal with their loss by believing in a higher power. Also, 4 of the 11 participants indicated that they increased their religious or spiritual activity by way of prayer, going to church, speaking with a pastor, attending religious functions. These activities and beliefs may be connected to their interpretation of the loss, such as it “happened for a reason,” or it “was in God’s hands.” It appears that not only religiosity and coping are linked to better assist individuals to overcome distressful situations in life, but also the way in which they cope within their cultural context.

Collectivistic Coping

There is one interesting cultural aspect of Polynesians that is similar to and usually associated with non-Western cultures such as those in Asia, Africa, South America, and other Pacific Islands: collectivism. Polynesian family units are built on and operate from a collectivistic orientation. Collectivism can be described as interdependent self-orientation which stresses connectedness to others, social context, and the

importance and maintenance of relationships (Marcus & Kitayama, 1991; Yeh, Arora & Wu, 2006; Singelis, 1994). Polynesians also cope collectively among members of the family. Yeh and her colleagues (2006) divided collectivistic coping into 7 dimensions, these are: (1) family support, (2) respect for authority figures, (3) intracultural coping, (4) relational universality, (5) forbearance, (6) social activity, and (7) fatalism. These dimensions are very similar to how Polynesians approach and cope with problems in their family units. For example, family support is highly valued in the Polynesian culture and there is an inseparable feeling among members of the family that is very unique to this population. Case in point, if there is a family member who is struggling with a difficult and life-changing decision in his or her life, the family and extended family members would do whatever is needed to assist this individual. Sometimes, they would arrange a meeting (in the Samoan culture it's called To'ana'i or kona'i) in which all family members and extended family members can be present to emotionally support the individual and discuss possible ideas of how to best work through or solve the problem together. If the situation was a financial difficulty, then all members would offer financial support where needed. This example illustrates the utility of collectivistic coping among Polynesian families.

Scholars have discussed the importance of pursuing additional research regarding collectivistic coping across different cultures (Heppner, 2008; Heppner et al, 2006; Yeh et al, 2006; Singelis, 1994). For instance, Heppner (2008) purported that there has been a lack of research with regard to studying and understanding collectivistic coping strategies in different cultural contexts. This author suggested greater attention given to the cultural context can ultimately expand psychology's theoretical models, greatly enhance the

empirically based understanding of applied coping, particularly collectivistic coping, and promote the ability to enhance effective coping around the globe. He stated, “Conducting culturally sensitive research in many cultures will greatly expand the depth and richness of our knowledge bases and theoretical models so they more accurately depict how people resolve traumatic and stressful life problems...” (pg. 814). Although the aforementioned data mentioned generate information regarding how some ethnic minority groups cope religiously, there still seems to be, according to recent reviews, a lack of research in cultural context across different cultures concerning coping (Folkman & Maskowitz, 2004; Heppner et al, 2006; Heppner, 2008, Somerfield & McCrae, 2000). Furthermore, most conceptualizations and instruments of coping and religious coping are based on Euro-American psychological theories (Lam & Zane, 2004; Heppner, 2008; Bjorck, Cuthbertson, Thurman & Lee, 2001). Not all ethnic minority groups across the U.S. are represented or examined in existing studies on religious coping. If research is not conducted on these other groups, this can unfortunately lead to misrepresentation of or generalization about these unknown populations to those that have received empirical attention.

The following section will describe the purpose and importance of the current study based on the review of the literature above. It is vital that further investigations be conducted about other racial ethnic groups in their cultural contexts as this plays a role in how coping strategies are different or similar across cultures, their usefulness, and how these strategies are manifested. Also, in order for this study to add to the existing multicultural psychology literature, research questions and hypotheses need to be

generated and the rationale for them need to be very clear, purposeful, and answer important questions about the understudied population of LDS Polynesians.

Purpose of the Study

A lack of research exists regarding one's religiosity and coping and how this relates to psychological well-being in general and specifically with LDS Polynesians. The research on LDS Polynesians is a necessity to better understand the way in which these individuals collectively cope with psychological issues in everyday life. Over the years, the multicultural psychology literature has primarily focused on Latino/as, Asian-Americans, African-Americans, and Native-Americans as the main ethnic/racial groups in the U.S. However, there seems to be a dearth of research regarding Polynesians in the U.S. mainland. The results of this study will hopefully add to the existing multicultural psychology literature as well as provide essential information for individuals working in the helping fields. Through additional understanding and sensitivity to this underrepresented group, persons in the helping fields will be able to appropriately engage and assist LDS Polynesians in their communities with their daily life struggles. Therefore, the purpose of this study is to examine religiosity, coping, and psychological well-being among LDS Polynesians residing in the Independence, Missouri area.

The following are research questions that were generated for the purpose of this study:

1. Is there an association between religious commitment of LDS Polynesians and psychological well-being?

2. Is there an association between religious commitment of LDS Polynesians and coping styles?
3. Is there an association between LDS Polynesians religious commitment and anxiety or depression?
4. Is there an association between coping styles of LDS Polynesians and psychological well-being?
5. Do coping styles mediate the relationship between LDS Polynesians' religiosity and psychological well-being?
6. Do coping styles mediate the relationship between LDS Polynesians' religiosity and psychological problems?

Hypotheses

These hypotheses will be tested in the study:

Hypothesis 1a: Stronger religious commitment among LDS Polynesians will be associated with a more healthy psychological well-being, specifically on Self-Acceptance (SA) and Purpose in Life (PL).

Hypothesis 1b: Stronger religious commitment among LDS Polynesians will be associated with lower levels of Anxiety (ANX) and Depression (DEP).

Hypothesis 2: Stronger religious commitment among LDS Polynesians will be associated with more helpful Collectivistic Coping Styles, specifically Family Support (FS) and Religiosity-Spirituality (RS).

Hypothesis 3: Collectivistic Coping Styles among LDS Polynesians, particularly Family Support (FS) and Religiosity-Spirituality (RS), will be associated with a more healthy psychological well-being, specifically on Self-Acceptance (SA) and Purpose in Life (PL).

Hypothesis 4: The relationship between religious commitment of LDS Polynesians and psychological well-being (SA and PL) will be partially mediated by Collectivistic Coping Styles (FS and RS).

Hypothesis 5: The relationship between religious commitment of LDS Polynesians and Anxiety (ANX) and Depression (DEP) will be partially mediated by Collectivistic Coping Styles (FS and RS).

CHAPTER 3

METHODS

This chapter is divided into three sections. First, the characteristics of the participants are described. Second, the following instruments and psychometric properties are included: (1) Demographic Questionnaire, (2) Religious Commitment Inventory – 10 (RCI-10), (3) Collectivistic Coping Styles (CCS), (3) two subscales of the Psychological Well-being Scale (PWS), and (4) Brief Symptom Inventory – 18 (BSI-18). And third, the procedures of the study will be discussed.

Participants

Adults (55 women, 37 men, 2 did not report gender; $M_{\text{age}} = 31.5$, age range: 18-75 years) from Polynesian heritage (i.e., Native-Hawaiians, Tongans, and Samoans) residing in Independence, Missouri participated in the study. Most participants were of Samoan heritage (79%, $n = 75$), 17% ($n = 16$) reported being Multiracial Polynesian, 3 reported having a Native-Hawaiian heritage (3%, $n = 3$), and 1 of Tongan descent (1%). Ninety-one (96%) participants reported being LDS and 3 (3%) reported that they were “no longer LDS”. Of the 91 participants, 64% ($n = 61$) indicated that they were “Fully Active” in the LDS church, 16% ($n = 15$) reported “Somewhat Regularly Active”, 13% ($n = 12$) indicated “Minimally or Very Minimally Active”, and 7% ($n = 7$) reported being “Not At All Active” in the LDS church. According to the statistical power analysis for multiple regression in behavioral sciences outlined by Cohen (1988), the minimum number of participants required for this study is 84 to achieve a .80 statistical power analysis level

with a medium effect size of .33. Sample size for this study met these requirements for statistical power.

Stressful Traumatic Events. Twenty-seven (28%) participants reported “Death or illness of a loved one” as the most common stressful event, while 19 (20%) reported multiple stressful events. Eighteen (19%) participants indicated “other” rather than selecting a stressful event provided from the list, 9 (11%) reported a “Break up with a significant other,” and 6 (6%) reported “Unemployment or job loss.” All other stressful events reported were fairly equally distributed across the other stressful events. Regarding the level of severity of the stressful event, forty-one (44%) participants indicated that the stressful event(s) were “extremely stressful,” while 21 (22%) reported “moderately stressful”, 16 (17%) reported “mildly stressful,” 6 (6%) indicated “somewhat stressful,” and 10 (11%) reported “not stressful at all.” Regarding when the stressful event occurred, the majority of the participants indicated that the stressful event happened in more recent years. Twenty (22%) participants reported that their stressful event happened “less than 3 months ago,” 18 (19%) indicated “between 1-3 years,” 14 (15%) reported “between 7-12 months,” and 13 (14%) reported “between 4-6 years.” When participants reported how often did the stressful event happened, forty-three (46%) reported once, while 23 (24%) indicated twice, and 15 (16%) indicated “more than five times.”

Instruments

Demographic Questionnaire. The demographic questionnaire will assess the participant’s racial group (e.g., To which racial group do you belong?), age, gender,

marital status, past and current place of residence, economic and educational background, and current level of activity in the LDS church (i.e., 1 = no activity [very seldom attend church] to 5 = high activity [attend church and other church activities on a weekly basis]).

The Demographic Questionnaire is found in Appendix A.

Religious Commitment Inventory – 10 (RCI-10). The Religious Commitment Inventory – 10 (RCI-10) developed by Worthington et al (2003) was constructed to assess religious commitment. The RCI-10 was based on earlier 62-item (Sandage, 1999), 20-item (McCullough & Worthington, 1995; Morrow, Worthington, & McCullough, 1993), and 17-item (RCI-17; McCullough, Worthington, Maxie, & Rachal, 1997) versions. In 2003, Worthington and colleagues sought to shorten and refine the RCI-17. The RCI-10 was used in six studies; the sample sizes were 155, 132, and 150 college students; 240 Christian church-attending married adults; 468 undergraduates including (among others) Buddhists, Muslims, Hindus, and nonreligious; and 217 clients and 52 counselors in a secular or 1 of 6 religious counseling agencies.

Two factors were found to account for 72.0% of the total item variance: Intrapersonal Religious Commitment (cognitive focus) and Interpersonal Religious Commitment (behavior focus). Each item of the RCI-10 is rated in a Likert format as 1 = *not at all true of me*, 2 = *somewhat true of me*, 3 = *moderately true of me*, 4 = *mostly true of me*, or 5 = *totally true of me*. Higher scores indicate higher commitment to religious beliefs. The Cronbach alpha's for the RCI-10 was .95 and the test-retest reliability at .91. Intrapersonal Religious Commitment was highly correlated with Interpersonal Religious Commitment (.72). For the full-scale RCI-10, Intrapersonal Religious Commitment and Interpersonal Religious Commitment were correlated ranging from .46 to .74 with self-

rated highly religious and spiritual as participation in religious or spiritual activity. The Religious Commitment Inventory (RCI) is found in Appendix B.

Collectivistic Coping Styles (CCS). The Collectivistic Coping Styles (CCS) inventory constructed by Heppner and colleagues (2006) was developed and validated in 3 studies among Taiwanese college students. The total sample size was large ($n = 3000$) and the aim was to focus on a situation-specific collectivistic coping style from an Asian perspective. Five factors were confirmed through exploratory and confirmatory factors analyses: (1) Acceptance, Reframing, and Striving (ARS); (2) Family Support (FS); (3) Religion-Spirituality (RS); (4) Avoidance and Detachment (AD); and (5) Private Emotional Outlets (PEO). The CCS is rated on a Likert-type scale; 0 = Never used this strategy/Not applicable, 1 = Used but of no help at all, 2 = A little help, 3 = A moderate amount of help, 4 = A great deal of help, 5 = A tremendous amount of help. The higher the score, the more helpful the coping strategy. The coefficient alphas for total CCS and all 5 factors are as follows: Total CCS (.87); Acceptance, Reframing, and Striving (.85); Family Support (.86); Religion–Spirituality (.90) Avoidance and Detachment (.77) and Private Emotional Outlets (.76). Heppner and colleagues (2006) reported that roughly 40% of the participants from their research utilized religion and spiritual activities, and it was “somewhat to moderately” helpful in resolving their stressful or traumatic event. The correlations among the five factors of the CCS were positively correlated and ranged from .03 to .32, indicating that the five factors represent distinct factors and do not have much overlap with each other. The CCS inventory is found in Appendix C.

Psychological Well-being Scale (SA and PL subscales). Ryff and Keyes (1995) developed and validated the Psychological Well-being Scale (PWS) to assess the nature

and meaning of well-being among people. Following the exploratory and confirmatory analyses and a good fit analysis, the authors found 6 main dimensions of psychological wellbeing: Self-Acceptance, Environmental Mastery, Positive Relations, Purpose in Life, Personal Growth, and Autonomy. Each dimension has its own scale with good psychometric properties. For this study, two dimensions or scales of the Psychological Well-being Scale (PWS) will be used to measure and assess psychological well-being among LDS Polynesian: Self-Acceptance (SA) and Purpose in Life (PL). High scorers on the SA dimension are described as persons having a positive attitude toward self; acknowledges and accepts multiple aspects of self including good and bad qualities; feels positive about past life. Low scorers are described as persons who feel dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what one is. The SA is a 14-item scale and the internal consistency is .91. It is rated on a six-point Likert-type scale, 1 = strongly disagree to 6 = strongly agree. Sample SA items include: "I like most aspects of my personality" and "For the most part, I am proud of who I am and the life I lead." The test-retest reliability coefficient for Self-Acceptance (SA) was .85. The correlation with a parent 20-item scale was .99. The Self-Acceptance subscale is found in Appendix D.

The Purpose in Life (PL) dimension or scale measures if the individuals have goals in life and a sense of directedness; feel there is meaning to their present and past life; hold beliefs that give life purpose and has aims and objectives for living (high scorers). In contrast, low scorers are described as having a lack of meaning in life; few future goals, lacks a sense of direction; does not see purpose of past life; has no outlook or beliefs that gives life meaning. Similar to the SA scale, the PL is a 14-item scale and

the internal consistency is .88. It is rated on a six-point Likert-type scale, 1 = strongly disagree, 2 = moderately disagree, 3 = slightly disagree, 4 = slightly agree, 5 = moderately agree, 6 = strongly agree. Some of the PL items are: “I have a sense of direction and purpose in life” and “Some people wander aimlessly through life, but I am not one of them.” The test-retest reliability coefficient for Purpose in Life (PL) was .82. The correlation with a parent 20-item scale was .98. The Purpose in Life subscale is found in Appendix E.

Brief Symptom Inventory –18 (BSI-18). The Brief Symptom Inventory (BSI) – 18 assesses psychological distress. In its original state, the BSI, developed by Derogatis (1993), was a 53-item scale that measures nine primary symptom dimensions: Somatization (SOM), Obsessive-Compulsive (O-C), Interpersonal Sensitivity (I-S), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic Anxiety (PHOB), Paranoid Ideation (PAR), Psychoticism (PSY), and three global indices Global Severity Index (GSI), Positive Symptom Distress Index (PSDI), and Positive Symptom Total (PST). The BSI-18 is a 5-point Likert scale (1 = *not at all* to 5 = *extremely*). The higher the score, the more extreme the psychological distress. The 18 statements are divided equally among three dimensions: SOM, ANX, and DEP. The Global Severity Index (GSI) of Distress constitutes the sum of the three dimensions. Dimension scores range from 0 to 24. The total GSI score ranges from 0 to 72 with higher scores indicating higher levels of psychological distress (Derogatis, 2000). The reported internal consistency estimates on the BSI-18 were found to be acceptable (.74 for SOM, .79 for ANX, .84 for DEP, and .89 for the GSI). The BSI-18 significantly correlated with other similar scales, which ranged from .25 to .68. The BSI-18 is found in Appendix F.

Procedures

A pilot study was conducted recruiting 5 individuals to complete the survey packet. Two were advanced doctoral students in counseling psychology, a White American male and an Asian American male. The third was a Native American male who is a second year doctoral student in counseling psychology. The last two were female, one of them was a White American who had been recently licensed as a mental health counselor, and the other was a Brazilian American who is a board member of the Missouri's "Children First" organization and stay-at-home mother. The time duration it took for participants to complete the survey packet ranged from 13 to 30 minutes. Pilot participants indicated that it was easy to understand and the directions were clear. The suggested changes were minor dealing with page formatting and spelling. No major changes were recommended for the survey packet.

Prior to participant recruitment, the principal investigator acquired Institutional Review Board approval from the University of Missouri. The participants were recruited through several mechanisms. For example, personal visits to Polynesian cultural clubs and community associations/organizations, festivals, Polynesian events, and LDS congregations were pursued. For instance, during June to August 2009, there were Polynesian festivals called "Island Friday" and the "Heritage Festival" that occurred once in each month. The PI received approval to host booths with a poster describing the current study and invited attendees to participate in the study. There were two key individuals, Mr. Tunamafata Moe and Lee Moe (co-directors of these events), who were part of the main entertainment band that played Polynesian music for the attendees. Consistent with Polynesian culture (e.g., collectivism, helping each other), they both

periodically announced the study and briefly encouraged the attendees to speak with the PI about and participate in the study. Furthermore, they allowed the PI to make announcements at the microphone throughout the day encouraging individuals to participate. The PI placed his booth near other family members' booths. These booths served Polynesian plate lunches. While they ate, they were invited by the PI to complete the surveys. Additional food and beverage incentives (e.g., refreshing drinks like Gatorade and water bottles) from the PI's booth were also offered to participants, which is again very consistent with Polynesian culture. It was anticipated that the majority of the required number of participants were recruited through these events.

The following was a script of how the PI introduced the study and what he said at these festivals, events, and any other occasions where PI interacted face to face with participants:

“Hello, I am Kawika Allen. My sister is Sheila Moe. I think you may know her and the Moe family. My sister is married to Tunamafata Moe! Yes, nice to meet you too! Well, as part of my graduate studies, we are doing some research about Polynesians in this area. The purpose of this study is to try to understand the lives of LDS Polynesian people, specifically how they cope with stressful life events. Surprisingly, very little is known about us regarding stressful life events. I am hoping that my work will help others in the community understand who we are and how we cope with life struggles living here in the Independence, MO area. It would greatly help if you would be willing to complete a survey. It takes around 15-20 minutes! All information is completely confidential and anonymous. In no way I or anyone else will know how you responded to the questions, that is, your

name will NOT be in any way associated or attached to your responses. Thank you so much for your participation!”

Another method of participant recruitment was family gatherings. In the Samoan culture, these family gatherings are called To’ana’i (or Kona’i) where immediate and extended family members (often times friends and non-relatives) gather at one home to have a support group hour or family meeting and to update everyone on family and community events and activities. Due to the personal connections the PI has with several Polynesian families in the area, personal visits to these gatherings were allowed and an invitation to participate in the study had been granted by the elders of the families. The PI was present for several of these family gatherings on a monthly basis. Following the elders’ approval, the PI introduced the reason for the visit and briefly talked about the study. The PI then distributed the survey packet to individuals who fit the criteria and who were willing to participate. Following the completion of the survey packet, PI thanked them for participating (See data collection section for additional collection procedures). Upon completion of the survey packets, participants dropped them through a slit opening into a large secured and non-transparent box. This method assured that PI had no way of knowing who completed the packet and to also secure anonymity of the participants.

CHAPTER 4

RESULTS

Preliminary analyses involved performing frequency tests to examine descriptive statistics (e.g., means, standard deviations, skewness, kurtosis, missing values). The normality of the distributions as well as the range of scores and outliers for each inventory were also tested. A total of 110 participants were initially recruited for this study. Ten surveys were excluded from data analysis due to excessive missing values and 4 surveys could not be used as they were not Polynesian or LDS. Two surveys had extreme scores (3 standard deviations above or below the mean) making them outliers. Following the preliminary data analysis and cleaning, a total of 94 surveys were used for statistical data analysis.

Means and standard deviations of the study's variables are included in Table 1. In describing this population, the mean on the RCI which assesses religious commitment for this sample was higher ($M = 4.1$) than those reported on the development of the RCI (Worthington et al, 2003; $M = 3.4$ for European Americans, $M = 3.7$ for African Americans, and $M = 2.3$ for Asian Americans). Similarly, it is also important to note that means on the CCS subscales acceptance, striving, and reframing (ARS; $M = 3.3$), family support (FS; $M = 3.6$) and religion-spirituality (RS; $M = 4.0$) for this current sample were noticeably higher than those reported on the initial development of the CCS (Heppner et al, 2006; ARS, $M = 3.0$; FS, $M = 2.4$; RS, $M = 2.2$). In addition, means on psychological well-being subscales, self-acceptance and purpose in life (PWS; Ryff & Keyes, 1995) were also higher for this sample (SA, $M = 4.6$; PL, $M = 4.6$), compared to the normative

means when subscales were initially developed (SA, $M = 2.4$; PL, $M = 2.4$). As noted in Table 1, kurtosis and skewness scores are both skewed and peaked (kurtosis), which gives additional insight and information about this unique population sample.

Bivariate correlations were performed and examined between the variables (Table 2). The zero-order correlations suggest that in general, the RCI was significantly correlated with CCS coping styles related to acceptance, reframing, and striving (ARS), family support (FS), and religion-spirituality (RS), as well as measures of psychological well-being (i.e., SA, PL). The correlations also show the negative association between the RCI, FS and specific stressors that interfered with participants' lives (then and now). Similarly, correlations also reveal the relationship between lower levels of current (now) stressful traumatic interference with less depressive and anxiety symptoms. It is important to mention that ARS was positively associated with a strong self-acceptance and purpose in life and CCS subscale private emotional outlets (PEO) was negatively associated well-being subscales self-acceptance and purpose in life. In addition, the CCS factors were significantly intercorrelated on 7 out of 10 correlations; these results suggest more CCS factors intercorrelated in this sample than reported by Heppner et al (2006), but are still independent coping factors. It is also important to note that of all the CCS factors, AD coping factor was most consistently associated with well-being and adjustment. Specifically, AD was negatively associated with psychological well-being and positively associated with higher levels of depression and anxiety. Moreover, psychological well-being (SA, PL) was also negatively correlated with psychological distress (ANX, DEP) and the intercorrelation between SA and PL was higher ($r = .70$) in this sample than what was reported ($r = .22$) by Ryff and Keyes (1995).

Mediation analyses (Table 3) were conducted using the recommended series of multiple regression models outlined by Baron and Kenny (1986), Frazier, Tix and Baron (2004), and Tix and Frazier (2005). In performing correlations and regressions for conceptual appropriateness and to avoid running too many regression analyses which would reduce statistical power, total subscale scores for both self-acceptance (SA) and purpose in life (PL) were combined (SAPL), and depression (DEP) and anxiety (ANX) subscale scores were also combined (DEPANX).

The following correlations were observed related to the mediation analyses (Baron & Kenny, 1986; Frazier, Tix & Baron, 2004; Tix & Frazier (2005). To test for mediation and to find evidence that a variable mediates the relationship between a predictor variable and an outcome variable, there are four conditions that need to be met. First condition, there must be a significant relationship between a predictor variable (RC; religious commitment) and criterion variables (SAPL and DEPANX). This condition was met for one of the criterion variables. RC was positively correlated with SAPL ($r = .33, p = .0001$). However, religious commitment was not significantly correlated with depression and anxiety ($r = -.10, p = .33, ns$). Thus, this predictor-criterion relationship between religious commitment and depression/anxiety did not meet the condition to perform a mediation analysis and was consequentially not performed. Second condition, there must a significant relationship between predictor (RC) and a proposed mediator variable (family support [FS] and religion-spirituality [RS]). This condition was met for both mediating variables. RC was significantly correlated with collectivistic coping styles, FS ($r = .46, p = .0001$) and RS ($r = .70, p = .0001$). Third condition, there must be a significant relationship between the mediator variable (FS, RS) and criterion variable

(SAPL). This condition was met. FS was significantly correlated with SAPL ($r = .21, p = .04$) and RS was also positively correlated with SAPL ($r = .24, p = .049$). Fourth and final condition for mediation, the strength of the relationship between the predictor (RC) and the outcome variable (SAPL) decreases significantly when the mediator variable (FS, RS) is entered in the regression model. In this analysis, RC was entered as a predictor (step 1) and FS as a mediator variable (step 2) with SAPL as the criterion variable. As revealed in Table 3, results showed that the relationship did not significantly decrease when FS was entered into the model, thus there was no mediating effect of family support between religious commitment and psychological well-being ($B = .08, p = .474$). Similarly, results also showed that the relationship between religious commitment and psychological well-being did not decrease when RS was entered into the model, thus there was no mediating effect of religion-spirituality between religious commitment and psychological well-being ($B = -.04, p = .727$). In short, none of the hypothesized collectivistic coping variables mediated or explained the relationship between religiosity and psychological well-being. However, when ARS (which was not hypothesized to mediate the relationship) was entered into the model as a mediator variable, results showed a close to significant mediation ($B = .19, p = .063$). Instead of CCS factors ARS, FS, and RS explaining the relationship between religious commitment and psychological well-being (as initially conceptualized), perhaps CCS variables could affect the direction and/or strengthen of the relationship between religious commitment and psychological well-being. Therefore, a moderation analysis was performed entering ARS, FS, and RS as moderator variables. ARS and RS were not statistically significant as moderating the

relationship between religious commitment and psychological well-being, but FS was significant ($R^2_{adj} = .349$, $F(1, 93) = 1.98$, $p = .028$).

CHAPTER 5

DISCUSSION

The current study examined the relationships between religiosity, collectivistic coping styles, and psychological well-being and distress among LDS Polynesians. As compared to normative means, the means for this sample of LDS Polynesians were higher on RCI, CCS subscales ARS, FS, RS, and well-being scales SA and PL. These scores provide additional understanding of this unique and religious racial/ethnic group compared to other groups, particularly European Caucasians, African Americans, Asian Americans, and Taiwanese (Heppner et al, 2006; Worthington et al, 2003). Results also suggest that LDS Polynesians who were highly committed to their religious beliefs were also likely to have a healthy psychological well-being, specifically positive self-acceptance and a meaningful purpose in life. This finding supports previously documented research among persons of color (Ghorpade, Lackritz, & Singh, 2006; Yeh et al, 2006; Cervantes & Parham, 2005; Khalili et al, 2002; Fukuyama & Sevig, 1999; Rogers, 2007; McRae et al, 1999; Bell, 1997; Maddux, 2008; Vilchinsky & Kravetz, 2005; Yoon, 2004). Given the fact that LDS Polynesians moved from their native lands to a specific place in the Midwest demonstrates their strong religious beliefs and commitment to the LDS faith, and this commitment is independently and directly

associated with their well-being and desire to live a meaningful life. Moreover, LDS Polynesians define who they through their religious beliefs, worth, value, and sense of self. Much of this worth and strong beliefs stem from the teachings and doctrine of the church. Much of the teachings and values of the LDS Church are similar to the Polynesian culture specifically, family unity and support, collectivistic principles, and LDS scriptures that address groups of people in the “isles of the sea” which they believe are directly referencing Polynesians.

In addition, strong religious beliefs were associated with more helpful ratings of coping (namely ARS, FS, and RS) and less daily life interference of traumatic events/stressors both at the time of the traumatic event as well as at the time of this study. These relationships also support previous research conducted on Asian/Asian-Americans whom also found relief from and were able to cope with traumatic stressors by a strong family support and participating in religious and spiritual practices (Heppner et al, 2006; Yeh et al, 2006). Specifically, this finding is consistent with the idea proposed by Yeh et al (2006) that when faced with challenges, religious coping (i.e., additional prayers, thoughts of “God is in control”) seems to be a helpful method to buffer the distress. Likewise, family support (CCS; Heppner et al, 2006) as a way to cope with daily problems also appears to be a helpful coping activity, which was also supported in this sample of LDS Polynesians. Moreover, LDS Polynesians seem to benefit from the ARS coping activity as it is related to a strong self-acceptance and purpose in life; conversely, private emotional outlets (PEO) is less helpful as a coping activity as it is negatively associated with well-being subscales self-acceptance and purpose in life. This finding suggests that LDS Polynesians seem to have a strength and resilience of accepting and

working through problems, while at the same time, may not find private emotional experiences as a helpful coping style. Family support and feeling the connectedness with a family cultural context could be the underlying method of coping for LDS Polynesians. Correlations also revealed lower levels of current stressful traumatic interference with less depressive and anxiety symptoms. In sum, strong religious beliefs in LDS Polynesians are clearly associated with collectivistic coping styles as well as indices of psychological adjustment.

Another noteworthy aspect of this sample is the number of CCS factor intercorrelations, which differ from the lower number of intercorrelations reported by Heppner et al (2006). This finding suggests that collectivistic coping styles are clearly inter-related as LDS Polynesians cope with psychological distress, and what type of coping activities are likely to be used and viewed as helpful. Interestingly, it is also important to note that CCS factor avoidance and detachment (AD) was negatively associated with well-being and positively correlated with distress. This finding suggests that when participants endorsed avoiding and detaching as a helpful coping activity, lower levels of self-acceptance and purpose in life were found as well as higher levels of depression and anxiety among LDS Polynesians.

One of the main aspects of the cultural context of LDS Polynesians, in general, is heavily focused on spiritual beliefs and practices as a way to understand the world, particularly problems and trials that arise on a daily basis. For instance, if there is a specific tribulation (e.g., loss of a loved one or a significant financial burden), LDS Polynesians typically view this as an opportunity to learn what God wants to teach them or a test to see if they are sufficiently faithful and resilient to overcome that particular

trial. Furthermore, 28% of participants indicated “Death or illness of a loved one” which to Polynesians would be an appropriate moment to rely on and draw support from family as a coping activity. Religious coping would also likely be utilized as a coping activity since an important aspect of the doctrine of the LDS Church rests upon the belief of the afterlife and reuniting with loved ones who have passed on. Given the observed similarities of some racial/ethnic groups (Asian/Asian-American, Latinos/as) of a collectivistic system under which they function, it was hypothesized that LDS Polynesians’ collectivistic coping styles would likely explain (at least partially) the relationship between their high religious commitment to the LDS faith and psychological well-being. As family support and religion-spirituality coping activities were not found to be significant mediators between religious commitment and psychological well-being, a possible explanation may be that LDS Polynesians’ religious commitment to their church and subsequent associated healthy psychological well-being is independently salient, robust, and independent from certain collectivistic coping styles. Even though Polynesian families, generally speaking, might seem to demonstrate a uniquely strong family connection and unity, within group differences relating to coping and problem-solving could also explain the absence of a mediating effect of collectivistic coping styles. In addition, the significant positive moderation effect of family support could explain some of the direction and strength of the relationship between religious commitment and psychological well-being. Specifically, this result suggests the positive utility of family support and its effective impact and application on LDS Polynesians.

Limitations

Although 94 participants were adequate for data analysis, the study could have enhanced statistical power if it had a larger sample size. Participant recruitment settings primarily involved festivals and other Polynesians cultural events. These events typically involve much socializing with family and friends as well as music, food, and dancing, which could have been distractions to the respondents and decreased their willingness to participate. The older Polynesian participants (60+), specifically Samoans who are fluent in the Samoan language, could have had difficulties reading English. Some had to ask younger generation Samoans (if available) to explain English words so that older generations could respond accurately to the items. In this sample of Polynesians, 75 participants (79%) were of Samoan ethnicity which does not accurately represent Polynesians as a whole. Other Polynesian groups such as Native Hawaiians, Tongans, Fijians, and Maori were not strongly represented in this sample.

Implications

Given the underrepresented population of Polynesians, let alone LDS Polynesians in the U.S., the sample size was sufficient to meaningfully contribute to the multicultural psychology literature and potentially generate more interest to explore this cultural group in the future. Since the multicultural psychology literature has primarily focused on Latino/as, Asian-Americans, African-Americans, and Native-Americans in the U.S., it is essential that research with Polynesian populations continue in order to expand the research in the racial/ethnic minority community. Research on well-being, identity, trauma and resilience of Native Hawaiians has been studied in recent years (McCubbin,

2006; McCubbin, Ishikawa & McCubbin, 2007; McCubbin and Dang, 2010). However, additional research on other Polynesian groups (Tongan, Samoan, Fijian, Maori) could also add to the knowledge of cultural context, identity, acculturation, and psychological well-being and adjustment of these cultural groups. Given that this sample included more female than male participants, research on Polynesian gender-specific studies related to psychological processes could provide additional knowledge about the cultural context. Also, a comparison study of Polynesians who are not religious or LDS could add to information about the cultural context.

The research on LDS Polynesians, particularly regarding religiosity, collectivistic coping, and psychological well-being, is a necessity to better understand the way in which these individuals cope with psychological issues in everyday life. It is also critical for individuals working in the helping fields to gain understanding and sensitivity to this underrepresented group so that counselors will be able to appropriately engage and assist LDS Polynesians in psychotherapy. The results in this study indicate the necessity of conducting psychotherapy with highly religious Polynesians. Thus, therapists are in a unique position to develop knowledge of cultural context regarding the importance of religiosity in counseling, and how they can best incorporate effective and useful collectivistic and religious coping activities into their sessions with these clients.

As purported by previous scholars (Cervantes & Parham, 2005; Bergin, 1991; Richards and Bergin, 1997; Yeh et al, 2006), multiculturalism in the field of counseling psychology should not only be associated with race/culture/ethnicity, gender, sexual orientation, and disability, but also with education about and acquiring competence in psychotherapy with persons of color who are highly religious, specifically with LDS

Polynesian clients. Unfortunately, many clients often seek religious guidance rather than professional help partly due to the perception that psychologists and counselors will not understand their struggles or may pathologize clients' religious beliefs (Richards & Bergin, 2000). There may be few counselors who will encounter Polynesians, let alone LDS Polynesians, in their offices due to these individuals typically seeking emotional and social guidance from their family and religious elders. However, for those who will see these clients in session, learning from and expanding our counseling experiences with LDS Polynesians can enhance our training as multicultural competent counselors. In order for religious and cultural competence to be enhanced, it is necessary for counselors to remove existing biases against those who are highly religious, specifically about LDS members or Mormons. If certain false assumptions or negative beliefs are espoused by counselors towards LDS members and their faith, a therapeutic alliance and trust between therapist and client cannot be fostered. Since some LDS Polynesians show a healthy psychological well-being due to their strong religious commitment, this specific information can help therapists generate appropriate interventions that will incorporate their clients' religious views in session.

These above guidelines and additional empirically-based treatment interventions on religiosity and coping could add to the efficacy and positive outcomes in psychotherapy. If counselors are not appropriately sensitive, competent, and prepared to engage in psychotherapy with highly religious clients, they may not be attentive enough to religious issues, which can contribute to clients of color not utilizing available mental health services (Cervantes and Parham, 2005; Yeh et al, 2006). Bergin and Jensen (1990) refer to this lack of awareness and importance to religious issues as a "blind spot" of

psychologists and counselors. We need to have a shift in perspectives and attitudes in the field of counseling psychology relating to religiosity, religious coping, and highly religious persons to better serve diverse individuals, cultures, and clients who fall in this category. There is a spiritual energy in the U.S. (Richards & Bergin, 1997) that creates a powerful cultural demand for psychotherapists to receive advanced training to deal effectively with religious and spiritual issues. Thus, psychotherapists must meet this spiritual energy.

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Appendices

Demographic Questionnaire

Please answer the following by circling the desired response or filling in the blank, when appropriate.

1. Gender: 1=Male 2=Female

2. Age: _____

3. Marital status: 1=Single 2=Married 3=Separated 4=Divorced
5=Cohabiting

4. In your own words, describe your racial group(s) that you belong to:

5. To which racial group do you belong? (Circle all that apply)

1=Caucasian

2=Tongan

3=Hawaiian

4=Samoan

5=Tahitian

6=Fijian

7=Maori

8=2 or more Polynesian Races (Explain): _____

9=Other _____

6. To which racial group does your **mother** belong? (Circle all that apply)

1=Caucasian

2=Tongan

3=Hawaiian

4=Samoan

5=Tahitian

6=Fijian

7=Maori

8=2 or more Polynesian Races (Explain): _____

9=Other _____

7. To which racial group does your **father** belong? (Circle all that apply)

- 1=Caucasian
- 2=Tongan
- 3=Hawaiian
- 4=Samoaan
- 5=Tahitian
- 6=Fijian
- 7=Maori
- 8=2 or more Polynesian Races (Explain): _____
- 9=Other _____

8. Where is your birthplace? U.S. _____ (state)

Other _____

If "U.S.", proceed to question 7.

If "other", how many years have you lived in the U.S.? _____

9. Have you lived in a country other than the U.S.? 1=Yes 2=No

If "no", proceed to question 8.

If "yes", which country? _____

For how many years? _____

10. Were you raised in Independence, MO? 1=Yes 2=No

If "yes", how long have you been living in Independence? _____

11. Were your parents divorced? 1=Yes 2=No

Answer questions 12-17 using the scale below:

1	2	3	4	5
Strongly Disagree				Strongly Agree

12. ____ It is/was pleasant living with my parents and family.

13. ____ I can/could always discuss things that are/were important to me.

14. ____ I feel/felt accepted at home.

15. ____ I feel/felt uncomfortable at home.

16. ____ There are/were too many arguments when living at home.

17. ____ Generally, there is/was nothing good about living at home.

18. What is your religious affiliation? _____

19. **If LDS, please indicate below how “active” you are in the LDS church:** “Active” is defined as attending Church on a weekly basis for Sunday services, regularly attend church functions and meetings, and fully participate in all ordinances of the Church.

Not At All Active

1

2

3

4

Active

5

Please indicate below how you would best describe yourself.

1= not at all true of me

2= somewhat true of me

3= moderately true of me

4= mostly true of me

5= totally true of me

1. _____ I often read books and magazines about my faith.
2. _____ I make financial contributions to my religious organization.
3. _____ I spend time trying to grow in understanding of my faith.
4. _____ Religion is especially important to me because it answers many questions about the meaning of life.
5. _____ My religious beliefs lie behind my whole approach to life.
6. _____ I enjoy spending time with others of my religious affiliation.
7. _____ Religious beliefs influence all my dealings in life.
8. _____ It is important to me to spend periods of time in private religious thought and reflection.
9. _____ I enjoy working in the activities of my religious organization.
10. _____ I keep well informed about my local religious group and have some influence in its decisions.

Directions:

This inventory contains statements about people’s ways of coping with stressful events in their lives such as an earthquake, death, or injury. Most people have suffered some of these events in their lives. Such events could evoke reactions such as; crying, sadness, helplessness or feeling overwhelmed. We ask you to identify a stressful event in your life. We provide a list below of common stressful events that people often experience.

Please select a stressful event **you have experienced** in the list below to complete this section.

List of Common Stressful Events

- 01. A major accident
- 02. Violence at home
- 03. Natural disaster (e.g., earthquake)
- 04. Death or illness of a loved one (due to natural cause, accident, suicide)
- 05. Personal illness
- 06. Academic pressure
- 07. Breakup with significant others (e.g., divorce, termination of romantic relationship)
- 08. Social isolation and ostracism from peer group
- 09. Poverty
- 10. Unemployment or job loss (including yourself or your family)
- 11. Racial or cultural discrimination
- 12. Other
(Explain): _____

—

This questionnaire consists of two parts. Now with **only one event in mind that you selected above**, please respond to the questions below as honestly as you can.

Part I. About the Stressful Event.

03. How stressful was this event to you?
- | | | | | |
|-----------|---|---|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Not | | | | Extremely |
| Stressful | | | | Stressful |
| At All | | | | |

04. How long ago did the stressful event (first) happen?

- 1 = less than 3 months
- 2 = between 4-6 months
- 3 = between 7-12 months
- 4 = between 1-3 years
- 5 = between 4-6 years
- 6 = between 7-10 years
- 7 = between 11-15 years
- 8 = more than 15 years

05. How many times did this stressful event happen?

- 1 = one
- 2 = two
- 3 = three
- 4 = four
- 5 = more than five times

06 - 15. Using the following scale, rate how much the stressful event interfered with the following areas of your life in general at the time the event happened (THEN) as well as at the present time (NOW).

- 1 = No interference at all
- 2 = A little interference
- 3 = A moderate amount of interference
- 4 = A lot of interference
- 5 = A major interference

THEN:

- 06. _____ School or work
- 07. _____ Interpersonal Relationships (e.g., family, social relationship)
- 08. _____ Thinking and judgment
- 09. _____ Mood
- 10. _____ Self esteem

NOW:

- 11. _____ School or work
- 12. _____ Interpersonal Relationships (e.g., family, social relationship)
- 13. _____ Thinking and judgment
- 14. _____ Mood
- 15. _____ Self esteem

16-19. Using the following scale, please rate how much you agree or disagree with the following statements with respect to the **extent to which you have resolved the stressful event in your life at this time.**

- 1 = Strongly agree
- 2 = Moderately agree
- 3 = Slightly agree
- 4 = Slightly disagree
- 5 = Moderately disagree
- 6 = Strongly disagree

- 16. _____ My stressful event has been completely resolved.
- 17. _____ I am disturbed by the memory related to the event.
- 18. _____ The stressful event still has lingering negative effects on me.
- 19. _____ I am satisfied with how well the stressful event has been resolved.

Part II. Strategies for Dealing with the Stressful Event.

Below is a list of strategies that some people use to respond to stressful events. Please respond to the following items as honestly as possible to accurately reflect how effective or non-effective this strategy was in helping you **to resolve the particular event you identified above.** There are no correct, or right or wrong answers.

Please read each statement, and **indicate how much each item helped you toward resolving the stressful event.** In doing so, use the following alternatives.

If you **never used** the strategy mentioned in the statement, you would indicate number 0, "Never used this strategy/Not applicable". But, if you **used** the strategy **but did not find it to be helpful**, please indicate number 1, "Used but of no help at all".

If you used the strategy and found it helpful, think **about what level it was helpful at**, and indicate it on the scale from 2 which is of "A little help" to 5 which is "A tremendous amount of help".

Note: The following questions are NOT asking how frequently you engage in the various coping activities. Rather, please indicate how much each item helped you toward resolving the SPECIFIC event you identified earlier:

0 = Never used this strategy/Not applicable

1 = Used but of no help at all

2 = A little help

3 = A moderate amount of help

4 = A great deal of help

5 = A tremendous amount of help

20. _____ Through prayer or other religious rituals.
21. _____ Found guidance from my religion.
22. _____ Followed the guidance of my elders (e.g., parents, older relatives).
23. _____ Believed that I would grow from surviving the stressful event.
24. _____ Waited for time to run its course.
25. _____ Followed the norms and expectations of my family about handling stressful events.
26. _____ Found comfort from my religion or spirituality.
27. _____ Saved face by not telling anyone.
28. _____ Placed trust in my elders' traditional wisdom to cope with the event.
29. _____ Pretended to be OK.
30. _____ Analyzing my feelings provided me with ideas about how to proceed.
31. _____ Not vented my negative feelings to some people around me.
32. _____ Avoided thinking about the stressful event for a short time for the peace of mind.
33. _____ Told myself that I could think of effective ideas.
34. _____ Knew that I could ask assistance from my family increased my confidence.
35. _____ Saved face by seeking advice from a professional (e.g., counselor, social worker, psychiatrist) I did not know personally.
36. _____ Shared my feelings with my family.
37. _____ Chatted with people about the event on the Internet in order to gain support.
38. _____ To save face, only thought about the problem by myself.
39. _____ Kept my feelings within myself in order not to worry my parents.
40. _____ Accepted the event as fate.
41. _____ Maintained good relationships with people around me.
42. _____ Actively sought advice from professionals (e.g., counselors, social workers, psychiatrists).
43. _____ Realized that often good comes after overcoming bad situations.
44. _____ Ate in excess (or not eating).
45. _____ Realized that the stressful event served as an important purpose in my life.
46. _____ Thought about the meaning of the stressful event from the perspectives of my religious beliefs.
47. _____ Told myself that I could make my plans and ideas work.
48. _____ As a starting point, tried to accept the event for what it offered me.

49. _____ Through family assistance and support.

Please indicate below how you would best describe yourself.

- 1 = Strongly Disagree**
- 2 = Moderately Disagree**
- 3 = Slightly Disagree**
- 4 = Slightly Agree**
- 5 = Moderately Agree**
- 6 = Strongly Agree**

1. _____ When I look at the story of my life, I am pleased with how things have turned out.
2. _____ In general, I feel confident and positive about myself.
3. _____ I feel like many of the people I know have gotten more out of life than I have.
4. _____ Given the opportunity, there are many things about myself that I would change.
5. _____ I like most aspects of my personality.
6. _____ I made some mistakes in the past, but I feel that all in all everything has worked out for the best.
7. _____ In many ways, I feel disappointed about my achievements in life.
8. _____ For the most part, I am proud of who I am and the life I lead.
9. _____ I envy many people for the lives they lead.
10. _____ My attitude about myself is probably not as positive as most people feel about themselves.
11. _____ Many days I wake up feeling discouraged about how I have lived my life.
12. _____ The past had its ups and downs, but in general, I wouldn't want to change it.
13. _____ When I compare myself to friends and acquaintances, it makes me feel good about who I am.
14. _____ Everyone has their weaknesses, but I seem to have more than my share.

Please indicate below how you would best describe yourself.

- 1 = Strongly Disagree**
2 = Moderately Disagree
3 = Slightly Disagree
4 = Slightly Agree
5 = Moderately Agree
6 = Strongly Agree

1. _____ I feel good when I think of what I've done in the past and what I hope to do in the future.
2. _____ I live life one day at a time and don't really think about the future.
3. _____ I tend to focus on the present, because the future nearly always brings me problems.
4. _____ I have a sense of direction and purpose in life.
5. _____ My daily activities often seem trivial and unimportant to me.
6. _____ I don't have a good sense of what it is I'm trying to accomplish in life.
7. _____ I used to set goals for myself, but that now seems like a waste of time.
8. _____ I enjoy making plans for the future and working to make them a reality.
9. _____ I am an active person in carrying out the plans I set for myself.
10. _____ Some people wander aimlessly through life, but I am not one of them.
11. _____ I sometimes feel as if I've done all there is to do in life.
12. _____ My aims in life have been more a source of satisfaction than frustration to me.
13. _____ I find it satisfying to think about what I have accomplished in life.
14. _____ In the final analysis, I'm not so sure that my life adds up to much.

Please report the extent to which you have been distressed or bothered in the previous 7 days by each symptom. Use the scale below.

Not At All

1

2

3

4

Extremely

5

1. _____ Faintness
2. _____ No Interest
3. _____ Nervousness
4. _____ Chest Pains
5. _____ Lonely
6. _____ Tense
7. _____ Nausea
8. _____ Blue
9. _____ Scared
10. _____ Short of Breath
11. _____ Worthlessness
12. _____ Panic Episodes
13. _____ Numb or Tingling
14. _____ Hopelessness
15. _____ Restlessness
16. _____ Body weakness
17. _____ Suicidal Thoughts
18. _____ Fearful

Thank you!

Table 1
Means and Standard Deviations of Study Variables

Measure	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
RCI	4.10	.94	-1.20	.84
CCS				
ARS	3.30	.80	-.30	-.07
FS	3.60	1.11	-.97	.85
RS	4.04	1.16	-1.60	2.23
AD	2.32	1.21	-.055	-.58
PEO	1.70	1.31	.50	-.50
PWS				
SA	4.60	.84	-.30	-.67
PL	4.56	.86	-.27	-.62
BSI-18				
DEP	1.50	.72	2.30	5.42
ANX	1.65	.79	1.49	2.30
Combined Scores				
SAPL	5.34	.91	-.28	-.45
DEPANX	1.60	.70	1.88	4.16

Note. RCI = Religious Commitment Inventory; ARS = Acceptance, Reframing, and Striving; FS = Family Support; RS = Religion/Spirituality; AD = Avoidance and Detachment; PEO = Private Emotional Outlets; SA = Self-Acceptance (PWS); PL = Purpose in Life (PWS); DEP = Depression Dimension (BSI-18); ANX = Anxiety Dimension (BSI-18); SA+PL = Combined Scores for SA and PL; DEP+ANX = Combined Scores for Depression and Anxiety. For CCS, *M* and *SD* indicate the helpfulness ratings for the specific coping strategy and were calculated from only those who used the strategy.

Table 2
Bivariate Correlations of the Study's Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. RCI	—													
2. ARS	.30**	—												
3. FS	.46**	.46**	—											
4. RS	.70**	.28**	.53**	—										
5. AD	-.04	.36**	.15	-.08	—									
6. PEO	.05	.29**	.31**	.06	.45**	—								
7. SA	.23*	.25*	.16*	.13	-.21*	-.30**	—							
8. PL	.38**	.26*	.24*	.24*	-.20*	-.33**	.70**	—						
9. DEP	-.11	-.03	-.01	-.08	.26**	.20	-.41**	-.43**	—					
10. ANX	-.08	-.00	-.03	-.07	.21*	.20	-.22*	-.32**	.72**	—				
11. SAPL	.33**	.27**	.21*	.24*	-.22*	-.34**	.92**	.92**	-.46**	-.29**	—			
12. DEPANX	-.10	-.01	-.02	-.08	.25*	.21*	-.34**	-.40**	.92**	.93**	-.40**	—		
13. TII													—	
Then	-.26*	-.11	-.36**	-.12	-.18	-.16	.01	.06	.08	.09	.04	.09		
14. TII														—
Now	-.20*	-.04	-.08	-.14	.14	.13	-.14	-.08	.21*	.22*	-.12	.23*	.42**	
A	.94	.76	.85	.85	.79	.72	.86	.85	.82	.77	.91	.88		

Note. Correlations above represent participants' reported scores on RCI = Religious Commitment Inventory; ARS = Acceptance, Reframing, and Striving; FS = Family Support; RS = Religion/Spirituality; AD = Avoidance and Detachment; PEO = Private Emotional Outlets; SA = Self-Acceptance (PWS); PL = Purpose in Life (PWS); DEP = Depression Dimension (BSI-18); ANX = Anxiety Dimension (BSI-18); SA+PL = Combined Scores for SA and PL; DEP+ANX = Combined Scores for Depression and Anxiety; TII Then = interference in general at the time the event happened; TII Now = interference in general at the present time. α = Alpha coefficients. * $p < .05$. ** $p < .01$.

Table 3
Mediation of the Relationship Between Religious Commitment and Psychological Well-being (Self-acceptance and Purpose in Life)

Variable	R ² Change	B	95% CI	p value
<i>FS Mediator</i>				
Step 1	.11			
Religious Commitment		.33	.31/1.22	
Step 2	.005			
Religious Commitment		.30	.17/1.20	
Family Support		.08	-.46/.99	.474
<i>RS Mediator</i>				
Step 1	.11			
Religious Commitment		.33	.31/1.22	
Step 2	.001			
Religious Commitment		.36	.218/1.47	
Religion-Spirituality		-.05	-1.49/1.05	.727

Note. RC = Religious Commitment (predictor variable), FS = Family Support, RS = Religion-Spirituality (mediator variables); Criterion = Self-Acceptance and Purpose in Life (SAPL). FS and RS were not significant mediating variables between RC and SAPL.

VITA

G. E. Kawika Allen was born in Honolulu, Hawaii to Joseph R. and Moana R. Allen. He is the last of 9 children, 3 adopted and 6 biological. He was raised in the Waianae, Makaha area on the island of Oahu until the age of 7 where he enjoyed the island life and living near the ocean. The Allen family moved to Salt Lake City, Utah in June 1981 where Kawika continued to enjoy his youth living near majestic mountains, beautiful snowy months, and friendly people. He now enjoys spending time with his eternal partner Carolina S. Allen and his 4 beautiful children, Elijah, Olivia, Miriam, and Hannah.