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FAITH MATURITY ON FORGIVENESS

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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Dedication

I dedicate this to my grandparents, the late Jewell and Alice Hemphill and my great-grandmother, the late Ollie Vee Dunn. Thank you for your love, wisdom, and prayers. I never would have made it without you, and could never, ever thank you enough for all that you have instilled in me…and so, I live my life in honor of you, loving and helping others. I'm everything I am, because you loved me.

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Abstract

This study examined the relationship between faith maturity and forgiveness in African Americans while controlling for the effects of empathy, the experience of racism, age, and education level. Three hundred thirty five individuals participated in the survey. Participants completed a demographic questionnaire, the Heartland Forgiveness Scale, the Racism and Life Experiences Scale—Brief Version, the Horizontal Faith Relations Scale, and the Questionnaire of Cognitive and Affective Empathy. A hierarchical multiple regression analysis was conducted and the full model significantly predicted forgiveness. Cognitive and affective empathy, racism experience, and faith maturity were found to be significant individual predictors of forgiveness scores in the final step of the model, with faith maturity predicting significant variance in forgiveness beyond that predicted by age, education, empathy, and racism.

Chapter One

Introduction

Overview

Racism has the potential to affect well-being through a number of adaptational outcomes in five domains: physical, psychological, social, functional, and spiritual (Harrell, 2000). Stress related to experiences of racism has been associated with health-related issues such as hypertension (Anderson, 1989; Jackson et al., 1996; Krieger, 1990), cardiovascular disease (Anderson, 1989); stroke (Billingsley, 1992; Foard, 1991); and high blood pressure (Krieger & Sidney, 1996). A recent study found that perceived racism by African American pregnant women over their lifetime predicted their infants' birth weight, above and beyond the effects of medical and socioeconomic factors (Dominguez, Dunkel-Schetter, Glynn, Hobel, & Sandman, 2008). However, despite enduring generations of discrimination, little is known about the strategies used by African Americans to cope with and handle the ongoing threats (Shorter-Gooden, 2004).

African Americans have historically underutilized mental health services (Morris, 2001). They may be skeptical about the biological basis of depression (Givens, Ford, Van Voohees, Houston, & Ford, 2007) and wary of becoming addicted to antidepressants, preferring counseling and prayer as treatments for depression and perceiving intrinsic spirituality (spirituality of a private and introspective nature) as an important aspect of treatment (Cooper, Brown, Vu, Ford, & Powe, 2001). Therefore, it is important to examine ways that African Americans cope with, in addition to identifying possible buffers of, the harmful effects of racism.

Religious faith and participation in a congregation or spiritual community appear to be central coping strategies for African Americans (Broman, 1996; Christian et al., 2000). Ellison and Taylor (1996) discussed how prayer can enhance an African American's ability to cope with stressful life events. Ellison (1994) described how participating in religious activities such as prayer and study of Biblical scriptures may increase one's psychological resources and decrease the likelihood of depression. In addition, an examination of religious involvement and well-being in African Americans revealed positive relationships between religious participation and indexes of life satisfaction and happiness (Levin & Taylor, 1998). When compared with nonreligious Blacks, Blacks who were religious not only lived longer but also benefited from greater mental health and experienced lower levels of psychological impairment and substance abuse (Ball, Armistead, & Austin, 2003).

Even though religiosity does not exclusively relate to positive outcomes, there is a consistent positive relationship between religiousness and physical and psychological health and well-being, and a negative relationship between religiousness and physical and mental disorders (Fabricatore, Handal, Rubio, & Gilner, 2004; Gall, Charbonneau, Clarke, Grant, Joseph, & Shouldice, 2005; Miller & Thoresen, 1999). A related topic in the studies of spirituality and religion that is garnering increased attention is the area of faith maturity. Faith maturity is the extent to which a person is truly living out his or her religion in the way it was intended to be lived and in such a way that it can be evidenced day to day (Benson, Donahue, & Erickson, 1993). The concept of faith maturity consists of two dimensions, vertical faith maturity, or a secure relationship with God, and horizontal faith maturity, which is an emphasis on service to humanity

(Benson et al., 1993). Maturity of faith is evidenced in the strength and security of people's relationship with God, their commitment to faith, and the integration of their faith into daily life (Benson et al., 1993; Sanders, 1998). Mature faith does not reduce or eliminate threat or harm from stressors but may be linked with an increased awareness of positive opportunities in difficult situations. Pargament (1997) suggested that mature faith allows people to see stressors from an encouraging religious perspective, without ignoring the fact that a negative or life-changing situation has occurred.

Religion is the context in which language about forgiveness has probably been most explicitly conveyed (Wuthnow, 2000). Gorsuch and Hao (1993) described how forgiveness may be influenced by a person's religious affiliation or personal religious beliefs, which places the association between forgiveness and religious faith in the context of personal relationships. In addition, empathy has also been associated with religiousness (Batson, Schoenrade, & Ventis, 1993). Empathy is often seen as a predictor of forgiveness and included alongside forgiveness in the research, and thus is important to include in research related to forgiveness, (Welton, Hill, & Seybold, 2008). Welton et al. (2008) wrote, "The common thread between empathy and forgiveness is the other-centered focus, rather than the self-centered focus" (p. 169). However, when specifically examining the forgiveness of acts of racism within the U.S., there is very little literature. There is a need for greater empirical attention to factors (i.e., faith, empathy) that inform forgiveness of transgressions, such as racial discrimination, that are rooted in larger sociopolitical and historical conditions, because the forgiveness process is vastly different in those circumstances. In addition, the repercussions of not forgiving in circumstances such as racial discrimination carry a much wider net with

regard to the impact that it has, not just on an individual level, but also on families, communities, and even on a societal level. One noteworthy study by Hammond, Banks, and Mattis (2006) investigated the ways that a specific constellation of cognitive, affective, personality, social, and cultural factors (including religiosity) shaped forgiveness among African American men who encountered everyday racism. The findings showed that subjective religiosity did not predict forgiveness, although religious coping did.

Statement of the Problem

Faith maturity and forgiveness are constructs that could potentially possess powerful ways of understanding and repairing the harmful mental and physical effects of racism within the African American community. Thus, the purpose of this study is explore the influence faith maturity has on forgiveness in African Americans beyond what is explained by empathy and the experience of racism.

Chapter Two

Review of the Literature

Racism and Discrimination

  Racism and African Americans. How racial discrimination against Black individuals is typically perpetrated has undergone substantial change since the days of the Civil Rights era (West, Donovan, & Roemer, 2009). In recent years, acts of racism have become less blatant and now take place in the form of more covert acts. Generally, racism and discrimination take form in demeaning insults, subtle looks and stares, lower-quality services, and violent acts. These various forms of discrimination can be perpetrated by institutions or individuals, acting intentionally or unintentionally (DHHS, 2001). Racism can be overt or covert, intentional or unintentional. While both terms will be used throughout this review, discrimination will refer to a specific manifestation of racism in the form of unfair treatment (Harrell, 2000; Shorter-Gooden, 2004).

  Racial inequalities may be the primary basis of differences in reported quality of life between African Americans and Whites (Hughes & Thomas, 1998). Racism is one aspect of the historical legacy of African Americans, and even though negative stereotypes and rejecting attitudes have decreased (Williams, Spencer, & Jackson, 1999), they continue to occur with adverse consequences for the mental health of African Americans. One major part of living life is dealing with stress. However, for minorities, a large part of life stress entails dealing with the experiences of racism in interpersonal, collective, cultural-symbolic, and sociopolitical contexts (Harrell, 2000).

Based upon her review of the literature, Harrell (2000) identified six different categories of racism-related stress. The first category, racism-related life events, consists of those events that are time-limited and that occur across a variety of life experiences. Such events might include getting rejected for loans, being victims of racial profiling, or receiving a lower-quality education. Although these events may not happen on a daily or even weekly basis, nevertheless, the impact of these events over the course of one's life can increase stress levels greatly. The second category of race-related stress consists of vicarious racism experiences, which involve seeing and hearing of racist events happening to others. The third category of stress is a result of daily racism micro-stressors, which consist of the subtle, preconscious or unconscious degradations and putdowns experienced by minority groups. These stressors serve as daily reminders of the role race plays in the world. A fourth category of stress Harrell examined was chronic-contextual stress that includes disproportionate ratios of people without health care, the unequal distribution of resources in the form of outdated textbooks in urban schools, and limitations on opportunities for employment. These types of stressors may go unacknowledged because, often, people experiencing severe and chronic life stress may become so focused on survival that they are unlikely or unable to take the time to analyze their situations. The fifth category of race-related stress relates to the collective experiences of minorities and involves experiences of racism at the group level. Stereotypical portrayals of characters in the media, the educational conditions of one's group, and lack of political representation can be observed in this category of stressors. The final type of racism-related stress involves the transgenerational transmission of racism, which includes the experiences of the

relationship between a minority group with American society and the history of family and community stories that are passed down through generations. Transgenerational transmission of stress includes the effects of traumas such as slavery, the removal of American Indians from their lands, and the imprisonment of Japanese-Americans during World War II.

Over the past few decades, there has been much discussion about the changing nature of racism within society (Devine, Plant, & Blair, 2001). Researchers have only recently begun exploring the less obvious manifestations of racism. These more covert forms of racism, attitudes of racial ambivalence, and unconscious forms of racism have been emphasized in contemporary research (Devine et al., 2001).

Sue (2003) posited that racial microaggressions are more complex and difficult to identify, examine, and confront than the less frequent but more obvious acts of racism, and that they have a more sustained and detrimental impact on those who are regularly impacted by them. Black Americans frequently report feelings of racial rage, frustration, low self-esteem, depression, and other strong emotions when exposed to racial microaggressions (Sue et al., 2008). Studies (Adams, 1990; Essed, 1991; Feagin, 1991; Franklin,1993; Pierce, 1995) have confirmed that racial microaggressions may actually be more harmful in nature than blatant and overt acts of racism. This is because the hidden, unintentional nature of microaggressions allows them to flourish outside the conscious awareness of the perpetrators, thereby infecting interracial interactions, institutional procedures, practices, and social policies (Franklin, 2004; Hinton, 2004; Sue, 2003). These unique forms of aggression result in the perpetuation of various injustices that have major consequences not only on the mental health of the recipients,

but also in creating and maintaining the racial inequities in health care, employment, and education (U. S. Department of Health and Human Services, 2001).

Negative impact of racism. Racism and discrimination adversely influence physical and mental health, and they place minorities at risk for mental disorders such as depression and anxiety (Clark et al., 1999). African Americans suffer disproportionately from diseases such as hypertension, cardiovascular disease, stroke, and substance and alcohol abuse, which have all been linked to stress (Billingsley, 1992; Foard, 1991). The chronic stress has also been found to correlate with difficulties including depression, low self-esteem, and lower levels of life satisfaction (Utsey, 1998). Studies have shown that anger has been one of the most frequently cited emotions in response to everyday racism (Clark, Anderson, Clark, & Williams, 1999; Grier & Cobbs, 1968; Landrine & Klonoff, 1996). Perceptions of anger may lead to coping responses that include anger suppression, hostility, aggression, verbal expression of anger, or the use of substances to blunt anger (Cooper, 1993; Cornell, Peterson, & Richards, 1999; Grier and Cobbs, 1968; Harrell, 2000; Harris, 1992). A 1994 study by Feagin and Sikes found that, "The psychological costs to African Americans of widespread prejudice and discrimination include this rage, as well as humiliation, frustration, resignation, and depression" (p. 293).

Jones (2002) reported on the impact that racial stereotypes and the development of an internalized stigma can have on various psychological factors: vulnerability to distress, self-identity, coping ability, perceptions of self-identity, and perceptions of self-competency. A qualitative study of African American college students by Swim, Hyers, Cohen, Fitzgerald, and Bylsma (2003) revealed that incidents of racism had an

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emotional toll on the participants, with anger being the emotion noted most frequently, together with decreased comfort levels and increased feelings of being threatened. The findings indicated that participants generally recovered from the events, but they also continued to experience discomfort even after the incident had ended. D'Augelli and Hershberger (1993) also found that 89% of African American students in their sample reported hearing disparaging comments about African Americans *occasionally* to *frequently*. In addition, they found that 59% reported being personally, verbally, insulted and that 36% reported experiencing incidents involving threats or violence while at college (D'Augelli & Hershberger, 1993).

Although reporting discriminatory experiences is associated with higher levels of adverse outcomes, denying actual discrimination may likewise result in equal or higher levels of adverse health effects (Harrell, Hall, & Taliaferro, 2003; Krieger, 2000; Krieger & Sidney, 1996). Denial of racism (e.g., denying the existence of racism experience by oneself or by others of one's racial group) is a way of coping that, it has been suggested, negatively impacts physical and mental health (Harrell et al., 2003; Jones, 1997). Darity (2003) found that 90% of African Americans who reported having no experiences of discrimination had nevertheless been discriminated against when the discrimination was measured with objective indicators. Consequently, research on racial discrimination should sample those who report racism experiences, in addition to those who report no experiences with racism (Harrell et al., 2003).

Coping with racism and buffering factors. Relying on social support has been found to be a central coping strategy for African Americans, particularly for Black women (Christian, Al-Mateen, Webb, & Donatelli, 2000; Neighbors, 1997; Taylor,

Hardison, Chatters, 1996). Religious faith and participation in a congregation or spiritual community also appear to be central coping strategies for African Americans and, again, particularly for Black women (Broman, 1996; Christian, et al., 2000). Social support is an external resource that women are able to harness to buffer the negative impact of stress, while religiosity is an internal resource—a belief system that helps one to overcome adversity (Shorter-Gooden, 2004).

In a qualitative study of African American women, Shorter-Gooden (2004) found that among the many ways of coping with sexism and racism, their religious and/or spiritual faith was an important internal resource for coping with the challenges that come with being Black and female. The participants described that they relied on prayer, their spiritual beliefs, or their relationship with God to cope. For the elderly in particular, relying on religious coping to manage emotional stress occurred more frequently, which suggests that the significance of prayer may increase across the life course (Ellison, 1994). The importance of this increase in prayer in the elderly is evidenced by a study of elderly African Americans by Pargament (1997), which concluded that "higher levels of personal religiousness were associated with feelings of greater personal control and mastery regardless of the number of negative events that occurred in the last month" (p. 306).

Faith and Mental Health

There is a growing body of evidence suggesting the important role that a spiritual framework can provide in the treatment of psychological conditions (Plante & Sherman, 2000; Walsh, 1999). Religiousness has been associated with lower levels of depressive symptoms (McCullough & Larson, 1999), higher subjective well-being

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(Koenig, et al., 2001), and even longer life (McCullough, Hoyt, Larson, Koenig, &

Thoresen, 2000). One study by Ellison examined the relationship between religious

commitment and mental health (1991), revealing that individuals with strong religious

faith reported higher self-esteem, greater personal happiness, and fewer negative

consequences from traumatic life experiences. Religious faith has been found to be

useful for individuals who experience stress by providing hope in distressful times, a

sense of meaning, and strength and guidance in the face of life's challenges (Pargament,

1997). Similarly, Ross (1990) found lower levels of the consequences of psychological

distress among people maintaining strong religious beliefs, and Swensen, Fuller, and

Clements (1993) found that terminally ill cancer patients at more mature stages of

religious faith reported higher overall quality of life.

African Americans and faith. Religious faith and participation in a

congregation or spiritual community appear to be central coping strategies for African

Americans (Broman, 1996; Christian et al., 2000). As a social institution, the African

American church serves as a significant support to its congregation. Members

experience fellowship, develop friendships, and assist each other in times of need.

Almost 85% of African Americans have described themselves as *fairly religious* or *very

religious* (Taylor & Chatters, 1991), and prayer is among their most common coping

strategies. African Americans have been found to: (a) report higher levels of attendance

at religious services than Whites, (b) read more religious materials and monitor

religious broadcasts more than Whites, and (c) seek spiritual comfort through religion

more so than Whites (Taylor et al., 1996). More specifically, Chatters, Taylor, and

Lincoln (1999) conducted a meta-analysis of the role of sociodemographic variables in

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religious participation among African Americans and reported that: (a) being older and female were associated with greater levels of religious involvement; (b) African Americans with higher levels of education reported higher levels of religious service attendance; (c) geographical location was a significant predictor of religious service participation, with Southern African Americans reporting greater levels of religiosity than African Americans residing in other U. S. regions; and (d) African Americans who reported no current religious affiliation indicated lower levels of religious involvement than religious-affiliated African Americans.

When compared to non-religious African Americans, African Americans who were religious not only lived longer but also benefitted from greater mental health, reporting lower levels of psychological impairment, suicide, substance abuse, and depression, and higher levels of life satisfaction (Ball, Armistead, & Austin, 2003). African American women have been found to use prayer in response to physical health problems, as well as in response to interpersonal and emotional problems and death (Constantine, 2007). Such results beg the question of how spirituality exerts an influence on health. Some hypotheses are that spirituality and religion influence health by increasing adherence to health-related behaviors and lifestyles; having an impact on marriage patterns and hence heritability; providing social support; or promoting healthy cognitions via belief or faith (Levin, 1996). Work by Krause and Ellison (2003) illustrated that a related factor in these mental and physical health benefits may be forgiveness, a leading tenet of many African American churches.

Faith maturity. Faith maturity has been defined by Benson, Donahue, and Erikson (1993) as, "the degree to which a person embodies priorities, commitments, and

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perspectives characteristic of vibrant and life-transforming faith, as these have been understood in 'mainline' Protestant traditions" (p. 3). Faith maturity is the extent to which a person is truly living out his or her religion in the way it was intended to be lived and in such a way that it can be evidenced day to day (Benson et al., 1993). Benson et al. distinguished between vertical faith maturity, or a secure relationship with God, and horizontal faith maturity, or an emphasis on service to humanity. In contrast to intrinsic and extrinsic religiousness, which are motivational dimensions of the religiousness construct, Benson et al.'s idea of mature faith focuses on attitudes and behavior, integrating faith as a system of beliefs with a mature faith expressed in actions. The dimensions of vertical and horizontal faith are in line with two of the most dominant themes in Christianity, love of God and the love of one's neighbor. Maturity of faith is evidenced in the strength and security of individuals' relationship with God, their commitment to faith, and the integration of their faith into daily life (Benson et al., 1993; Sanders, 1998).

Individuals who are identified as religiously mature are reported to emphasize service to humanity, as revealed in pro-social sentiments and acts of mercy and justice (e.g., horizontal religion), and to focus on maintaining a relationship between the self and transcendent reality (vertical religion) more than individuals who are less religiously mature (Sanders, 1998). Positive religious coping tends to reflect a more secure relationship with God so greater faith maturity should be associated with positive religious coping (Harrowfield, & Gardner, 2010). In a study of people recovering from substance abuse (Pardini et al., 2000), higher levels of religious faith were associated with higher resilience to stress and lower levels of anxiety. In addition, in a study

examining the strength of religious faith and mental health outcomes among university students, faith was associated with more effective coping with stress and with low anxiety (Plante et al., 2000). A study of 253 university students by Salsman and Carson (2005) revealed that faith maturity, as an index of personal, internalized religious or spiritual commitment, was inversely associated with depression, paranoia, hostility, and overall psychological distress.

Forgiveness

Social scientists have expanded the study of forgiveness in the last 10 years, however, there has been no overall consensus on what constitutes forgiveness (Moeschberger, Dixon, Niens, & Carnes, 2005). In fact, over the past decade, there have been three intersecting streams of scholarship related to the topic of forgiveness (Hammond, Banks, & Mattis, 2006). One stream of work examined a variety of affective (e.g., empathy, vengeance, rumination, anger) and personality (e.g., neuroticism and social desirability) factors that motivate individuals to grant forgiveness following interpersonal transgressions (Berry, Worthington, O'Connor, Parrott, & Wade, 2005; Maltby, Day, & Barber, 2004; McCullough, Worthington, & Rachal, 1997). In addition, there has been a second stream of work that has sought to examine ways in which cultural systems, such as religion, inform people's experience of forgiveness. Research within this stream has included definitions of forgiveness, ideas about the desirability of forgiveness, and perspectives on the conditions under which forgiveness should be granted (Hammond, Banks, & Mattis, 2006). The third and final stream of work has explored the historical and sociopolitical correlates of forgiveness. According to Wohl and Branscombe (2005), this work centers around the

ways that national, racial, ethnic, class, religious, gender, and sexual discrimination inform the meanings and manifestations of forgiveness in relationships between socially constructed groups (e.g., ethnic groups). Most researchers agree, however, that forgiveness is an adaptive trait or behavior, and there is empirical support that has found forgiveness to be an adaptive method of coping, in addition to being positively correlated with psychological well-being (Rasmussen & Lopez, 2000; Witvliet, 2000). McCullough, Hoyt, Larson, Koenigh, and Thoresen (2000) reported that forgiveness has been related to a reduction in anger and depression. Other studies reveal how forgiveness has been linked to a decrease in anxiety (Gassin, 1994; Trainer, 1981), restoring a personal sense of power and self-esteem (Rhode, 1990; Trainer, 1981), improving physical health (Strasser, 1984), and improved interpersonal relationships (Nelson, 1992; Woodman, 1991).

Notably, gender has also been examined in the study of forgiveness, and the results have been mixed. Most studies, however, report that there are no significant gender differences in forgiving (Enright and Zell, 1989). There seems to be some indication that forgiveness may have a developmental component where adults are more forgiving than children and elderly people are more forgiving than middle-aged adults and young adults (Enright, Santos, & Al-Mabuk, 1989; Subkoviak et al., 1995). Studies have also indicated that the more educated an individual is, the more likely he or she is to forgive (Orathinkal, Vansteenwegen, & Burggraeve, 2008).

Definitions of forgiveness. There has been much debate regarding how forgiveness should be conceptualized (Thompson et al., 2005). Forgiveness has been defined as an "intra-individual, prosocial change toward a perceived transgressor that is

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situated within a specific interpersonal context" (McCullough, Pargament, & Thoresen, 2000, p. 9). This definition has been criticized as being too broad and difficult to test and quantify, however. In addition, it doesn't address forgiveness in the context of intergroup relations. Another definition of forgiveness, which did account for intergroup and interpersonal dynamics, was proposed by Enright and Fitzgibbons (2000):

> People, on rationally determining that they have been unfairly treated, forgive when they willfully abandon resentment and related responses (to which they have a right) and endeavor to respond to the wrongdoer based on the moral principle of beneficence, which may include compassion, unconditional worth, generosity, and moral love (to which the wrongdoer, by nature of the harmful act or acts, has no right). (p. 24)

This definition is viewed as being broad enough to account for individual differences, but also applies to *intergroup* offenses as well as more specific *interpersonal* transgressions (Moeschberger et al., 2005), which is important in the context of examining forgiveness in African Americans in the face of racism.

Enright's definition is one of the most frequently cited in the forgiveness literature because forgiveness is defined as a multidimensional concept, describing the interplay of cognition, behavior, and emotion, and it also suggests the need for compassion toward the transgressor. Forgiveness permits the relationship between the conflicting parties to move forward after a transgression (Zechmeister & Romero, 2002). On the intergroup level, forgiveness involves the release of negative feelings towards the transgressor's group (Tutu, 1999).

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Relationships, racism, and forgiveness. A substantial amount of the research on forgiveness has examined the concept within interpersonal relationships (Enright & Fitzgibbons, 2000; McCullough, Hoyt, & Rachal, 2000). Previous studies of forgiveness in an interpersonal context revealed a strong link between apology and forgiveness, with empathy mediating between the two variables. Therefore, while it has been found that apologies are helpful and can increase empathic feelings in individuals, the actual feeling of empathy for the transgressor is one of the strongest determinants in increasing forgiveness.

There is also some evidence of an empathy-forgiveness link within intergroup settings. An understanding of intergroup forgiveness is of importance in post-conflict societies such as Northern Ireland, where groups involved in intergroup conflict are encouraged to "move on" from the past. Where intergroup conflict is concerned, however, the past is intimately part of the present (Tam, Hewstone, Cairns, Tausch, Maio, & Kenworthy, 2007). Tam et al.'s (2007) study of the citizens of Northern Ireland revealed that two factors were important in the process of forgiveness. Consequently, they suggested that interventions should aim to include elements of targeting the specific emotion of anger as well as emphasizing the humanness of the out-group.

John Hume, who shared the Nobel Peace Prize for his work in furthering the peace process in Northern Ireland, stressed the importance of "humanizing the other…We have to realize our common humanity transcends our differences" (Dozier, 2002, p. 291). In light of these findings, is it necessary for African Americans to feel some type of empathy or humanness before forgiving those who discriminate against

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them? Wohl and Branscombe (2005) maintained that the resolution of social conflict involves more than just changing negative beliefs; it is also necessary to see the humanity in the other. Their research illustrated that perpetrator groups that are seen as "human" elicit intergroup forgiveness. It is unclear, however, how specific aspects of empathy may contribute to forgiveness. Reniers Corcoran, Drake, Shyne, &Vollm (2011), for instance, differentiate between cognitive and affective empathy. Reniers et al., define cognitive empathy as a framework for intellectually understanding other peoples' experiences, and affective empathy as the ability to enter into and vicariously experience others' emotions. The relationship between discrimination and the specific aspects of empathy have not been thoroughly examined.

While examining forgiveness in the context of racism and discrimination, it is important to clarify some possible misconceptions. First, the *American Heritage Dictionary* (1985) lists "excuse" and "condone" as synonyms of forgive, stating, "these [three] verbs mean to pass over an offense and to free the offender from the consequences of it" (p. 525). This explanation may contribute to the controversy surrounding the adaptiveness of forgiveness. Researchers, for the most part, do not equate forgiving with condoning or excusing (Worthington, 2000). Most researchers agree that forgiveness does not necessitate freeing the transgressor from the consequences of his or her actions, which is the definitional approach taken by this study.

Second, the overwhelming focus on close relationships in forgiveness research seems to overlook or ignore the reality that transgressions (e.g., incidents of racism) often are committed by strangers and acquaintances with whom we interact in public

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and private spaces. In addition, this focus on the forgiveness of intimate others limits our opportunities to identify the factors that may relate to forgiveness when negotiation is not likely (Hammond, Banks, & Mattis, 2006).   In contrast to negotiated forgiveness, unilateral forgiveness occurs internally because opportunities to interact and negotiate with the perpetrator do not exist.

Faith and forgiveness. There is a strong link between Christianity and the concept of forgiveness. Some Bible passages explicitly discuss the importance of forgiveness to the Christian faith. Gorsuch and Hao (1993) related forgiveness to religious faith and concluded, "the more religious one is, the more forgiving one reports" (p. 345). Their perspective described how forgiveness may be influenced by a person's religious affiliation or personal religious beliefs, which places the association between forgiveness and religious faith in the context of personal relationships (Batson & Shwalb, 2006). Edwards et al. (2002) found there was a positive correlation between the constructs of faith and forgiveness in a study of college students, and Sheffield (2003) demonstrated that religious involvement may help increase one's ability to forgive another.

While there are many models in the forgiveness research that postulate under which circumstances and by what means people forgive, Scobie and Scobie (1998) suggested that many people follow the *Christian Model* of forgiveness. This model is based on the belief that people should forgive unconditionally, as God does, and explains that the victim requires neither compensation nor even a promise that the act will not be repeated in the future. Not all Christians endorse this approach to forgiveness (Krause & Ingersoll-Dayton, 2001; Marty, 1998), but there is evidence that

many do because it is a central tenet of the Christian faith (Rye et al., 2001). This model is important because it encourages the victim to let go of the hurt and resentment associated with a transgression, avoiding ruminations that sometimes follow offenses (Krause & Ellison, 2003). Research indicates that chronic rumination, which is reliving a hurt over and over again, may be associated with greater psychological distress (Roberts, Gilboa, & Gotlib, 1998). The Christian model may also avoid problems that arise when victims seek retribution.

Only one study was found highlighting how faith maturity and forgiveness interact in the experience of racism. Hammond, Banks, and Mattis (2006) investigated the ways that a specific constellation of cognitive, affective, personality, social, and cultural factors (including religiosity) shaped forgiveness among African American men who encountered everyday racism. The findings revealed that subjective religiosity (vs. religious coping) was positively correlated with the three indices of forgiveness used within the study. The findings of the study suggested, however, that the view of oneself as religious was not enough to lead to the forgiveness of racially biased acts. Subjective religiosity did not predict forgiveness, while religious coping was positively related to and predictive of overall forgiveness. African American men who were currently married and those who reported a greater level of emotional social support were more willing to forgive acts of discrimination. In addition, the study revealed that as encounters with racism increased in frequency, the psychological and spiritual demands on men changed. Hammond et al. recommended that future research use a multidimensional measure of religiosity in order to provide more information about the role for forgiveness and faith when African Americans experience discrimination.

Empathy, Racism, Faith Maturity, and Forgiveness

While there is a wealth of research on the trangenerational effects of slavery and the impact of racism, many gaps still exist in the literature. Faith maturity and forgiveness are constructs that could potentially provide powerful ways of understanding and repairing the harmful mental and physical effects of racism within the African American community.

The faith literature and, specifically, the faith maturity research have consistently illustrated the benefits of maturity in both horizontal and vertical faith. In addition, the forgiveness research has highlighted the psychological advantages of forgiving the transgressor, as well as forgiveness being an important tenet in Christianity. Previous research has shown that religiosity is positively associated with favorable attitudes about forgiveness and possibly with the actual practice of forgiveness (DiBlasio, 1993; Gorsuch & Hao, 1993; Poloma & Gallup, 1999). Further, as noted previously, there is some evidence of an empathy-forgiveness link (e.g., McLernon et al., 2002; Wohl & Branscombe, 2005), which suggests the importance of differentiating forgiveness and empathy.

Thus, in light of the wealth of research illustrating: (a) the strong bond between the African American community and faith (Broman, 1996; Christian, Al-Mateen, Webb, & Donatelli, 2000; Shorter-Gooden, 2004); (b) the deleterious impact of racism on African Americans (Broman, 1997; Clark, Anderson, Clark, & Williams, 1997; Harrell, 2000; Landrine & Klonoff, 1996); (c) the positive impact of faith, and more specifically, having mature faith on well-being (McCullough & Larson, 1999; Pargament, 1997; Salsman & Carson, 2005; Sanders, 1998); and (d) the psychological

benefits of forgiveness (Dixon & Kagee, 1996; Enright, et al., 2001; Freedman & Enright, 1996), it would be meaningful and advantageous to understand if and how faith maturity relates to African Americans' experience and forgiveness of acts of racism. Exploration of these factors may help to provide a better understanding of how faith maturity and forgiveness can work together to help to counter the poor outcomes linked to chronic exposure to racism among African Americans.

Research Questions

Research questions for the current study were: (a) Do age, empathy, racism experience, and faith maturity significantly predict forgiveness? and (b) Does faith maturity contribute to significant variance in forgiveness beyond the variance predicted by age, empathy, and racism experience?

Chapter Three

Method

Participants

This study obtained a community sample of African Americans between the ages of 18 and 64. Only participants who identified as believing in God and/or being spiritual or religious were recruited because one of the instruments assessed faith and a relationship with God or a higher power. A community sample was obtained to allow for a representative group across the domains of age, gender, and education level. Participants were recruited via email solicitations, online social networking sites, and online message boards. Participants were also asked to forward the survey link to other spiritual African Americans they knew.

Three hundred forty-nine participants took the online survey and the mean age of participants was 34.28 years ($SD = 10.38$). The sample was made up of largely female participants (73%; $n = 256$) and the remaining (22%; $n = 77$) participants identified as male. With regard to marital status, 54% ($n = 190$) of participants identified themselves as single, 31% ($n = 111$) reported being married/partnered, 8% ($n = 28$) reported being divorced or separated, and 1% ($n = 4$) reported being widowed. Family income as reported by participants was less than \$35,000 for 17% ($n = 61$) of participants, between \$36,000 and \$55,000 for 18% ($n = 63$), between \$56,000 and \$75,000 for 17% ($n = 59$), and greater than \$76,000 for 43% ($n = 149$) of participants.

Educationally speaking, the participants appeared well educated, with the majority having at least a master's degree (34%; $n = 119$), followed by 28% ($n = 96$) having a bachelor's degree. Approximately 17% ($n = 60$) of participants had completed

an associate's degree or less, and another 17% ($n = 60$) of the sample held doctoral or professional degrees. The remaining (4%; $n = 14$) did not report their educational level. Seventy-seven percent ($n = 270$) of participants reported that they were members of an organized religion, while 19% ($n = 66$) reported that they were not a member of an organized religion, and 4% ($n = 13$) of respondents did not answer. When asked about the racial composition of their religious community, 71% ($n = 247$) of participants reported that their religious community was predominately African American, 14% ($n = 49$) indicated that their religious community was made up of a variety of races, and 4% ($n = 15$) reported that their community was predominately another race. Ten percent ($n = 38$) of respondents did not answer this question.

Instruments

Four instruments and a demographic information form were administered for the purposes of this study. The instruments included the Racism and Life Experiences Scale—Brief Version (RaLES-BRF; Harrell, 1997), the Heartland Forgiveness Scale (HFS; Thompson & Snyder, 2002); the Horizontal Faith Relations Scale (HFRS; Simpson, Newman, & Fuqua, 2008); and the Questionnaire of Cognitive and Affective Empathy (QCAE; Reniers, Corcoran, Drake, Shryne, & Vollm, 2011).

Heartland Forgiveness Scale (HFS). The Heartland Forgiveness Scale (HFS; Thompson & Snyder, 2002) is a self-report measure of dispositional forgiveness with subscales assessing forgiveness of self, others, and situations. The HFS is an 18 item measure consisting of three 6-item subscales. Participants indicate the extent to which each item is true or false of them using a 7 point Likert-type scale with four verbal anchors: *1 = Almost Always False of Me, 3 = More Often False of Me, 5 = More Often*

True of Me, and 7 = Almost Always True of Me. Higher scores (total score range = 0 - 126) indicate a higher disposition for forgiveness. Psychometric examination revealed that scores on the HFS were positively correlated with other measures of forgiveness and measures of hope, relationship satisfaction, and cognitive flexibility (Snyder & Thompson, 2002). Construct validity findings also indicated negative correlations with vengeance, psychological symptoms, and chronic hostility (Snyder & Thompson, 2002).

The HFS was developed using 3 different samples of university students (*n*= 1111, 504, and 123, respectively) at a public, Midwestern university. The correlations between HFS total, Self, Other, and Situation subscales administered across a 3-week interval were .83, .72, .73, and .77 respectively, indicating acceptable test-retest reliability. Cronbach's alphas for the subscales were .86, .86, and .87 for each of the samples. In the present study Cronbach's alpha for the total scale was .88.

Racism and Life Experiences Scales--Brief Version (RaLES-BRF) The Racism and Life Experiences Scales (RaLES; Harrell, 1997) are a comprehensive set of scales designed to measure dimensions of racism-related stress and associated constructs. The scales were developed based on a model of racism and well-being (Harrell, 2000) that integrates the theoretical and empirical work from multicultural, mental health, stress and coping, and racism literatures. The brief version (RaLES-BRF) of the scale, which measures racism experiences, was used in this study. The RaLES-BRF includes 9 questions and the response format is a five-point Likert scale with a higher total score (total summed score range = 0 - 36) indicating more experienced racism. Previously reported reliability coefficients for this scale have ranged from .77 to

.86 (Harrell, Merchant, and Young, 1997). In the current sample, Cronbach's alpha was found to be .83.

The Horizontal Faith Relations Scale (HFRS). A study by Simpson, Newman, and Fuqua (2007) revealed some fundamental limitations in the measurement of horizontal faith by a frequently used scale, the Faith Maturity Scale (FMS; Benson, Donahue, & Erickson, 1993). While they found that the vertical scale related as expected to other measures of spirituality, the Faith Maturity Scale-Horizontal (FMS-H) had small correlations with scales measuring various dimensions of social service, such as trust, intimacy, and relationship satisfaction. They also found that the FMS-H had small correlations with measures of religious involvement (e.g., frequency of attendance, level of involvement in religious activities, time spent in private religious activities), signaling that the scale measured something other than religiousness and faith. These findings led Simpson et al. to create an adaptation of the FMS-H, which they named the Horizontal Faith Relations Scale.

The Horizontal Faith Relations Scale (HFRS; Simpson, Newman, & Fuqua, 2008) was designed to operationalize horizontal faith maturity more as a function of personal relationships with others. Given the concerns about the definition of the Faith Maturity Scale's Horizontal dimension, as well to be congruent with the focus of this study, the current study substituted the HFRS in place of the FMS-H.

Preliminary evidence regarding the validity of the HFRS appears supportive. The HFRS correlated moderately with three measures of religious activity (i.e., religious activities, frequency of religious attendance, time spent in private religious activity; Simpson et al., 2008). The direction and magnitude of the relationship between

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HFRS and the religious participation items suggested that the HFRS taps into a unique aspect of horizontal relating connected to a mature faith experience. The scale contains 9 items (total score range = 9-63), and uses a 7 point Likert-type scale (1= *Never True to 7= Always True*). Higher scores on the HFRS indicate more mature faith in respondents. The HFRS had a Cronbach's alpha of .91 for this sample.

Questionnaire of Cognitive and Affective Empathy (QCAE). The Questionnaire of Cognitive and Affective Empathy (QCAE; Reniers, Corcoran, Drake, Shryne, & Vollm, 2011) was designed to designed to measure multidimensional empathy. The QCAE is an 31 item measure consisting of 5 subscales. Perspective Taking and Online Simulation combine for the cognitive empathy (i.e., the ability to comprehend other people's experiences) score, while Emotion Contagion, Proximal Responsivity, and Peripheral Responsivity are summed to provide an affective empathy (i.e., the ability to vicariously experience the emotional experience of others) score. The sum of the cognitive and affective empathy scores provides a cumulative total empathy score. For the purposes of this study, the cognitive score and affective score were used. Participants indicate the extent to which each item is true or false of them using a 4 point Likert-type scale (*1= Strongly Disagree to 4= Strongly Agree*). Higher scores (total score range = 31 - 124) indicate that one is more empathic in the respective domain (i.e., cofnitive, affective).

Reported Cronbach's alphas for the five subscales ranged from .65 to .85 (QCAE; Reniers, Corcoran, Drake, Shryne, & Vollm, 2011). The current study revealed Cronbach's alphas of .87 for the overall scale, .89 for the Cognitive Empathy subscale, and .81 for the Affective Empathy subscale.

Procedures

A snowball sampling method (Minke & Haynes, 2003) was used in recruiting research participants. Prospective participants received either a recruitment email or a post on a social networking site in which they were informed of the purpose and nature of the study and the identity of the researcher and were provided a link that led directly to an online survey. Data were collected utilizing a web-survey (i.e., Survey Monkey). A university research center housed and monitored the online survey, which was deleted at the conclusion of the study. Once participants arrived at the online survey, they were presented with an informed consent document, approved by the Institutional Review Board, where they were given the opportunity to either participate or opt out of the study. Those who chose to participate then completed a demographic form followed by the RaLES-BV, HFRS, HFS, QCAE, and a short open-ended question about a specific experience with racism and the factors that helped the participant to forgive the perpetrator of the act. Because the study was implemented entirely online, there was no way to counterbalance the instruments; however careful consideration was given to the order of the instruments in an attempt to minimize order effects as much as possible.

At the completion of the study, those participants who completed the entire study were offered an opportunity to enter a raffle for a $50 gift card. Entrance into the raffle required participants to enter a valid email address, which was kept in a separate database and not connected to survey responses in order to maintain confidentiality.

Data Analysis

Hoyt, Imel, and Chan (2008) outlined the controversies associated with the use of multiple regression models and concluded that a minimum of 150 to 200 participants are needed to reliably expose significant effects in psychological research. The sample size for the present regression study surpassed this goal, suggesting that there was adequate power to detect effects in the variables of interest.

A hierarchical regression analysis (Cohen & Cohen, 1983) was utilized to examine the relationship of predictor variables to the criterion variable. In this type of analysis, predictor variables are put into an equation in a specific order, based on theoretical rationale. Forgiveness (Heartland Forgiveness Scale--HFS) scores served as the criterion (dependent) variable. The predictors were: age and education level scores in the first block, Cognitive and Affective Empathy (Questionnaire of Cognitive and Affective Empathy—QCAE) scores in the second block, racism experience (Racism and Life Experiences Scale—RaLES) scores in the third block, and in the last block, faith maturity (Horizontal Faith Relations Scale—HFRS) scores. Consistent with the literature indicating the positive correlation between forgiveness, age, and education, age and education level were entered in the first step in order to control for their effects. Cognitive and Affective Empathy (QCAE) scores were entered in the second step to study the contribution of the components of empathy to forgiveness. Several studies support the empathy-forgiveness connection in the literature and the importance of distinguishing the two constructs. Enright et al. (1998) discussed empathy as a factor in the work phase of the process of forgiveness, McCullough (2000) and Worthington (1998) have discussed empathy as a determinant of the ability to forgive, and

Zechmeister and Romero (2002) found a link between forgiveness and both situational and dispositional empathy.

In the third step, RaLES scores were entered to explore the unique contribution of racism experience in forgiveness beyond the amount of variance explained by age, education level, and empathy. Studies (Hammond, Banks, and Mattis, 2006; Broman, 1996; Christian et al., 2000) have illustrated the strong relationship between stress and coping with racism and faith in the African American community. HFRS scores were entered at the fourth and final step in an attempt to determine faith maturity's unique contribution beyond the effects explained by age, education level, empathy, and racism experience. Previous research has shown that faith maturity is positively associated with favorable attitudes about forgiveness and possibly with the actual practice of forgiveness (DiBlasio, 1993; Forsuch & Hao, 1993; Poloma & Gallup, 1999). This possible association between faith maturity and forgiveness informed the decision to enter HFS scores in the final regression step.

Chapter Four

Results

Preliminary Results

Of the initial 335 participants, 61 were excluded from the multiple regression analysis due to missing data, leaving a total sample size of 274. Various preliminary analyses were performed on the data to ensure no violations of the assumptions of normality, linearity, multicollinearity, and homoscedasticity.

Means, standard deviations, effect sizes, and intercorrelations for all measured variables are presented in Tables 1 and 2. Preliminary bivariate correlations examining the relationships between the criterion variable (i.e., HFS scores) and the continuous demographic variables (i.e., age, income) indicated that only age significantly correlated with HFS scores. Age showed a small but significant correlation ($r = .11$, $p < .05$), indicating that older participants reported an increased tendency to forgive. Despite the fact that the education level did not correlate with the HFS scores, it was left in the model on theoretical grounds (see literature review). In addition, ANOVAs examining differences among income, marital status, and racial make-up of the participant's religious community on HFS scores were conducted; all were nonsignificant.

Bivariate correlations among the instruments that were administered indicated that higher levels of the criterion variable, forgiveness (i.e., HFS scores), were associated with higher levels of cognitive empathy (i.e., QCAE-CES scores) and faith maturity scores (i.e., HFRS). Conversely, higher HFS scores were associated with lower affective empathy (i.e., QCAE-AES), and experiences of racism (i.e., RaLES) scores. Although the predictor variables were significantly correlated, the intercorrelations were

small to moderate (-.01 to .36), and thus multicollinearity was determined not to be an obstacle to interpretation of the model.

Hierarchical Multiple Regression Model: Cognitive and Affective Empathy, Experience of Racism, and Faith Maturity

As illustrated in Table 3, 26% of the variance in forgiveness was explained by the full model F (6,250) = 14.81, p < .001. In the first step of the model, age and education level were not significant. Cognitive empathy and affective empathy were entered simultaneously in the second step and accounted for significant variance, ΔR^2 = .19, ΔF (2, 252) = 29.22, p < .001. In the third step, total racism experience also accounted for significant variance, ΔR^2 = .02, ΔF (1, 251) = 5.99, p < .01. In the final step, faith maturity accounted for significant variance, ΔR^2 = .04, ΔF (1,250) = 14.44, p <. 001.

To obtain a better understanding of how the individual predictors affected forgiveness scores, the final step was examined. The final step of the hierarchical multiple regression model showed that Cognitive Empathy, Affective Empathy, Racism Experience, and Faith Maturity were significant predictors of forgiveness. The Beta weights provide an indication of the relative impact of the individual predictors. At Step 2, the QCAE-CES (β = .32, p < .001) and QCAE-AE (β =-.32 p < .001) showed the greatest contributions to the model, although in different directions. The HFRS (β = .23, p < .001) and RaLES (β = -.16, p < .01) were also significant, although their contributions were relatively weaker.

An exploratory analysis was conducted on the responses to the open ended question at the end of the questionnaire. The question asked respondents to "Please

think back to one significant incident of racism that you have personally experienced in your life. What were the factors, if any, that helped you to forgive the perpetrator of the offense?" Two hundred and twenty eight participants responded to this question, and 121 participants did not respond. The responses of the participants were examined in order to identify the emergent themes. All participants were listed. Themes were coded based on total responses. That is, participant responses may have been coded as reflecting more than one theme.

The most frequently occurring themes involved: (a) the importance of God, faith, and/or prayer in their lives (18%); (b) attributing the perpetrator's actions to ignorance or their upbringing (10%); (c) lack of forgiveness of the perpetrator (9%); (d) making the decision to not take the acts of racism personally and to recognize that the racism was the perpetrator's issue, not the respondent's problem (6%); and (e) recognition that the perpetrator was a stranger and they would never come in contact with that individual again (6%). Another theme that was notable but occurred slightly less frequently related to the issue of self-preservation (4%). Participants explained that they realized holding onto the anger and resentment related to being victims of racism would only be more harmful to them in the long-run. The last, less frequently occurring theme related to the notion of karma or bad things happening to the perpetrator after offense (less than 1%). Overall, the responses supported the literature's emphasis on the importance of social support, faith, empathy, and even the importance of the nature of the relationship between the victim and the transgressor in the overall process of forgiveness.

Chapter Five

Discussion

This study explored the relationship between faith maturity and forgiveness in African Americans while controlling for empathy, racism experience, and demographic variables. A thorough review of the literature revealed that no study to date has explored these variables in combination to one another. The sample used in the current study was comprised of African American adults of various ages and was collected from an online community.

The current study first explored whether age, education, empathy (cognitive and affective), racism experience, and faith maturity significantly predicted forgiveness in African Americans. The results of the hierarchical regression analysis indicated that the overall model was significant. Although age and education were not significant individual predictors, empathy, racism experience, and faith maturity were significant. First, the overall model showed that higher levels in the ability to comprehend or create a working model of the emotional states of others (i.e., cognitive empathy) were associated with higher levels of forgiveness, while the ability to forgive decreased as the ability to be sensitive to and vicariously experience the emotional states of others (i.e., affective empathy) increased. In fact, the empathy subscales accounted for the most variance in the model. These results are interesting and fit with the research associated with what is known about both cognitive and affective empathy. The results related to cognitive empathy corroborate previous models of forgiveness which posit empathy as a key variable in the process of forgiveness (Enright & Fitzgibbons, 2000; Worthington, 1998). The majority of social science researchers have included the renunciation of anger and resentment as a main tenet in their forgiveness conceptualizations

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(McCullough, 2000; Worthington et al., 2000). Regarding the affective component, Reniers et al., (2011) found that affective empathy showed a significantly stronger relationship with empathic anger than did cognitive empathy. A concern for another person's feelings, as well as an angry reaction on behalf of a victim of injustice, relies on our sensitivity and responsiveness to this other person (Vitaligione & Barnett, 2003). When individuals observe racism occurring, even if they are not the direct target, they may vicariously experience the other person's feelings, which could easily develop into empathic anger and impede the process of forgiveness. The findings of this study illustrate how cognitive empathy may have a positive relationship with forgiveness because it creates some emotional distance that affective empathy does not provide.

The findings also revealed that racism experience had a significant relationship with forgiveness, suggesting that as experiences with racism increase, forgiveness decreases. Hammond, Banks, and Mattis (2006) described how various factors may explain how frequent experiences with racial discrimination can complicate the process of forgiveness. They suggested that these events are often so fleeting and ambiguous that there are few opportunities for confrontation, or even acknowledgement at times. The energy that it would take to acknowledge or to try to figure out whether an event is an act of racism, in and of itself is draining for an individual of color. One possibility is that because microaggressions can occur daily, it causes the victim conflicting feelings about whether to confront the issue, or confusion about whether a transgression has even occurred. The accumulation of these experiences can contribute significantly to overall stress level (Harrell, 2000). In addition, power inequities may hinder the forgiveness process for some (Hammond et al., 2006). Targets of racism may have a

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difficult time forgiving transgressors who occupy positions that give them power over victims (i.e., law enforcement, physicians, employers), and suppressing thoughts about racism experiences may actually increase the intensity of negative emotions related to the events (e.g., anger; Wegner & Wezlaff, 1996).

The second research question, focusing on whether faith maturity contributed significant variance in forgiveness beyond the variance predicted by age, empathy, and racism experience, was supported. Gorsuch and Hao (1993) related forgiveness to religious faith and concluded, "the more religious one is, the more forgiving one reports" (p. 345). Their perspective described how forgiveness may be influenced by a person's religious affiliation or personal religious beliefs, which places the association between forgiveness and religious faith in the context of personal relationships (Batson & Shwalb, 2006). Edwards et al. (2002) found there was a positive correlation between the constructs of faith and forgiveness in a study of college students, and Sheffield (2003) demonstrated that religious involvement may help increase one's ability to forgive another. Therefore, the significant variance in forgiveness contributed by faith maturity was congruent with this previous research, especially given the emphasis faith maturity places on the relationship with one's neighbor and social justice.

The research discussed in the literature review highlights the strong relationship between the African American community and faith as a mechanism for buffering the effects of stress, including the stress caused by racism. The results of the open-ended question inquiring about factors that helped participants in forgiving a specific incident of racism during the course of their lives supports the literature, as well. Respondents' relationship with God, prayer, and their faith were mentioned the most throughout the

responses in helping them to forgive acts of racism. A related belief was that

participants believed that they had a responsibility to forgive because God forgives

them for their wrongdoings, which still relates to the faith maturity of the participants.

These examples illustrate how for centuries, faith has served as a source of hope,

strength, and protection for the African American community.

Limitations and Future Research

The correlational nature of this study was a limitation. Because correlational

analysis does not allow for causal relationships to be drawn, the results of the current

study can only suggest a possible influence. However, we do not know which whether

faith maturity precedes forgiveness or whether more forgiving people are drawn to seek

faith maturity in their lives. The nature of the sampling procedures was also a limitation

of this study. Because this study relied on snowball sampling, participants recruited

their friends, family members, co-workers, church/fraternity/sorority members, and so

on, all of whom may have been similar in terms of demographics related to

socioeconomic status and education, all of which could have an impact of one's

exposure to racism. For instance, the sample was relatively well educated and

financially comfortable, with 83% of the sample reporting at least a bachelor's degree

and 39% of the sample reporting that they had an income of over $85,000. Also, 77% of

the sample consisted of female participants. These factors suggest caution regarding

generalizing the current findings to other African American populations.

Last, a limitation of the study is that it relied solely on electronic data collection.

However, a study by Gosling, Vazire, Srivastava, and John (2004) found that electronic

data was of similar quality as data obtained from traditional paper-and-pencil means in

that data was not tainted by false or repeat responders and results were consistent with traditional methods. Even so, they suggested that it is helpful to collect data for research using mixed methods (e.g., collecting via both the internet and traditional paper-and-pencil forms). This may be particularly meaningful for future research directed at obtaining more diverse participants.

It is suggested that future research include both quantitative and qualitative methodology. While quantitative methods offer a broad glimpse into the lives of African-Americans, they only tell a part of the story. Accordingly, the inclusion of individual interviews and focus groups would be helpful in giving African-Americans a "voice" allowing for the other part of the story to be told. Voice, as defined by Secada (as cited in Lattimore, 2005), is "the discourse that is created when people define their own issues in their own words, from their own perspectives, using their own terms, and in a word, speak for themselves" (p. 156). It seems that so often research on the African American population only provides an overview of the experience, but a valuable opportunity is missed to give insight into the African American experience in their own words, not the researcher's.

Adding an instrument measuring the psychological and/or relational health in this same study could also prove to be a valuable direction for future research. This study was built on the existing theoretical and empirical foundation suggesting that forgiveness is equated with psychological well-being (Rasmussen & Lopez, 2000; Witvliet, 2000), as well as improved relationships (Nelson, 1992; Woodman, 1991).However, what happens when an individual does not allow him or herself to go through a healthy process of being angry or hurt after being wronged? Self-silencing

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and suppressing one's emotions in an effort to forgive may have a negative impact on some of those very areas that have been researched to be positively impacted by forgiveness (e.g., psychological well-being [Rasmussen & Lopez, 2000; Witvliet, 2000], reduction in anger, depression, and anxiety [Gassin, 1994; Trainer, 1981], restoring a personal sense of power and self-esteem [Rhode, 1990; Trainer, 1981], physical health [Strasser, 1984], and improved interpersonal relationships [Nelson, 1992; Woodman, 1991]).

Future research also should examine the role of acculturation and racial identity in the process of forgiveness as it relates to the experience of racism. The current study did not examine the role racial identity plays in the recognition and impact of, and response to, racism by an individual in different stages of racial identity development. For example, on the RaLES question, "In general, how do you think people from your racial/ethnic group is regarded in the United States?" 66% of the sample in this study reported that they believe that African Americans are regarded negatively and 14% endorsed very negatively. In future research, including a racial identity measure could provide valuable information to better understand the relationships among racism, faith maturity, and forgiveness.

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Table 1

Reliability, Means, and Standard Deviations Table for Predictor and Criterion Variables

Variable	A	M	SD	N
1. Age	--	34.28	10.38	331
2. Education	--	4.43	1.40	335
3. QCAE-CE	.89	59.39	7.85	274
4. QCAE-AE	.81	31.43	4.90	285
5. RaLES-BRF	.82	26.48	5.11	327
6. HFRS	.91	47.54	10.01	299
7. HFS	.88	94.07	15.59	288

Note. Education = highest level of achieved education. QCAE-CE = Questionnaire of Cognitive and Affective Empathy – subscale Cognitive Empathy; high scores indicate a higher ability to construct a working model of the emotional states of others. QCAE-AE = Questionnaire of Cognitive and Affective Empathy –subscale Affective Empathy; high scores indicate a higher ability to be sensitive to and vicariously experience the feelings of others. RaLES-BRF = Racism and Life Experiences Scale – Brief Version; high scores reflect higher levels of racism-related stress. HFRS = Horizontal Faith Relations Scale; higher scores reflect more mature faith. HFS = Heartland Forgiveness Scale; higher scores indicate a higher disposition for forgiveness.

Table 2

Intercorrelations of Predictor and Criterion Variables

Variable	1	2	3	4	5	6	7
1. Age	---	.12*	-.03	-.07	-.04	.15**	.11*
2. Education		---	.02	-.01	.13**	.02	.07
3. QCAE-CE			---	.30**	.19**	.36**	.28**
4. QCAE-AE				---	.19**	.07	-.24**
5. RaLES-BRF					---	.13**	-.12*
6. HFRS						---	.30**
7. HFS							---

Note. Education = highest level of achieved education. QCAE-CE = Questionnaire of Cognitive and Affective Empathy – subscale Cognitive Empathy; high scores indicate a higher ability to construct a working model of the emotional states of others. QCAE-AE = Questionnaire of Cognitive and Affective Empathy –subscale Affective Empathy; high scores indicate a higher ability to be sensitive to and vicariously experience the feelings of others. RaLES-BRF = Racism and Life Experiences Scale – Brief Version; high scores reflect higher levels of racism-related stress. HFRS = Horizontal Faith Relations Scale; higher scores reflect more mature faith. HFS = Heartland Forgiveness Scale; higher scores indicate a higher disposition for forgiveness.

*p < .05. **p < .01. ***p < .001.

Table 3

Summary of Final Step of Hierarchical Multiple Regression Analysis for Variables Predicting Forgiveness (HFS)

Variable	Step	B	SE B	*B*	R2	ΔR2	F Change	D*f*
Age	1	.07	.08	.05	.02	.02	2.04	(2, 254)
Education	1	.84	.62	.08				
QCAE-CE	2	.63	.12	.32***	.20	.19	29.22***	(2,252)
QCAE-AE	2	1.00	.18	-.32***				
RaLES-BRF	3	-.49	.17	-.16**	.22	.02	5.99**	(1,251)
HFRS	4	.35	.09	.23***	.26	.04	14.44***	(1,250)

Note. Education = highest level of achieved education. QCAE-CE = Questionnaire of Cognitive and Affective Empathy – subscale Cognitive Empathy; high scores indicate a higher ability to construct a working model of the emotional states of others. QCAE-AE = Questionnaire of Cognitive and Affective Empathy –subscale Affective Empathy; high scores indicate a higher ability to be sensitive to and vicariously experience the feelings of others. RaLES-BRF = Racism and Life Experiences Scale – Brief Version; high scores reflect higher levels of racism-related stress. HFRS = Horizontal Faith Relations Scale; higher scores reflect more mature faith. HFS = Heartland Forgiveness Scale; higher scores indicate a higher disposition for forgiveness.

*p < .05. **p < .01. ***p < .001.*

Appendix A: IRB Approval Letter

The UNIVERSITY of OKLAHOMA

Institutional Review Board for the Protection of Human Subjects

Approval of Initial Submission – Exempt from IRB Review – AP01

Date: February 28, 2012   **IRB#:** 0492

Principal   **Approval Date:** 02/28/2012
Investigator: Seleena Dawn Smith

Exempt Category: 2 – Educational tests, surveys, interviews, or observation

Study Title: The Influence of Faith in African Americans

On behalf of the Institutional Review Board (IRB), I have reviewed the above-referenced research study and determined that it meets the criteria for exemption from IRB review. To view the documents approved for this submission, open this study from the *My Studies* option, go to *Submission History*, go to *Completed Submissions* tab and then click the *Details* icon.

As principal investigator of this research study, you are responsible to:
- Conduct the research study in a manner consistent with the requirements of the IRB and federal regulations 45 CFR 46.
- Request approval from the IRB prior to implementing any/all modifications as changes could affect the exempt status determination.
- Maintain accurate and complete study records for evaluation by the HRPP Quality Improvement Program and, if applicable, inspection by regulatory agencies and/or the study sponsor.

If you have questions about this notification or using iRIS, contact the IRB @ 405-325-8110 or irb@ou.edu.

Cordially,

Lara Mayeux

Lara Mayeux, Ph.D.

Vice Chair, Institutional Review Board

Appendix B: Instruments

DEMOGRAPHIC FORM

In order to complete our study, we would like to know more about you. The information

you provide will not be used to identify you in any way.

1. What is your age?_____

2. Gender: a. Female   b. Male

3. Current romantic relational status:

     a. Single

     b. Married/Partnered

     c. Divorced

     d. Widowed

     e. Other: _____

4. Country in which you live:_____

5. If you live in the U.S., what state do you live

   in?_____

6. What is your family's yearly income:

     _____ 1.   Less than $25,000

     _____ 2. $25,000 -- $35,000

     _____ 3. $36,000 - $45,000

     _____ 4. $46,000 - $55,000

     _____ 5. $56,000 - $65,000

     _____ 6. $66,000 - $75,000

     _____ 7. $76,000 - $85,000

     _____ 8.   Over $85,000

7. What is the highest level of education you have completed?

   a. High school/GED

   b. Some college

   c. Vocational training

   d. Associate's degree

   e. Bachelor's degree

   f. Master's degree

   g. Doctorate degree

   h. Professional degree

   i. Other: _____

8. Do you identify as Spiritual or Christian: a. Yes   b. No

9. Do you believe in God or a higher power?   a. Yes   b. No

10. Are you a member of an organized spiritual or religious community?

    a. Yes

    b. No

11. My spiritual/religious community is comprised of:

    a. Predominately African American

    b. Predominately another race (what race? _____)

    c. A variety of races (equally distributed)
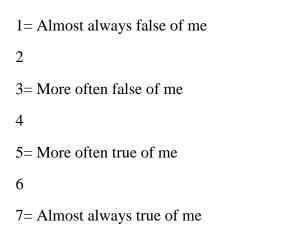
Racism and Life Experiences Scale—Brief Version

Directions: Please circle the answer that best describes your experiences with discrimination:

1. Overall, DURING YOUR LIFETIME, how much have you personally experienced racism, racial discrimination, or racial prejudice? (Circle one)

    not at all   **a little**   **some**   **a lot**   **extremely**

2. DURING THE PAST YEAR, how much have you personally experienced racism, racial discrimination, or racial prejudice? (Circle one)

    not at all   **a little**   **some**   **a lot**   **extremely**

3. Overall, how much do you think racism affects the lives of people of your same racial/ethnic group? (Circle one)

    not at all   **a little**   **some**   **a lot**   **extremely**

4. Think about the people close to you, your family, and friends. In general, how much has racism impacted their experiences?

    not at all   **a little**   **some**   **a lot**   **extremely**

5. In general, how do you think people from your racial/ethnic group are regarded in the United States? (Circle one)

    very negatively   **negatively**   **neutrally**   **positively**   **very positively**

6. In general, how frequently do you hear about incidents of racial prejudice, discrimination, or racism from family, friends, co-workers, neighbors? (Circle one)

everyday	**at least**	**about once or**	**a few times**	**once a year**
	once a week	**twice a month**	**a year**	**or less**

7. In general, how much do you think about racism?

rarely or never   a little   sometimes   often   very often

8. In general, how much stress has racism caused you <u>during your lifetime</u>?

    None   a little   some   a lot   extreme

9. In general, how much stress has racism caused you <u>during the past year</u>?

    None   a little   some   a lot   extreme

Heartland Forgiveness Scale

Directions: For each of the following items, select the number (from the 7-point scale below) that best describes how you typically respond to the type of situation described. There are no right or wrong answers. Please be as open as possible in your answers.

1= Almost always false of me

2

3= More often false of me

4

5= More often true of me

6

7= Almost always true of me

1. Although I feel bad at first when I mess up, over time I can give myself some slack.

2. I hold grudges against myself for negative things I've done.

3. Learning from bad things I've done helps me get over them.

4. It is really hard for me to accept myself after I've messed up.

5. With time I am understanding of myself for mistakes I've made.

6. I don't stop criticizing myself for negative things I've felt, thought, said, or done.

7. I continue to punish a person who has done something that I think is wrong.

8. With time I am understanding of others for the mistakes they've made.

9. I continue to be hard on others who have hurt me.

10. Although others have hurt me in the past, I have eventually been able to see them as good people.

1= Almost always false of me

2

3= More often false of me

4

5= More often true of me

6

7= Almost always true of me

11. If others mistreat me, I continue to think badly of them.

12. When someone disappoints me, I can eventually move past it.

13. When things go wrong for reasons that can't be controlled, I get stuck in negative thoughts about it.

14. With time I can be understanding of bad circumstance in my life.

15. If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them.

16. I eventually make peace with bad situations in my life.

17. It's really hard for me to accept negative situations that aren't anybody's fault.

18. Eventually I let go of negative thoughts about bad circumstances that are beyond anyone's control.

Horizontal Faith Relations Scale

Directions: For each item, please select the number that best represents you. Be as honest as possible, describing how true it <u>really</u> is and <u>not</u> how true you would like it to be. Choose from these responses:

1 Never True	2 Rarely True	3 True Once in a While	4 Sometimes True	5 Often True	6 Almost Always True	7 Always True

1. I find my best service to God is in my service to others.

2. My relationship with God leads me to seek out others.

3. I find it necessary to share my love of God with others.

4. Compassion for others is fundamental to my faith.

5. I feel a spiritual connection to other people of faith.

6. It is easy to receive affection from others who share my faith.

7. God's presence in my relationships with others is obvious to me.

8. I grow spiritually when I am around others.

9. When I help others, I feel more connected to God.

Questionnaire of Cognitive and Affective Empathy

Directions: Please rate the items below by indicating to what degree the statement applies to you. Choose from these responses:

1	2	3	4
Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree

1. I sometimes find it difficult to see things from the "other guy's" point of view.

2. I am usually objective when I watch a film or play, and I don't often get completely caught up in it.

3. I try to look at everybody's side of a disagreement before I make a decision.

4. I sometimes try to understand my friends better by imagining how things look from their perspective.

5. When I am upset at someone, I usually try to "put myself in his shoes" for a while.

6. Before criticizing somebody, I try to imagine how I would feel if I was in their place.

7. I often get emotionally involved with my friends' problems.

8. I am inclined to get nervous when others around me seem nervous.

9. People I am with have a strong influence on my mood.

10. It affects me very much when one of my friends seems upset.

11. I often get deeply involved with the feelings of a character in a film, play, or novel.

12. I get very upset when I see someone cry.

13. I am happy when I am with a cheerful group and sad when the others are glum.

14. It worries me when others are worrying and panicky.

15. I can easily tell if someone else wants to enter a conversation.

16. I can pick up quickly if someone says one thing but means another.

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1	2	3	4
Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree

17. It is hard for me to see why some things upset people so much.

18. I find it easy to put myself in somebody else's shoes.

19. I am good at predicting how someone will feel.

20. I am quick to spot when someone in a group is feeling awkward or uncomfortable.

21. Other people tell me I am good at understanding how they are feeling and what they are thinking.

22. I can easily tell if someone else is interested or bored with what I am saying.

23. Friends talk to me about their problems as they say that I am very understanding.

24. I can sense if I am intruding, even if the other person does not tell me.

25. I can easily work out what another person might want to talk about.

26. I can tell if someone is masking their true emotion.

27. I am good at predicting what someone will do.

28. I can usually appreciate the other person's viewpoint, even if I do not agree with it.

29. I usually stay emotionally detached when watching a film.

30. I always try to consider the other fellow's feelings before I do something.

31. Before I do something I try to consider how my friends will react to it.

Examining the Relationship Between Faith Maturity, Forgiveness and

Racism in African Americans

Dissertation Prospectus

Seleena D. Smith, M.Ed.

University of Oklahoma

June 30, 2011

TABLE OF CONTENTS

Chapter One

Introduction

Approximately 12 percent of people in the United States or 34 million people identify themselves as African American (U.S. Census Bureau, 2001). An overwhelming number of African Americans can trace their ancestry to the slave trade in Africa. People of African descent living in America have endured centuries of oppression and discrimination here in America. Over a period of about 200 years, millions of Africans were kidnapped or purchased, then brought to the Western Hemisphere (DHHS, 2001). After being brought to America, slaves were not considered human and were seen as property, or chattel. Raphael (2002) explained that the origin of racial stigma for Black Americans began with the idea of chattel slavery, and this idea was used to rationalize how slaves were treated by their owners. The slaves were not only seen as not human, but also as socially dead (Patterson, 1982). Slaves endured being whipped, beaten, branded, raped, separated from their families, and killed by their owners, members of the owners' families, and even friends of the owners. By the early 1800s, Northern states had taken steps to abolish slavery, but slavery continued in the South until the Emancipation Proclamation in 1863 and the passage of the 13th Amendment to the constitution in 1865 (Healey, 1995).

Many strides have been made since the days of slavery for African Americans in education, employment, income, and politics, including the election of the nation's first bi-racial president in 2008. Even though many aspects of life have improved for African Americans since the days of slavery, one cannot deny that there are still various barriers and prejudices experienced by this group today. Despite progress on various indices of

equality, racism-related occurrences continue (Harrell, 2000). Examples of these occurrences include racially motivated hate crimes (Carter, 1994); racial incidents on college campuses (Farrell & Jones, 1988); political activities supporting anti-immigrant sentiments; backlash in response to racial equity efforts; and the free expression of racial intolerance, hostility, and violence on the internet (Harrell, 2000).

Among the obstacles still affecting the quality of life for African Americans, racial discrimination seems to be a major factor contributing to the disparities and deficits they experience in both physical and mental health domains. Lorde (1992) defines racism as, "the belief in the inherent superiority of one race over all the others and thereby the right to dominance," (p. 496.) Lorde's definition describes racism as about institutional power, a form of power that people of color will never possess. Racism provides a context for the development and maintenance of stereotypes, prejudice, and discrimination (Lott & Maluso, 1995).

Life stressors occur for everyone, regardless of age, gender, race, socioeconomic status (SES), or any other demographic variable. These stressors can include the loss of friends and family, the loss of a job, and other life changes. For people of color, life stress also includes those experiences that relate to the unique person-environment transactions involving race (Harrell, 2000). Drawing from Lazarus and Folkman's (1984) definition of psychological stress, Harrell (2000) defined race-related stress as:

> The race-related transactions between individuals or groups and their
> environment that emerge from the dynamics of racism, and that are perceived to
> tax or exceed existing individual and collective resources or threaten well-
> being. (p. 44)

At least six types of racism-related stress have been identified: (a) racism-related life events, (b) vicarious racism experiences, (c) daily racism microstressors, (d) chronic contextual stress, (e) collective experiences of racism, and (f) the transgenerational transmission of group traumas (Pierce, 1995). The experience of daily racism microstressors, or microaggressions, is of particular interest because they include those "subtle, innocuous, preconscious or unconscious degradations and putdowns" (Pierce, 1995, p. 281). These types of experiences serve as daily reminders to African Americans of the fact that their race/ethnicity is an ongoing stimulus in this world and have been said to be the most harmful type of race-related stress to African Americans because of their frequency. Pierce (1995) suggested that a person of color may have thousands of such encounters during a lifetime.

Studies on the effect of microaggressions have been conducted in university classroom settings, workplace culture, and within the counseling process (Alleyne, 2005; Constantine, 2007; Constantine & Sue, 2007; Solorzano, Ceja, & Yosso, 2000). Results of the research highlighted the deleterious impact of microaggressions on the subjects, which included feelings of being emotionally drained, increased self-doubt, shame, frustration, and, isolation. Microaggressions also proved to be harmful to the therapeutic alliance for clients of color. Another aspect of the literature on microaggressions was illustrated in Alleyne's 2005 study, where participants indicated that they had a difficult time identifying whether a microaggression occurred, given that most of the racial microaggressions came from peers, neighbors, friends, and authority figures. They also experienced conflict about whether to confront the incidents because they saw the microaggressions as being unintentional and out of the level of awareness

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of the perpetrator. Because microaggressions can occur daily, and can cause the victim

conflicting feelings about whether to confront the issue, or even if a transgression has

occurred, the accumulation of these experiences can contribute the most to one's overall

stress level (Harrell, 2000). In recent years, research examining the stress and possible

negative psychological and physical health outcomes linked to the experience of racism

has increased greatly.

Racism has the potential to affect well-being through a number of adaptational

outcomes in five domains: physical, psychological, social, functional, and spiritual

(Harrell, 2000). Stress related to experiences of racism has been associated with health-

related issues such as hypertension (Anderson, 1989; Jackson et al., 1996; Krieger,

1990), cardiovascular disease (Anderson, 1989); stroke (Billingsley, 1992; Foard,

1991); and high blood pressure (Krieger & Sidney, 1996). Racism has also been

connected to psychological well-being as manifested in trauma symptoms (Adams,

1990; Harrell, Merchant, & Young, 1997; Root, 1993), depression (Fernando, 1984);

general psychological distress (Jackson et al., 1996); eating problems (Thompson,

1992); psychosomatization (Comas-Diaz & Greene, 1994), and violence (Kirk, 1986).

Akbar (1992) found that racism experiences can be dehumanizing and threaten the

vitality of one's spirit and faith. A recent study found that perceived racism by African

American pregnant women over their lifetime predicted their infants' birth weight,

above and beyond the effects of medical and socioeconomic factors (Dominguez,

Dunkel-Schetter, Glynn, Hobel, & Sandman, 2008). However, despite enduring

generations of discrimination, little is known about the strategies used by African

Americans to cope with and handle the ongoing threats (Shorter-Gooden, 2004).

African Americans have historically underutilized mental health services (Morris, 2001). Therefore, it is important to examine ways that African Americans cope with, in addition to possible buffers of, the harmful effects of racism. Williams, Yu, Jackson, and Anderson (1997) found that passive responses to discrimination were related to increased psychological distress, poorer well-being, and more chronic conditions among African Americans. One study found that racial socialization of children by African American families helped buffer the negative effects of racist discrimination (Fischer & Shaw, 1999). Racial socialization has emphasized the role of the family as the primary transmitter of messages regarding the meaning of race/ethnicity for personal identity (Stevenson, 1994). Self-esteem and self-efficacy may also serve as buffers of the impact of racism-related stress on well-being (Harrell, 2000). Relying on social support has been found to be a central coping strategy for African Americans and for Black women, in particular (Christian, Al-Mateen, Webb, & Donatelli, 2000; Neighbors, 1997; Taylor, Hardison, Chatters, 1996). Religious faith and participation in a congregation or spiritual community also appear to be central coping strategies for African Americans, and once again, Black women (Broman, 1996; Christian et al., 2000).

Historically, religion and spirituality have been at the center of African American community life and folk experience (Mattis & Jagers, 2001). The Black church has been cited as a vital social, economic, and political resource to the African American community, and has a history of empowering and uplifting the community. As a social institution, the Black church serves as a significant support to its congregation, where members experience fellowship, develop friendships, and assist

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each other in times of need (Moore, 1991; Taylor & Chatters, 1989). As a religious

institution, the church provides spiritual and moral guidance to members. In fact, the

church has been found to have a positive effect on the health and well-being of its

members (McRae, Thompson, & Cooper, 1999). Ellison and Taylor (1996) discussed

how prayer can enhance an African American's ability to cope with stressful life events.

Ellison (1994) described how participating in religious activities such as prayer and

study of Biblical scriptures may increase one's psychological resources and decrease

the likelihood of depression. In addition, an examination of religious involvement and

well-being in African Americans revealed positive relationships between religious

participation and indexes of life satisfaction and happiness (Levin & Taylor, 1998).

When compared with nonreligious Blacks, Blacks who were religious not only lived

longer but also benefited from greater mental health and experienced lower levels of

psychological impairment and substance abuse (Ball, Armistead, & Austin, 2003).

　　　Religious involvement and spirituality not only have been shown to have

significant positive effects for the African American community, but for all people,

regardless of race. The United States (U. S.) population is highly religious, with

approximately 92% of the population being affiliated with a religion, and 96%

professing a belief in God or a universal spirit (Gallup, 1995; Shafranske, 1996).

Surveys also indicate that approximately 90% of Americans pray, 71% are members of

a church or synagogue, 57% report praying at least one a day, and 88% consider

religion very important or fairly important in their lives (Hill, et al., 2000; Hoge, 1996).

　　　A variety of religious factors have been hypothesized to benefit physical and

mental health status. Research indicates that some religious factors correlate positively

with improved health, including increased social support over time and the promotion of healthy lifestyle behaviors (Strawbridge, Cohen, Shema, & Kaplan, 1997). A 2000 study by Pardini, Plante, Sherman, and Stump found that adults who had higher levels of spirituality also had an optimistic life orientation, higher resilience to stress, greater perceived social support, and lower levels of anxiety, after controlling for social desirability effects. Even though religiousness does not exclusively relate to positive outcomes, there is a consistent positive relationship between religiousness and physical and psychological health and well-being, and a negative relationship between religiousness and physical and mental disorders (Fabricatore, Handal, Rubio, & Gilner, 2004; Gall, Charbonneau, Clarke, Grant, Joseph, & Shouldice, 2005; Miller & Thoresen, 1999).

A related topic in the studies of spirituality and religion that is garnering increased attention is the area of faith maturity. Faith maturity is the extent to which a person is truly living out his or her religion in the way it was intended to be lived and in such a way that it can be evidenced day to day (Benson, Donahue, & Erickson, 1993). The concept of faith maturity consists of two dimensions, vertical faith maturity, or a secure relationship with God, and horizontal faith maturity, or an emphasis on service to humanity (Benson et al., 1993). The dimensions of vertical and horizontal faith are in line with two of the most dominant themes in Christianity, love of God and the love of one's neighbor. Maturity of faith is evidenced in the strength and security of people's relationship with God, their commitment to faith, and the integration of their faith into daily life (Benson et al., 1993; Sanders, 1998). Mature faith does not reduce or eliminate threat or harm from stressors but may be linked with an increased awareness

of positive opportunities in difficult situations. Pargament (1997) suggested that mature faith allows people to see stressors from an encouraging religious perspective, without ignoring the fact that a negative or life-changing situation has occurred. Pargament, Smith, Koenig, and Perez (1998) found that positive religious coping methods such as religious forgiveness and seeking spiritual support were related to decreased psychological distress and increased spiritual growth.

Krause and Ellison (2003) indicated that a related factor in the mental and physical health benefits of faith may be forgiveness, meaning both a willingness and ability to forgive others and a sense that God has forgiven one of his or her own transgressions and mistakes. Social scientists have increasingly examined the potential relevance of interpersonal forgiveness in human relationships (Enright & Fitzgibbons, 2000; Lamb & Murphy, 2002; McCullough, Pargament, & Thorensen, 2000; Worthington, 1998). The forgiveness process has been advocated as being useful in treating a wide range of inter- and intrapersonal problems and asserted to be a "key part of psychological healing" (Hope, 1987, p. 240; Fitzgibbons, 1986, p. 630). For instance, an intervention program designed by Enright and The Human Development Study Group (1991) revealed positive results, indicating that the promotion of forgiveness enhanced psychological well-being among individuals coping with a variety of serious offenses (e.g., incest, deprivation of love from parents; Al-Mabuk et al., 1995; Coyle & Enright, 1997; Freedman & Enright, 1996). Specifically, compared with the control group, individuals who participated in the program exhibited reduced levels of anxiety, anger, and depression, as well as enhanced self-esteem. In fact, most literature reviews on therapeutic forgiveness are in line with the statement by DiBlaso and Proctor (1993)

that, "Without exception, forgiveness is reported…as restoring relationships and healing emotional wounds" (p. 176). It is important to note that forgiving transgressions does not imply that the offending act is excused or condoned. Despite the general agreement among forgiveness researchers that forgiveness should not be equated with the acts of pardoning, excusing, condoning, or reconciling, many people frequently confuse these constructs with forgiveness (Thompson et al., 2005). These differences will be discussed in more detail later.

Previous research has shown that religiosity is positively associated with favorable attitudes about forgiveness and possibly with the actual practice of forgiveness (DiBlasio, 1993; Forsuch & Hao, 1993; Poloma & Gallup, 1991). Religion is the context in which language about forgiveness has probably been most explicitly conveyed (Wuthnow, 2000). Data from the 1998 General Social Survey illustrated that 81% of respondents who attended religious services more than once a week said they had always or almost always "forgiven those who hurt me," compared to 60% who attended weekly, and 33% of those who never attended (Davis, Smith, & Marsden, 1999). Forgiveness was a central theme in the ministry of Jesus and continues to be a cornerstone in Christian theology and faith. Some Bible passages explicitly discuss the importance of forgiveness to the Christian faith. For example, Matthew 6:14-15 suggests that God's forgiveness is related to the willingness of humans to forgive each other. Another passage, Matthew 18:21-22, describes a conversation in which Peter asks Jesus whether one should forgive an offender as many as seven times. Jesus responds that one should forgive as many as seventy times seven, which is sometimes interpreted as meaning that forgiveness should be a way of life (Jones-Haldeman, 1992). Gorsuch

and Hao (1993) described how forgiveness may be influenced by a person's religious affiliation or personal religious beliefs, which places the association between forgiveness and religious faith in the context of personal relationships.

In addition to the question of the utility of forgiveness on an individual level, there is also the issue of the benefits in a larger context (i.e., specific racial and cultural groups, communities, states, etc.) as an act of restoring justice and reconciling wounded nations. Recently, there has been a trend of truth-seeking and reconciliation between victims and victimizers in terms of individual and societal forgiveness. Kurgan (2001) referenced three historical events where gross violations and offenses occurred: (a) the Truth and Reconciliation Commission in South Africa in response to victims of apartheid; (b) slavery and its effect on the relations between Blacks and Whites in America; and (c) the children of perpetrators of Nazi atrocities and the children of Holocaust victims. Kurgan contended that above events were so devastating on the victims that the initial step in promoting healing was to commence a dialogue between the parties. When examining the forgiveness of acts of racism within the U.S., there is very little literature. There is a need for greater empirical attention to factors that inform forgiveness of transgressions (e.g., racial discrimination) that are rooted in larger sociopolitical and historical conditions. One noteworthy study by Hammond, Banks, and Mattis (2006) investigated the ways that a specific constellation of cognitive, affective, personality, social, and cultural factors (including religiosity) shaped forgiveness among African American men who encountered everyday racism. The findings showed that subjective religiosity was positively correlated with the three indices of forgiveness used within the study. On the other hand, subjective religiosity

did not predict forgiveness in the regression analyses performed, while religious coping was positively related to and predictive of overall forgiveness. The findings of the study suggest that perhaps the view of oneself as religious is not enough to lead to the forgiveness of racially biased acts. The construct of subjective religiosity may identify those who align with theologies where forgiveness is

indicative of authentic faith, but perhaps more is needed to actually forgive acts of racism.

Statement of the Problem

Faith maturity and forgiveness are constructs that could potentially possess powerful ways of understanding and repairing the harmful mental and physical effects of racism within the African American community. In light of the wealth of research illustrating: (a) the strong bond between the African American community and faith (Broman, 1996; Christian, Al-Mateen, Webb, & Donatelli, 2000; Shorter-Gooden, 2004), (b) the deleterious impact of racism on African Americans (Broman, 1997; Clark, Anderson, Clark, & Williams, 1997; Harrell, 2000; Landrine & Klonoff, 1996), (c) the positive impact of faith and, more specifically, mature faith on well-being (McCullough & Larson, 1999; Pargament, 1997; Salsman & Carson, 2005; Sanders, 1998), and (d) the psychological benefits of forgiveness (Dixon & Kagee, 1996; Enright, et al., 2001; Freedman & Enright, 1996), it seems that it would be meaningful and advantageous to understand if and how faith maturity relates to both the experience and forgiveness of acts of racism by African Americans.

Chapter Two

Review of the Racism Literature

A recent national poll revealed that 87% of Black Americans endorsed that discrimination against Blacks is a "very serious" or "serious problem" (CNN/Essence Magazine Opinion Research Corporation poll, 2008). Studies support this finding, suggesting that perceived racial discrimination (i.e., perceptions of negative treatment because of race) is a common, unifying experience for African Americans (Barnes & Lightsey, 2005; Landrine & Klonoff, 1996; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Racism and discrimination are two terms that are, at times, used interchangeably in studies of these issues. Harrell (2000) defined racism by incorporating four main points:

> …(a) a system of dominance, power, and privilege that is based on racial group designations, (b) historical oppression based upon the dominant group's perception that other racial groups are inferior, deviant, or undesirable, (c) members of the dominant group create or accept their societal privilege by maintaining structures, ideology, values, and behavior, (d) exclusion of minority members from power, esteem, status, and/or access to societal resources (p. 43).

Tatum (2000) defined racism as a system of oppression based on racial differences that involves cultural messages and institutional policies and practices as well as the beliefs and actions of individuals. Hunter and Lewis-Coles (2004) explained, "Discrimination is behavior perpetrated against individuals in the 'inferior' group by those who belong to the majority group" (p. 209). Racism and discrimination are umbrella terms referring

to beliefs, attitudes, and practices that denigrate individuals or groups because of phenotypic characteristics (DHHS, 2001).

Stereotypes, prejudice, bias, and discrimination are all used to refer to different manifestations of racism (Shorter-Gooden, 2004). Harrell (2000) wrote, "The constructs of stereotypes (distorted and overgeneralized cognitive labels), prejudice (negative judgments and attitudes), and discrimination (unfair treatment) can be based on a wide range of human characteristics" (p. 43). Lott and Maluso (1995) explained that racism provides a context for the development, maintenance, and endurance, of stereotypes, prejudice, and discrimination. How racial discrimination against Black individuals is typically perpetrated has undergone substantial change since the days of the Civil Rights era (West, Donovan, & Roemer, 2009). In recent years, acts of racism have become less blatant and now take place in the form of more covert acts. Generally, racism and discrimination take form in demeaning insults, subtle looks and stares, lower-quality services, and violent acts. These various forms of discrimination can be perpetrated by institutions or individuals, acting intentionally or unintentionally (DHHS, 2001). Racism can be overt or covert, intentional or unintentional. While both terms will be used throughout this review, discrimination will refer to a specific manifestation of racism in the form of unfair treatment (Harrell, 2000; Shorter-Gooden, 2004).

Racism and African Americans. A growing number of studies have documented that discriminatory events are linked to adverse mental health outcomes among African Americans and other racial and ethnic minority groups (Broman, 1997). Some researchers (Bowen-Reid & Harrell, 2002; Clark, Anderson, Clark, & Williams,

1997; Harrell, 2000; Shorter-Gooden, 2004) have suggested that studies of the health effects of racism and discrimination may benefit by conceptualizing discrimination as forms of social stress within the stress and coping framework developed by Lazarus and Folkman (1984). This model assumes that the psychological and physiological effects of a particular stressor depend not only on the characteristics of actual events or conditions, but also on the individual's *perceptions* of the threat posed by the stressor and on ensuing coping responses (Lazarus & Folkman, 1984). In essence, Lazarus and Folkman posited that specific incidents of racism can impact individuals in different ways, depending on how they view the event.

Racial inequalities may be the primary basis of differences in reported quality of life between African Americans and Whites (Hughes & Thomas, 1998). A disproportionate amount of attention has been directed at understanding those who perpetuate acts and attitudes of racism relative to the attention that has been paid to those who are the respective targets of such attitudes and behaviors. "The breadth and complexity of racism, as it is experienced by those on the receiving end, has not been adequately addressed in the psychological literature" (Harrell, 2000, p. 43). Racism is one aspect of the historical legacy of African Americans, and even though negative stereotypes and rejecting attitudes have decreased, they continue to occur with adverse consequences for the mental health of African Americans. One major part of living life is dealing with stress. However, for minorities, a large part of life stress entails dealing with the experiences of racism in interpersonal, collective, cultural-symbolic, and sociopolitical contexts (Harrell, 2000).

Based upon her review of the literature, Harrell (2000) identified six different categories of racism-related stress. The first category, racism-related life events, consists of those events that are time-limited and that occur across a variety of life experiences. Such events might include getting rejected for loans, being victims of racial profiling, or receiving a lower-quality education. Although these events may not happen on a daily or even weekly basis, nevertheless, the impact of these events over the course of one's life can increase stress levels greatly. The second category of race-related stress consists of vicarious racism experiences, which involve seeing and hearing of racist events happening to others. The third category of stress is a result of daily racism micro-stressors, which consist of the subtle, preconscious or unconscious degradations and putdowns experienced by minority groups. These stressors serve as daily reminders of the role race plays in the world. A fourth category of stress Harrell examined was chronic-contextual stress that includes disproportionate ratios of people without health care, the unequal distribution of resources in the form of outdated textbooks in urban schools, and limitations on opportunities for employment. These types of stressors may go unacknowledged because, often, people experiencing severe and chronic life stress may become so focused on survival that they are unlikely or unable to take the time to analyze their situations. The fifth category of race-related stress relates to the collective experiences of minorities and involves experiences of racism at the group level. Stereotypical portrayals of characters in the media, the educational conditions of one's group, and lack of political representation can be observed in this category of stressors. The final type of racism-related stress involves the transgenerational transmission of racism, which includes the experiences of the

relationship between a minority group with American society and the history of family and community stories that are passed down through generations. Transgenerational transmission of stress includes the effects of traumas such as slavery, the removal of American Indians from their lands, and the imprisonment of Japanese-Americans during World War II.

Over the past few decades, there has been much discussion about the changing nature of racism within society (Devine, Plant, & Blair, 2001). Researchers have only recently begun exploring the less obvious manifestations of racism. These more covert forms of racism, attitudes of racial ambivalence, and unconscious forms of racism have been emphasized in contemporary research (Devine et al., 2001). Academic research has been slow to include African Americans' lived experience of racism as the focus, however. A few of the groundbreaking studies that included this perspective were Essed's (1991) in-depth interviews with people of African descent living in the Netherlands and Feagin and Sike's (1994) in-depth interviews of middle class African Americans. These bodies of work described in detail the breadth of racist experiences, the thought processes people reported when making the determination regarding whether an experience was racist, and the complex decision-making process about whether and how to respond to those incidents (Swim et al., 2003). In these interviews, racism was exposed to be a part of everyday life for African Americans and has been described in terms of microaggressions (Solorzano, Ceja, & Yosso, 2000). According to Sue, Bucceri, Lin, Nadal, and Torino (2007):

Racial microaggressions are brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that

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communicates hostile, derogatory, or negative racial slights and insults to the target person or group, and are expressed in three forms: microassaults, microinsults, and microinvalidations." (p. 72)

Microassaults refer to what many would describe as old-fashioned racism, and expression of them is deliberate, conscious, and explicit. Examples of microassaults include someone being called a "nigger," refusal of service in a business establishment, and the display of a noose in a public setting. Microinsults and microinvalidations differ significantly from microassaults in that they are not usually expressed intentionally because the racial biases and prejudices held by the perpetrator are outside of his or her conscious awareness (Banaji, 2001; DeVos & Banaji, 2005). Sue et al. (2007) defined microinsults and microinvalidations as follows:

Microinsults are defined as actions (verbal, nonverbal, or environmental) that convey insensitivity, are rude, or directly demean a person's racial identity or heritage. Micro-invalidations are actions that exclude, negate, or nullify the psychological thoughts, feelings, or experiences of people of color (p. 331).

Most work on microaggressions has focused on those unconscious and subtle exchanges that occur, conveying unfavorable messages to people of color. Such exchanges are seen by perpetrators as being harmless, inoffensive, and nonracially motivated (Franklin, 1999), but consequently produce psychological distress, seriously impair relationships, and contribute to racial inequities for the victims, i.e., people of color (Solorzano, et al., 2000). Constantine and Sue (2007) described how a person of color may or may not perceive a given event as being microaggressive in nature. It was explained that the sensitivity of the sender and the racial/ethnic consciousness of the

receiver are both factors that play a role in the interpretation of an event and, therefore, are critical in determining whether an individual feels offended by what transpired. Constantine and Sue (2007) further explained:

> Examples of everyday microaggressions against Black Americans can be expressed through (a) overt actions such as being stopped by police officers while driving (e.g., "driving while Black"), or being followed by sales personnel in department stores because they believe Black customers might steal, (b) verbal statements to Black job applicants that demean or dismiss their racial experiences (e.g., "I believe the most qualified person should be offered the job") or that profess color blindness (e.g., "People are people" or "We are all human beings so color shouldn't matter"), and (c) environmental offenses that include Black individuals noticing an absence of Black executives in their places of employment or seeing public displays of racist symbols such as the confederate flag in the workplace. (p. 143)

Sue (2003) posited that racial microaggressions are more complex and difficult to identify, examine, and confront than the less frequent but more obvious acts of racism, and that they have a more sustained and detrimental impact on those who are regularly impacted by them. Black Americans frequently report feelings of racial rage, frustration, low self-esteem, depression, and other strong emotions when exposed to racial microaggressions (Sue et al., 2008). Studies (Adams, 1990; Essed, 1991; Feagin, 1991; Franklin,1993; Pierce, 1995) have confirmed that racial microaggressions may actually be more harmful in nature than blatant and overt acts of racism. This is because the hidden, unintentional nature of microaggressions allows them to flourish outside the

conscious awareness of the perpetrators, thereby infecting interracial interactions, institutional procedures, practices, and social policies (Franklin, 2004; Hinton, 2004; Sue, 2003). These unique forms of aggression result in the perpetuation of various injustices that have major consequences not only on the mental health of the recipients, but also in creating and maintaining the racial inequities in health care, employment, and education (U. S. Department of Health and Human Services, 2001).

Racism and discrimination adversely influence physical and mental health, and they place minorities at risk for mental disorders such as depression and anxiety (Clark et al., 1999). African Americans suffer disproportionately from diseases such as hypertension, cardiovascular disease, stroke, and substance and alcohol abuse, which have all been linked to stress (Billingsley, 1992; Foard, 1991). The chronic stress has also been found to correlate with difficulties including depression, low self-esteem, and lower levels of life satisfaction (Utsey, 1998). Studies have shown that anger has been one of the most frequently cited emotions in response to everyday racism (Clark, Anderson, Clark, & Williams, 1999; Grier & Cobbs, 1968; Landrine & Klonoff, 1996). Perceptions of anger may lead to coping responses that include anger suppression, hostility, aggression, verbal expression of the anger, or the use of substances to blunt the anger (Cooper, 1993; Cornell, Peterson, & Richards, 1999; Grier and Cobbs, 1968; Harrell, 2000; Harris, 1992). Feagin and Sikes (1994) noted, "Most White Americans do not have any inkling of the rage over racism that is repressed by African Americans. . . The psychological costs to African Americans of widespread prejudice and discrimination include this rage, as well as humiliation, frustration, resignation, and depression" (p. 293).

Jones (2002) reported on the impact that racial stereotypes and the development of an internalized stigma can have on various psychological factors: vulnerability to distress, self-identity, coping ability, perceptions of self-identity, and perceptions of self-competency. A qualitative study of African American college students by Swim, Hyers, Cohen, Fitzgerald, and Bylsma (2003) revealed that incidents of racism had an emotional toll on the participants, with anger being the emotion noted most frequently, together with decreased comfort levels and increased feelings of being threatened. The data indicated that participants generally recovered from the events, but they also continued to experience discomfort even after the incident had ended. In another study, African American students were asked to estimate the general frequency with which they had encountered verbal prejudice. It was found that 89% of participants reported hearing disparaging comments about African Americans *occasionally* to *frequently*. In addition, they found that 59% reported being personally, verbally, insulted and that 36% reported experiencing incidents involving threats or violence while at college (D'Augelli & Hershberger, 1993).

Although reporting discriminatory experiences is associated with higher levels of adverse outcomes, denying actual discrimination may likewise result in equal or higher levels of adverse health effects (Harrell, Hall, & Taliaferro, 2003; Krieger, 2000; Krieger & Sidney, 1996). Denial of racism (e.g., denying the existence of racism experience by oneself or by others of one's racial group) is a way of coping that, it has been suggested, negatively impacts physical and mental health (Harrell et al., 2003; Jones, 1997). Evidence suggests that 90% of African Americans who report having no experiences of discrimination have nevertheless been discriminated against, if the

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discrimination is measured with objective indicators (Darity, 2003). Consequently, research on racial discrimination should examine those who report racism experiences, in addition to those who report no experiences with racism (Harrell et al., 2003).

Coping with racism and buffering factors. Most of the research on how African Americans cope has focused on strategies that are used to deal with general problems, such as interpersonal and financial problems, rather than strategies for coping with racial or gender bias specifically (Shorter-Gooden, 2004) The research focusing on how African Americans cope with the stress of racism is limited (Clark et al., 1999; Feagin & Sikes, 1994). Much of this literature describes the importance of social support and religiosity in coping. Relying on social support has been found to be a central coping strategy for African Americans and particularly for Black women (Christian, Al-Mateen, Webb, & Donatelli, 2000; Neighbors, 1997; Taylor, Hardison, Chatters, 1996). Religious faith and participation in a congregation or spiritual community also appear to be central coping strategies for African Americans and, again, particularly for Black women (Broman, 1996; Christian, et al., 2000). Social support is an external resource that women are able to harness to buffer the negative impact of stress, while religiosity is an internal resource—a belief system that helps one to overcome adversity (Shorter-Gooden, 2004).

In a qualitative study of 196 African American women, Shorter-Gooden (2004) found that among the many ways of coping with sexism and racism, their faith was an internal resource for coping with the challenges that come with being Black and female. The participants described that they relied on prayer, their spiritual beliefs, or their relationship with God to cope. For the elderly in particular, relying on religious coping

to manage emotional stress occurs more frequently, which suggests that the significance

of prayer may increase across the life course (Ellison, 1991). This increase in prayer in

the elderly is important as evidenced by a study of elderly African Americans by

Pargament (1997), who concluded that "higher levels of personal religiousness were

associated with feelings of greater personal control and mastery regardless of the

number of negative events that occurred in the last month" (p. 306). African Americans

are arguably the most religious population subgroup in the industrialized world, and it

has been suggested that both personal religious involvement and tangible support

provided by religious organizations may shield this population from some of the

adverse consequences of stress (Williams, 1996). In addition, the strength of group

identity may be another important psychosocial resource for minority groups. One study

by Williams, Spencer, and Jackson (1999) revealed that racial identity clearly buffered

the adverse effects of acute and chronic discrimination on health problems for African

Americans.

Faith and Mental Health

Two decades ago, 72% of the population in the United States described religious

faith as the most important influence in their lives (Bergin & Jensen, 1990). In fact,

Gallup and Lindsay (1999) indicated that the percentage of Americans professing a

belief in God has failed to drop below 90% for the past fifty years. A more recent

Gallup poll (Gallup & Johnson, 2003) indicated two thirds of Americans reported a

need for spiritual growth and affirmed that they were spiritually committed. In addition,

more than 80% of Americans indicated that faith gave their lives meaning and purpose,

whereas large numbers stated that they felt a connection with God, a divine will, or a higher power.

The expanse of research on the faith factor during the 1990s began to influence medicine, as well as sociology, family studies, and psychology (Marks et al., 2005), which was vastly different from the perceptions of and early research on the topic. Many traditional theorists articulated a negative stance toward religion. For example, Freud (1953) called religion "the universal obsessional neurosis of humanity" (pp.77-78). He believed that religion helped individuals overcome anxiety, but that it also prevented people from dealing with reality and growing past their fears. In essence, Freud saw religion as a barrier to the progress of science and reason. Other theorists and scholars similarly associated religiousness with mental weakness and deficiency (e.g., Dittes, 1969; Ellis, 1960). On the other hand, there was a school of psychologists who believed that religion promoted growth and mental health. Allport (1950) believed that mature religion unified an individual's personality, while other theorists believed that it encouraged self-realization, enlightenment, and cognitive growth (Elkind, 1970; James, 1902/1990; Johnson, 1959).

At the heart of the religiousness and spirituality literature is the debate as to how one should operationalize the two concepts. Definitions of spirituality and religion vary, and there is no consensus. More frequently, the term spirituality has been used to refer to the more individual, subjective dimension and religion to the more organized, institutional dimension (Abernathy, Houston, Mimms, & Boyd-Franklin, 2006). There is no clear distinction between the terms. Some researchers use the terms interchangeably, whereas others view the terms as being polar opposites from one

another, and still others see the two concepts as having common, overlapping characteristics.

Wulff (1997) found that individuals who viewed themselves as spiritual but not religious were more of a modern development and ultimately contributed to the polarization of religion and spirituality. Hill and Hood (1999) proposed that religion and spirituality can co-occur and spirituality is a "central and essential function of religion." Koenig, McCullough, and Larson (2001) suggested that the two terms are distinctly different from one another, explaining:

> Religion is an organized system of beliefs, practices, rituals, and symbols
> designed to (a) facilitate closeness to the sacred or transcendent (God, higher
> power, or ultimate truth/ultimate reality) and (b) foster an understanding of
> one's relationship and responsibility to others in living together in a community.
> Spirituality is the personal quest for understanding answers to ultimate
> questions about life, about meaning, and about relationship to the sacred or
> transcendent, which may (or may not) lead to or arise from the development of
> religious rituals and the formation of community. (p.18)

This study will use the terms interchangeably, as evidenced by the Hill et al. (1999) definition of spirituality and religion which includes "the subjective feelings, thoughts, and behaviors that arise from a search for the sacred" (p. 68).

There is a growing body of evidence suggesting the important role that a spiritual framework can provide in the treatment of psychological conditions (Plante & Sherman, 2001; Walsh, 1999). Religiousness has been associated with lower levels of depressive symptoms (McCullough & Larson, 1999), higher subjective well-being

(Koenig, et al., 2001), and even longer life (McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000). One study by Ellison examined the relationship between religious commitment and mental health (1991), revealing that individuals with strong religious faith reported higher self-esteem, greater personal happiness, and fewer negative consequences from traumatic life experiences. Religious faith has been found to be useful for individuals who experience stress by providing hope in distressful times, a sense of meaning, and strength and guidance in the face of life's challenges (Pargament, 1997). Similarly, Ross (1990) found lower levels of consequences of psychological distress among people maintaining strong religious beliefs, and Swensen, Fuller, and Clements (1993) found that terminally ill cancer patients at more mature stages of religious faith reported higher overall quality of life.

African Americans and faith. The linkage between health and spirituality/religiousness in African Americans is generally stronger than in Whites: African Americans experience and report higher levels of almost all dimensions of religiousness than do their White counterparts (Chatters & Taylor, 1994). African Americans are heterogeneous in many ways, but share a cultural legacy that contains many distinct themes. These shared cultural characteristics arise out of unique historical experiences, i.e., an African ethnic heritage and the long period of forced migration and enslavement followed by systematic discrimination and victimization (Frame, 1996). African American churches are a unique social entity in that they were developed by an oppressed group that was refused access to the institutional life of broader American society (Morris, 1984). Historically, the expression of spirituality in the African American church stemmed partly from enslaved Africans' need to develop their own

places of worship and to maintain a strong sense of community (Constance, 2000). The day-to-day activities of many African Americans consist of religious and spiritual practices and traditions that have been woven into the fabric of the culture. The African American Christian Church is the primary means through which many African Americans express their religious and spiritual beliefs and values.

As an institution, the African American church has been cited frequently as a vital social, economic, and political resource to the African American community (McRae, 1999). The church has a longstanding tradition of actively uplifting and empowering its communities by addressing social needs, organizing educational initiatives, mobilizing economic support for African American businesses, promoting civil rights awareness, and providing a safe haven for the expression and validation of the African American experience (McRae, 1999).

Religious faith and participation in a congregation or spiritual community appear to be central coping strategies for African Americans (Broman, 1996; Christian et al., 2000). As a social institution, the African American church serves as a significant support to its congregation. Members experience fellowship, develop friendships, and assist each other in times of need. Almost 85% of African Americans have described themselves as *fairly religious* or *very religious* (Taylor & Chatters, 1991), and prayer is among their most common coping strategies. African Americans have been found to: (a) report higher levels of attendance at religious services than Whites, (b) read more religious materials and monitor religious broadcasts more than Whites, and (c) seek spiritual comfort through religion more so than Whites (Taylor et al., 1996). More specifically, Chatters, Taylor, and Lincoln (1999) conducted a meta-analysis of the role

of sociodemographic variables in religious participation among African Americans and reported that: (a) being older and female were associated with greater levels of religious involvement; (b) African Americans with higher levels of education reported higher levels of religious service attendance; (c) geographical location was a significant predictor of religious service participation, with Southern African Americans reporting greater levels of religiosity than African Americans residing in other U. S. regions; and (d) African Americans who reported no current religious affiliation indicated lower levels of religious involvement than religious-affiliated African Americans.

When compared to non-religious African Americans, African Americans who are religious not only live longer but also benefit from greater mental health, reporting lower levels of psychological impairment, suicide, substance abuse, and depression, and higher levels of life satisfaction (Ball, Armistead, & Austin, 2003). African American women have been found to use prayer in response to physical health, as well as interpersonal and emotional problems, and death (Constantine, 2000). Such results beg the question of how spirituality exerts an influence on health? Some hypotheses are that spirituality and religion influence health by adherence to health-related behaviors and lifestyles, by having an impact on marriage patterns and hence heritability, by providing social support, by psychophysiology, or by promoting healthy cognitions via belief or faith (Levin, 1996). Work by Krause and Ellison (2003) illustrated that a related factor in these mental and physical health benefits may be forgiveness (a leading tenet of many African American churches).

A distinction must be made between what is deemed to be religious according to Western standards and the myriad modalities of African American spiritual expression. In Western Christian thought, religion adheres to an organized and institutionalized set of beliefs and practices. However, much of what is spiritual in the African American tradition is not named by Western standards, and its significance is therefore overlooked (Frame, 1996). For example, despite the growing research on the impact spirituality has on African Americans, there is little that specifically examines the concept of faith and its role in the African American community.

Faith Maturity. Faith maturity has been defined by Benson, Donahue, and Erikson (1993) as, "the degree to which a person embodies priorities, commitments, and perspectives

characteristic of vibrant and life-transforming faith, as these have been understood in 'mainline' Protestant traditions" (p. 3). Edwards et al. (2002) defined faith as, "the belief in a higher power that provides meaning and purpose in life and which is demonstrated through behavior such as prayer and attending services" (p. 148). Faith maturity is the extent to which a person is truly living out his or her religion in the way it was intended to be lived and in such a way that it can be evidenced day to day (Benson et al., 1993). Benson et al. distinguished between vertical faith maturity, or a secure relationship with God, and horizontal faith maturity, or an emphasis on service to humanity. In contrast to intrinsic and extrinsic religiousness, which are motivational dimensions of the religiousness construct, Benson et al.'s idea of mature faith focuses on attitudes and behavior, integrating faith as a system of beliefs with a mature faith expressed in actions. The dimensions of vertical and horizontal faith are in line with two

of the most dominant themes in Christianity, love of God and the love of one's

neighbor. Maturity of faith is evidenced in the strength and security of individuals'

relationship with God, their commitment to faith, and the integration of their faith into

daily life (Benson et al., 1993; Sanders, 1998).

Individuals who are identified as religiously mature are reported to emphasize

service to humanity, as revealed in pro-social sentiments and acts of mercy and justice

(e.g., horizontal religion), and to focus on maintaining a relationship between the self

and transcendent reality (vertical religion) more than individuals who are less

religiously mature (Sanders, 1998). Positive religious coping tends to reflect a more

secure relationship with God so greater faith maturity should be associated with positive

religious coping (Harrowfield, & Gardner, 2010). In their 2010 study of employees in

Christian organizations, Harrowfield and Gardner revealed that respondents with a more

mature faith saw their work-related demands as challenges and used positive methods of

religious coping. The study also suggested that mature faith does not buffer against the

perception of threats, which may be reflective of Pargament's (1997) suggestion that

people with mature faith (vertical) tend to have an encouraging perspective of stressors

without disregarding the stressful and potentially threatening situation at hand. In a

study of people recovering from substance abuse (Pardini et al., 2000), higher levels of

religious faith were associated with higher resilience to stress and lower levels of

anxiety. In addition, in a study examining the strength of religious faith and mental

health outcomes among university students, faith was associated with more effective

coping with stress and with low anxiety (Plante et al., 2000). A study of 253 university

students by Salsman and Carson (2005) revealed that faith maturity, as an index of

personal, internalized religious or spiritual commitment, was inversely associated with depression, paranoia, hostility, and overall psychological distress.

Forgiveness

Social scientists have expanded the study of forgiveness in the last 10 years, however, there has been no overall consensus on what constitutes forgiveness (Moeschberger, Dixon, Niens, & Carnes, 2005). In fact, over the past decade, there have been three intersecting streams of scholarship related to the topic of forgiveness (Hammond, Banks, & Mattis, 2006). One stream of work examined a variety of affective (e.g., empathy, vengeance, rumination, anger) and personality factors (e.g., neuroticism and social desirability) that motivate individuals to grant forgiveness following interpersonal transgressions (Berry, Worthington, O'Connor, Parrott, & Wade, 2005; Maltby, Day, & Barber, 2004; McCullough, Worthington, & Rachal, 1997). In addition, there has been a second stream of work that has sought to examine ways in which cultural systems, such as religion, inform people's experience of forgiveness. Research within this stream has included definitions of forgiveness, ideas about the desirability of forgiveness, and perspectives on the conditions under which forgiveness should be granted (Hammond, Banks, & Mattis, 2006). The third and final stream of work has explored the historical and sociopolitical correlates of forgiveness. According to Wohl and Branscombe (2005), this work centers around the ways that national, racial, ethnic, class, religious, gender, and sexual discrimination inform the meanings and manifestations of forgiveness in relationships between socially constructed groups (e.g., ethnic groups). Most researchers agree, however, that forgiveness is an adaptive trait or behavior, and there is empirical support that asserts

that forgiveness is an adaptive method of coping, in addition to being positively correlated with psychological well-being (Rasmussen & Lopez, 2000; Witvliet, 2000). McCullough, Hoyt, Larson, Koenigh, and Thoresen (2000) reported that forgiveness has been related to a reduction in anger, depression, and anxiety (Gassin, 1994; Trainer, 1981), restoring a personal sense of power and self-esteem, (Rhode, 1990; Trainer, 1981), physical health (Strasser, 1984), and improved interpersonal relationships (Nelson, 1992; Woodman, 1991).

Notably, gender has also been examined in the study of forgiveness. Most studies report that there are no significant gender differences in forgiving. There seems to be some indication that forgiveness may have a developmental component where adults are more forgiving than children and elderly people are more forgiving than middle-aged adults and young adults (Enright, Santos, & Al-Mabuk, 1989; Subkoviak et al., 1995).

Definitions of forgiveness. There has been much debate regarding how forgiveness should be conceptualized (Thompson et al., 2005). The *American Heritage Dictionary* (1985) defined *forgive* as "to excuse for a fault or offense; pardon" and "to renounce anger or resentment against." The majority of social science researchers have included the renunciation of anger and resentment as a main tenet in their forgiveness conceptualizations (McCullough, 2000; Worthington et al., 2000). Although a person may want to stop feeling angry, hostile, or resentful, directly trying to get rid of those emotions may not be enough to stop them. In fact, efforts to consciously suppress or deny those feelings are more likely to increase rather than decrease their influence (Wegner & Wenzlaff, 1996).

In a broader sense, forgiveness has been defined as an "intra-individual, prosocial change toward a perceived transgressor that is situated within a specific interpersonal context" (McCullough, Pargament, & Thoresen, 2000, p. 9). This definition has been criticized as being too broad and difficult to test and quantify, however. In addition, it doesn't address forgiveness in the context of intergroup relations. Another definition of forgiveness was proposed by Enright and Fitzgibbons (2000), which did account for intergroup and interpersonal dynamics:

> People, on rationally determining that they have been unfairly treated, forgive when they willfully abandon resentment and related responses (to which they have a right) and endeavor to respond to the wrongdoer based on the moral principle of beneficence, which may include compassion, unconditional worth, generosity, and moral love (to which the wrongdoer, by nature of the harmful act or acts, has no right). (p. 24)

This definition is viewed as being broad enough to account for individual differences, but also applies to *intergroup* offenses as well as more specific *interpersonal* transgressions (Moeschberger et al., 2005), which is important in the context of examining forgiveness in African Americans in the face of racism.

Enright's definition is one of the most frequently cited in the forgiveness literature because forgiveness is defined as a multidimensional concept, describing the interplay of cognition, behavior, and emotion and it also suggests the need for compassion toward the transgressor. Forgiveness permits the relationship between the conflicting parties to move forward after a transgression (Zechmeister & Romero, 2002). On the intergroup level, forgiveness involves the release of negative feelings

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towards the transgressor's group (Tutu, 1999). Kurgan (2001) referenced three historical events where gross violations and offenses occurred: (a) the Truth and Reconciliation Commission in South Africa in response to victims of apartheid; (b) slavery and its effect on the relations between Blacks and Whites in America; and (c) the children of perpetrators of Nazi atrocities and the children of Holocaust victims. Kurgan contends that above events were so devastating on the victims, that the initial step in promoting healing was to commence a dialogue between the parties that could help in restoring justice and healing.

Relationships and forgiveness. A substantial amount of the research on forgiveness has examined the concept within interpersonal relationships (Enright & Fitzgibbons, 2000; McCullough, Holt, & Rachal, 2000). Previous studies of forgiveness in an interpersonal context revealed a strong link between apology and forgiveness, with empathy mediating between the two variables. Therefore, it has been found that apologies are helpful and can increase empathic feelings in individuals, but actually feeling empathy for the transgressor is one of the strongest determinants in increasing forgiveness. In addition, in interpersonal forgiveness, the forgiver lets go of the negative emotions through an internal process or motivation (Enright et al., 2001).

There is also some evidence of an empathy-forgiveness link within intergroup settings. Roe, Pegg, Hodges, and Trimm (1999) have conducted research examining intergroup forgiveness and the processes involved in the conflict in Northern Ireland, which involves the long-standing division between Catholics and Protestants. McLernon, Cairns, and Hewstone (2002) conducted a focus group on forgiveness between the Protestants and Catholics in Northern Ireland and found that participants

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conceptualized forgiveness as related with compassion, mercy, humanity, and empathy, suggesting that the latter characteristics may be aspects of forgiveness. Participants also expressed that forgiveness was easier when the perpetrator showed remorse. An understanding of intergroup forgiveness is of importance in post-conflict societies such as Northern Ireland, where groups involved in intergroup conflict are encouraged to "move on" from the past. Where intergroup conflict is concerned, however, the past is intimately part of the present (Tam, Hewstone, Cairns, Tausch, Maio, & Kenworthy, 2007). Tam et al.'s (2007) study of the citizens of Northern Ireland revealed that two predictors were important in this process. They suggested that interventions should aim to include elements of targeting the specific emotion of anger as well as emphasizing the humanness of the outgroup.

John Hume, who shared the Nobel Peace Prize for his work in furthering the peace process in Northern Ireland, stressed the importance of "humanizing the other." "We have to realize," he said, that "our common humanity transcends our differences" (Dozier, 2002, p. 291). In light of these findings, is it necessary for African Americans to feel some type of empathy or humanness before forgiving those who discriminate against them? Wohl and Branscombe (2005) maintained that the resolution of social conflict involves more than just changing negative beliefs; it is also necessary to see the humanity in the other. Their research illustrated that perpetrator groups that are seen as "human" elicit intergroup forgiveness.

The overwhelming focus on close relationships in forgiveness research seems to overlook or ignore the reality that transgressions often are committed by strangers and acquaintances with whom we interact in public and private spaces. In addition, this

focus on the forgiveness of intimate others limits our opportunities to identify the factors that may relate to forgiveness when negotiation is not likely (Hammond, Banks, & Mattis, 2006). For example, Freedman and Enright (1996) have focused on forgiveness among survivors of incest, while Rye et al. (2005) have examined the factors that lead people to forgive in the aftermath of divorce and found that, in the context of a close relationship, forgiveness is likely to be a negotiated process (Andrews, 2000). As a negotiated process, the victim and the transgressor discuss what offense occurred within the relationship and come to some type of mutual understanding of responsibility (Andrews, 2000). In contrast to negotiated forgiveness, unilateral forgiveness occurs internally because opportunities to interact and negotiate with the perpetrator do not exist.

While examining forgiveness in the context of racism and discrimination, it is important to clarify some possible misconceptions. The *American Heritage Dictionary* (1985) lists "excuse" and "condone" as synonyms of forgive, stating, "these [three] verbs mean to pass over an offense and to free the offender from the consequences of it." This explanation may contribute to the controversy surrounding the adaptiveness of forgiveness. Researchers, for the most part, do not equate forgiving with condoning or excusing (Worthington, 2000). Most researchers agree that forgiveness does not necessitate freeing the transgressor from the consequences of his or her actions. Despite the general agreement among forgiveness researchers that forgiveness should not be equated with the acts of pardoning, excusing, condoning, or reconciling, many people frequently confuse these constructs with forgiveness (Thompson et al., 2005). In sum, the confusion about what is and what is not part of forgiveness probably stems from two

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main issues: (a) There are many differences in the way forgiveness is defined by lay people, researchers, clinicians, etc., and (b) the essential components of forgiveness involve intrapersonal processes that cannot be directly observed (Thompson et al., 2005).

The South African Truth and Reconciliation Committee (TRC) was established as a way to recognize the wrong doings from the oppressive system of apartheid by allowing public testimonies from the victims of apartheid in hopes of setting the foundation for promoting healing, restoring justice, and re-uniting cultures in South Africa. There are several studies that examined the implications of the TRC, and there have been mixed results. A study by Ramsey (2004) illustrated that the TRC facilitated empathy and Ubuntu (meaning "humanity to others; " "I am what I am because of who we all are") and allowed for unconditional forgiveness and reconciliation to take place. On the other hand, Byrne (2003) interviewed victims in the TRC and found varied results. The victims' response varied according to the reason given by the transgressors for offending the victim. Thomson (2001) found that the TRC promoted healing for a select few. He believed that the public testimony of the victims ultimately led to re-traumatizing them and opening old wounds. Conversely, Zechmeister and Romero (2002) found that apologies and restitution are not necessary conditions in order for the process of forgiveness to take place.

Dixon and Kagee's (2006) research examined forgiveness in post-apartheid South Africa, where a powerless group (i.e., Blacks) were victimized by those in power (i.e., Whites). The victimization and resultant anger and desire for revenge presented a choice for the victim, one of which was forgiveness. Overall, research documents the

positive effects of forgiveness for victims (e.g., incest survivors, victims of domestic violence), resulting in decreased anger, anxiety, grief, and depression (Dixon & Kagee, 2006). In light of this prior research on forgiveness, exploration of its relationship to the victimizing experience of racism and/or discrimination among African Americans may prove meaningful.

Religion and forgiveness. There is a strong link between Christianity and the concept of forgiveness. Batson and Shwalb (2006) described the connection:

> One of Christianity's core principles is forgiveness. Specifically, Christians believe that God sent Jesus to bring salvation or forgiveness to all mankind. In Christianity, people who seek forgiveness from Christ are forgiven for their sins and encouraged to forgive those who have offended them. Because Jesus Christ preached forgiveness, the principle of forgiveness is considered an important part of a Christian's relationship with God and other people. (p. 119)

Some Bible passages explicitly discuss the importance of forgiveness to the Christian faith. For example, Matthew 6:14-15 suggests that God's forgiveness is related to the willingness of humans to forgive each other. Another passage, Matthew 18:21-22, describes a conversation in which Peter asks Jesus whether one should forgive an offender as many as seven times. Jesus responds that one should forgive as many as seventy times seven, which is sometimes interpreted as meaning that forgiveness should be a way of life (Jones-Haldeman, 1992). Gorsuch and Hao (1993) related forgiveness to religious faith and concluded, "the more religious one is, the more forgiving one reports" (p. 345). Their perspective described how forgiveness may be influenced by a person's religious affiliation or personal religious beliefs, which places

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the association between forgiveness and religious faith in the context of personal relationships (Batson & Shwalb, 2006). Edwards et al. (2002) found there was a positive correlation between the constructs of faith and forgiveness in a study of college students, and Sheffield (2003) demonstrated that religious involvement may help increase one's ability to forgive another.

While there are many models in the forgiveness research, postulating under which circumstances and by what means people forgive, research by Scobie and Scobie (1998) suggests that many people follow the *Christian Model* of forgiveness. This model is based on the belief that people should forgive unconditionally, as God does. This model explains that the victim requires neither compensation nor even a promise that the act will not be repeated in the future. Not all Christians endorse this approach to forgiveness (Krause & Ingersoll-Dayton, 2001; Marty, 1998), but there is evidence that many do because it is a central tenet of the Christian faith (Rye et al., 2001). This model is important because it allows the victim to let go of the of hurt and resentment associated with a transgression, avoiding ruminations that sometimes follow offenses (Krause & Ellison, 2003). Research indicates that chronic rumination, which is reliving a hurt over and over again, may be associated with greater psychological distress (Roberts, Gilboa, & Gotlib, 1998). The Christian model may also avoid problems that may arise when victims seek retribution.

While forgiving others unconditionally may sound appealing because it allows victims to move on with their lives, some researchers have expressed reservations about whether this goal can actually be, or should be, attained (Krause & Ellison, 2003). Krause and Ingersoll-Dayton (2001) questioned whether it is truly possible to forgive

others through acts of will alone. They wondered if forgiving unconditionally may lead to what Baumeister, Exline, and Sommer (1998) call "hollow forgiveness" (p. 81), meaning victims say they forgive a transgressor right away, but still privately harbor deep resentment and anger.

Only one study was found highlighting how faith maturity and forgiveness interact in the experience of racism. Hammond, Banks, and Mattis (2006) investigated the ways that a specific constellation of cognitive, affective, personality, social, and cultural factors (including religiosity) shaped forgiveness among 216 African American men who encountered everyday racism. The findings revealed that subjective religiosity (vs. religious coping) was positively correlated with the three indices of forgiveness used within the study. The findings of the study suggest that perhaps the view of oneself as religious is not enough to lead to the forgiveness of racially biased acts. On the other hand, subjective religiosity did not predict forgiveness in the regression analyses performed, while religious coping was positively related to and predictive of overall forgiveness. African American men who were currently married and those who reported a greater level of emotional social support were more willing to forgive acts of discrimination as measured by all three of the authors' indices of forgiveness. In addition, the study revealed that as encounters with racism increased in frequency, the psychological and spiritual demands on men changed. One recommendation by Hammond, Banks, and Mattis was that the use of a multidimensional measure of religiosity may provide more information about the role for forgiveness and faith when African Americans experience discrimination.

Racism, Forgiveness, and Faith Maturity

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While there is a wealth of research on the trangenerational effects of slavery and the impact of racism, many gaps still exist in the literature. Why do experiences of racism effect different people in different ways? What are ways that one can buffer the impact of the unavoidable experience of racism in this country? Faith maturity and forgiveness are constructs that could potentially possess powerful ways of understanding and repairing the harmful mental and physical effects of racism within the African American community.

The faith literature and, specifically, the faith maturity research consistently illustrate the benefits of maturity in both horizontal and vertical faith. In addition, the forgiveness research highlights the psychological advantages of forgiving the transgressor, as well as forgiveness being an important tenet in Christianity. Previous research has shown that religiosity is positively associated with favorable attitudes about forgiveness and possibly with the actual practice of forgiveness (DiBlasio, 1993; Forsuch & Hao, 1993; Poloma & Gallup, 1999). Further, as noted previously, there is some evidence of an empathy-forgiveness link (e.g., McLernon et al., 2002; Wohl & Branscombe, 2005), which suggests the importance of differentiating forgiveness and empathy.

Thus, in light of the wealth of research illustrating: (a) the strong bond between the African American community and faith (Broman, 1996; Christian, Al-Mateen, Webb, & Donatelli, 2000; Shorter-Gooden, 2004); (b) the deleterious impact of racism on African Americans (Broman, 1997; Clark, Anderson, Clark, & Williams, 1997; Harrell, 2000; Landrine & Klonoff, 1996); (c) the positive impact of faith, and more specifically, having mature faith on well-being (McCullough & Larson, 1999;

Pargament, 1997; Salsman & Carson, 2005; Sanders, 1998); and (d) the psychological benefits of forgiveness (Dixon & Kagee, 1996; Enright, et al., 2001; Freedman & Enright, 1996), it would be meaningful and advantageous to attempt to understand if and how faith maturity may relate to both the experience and forgiveness of acts of racism by African Americans. Exploration of these factors may help to provide a better understanding of how faith maturity and forgiveness can work together to help to counter the poor outcomes linked to chronic exposure to racism among African Americans.

<center>**Chapter Three**</center>

<center>**Methods**</center>

Participants

      Participants will be African Americans between the ages of 18 and 64 who identify as Christian. Only participants who identify as Christian will be recruited because the faith instrument used in this study reflects primarily a Judeo-Christian perspective. A community sample will be obtained to allow for a representative group across the domains of age, gender, and education level. Including subjects of diverse ages and backgrounds in this study is an attempt to extend the literature base by increasing generalizability as well as exploring within-group diversity among African Americans. Because this study proposes to utilize a web survey, a snowball method will also be relied on in that subjects will be asked to forward the survey to other spiritual African Americans they know. The participants will be recruited via email solicitations sent directly from the researcher or indirectly from other research participants. Participants will also be recruited from online social networking sites and online message boards.

Instruments

      Demographic Questionnaire. Information collected from participants include: age, biological gender, highest level of education completed, marital status, and socioeconomic status. (See Appendix A)

      Racism and Life Experiences Scales--Brief Version (RaLES-BRF) The Racism and Life Experiences Scales (RaLES; Harrell, 1997) are a comprehensive set of scales designed to measure dimensions of racism-related stress and associated

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constructs. The scales were developed based on a model of racism and well-being

(Harrell, 2000) that integrates the theoretical and empirical work from multicultural,

mental health, stress and coping, and racism literatures. The RaLES, a self-report

measure, consists of 5 primary scales of racism-related stress, in addition to 6

supplemental scales assessing associated constructs. In addition, there is a brief version

(RaLES-BRF) of the scale, which will be used in this study (see Appendix B). The

RaLES-BRF includes 9 questions and takes about 3 minutes to complete. The questions

cover the content of several of the subscales in very general ways, and is used as an

overall indication of racism experience. Reliability coefficients for this scale have

ranged from .77 to .86. The response format is a five-point Likert scale, with a higher

total score (total summed score range = 0 - 36) indicating more racism. (See Appendix

B)

Heartland Forgiveness Scale (HFS). The Heartland Forgiveness Scale (HFS;

Thompson & Snyder, 2002) is a self report measure of dispositional forgiveness with

subscales assessing forgiveness of self, others, and situations. The HFS is an 18 item

measure consisting of three 6-item subscales. Participants indicate the extent to which

each item is true or false of them using a 7 point Likert-type scale with four verbal

anchors: *1 = Almost Always False of Me, 3 = More Often False of Me, 5 = More Often*

True of Me, and 7 = Almost Always True of Me. Psychometric examination revealed

that scores on the HFS were positively correlated with other measures of forgiveness

and measures of hope, relationship satisfaction, and cognitive flexibility. Construct

validity findings also indicated negative correlations with vengeance, psychological

symptom, and chronic hostility (Snyder & Thompson, 2002).

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The HFS was developed using 3 different samples of university students (n= 1111, 504, and 123, respectively) at a public, Midwestern university. Cronbach's Alpha for this scale were .86, .86, and .87 for each of the samples. The correlations between HFS total, Self, Other, and Situation subscales administered across a 3-week interval were .83, .72, .73, and .77m respectively, indicating acceptable test-retest reliability. Higher scores (total score range = 0 - 126) indicate a higher disposition for forgiveness. (See Appendix C)

The Horizontal Faith Relations Scale (HFRS). A study by Simpson, Newman, and Fuqua (2007) revealed some fundamental limitations in the measurement of horizontal faith by a frequently used scale, the Faith Maturity Scale (FMS; Benson, Donahue, & Erickson, 1993). While they found that the vertical scale related as expected to other measures of spirituality, the Faith Maturity Scale-Horizontal (FMS-H) had small correlations with scales measuring various dimensions of social service and social justice (e.g., trust, intimacy, relationship satisfaction). Simpson, et al. then compared the FMS-H to three indices of religious participation which included frequency of attendance, level of in involvement in religious activities, and time spent in private religious activities. They found that the FMS-H had small correlations and shared only 5% of its variance with the measures of religious involvement, signaling that the scale may be measuring something other than religiousness and faith. These findings led Simpson, Newman, and Fuqua to create an adaptation of the FMS-H, which they named the Horizontal Faith Relations Scale.

The Horizontal Faith Relations Scale (HFRS; Simpson, Newman, & Fuqua, 2008) was designed to operationalize horizontal faith more as a function of personal

relationships with others. Given the concerns about the definition of the Faith Maturity

Scale's Horizontal dimension and its limited emphasis on social service and social

justice, as well to be congruent with the focus of this study, the study will substitute the

HFRS in place of the FMS-H. The HFRS emphasizes more direct personal relationships

with others.

The HFRS was developed using a sample of 570 (258 women and 153 men)

ranging in age from 16–30 years, with a mean age of 22.24 years. Preliminary evidence

regarding the validity of the HFRS appears supportive. A multiple regression analysis

with the HFRS as the criterion variable and religious activities, frequency of religious

attendance, and time spent in private religious activity as the predictor variables was

performed. The results indicated that the HFRS correlated moderately with all three

measures of religious activity. The direction and magnitude of the relationship between

HFRS and the religious participation items suggested that the HFRS is tapping into a

unique aspect of horizontal relating connected to one's faith experience. The scale

contains 9 items (total score range = 9-63), and uses a 7 point Likert-type scale with 7

verbal anchors: 1= *Never True, 2= Rarely True, 3= True Once in a While, 4=*

Sometimes *True, 5= Often True, 6= Almost Always True, and 7= Always True.* Higher

scores on the HFRS indicate more mature faith in respondents. (See Appendix D)

Questionnaire of Cognitive and Affective Empathy (QCAE). The

Questionnaire of Cognitive and Affective Empathy (QCAE; Reniers, Corcoran, Drake,

Shryne, & Vollm, 2011) was designed to designed to measure multidimensional

empathy. The items for the QCAE were derived from pre-existing validated

questionnaires measuring empathy, and was developed using a sample of 640

participants (434 females and 206 males) ranging in age from 17-65 years old. The sample of university students and employees primarily (81%) identified as European, and 79% specified the United Kingdom as their country of origin.

The QCAE is an 31 item measure consisting of 5 subscales. Perspective Taking and Online Simulation combine for the cognitive empathy (i.e., --the ability to comprehend other people's experiences) score, while Emotion Contagion, Proximal Responsivity, and Peripheral Responsivity are summed to provide an affective empathy (i.e., --the ability to vicariously experience the emotional experience of others) score. The sum of the cognitive and affective empathy scores provides the cumulative total empathy score. Cronbach's alphas for the five subscales were .85, .72, .83, .65, and .70, respectively. Participants indicate the extent to which each item is true or false of them using a 4 point Likert-type scale, with response options *1= Strongly Disagree, 2= Slightly Disagree, 3= Slightly Agree, and 4= Strongly Agree*. Higher scores (total score range = 31 - 124) represent that one is more empathic. (See Appendix E)

Procedures

Data will be collected utilizing a web-survey (i.e., Survey Monkey) that will be maintained by the Center for Educational Development and Research (CEDAR) at the University of Oklahoma. As such, the survey will be secure as CEDAR staff will be the only ones that are able to access the data. Once the survey is placed online by CEDAR, a recruitment email with the study link will be sent to subjects who meet the inclusion criteria, using snowball sampling. Those subjects who choose to participate will first be taken to an online informed consent page, where they will be given the opportunity to either opt in or out of the study. Those individuals who choose to participate will

complete the demographic form and the three previously discussed instruments which will take a total of approximately 15-20 minutes to complete. Subjects' responses will remain anonymous, and there will be no link from completed instruments to the participants of the study. A link to exit the survey will be provided on each page of the survey to allow for participants to withdraw their participation at any time. Upon completion of the survey, participants will be thanked for their participation and informed how to enter a drawing for three $50 gift certificates to Target. In order to protect participant confidentiality, contact information for the principal investigator will be given at the conclusion of the survey and participants will be informed to email the investigator to enter the raffle.

Research Questions

      Research questions for the proposed study are: (a) Do age, empathy, racism experience, and faith maturity significantly predict forgiveness? and (b) Does faith maturity contribute to significant variance in forgiveness beyond the variance predicted by age, empathy, and racism experience?

Data Analysis

      A hierarchical regression analysis (Cohen & Cohen, 1983) will be utilized in this study. In this type of analysis, predictor variables are put into an equation in a specific order, based on theoretical rationale. Forgiveness (Heartland Forgiveness Scale--HFS) scores will serve as the criterion (dependent) variable. The predictors will be: Age and Empathy (Questionnaire of Cognitive and Affective Empathy—QCAE) scores in the first block, racism experience (Racism and Life Experiences Scale—RaLES) scores in the second block, and in the last block, faith maturity (Horizontal Faith Relations Scale—HFRS) scores. Consistent with the literature indicating the positive correlation between forgiveness, age, and empathy, Age and QCAE scores will be entered in the first step. In the second step, RaLES scores will be entered to explore the unique contribution of racism experience beyond the amount of variance explained by age and empathy. HFRS scores will be entered at the third step to determine whether horizontal faith maturity explains any variance beyond age and empathy, and racism experience.

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APPENDIX A: DEMOGRAPHIC FORM

In order to complete our study, we would like to know more about you. The information

you provide will not be used to identify you in any way.

1. What is your age?_____

2. Gender:　　　a. Female　　　b. Male

3. Current romantic relational status:

    a.　Single

    b.　Married/Partnered

    c.　Divorced

    d.　Widowed

    e.　Other: _____

4. State in which you live:_____

5. Do you identify as a Christian:　　　a. Yes　　　　b. No

6. Do you identify with Christian principles and values?　　a. Yes　　　b.

    No

7. What is your family's yearly income:

    _____ 1.　　Less than $25,000

    _____ 2.　　$25,000 -- $35,000

    _____ 3.　　$36,000 - $45,000

    _____ 4.　　$46,000 - $55,000

    _____ 5.　　$56,000 - $65,000

    _____ 6.　　$66,000 - $75,000

    _____ 7.　　$76,000 - $85,000

_____ 8.　　Over $85,000

8. What is the highest level of education you have completed?

    a.　High school/GED

    b.　Some college

    c.　Vocational training

    d.　Associate's degree

    e.　Bachelor's degree

    f.　Master's degree

    g.　Doctorate degree

    h.　Professional degree

    i.　Other: _____

j.

RaLES

Directions: Please circle the answer that best describes your experiences with discrimination:

1. Overall, DURING YOUR LIFETIME, how much have you personally experienced racism, racial discrimination, or racial prejudice? (Circle one)

    not at all   **a little**   **some**   **a lot**   **extremely**

2. DURING THE PAST YEAR, how much have you personally experienced racism, racial discrimination, or racial prejudice? (Circle one)

    not at all   **a little**   **some**   **a lot**   **extremely**

3. Overall, how much do you think racism affects the lives of people of your same racial/ethnic group? (Circle one)

    not at all   **a little**   **some**   **a lot**   **extremely**

4. Think about the people close to you, your family, and friends. In general, how much has racism impacted their experiences?

    not at all   **a little**   **some**   **a lot**   **extremely**

5. In general, how do you think people from your racial/ethnic group are regarded in the United States? (Circle one)

    very negatively   **negatively**   **neutrally**   **positively**   **very positively**

6. In general, how frequently do you hear about incidents of racial prejudice, discrimination, or racism from family, friends, co-workers, neighbors? (Circle one)

everyday	**at least once a week**	**about once or twice a month**	**a few times a year**	**once a year or less**

7. In general, how much do you think about racism?

    rarely or never   **a little**   **sometimes**   **often**   **very often**

8. In general, how much stress has racism caused you <u>during your lifetime</u>?

   none   **a little**   **some**   **a lot** **extreme**

9. In general, how much stress has racism caused you <u>during the past year</u>?

   None   **a little**   **some**   **a lot** **extreme**

HFS

Directions: For each of the following items, select the number (from the 7-point scale below) that best describes how you typically respond to the type of situation described. There are no right or wrong answers. Please be as open as possible in your answers.

1= Almost always false of me
2
3= More often false of me
4
5= More often true of me
6
7= Almost always true of me

1. Although I feel bad at first when I mess up, over time I can give myself some slack.

2. I hold grudges against myself for negative things I've done.

3. Learning from bad things I've done helps me get over them.

4. It is really hard for me to accept myself after I've messed up.

5. With time I am understanding of myself for mistakes I've made.

6. I don't stop criticizing myself for negative things I've felt, thought, said, or done.

7. I continue to punish a person who has done something that I think is wrong.

8. With time I am understanding of others for the mistakes they've made.

9. I continue to be hard on others who have hurt me.

10. Although others have hurt me in the past, I have eventually been able to see them as good people.

11. If others mistreat me, I continue to think badly of them.

12. When someone disappoints me, I can eventually move past it.

13. When things go wrong for reasons that can't be controlled, I get stuck in negative thoughts about it.

14. With time I can be understanding of bad circumstance in my life.

15. If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them.

16. I eventually make peace with bad situations in my life.

17. It's really hard for me to accept negative situations that aren't anybody's fault.

18. Eventually I let go of negative thoughts about bad circumstances that are beyond anyone's control.

APPENDIX D: HORIZONTAL FAITH RELATIONS SCALE

HFRS

Directions: For each item, please select the number that best represents you. Be as honest as possible, describing how true it <u>really</u> is and <u>not</u> how true you would like it to be. Choose from these responses:

1 Never True	2 Rarely True	3 True Once in a While	4 Sometimes True	5 Often True	6 Almost Always True	7 Always True

1.   I find my best service to God is in my service to others.

2. My relationship with God leads me to seek out others.

3. I find it necessary to share my love of God with others.

4. Compassion for others is fundamental to my faith.

5. I feel a spiritual connection to other people of faith.

6. It is easy to receive affection from others who share my faith.

7. God's presence in my relationships with others is obvious to me.

8. I grow spiritually when I am around others.

9. When I help others, I feel more connected to God.

APPENDIX E: QUESTIONNAIRE OF COGNITVE AND AFFECTIVE EMPATHY

QCAE

Directions: Please rate the items below by indicating to what degree the statement applies to you. Choose from these responses:

1	2	3	4
Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree

1. I sometimes find it difficult to see things from the "other guy's" point of view.

2. I am usually objective when I watch a film or play, and I don't often get completely caught up in it.

3. I try to look at everybody's side of a disagreement before I make a decision.

4. I sometimes try to understand my friends better by imagining how things look from their perspective.

5. When I am upset at someone, I usually try to "put myself in his shoes" for a while.

6. Before criticizing somebody, I try to imagine how I would feel if I was in their place.

7. I often get emotionally involved with my friends' problems.

8. I am inclined to get nervous when others around me seem nervous.

9. People I am with have a strong influence on my mood.

10. It affects me very much when one of my friends seems upset.

11. I often get deeply involved with the feelings of a character in a film, play, or novel.

12. I get very upset when I see someone cry.

13. I am happy when I am with a cheerful group and sad when the others are glum.

14. It worries me when others are worrying and panicky.

15. I can easily tell if someone else wants to enter a conversation.

16. I can pick up quickly if someone says one thing but means another.

17. It is hard for me to see why some things upset people so much.

18. I find it easy to put myself in somebody else's shoes.

19. I am good at predicting how someone will feel.

20. I am quick to spot when someone in a group is feeling awkward or uncomfortable.

21. Other people tell me I am good at understanding how they are feeling and what they are thinking.

22. I can easily tell if someone else is interested or bored with what I am saying.

23. Friends talk to me about their problems as they say that I am very understanding.

24. I can sense if I am intruding, even if the other person does not tell me.

25. I can easily work out what another person might want to talk about.

26. I can tell if someone is masking their true emotion.

27. I am good at predicting what someone will do.

28. I can usually appreciate the other person's viewpoint, even if I do not agree with it.

29. I usually stay emotionally detached when watching a film.

30. I always try to consider the other fellow's feelings before I do something.

31. Before I do something I try to consider how my friends will react to it.