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Religion And Spirituality In Mental And Physical Well-Being Of Korean And White Americans

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RELIGION AND SPIRITUALITY IN MENTAL AND PHYSICAL WELL-BEING OF KOREAN AND WHITE AMERICANS

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DEDICATION

I dedicate my dissertation work to my parents, Yungsub Kil and Ouckja Jeon, for their endless love, support, and encouragement. Throughout all my life, my parents never ceased to emphasize the value of a good education. Without their wisdom, guidance, and care, I would not realize the goals I have to strive.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

Over the last two decades, an increasing number of researchers have confirmed the important role of religion and spirituality, not only in the psychological and emotional domains, but also in physical health. Although research results differ slightly from study to study, evidence from numerous studies points out that various dimensions of religiousness and spirituality can improve subjective states of well-being (Ellison 1991; Bergin, 1991), enhance positive attitude in life and work (Astin et al, 2005), decrease substance use behaviors and sexual promiscuity (Brown et al, 2001; Marsiglia, Parsai, Kulis, & Nieri, 2005; Astin et al, 2005), lower levels of depression and psychological distress (Idler, 1987; Williams et al, 1991; Kirby, Coleman, & Daley, 2004), and lessen death anxiety (Roshdieh, Templer, Cannon, & Canfield, 1999; Maltby & Day, 2000). As a specific example, these positive effects may help new immigrants adjust to life in the U.S. (Min, 2001), reducing immigrants' morbidity and mortality (Levin, 1996).

Several researchers note that various forms of spirituality and religiousness can help Asian immigrants cope with the upheavals of immigration, adaptation to a new country, and other difficult personal and social transformations related to being in a new culture. Especially for Korean immigrants, churches and religious organizations act as a powerful support group. They provide safe and comfortable environments in which the immigrants can socialize, share information, and assist each other. They also create religious or spiritual connections among immigrants (Min, 2001).

The main focus of this study is the issue of adult religious and spiritual development and the roles of religiousness and spirituality in the physical, psychological,

and emotional well being of a group of persons who are now or have recently been adjusting to a major change in life circumstances as the result of immigration. These persons are recent immigrants to the U.S. from South Korea.

Religiousness and Spirituality

Many researchers define spirituality and religiousness somewhat differently (Richards & Bergin, 1997). Although early studies suggest these two constructs are indistinguishable, there has been a recent trend toward separating the two terms into distinct constructs.

Definition of religiousness and spirituality. Researchers tend to define religiousness as organizational practices or activities, attendance at services, performance of rituals, church membership or allegiance, commitment to organizational beliefs, or adherence to institutionally based belief systems. On the other hand, definitions of spirituality often refer to feelings or meaning and purpose in one's life; a search for and a relationship with sacred beings; and experiences of connectedness (Fukuyama & Sevig, 1999;Hill & Pargament, 2003; Russell& Yarhouse, 2006). However, Fukuyang and Sevig (1999) argue that separating these two concepts is problematic, because different forms of spirituality can be expressed through religious involvement.

Several researchers agree that both religion and spirituality are multidimensional and complex constructs that are related to cognitive, affective, social, cultural, moral, biological, behavioral, and sensational elements of life (Bergin,1991; Dolores, 1984; Fowler, 1984; Frankl, 1959; Hill & Pargament, 2003; Piedmont, 2001).

The Fetzer working group (1999) identified 12 major domains of religiousness/spirituality that are most likely to influence physical and mental health

outcomes. The working group considered behavioral, social, psychological, and direct physiological causal factors as potential pathways from religiousness/spirituality to health outcomes. They also included items that could link to negative effects on health. The 12 domains of religiousness/spirituality they identified are Daily Spiritual Experiences, Meaning, Values, Beliefs, Forgiveness, Private Religious Practices, Religious/Spiritual Coping, Religious Support, Religious/Spiritual History, Commitment, Organizational Religiousness, and Religious Preference. Before their work, many of the studies of religion and spirituality were not well integrated into research on the connection between religion and spirituality and health.

Religious/Spiritual Development

Over the last couple of decades, a growing number of studies has supported the idea of cognitive development beyond the adolescent years. There is qualitative change in adult thinking beyond the Piagetian stage of formal operational thinking once considered the highest stage of cognitive development (Fowler, 1984; Labouvie-Vief, 1982, 1984; Riegel, 1976). Labouvie-Vief (1982) notes that adolescents and young adults are generally able to utilize only one perspective at a time in making judgments about many situations. On the other hand, more mature adults are able to include more than one perspective, even in highly abstract thought. She points out that more mature adults show inward movement of awareness of responsibility for their own course of development. The qualitative change in adult thinking is characterized as a movement away from the absolute, deterministic viewpoint (Labouvie-Vief, 1984), acceptance of contradictions in reality (Riegel, 1976), and use of real-world knowledge in problem solving situations (Sinnott, 1984).

In theory, religiousness and spirituality are fundamental human phenomena that should change with different stages of individual development for individuals, similar to cognition. Furthermore, a person's religiousness and spirituality will develop across his or her lifespan, and this process is influenced by other areas of development, such as morality, cognition, and affect (Dolores, 1984; Fowler, 1984; Frankl, 1959; Hill & Pargament, 2003; Paloutzian & Park, 2005).

James Fowler's Work

James Fowler, influenced by the developmental work of Erickson, Piaget, and Kohlberg, has built a theory of 6 stages of faith development. Fowler's theory of the development of faith uses the term "faith" instead of the terms religion or spirituality (1981). He defines faith as:

> People's evolved and evolving ways of experiencing self, others, and world, as related to and affected by the ultimate conditions of existence, and of shaping their lives' purposes and meanings, trusts and loyalties, in light of the character of being, value, and power determining the ultimate conditions of existence. (p. 92)

He states that in his thinking, faith is a universal quality of human life, and is not necessarily religious. Just as cognitive developmental theorists suggest that there are structural changes in thinking during adulthood years, Fowler states that ideas about God also experience structural change as persons mature. Fowler's six stages of faith are:

Stage1 Intuitive-Projective Faith: This stage characterizes the child of 2 to 6 or 7. This is a fantasy-filled and imitative phase, and self is the center of experience. During this phase, a child can unify and grasp the experience-world in powerful images,

especially as presented in stories that register the child's intuitive understanding and feelings toward the ultimate conditions of existence.

Stage 2 Mythic-Literal Faith: This is the typical faith stage of the elementary school child. The strength of this stage is the rise of narrative and the emergence of story, drama and myth as ways of finding and giving coherence to experience. A child can form and re-tell powerful stories that grasp his or her experiences of meaning, although children are not yet able to reflect upon their meanings. Children at this stage take symbols and myths at pretty much face value.

Stage 3 Synthetic/Conventional Faith: This stage typically has its rise beginning around age 12 or 13. It is marked by the beginning of formal operational thinking. That simply means that young persons now can think about their own thinking. It's a time when a person is typically concerned about forming an identity, and is deeply concerned about the evaluations and feedback from significant other people in his or her life. One of the hallmarks of this stage is that persons in it tend to construct their images of God as extensions of interpersonal relationships. God is often experienced as Friend, Companion, and Personal Reality, in relationship to which persons are known deeply and valued.

Stage 4 Individuative /Projective Faith: This is a time in which persons step out of the circle of interpersonal relationships that have sustained their lives. Now comes the burden of reflecting upon one's self as separate from the group's identity and the shared world that has defined the person's life up to this developmental point. Many people don't complete this transition, but get caught between Stages Three and Four. The transition to Stage Four can begin as early as 17, but it's usually not completed until the

mid-20s, and often doesn't even begin until around 20. It comes most naturally in young adulthood. Some people, however, don't make the transition until their late 30s.

Stage 5 Conjunctive Faith: Sometime around age 35 or 40 or beyond, some people undergo a change to what we call conjunctive faith, which is a kind of midlife way of experiencing faith. As persons move into Stage Five, persons begin to recognize that the conscious self is not all there is. They have an unconscious. They start to see that much of behavior and responses to things are shaped by dimensions of self that are not fully available to awareness. There is a deepened readiness for a relationship to God that includes God's mystery and unavailability and strangeness, as well as God's closeness and clarity.

Stage 6 Universalizing Faith: People in this stage experience a shift away from the self as the center of experience. This stage is rare. Now the center for people in this stage becomes participation in God or ultimate reality. There's a reversal of figure and ground. These rare persons are at home with a commonwealth of being. These at Stage 6 are persons who, in a sense, have negated the self for the sake of affirming God. And yet, in affirming God, they become vibrant and powerful selves in the experience of other people. (Adapted from Fowler, 1981, pp. 122-211).

Fowler (1981) asserts that the final or highest stage adults may reach varies. He notes that many adults remain at Stage 3 or below, although Stage 4 is the appropriate one for young adults. Fowler and his research teams conducted 359 interviews from 1972 to 1981. The results of their research suggest that for later ages and stages, the pattern is more spread out. These results show that faith stages are not perfectly correlated with chronological age. In addition, the researchers point to differences in

stages of faith by sex. In the 21-30 age group, more males than females are rated at Stage 4; in the 31-40 age group more males than females are in Stages 4 and 5; but in the 41-50 and 51-60 age groups, more females than males are at Stage 5.

Dolores's study also has similar findings (1984). She developed Religious Complexity Scales (RCS) based on Fowler's stages of faith theory, to test whether age groups differ in religious/ spiritual maturity. She finds significant positive differences in religious complexity between adolescent groups and other adult groups. Also, she notes that males have higher scores in overall religious complexity than female participants do. Although these sex differences in both studies suggest that there is a relationship between age, sex, and stages of faith, the findings may be the result of an unbalanced sex distribution across each age group and sample-specific characteristics. More studies are needed to settle the question of sex differences in faith development.

Fowler's concept of faith development is built on two processes, which are conversion and development. Conversion is the radical and dramatic change that occurs in our center of value, power, and master story. The process of transformation and intensification of faith occurs during the conversion process. The second process, that of development, involves a less radical change, similar to the biological process of maturation. Fowler (1981) states that "faith development occurs through the ongoing dance of faith involving these twin movements of radical conversion and gradual maturation" (p.138). People located at each stage can experience a fulfillment of faith.

The final stage adults reach varies, yet for individuals, there are a number of significant changes that occur between stages. These are the transition points. During these transition points a major change in the basis of an individual's operations of faith

occurs. Hence, the development of faith is not a steady course through life, but a series of progressive growth stages, each followed by radical upheavals in a person's faith development. These upheavals may result in persons moving to another stage of faith development, but they do not necessarily involve a change in the contents of an individual's faith beliefs. The transition between stages is a difficult and often painful process. Fowler states:

> Stage dissolution means enduring the dissolution of a total way of making sense of things. It means relinquishing a sense of coherence in one's near and ultimate environment. It frequently involves living with a deep sense of alienation for considerable periods. (Fowler, 1981, p. 213)

Because it is such a demanding and difficult process to move from one means of faith operation to another, Fowler suggests that many people regress to a previous stage, rather than face the difficulty or uncertainty of the transition.

Each higher stage marks the rise of a new set of capacities or strengths in faith. Certain life issues with which faith must deal recur at each stage; hence the spiral movements in part overlap each other, although each successive stage addresses these issues at a new level of complexity. Each successive stage represents a widening of vision and valuing, correlated with a parallel increases in intimacy with self-others-world.

For persons in a given stage at the right time for their lives, "the task is the full realization and integration of the strengths and graces of that stage" rather than rushing on to the next stage (Fowler, 1981, p. 125). Each stage has the potential for wholeness, grace, and integrity. Readiness for structural stage change is in part a function of biological maturation and of psychosocial, cognitive, and moral development. Thus, there is a certain degree of predictability to it, at least of readiness and direction. There

are, for example, minimum chronological ages below which it would be highly unlikely for particular stage transitions to have begun.

Empirical studies suggest that religious/spiritual struggle may act as turning points, which either enhance faith development or regress into a lower stage. Neglecting religious struggle may hamper an individual's growth. Many developmental psychologists state that growth often occurs through suffering (Tedeschi, Park, & Calhoun, 1998). A common human experience that involves suffering is physical health. A key question is whether and how religious faith affects health.

Religion, Spirituality, and Well-being

Researchers note that there are possibly four pathways through which different dimensions of religiousness/spirituality may influence health outcomes. Religion and Spirituality can be a part of behavioral, psychological, social, and physiological pathways, either as buffers against stressors or direct main effects, and these mechanisms may work at the same time (Idler et al, 2003).

The Behavioral pathway. Religiousness/spirituality may protect against negative effects on well-being indirectly by reducing harmful behaviors or increasing healthy behaviors. Certain religious and spiritual groups may encourage their members to check their health status regularly, provide useful information about health care and resources, and advocate healthy diets and regular exercise. These groups also are likely to discourage drug use, less smoking, and promiscuous sexual behavior. The relation between less alcohol or drug use and religiousness is relatively well-established. Individuals who attend religious services more frequently exercise and show less risky sexual behavior, smoking, and alcohol and substance abuse (Koenig et al, 2001; Oman

& Reed, 1998). Furthermore, fundamentalist religious beliefs are associated with a later age of onset for alcohol use and less alcohol and substance abuse (Marsiglia, Parsai, Kulis, & Nieri, 2005; Miller et al, 2000; Patock-Peckham et al, 1998).

The Psychological pathway. Different dimensions of religious/spiritual involvement may be able to foster positive psychological states and sound mental health. Research studies show that religious beliefs are associated with higher self-esteem and self-worth (Krause 1995). Also, persons who describe themselves as having a stronger faith report being happier and more satisfied with their lives (Ellison, 1991). Religious faith may eventually enhance physical health by reducing the burden on physical systems. In addition, religious/spiritual involvement may help individuals adjust better in stressful situations. Religious coping appears to be most helpful in situations where little control is possible. Religious belief systems may help individuals accept situations that cannot be changed and achieve a peaceful mind, by providing resources for understanding and interpreting tragic and stressful events.

As examples of this, there are empirical studies of rheumatoid arthritis patients (Keefe et al. 2001), hypertension patients (Steffan, Hinderliter, Blumenthal, & Sherwood, 2001), frail older adults (Kirby, Coleman, & Daley, 2004), inpatients with schizophrenia (Mohr, Brandt, Borras, Gilliéron, Huguelet, 2006), and parents who had lost a child (McIntosh, Silver, and Wortman 1993). For these persons, positive religious coping is significantly associated with better physiological outcomes such as reduced joint pain, decreased blood pressure, and lower levels of depression.

The Social pathway. Religious and spiritual groups provide substantial emotional, instrumental, and spiritual support to their members. The members of religious and

spiritual groups can provide support by sharing religious experiences, helping each other live according to their religious beliefs, and providing feelings of being loved and cared for (Schwanz, 2003). By offering greater availability of social support, religious/spiritual involvement may increase an individual's coping abilities. Eventually, it can reduce the negative effects of stress on well-being.

A recent study with Korean immigrants finds that having more social support predicts a heightened level of positive affect, whereas less social support is associated with the more negative emotions of depression (Jang, Kim, & Chiriboga, 2006). People who are more involved in their religion are likely to receive more support than persons who are less religious (Schwanz, 2003; Bradley, 1995).

The Physiological pathway. Religiousness and spirituality can provide a cushion against both major and minor stressors, through direct physiological pathways. Certain religious and spiritual practices, such as prayer and meditation, may elicit a relaxation response, and this repeated elicitation of a relaxation response reduces muscle tension, activity of the sympathetic branch of the autonomic nervous system, and reduction of stress hormones. Also, these religious practices can lower blood pressure and heart rate; and change brain wave activity and wave function (Delmonte 1985; Seybold & Hill, 2001). These are positive changes for the majority of people.

The evidence of frequent religious attendance predicting longevity is now persuasive. Regular attendance at religious services is associated with an additional 8 years of life expectancy, compared to never attending groups, despite adjustment for initial health status and a large set of social and behavioral risk factors (Hummer et al, 1999). Powell et al (2003) also found a life expectancy gap of 7 years between persons

who never attended services and those attending more than once weekly. After adjusting for demographic factors, health status, health behaviors, and social ties, mortality risk continues to be associated with nonattendance, nearly as strongly as with heavy smoking.

On the other hand, some studies show negative effects of religion on people's well-being. Religious struggle can be associated with distress and poor adjustment (Pargament, 1998; Zinnbauer et al., 1997). In the 1988 General Social Survey, 63% of Americans sampled reported that they sometimes felt anger toward God. Although transient anger toward God seems common, more prolonged or frequent anger has been linked to global indices of distress and poor adjustment. Frequent or unresolved anger toward God is associated with low self-esteem, depression, anxiety, trait anger, poor problem solving skills, and insecure attachment (Excline et al, 1999; Excline, 2004). For this reason, assessing and identifying a person's stage of religiousness and spiritual development, and proving appropriate spiritual considerations in health interventions, can be very important.

Korean Immigrants

Korean Americans are one of the fastest growing and newest immigrant groups in the United States, representing the fourth largest Asian American ethnic group. Most of them have immigrated since the Immigration and Naturalization Act was eliminated in 1965. As of 2000, Korean Americans are estimated to number about 1.4 million, and majority of them immigrated between 1980 and 1990 (Kim & Grant, 1999; Yu, 1987).

Characteristics of recent Korean immigrants. Recent Korean immigrant groups have a high level of education, unlike prior Korean immigrant groups. The U.S. Census

Bureau (2004) report that 50.8 % of Korean immigrants aged 25 years and older have a Bachelor's degree or more, whereas only 29.7 % of whites in the same age group have a college degree. However, the median household income of Korean immigrants is about $10,000 lower than Japanese and Chinese groups, and $5,000 lower than white households (The U.S. Census Bureau, 2004). About 73% of recent Korean immigrants are foreign born, and a large majority speaks Korean at home. For example, about 90 % of Korean immigrants in Chicago mainly speak Korean at home. Most Koreans have a strong attachment to Korean values and follow Korean traditional culture and customs (Jackson, 1999). However, some studies suggest that Korean immigrants extremely strong adherence to their culture and values may result in low acculturation, and isolation from their host society (Kuo, 1984; Bernstein, 2007).

Korean immigrants appear to suffer more from mental illness compared to other major Asian immigration groups (Jo, 1999; Kuo, 1984; Kim & Grant, 1999; Yeh, 2003). The existing studies suggest that Korean immigrants are reluctant to seek for help from mental healthcare professionals and tend to relate their emotional distress to somatic complaints. These factors may lead to underestimation of mental health problem among Korean immigrants (Bernstein, 2007; Yeh, 2003; Yu, 1987). Kuo's epidemiological study (1984) found that Korean Americans have the highest depression scores than four other Asian immigrant groups. Other studies also state that Korean immigrant students have higher levels of mental health symptoms in comparison to their Chinese and Japanese counterparts (Yeh, 2003; Kim, 1999) and Korean American women have more symptoms of depression than other immigrant or non-immigrant groups (Kim & Grant, 1999; Kuo, 1984; Yu, 1987).

In spite of their suffering from mental health symptoms, Korean immigrants rarely seek help, probably due to the stigma associated with mental illness among Koreans, as well as low availability of culturally sensitive resources. Besides lack of social service organizations for the Korean population, a high drop out rate due to the language barrier and low assimilation into American culture may aggravate the problem. Korean immigrants are likely to deny their problem, accept mental health symptoms as fate, or consult with their religious leaders instead of actively seeking professional psychological help. Many Korean women, especially elderly women who have emotional disorders, frequently complain of vague and unexplainable pains or other physical complaints. Many of them openly state that they have a condition called *Hwabyung*, which is associated with suppressed emotions of anger, disappointment, sadness, misery, hostility, grudges, and unfulfilled dreams or expectations, and is manifested physically (Pang, 1990; Bernstein, 2007). Korean immigrants seem to experience great stresses related to gender role conflicts, employment, discrimination, intergenerational conflicts, changed family hierarchy, the language barrier, limited availability of social services, and high levels of acculturative conflict (Kim, 1997; Kim & Grant, 1999; Kuo, 1984).

Recent studies, however, suggest that various forms of religion and spirituality can help Korean Americans overcome difficulties related to their immigration experience, and cope with negative incidents that are caused by the language barrier, and the strangeness of the main society's culture and customs. Lee (2007) examined predictors of depression in 95 elderly Korean immigrants aged 60 or over, using both quantitative and qualitative approaches. The individual's perceived poor health status, lower level of

acculturation, poor relationship with family members, and lower level of education were significant predictors of higher levels of depression. On the other hand, they noticed that the Korean elder's involvement in Korean churches was an important part of life, and this seemed to reduce depressive symptoms. Lee (2007) investigated how much religion and spirituality accounts for Chinese and Korean elderly persons' subjective well-being. His findings suggest that positive religious coping and forgiveness are related to greater life satisfaction, and having more religious support is associated with decreased mental symptoms and increased life satisfaction. Yi (2007) also finds that Korean immigrants receive both religious and spiritual support and ethnic support by attending Korean ethnic churches, and those supports seemed to relate to life satisfaction and mental health symptom reduction.

Unlike other Asian immigration groups, about 80 % of Korean immigrants report affiliating with Korean churches, although many of them were not Christian prior to immigration (Min, 1992; Kim & Hurh, 1993). Kim (2003) reports that the number of Protestant Christians in Korea increased faster than in any other country, more than doubling every decade. Presbyterians are the largest Protestant denomination in Korea, and the largest Presbyterian church, Youngnak, is in Seoul, Korea. Korean ethnic churches not only help Korean immigrants to build social networks, but also provide various forms of services. Korean churches offer useful information on health care, employment, child rearing, business, and religious counseling (Kim & Grant, 1999; Min, 1992; Kim & Hurh, 1993). A Korean immigrant's social networks appear to consist of church members, family, and relatives. Unlike other ethnic churches, most Korean churches offer services almost every day, both morning and evening. Korean

immigrants maintain intimate relationships with other church members and meet frequently not only inside the church, but also outside of it (Kim & Grant, 1999; Min, 1992).

Korean ethnic churches tend to have an extremely fundamentalist faith orientation. They tend to have strong beliefs:

> There is one set of religious teaching that clearly contains the fundamental, basic, intrinsic, essential, inerrant truth about humanity and deity; that this essential truth is fundamentally opposed by forces of evil which must be vigorously fought; that this truth must be followed today according to the fundamental, unchangeable practices of the past (Altemeyer & Hunsberger, 2005, p. 379).

Korean immigrants go to church much more often than most people do, and they appear to be proud of their conservatism (Chung, 2001). Altemeyer and Hunsberger's study indicated that fundamentalism stresses the most hopefulness and the least self-blame for negative happenings. The fundamentalist groups are exposed to the most optimistic religious content, and the liberal groups to the least (2005).

Statement of Problem

Different forms of religion and spirituality are known to be very crucial factors for new Asian immigrants' well being. Those factors helped Asian immigrants build social networks, develop coping strategies, obtain important information, and adjust to new life in the U.S. For South Korean immigrants, 70 % of whom unite through their Christian churches, their religious associations are an extremely important support group, providing necessary information for settlement as well as giving them religious and spiritual connections (Chung, 2001).

According to Bergin's study (1991), 68% of mental health professionals consider a spiritual quest as important for their mental health, and 25 % of those stated that

active involvement in religious affiliation was vital in guiding and evaluating psychotherapy with most of their clients.

Few empirical studies have paid attention to this topic, considering the importance of religion and spirituality to most individuals. Although many therapists and researchers recognize the importance of religion and spirituality to most people's lives, they are likely reluctant to actively study this topic. Most professors provide little opportunity for students to discuss religion, and many therapists inappropriately disregard significant aspects of their clients' spiritual or religious background that could provide therapeutic benefit (Hage, 2006). Therapists' ignorance of role of spirituality and religion in the lives of their clients may hinder the therapeutic process.

Furthermore, more studies should explore the relationships among religion, spirituality, and well-being in non-western populations given that religiousness, spirituality, and health are all in many ways multicultural issues. Krause et al (2001) pointed out that some religion and spirituality factors may be more protective than others against specific risks in some populations. In this study, 86 Caucasian and Korean Protestants completed a religious/spiritual maturity interview: measures of multidimensional aspects of religiousness/spirituality; questions about their general psychological distress and symptoms of psychopathology; their health status; and psychological well-being.

The first aim of this study is to address adults religiousness and spiritual development. The second goal of this study is to identify the contribution of multiple dimensions of religiousness and spirituality to physical, psychological, and emotional well-being. This is the first attempt to study the relationship between religious/spiritual

maturity and health. In addition, this study will compare Korean immigrant's religious/spiritual involvement to that of Caucasian persons. Finally, this study will examine how the differences in religious/spiritual involvement between Korean immigrants and Caucasian persons in the U.S, results in different consequences for their well-being.

CHAPTER 2

Method

Participants

Participants in this study were part of a larger research project focusing on religious development across the life span. Participants involved in this study were recruited from the Wayne State University undergraduate population, from an existing subject pool in the Department of Psychology of individuals who responded to an advertised flyer, and from four suburban communities of Korean and American churches and church-related groups in a Midwestern metropolitan area. The data obtained from the Wayne State University undergraduate population were used as a pilot study to determine what changes might need to be made to the survey and interview questions, to acquire a more accurate and reliable result.

A total of 186 persons agreed to participate in this study. From the 186, 90 individuals (Men = 45, Women = 45) were selected, with the constraint that selection was stratified by age (19-24yrs; 35-45yrs; 55-65yrs), gender (Men; Women), and ethnicity (Korean; Non-Hispanic White). Four subjects (three Whites and one Korean) were eliminated because they failed to complete the interview portion of the study. Table 1 summarizes descriptive statistics for the 86 remaining participants. Selection was controlled such that these characteristics were distributed as evenly as possible across the cells of the design, e.g. within gender, all other characteristics were evenly distributed to the maximum degree possible; likewise for divisions of the participants by ethnicity or age.

An attempt was made to minimize the individual effects of education level and religious education and exposure. Therefore, one additional factor in participant selection was their education level. The young adult group consisted of persons in the midst of attaining a Bachelor's degree. Participants in the middle and older adult groups had a minimum of a Bachelor's degree. The other additional factor in participant selection was whether or not individuals had a specific religious background. It was assumed that a person's idea about God could vary not only by age, but also by their type of religious education and exposure to religion. Although it would be interesting to compare the ideas of God of several contrasting religious groups, that was beyond the scope of this study. Therefore, in order to have a common starting point, all participants had a similar religious background. That is, they were members of the Presbyterian Church. In addition, Korean participants had to be fluent English to comprehend the study questions and answer questions in the interview.

Procedure

After providing informed consent, participants completed a background questionnaire and participated in an interview about the strength of their religiousness and spiritual maturity, and the complexity of their religious concepts. The interview included structured questions about their beliefs and attitudes about God and good/evil. The interviews were audio-taped, with the participant's consent. Next, participants completed several questionnaires, involving religious/spiritual orientation; physical and psychological well-being; and emotional adjustment.

Testing sessions were conducted either in a laboratory at Wayne State University or at locations in the participants' churches and communities. They typically lasted

approximately 2–5 hours. The older participants took considerably more time to complete testing than younger and middle aged persons. The elderly Korean participants, most of whom were of their family's first generation in the U.S., spent an average of one and a half to two hours more completing the study than their Caucasian counterparts, likely due to English being their second language. A Korean-English bilingual interviewer was present during the sessions to assist Korean participants in understanding and interpreting some words and sentences. Upon request, an English-Korean dictionary was provided. All participants were reimbursed $20 for their participation.

Assessment Materials

The religiousness/ spiritual maturity interview. Each subject participated in an interview session lasting from 20 to 40 minutes. Two female interviewers were familiar with the conceptual framework of the study and received training for interviewing prior to data collection. The interview questions were revised from Dolores's (1984) religious complexity coding protocol. This was based on Fowler's questions in his faith interviews (1981), as well as a series of questions also derived from Fowler's work, written and pilot tested for the current study.

The interview format was designed to tap into several issues related to religious/spiritual maturity. It used cognitive-developmental theory and assessed religious content within that theoretical framework. Table 2 presents a number of examples of statements about God, about the experience of a person's relationship with God, about prayer, and so on. These assertions illustrate the conceptual background from which the interview questions were designed. Table 2 provides examples of the

statements according to their developmental level. The left column of Table 2 lists what are considered to be less complex, less integrated statements of religious reasoning. For example, God might be described as having definite boundaries, as being totally external to the self, as being distant and somewhere far above the self. As an individual matures and is better able to understand the concept of God, including its vastness and ambiguity, his or her description and experience of God should reflect this change in cognition, moving from simpler to more complex.

Sample interview questions are in Table 3. Several sample items from the list demonstrate the correspondence between the conceptual framework and the interview. For example, in order to elicit responses about participants' God-descriptions, this question was asked: "How would you describe God?" If a subject asked to have this question (or any succeeding question) repeated, the interviewer complied. A second area of interest was how participants dealt with the concept of the presence of God. Less mature and less integrated reasoning were thought to localize the presence of God in a wholly external and predictable manner, e.g., "God is in church." More complex content, although not necessarily negating the external, concrete presence of God, would focus on internalized, dynamic aspects of this presence. Regarding the presence of God, this question was asked, "If you have to choose a place or a setting where God is most present, where would that be? " It can be seen from this question, from the God-description item above, and from the remaining questions in Table 3, that the interview allowed for a great deal of variety in responses. The intention for the total format was for it to be open-ended, yet structured enough to elicit material that was scorable.

As just described, the two questions above deal with a description of God and with the presence of God. These two issues, plus “The purpose of prayer,” “concepts of good and evil, ”awareness of change,” and “locus of moral authority” are considered the major Religious/Spiritual Maturity issues (Dolores, 1982) forming the religiousness and spiritual maturity score.

Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS). The Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) is a self-report instrument. It purports to identify the domains of religiousness/ spirituality that are most likely to affect an individual’s health from a multidimensional perspective (Fetzer Institute/National Institute on Aging Working Group, 1999). The BMMRS is designed to combine religiousness and spirituality in one instrument. This instrument taps 11 domains of religiousness and spirituality: *daily spiritual experiences, meaning, values/belief, forgiveness, private religious practices, religious/spiritual coping, religious support, religious/spiritual history, commitment, organizational religiousness*, and *religious preference*. This instrument includes items with negative phrasing to assess harmful attitudes or behaviors, because a few persons have suggested that some types of religious belief and experience can undermine health and well-being (Fetzer Institute/National Institute on Aging Working Group, 1999). The coefficient alpha for the National Institute on Aging/Fetzer Indices has ranged from .64 to .91. Idler et al (2003) reported that most internal consistency estimates for this measure were above 0.70. For purposes of this study, daily spiritual experiences, private religious practices, religious support, religious/spiritual coping, religious commitment, and Organizational Religiousness of the religiousness/spirituality on health were of interest, therefore, only

six of the 11 domains of religiousness and spirituality scales were used. To examine the relation between religiousness/spirituality involvement and well being, one overall summary score, religious/spiritual involvement, combined from the 6 scales were used. The internal consistency estimate of reliability obtained from the participants in this study was .82.

Symptom Checklist-90-R (SCL-90-R). The SCL–90–R (Derogatis, 1994) is used as a general measure of an individual's self-reported psychological distress and symptoms of psychopathology. This questionnaire provides an overview of an individual's symptoms and their intensity at a specific point in time. It assesses 9 primary symptom dimensions: *Somatization, Obsessive-Compulsive Behavior, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation,* and *Psychoticism*. This measure produces 3 global indices. For this study, overall psychological distress level was of primary interest, therefore, the Global Severity Index (GSI) was used. Possible score of on the General Severity Index range from 1 to 5, with higher scores indicating higher levels of psychological distress. Participants were asked to indicate how much each of the 90 listed problems bothered or distressed them during the past 7 days, on a 5-point scale ranging from 0 (not at all) to 4 (extremely). The Symptom Checklist-90-R (SCL-90-R) has a Grade 6 reading level, and requires 12-15 minutes to complete. It also has good validity, reliability, and sensitivity to psychotherapeutic change. The test-retest reliability over a 2 week interval was .91 for GSI (Derogatis, 1994). The internal consistency of the GSI obtained from the participants in this study was good, with Cronbach's coefficient α .89.

The Medical Outcomes Study (MOS) 36-Item Short-Form Health Survey (SF-36).

A 36-item short-form survey (SF-36) originally constructed to assess functional health and well being status in the Medical Outcomes Study (Ware, Kosinski, & Keller, 1994), was selected to measure health status in this project. The SF-36 is designed for use in clinical practice and research; health policy evaluations; and general population surveys. The SF-36 is a single, multi-item scale that assesses 8 health concepts: 1) limitations in physical activities because of health problems; 2) limitations in social activities because of physical or emotional problems; 3) limitations in usual role activities because of physical health problems; 4) bodily pain; 5) general mental health (psychological distress and well-being); 6) limitations in usual role activities because of emotional problems; 7) vitality (energy and fatigue); and 8) general health perceptions. Scales of this inventory are scored from 0 to 100, with lower scores indicating worse health. Both a Physical Component Summary (PCS) and Mental Component Summary (MCS) are reported as *T* scores, with a mean of 50 and standard deviation of 10 (Ware, Kosinski, & Keller, 1994). Cronbach's alpha reliability estimates for physical and mental summary scores have typically been higher than 0.90. Ware et al (1993) reported that the 36-item short-form survey (SF-36) demonstrated good internal consistency in both general and medical population samples and good test-retest reliability with diabetic and general practice patients ranging from r = .76 (MCS) to r = .89 (PCS). In this study, the MCS was used to measure psychological health and PCS was used to measure physical health.

Ryff's Scales of Psychological Well-Being (RPWB).The RPWB was derived from theories about positive psychological health and life span development. It offers a

perspective on psychological well-being that is different from the traditional one, in which positive emotion is regarded as the primary index of psychological well-being. Ryff (1995) explained that well-being is not a single thing. Rather, she said, there are different types of well-being. She identified 6 kinds of well-being, therefore the RPWB scales include *self-acceptance, relations with others, autonomy, purpose in life, environmental mastery,* and *personal growth*. In this study, 14-item scales were used for each of the 6 constructs. The participants were required to indicate to what extent each statement applied to them, considering a 6-point scale ranging from 1 ("strongly disagree") to 6 ("strongly agree"). Ryff and Keyes (1995) reported that all scales had excellent internal consistencies, with Cronbach's α ranging from .86 for autonomy to .93 for self-acceptance. In addition, test-retest reliabilities over a 6- week period ranged from .81 for personal growth to .88 for autonomy. Confirmatory factor analyses have supported the 6-dimension conceptual structure of the questionnaire (Ryff & Keyes, 1995). For this study, each of the 6 Ryff's subscales of psychological well-being were used, and the Cronbach's α ranged from .85 (relations with others) to .92 (personal growth).

Scoring Procedures

The Religiousness/Spiritual Maturity Score (RSMS). The areas of interest from the religiousness/spiritual maturity interview included 1) the description of God, 2) the presence of God, 3)the purpose of prayer, 4) locus of moral authority, 5) concepts of good and evil, and 6)awareness of change. As shown in Table 4, for the first four of these areas, participants' responses were categorized using a three-level coding scheme (Dolores, 1984). At Level 1, persons' response focus is on something external

to themselves. They tend to place authority as distant, and their descriptions are physical. For example, God might be described as “an old man with a beard with angels around him”. Prayer might mean, “you ask God for something you need, and sometimes he does it and sometimes he doesn’t”. The focus of prayer is the action performed by God (Fowler, 1984; Dolores, 1984).

In Level 2, there is a feeling of reciprocity, with a focus more on the relationship between the self and the other. Responses are more interiorized. God might be described in terms of attributes. For example, “I picture God as all-caring, all-powerful, like a father to me or a friend that I turn to.” Prayer might still involve asking for things, but the focus is now on the relationship between God and self rather than on action performed by God (Fowler, 1984; Dolores, 1984).

Level 3 marks an increase in self-awareness in conceptualizing. Responses are more dynamic and more interiorized. For example, in the idea of God, physical shape becomes less and less important as the individual is now able to cope with an un-bounded, and thus, ambiguous, other. The self is more active; God might be described as “The creative force of the universe, acting through me and through other people.” The purpose of prayer may still stress the relationship between God and self, but the focus is now on action performed by the self, as in “The purpose of prayer is to change the one who prays.” Authority is internalized in the sense that the self takes responsibility for decisions made within a social/ethical context (Fowler, 1984; Dolores, 1984).

In the three levels of the religiousness/spiritual maturity, there is a movement from external to internal authority, from dependence to autonomy, from an orientation

toward answers to an orientation toward questions (Fowler, 1984; Labouvie-Vief, 1982; Dolores, 1984). The levels are viewed as overlapping; an individual could be in a transition between two levels for a long period of time.

Participants' descriptions of good and evil were rated according to their focus on external laws, on relationships, or on internal law and relationships. A measure of awareness of change was also built into the interview coding, with subjects reporting how much they felt their views about God and good and evil had changed over the years.

Data Preparation

All recorded interviews were typed verbatim. Interview transcripts were evaluated for responses on the four issues of the religiousness/spiritual maturity, the good/evil variable, and the awareness of change variables. Each of the religiousness/spiritual maturity issues were scored for Level 1, Level 2, and Level 3 content, that is, each participant was given scores of 1 (not at all present), 2 (somewhat present), or 3(dominant) for all three levels of each issue. The good/evil variable was scored Level 1, 2, or 3 for complexity of response, and the awareness of change variables was scored either 1, 2, or 3 for degree of reported change (Dolores, 1984). Two graduate students have undergone extensive training to the expert level for interview coding. Between the two coders, Cohen's kappa was .92

Hypotheses

1. Successively older groups of adults will have higher Religiousness/Spiritual Maturity scores. Hypothesis 1 will be analyzed by a one-way analysis of variance

(ANOVA), with Age (young, middle, and older) as the independent or grouping variable and Religiousness/Spiritual Maturity as dependent variable.

2. Adults high in Religiousness/Spiritual Maturity will have higher psychological well-being scores, measured by each of the 6 Ryff's subscales of psychological well-being, than those with low in Religiousness/Spiritual Maturity. The participants will be divided into 2 groups of high and low Religiousness/Spiritual Maturity, with group defined by a median split.
3. Adults high in Religiousness/Spiritual Maturity will be lower in psychological distress, as measured by summing the scores from the Global Severity Index (GSI) of the Symptom Checklist-90-R (SCL-90-R) and the 36-item short-form Survey (SF-36) mental component. The second and third hypotheses concern the relationship of Religiousness/Spiritual Maturity to psychological well-being and psychological distress. In order to see whether or not Religiousness/Spiritual Maturity have a differential effect on psychological well-being and psychological distress measures, a single multivariate analysis of variance (MANOVA) will be performed. The independent variable is Religiousness/Spiritual Maturity. The participants will be divided into 2 groups of high and low Religiousness/Spiritual Maturity, with group defined by a median split. The dependent variables are psychological well-being and psychological distress. Follow up analyses will be done if the overall MANOVA results are statistically significant.
4. Korean immigrants will report higher religious/spiritual involvement than Caucasian participants, as measured by summing the scores from commitment, daily spiritual experiences, religious support, religious/spiritual coping, private

religious practices, and organizational religiousness scales of the Brief Multidimensional Measure of Religiousness/Spirituality. In order to examine Korean and Caucasian differences on religious/spiritual involvement, hypothesis 5 will be analyzed by one-way analysis of variance (ANOVA).

5. Korean immigrants high in Religiousness/Spiritual Maturity will report lower physical and psychological distress than Korean counterparts low in Religiousness/Spiritual Maturity, as measured by the Global Severity Index (GSI) of the Symptom Checklist-90-R (SCL-90-R) and the 36-item short-form survey (SF-36) mental and physical component. A simple linear regression will be performed to examine whether Koreans with high and low Religiousness/Spiritual Maturity show different results on physical and psychological distress as the outcome measures.
6. Korean immigrants high in religious involvement will be lower in physical and psychological distress than those of Korean counterparts low in religious involvement, as measured by the Symptom Checklist-90-R (SCL-90-R) and the 36-item short-form survey (SF-36) mental and physical component. A simple linear regression will be performed to examine whether Koreans with high and low Religiousness/Spiritual Maturity show different results on physical and psychological distress as the outcome measures.

CHAPTER 3

RESULTS

Overview

The results of this study focused on five main areas of interest. First, general relationships among variables are presented in a correlation matrix. This serves as an initial analysis as well as a basis for further investigation. Second, an analysis studying the relationship of several variables to Religiousness/Spiritual Maturity is given. These variables are Age, Psychological well-being, and Psychological Distress. Third, the relationship between religious/spiritual maturity and psychological distress are considered and analyses presented. Next are analyses of Korean immigrants' religious/spiritual involvement compared to those of Caucasians. Last are the results of analyses examining the Religiousness/Spiritual Maturity and religious involvement and physical and psychological distress among Korean immigrants.

Correlation of Demographic Characteristics with Religious/Spiritual Maturity

To examine the relations between demographic variables and Religiousness/Spiritual Maturity, Pearson product-moment correlations were computed for age, gender, ethnicity, education level, income level and Religiousness/Spiritual Maturity. Only the demographic variables significantly correlated with the Religiousness/Spiritual Maturity were examined in further analysis. Age was positively correlated with Religiousness/Spiritual Maturity (r = .377, p <. 001). Highest level of education was also positively correlated with Religiousness/Spiritual Maturity (r = .383, p <. 001). Gender, ethnicity, and income level were not significantly correlated with the Religiousness/Spiritual Maturity. Education level was one of the additional factors in

participant selection to minimize the effects of these individual differences between the groups of participants, thus that variable was deemed adequately accounted for by design, and was not included in further analyses.

Correlations Among Key Study Variables

Pearson product-moment correlations were computed for all relevant pairs of the major variables in the study as the initial step in studying data patterns. The correlation matrix obtained indicates significant relationship among a number of variables. Intercorrelations for the criterion are depicted in Table 6.

Religiousness/Spiritual Maturity was found to be strongly correlated with mental health, religious involvement, and psychological well-being. In addition, religious/Spiritual Maturity was moderately correlated with age and moderately inversely correlated with self-reported psychological distress. Age had strong positive relationship with mental health, religious involvement, and moderate correlation with psychological well-being. Physical health was negatively correlated with age. Mental health was strongly correlated with psychological well-being and religious involvement, and also showed a moderate, positive relationship with physical health. Both mental health and physical health were negatively correlated with psychological distress. Psychological distress inversely correlated with religious involvement and psychological well-being. Religious involvement has strong positive relationship with psychological well-being.

Religious/Spiritual Maturity and Age

The first hypothesis of this study concerns the relationship of Age to Religiousness/Spiritual Maturity. In addressing this, a one-way analysis of variance (ANOVA), with Age (Young, Middle, Older ages) as a factor was calculated. The

analysis was significant, F (2, 83) = 6.38, p = .003. Follow-up tests using Tukey's HSD method showed the presence of significant differences in Religiousness/Spiritual Maturity only between young and old groups (M difference = -4.03, p < .01). There were no significant differences between the young and middle groups or between the middle and old age groups.

To compare the ethnic groups, another one-way ANOVA was conducted, with Ethnicity as a factor. The analysis was not significant, F (1, 84) = .196, p = .659. To determine if there were an Age by Ethnicity interaction not seen in the simple Ethnicity analysis, another two-way ANOVA was conducted Including Age as a factor. However, that result also showed no significant effects were present. The means and standard deviations of Religiousness/Spiritual Maturity by Age and Ethnicity Group are included in Table 7.

Religious/Spiritual Maturity and Psychological Well-being

The second hypothesis was to examine the relationship between Religiousness/Spiritual Maturity and psychological well-being, as measured by Ryff's Scales of Psychological Well-Being. To divide the participants by high and low Religiousness/Spiritual Maturity levels, a median split (Mdn = 24) by their religiousness/Spiritual Maturity scores placed them into high or low groups. A single multivariate analysis of variance (MANOVA) was completed to see if the hypothesized effect was present. This resulted in a significant relationship between Religiousness/Spiritual Maturity level and psychological well-being, Wilks lambda = .69, F (1, 84) = 6.06, p < .001, partial ε^2 = .32. There were no significant differences by measure nor for interaction effects. Table 8 reports the means and standard deviations

from this analysis for each of the 6 Ryff's scales of psychological well-being. The analysis results for these scales were relationship with others [F (1, 84) = 18.43; p < .001; partial ε^2 = .18], environmental mastery [F (1, 84) = 10.71; p < .005; partial ε^2 = .11], purpose in life [F (1, 84) = 12.16; p < .001; partial ε^2 = .13], a self-acceptance [F (1, 84) = 20.61; p < .001; partial ε^2 = .20], personal growth [F (1, 84) = 10.40; p < .005; partial ε^2 = .11], and autonomy [F (1, 84) = 28.09; p < .001; partial ε^2 = .25].

Religiousness/Spiritual Maturity and Psychological Distress

The third hypothesis was to examine the relationship between Religiousness/ Spiritual Maturity and Psychological Distress as measured by the SCL-90-R Global Severity Index and the SF-36 Mental Component Scale. A multivariate analysis of variance (MANOVA) was completed, with participants grouped as before into high and low groups by median split of the Religiousness/Spiritual Maturity scores (Mdn = 24). There was a statistically significant difference between Religiousness/Spiritual Maturity level on psychological distress, Wilks lambda = .69, F (1, 84) = 6.06, p < .001, partial ε^2 = .32. Table 9 shows that Religiousness /Spiritual Maturity level (high/low) was strongly related to participants SF-36 mental component scores [F (1, 84) = 31.04; p < .001; partial ε^2 = .27] and their SCL-90 Global Severity Index scores [F (1, 84) = 13.72; p < .001; partial ε^2 = .14]. There were no significant effects for Measure or interaction between Measures and Religiousness/Spiritual Maturity. Thus, the third hypothesis, predicting that persons with higher Religiousness/Spiritual maturity would have less psychological distress, was strongly supported, as seen in their scores on both of these indices (see Figures 1 and 2).

Religious/spiritual Involvement for Korean vs. Caucasian Participants

The fourth hypothesis of this study was that Korean immigrants would report higher religious/spiritual involvement than Caucasian participants. An overall index of Religious Involvement was created by summing the scores from the Commitment, Daily Spiritual Experiences, Religious Support, Religious/Spiritual Coping, Private Religious Practices, and Organizational Religiousness scales of the Brief Multidimensional Measure of Religiousness/Spirituality. A one-way analysis of variance (ANOVA) was done to examine Korean vs. Caucasian differences in Religious Involvement; the means and standard deviations of Religious Involvement scores for the two groups are included in Table 9. The Religious involvement score of Koreans was higher than that of the Caucasian participants, but the difference was not statistically significant, F (1, 84) = 1.45, p >.0.5. Similarly, the results of the analysis of ethnicity and the each of subscales of the BMMRS indicated that no significant differences were present, for commitment [F (1, 84) = .99; p > .05; partial ε^2 = .01]. daily spiritual experiences [F (1, 84) = .41; p > .05; partial ε^2 = .01], religious support [F (1, 84) = 1.83; p > .05; partial ε^2 = .02], religious/spiritual coping [F (1, 84) = 1.36; p > .05; partial ε^2 = .02], private religious practices [F (1, 84) = 3.22; p > .05; partial ε^2 = .04], and organizational religiousness [F (1, 84) = 1.04; p > .05; partial ε^2 = .01]. (See Table 10 for means and standard deviations).

Religiousness/Spiritual Maturity and Well-being in Koreans

A simple linear regression analysis was performed to determine if Koreans' Religiousness/Spiritual Maturity level predicts their well-being. The result of this analysis suggest that Koreans' Religiousness/Spiritual Maturity predicts both the SF-36 Mental

component Summary score, R^2 = .36 (adjusted R^2 = .35), F(1, 84) = 47.34, p < .01, and SCL-90 GSI score, R^2 = .12 (adjusted R^2 = .11), F (1, 84) =11.89, p < .01. However, Korean's physical well-being, R^2 = .001 (adjusted R^2 = -. 011), F (1, 84) =.111, p > .05, was not predicted by their Religiousness/Spiritual Maturity level. The linear regressions of Koreans' Religiousness/Spiritual Maturity level on their physical and mental well-being are reported in Table 10. This result revealed that Koreans' Religiousness/Spiritual Maturity level only predicted their mental well-being.

Religious Involvement and Well-being in Koreans

To determine if Koreans' religious involvement predict their well-being, a linear regression analysis was performed. Koreans' religious involvement predicted both SF-36 Mental Component Score, R^2 = .32 (adjusted R^2 = .32), F(1, 84) = 40.27, p < .01, and SCL-90 GSI scores, R^2 = .09 (adjusted R^2 = .08), F (1, 84) = 8.06, p <.01, such that individuals with greater religious involvement reported a more positive sense of well-being on both indices assessing mental functioning. However, Korean's physical well-being, R^2 = .02 (adjusted R^2 = .01), F (1, 84) = 1.47, p >.05, was not predicted by their religious involvement. The linear regressions of Koreans' religious involvement on their physical and mental well-being are reported in Table 11. Koreans' religious involvement does not appear to influence their physical well-being.

Chapter 4

Discussion

The purposes of this study were to examine the role of religion and spirituality, particular maturity in religious and spiritual thoughts and actions (Fowler, 1981; Dolores, 1986), as they relate to the well-being of adults, with a particular focus on Korean-Americans.

It was a central hypothesis of this study, well-supported by the responses of the participants, that religious and spiritual maturity appears to increase with age. Younger adults in this study were significantly less mature than older adults. Age differences were not large, given that younger adults did not differ from middle aged adults, and those in middle age did not differ significantly from older adults. This suggests that maturity of religious/spiritual thinking rises over time, but without sharp increases that rapidly separate older persons from those just a little younger.

This overall finding seems like a truism: as people get older, they become more mature in their thinking, and this includes their maturation about matters of religion and spirituality. However, being higher in religious/spiritual maturity, as observed in this project, appears to bring benefits to persons of increasing age even as being older naturally weakens the body. Older persons have lived through more events, and have an accumulation of experiences that could be distressful, causing pain both physically and psychologically. However, with higher levels of religious/spiritual maturity, which tends to increase as persons get older, come greater well-being, and less psychological distress. Persons higher in religious/spiritual well-being tended to be better in all areas of well-being that they reported: relations with others, environmental mastery, self-

acceptance, personal growth, and autonomy. Clearly, being more mature with respect to religion and spirituality strongly predicted individual well-being in many areas.

The second important consideration in these results is how religious/spiritual maturation and religious involvement affects Koreans living here in America. They are, as noted earlier, a group of people who are not only subject to the ordinary changes of chronological age, they have gone through great changes in location geographically, culturally, and linguistically. Some, most likely, are also now practicing a religion different from the historical roots of their family or their own personal history.

Among Korean individuals in this study, there were similarities to the non-Koreans in age differences with respect to religious/spiritual maturity; maturity levels being higher among older Koreans than younger Koreans, as was true for non-Koreans. In addition, Koreans were not necessarily more involved in religious activities than Caucasians. This finding was contrary to expectation. The mean level of Korean level of involvement was higher, but the distribution of religious involvement for the two ethnic groups overlapped considerably. Thus, the degree of difference was not beyond the operation of chance. It was clearly the case that among the individuals included in this study, Koreans demonstrated no more religious commitment, daily spiritual experiences, religious support, religious/spiritual coping, private religious practices, and organizational religiousness than Caucasian participants.

Nevertheless, the degree to which religion involved Koreans in this project exerted a strong effect on those individuals. Both religious involvement and religious/spiritual maturity had a significant, positive effect on Korean participants, predicting higher well-being, and lower levels of felt distress. Although the benefits of

these aspects of religious life did not extend to physical well-being, the positive benefits were significant. Religion, specifically maturation in religious and spiritual thinking, and involvement in religious activities, had a strong, beneficial effect.

Study Limitations and Future Recommendations

Several limitations of this study should be noted. Participants were, in general, well-educated members of the middle class who reported moderate or high interest in religion and spirituality. They were interested enough to participate in an interview about their religious/spiritual life. The participation of Korean individuals was limited to persons who were able to read, write, understand, and speak English well enough to complete research questionnaires and take part in an interview conducted in English. The selectiveness of the sample by language facility and religious interest was deliberate, considered necessary in order to increase the internal validity of the results. Nevertheless, these decisions also limit the external validity of the findings. The outcomes of this study can only be generalized to well-educated, somewhat religiously-oriented members of the middle class. Future research with persons who do not speak English fluently should attempt to collect data through the language of greatest comfort to the participants. This could also broaden the economic base of the population to which the results could be applied.

The participants in this study who were Korean, generally participated in the same kind of religious organization, and thus may have had more similar religious and spiritual characteristics than would be seen in a more diverse sample. It is unclear whether they were similar in their basic religious beliefs to their comparison group, although few differences emerged as significant in the comparisons by ethnicity. Even

so, a comparison of Korean Americans to non-Korean, white Americans might have benefited by selecting participants from both groups with a similar degree of diversity in their religious beliefs. Also, it would be good to know whether particular different strains of religious beliefs correspond systematically to differences in the development of religious/spiritual maturity. This project hints that such differences could exist, but the issue remains unexplored.

The health status of the adults in this project was assessed via self-report. Although adults are considered to be valid reporters of their physical and psychological well-being, it is possible that their true health status differs somewhat from their reports. In the future, exploration of questions of religious and spiritual maturity among persons who have particular known health concerns could be done, recruiting participants from medical clinics, for example. This would provide both independent confirmation of health status as well as reducing variability that could obscure positive or negative effects of religious involvement and religious/spiritual maturation.

On the other hand, it is not necessarily a weakness that these positive perceptions were identified by self-report, as those self-perceptions are naturally linked to individuals own explanations of their religious and spiritual maturation. The sophistication of and individual's thinking about matters of personal religion and spirituality are linked to self-perceptions of well-being and distress, with the same affective valence.

The finding that religious involvement had clear benefits for the Korean-Americans raises the question of whether religion and spiritual concerns are beneficial to other groups of people challenged with adjusting to a new culture. As the first study to

explore the importance of religious and spiritual maturity and involvement to persons adjusting to a new culture, the project offers promise for additional research focusing on other immigrant groups.

Research in the area of adult religious/spirituality development, especially in relation to adult well-being, is still a fairly new enterprise. The present study points to the fruitfulness of an interface between these two areas. By refining interview methods, and seeking a wider array of populations to sample, future research on concepts of religion and spirituality could provide a better test of the usefulness and implications of religion and spirituality to human development.

Implications and Conclusions

These results could suggest something quite intriguing about religious/spiritual development in adulthood. Chronological age is not, of course, a matter of choice. Given a relatively benign environment, much of a child's growth seems to be a matter of time. However, continued cognitive/affective maturation in adults - assessed in this project by exploring developmental changes in personal spirituality and religious thinking, could, at least to some degree, involve choice. Environment, education, socioeconomic factors, and the chance of various life experiences and opportunities, including past ones, all play a role in the general developmental pattern of individuals. However, there is something intangible and likely unpredictable that motivates one person to keep growing in the complexity and sophistication of their thinking through adulthood, whereas another persons remains more fixed in thoughts and attitudes. In the area of religious concerns, adults are faced with an ongoing challenge to go forward

into new and deeper understandings of old concepts. Some will take on this challenge, while others will not.

The first intention of this study was to give evidence a person's religiousness and spirituality develop across his or her lifespan, and this process is influenced by other areas of development, such as morality, cognition, and affect (Dolores, 1986; Fowler, 1984; Frankl, 1959; Hill & Pargament, 2003; Paloutzian & Park, 2005). More mature adults are able to accept contradictions in realty (Riegel, 1976), use real-world knowledge in solving problems (Sinnott, 1984), and include more than one perspective, especially when they are in stressful situations. These characteristics help adults adjusts better during stressful life events and promote overall well-being. The results of this study clearly show that the adults who have higher religiousness/spiritual maturity have better mental health.

Other studies suggest that religious/spiritual struggles may act as turning points that either enhance faith development or precipitate regression to a lower stage. Neglecting religious struggle could hamper an individual's growth. Many developmental psychologists state that growth often occurs through suffering (Tedeschi, Park, & Calhoun, 1998).

An additional conclusion of this project is that psychologists should become engaged in theory-based and culturally sensitive research on spirituality and religion (Hage, 2006). Religion and spirituality is linked to positive adjustment of many adults. Clinical training that includes greater consideration of religion and culture could advance the effectiveness of their training as clinicians, and promote better outcomes and positive growth for clients of diverse spiritual and or religious orientations. For the

benefit of students, clients, and their communities, psychologists are encouraged to obtain specialized training to enhance their own spiritual and religious competency.

Although study results suggest that many psychologists agree with the idea that cultural training should include religion and spirituality component, only small number of psychology graduate programs follow the suggestion (Hage, Hopson, Siegel, Payton, & DeFanti, 2006). Clinical faculty and program leaders report minimal competence in spiritual and religious diversity and interventions, as well as little actual integration of spiritual and religious themes in their training curricula (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Schunelte, Skinr, & Claiborn, 2002). Furthermore, few efforts have been made to introduce students to content related to spiritual and religious development. Faculty members and supervisors are not expected to be knowledgeable about diverse religious and spiritual traditions (Schulte et al., 2002).

Even so, psychology faculty members appear receptive to classroom discussions and research on spiritual and religious issues and are generally willing to supervise students on these issues (Brawer et al., 2002; Schulte et al., 2002). Hence, one likely explanation for reluctance of psychology training programs to include a more diverse representation of spiritual and religious concerns is that the faculty members lack competence in these areas.

For many Americans, spirituality or religion is an integral part of their racial and cultural identity, essentially shaping their worldview and sense of self (Leong, Wagner, & Tata, 1995; Smart & Smart, 1992). For some ethnic group such as African Americans, religion and spirituality are considered as a main source of strength and survival (Boyd-Franklin & Walker Lockwood, 1995). In addition, the vast majority of people in the

United States claim affiliation with some religious tradition, and the diversity of these traditions continue to grow as immigration and other factors increase the plurality of American religious life. At present, more than 160 denominations, most of them Christian, and over 700 non-Christian groups (e.g., Jews, Muslims, Buddhists, Hindus) exist in the United States (Richards & Bergin, 1997). During the span of their professional lives, mental health professionals can expect to encounter diverse client populations with a broad range of spiritual and religious backgrounds (Richards & Bergin, 1997).

Spiritual or religious maturity is typically associated with positive mental health outcomes (Kirby, Coleman, & Daley, 2004: Marsiglia, Parsai, Kulis, & Nieri, 2005; Astin et al, 2005), although it has not been the subject of a great deal of research. For example, certain types of religious involvement, such as frequency of church attendance, consistently predict greater subjective well-being and life satisfaction (McCullough, Larson, & Worthington, 1998). Other aspects of religion, such as difficulty forgiving God when bad things happen (Exline, Yali, & Lobel, 1999) and “negative” religious coping styles (Pargament, 1997), are related to negative mental health outcomes (e.g., increased depression, stress, and suicidal behavior).

Psychologists who lack knowledge of research on the role of spirituality and religion in mental health could disregard significant aspects of their clients' spiritual or religious backgrounds, and be assets to treatment. Therefore, integrating content related to spiritual and religious development and involvement into psychology training can have significant, positive consequences for the overall mental well-being of families and individuals.

APPENDIX A

Background Information

Please answer the following questions to the best of your ability.

1. What is today's date? _____(month) _____(day) _____(year)
2. What is your birthday? _____(month) _____(day) _____(year)
3. What is your sex? _____(Male) _____(Female)
4. What is your ethnicity? Caucasian_____ African American_____
   Middle Eastern_____ Asian-American_____ Other_____
5. What is your relationship/marital status?
   _____Single
   _____Married - How long? ____ (days) ____months) ___(years)
   _____Other – Please explain:

6. Highest Level of Education
   Did Not Finish High School _____
   High School Graduate _____
   Years of College: Freshman_____ Sophomore_____ Junior_____ Senior_____
   College Graduate _____
   Master's Degree _____
   Doctorate Degree _____
   Other _____

7. Thinking about the total income of your current household (the people you live with), what was the gross income (before taxes) last year?

   _____Less than $10,000
   _____Between $10,000 and 19,999
   _____Between $20,000 and 29,999
   _____Between $30,000 and 39,999
   _____Between $40,000 and 49,999
   _____Between $50,000 and 59,999
   _____Between $60,000 and 69,999
   _____Between $70,000 and 79,999
   _____Between $80,000 and 89,999
   _____Between $90,000 and 99,999
   _____Over $100,000

APPENDIX B

RELIGIOUS DEVELOPMENT IN ADULTS STUDY

(Dolores, 1984)

INTERVIEW SECTION

Interviewer_____Date_____

Participant ID@_____ Age: _____ Gender: _____

PART 1 – PRESENCE OF GOD

In this interview, I'm going to ask you some structured questions about spirituality and religiousness. It is necessary that I tape-record this interview to make sure we capture everything you want to say. Don't let this tape recorder interfere while you collect your thoughts and try to answer the questions. Try to answer the questions to the best of your ability.

OK, let's proceed with the interview.

1. Do you believe in God?

   a. if YES – How would you describe God? –<Interviewer Proceed to Question 2>

   b. if NO – <Interviewer go to Page 2>

2. If YES to Question 1

   a. Would you say that you identify with a particular religious orientation or denomination? If NO proceed to question 3.

   b. As you know, there are many different religions, what do you think about other religions' concepts of God?

   3. If you have to choose a place or a setting where God is most present where would that be?

4. Do you feel that God relates to you in any way? In what ways does God relate to you? Do you feel that people from other religions can establish a relationship with God could you describe this?

Now I would like to go back and ask you how your feelings on some of these issues have changed since you were younger.

If Participant responded YES to question 1 (Presence of God), ask the following questions.

Since you were younger:

a. How have your beliefs and description of God changed?

b. How has your religious orientation or denomination changed?

c. Ideas about differing religions' concepts of God.

d. How have your views of differing religious orientations or denominations changed?

e. How have your ideas about where God is most present changed?

f. How have your ideas about the importance of God and his purpose in your life changed?

g. How have your ideas about how Go related to you changed?

<Interviewer proceed to Page 3, PART II.>

If participant responded "NO" to Question 1 (Presence of God), ask the following questions.

1. If you don't believe in God, do you believe in something spiritual?

2. Could you describe to me what this is like? Have you ever, at anytime in your life, believed in God?

3. Since you were younger, how have your beliefs about God and Spirituality changed?

<Interviewer proceed to Page 3, PART II.>

PART II: PURPOSE OF PRAYER

In this part of the interview, I will be asking you questions about praying or things we do that we consider as spiritual.

1. Do you pray?

    a. If YES – When you pray, what do you think is really happening? How would you describe what is happening?

        Do you feel there is a purpose in doing this activity? Like what, could you please describe it?

        When you pray, what types of things do you ask for? Could you please describe for me the types of things you ask for?

    b. if NO – Do you engage in some form of activity that you consider as spiritual?

        If YES – Do you feel there is a purpose in doing this activity? Like what, could you please describe?

        If NO –<interviewer go to Page 4, Section III.>

2. There are many different religions and many of them believe they pray to God. What do you think about prayers directed towards other concepts of God? What do you think about they ways people of various religions pray to God? What do you believe is happening when other religions pray to God?

Since you were younger:

    a. How have you changed the way you think about what is happening when you pray?

    b. How have you changed in how you feel about the purpose of prayer?

    c. How have you changed in how you think about prayer an differing religions?

<Interviewer proceed to Page 4, PART III.>

PART III: FATE & GOD'S WILL

In this part of the interview, I will be asking you questions about fate and God's will.

1. What do you think fate and God's will are?

2. What does it mean that God will's thinks? OR If it's God's will, what do you think is the purpose or meaning?

3. Do you think it is possible for humans to have control over their actions if God's will is in place? Could you explain why?

4. Do you think it is possible to change your fate?

5. Do you believe there is reason behind the difficult events we experience in our lives? Could you explain why?

Now I would like to ask you about how your beliefs about fate and God's will have changed.

Since you were younger, how have you changed:

. . .your thinking about what fate and God's will are?

. . .your ideas about the purpose and meaning of fate and God's will?

. . .your beliefs about your ability to change your own fate?

. . .the meaning of difficult events in our lives?

<Interviewer proceed to Page 5, PART IV.>

PART IV: CONCEPTION OF GOOD & EVIL

This is the last part of the interview. I will be asking you questions about what we consider as good and what we consider as evil.

1. What makes a good person? Who do you think is a good person? Could you describe to me what you consider as a good person?

2. What makes a bad person? Who do you think is a bad person? Could you describe to me what you consider as a bad person?

3. What do you think about evil, do you believe there is a reason that evil exist? (I added this because we mention we will be asking about good and evil at the beginning but we never address evil specifically during the interview).

4. What do you think about heaven and hell? What are heaven and hell like? How would you describe them?

5. Who do you think will go to heaven? What has to happen for a person to go to heaven? Could you explain why?

6. Who do you think will go to hell? What has to happen for a person to go to heal? Could you explain why?

7. What do you think happens when people from differing religions die? How has this changed since you were younger?

Now I would like to ask you about how your views on these issues have changed.

Since you were younger, how have you. . .

. . .changed your beliefs about what makes a good person?

. . .change your views on what makes a bad person?

. . .changed the way you think about heaven and heal, and what heaven and hell are like?

. . .changed how you think about what a person does to go to heaven, who goes to heaven?

. . .changed how you think about what a person does to go to hell, who goes to hell?

OK, we are done with the interview. Thank you Mr./Ms._____

Sometimes, after this sort of interview, you might find that you continue to think about these issues after the interview. If you find yourself feeling uncomfortable or thinking about them too much, please don't hesitate to contact me. In any case, thank you very much.

I would like to remind you that this study requires you to return in the next week or two to fill out some questionnaires. I would like to set up a date & time when you would be available.

Again, THANK YOU VERY MUCH.

APPENDIX C

Brief Multidimensional Measure of Religiousness/Spirituality

(Fetzer Institute/National Institute on Aging Working Group, 1999)

Directions: Your candid response to the following questions will enhance the validity of your answers. Circle the number indicating your response, as directed below:

Daily Spiritual Experiences

The following questions deal with possible spiritual experiences. To what extent can you say you experience the following?

Circle the number indicating your response, where 1 = Many times a day, 2 = Every day, 3 = Most days, 4 = Some days, 5 = Once in a while, 6 = Never or almost never

1. I feel God's presence. 1 2 3 4 5 6
2. I find strength and comfort in my religion. 1 2 3 4 5 6
3. I feel deep inner peace or harmony. 1 2 3 4 5 6
4. I desire to be closer to or in union with God. 1 2 3 4 5 6
5. I feel God's love for me, directly or through others. 1 2 3 4 5 6
6. I am spiritually touched by the beauty of creation. 1 2 3 4 5 6

Religious Meaning

Circle the number indicating your response, where 1 = Strongly agree, 2 = Agree, 3 = Disagree, 4 = Strongly disagree

7. The events in my life unfold according to a divine or greater plan. 1 2 3 4
8. I have a sense of mission or calling in my own life. 1 2 3 4

Values/Beliefs

Circle the number indicating your response, where 1 = Always or almost always, 2 = Often, 3 = Seldom, 4 = Never or almost never

9. I believe in a God who watches over me. 1 2 3 4
10. I feel a deep sense of responsibility for reducing pain and suffering in the world. 1 2 3 4

Forgiveness - Because of my religious or spiritual beliefs:

11. I have forgiven myself for things that I have done wrong. 1 2 3 4

12. I have forgiven those who hurt me. 1 2 3 4

13. I know that God forgives me. 1 2 3 4

Private Religious Practices

Circle the number indicating your response, where 1 = More than once a day, 2 = Once a day, 3 = A few times a week, 4 = Once a week, 5 = A few times a month, 6 = Once a month, 7 = Less than once a month, 8 = Never

14. How often do you pray privately in places other than at church or synagogue? 1 2 3 4 5 6 7 8

15. Within your religious or spiritual tradition, how often do you meditate? 1 2 3 4 5 6 7 8

16. How often do you watch or listen to religious programs on TV or radio? 1 2 3 4 5 6 7 8

17. How often do you read the Bible or other religious literature? 1 2 3 4 5 6 7 8

Circle the number indicating your response, where 1 = At all meals, 2 = Once a day, 3 = At least once a week, 4 = Only on special occasions, 5 = Never

18. How often are prayers or grace said before or after meals in your home? 1 2 3 4 5

Religious and Spiritual Coping

Think about how you try to understand and deal with major problems in your life. To what extent is each of the following involved in the way you cope?
Circle the number indicating your response, where 1 = A great deal, 2 = Quite a bit, 3 = Somewhat, 4 = Not at all

19. I think about how my life is part of a larger spiritual force. 1 2 3 4

20. I work together with God as partners. 1 2 3 4

21. I look to God for strength, support, and guidance. 1 2 3 4

22. I feel God is punishing me for my sins or lack of spirituality. 1 2 3 4

23. I wonder whether God has abandoned me. 1 2 3 4

24. I try to make sense of the situation and decide what to do without relying on God. 1 2 3 4

25. To what extent is your religion involved in understanding or dealing with stressful situations in any way? □□ 1 2 3 4

Religious Support

These questions are designed to find out how much help the people in your congregation would provide if you need it in the future.
Circle the number indicating your response, where 1 = A great deal, 2 = Some, 3 = A little, 4 = None

26. If you were ill, how much would the people in your congregation help you out? 1 2 3 4

27. If you had a problem or were faced with a difficult situation, how much comfort would the people in your congregation be willing to give you? 1 2 3 4

Sometimes the contact we have with others is not always pleasant.
Circle the number indicating your response, where 1 = Very often, 2 = Fairly often, 3 = Once in a while, 4 = Never

28. How often do the people in your congregation make too many demands on you? 1 2 3 4

29. How often are the people in your congregation critical of you and the things□you do? 1 2 3 4

Religious/Spiritual History

30. Did you ever have a religious or spiritual experience that changed your life? No Yes

IF YES: How old were you when this experience occurred? _____

31. Have you ever had a significant gain in your faith? No Yes

IF YES: How old were you when this occurred? _____

32. Have you ever had a significant loss in your faith? No Yes

IF YES: How old were you when this occurred? _____

Commitment

33. I try hard to carry my religious beliefs over into all my other dealings in life. □
1 - Strongly agree□ 2 - Agree□ 3 - Disagree□ 4 - Strongly disagree

34. During the last year about how much was the average monthly contribution of your household to your congregation or to religious causes? □

$_____ OR $_____
Contribution per year Contribution □ per month

35. In an average week, how many hours do you spend in activities on behalf of your church or activities that you do for religious or spiritual reasons?
□_____

Organizational Religious Activity

36. How often do you go to religious services?

1 - More than once a week
2 - Every week or more often
3 - Once or twice a month□
4 - Every month or so□
5 - Once or twice a year6 - Never

37. Besides religious services, how often do you take part in other activities at a place of worship?

1 - More than once a week
2 - Every week or more often
3 - Once or twice a month□
4 - Every month or so□
5 - Once or twice a year6 - Never

Religious Preference

38. What is your current religious

preference?_____

IF PROTESTANT:□Which specific denomination is that?_____

Overall Self-Ranking

39. To what extent do you consider yourself a religious person?

1 - Very religious□
2 - Moderately religious
3 - Slightly religious□
4 - Not religious at all

40. To what extent do you consider yourself a spiritual person?

1 - Very religious□
2 - Moderately religious
3 - Slightly religious□
4 - Not religious at all

APPENDIX D

SYMPTOM CHECKLIST 90-REVISED (Derogatis, 1994)

Respondents consider 90 problems that some individuals have, and answer to what extent each problem has bothered them in the past 7 days.

Example Items by Primary Symptom Dimensions

Somatization

- Hot or cold spells
- Heavy feelings in your arms or legs

Obsessive-Compulsive Behavior

- Having to repeat the same actions such as touching, counting, or washing
- Having to check and double-check what you do

Interpersonal Sensitivity

- Never feeling close to another person
- Feeling very self-conscious with others

Depression

- Feeling hopeless about the future
- Feelings of worthlessness

Anxiety

- Feeling that something bad is going to happen to you
- Nervousness or shakiness inside

Hostility

- Feeling easily annoyed or irritated
- Having urges to beat, injure, or harm someone else

Phobic Anxiety

- Having to avoid certain things, places, or activities because they frighten you
- Feeling afraid to go out of your house alone

Paranoid Ideation

- Feeling that you are watched or talked about by others
- Feeling that people will take advantage of you if you let them

Psychoticism

- The idea that something is wrong with your mind
- Hearing voices that other people do not hear

APPENDIX E

Medical Outcomes Study: 36-Item Short Form Survey Instrument

(Ware, Kosinski, & Keller, 1994)

Component Items

1. In general, would you say your health is:

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

2. **Compared to one year ago,** how would you rate your health in general **now**?

Much better now than one year ago	1
Somewhat better now than one year ago	2
About the same	3
Somewhat worse now than one year ago	4
Much worse than one year ago	5

The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

	Yes, Limited a lot	Yes, Limited a Little	No, Not limited at All
3. **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
4. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
5. Lifting or carrying groceries	1	2	3
6. Climbing **several** flights of stairs	1	2	3
7. Climbing **one** flight of stairs	1	2	3
8. Bending, kneeling, or stooping	1	2	3
9. Walking **more than a mile**	1	2	3
10. Walking **several blocks**	1	2	3

11. Walking **one block**

Yes, Limited a lot	Yes, Limited a Little	No, Not limited at All
1	2	3

12. Bathing or dressing yourself

Yes, Limited a lot	Yes, Limited a Little	No, Not limited at All
1	2	3

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Yes	No
13. Cut down on the amount time you spent on work or other activities	1	2
14. **Accomplished less** than you would like	1	2
15. Were limited in the **kind** of work or other activities	1	2
16. Have **difficulty** performing the work or other activities (for example, it took extra effort)	1	2

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

17. Cut down the **amount of time** you spent on work or other activities	1	2
18. **Accomplished less** than you would like	1	2
19. Didn't do work or other activities as **carefully** as usual	1	2

20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

21. How much **bodily** pain have you had during the **past 4 weeks**?

None	1
Very mild	2
Mild	3
Moderate	4
Severe	5
Very severe	6

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

These question are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks. . .**

23. Did you feel full of pep?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	2	3	4	5	6

24. have you been a very nervous person?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	2	3	4	5	6

25. Have you felt so down in the dumps that nothing could cheer you up?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	2	3	4	5	6

26. Have you felt calm and peaceful?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	2	3	4	5	6

27. Did you have a lot of energy?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	2	3	4	5	6

28. Have you felt downhearted and blue?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	**2**	**3**	**4**	**5**	**6**

29. Did you feel worn out?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	**2**	**3**	**4**	**5**	**6**

30. Have you been a happy person?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	2	3	4	5	6

31. Did you feel tired?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	2	3	4	5	6

32. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relative, etc.)?

All of the Time	Most of the Time	A good bit of the Time	Some of the Time	A Little of the Time	None of the Time
1	2	3	4	5	6

How TRUE or FALSE is <u>each</u> of the following statements for you?

	True	False
33. I seem to get sick a little easier than other people	T	F
34. I am as healthy as anybody I know.	T	F
35. I expect my health to get worse.	T	F
36. My health is excellent.	T	F

APPENDIX F

Items from the Ryff Scales of Psychological Well-Being

(Ryff, 1989)

Explanation of Directions: On the actual scales, each item below is followed by numbers 1 through 6. Respondents are directed to circle the number that best describes the degree to which they agree with each statement. 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

Autonomy – the extent to which students view themselves as being independent and able to resist social pressures

1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.
2. My decisions are not usually influenced by what everyone else is doing.
3. I tend to worry about what other people think of me. (rs)
4. Being happy with myself is more important to me than having others approve of me.
5. I tend to be influenced by people with strong opinions. (rs)
6. I have confidence in my opinions, even if they are contrary to the general consensus.
7. It's difficult for me to voice my own opinions on controversial matters. (rs)
8. I often change my mind about decisions if my friends or family disagree. (rs)
9. I judge myself by what I think is important, not by the values of what others think is important.

Environmental Mastery – the extent to which students feel in control of and able to act in the environment

1. In general, I feel I am in charge of the situation in which I live.
2. The demands of everyday life often get me down. (rs)
3. I do not fit very well with the people in the community around me. (rs)
4. I am quite good at managing the many responsibilities of my daily life.

5. I often feel overwhelmed by my responsibilities. (rs)
6. I generally do a good job of taking care of my personal finances and affairs.
7. I am good at juggling my time so that I can fit everything in that needs to be done.
8. I have difficulty arranging my life in a way that is satisfying to me. (rs)
9. I have been able to build a home and a lifestyle for myself that is much to my liking.

Personal Growth – the extent to which students have a sense of continued development and self-improvement

1. I am not interested in activities that will expand my horizons. (rs)
2. I don't want to try new ways of doing things—my life is fine the way it is. (rs)
3. I think it is important to have new experiences that challenge how you think about yourself and the world.
4. When I think about it, I haven't really improved much as a person over the years. (rs)
5. I have a sense that I have developed a lot as a person over time.
6. I do not enjoy being in new situations that require me to change my old familiar ways of doing things. (rs)
7. For me, life has been a continuous process of learning, changing, and growth.
8. I gave up trying to make big improvements or changes in my life a long time ago. (rs)
9. There is truth to the saying that you can't teach an old dog new tricks. (rs)

Positive Relations with Others – the extent to which students have satisfying, trusting relationships with other people

1. Most people see me as loving and affectionate.
2. Maintaining close relationships has been difficult and frustrating for me. (rs)
3. I often feel lonely because I have few close friends with whom to share my concerns. (rs)
4. I enjoy personal and mutual conversations with family members or friends.
5. I don't have many people who want to listen when I need to talk. (rs)
6. It seems to me that most other people have more friends than I do. (rs)
7. People would describe me as a giving person, willing to share my time with others.
8. I have not experienced many warm and trusting relationships with others. (rs)
9. I know that I can trust my friends, and they know that they can trust me.

Purpose in Life – the extent to which students hold beliefs that give life meaning

1. I live one day at a time and don't really think about the future. (rs)
2. I tend to focus on the present, because the future always brings me problems. (rs)
3. My daily activities often seem trivial and unimportant to me. (rs)
4. I don't have a good sense of what it is that I am trying to accomplish in my life. (rs)
5. I used to set goals for myself, but that now seems a waste of time. (rs)
6. I enjoy making plans for the future and working to make them a reality.
7. I am an active person in carrying out the plans I set for myself.
8. Some people wander aimlessly through life, but I am not one of them.
9. I sometimes feel as if I've done all there is to do in life. (rs)

Self-Acceptance – the extent to which students have a positive attitude about themselves

1. When I look at the story of my life, I am pleased with how things have turned out.
2. In general, I feel confident and positive about myself.
3. I feel like many of the people I know have gotten more out of life than I have. (rs)
4. I like most aspects of my personality.
5. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.
6. In many ways, I feel disappointed about my achievements in my life. (rs)
7. My attitude about myself is probably not as positive as most people feel about themselves. (rs)
8. The past had its ups and downs, but in general, I wouldn't want to change it.
9. When I compare myself to friends and acquaintances, it makes me feel good about who I am.

Table 1

Participant Demographics

Characteristic	N	%
Gender		
Male	43	50.0
Female	43	5.0
Ethnicity		
Asian	44	51.2
Caucasian	42	48.8
Marital Status		
Single	32	37.2
Married	49	57.0
Divorced	5	5.8
Family Income		
Less than $30,000	2	2.3
$30,000 to $39,999	4	4.7
$40,000 to $49,999	9	22.1
$50,000 to $59,999	22	25.6
$60,000 to $69,999	19	22.1
$70,000 to $79,999	15	7.4
$80,000 to $89,000	2	2.3
$90,000 to $99,999	1	1.2
Over $100,000	2	2.3
Level of Education		
Some College/University	29	33.7
College Graduate	41	47.7
Master's Degree	12	14.0
Professional Degree	2	2.3
Doctorate Degree	2	2.3
Age groups		
Young Adults	29	33.7
Middle-Aged Adults	28	32.6
Older-Aged Adults	29	33.7

Table 2

Conceptual framework for complexity of religious/spiritual maturity.

Less complex	More complex
God has a shape	God is shapeless
God is external to self	(God is external and is discovered within the self).
God is a distant figure who watches me	God is within me
My image of God is the same	My God-image has changed
God: external authority figure	Authority comes from within self
God punishes and rewards	(God is/may be present) as the self punishes and rewards
God has a plan for my life	There are many life-paths. The self chooses, takes responsibility
God forgives	I forgive myself (I am accepted by God as I am)
Prayer makes things happen	Prayer changes the one who prays
Evil is breaking God's laws	Evil is betrayal of relationship, of inner truth
I try to be "good." Sometimes I do "bad" things	I am both good and evil. "bad" is part of my humanity
Concepts of good/ evil are the same as when I was younger	Concepts of good/evil have changed as I have gotten older
Religion gives answers	Religion raises questions
God is paternal	God is paternal and maternal

Table 3

Example Questions and Corresponding Issues Used in Religious/spiritual Maturity Interview

Example Questions	Corresponding Issue
Do you believe in God? How would you describe God? If you don't believe in God, do you believe in something? spiritual? Could you describe to me what this is like? Have you ever, at anytime in your life, believed in God?	Description of God
If you have to choose a place or a setting where God is most present where would that be?	Presence of God
Do you pray? When you pray, what do you think is really happening? How would you describe what is happening? Do you engage in some form of activity that you consider as spiritual? Do you feel there is a purpose in doing this activity? If yes, what is the purpose?	Purpose of Prayer
Who do you think is a good person? Could you describe to me what you consider as a good person? What do you think about heaven and hell?	Moral Authority, Good/Evil
How have your ideas about these things changed since you were younger?	Awareness of Change

Note. Adapted from "Religious development and cognitive/affective maturity in adolescents and adults," by M. N. Dolores, 1984, Unpublished doctoral dissertation, Wayne State University, Detroit.

Table 4

Coding Scheme for Religious/Spiritual Maturity Issues

Subjects receive a score for each category level of each issue.

1 = Not at all present in response
2 = Somewhat present in response
3 = Dominant in response

Level	General Features
	DESCRIPTION OF GOD
1.	Distinct physical shape (e.g., God is a man with a white beard, on a white throne, angels around him, watching down on us)
2.	Distinct anthropomorphic qualities (e.g., God is like a father figure, a caring, generous being, Lord, best friend)
3.	Dynamic internalized presence (e.g., God is the inner creative force of the universe, a presence within me, within other people)
	PRESENCE OF GOD
1.	External, predictable, unreflective acceptance of convention (e.g., in church—unelaborated, in heaven)
2.	Interiorized and/or unconventional external places (e.g., in people, in nature, beauty, in church—elaborated)
3.	Dynamic, interiorized creative (e.g., when people love each other, in myself when I am present to God, in my caring for other people)

Table 4 continued

	PURPOSE OF PRAYER
1.	Externally centered (e.g., purpose of prayer is to ask for things, to make needs known. If you pray hard enough, you will get what you want. If you don't, there's a reason)
2.	Dialogic (e.g., the purpose of prayer is conversation with God, as with a friend. To make needs known in context of a relationship)
3.	Dialogic with internal focus (e.g., the purpose of prayer is to change the one who prays. Prayer involves the God within, motivating to action, involves reconciliation with conditions)
	LOCUS OF MORAL AUTHORITY
1.	External with qualifications (e.g., authority is found in God up there, authority comes from the law)
2.	External with qualifications (e.g., authority found in law, in God, but persons must also use their own intelligence, judgment)
3.	Authority internalized in relation to the external (e.g., authority is found within the self in relationship with God, in relation to principles. The self takes responsibility)

Table 4 continued

	CONCEPTS OF GOOD AND EVIL
1.	Good and evil defined in terms of laws, external regulations. To be "good" means to follow rules. Evil means breaking the law.
2.	Good and evil defined in terms of relationship. Evil involves harm to oneself or others Good is personal, involves caring for others.
3.	Good and evil defined in terms of relationship *and* principles. Global character stressed. Evil is violation of persons and their rights. Good involves being true to one's beliefs.
	AWARENESS OF CHANGE
1.	no change – "I believe what I was taught to believe"
2.	some change-"Pretty much the same except for a few areas"
3.	a great deal of change-"Have changed a lot since childhood"

Note. Adapted from "Religious development and cognitive/affective maturity in adolescents and adults," by M. N. Dolores, 1984, Unpublished doctoral dissertation, Wayne State University, Detroit.

Table 5

Major Variables in the Study and Their Sources

Name of variable	Source
Religiousness/Spiritual Maturity	coding from the religiousness/spiritual maturity Interview
Psychological Well-Being	Each of the 6 Ryff's subscales of psychological well-being was used.
Psychological Distress	To measure psychological distress, both SF-36 Mental Component Summary Score and GSI index from the SCL-90 were each used. Lower SF-36 Mental Component Summary Score indicate worse mental health and higher GSI score suggest more mental distress.
Religious/Spiritual Involvement	For this study, daily spiritual experiences, private religious practices, religious support, religious/spiritual coping, religious commitment, and Organizational Religiousness of the religiousness/spirituality on health were of interest, therefore, only six of the 11 domains of religiousness and spirituality scales were used. To examine the relation between religiousness/spirituality involvement and well being, one overall summary score, religious/spiritual involvement, combined from the 6 scales were used.
Physical Well-being	SF-36 Physical Component Summary Score was used to measure physical well-being. Higher scores indicate better physical health.

Table 6

Intercorrelations Among Key Study Variables

Variable	Age	MCS	PCS	GSI	RI	RPW
RSM	.377**	.600**	.036	-.352**	.699**	.602**
Age		.419**	-.225*	.205	.482**	.316**
MCS			.352**	-.410**	.569**	.446**
PCS				-.430**	.131	.148
GSI					-.296**	-.285**
RI						.574**

Note: RSM = Religiousness/Spiritual Maturity, MCS = Mental Component Score, PCS = Physical Component Score, GSI = SCL-90 Global Severity Index, RI = Religious/spiritual Involvement, RPW = Ryff's Psychological Well-being.
** $p < .01$

Table 7

Religious/Spiritual Maturity by Age and Ethnicity

	Age Group			
	Young (19-24) *M (SD)*	Middle (35-45) *M (SD)*	Old (55-65) *M (SD)*	All Ages *M (SD)*
Caucasian	20.86 (3.28)	23.50 (4.65)	23.79 (4.34)	20.72 (3.57)
Korean	20.60 (3.92)	23.21 (4.10)	25.67 (5.70)	23.36 (4.31)
Total	20.72 (3.57)	23.36 (4.31)	24.76 (5.09)	24.76 (4.63)

Table 8.

Ryff's Well-Being Scale Scores for Participants High Versus in Low Religious/Spiritual Maturity

Scale	Level	*M*	*SD*
Relations with Others	Low	57.00	9.91
	High	67.36	11.78
Environmental Mastery	Low	54.78	8.75
	High	61.36	9.51
Purpose in Life	Low	58.00	10.01
	High	66.48	11.86
Self-acceptance	Low	57.44	9.76
	High	67.78	10.86
Personal Growth	Low	62.72	10.22
	High	69.54	9.26
Autonomy	Low	55.19	8.12
	High	65.56	9.49

Table 9.

Brief Multidimensional Measure of Religious Involvement by Ethnicity: Koreans vs. Caucasians

BMMRS Scale	Ethnicity	M	SD
Overall Index	Korean	96.34	24.38
	Caucasian	90.43	24.38
Religious Commitment	Korean	3.09	.91
	Caucasian	2.90	.82
Daily Spiritual Experiences	Korean	23.57	7.05
	Caucasian	22.57	7.45
Religious Support	Korean	13.45	2.44
	Caucasian	12.76	2.30
Religious/spiritual Coping	Korean	21.68	4.42
	Caucasian	20.60	4.20
Private Religious Practices	Korean	23.52	8.54
	Caucasian	20.38	7.66
Organizational Religiousness	Korean	11.25	5.37
	Caucasian	10.17	4.42

Table 10.

Linear Regression of Koreans' Religiousness/Spiritual Maturity Level on Physical and Mental Well-being

Variables	B	SEB	*β*	R^2	ΔR^2
SCL-90-R GSI	-.893	.259	-.352**	.124**	.114**
S-F 36 MCS	1.680	.244	.600**	.360**	.353**
S-F 36 PCS	.064	.191	.036	.001	-.011

Note. SCL-90-R GSI = Global Severity Index of the Symptom Checklist 90R, S-F 36 MCS = Mental Component Score of the Short-Form36, S-F 36 PCS = Physical Component Score of the Short-Form 36.
** $p < .01$

Table 11.

Linear Regression of Koreans' Religious Involvement on Physical and Mental Well-being

Variables	B	SEB	*β*	R^2	Δ R^2
SCL-90-R GSI	-.152	.054	-.296**	.087**	.077**
S-F 36 MCS	.323	.051	.569**	.324**	.316**
S-F 36 PCS	.047	.038	.131	.017	.006

Note. SCL-90-R GSI = Global Severity Index of the Symptom Checklist 90R, S-F 36 MCS = Mental Component Score of the Short-Form36, S-F 36 PCS = Physical Component Score of the Short-Form 36.
** $p < .01$

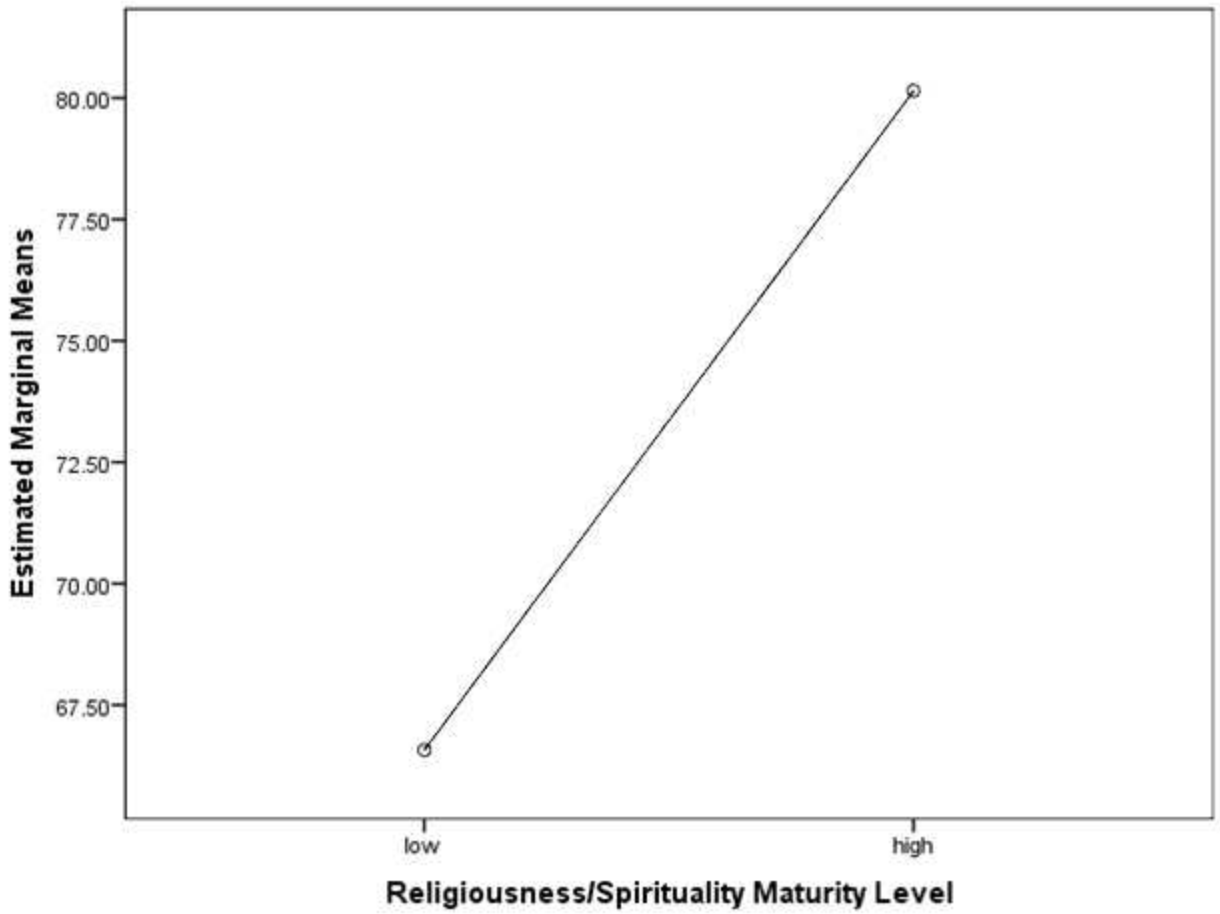

Figure 1. *SF-36 Mental Component Scores by Religious/Spiritual Maturity Level*

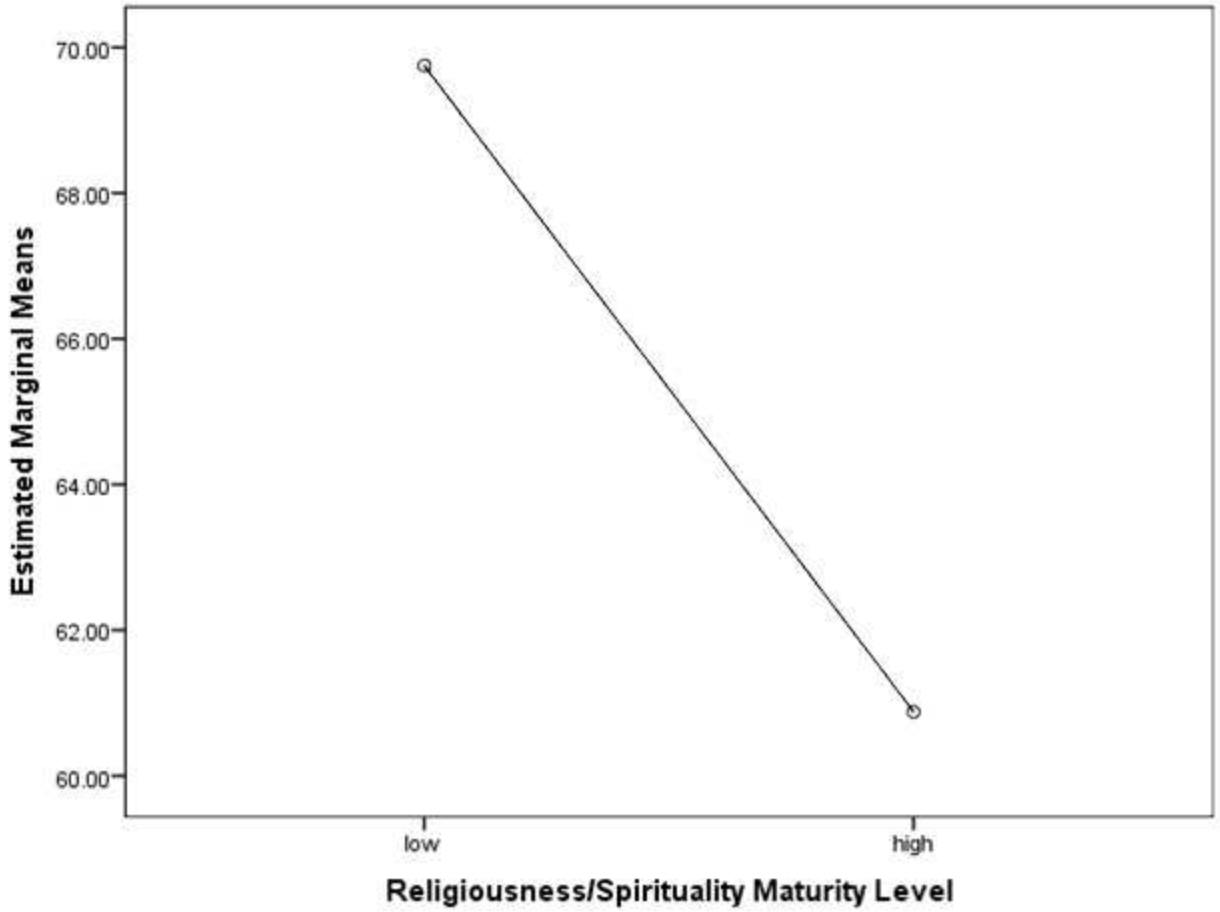

Figure 2. *SCL-90-R Global Severity Index Scores by Religious/Spiritual Maturity Level*

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ABSTRACT

RELIGION AND SPIRITUALITY IN MENTAL AND PHYSICAL WELL-BEING OF KOREAN AND WHITE AMERICANS

by

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Advisor: Dr. Rita Casey

Major: Psychology (Clinical)

Degree: Doctor of Philosophy

An increasing number of researchers have confirmed the important role of religion and spirituality, not only in the psychological and emotional domains but also in physical health. Several researchers note that various forms of spirituality and religiousness can help Asian immigrants cope with the upheavals of immigration, adaptation to a new country, and other difficult personal and social transformations related to being in a new culture. Especially for Korean immigrants, churches and religious organizations act as a powerful support group. However, few empirical studies have paid attention to this topic, considering the importance of religion and spirituality to most individuals. The first aim of this study was to address adult's religiousness and spirituality development. The second goal of this study was to identify the contribution of multiple dimensions of religiousness and spirituality to physical, psychological, and emotional well-being. In addition, this study compared Korean immigrant's religious/spiritual involvement to that of Caucasian persons. Finally, this study examined how the differences in religious/spiritual involvement between Korean immigrants and Caucasian persons in the U.S, results in different consequences for their well-being. In

this study, 82 Caucasian and Korean Protestants completed a religious/spiritual maturity interview; measures of multidimensional aspects of religiousness/spirituality; questions about their general psychological distress and symptoms of psychopathology; their health status; and psychological well-being. It was a central hypothesis of this study, well-supported by the responses of the participants, that religious and spiritual maturity appears to increase with age. Younger adults in this study were significantly less mature than older adults. Age differences were not large, given that younger adults did not differ from middle aged adults, and those in middle age did not differ significantly from older adults. Persons higher in religious/spiritual well-being tended to be better in all areas of well-being that they reported: relations with others, environmental mastery, self-acceptance, personal growth, and autonomy. Clearly, being more mature with respect to religion and spirituality strongly predicted individual well-being in many areas. Among Korean individuals in this study, there were similarities to the non-Koreans in age differences with respect to religious/spiritual maturity; maturity levels being higher among older Koreans than younger Koreans, as was true for non-Koreans. In addition, Koreans were not necessarily more involved in religious activities than Caucasians. This finding was contrary to expectation. The mean level of Korean level of involvement was higher, but the distribution of religious involvement for the two ethnic groups overlapped considerably. It was clearly the case that among the individuals included in this study, Koreans demonstrated no more religious commitment, daily spiritual experiences, religious support, religious/spiritual coping, private religious practices, and organizational religiousness than Caucasian participants. Nevertheless, the degree to which religion involved Koreans in this project exerted a strong effect on those

individuals. Both religious involvement and religious/spiritual maturity had a significant, positive effect on Korean participants, predicting higher well-being, and lower levels of felt distress. Although the benefits of these aspects of religious life did not extend to physical well-being, the positive benefits were significant. Religion, specifically maturation in religious and spiritual thinking, and involvement in religious activities, had a strong, beneficial effect.

AUTOBIOGRAPHICAL STATEMENT

Mila Kil was born in Kumsan, South Korea. Her first academic major was Nursing Science and the second one was English Literature. She was a registered nurse before she came to the States to study Clinical Psychology. She received a Master of Science in Clinical Psychology from Emporia State University, and then began the doctorate program in Clinical Psychology at Wayne State University, in Detroit, Michigan in 2002. She has one daughter, Geenie, with her husband Frank. Mila enjoys spending time with her family and friends, hiking, reading, and watching movies.