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Effects of Spritual Well-Being, Religious Coping, and Hardiness on Parenting Behaviors in Low Socioeconomic Status Families

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The University of Southern Mississippi

EFFECTS OF SPIRITUAL WELL-BEING, RELIGIOUS COPING, AND HARDINESS
ON PARENTING BEHAVIORS IN LOW SOCIOECONOMIC STATUS FAMILIES

by

Jane Elizabeth Schenck Varner

A Dissertation
Submitted to the Graduate Studies Office
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

Approved:



August 2009

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ABSTRACT

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Children from low socioeconomic status families are at risk for poor academic, emotional, and behavioral outcomes (Owens & Shaw, 2003). Multiple variables have been associated with resiliency in such families (Walsh, 2003). Spiritual and religious constructs have demonstrated positive effects on quality of life (Perrone, Webb, Wright, Jackson, & Ksiazak, 2006), emotional well-being (Davis, Kerr, & Kurpius, 2003; Calicchia & Graham, 2006), and positive health outcomes (Edmondson et al., 2005) in various populations. Previous research has not examined the relationship between spiritual and religious variables and resiliency, nor has previous research considered how the religious, spiritual, and resiliency variables affect parenting behavior. The present study examined the predictive value of spiritual well-being and religious coping on resiliency, measured as family hardiness. To better understand how these constructs affect parenting behaviors, the potential contributions of spiritual well-being, religious coping, and family hardiness to parenting behaviors were considered. The linear combination of the spiritual well-being and religious coping variables significantly contributed to hardiness, with existential well-being and religious well-being emerging as unique predictors. The linear combination of the spiritual well-being, religious coping,

and hardiness variables significantly contributed to hostile/coercive parenting, with negative religious coping emerging as a unique predictor. Finally, the linear combination of the spiritual well-being, religious coping, and hardiness variables significantly contributed to supportive/engaged parenting. Implications of these findings for research and practice are discussed.

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CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

Introduction

Approximately one in five infants and preschool-age children in the United States live in families whose income is well below the poverty level (U.S. Census Bureau, 2007). Experiencing chronic poverty during childhood has been associated with multiple negative outcomes in the lives of children and their families, including poor physical health, lower intellectual attainment, poor school performance, and increased likelihood of social, emotional, and behavioral problems (Owens & Shaw, 2003). Though the rate of poverty among families with children has fluctuated throughout the 20th century, the negative effects of poverty have been and continue to be a focus of concerned citizens and policy-makers.

Head Start was developed by the Office of Economic Opportunity while under the direction of Sargent Shriver to provide children from lower socioeconomic status (SES) families with the academic stimulation and physical care needed by children to successfully meet developmental milestones (Terezakis, 2001). To specifically meet the needs of preschool children and their families, the original Head Start Planning Committee's goals of 1965 were broad in scope and included the promotion of social, emotional, motivational, intellectual, and physical development among economically disadvantaged children (Zigler & Anderson, 1979). By definition, Head Start families are those families whose incomes are at or below the poverty level, and the Head Start programs target the physical, cognitive, social, emotional, and behavioral needs of

children. Thus, participation in the Head Start program will potentially aid in alleviating the detrimental effects of poverty and associated risk factors.

While Head Start programs increase the positive outcomes in the lives of at-risk children, low-income children continue to have less favorable outcomes than middle-class children. Hebbeler (1985) found that whereas Head Start children performed better on academic measures than children in a low-income control group, the Head Start children did not have the level of school success of middle-class children. The Head Start participants from this study were attending a school that consisted of predominantly middle- to upper-class students. The Head Start students were placed in special education classes more often than the middle-class students, and on standardized testing, more Head Start graduates scored below the 40th percentile. Their performance was better than it presumably would have been had they not participated in Head Start; however, the Head Start program did not seem to prevent low income from being associated with low achievement. This evidence reveals the limits of early intervention and suggests the need to continue to explore and address the cumulative individual, family, and community-level risk that chronic poverty represents (Yoshikawa, 1994).

To date, most research has examined the risk factors associated with poor behavioral and academic outcomes in children (Burchinal, Roberts, Zeisel, Hennon, & Hooper, 2006; Dumka, Roosa, Michaels, & Suh, 1995; Qi & Kaiser, 2003; Webster-Stratton & Hammond, 1998). Parent and family factors have emerged as important in the lives of children. Specifically, parent stress, maternal depression, and harsh discipline have negative impacts in the lives of young children (Qi & Kaiser, 2003). On the other hand, protective factors, such as parental involvement, supportive home environment

(McWayne, Hampton, Fantuzzo, Cohen, & Sekino, 2004), positive caregiver attachment (Yoshikawa, 1994), and positive parenting practices (Bhandari & Barnett, 2007; Burchinal et al., 2006) contribute to positive child outcomes. Many of the protective factors in the lives of children and families are associated with resiliency, and multiple theories of resiliency have been proposed (McCubbin & McCubbin, 1988; Patterson, 2002; Richardson, 2002; Walsh, 1996; Walsh, 2003). The results from multiple studies suggest that resiliency is related to positive outcomes in families dealing with adversity (Ben-Zur, Duvdevany, & Lury, 2005; Campbell & Demi, 2000; Failla & Jones, 1991; Greeff & Van der Merwe, 2004; Greeff, Vansteenwegen, & Ide, 2006; Preece & Sandberg, 2005).

Research suggests the positive impact of religious and spiritual variables are often correlated with positive outcomes in individuals and families (Calicchia & Graham, 2006; Davis, Kerr, & Kurpius, 2003; Edmondson et al., 2005; Morgan, Gaston-Johansson, & Mock, 2006; Pargament, Smith, Koenig, & Perez, 1998; Perrone et al., 2006; Weber & Cummings, 2003), and spiritual and religious factors also influence parenting practices (Mahoney, Pargament, Tarakeshwar, & Swank, 2001). The potential relationship of religious and spiritual variables to family hardiness has not been addressed in the current literature. Thus, the purpose of the current study was to consider the potential contributions of spiritual well-being and religious coping to family hardiness. Additionally, the relationship of spiritual well-being, religious coping, and family hardiness to parenting behaviors was explored.

Risk Factors

Risk factors are individual, family, and community characteristics that negatively impact the lives of individuals and increase the chances of children experiencing poor developmental outcomes (Dumka et al., 1995). Children are especially vulnerable to social, emotional, and behavioral concerns as a result of the risk factors they are exposed to through their families and communities. Multiple studies have examined the effects of various risk factors in the lives of children (Burchinal et al., 2006; Qi & Kaiser, 2003; Webster-Stratton & Hammond, 1998).

In an effort to integrate the information on the prevalence rates of behavior problems of young children from low socioeconomic status (SES) families and to identify risk factors associated with behavior problems in these children, Qi and Kaiser (2003) conducted a review of the literature published from 1991 to 2002. Of the 30 studies reviewed, six reported the prevalence rates of the behavior problems of preschool children enrolled in Head Start. The percentage of children with externalizing problems ranged from 16% to 30%, and the percentage of children with internalizing problems ranged from 7% to 31%. The prevalence rates of challenging behavior across all studies ranged from 6.5% to 57%. The review demonstrated that the prevalence rate of behavior problems in low SES children is significant.

The authors proposed that risk factors for behavior problems in low SES children occur in three separate domains (Qi & Kaiser, 2003). They suggested that child characteristics, parent characteristics, and socioeconomic characteristics all contribute to the presentation of behavior problems in young children. Additionally, the three domains may interact with one another in ways that heighten the risk of behavioral concerns in

children from low-income families. Child characteristics examined throughout the studies included attachment, temperament, prematurity, cognition, language development, social skills, peer interactions, and gender differences. Challenging temperaments, lack of infant attachment, prematurity, cognitive impairment, poor language skills, and deficits in social skills were all correlated with increased challenging behaviors. Parent characteristics considered were parent stress, maternal depression, maternal education, low social support, and harsh discipline. The studies consistently demonstrated that children from low SES backgrounds who had increased behavior problems in preschool had parents with higher levels of stress, more symptoms of depression, and harsher discipline practices. Family support appeared to serve as a buffer in the lives of children from low SES families. Membership in minority ethnic groups, family instability, family conflict, and community violence were associated with increased levels of preschool behavior concerns.

In a study of 4-year-old Head Start students from low-income families, maternal history and background, family stress and support, maternal emotional state, and parenting competence were considered as potential risk factors for conduct problems in the lives of Head Start students (Webster-Stratton & Hammond, 1998). Significant risk factors in the category of maternal history and background included history of maternal sexual abuse in childhood, substance abuse and/or criminal activity, and single motherhood. Neither family stress nor family support factors were significantly related to higher levels of conduct problems in Head Start children. Both maternal depression and maternal anger were significant risk factors for these preschoolers. Children with pervasive conduct problems had mothers who reported harsher and less supportive

discipline, less consistent discipline, and more negative and critical affect. Pervasive conduct problems were also associated with increased involvement by Child Protective Services.

According to Burchinal et al. (2006), children who experience multiple risk factors are more likely to have negative academic and social-emotional outcomes in early childhood, during the transition to school, and throughout early school years. The risk factors assessed in this longitudinal study included poverty, father absent in household, large household size, low maternal education, elevated maternal depression, and elevated life stress. The total childhood risk factor index, which was computed as the unweighted mean of standardized risk scores, was significantly correlated with academic and social outcomes across all ages. Therefore, individuals with more risk factors had lower scores on academic and social constructs. Specifically, children in the study who were exposed to multiple early risk factors demonstrated lower reading and mathematics scores, fewer prosocial behaviors, and more problem behaviors. Additionally, the early risk factors appeared to be related to language development, which affects academic outcomes. Because language is a vital skill for attaining reading and mathematics skills, an early delay in language skills is likely to be inhibiting to one's academic success.

Protective Factors

Although the bulk of the work with Head Start children has focused on the risk factors that may contribute to poor outcomes in low SES children, multiple researchers have recently considered factors that may serve as buffers against negative outcomes (Bhandara & Barnett, 2007; Burchinal et al., 2006; McWayne et al., 2004).

McWayne and colleagues (2004) proposed that parent involvement would have a positive effect on kindergarten students' academic and social competencies. Additionally, they examined the dimensions of parent involvement delineated by Fantuzzo, Tighe, McWayne, Davis, and Childs (2002) to describe involvement of the Head Start parents. McWayne et al. (2004) determined that a supportive home learning environment, direct school contact, and inhibited involvement characterized kindergarten parental involvement. The home learning environment factor describes parent activities that promote learning at home and that reinforce the learning that occurs during the school day. The direct school contact dimension consists of items that describe parents' direct involvement in activities at the child's school. The inhibited involvement factor highlights barriers to parental involvement in their children's educations. Each of these factors contributed significantly to social and academic success in the lives of low-income urban children.

Academic involvement at home was correlated with children's self control, responsibility, and cooperative behavior within the family context (McWayne et al., 2004). On the other hand, high levels of inhibited involvement and low levels of school-based participation were associated with externalizing, internalizing, and hyperactive behavior at home. A supportive home environment also contributed to low ratings of play disconnection and high ratings of play interaction both at home and at school. Play disconnection refers to withdrawn or avoidant behaviors that hinder active participation in peer play, and play interaction refers to creative, cooperative, and helpful behaviors that facilitate positive peer play. A supportive home learning environment was positively correlated with reading and mathematics achievement, intellectual functioning, and

overall classroom behavior, and inhibited involvement was negatively correlated with overall academic performance and reading achievement. The authors concluded that parent involvement might “serve as a potential buffer against future negative school outcomes for children” (McWayne et al., 2004, p. 374).

In order to consider the risk factors families in poverty face and the processes that potentially contribute to resiliency, Bhandari and Barnett (2007) studied the parenting practices of Head Start parents. They proposed that higher levels of stressful life experiences would be associated with behavioral and emotional problems and that restrictive parenting would protect against the potential negative effects of stress on child adjustment. Restrictive parenting is defined as setting strict boundaries for children but doing so within a consistent and involved environment. Finally, they suggested that the positive effect of restrictive parenting practices would be similar for both African American and European American families. In this study, stress was not significantly related to externalizing problems and total behavior problems but was related to internalizing problems in children at age four and again at age eight. However, when a family is faced with numerous stressful life experiences, high parental restrictiveness was associated with decreased child internalizing and total problems. The buffering effect was not present for externalizing problems. Finally, the potential buffering effect of restrictive parenting was present for both African American and European American families. The authors suggested that under stressful life circumstances, children may feel more secure and may find reassurance when parents are relatively controlling and demanding but also consistent and involved.

In their study of children who experienced multiple early childhood risk factors, Burchinal et al. (2006) also found that parenting plays a role in protecting children from potential risk factors. When home environments are positive, early social risk was found to be a weaker predictor of mathematics achievement. Additionally, children whose mothers were more responsive and stimulating had better social skills as reported by their teachers. Parenting appeared to mediate the negative impact of risk factors on the academic and social-emotional outcomes of young children. However, the buffering effect of positive parenting tends to be most viable for young children.

Given that many of the risk factors and protective factors are parental or familial factors, the overall functioning of a child's family is influential in the child's academic, social, and emotional outcomes. For example, in a review of the literature, Yoshikawa (1994) identified two pathways that may lead to long-term prevention in the lives of high risk children. In addition to benefiting from cognitive and school competence, children were also greatly affected by the parent-child relationship and family interaction. Positive parenting practices, positive attachment to caregivers, the absence of child maltreatment, and limited marital conflict were all associated with positive child outcomes. Because the context of the child's environment plays a vital role in his or her overall outcomes, a need exists to examine the constructs that may contribute to overall family resilience.

Knowledge of the factors that serve as buffers for families who are under economic stress may influence the policies and programs designed to assist these families. When a family is able to be resilient in the face of adversity, the children are more likely to experience positive academic, social, and emotional outcomes.

Hardiness

McCubbin and McCubbin (1988) conceptualized resiliency as hardiness.

Hardiness consists of internal strengths and durability. A family high in hardiness is characterized by an internal sense of control over life events and hardships, a sense of meaningfulness in life, involvement in activities, and a commitment to learn and explore new and challenging experiences. These families have a sense of control and purpose as they approach life's struggles. This construct of family hardiness emerged through their life cycle perspective of resilient families, which considers the stages families go through as they adjust and adapt to typical life challenges or traumatic events.

McCubbin and McCubbin's Life Cycle Perspective

Observing resiliency in families requires explanation of two phases in the lives of families who are faced with typical life challenges or traumatic events. The adjustment phase is a series of interacting components that largely determines family outcomes (McCubbin, McCubbin, Thompson, & Fromer, 1998). As a family adjusts over time to a change, the resulting outcome falls on a continuum from "bonadjustment" (p. 14), which is adjustment in which established patterns of functioning are maintained, to maladjustment, which indicates that the family's patterns of functioning have been altered. The movement to begin changes in the family's patterns of functioning marks the beginning of the adaptation phase. The family's task during the adaptation phase is to successfully navigate the changes necessary to adapt to the challenges of life. When conceptualized on this continuum, McCubbin et al. (1998) defined resiliency as a family's "ability to bounce back and recover with minimal, if any, changes in family functioning" (p. 6).

Before a family's outcome can be assessed, an understanding of the variables that contribute to successful or unsuccessful adjustment is necessary (McCubbin, Thompson, Pirner, & McCubbin, 1988). The first component is the stressor and its severity. A stressor is a demand placed on a family that causes or has the potential to cause changes in the family's functioning. The severity of the stressor is determined by the amount in which the stressor affects the family system and by the extent to which the family's resources are depleted. Family vulnerability must also be considered. A family's current vulnerability may range from high to low depending on the accumulation of demands on the family unit and the challenges associated with the family's particular life-cycle stage. The family's typology of established patterns of functioning describes the way in which the family system typically operates. McCubbin and McCubbin (1988) use the Circumplex Model to describe three typologies of resilient families: balanced families, rhythmic families, and regenerative families.

The Circumplex Model was originally developed to describe marital and family systems and to bridge the gaps among research, theory, and practice (Olson, 1993). The model consists of three dimensions: family cohesion, flexibility, and communication. Each dimension exists on a continuum, and families at either extreme are not considered as healthy as families who are more balanced. Family cohesion is the emotional bonding between family members. Family cohesion varies from extremely high levels of cohesion in enmeshed families to extremely low levels in disengaged families, who have limited attachment or commitment to each other. Separated and connected families are more balanced and are usually more functional. Family flexibility consists of four levels, including rigid, structured, flexible, and chaotic. Families who are structured or flexible

are more functional than those at the extremes. Family communication is a facilitating dimension that is not represented on a continuum. Balanced families tend to have better communication, and extreme family systems usually have poor communication. Overall, the balanced type is the most viable family type, which was demonstrated in McCubbin's (1988) study of families faced with the care of a chronically ill child. The results suggest that balanced families were more supportive than the midrange or extreme family types.

In an effort to expand the Circumplex Model to the study of families under stress, family researchers applied the concepts of balanced, midrange, and extreme family types to families facing various challenges (Olson & McCubbin, 1982; Olson, Russell, & Sprenkle, 1983). Extending the early concept of family typologies, McCubbin and McCubbin (1988) proposed the concepts of rhythmic families and regenerative families. The rhythmic model of family type is determined by the amount of time the family spends together in specific family time and family routines and by the degree to which the family values family time and routines. A four cell grid illustrates the four dimensions of the rhythmic typology. A family that spends little time in family time and routines and that places a low value on family time and routines is classified as an unpatterned family. A family that is high in family routines but does not value family time and routines is described as structuralized. Intentional families are those that place a high value on family time and routines but spend little time engaging in family time and routines. Finally, rhythmic families spend time in family routines and place a high value on family time and routines. These families intentionally develop predictable activities, and they have common views and understandings regarding family togetherness.

A similar four-cell grid is used to understand the regenerative family type (McCubbin, 1988). Family coherence and family hardiness are considered when determining the family's ability to cope with stressful events. Family coherence is the amount the family focuses on acceptance, loyalty, pride, faith, trust, respect, caring, and shared values in the management of stressful situations. Family hardiness is the family's internal strengths and durability, which is most related to the construct of resiliency. A family high in hardiness is characterized by an internal sense of control over life events and hardships, a sense of meaningfulness in life, involvement in activities, and a commitment to learn and explore new and challenging experiences. These families have a sense of control and purpose as they approach life's struggles. Because family coherence and family hardiness both exist on continuums, the model of the regenerative family type differentiates four types of family units: vulnerable, secure, durable, and regenerative families.

Vulnerable families. These families are low on both coherence and hardiness (McCubbin, 1988). Such families typically cope with family problems by getting upset, showing less respect for one another, and blaming other family members or those outside the family. They are also prone to demonstrate less caring, understanding, pride, loyalty, and acceptance of each other. Vulnerable families usually have a lower sense of purpose in life. They are less likely to encourage one another to learn from transitions and hardships, and they often demonstrate complacency.

Secure families. Such families are low in coherence but high in hardiness (McCubbin, 1988). Such families also tend to handle stressful situations by getting upset, showing less respect, blaming others, and demonstrating less caring and understanding.

However, they are secure because of their high levels of hardiness. They have a sense of purpose, and they view life as meaningful. They are able to plan ahead, and they feel in control of their situations. Secure families believe they can have an impact on both the good and bad things that happen in life. They do not view themselves as victims of life events. Such families are active, and they are willing to try new approaches and encourage each other to be active. They are generally in control, but when they are faced with difficulties, they are less supportive of one another, and they have a lower tolerance for hardships.

Durable families. These families demonstrate a high level of coherence and a low level of hardiness (McCubbin, 1988). They have a lower sense of purpose, a lower sense of meaningfulness in life, and a lack of being appreciated. They do not feel in control of their circumstances. On the other hand, they have positive attitudes regarding their coping abilities. Durable families are less reactive during times of stress, and they demonstrate more caring attitudes toward one another. When faced with difficult situations, they focus on developing trust and respect, and they maintain a calm and emotionally stable family unit. They may have lower levels of internal strength; however, they seem to compensate by utilizing the caring, trust, and respect they have for each other. Additional coping strengths are found in their reduced tension and calmness.

Regenerative families. Finally, regenerative families are high in both coherence and hardiness (McCubbin, 1988). They cope by developing trust and respect and remaining emotionally calm and stable through life's difficulties. They accept life's challenging circumstances, and they work together to solve problems. Also, they are secure in their sense of purpose, and they find meaning in life. Regenerative families are

able to plan ahead, and they feel they have control over life's circumstances. They are active and willing to try new approaches, and they encourage other family members to also be active and open-minded.

When compared to the other three family types, regenerative families had significantly greater strengths in the domains of celebrations, family time and routines, and the valuing of family time and routines (McCubbin et al., 1988). They had greater strengths in the domains of bonding and flexibility. They indicated a more positive family adaptation, which was reflected in family satisfaction, marital satisfaction, family physical and emotional health, and community satisfaction. They also demonstrated higher overall family well-being. Of the two variables associated with regenerative families, hardiness was the variable of interest in this study, because hardiness is associated with internal strength and purpose that enables families to adapt to difficult life circumstances.

McCubbin and McCubbin's Hardiness

Of the dimensions used to explain regenerative families, hardiness is the most researched. The construct of hardiness specifically focuses on family members' sense of control over their lives, commitment to the family, confidence that the family will survive no matter what the circumstances, and the ability to learn, grow, and challenge one another. Within McCubbin's (1988) typology, hardiness is essential to the make-up of families who are better able to adapt to normative transitions and who thrive in the face of adversity. Hardiness considers the strength and sense of purpose in the lives of families; whereas, the construct of coherence is related to the support, respect, and encouragement offered among members of the family. Coherence is a variable consistent

with the outward expression of support among family members. Because hardiness is more closely related to the internal characteristics associated with resiliency, family hardiness rather than coherence was the variable of interest in the current study.

Multiple studies have been conducted to examine the specific role of hardiness in the lives of individuals and families. Hardiness, either understood as synonymous with resilience or as a variable contributing to resilience, has been found to positively impact the lives of individuals and families facing various life changes, challenges, and crises. For example, hardiness contributed to positive effects in the lives of mothers of adult children with intellectual disabilities (Ben-Zur et al., 2005), adult children with missing-in-action (MIA) fathers (Campbell & Demi, 2000), families with divorced parents (Greeff & Van der Merwe, 2004), families with a mentally ill member (Greeff et al., 2006), and families with a developmentally delayed child (Failla & Jones, 1991).

Ben-Zur et al. (2005) considered the associations of social support and hardiness with mental health among mothers of adult children with intellectual disabilities. Fifty percent of the adult children had been placed in community care. The authors viewed hardiness as an individual characteristic that encompasses commitment, challenge, and control (Kobasa, 1979). Ben-Zur and colleagues (2005) proposed that hardiness and social support would be positively related to mental health and negatively related to stress levels. As expected, mental health, stress, hardiness, and social support were highly intercorrelated. The mental health score was positively correlated with both social support and hardiness, and stress was negatively related to mental health, hardiness, and social support. Demographic variables of interest were economic situation, years of education, and perceived health, each of which was positively correlated with mental

health, social support, and hardiness and negatively correlated with stress. Their findings suggested that hardiness accounted for the most variance in mental health, followed by stress and out-of-home placement. In fact, hardiness explained positive mental health outcomes better than social support. The authors also determined that hardiness was highly related to low stress. Therefore, feeling as if one has control over the situation, being committed to the task, and being able to cope with the challenge contribute to lower levels of stress and better mental health in mothers who are faced with raising a child with an intellectual disability.

In their study of adult children of fathers missing in action (MIA), Campbell and Demi (2000) conceptualized family resilience as family hardiness. Their understanding of hardiness was extrapolated from McCubbin and Patterson's (1983) Resiliency Model of Family Stress, Adjustment, and Adaptation. Since hardiness is characterized by the family working together to solve problems, having a sense of control over outcomes of life events, embracing a view of change as beneficial and growth producing, and approaching challenges actively rather than passively, Campbell and Demi (2000) posited that family hardiness is equivalent to family resilience. The researchers determined that individuals with higher family hardiness experienced less guilt, blame, and anger associated with losing their fathers. Also, those with higher levels of hardiness were not as preoccupied with thoughts of their missing fathers, and they were less likely to avoid thoughts, events, and places that stimulate recall of their fathers' MIA status. Campbell and Demi's (2000) study suggests that hardiness is associated with an increased ability to cope and persevere in the lives of individuals who experienced an uncertain and unexplained loss. The qualitative part of the study provided rich descriptions of the

participants' experiences with family hardiness, particularly the strength provided by their mothers. For example, one respondent stated that her mother encouraged the family to go on with life after the loss, and another respondent reported that his mother provided strength to the family.

In a study of divorced families, Greeff and Van der Merwe (2004) considered various factors associated with hardiness and family well-being. The questionnaires were used to gather information regarding social support, the family's methods of coping with crises, family coherence, and hardiness. The researchers also asked each individual an open-ended question: "What is, in your own words, the most important factors, or strengths, which helped your family through the stressful time?" (Greeff & Van der Merwe, 2004).

For the parents, the variables that demonstrated a strong positive correlation with family coherence were family hardiness, social support, the coping strategy of passive appraisal, and the time since divorce (Greeff & Van der Merwe, 2004). In the adolescent sample, family hardiness, social support, relative and friend support, the coping strategy of passive appraisal, and the time period that their parents were married had significant positive correlations with family coherence. The researchers determined that, for the parents, 46% of the variance in family sense of coherence is accounted for by family hardiness, the degree to which families find emotional and network support within their communities, and the reformulation of the problem and search for religious support coping styles. For the children, 53% of the variance was explained by family hardiness and the coping style of reformulation of the problem. Family hardiness was identified by both groups as an important aspect of family resilience.

Family hardiness is also an important protective factor in the lives of families who have a family member with a psychological disorder. Greeff et al. (2006) conducted a study to identify resiliency factors in families with a mentally ill family member. The researchers considered family coping style, social support, family hardiness, and family coherence. The family's adaptation, or resilience, was represented by the dependent variable of family coherence. Significant correlations for parents were found between family hardiness, a passive coping strategy, and family coherence. Significant correlations for the children were found between family hardiness, the experience of social support, and family coherence. Again, family hardiness was identified as an important resilience factor by both the parents and the children.

The study demonstrated that family strengths are positively related to the family's adaptation during a crisis (Greeff et al., 2006). Three characteristics are often seen in families who are able to cope positively with a stressful event. First, mutual dependence and the ability to work together is an asset during times of crisis. Also, the family members need to believe that they can influence their circumstances and that they can actively participate in events rather than being a powerless victim. Finally, when a family is able to adapt positively, they feel that change is normal, and they often believe that change should bring about growth rather than threat. These characteristics encompass McCubbin's definition of hardiness (McCubbin, 1988). Of all the variables studied in the families with a mentally ill family member, hardiness was the attribute that was most clearly indicated by both parents and children as being directly related to family resilience (Greeff et al., 2006).

Family hardiness was again examined in a study of families of children with developmental disabilities. According to Failla and Jones (1991), family hardiness acts as a protective factor in families of children with special health care needs. The purpose of the study was to examine the relationship between family hardiness and family stressors, family appraisal, coping, social support, and satisfaction with family functioning. Another aspect of the study was to determine which variables and which family demographics are predictive of satisfaction with family functioning.

The findings indicated that 42% of the variance in satisfaction with family functioning was accounted for by family hardiness, total functional support, family stressors, and age of the parent (Failla & Jones, 1991). Hardiness acted as a resistance resource that diminishes the effects of stress, increases the use of social support, and facilitates adaptation. Higher levels of family hardiness were also associated with coping behaviors that strengthen family relationships and family life. Family hardiness was related to positive appraisal of stressors, rather than the actual stressors, which indicates that individuals with higher levels of hardiness perceived stressful situations as challenges rather than burdens.

Previous research suggests that hardiness is associated with healthy coping and positive outcomes in families who are dealing with various life stressors (Ben-Zur et al., 2005; Campbell & Demi, 2000; Greeff & Van der Merwe, 2004; Greeff et al., 2006; Failla & Jones, 1991). The construct of hardiness addresses the family members' sense of control over their lives and confidence that the family will survive regardless of the type of challenges they face; however, McCubbin and McCubbin's (1988) theory does not specifically address the possible factors contributing to hardiness. A gap in the literature

concerning possible predictors for hardiness exists. Among the many possible variables affecting a family's level of hardiness, spirituality variables may provide a sense of strength, direction, or assurance during times of adversity, and the current study explored this possibility.

Spiritual Well-Being

Spirituality is an important aspect of the lives of a large percentage of individuals. For example, in a survey of 2,201 Americans, 90% of respondents reported that they believe in God (Taylor, 2003). Additionally, 81% of Americans identify themselves with a particular religion, 50% of Americans consider themselves religious, and 33% consider themselves spiritual but not religious. Only 10% indicated that they were neither religious nor spiritual (Robinson, 2001). Thus, a large majority of American individuals hold some type of spiritual beliefs.

Spirituality has been studied for several decades, and the definition has been debated among researchers. In a broad sense, spirituality encompasses many constructs, such as religiosity, involvement with religious communities, spiritual and religious practices, religious coping, and spiritual well-being. An operational definition of spiritual well-being was first proposed by Moberg and Brusek (1978). According to them, spiritual well-being consists of two dimensions. The first dimension is associated with one's relationship with a higher power within a particular system of religious beliefs, and the second dimension is one's sense of meaning and purpose in life. Within this definition, meaning and purpose in life is not dependent on a specific religious framework. In order to measure spiritual well-being, Paloutzian and Ellison (1982) developed the Spiritual

Well-Being Scale. The scale consists of two scales, the Religious Well-Being Scale and the Existential Well-Being Scale.

Multiple studies have examined the effects of spiritual well-being in various populations. For example, spiritual well-being has been positively associated with lower trait anxiety in at-risk youth (Davis et al., 2003), less stress in graduate students (Calicchia & Graham, 2006), lower reported levels of distress in adult survivors of childhood maltreatment (Weber & Cummings, 2003), and improved self-esteem in social work graduate student (Kamya, 2000).

Davis and colleagues (2003) examined the relationships among trait anxiety, spiritual well-being, religiosity, and social provisions in the lives of at-risk youth. The participants were high school students who had been identified as at-risk for a variety of reasons, including economically impoverished family background, minority status, lack of support or encouragement, frequent acting-out and other delinquent behaviors, or not achieving academic potential. The findings suggested significant relationships between trait anxiety and spiritual well-being and between trait anxiety and intrinsic religious orientation for the males. For the females, none of the correlations were significant. Two significant predictors of trait anxiety emerged, spiritual well-being and gender. Upon further analysis, existential well-being was the only spiritual well-being that was a significant predictor of trait anxiety, accounting for 27% of the variance.

The authors propose that existential well-being, rather than religious well-being, was responsible for predicting trait anxiety (Davis et al., 2003). The responses to the Existential Well-Being subscale of the Spiritual Well-Being Scale suggest three characteristics of at-risk youth with lower trait anxiety. Students with lower trait anxiety

tend to be focused on their futures. They may have faith that their lives are progressing in a positive direction. Second, they believe that life has innate meaning and that their lives, in particular, have purpose. Finally, students with low trait anxiety are likely to perceive life to be a positive and fulfilling experience.

Spiritual well-being in the lives of university students has been considered in two studies. Calicchia and Graham (2006) assessed the relationship between spirituality, life stressors, and social resources as buffers of stress in a sample of graduate students.

Religious well-being was positively correlated with health. The Existential Well-Being Scale of the SWBS demonstrated a negative relationship with two of the stress variables. Participants who reported higher levels of existential well-being reported less stress from one's spouse/partner and extended family. This scale was also positively correlated with receiving social support from extended family, friends, and positive events. Given the findings, the authors concluded that spirituality is an effective buffer of stress in graduate students. Additionally, existential well-being, rather than religious well-being, is the construct most related to reduced levels of anxiety.

Another study examined the relationships among spirituality, social support, and childhood maltreatment in the lives of university students (Weber & Cummings, 2003). Given the interest in determining the factors associated with resilience in adult survivors of maltreatment, the authors proposed that spirituality and social support are variables that might mitigate the negative effects of childhood abuse. They considered maltreatment to be sexual, physical, and/or psychological abuse. A significant negative correlation between participants' scores on the Existential Well-Being Scale of the SWBS and maltreatment was found. Individuals who reported low maltreatment also

obtained significantly higher Existential Well-Being Scale scores. No significant correlation was found between scores on the Religious Well-Being Scale of the SWBS and maltreatment. Significant negative correlations were found between psychological symptoms and their total scores on the SWBS and between their psychological symptoms and their scores on the Existential Well-Being Scale. Their scores on the Religious Well-Being Scale did not show a significant correlation with current psychological symptoms. The authors found that having a clear sense of meaning and direction in life was associated with fewer symptoms of distress. Again, the most pertinent variable associated with spiritual well-being was existential well-being.

Kamya (2000) considered the roles of hardiness and spiritual well-being in the lives of social work students. Results indicated that spiritual well-being and hardiness significantly contribute to self-esteem. As spiritual well-being and hardiness increase, self-esteem increases. The author suggests that high self-esteem will protect against burnout as social work students endure the rigorous demands of graduate school. Thus, the study results indicate that both spiritual well-being and hardiness contribute positively to favorable outcomes in the midst of life's challenges.

Because spiritual well-being has been positively associated with positive outcomes in the midst of various difficult life circumstances and challenges (Calicchia & Graham, 2006; Davis et al., 2003; Kamya, 2000; Weber & Cummings, 2003), the current study considered the relationship between spiritual well-being and family hardiness and between spiritual well-being and parenting behavior.

Religious Coping

In addition to providing individuals with meaning in life and comfort through a relationship with a higher power, spiritual and religious beliefs often provide a framework for coping with difficult circumstances. In times of stress, a person's religious orientation dictates the beliefs and practices that are translated into coping skills. Religious coping is commonly used by individuals and has been associated with positive physical health and mental health outcomes of individuals facing difficult life circumstances, such as illness, victimization, or death of a loved one. Additionally, religious coping has been found to contribute unique variance to the prediction of well-being above the effects of nonreligious coping. Therefore, religious coping cannot be explained by or reduced to factors associated with nonreligious coping (Pargament et al., 1998). Religious coping styles appear to mediate the relationship between religious orientation and the outcomes of stressful life events. Thus, the way one uses his or her religious and spiritual beliefs and practices to cope with difficult circumstances has a greater impact than the individual's religious orientation.

When an individual is faced with a stressful or traumatic life event, problem-solving often becomes particularly salient (Pargament et al., 1988). Despite the approach, problem-solving is a complex process that generally involves several steps, and in order to effectively deal with life's problems, one must take an approach that aids in management of emotions. Given religion's role in providing guidance, support, and hope to individuals who are faced with various life events, religion is likely to play a significant role in the problem-solving process. Religion may guide one in selecting

particular solutions to problems and may provide emotional support throughout the problem-solving process.

Pargament et al. (1988) proposed three styles of problem-solving related to religious coping. Each of the three styles varies on “two key dimensions underlying the individual’s relationship with God: the locus of responsibility for the problem-solving process and the level of activity in the problem-solving process” (p. 91). A self-directing style of problem-solving assumes the individual is responsible for resolving problems. When utilizing this style, the individual believes God gives people the freedom to make decisions and to control their own lives, and an active problem-solving stance is taken. Rather than taking action and attempting to solve one’s own problems, some individuals defer the responsibility of problem-solving to God and wait for Him to reveal solutions or to solve the concern. From the deferring problem-solving perspective, God is the direct source of solutions. Finally, a collaborative problem-solving style views God as a partner, and responsibility for problem-solving is shared between God and the individual. In this particular style, neither is a passive participant, but rather both are viewed as active contributors who work together to solve problems.

Pargament and colleagues (1988) conducted a study to examine the problem-solving processes in 197 church members from a Presbyterian church and a Lutheran church in the Midwest. Each participant completed a questionnaire containing the religious problem-solving scales, the religiousness scales, and the competence scales. Factor analysis supported the self-directing, the deferring, and the collaborative problem-solving styles.

Additionally, the three styles of religious problem-solving appeared to reflect different religious orientations (Pargament et al., 1988). As demonstrated in past research, traditional religious interest and practices are more closely associated with the deferring and collaborative approaches; whereas, the self-directing approach was significantly related to a quest orientation of religion. Those who use the deferring and collaborative styles were typically more involved in religion. The deferring style was more prevalent in individuals who seemed to rely more on external rules, beliefs, and authority to meet their needs. Conversely, the collaborative orientation seemed closely associated with an internalized commitment to religion with an intimate interactive relationship with God. The self-directing approach to problem-solving was modestly related to the measure of one's perceived level of competence. The deferring style was significantly negatively correlated with the competence scales of personal control and self-esteem. Contrary to the researchers' expectations, the collaborative style did not relate positively to the competence measures. The authors concluded that the study demonstrates the important role religion plays in the problem-solving process. Additionally, they concluded that "through the partnership with God, the collaborative style may help individuals manage their feelings, while encouraging explorations of the world and more effective living skills" (Pargament et al., 1988, p. 103).

In addition to the three methods of problem-solving initially proposed, Pargament et al. (1998) have identified multiple religious coping methods as either positive or negative coping strategies. The spiritual connection method consists of seeking connection to transcendent forces. Benevolent religious reappraisal is redefining the stressful situation through religion and viewing the stressor as benevolent and potentially

beneficial. Some individuals implement the punishing God reappraisal and redefine the circumstance as punishment from God for the individual's sins. Conversely, when using demonic reappraisal, one views the stressor as the act of the Devil. In order to understand God's powers as having an influence on the stressful situation, one might reappraise God's powers. Increasing one's focus on religion may aid some in seeking relief from life's difficulties. Religious purification entails engaging in religious actions in an effort to search for spiritual cleansing. Rather than focusing on religion, one may seek spiritual support and search for comfort and reassurance through God's love and care. When faced with a challenging situation, one may express confusion and dissatisfaction with God, which produces a spiritual discontent. On the other hand, interpersonal religious discontent means that one is expressing confusion and dissatisfaction with clergy or members of a religious group. Other methods of coping include seeking support from clergy, engaging in religious helping by providing support to others, and looking to religion for help in letting go of anger, hurt, and fear associated with an offense (Pargament et al., 1998).

The various methods of religious coping have been divided into positive religious coping and negative religious coping. Positive religious coping is a reflection of a secure relationship with God and a belief that life has meaning; whereas, negative religious coping indicates a less secure relationship with God, an ominous view of the world, and a religious struggle for meaning in life (Pargament et al., 1998). For example, factor analysis suggested that strategies for positive religious coping include redefining the stressful situation as an opportunity for spiritual growth and that negative religious

coping may be demonstrated through redefining the situation as the work of the Devil or as punishment from God (Pargament, Koenig, & Perez, 2000).

Pargament et al. (1998) examined the effects of positive and negative religious coping in the lives of individuals who experienced the Oklahoma City bombing, college students who were grieving losses, and medical patients who were over the age of 55. In each of these samples, positive religious coping, such as benevolent religious reappraisals, collaborative religious coping, seeking spiritual support, and spiritual connection, is moderately associated with greater cooperativeness. Additionally, positive religious coping has been found to be significantly tied to increased levels of stress-related growth and positive religious outcomes. Conversely, negative religious coping is related to depression. Therefore, positive religious coping can be a valuable resource during times of stress.

Morgan et al. (2006) considered both religious coping and spiritual well-being in a study assessing the relationships among these variables and the quality of life in African American breast cancer patients. The Brief RCOPE (Pargament et al., 1998) was used to measure religious coping. The African American women in the study were found to use more positive religious coping than negative religious coping during treatment for breast cancer. Positive correlations were found between spiritual well-being and the quality of life domains of physical, emotional, and functional well-being. Results indicated a negative correlation between negative religious coping and physical well-being. As one's use of negative religious coping increased, a decrease in physical well-being was seen. The authors concluded that both spiritual well-being and positive religious coping styles

are assets during the treatment for breast cancer in African American women (Morgan et al., 2006).

To determine the impact of religious practice and religious coping on depression in a geriatric population, Bosworth, Park, McQuoid, Hays, and Steffens (2003) surveyed elderly patients who were receiving care at the Mental Health Clinical Research Center at Duke University Medical Center. All patients met DSM-IV criteria for major depression. A modified version of the Brief RCOPE, with three questions pertaining to positive religious coping and three questions pertaining to negative religious coping, was utilized. Higher levels of positive religious coping were related to lower levels of depression, and the positive effects of positive religious coping remained evident after six months. Negative coping was associated with higher scores on the depression measure but not associated with six-month depressive outcomes.

In their study with advanced cancer patients, Tarakeshwar, Vanderwerker, Paulk, Pearce, Kasl, and Prigerson (2006) found that religious coping is significantly associated with quality of life. The findings suggested that positive religious coping was positively related to overall quality of life. Positive religious coping was associated with higher scores on the existential and support quality of life dimensions. However, positive religious coping was also associated with increased reporting of physical symptoms. On the other hand, negative religious coping was related to lower overall quality of life scores. Specifically, negative religious coping corresponded with lower scores on the psychological and existential quality of life dimensions. After controlling for sociodemographic variables, life history of depression, and self-efficacy, the authors

found that positive religious coping was related to improved quality of life in advanced cancer patients.

The impact of religious coping was considered in the lives of palliative care patients (Hills, Paice, Cameron, & Shott, 2005). While positive religious coping was not associated with improved quality of life, negative religious coping was positively associated with distress, confusion, and depression and was negatively associated with physical and emotional well-being and quality of life.

To determine the impact of spirituality and religion in the lives of patients with HIV/AIDS, Cotton et al. (2006) interviewed patients from four clinical sites. The Brief RCOPE was used to assess religious coping. The findings suggested that negative religious coping was associated with having more bothersome HIV symptoms, having more significant depressive symptoms, being less optimistic, having a detectable viral load, having less HIV mastery, having lower self-esteem, and being less optimistic. On the other hand, positive religious coping was associated with worse overall functioning, less HIV mastery, greater life satisfaction, and greater optimism. Participants tended to use more positive religious coping than negative religious coping. They also found that African American participants tended to utilize more positive and negative religious coping than the Caucasian participants.

Religious coping also helps parents of critically ill children navigate the emotional demands of their children's illnesses (Cardella & Friedlander, 2004). Collaborative religious coping was associated with lower levels of distress; whereas, pleading for direct intercession was related to higher levels of distress. The findings

suggest that individual differences in utilizing religious coping may contribute to the level of distress experienced by parents who have a child with cancer.

Szewczyk and Weinmuller (2006) examined the use of religious coping in adolescents with alcoholic parents. The findings suggested that the overall use of religious coping between groups was not significant. However, adolescents from alcoholic families tended to use the specific religious coping strategies of demonic reappraisal, spiritual discontent, and dissatisfaction with God. By providing the adolescents with a source of blame for their difficult circumstances, the negative coping strategies may have contributed to an ability to make sense of their situations.

Adolescents who were not engaged religiously more frequently reported that the difficult circumstances in their lives were punishment from God. Adolescents who were religiously engaged tended to utilize the positive religious coping strategies.

Parent and child functioning are also affected by religious coping styles (Dumas & Nissley-Tsiopinis, 2006). Through telephone surveys with parents of preschool children, Dumas and Nissley-Tsiopinis (2006) found that religious coping was significantly associated with both parent and child functioning. Negative religious coping was related to low parental investment in their children and low satisfaction. When parents struggled with their relationships with God and relied on negative religious coping, they tended to have negative parenting experiences. Also, negative religious coping in parents was associated with the presence of oppositional and hyperactive behaviors in children. Conversely, parents who relied on positive religious coping described their children as competent.

Spiritual and Religious Variables and Parenting

In addition to affecting the physical and psychological well-beings of individuals and families, spiritual and religious variables also have a profound impact on parenting behaviors and parenting satisfaction. In their meta-analysis examining the impact of religion on marriages and parenting practices, Mahoney et al. (2001) found that Christians typically try to incorporate their spiritual beliefs into their parenting practices. Religion may also affect how parents view corporal punishment, with more conservative Christian groups supporting the use of corporal punishment. Religious parents may view children as gifts from God and may want to reflect God's will through parenting. They may also feel a spiritual obligation to raise their children collaboratively with their spouses. Highly religious parents may be more confident and consistent in their parenting practices. Spiritual beliefs have also been utilized by parents to cope with behaviorally or emotionally disturbed children, and many parents find strength, support, and guidance from their religious beliefs.

Religion may also have negative impacts in the lives of parents and children (Mahoney et al., 2001). Highly religious families have been shown to have increased enmeshment in the family, and parents in these families may be reluctant to relinquish parenting roles. Also, past research has demonstrated that many highly religious parents force children to adopt specific religious beliefs, which has the potential to inhibit their growth and development. Some parents avoid dealing with serious problems in their families because their beliefs emphasize familial unity, and they are reluctant to admit that they are experiencing difficulties. According to current literature, spirituality impacts parents, parenting philosophies, and parenting outcomes.

Nicholson and McMorris (2007) examined the role of religiosity in parenting young children. The results indicated that parents endorsing religious fundamentalism and those endorsing an extrinsic religious orientation are more likely to use corporal punishment. Religious fundamentalism was associated with an authoritarian parenting style. Parents who endorsed an intrinsic religious orientation used a more authoritative style of parenting and relied less on verbal and corporal punishment.

Mathai and North (2003) conducted a survey of the importance of spirituality in the lives of parents. Over half of the parents rated spirituality as important, and another 33% indicated that it was slightly important. Most of the parents believed that their spiritual beliefs were relevant to the presenting problems, and about half of the parents were of the opinion that therapists should consider the family's spiritual beliefs when planning their children's care. Parents report that spirituality is important to them; thus, using one's spirituality when coping with the challenges of raising children may promote resilience.

When considering resilience in the lives of at-risk families, spirituality is among the variables that contribute to increased family competence and to an ability to persevere (Brodsky, 1999; Hurd, Moore, & Rogers, 1995). Brome, Owens, Allen, and Vevaina (2000) found that spirituality contributes to better coping and more positive attitudes towards parenting in African American women who are recovering from substance abuse.

In a qualitative study of ten single, African-American mothers, interviews were conducted with the mothers using a semi-structured, open-ended format (Brodsky, 1999). To better understand the mothers' perceptions of how they are able to persevere in the midst of difficult life circumstances, the mothers were asked to consider three primary

areas, including stressors or risk factors with which the mothers are faced, resources and protective factors used by the mothers to cope with life's stressors, and whether or not they consider themselves resilient. The study participants chose to describe resilience as "making it," which was viewed as an ongoing process in which the families were able to achieve personal and familial goals. Eight domains emerged as component parts of resilience: neighborhood, role as a parent, money, family, friends, men as significant others, personal characteristics, and spirituality.

Specifically, within the role as parent domain, participants viewed parenting as an important aspect of their lives (Brodsky, 1999). They appeared to draw much of their identities from their roles as parents, and they viewed this aspect of their lives as positive. Furthermore, rather than inducing stress, most participants indicated that being a parent yielded satisfaction. Parenting involved meeting the basic needs of their children, teaching their children the values needed to survive, and being involved in their children's lives.

Within the spirituality domain, the majority of the mothers indicated that their spiritual lives were an important resource (Brodsky, 1999). Whether they endorsed a private relationship with God or a set of values influencing their behavior, these African American mothers tended to value spirituality. One mother reported that the Bible provides guidance as she makes decisions for her family and as she attempts to stay focused as a parent. Others found material support from their local churches and social support from leaders and members in the church. Finally, faith was endorsed as a valuable resource in providing reassurance that situations will improve.

A competence model of family functioning was used by Hurd et al. (1995) to consider strengths among African American parents. Parents described the values and behaviors they strove to impart to their children through their parenting practices. Among the themes that emerged as important aspects of parenting, cultivation of spirituality was described by many parents.

Brome et al. (2000) conducted a pilot study assessing a family program at a community health center in Roxbury, Massachusetts. The participants were all African American women who were recovering from substance abuse and who had children between the ages of six and fourteen. One of the hypotheses was that the African American women recovering from substance abuse who have higher levels of spirituality will express more positive attitudes toward their families and parenting than African American women in recovery who have lower levels of spirituality.

The SWBS was used to measure spirituality, and mothers were divided in low or high spirituality groups based on their SWBS scores (Brome et al., 2000). Parenting attitudes and challenges were also measured. The authors found that the high spirituality group expressed more positive attitudes toward parenting than the low spirituality group. The women who were high in spirituality also found more pleasure in parenting than the low spirituality group. However, no differences were found in how the two groups experienced the social aspects of parenting or in how they experienced the tensions and anxieties associated with parenting.

The high spirituality group also had higher self-concepts, more active coping styles, and more positive perceptions of family organization (Brome et al., 2000). They had greater overall satisfaction with their social support than the low spirituality group of

mothers, and they were more satisfied with the support they received from their grandparents. No differences existed between the mothers' perceptions of support from their parents, extended family, or others. Overall, the findings suggested that spirituality contributed positively to mental health and personal outcomes in the lives of African American women in recovery from substance abuse. Spirituality is associated with positive views about self, parenting, and available social support.

African American mothers indicated that, as a result of the strength and guidance provided to them through their spiritual beliefs, they were able to be resilient in the face of raising children alone (Brodsky, 1999). Mothers with higher levels of spirituality reported that they had more positive attitudes toward parenting and that being mothers provided them with more satisfaction than mothers who had lower levels of spirituality (Brome et al., 2000). Spirituality was also related to more positive parenting attitudes in African American single mothers (Brodsky, 1999) and in African American mothers recovering from substance abuse (Brome et al., 2000). While the authors did not focus on the mechanism by which spirituality affected parenting experiences, the studies suggest that spirituality is a positive construct in many parents' lives.

General life satisfaction among gifted adults is positively affected by spirituality (Perrone et al., 2006). The researchers considered the relationship of spirituality to work and family roles and life satisfaction. Spiritual well-being was not significantly correlated with work satisfaction or with parenting satisfaction. Existential well-being was significantly related to life satisfaction, and life satisfaction was correlated with marital satisfaction, job satisfaction, and parental satisfaction. Spirituality was not directly related to parenting roles and attitudes; however, increased life satisfaction was associated with

more positive parenting experiences. Since increased spirituality tended to yield greater life satisfaction, it may be possible that spirituality indirectly affected the gifted adults' perceptions of parenting.

The qualitative portion of the study yielded a clearer indication of how the individuals viewed the role of spirituality in their lives (Perrone et al., 2006). When asked how their spiritual beliefs impacted life satisfaction, most respondents indicated that their beliefs positively contributed to life satisfaction. Most also reported that spiritual beliefs provided a sense of hope, strength, and peace and that their spiritual beliefs helped them cope with difficult life events. Specifically, participants reported that their spirituality influenced their parenting. For example, they indicated that they wanted to raise their children in their religious faith and that their religious beliefs provide guidance in parental decisions. Furthermore, many participants stated that they bonded with their children through spiritual activities. Given the findings, the researchers concluded that spirituality plays a positive role in the lives of gifted adults. Spirituality contributes positively to overall life satisfaction and also provides parents with direction in parenting.

Spirituality also seems to be a resource for individuals facing the challenge of raising a disabled child (Leyser & Dekel, 1990). While the authors did not specifically consider spirituality as a variable in the study, the study population consisted of only highly spiritual Jewish families. The fathers in the families were either religious students or religious leaders within the Jewish faith. When coping with caring for a disabled child, seventy-eight percent of the parents consulted their rabbi. In all cases, the rabbi encouraged the parents in their struggle and suggested that the parent seek as much medical and therapeutic help as they could for their children. Another aspect of these

parents' lives that reflects the role spirituality plays in coping with a disabled child is the peace they have regarding their children's futures. Most parents did not seem overly concerned about the future. They responded that they were unsure of the future, that they did not frequently think about it, or that they were trusting God with the future. These highly spiritual individuals appeared to find strength in their religious beliefs to handle the stress of parenting a special needs child. Their assurance that their children would be alright was evident in the infrequency in which they ruminated about their children's conditions.

In a study of multiple families in an inner-city pediatric clinic in the Bronx, New York, McEvoy et al. (2005) considered the parenting philosophies and child care practices of a diverse group of parents. The participants represented 27 different countries, and the researchers were interested in gaining a better understanding of possible differences in parenting among culturally diverse individuals. Eleven themes emerged and were separated into three categories, including parenting philosophies, influence of American culture and perceived opportunities for children, and parenting practices. In the parenting philosophies category, parents were most concerned with teaching family values and respect for elders, instilling the importance of family, and emphasizing the importance of religion and spirituality. Participants indicated that they gained strength from their spirituality to help guide them in their parenting roles. They viewed God or a higher power as something larger than themselves who would help them as they parented their children. For example, one parent stated, "I'm not able to handle the two children without any help but with God's grace I'm able to do it" (McEvoy et al.,

2005, p. 146). Individuals from all countries indicated that spirituality was an important aspect of their parenting.

Past research suggests that spirituality does play an important role in the lives of parents and children. Spirituality is positively associated with the parenting practices of parents of various ethnicities (Brotsky, 1999; Brome et al., 2000; Hurd et al., 1995; McEvoy et al., 2005) and religious beliefs (Leyser & Dekel, 1990). Individuals who are experiencing challenging life circumstances also indicated that they draw upon their spiritual beliefs when making decisions regarding raising their children (Brome et al., 2000; Leyser & Dekel, 1990). Spiritual well-being is also associated with positive attitudes about parenting, and many parents associated their spirituality with their roles as parents (Brotsky, 1999). Finally, spirituality and religious coping are associated with life satisfaction, which has implications for multiple areas of life, including parenting (Pargament et al., 1998; Perrone et al., 2006).

Purpose of Current Study

The previous research provides evidence for the relationships between family hardiness and positive outcomes (Ben-Zur et al., 2005; Campbell & Demi, 2000; Failla & Jones, 1991; Greeff & Van der Merwe, 2004; Greeff et al., 2006; Preece & Sandberg, 2005) and between religious coping and spiritual well-being and positive outcomes (Calicchia & Graham, 2006; Davis et al., 2003; Edmondson et al., 2005; Morgan et al., 2006; Pargament et al., 1998; Perrone et al., 2006; Weber & Cummings, 2003). Religious and spiritual variables also contribute to parenting behaviors (Mahoney et al., 2001). The relationship between spiritual and religious variables and hardiness is not explicitly delineated in the literature, and the contributions of religious coping, spiritual well-being,

and hardiness to parenting behaviors have not been explored. Therefore, the purpose of the current study was to examine the predictive values of spiritual well-being and religious coping on hardiness. To better understand how these constructs affect parenting behaviors, the potential contributions of spiritual well-being, religious coping, and hardiness to parenting behaviors were considered. The relationships among the variables of interest, rather than the causal effects of the variables, were considered in the current study.

Research Questions

The research questions for the study were as follows:

1. Do spiritual well-being and religious coping contribute to family hardiness in low SES families?
2. Do spiritual well-being, religious coping, and family hardiness contribute to parenting behaviors in low SES families?

CHAPTER II

METHOD

Participants

Participants were parents or guardians of Head Start children enrolled in the Pinebelt Association for Community Enhancement (PACE) Head Start preschool program. All parents or guardians were at least 18 years old and were caregivers for at least one child two to five years of age. PACE Head Start serves approximately 722 children through 13 centers located throughout Forrest County, Mississippi.

Data were collected during parent/teacher meetings in March and April of 2008 and during the Head Start fall registration process in August of 2008. At least one parent of each Head Start student is required to attend the registration meetings. Recruitment continued until at least 100 parents agreed to participate. A total of 112 parents consented to participate in the study and completed the packet of study instruments. Of the 112 participants, six were excluded from the final analyses. One was excluded due to inconsistent responding on all measures. One was excluded because the focus child's age at the time of the study was six, which was out of the two to five years age range. A third participant was excluded from the study because the parent's race was Hispanic and was the only non-white or non-black participant. Preliminary analyses were run to calculate Mahalanobis' distance, and three multivariate outliers were excluded from subsequent analyses.

The final number of participants included in the study was 106. Ninety-nine (93.4%) were mothers, five (4.7%) were fathers, and two (1.9%) marked "other." The participants who marked "other" identified themselves as a grandmother and a step-

father. The sample of guardians was predominantly female. The majority of the participants identified themselves as black. However, participant race was similar to those typically served by the PACE Head Start preschool program. Ethnic groups served by the centers are as follows: 83% African American, 12% Caucasian, and 4% Hispanic. The mean age of the parent or guardian completing the form was 27.33. Approximately one-half of the participants indicated they were in partnered relationships. Annual income was predominately less than \$10,000, which is consistent with the typical Head Start family annual income. The identified gender of the target children was approximately one-half male and one-half female. The mean age of the children was 3.92. Demographic data, including reported religious affiliations of the participants, are presented in Tables 1 and 2.

Table 1

Frequency Demographic Characteristics of Participants (N = 106)

Characteristic	N	%
Type of Guardian		
Mother	99	93.4
Father	5	4.7
Other	2	1.9
Gender of Guardian		
Female	99	94.3
Male	6	5.7
Race of Guardian		
Black	83	80.6
White	20	19.4
Partnered Status		
Partnered	49	46.2
Non-Partnered	57	53.8
Annual Income		
Less than \$10,000	35	43.2
\$10,000-\$20,000	24	29.6
\$20,000-\$30,000	17	21.0
\$30,000-\$40,000	4	4.9
\$40,000+	1	1.2

(Table 1 continued)

Characteristic	<i>N</i>	%
Gender of Child		
Female	51	49.5
Male	52	50.5
Religious Beliefs Impact Parenting		
Yes	58	55.2
No	47	44.8
Sought Professional Help Related to Parenting		
Yes	8	7.6
No	97	92.4
Religious Affiliation		
Southern Baptist	35	37.6
Missionary Baptist	24	25.8
National Baptist Convention, Incorporated	6	6.5
Church of God in Christ	6	6.5
Catholic	4	4.3
Methodist	2	2.2
African Methodist Episcopal	2	2.2
Christian Methodist Episcopal	1	1.1
Other	13	14.0

Table 2

Descriptive Demographic Characteristics of Participants (N = 109)

Characteristic	<i>M</i>	<i>SD</i>
Guardian Age	27.33	5.57
Child Age	3.92	0.69
Guardian Years of Education	12.77	2.07
Number of Children in Home	2.33	0.99
Number of Adults in Home	1.59	0.65

Instruments

Consenting participants in the study completed a brief *Demographic Questionnaire* (Appendix A), including age, gender, ethnic background, marital status, gross family income, highest level of education attained, and religious affiliation. Participants indicated the total number of children living in the home and the ages of their children who are enrolled in the Head Start preschool program. They also indicated how many adults live in the home. When completing the demographic questionnaire and other

study instruments, the participants were instructed to focus on one child between the ages of two and five who is enrolled in the Head Start preschool program.

Family Hardiness Index (FHI; McCubbin, McCubbin, & Thompson, 1987; see Appendix B). Participants completed the FHI, which consists of 20 four-point Likert-scale items. One family member indicates the degree to which each statement applies to his or her family as a unit. Response choices include 0-False, 1-Mostly False, 2-Mostly True, and 3-True. The overall hardiness score indicates the family's internal strengths and durability when dealing with difficult circumstances. Hardy families have a sense of control over the outcomes of life events and difficulties. They also view change as beneficial and growth producing, and they have an active approach to managing stressful circumstances. For the purposes of this study, only the total family hardiness score was used.

The FHI was developed to adapt the concept of individual hardiness to consider hardiness of the family as a unit. The FHI was normed on a sample of 304 families and has been used in research with families experiencing a variety of life circumstances (McCubbin et al., 1987). The overall FHI has an internal consistency Cronbach's alpha coefficient of .82. The test-retest reliability for the FHI is .86. The FHI demonstrated validity as a measure of family hardiness. When the associations between hardiness and other constructs of family strengths thought to be related to hardiness were examined, family hardiness was found to be positively correlated with family flexibility, family time and routines, family satisfaction, marital satisfaction, and community satisfaction (McCubbin et al., 1988).

An internal consistency check of the FHI total scale was conducted utilizing the FHI data collected during the current study. The overall FHI yielded an internal consistency Cronbach's alpha coefficient of .84. Individual participant mean substitutions were made for subjects with 10% or less missing item responses. A total of 15 mean substitutions were made for the FHI. Participants who had greater than 10% missing items were not included in the analyses that included the FHI total score.

Spiritual Well-Being Scale (SWBS; Paloutzian & Ellison, 1982; see Appendix C).

The SWBS was used to measure participants' subjective quality of life as measured by one's perception of spiritual well-being. Copies of the SWBS were purchased from Life Advance, Inc., at a discounted price for student research. The 20-item, self-assessment SWBS has two subscales, the Religious Well-Being (RWB) subscale and the Existential Well-Being (EWB) subscale. The RWB subscale assesses how one perceives the well-being of his or her spiritual life in relation to God. The EWB subscale is considered the social psychological dimension and assesses how well an individual is adjusted to self, community, and surroundings. Items are rated on a six-point Likert scale from *strongly agree* to *strongly disagree*. Three possible scores, including the RWB subscale, the EWB subscale, and the total SWBS, are derived from item responses. The RWB and EWB subscale scores were used in the present study.

The initial measure was normed on 206 college students. Since then, numerous studies with various populations have used the SWBS (Boivin, Kirby, Underwood, & Silva, 1999). In seven studies involving over 900 participants, the internal consistency Cronbach's coefficient alphas ranged from .88 to .99 for RWB, .73 to .98 for EWB, and .82 to .99 for SWB. Test-retest reliability from multiple administrations of the SWBS

ranged from .88 to .99 for RWB, .73 to .98 for EWB, and .82 to .99 for SWB. Validity is suggested because the SWB Scale score, RWB score, and EWB score were found to positively correlate with a sense of purpose in life (Paloutzian & Ellison, 1982).

The internal consistency Cronbach's coefficient alphas for the current study's RWB and EWB subscales were .87 and .83, respectively. Individual participant mean substitutions were made for participants with 10% or less item responses missing. Five mean substitutions were made for the RWB subscale, and eight mean substitutions were made for the EWB subscale. Participants with greater than 10% missing items on a particular subscale were not included in the analyses associated with that subscale.

Brief RCOPE (Pargament, Smith, Koenig, & Perez, 1998; see Appendix D).

Positive and negative approaches of religious coping were ascertained to determine the extent to which participants make use of various religious methods of coping with life's stressful circumstances. The 14-item, Brief RCOPE was used to assess positive and negative religious coping. The seven items measuring positive religious coping are associated with a loving and supportive view of God, and the seven items measuring negative religious coping are associated with a punishing and rejecting view of God. The Brief RCOPE items are rated on a four-point Likert scale from 0 (*not at all*) to 3 (*a great deal*). The Brief RCOPE was developed using a sample of college students. The internal consistency for each subscale was calculated, and Cronbach's coefficient alphas were .90 and .81 for the positive and negative subscale, respectively. In a hospital study, the Cronbach's coefficient alpha for the positive subscale was .87 and for the negative subscale was .69. Correlations between positive and negative religious coping were low, suggesting that the two subscales are distinct. Thus, the measure demonstrated

discriminant validity. Criterion-related validity was supported using measures of stress-related growth, post-traumatic stress disorder symptoms, callousness to others, and religious outcomes (Pargament, 2003; Pargament et al., 1998). Both the positive and negative subscale scores were used in the current study.

Using the data collected in the present study, the Cronbach's coefficient alpha for the positive RCOPE subscale was .82. The Cronbach's coefficient alpha for the negative RCOPE subscale was .72. No mean substitutions were made for either the positive or negative RCOPE subscale.

Parent Behavior Inventory (PBI; Lovejoy, Weis, O'Hare, & Rubin, 1999; see Appendix E). The PBI was used to assess parenting behaviors. The self-report inventory consists of 20 items, with possible responses in a six-point Likert scale format from 0 (*not at all true*) to 5 (*very true/I often do this*). The two subscales demonstrate adequate internal consistency. In a sample of 107 mothers of young children from urban and rural areas in the greater Chicago, Illinois region, the Cronbach's coefficient alpha for the Hostile/Coercive subscale was found to be .81, and the Cronbach's coefficient alpha for the Supportive/Engaged subscale was .83. Forty-six of those mothers were retested to assess reliability. Test-retest reliability coefficients were .69 and .74 for the Hostile/Coercive subscale and the Supportive/Engaged subscale, respectively. The present study used both the Hostile/Coercive subscale and Supportive/Engaged subscale scores.

The PBI was demonstrated to be a valid measure of parenting behaviors. When compared to the Positive and Negative Affect Schedule (PANAS) negative affect scale, the Hostile/Coercive subscale was positively correlated. A significant negative

correlation was found between the PANAS negative affect scale and the Supportive/Engaged subscale. Additionally, using the Eyberg Child Behavior Inventory (ECBI) and the Parenting Stress Index – Short Form (PSI-SF), the authors found that child behavior problems and stress were negatively correlated with the Supportive/Engaged subscale and positively correlated with the Hostile/Coercive subscale (Lovejoy et al., 1999).

Due to researcher error, only 18 of the 20 items were included in the PBI used for this study. One item was inadvertently excluded from each subscale. The missing Supportive/Engaged item was “I comfort my child when s/he seems scared, upset, or unsure.” The missing Hostile/Coercive item was “I threaten my child.” The internal consistency for the PBI with only 18 items was .73 and .71 for the Supportive/Engaged and Hostile/Coercive subscales, respectively. While the internal consistency is slightly lower than that reported in previous literature (Lovejoy et al., 1999), it was similar to the internal consistency of the complete PBI used with the same participant sample collected during the August Head Start student registration. For the sample using the complete PBI, the internal consistency Cronbach’s alphas were .79 and .73 for the Supportive/Engaged and Hostile/Coercive subscales, respectively. Because each participant was missing two items per subscale, no mean substitutions were made to either subscale.

Procedure

Participants were recruited from the families of the approximately 722 children enrolled in the PACE Head Start preschool programs. Only one parent or guardian from each family was asked to participate in the study. Individuals were recruited at parent/teacher meetings in March and April of 2008 and during student registration at the

beginning of the academic year in August of 2008. Four guardians completed the packet of questionnaires during the spring parent/teacher meetings, and the remaining participants ($n = 108$) were recruited during fall registration meetings.

The study was reviewed and received Institutional Review Board (IRB) approval prior to beginning data collection, and IRB approval was maintained throughout the study (Appendix F). The primary researcher recruited and trained two doctoral level counseling psychology students to assist with data collection. A script explaining the study and informed consent was provided to the research assistants to use during data collection (Appendix G).

Participants were provided with an oral presentation about the study and a consent form (Appendix H). If they elected to participate, the individuals were asked to read the form and sign it. The researcher then collected the signed consent forms from the participants. Participants were informed that they were free to withdraw from the study at any time without penalty should they desire. They were informed that their questionnaires will be kept confidential. When requested, participants were provided with a copy of the informed consent. A list of counseling resources was available should participants request information about counseling or parent training (Appendix I). No parents requested the list of counseling resources. Each guardian who participated was given a chance to win one of two \$50 Wal-Mart gift cards. All participants were included in the random drawing, and the two gift cards were mailed to the winners after the completion of data collection.

Participants were asked to complete all questionnaires, which took approximately 30-40 minutes. In order to ensure confidentiality, each participant's questionnaire packet

was assigned a number. All data was entered into a database with only the ID number. Participant names remained only on the demographic questionnaire, which was kept in a secure location throughout the study. After completion of the study, participant questionnaires were stored in a secure location in a locked filing cabinet in a locked office in Owings-McQuagge Hall on the campus of The University of Southern Mississippi.

Research Questions and Hypotheses

1. Do spiritual well-being and religious coping contribute to family hardiness in low SES families?
 - A. The linear combination of the spiritual well-being and religious coping variables will account for a significant amount of the variance in family hardiness, as measured by the FHI.
 - B. Existential well-being, religious well-being, positive religious coping, and negative religious coping will emerge as unique significant predictors. Negative religious coping will be negatively associated with family hardiness. All other variables will be positively associated.

2. Do spiritual well-being, religious coping, and family hardiness contribute to hostile/coercive parenting behaviors in low SES families?
 - A. The linear combination of the spiritual well-being, religious coping, and family hardiness variables will account for a significant amount of the variance in the Hostile/Coercive PBI subscale.
 - B. Existential well-being, religious well-being, positive religious coping, negative religious coping, and family hardiness will be unique significant predictors.

Negative religious coping will be positively related to hostile/coercive parenting.

All other variables will be negatively associated.

3. Do spiritual well-being, religious coping, and family hardiness contribute to supportive/engaged parenting behaviors in low SES families?

A. The linear combination of the spiritual well-being, religious coping, and family hardiness variables will account for a significant amount of the variance in the Supportive/Engaged PBI subscale.

B. Existential well-being, religious well-being, positive religious coping, negative religious coping, and family hardiness will be unique significant predictors.

Negative religious coping will be negatively associated with supportive/engaged parenting. All other variables will be positively associated.

CHAPTER III

RESULTS

Preliminary Analyses

Means and standard deviations for the variables of interest are presented in Table

3. Sample means were within one standard deviation of those reported in other studies (Campbell & Demi, 2000; Cotton et al., 2006; Edmondson et al., 2005; Failla & Jones, 1991; Hills et al., 2005; Lovejoy et al., 1999; Weber & Cummings, 2003) with the exception of RWB which was found to be higher in this sample than in previous samples (Edmondson et al., 2005; Perrone et al., 2006; Weber & Cummings, 2003).

Table 3

Means and Standard Deviations of Scales and Subscales

Subscales	<i>N</i>	<i>M</i>	<i>SD</i>	Range	Possible Range	Skewness	Kurtosis
FHI Total	103	48.15	7.99	30-60	0-60	-.51	-.88
RWB	105	54.70	7.69	31-60	10-60	-1.60	1.58
EWB	106	52.23	8.03	19-60	10-60	-1.38	2.28
Positive RCOPE	102	18.90	2.95	6-21	0-21	-1.70	3.22
Negative RCOPE	106	3.71	3.68	0-19	0-21	1.58	3.48
Hostile/Coercive PBI	96	16.70	7.23	3-35	0-45	.55	-.01
Supportive/Engaged PBI	94	40.67	5.35	17-45	0-45	-1.80	3.87

The data was examined for univariate normality using the Kolmogorov-Smirnov statistic. The FHI Total, RWB subscale, EWB subscale, positive RCOPE subscale, negative RCOPE subscale, hostile/coercive PBI subscale, and supportive/engaged PBI subscale distributions for the study sample are not normally distributed. A review of skewness and kurtosis suggested that the FHI distribution is negatively skewed and has platykurtosis. The RWB and EWB distributions are negatively skewed and have

leptokurtosis. The positive RCOPE subscale distribution is negatively skewed and has leptokurtosis. The negative RCOPE subscale distribution is positively skewed and has leptokurtosis. The hostile/coercive PBI subscale distribution is positively skewed and has platykurtosis, and the supportive/engaged PBI subscale distribution is negatively skewed and has leptokurtosis. Skewness and kurtosis calculations are presented in Table 3. No transformations of the data were made.

Following the initial removal of multivariate outliers, residual scatterplots were examined to determine if the data met the multivariate assumptions of linearity, normality, and homoscedasticity. Visual inspection of the residual scatterplots indicated that each variable appeared to meet the assumption of linearity. Violations of normality and homoscedasticity seem to exist based on visual inspection of scatterplots.

Multivariate scatterplots for each of the dependent variables are presented in Figures 1, 2, and 3. However, when moderate violations of homoscedasticity are present, the violations weaken the regression but do not invalidate it. Additionally, moderate violations of the normality assumption do not cause adverse effects on the linear regression analyses (Mertler & Vannatta, 2002). No violations of the multicollinearity assumption were found.

Intercorrelations between the variables of interest are provided in Table 4. Results indicate family hardiness was significantly related to religious well-being, existential well-being, positive religious coping, negative religious coping, and supportive/engaged parenting. Religious well-being was significantly related to existential well-being, positive religious coping, negative religious coping, and supportive/engaged parenting.

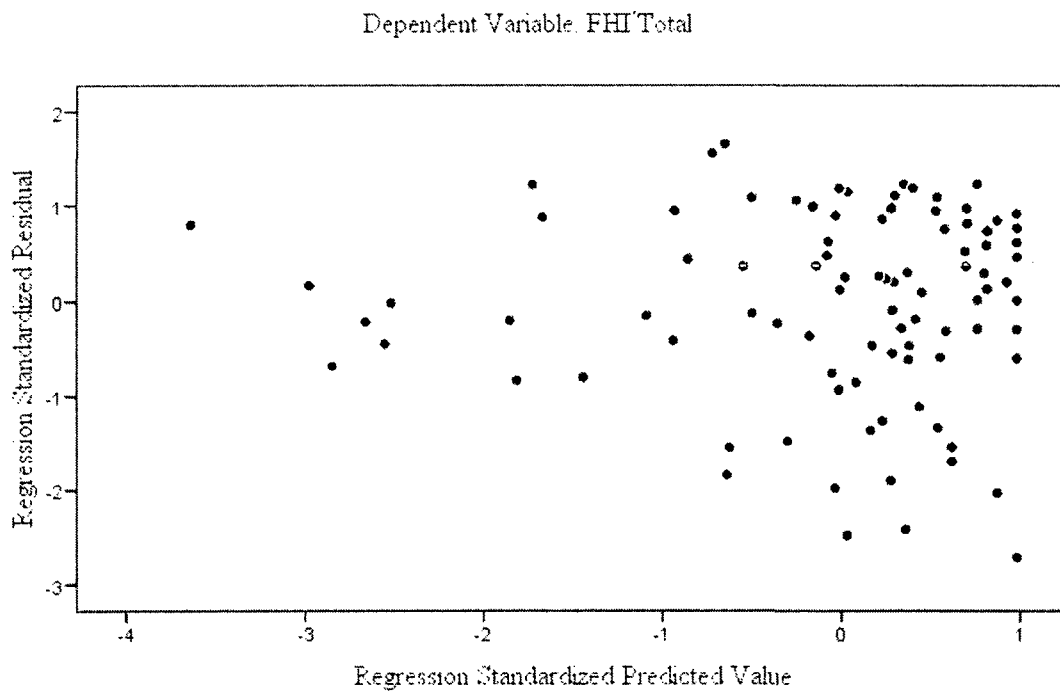


Figure 1. Multivariate Scatterplot for the Family Hardiness Index Total Scale

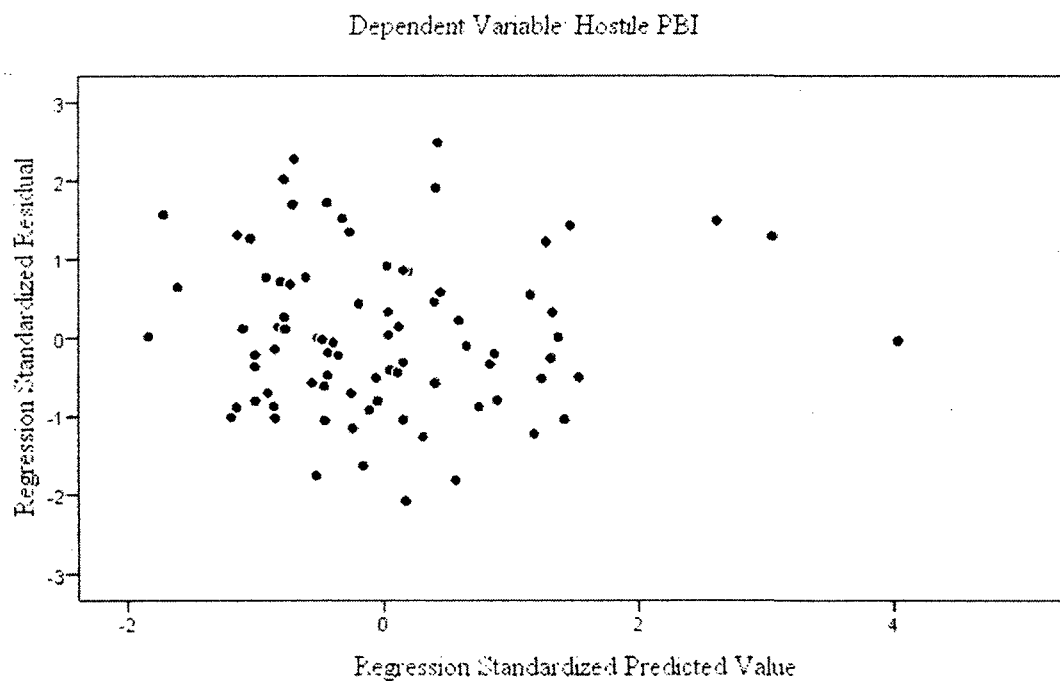


Figure 2. Multivariate Scatterplot for the Hostile/Coercive PBI Subscale

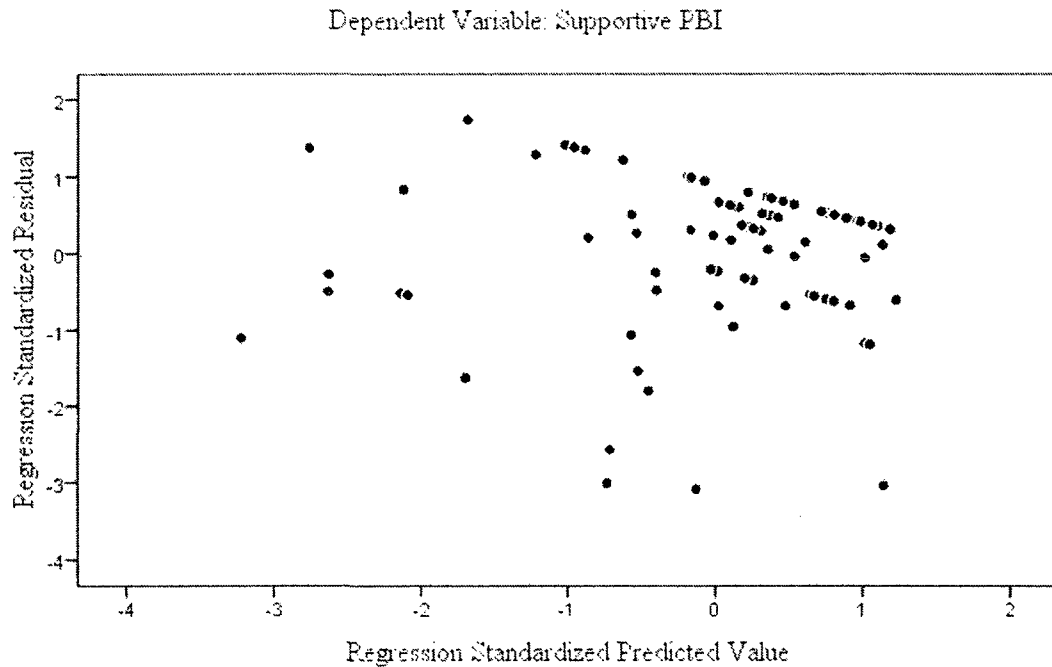


Figure 3. Multivariate Scatterplot for the Supportive/Engaged PBI Subscale

Existential well-being was significantly related to positive religious coping, negative religious coping, hostile/coercive parenting, and supportive/engaged parenting. Positive religious coping was significantly related to supportive/engaged parenting. Finally, negative religious coping was significantly related to hostile/coercive parenting and supportive/engaged parenting.

There were no significant relationships between demographic variables (child gender, child age, guardian gender, guardian age, guardian race, annual income, and partner status) and the dependent variables (Family Hardiness Index Total Scale, Hostile/Coercive Parent Behavior Inventory Subscale, and Supportive/Engaged Parent Behavior Inventory Subscale), so no control variables were used in the subsequent

Table 4

Intercorrelations for Scale and Subscale Variables

Variable	1	2	3	4	5	6	7
1. FHI Total	--						
2. RWB	.54**	--					
3. EWB	.54**	.72**	--				
4. PosRCOPE	.22*	.41**	.37**	--			
5. NegRCOPE	-.36**	-.42**	-.45**	-.19	--		
6. H/C PBI	.06	-.20	-.24*	-.10	.41**	--	
7. S/E PBI	.35**	.47**	.44**	.46**	-.22*	-.17	--

Note. FHI Total – Family Hardiness Index Total Scale, RWB – Religious Well-Being Subscale, EWB – Existential Well-Being Subscale, PosRCOPE – Positive Religious Coping Subscale, NegRCOPE – Negative Religious Coping Subscale, H/C PBI – Hostile/Coercive Parent Behavior Inventory Subscale, S/E PBI – Supportive/Engaged Parent Behavior Inventory Subscale

* $p < .05$. ** $p < .01$

analyses. Intercorrelations between the demographic variables and the dependent variables are presented in Table 5.

Primary Analyses

Hypothesis 1: Spiritual well-being and religious coping will account for a significant amount of the variance in family hardiness, and all variables will emerge as significant predictors. A standard multiple linear regression was conducted to evaluate how well spiritual well-being and religious coping predicted family hardiness. The predictors were the two Spiritual Well-Being Scale subscales (Religious Well-Being and Existential Well-Being) and the two Religious Coping subscales (Positive Religious Coping and Negative Religious Coping), while the criterion variable was the overall Family Hardiness Index. The linear combination of the spiritual and religious subscales was significantly related to the Family Hardiness Index, $R^2 = .36$, $F(4, 93) = 12.85$, $p < .001$. Religious well-being and existential well-being emerged as unique predictors. Results were in the expected direction. A summary of regression coefficients is presented in Table 6.

Table 5

Intercorrelations for Demographic Variables and Dependent Variables

Variable	1	2	3	4	5	6	7	8	9	10
1. Child Gender	--									
2. Child Age	-.02	--								
3. Guardian Gender	-.05	.05	--							
4. Guardian Age	.03	.25*	-.15	--						
5. Guardian Race	-.13	-.10	.04	-.02	--					
6. Annual Income	.00	-.09	-.03	.23*	-.23*	--				
7. Partner Status	-.23*	.06	.13	-.03	-.25**	-.37**	--			
8. Hostile/Coercive PBI	-.08	.11	-.08	-.19	.01	.13	-.03	--		
9. Supportive/Engaged PBI	.00	.10	.18	.04	.09	.10	-.14	-.13	--	
10. FHI Total	.06	-.07	.07	-.18	-.04	.16	-.15	-.03	.38*	--

* $p < .05$. ** $p < .01$

Table 6

Regression Analysis Summary for Spiritual and Religious Variables Predicting Family Hardiness

Variable	B	SEB	B
RWB	.35	.13	.31**
EWB	.28	.12	.27*
Positive RCOPE	-.001	.27	<-.001
Negative RCOPE	-.41	.20	-.12

Note. $R^2 = .36$ ($N = 97, p < .001$).

* $p < .05$. ** $p < .01$

Hypothesis 2: Spiritual well-being, religious coping, and family hardiness will account for a significant amount of the variance in the Hostile/Coercive PBI subscale, and all individual variables will emerge as significant predictors. The second multiple linear regression analysis examined the relationship between the Spiritual Well-Being subscales (Religious Well-Being and Existential Well-Being), the two Religious Coping subscales (Positive Religious Coping and Negative Religious Coping), the Family Hardiness Index, and Hostile/Coercive Parenting Behavior Inventory subscale. The Hostile/Coercive subscale score was the criterion variable. The linear combination of the spiritual well-being subscales, religious coping subscales, and hardiness index was significantly related to hostile/coercive parenting, $R^2 = .18, F(5, 84) = 3.73, p = .004$. Only one, negative religious coping, of the five variables uniquely contributed to the model. A summary of regression coefficients is presented in Table 7.

Hypothesis 3: Spiritual well-being, religious coping, and family hardiness will account for a significant amount of the variance in the Supportive/Engaged PBI subscale, and all individual variables will emerge as significant predictors. The third multiple linear regression analysis examined the relationship between the Spiritual Well-Being

Table 7

*Regression Analysis Summary for Spiritual, Religious, and Hardiness Variables
Predicting Hostile/Coercive Parenting Behaviors*

Variable	B	SEB	B
RWB	.03	.16	.03
EWB	-.14	.13	-.15
Positive RCOPE	.04	.29	.01
Negative RCOPE	.80	.22	.41***
FHI Total	.14	.11	.16

Note. $R^2 = .18$ ($N = 89$, $p = .004$).

*** $p \leq .001$.

subscales (Religious Well-Being and Existential Well-Being), the two Religious Coping subscales (Positive Religious Coping and Negative Religious Coping), the Family Hardiness Index, and the Supportive/Engaged Parenting Behavior Inventory subscale.

The Supportive/Engaged subscale score was the criterion variable. The linear combination of the spiritual well-being subscales, religious coping subscales, and hardiness index was significantly related to supportive/engaged parenting, $R^2 = .21$, $F(5, 82) = 4.28$, $p = .002$. None of the five variables uniquely contributed to the model. A summary of regression coefficients is presented in Table 8.

Table 8

*Regression Analysis Summary for Spiritual, Religious, and Hardiness Variables
Predicting Supportive/Engaged Parenting Behaviors*

Variable	B	SEB	B
RWB	.12	.11	.16
EWB	.07	.09	.11
Positive RCOPE	.25	.21	.13
Negative RCOPE	-.06	.15	-.04
FHI Total	.09	.07	.15

Note. $R^2 = .21$ ($N = 87$, $p = .002$).

CHAPTER IV

DISCUSSION

The purpose of the current study was to examine the predictive values of spiritual well-being, religious coping, and hardiness to parenting behaviors. Results indicated that the linear combination of the spiritual well-being and religious coping variables significantly predicted hardiness. Existential well-being and religious well-being emerged as significant predictors. The linear combination of the spiritual well-being, religious coping, and hardiness variables significantly predicted both hostile/coercive parenting and supportive/engaged parenting, with negative religious coping emerging as the only significant predictor of hostile/coercive parenting.

Hypothesis 1: Investigating the Contributions of Spiritual and Religious Factors to Family Hardiness

As expected, the linear combination of the spiritual and religious subscales was significantly related to the Family Hardiness Index total score. Approximately 36% of the variance in the FHI total score was accounted for by the linear combination of the spiritual well-being and religious coping subscales. As hypothesized, religious well-being and existential well-being emerged as significant predictors of family hardiness. Well-being within the dimension of a relationship with a higher power within a particular system of religious beliefs and also within the dimension associated with a sense of meaning and purpose in life contributed to higher levels of hardiness.

While the spiritual and religious effects on hardiness have not been explicitly explained in the current literature, past research findings suggest that spiritual well-being is associated with positive outcomes (Davis et al., 2003; Calicchia & Graham, 2006;

Weber & Cummings, 2003; Perrone et al., 2006; Morgan et al., 2006). Specifically, in a sample of at-risk youth, existential well-being was a significant predictor of trait anxiety (Davis et al., 2003). Students with lower levels of trait anxiety believed that their lives had meaning and purpose, and they perceived life as positive and fulfilling. Calicchia and Graham (2006) found that existential well-being was negatively related to life stressors in graduate students and was positively related to receiving social support from others. Existential well-being has been found to be negatively correlated with childhood maltreatment in the lives of university students and has been associated with fewer symptoms of distress in students (Weber & Cummings, 2003). Furthermore, findings from other studies indicate that existential well-being is associated with life satisfaction, which then contributed to satisfaction in marriage, career, and role as parent (Perrone et al., 2006).

Family hardiness is defined as the family's internal strengths and durability. The construct is associated with an internal sense of control over life events and hardships and a sense of meaningfulness in life (McCubbin, 1988). Thus, high scores on the FHI are indicative of positive characteristics and resiliency. While previous literature does not indicate that spiritual and religious variables contribute to the construct of hardiness, the literature does suggest associations with positive characteristics and with the strength and ability to overcome difficult circumstances with minimal psychological scarring. Like previous findings, the current results suggest that existential well-being is positively associated with such strength and positive characteristics.

Religious well-being, defined as well-being related to one's spiritual life in relation to God, also emerged as a significant predictor of hardiness in the present study.

This is inconsistent with the literature, which describes existential well-being as the pertinent variable contributing to positive outcomes (Davis et al., 2003; Calicchia and Graham, 2006; Perrone et al., 2006; Weber & Cummings, 2003). This finding may be the result of the population. Since religious well-being is associated with a relationship with a higher power within a specific system of religious beliefs, participants with a strong emphasis on conservative Christian beliefs may find increased strength and support from their religious beliefs and may specifically identify the source of their strength as God. Eighty-six percent of study participants clearly identified their religious affiliation as a Christian denomination. No participants identified themselves as agnostic or atheist. Questions on the RWB subscale of the measure use the term “God” to describe the higher power; therefore, a conservative Christian population is likely to identify with the terminology used in the questions more than other individuals who identify themselves as spiritual or who find purpose and meaning in life. Therefore, in a population described as predominantly Christian, religious well-being, as well as existential well-being, are important contributors to positive outcomes.

Hypothesis one also predicted that positive and negative religious coping would be significant predictors of hardiness; however, the current data did not support this portion of the hypothesis. The study results indicated that religious well-being and existential well-being were both significantly correlated with positive religious coping and with negative religious coping. However, when examining the linear combination of all four spiritual and religious variables, the religious coping variables did not emerge as significant predictors. One possibility for the lack of predictive value in the RCOPE constructs is that the variance in hardiness is better accounted for by religious and

existential well-being. Supplemental data analyses revealed that after controlling for the effects of RWB and EWB, the RCOPE variables still did not significantly predict hardiness, R^2 change = .01, $F(2, 93) = .84, p = .44$.

The lack of predictive value for the RCOPE variables is surprising because the Brief RCOPE identifies the religious coping styles used; thus, the measure seems to tap into the mechanism by which individuals use their spiritual and religious beliefs during difficult circumstances. However, religious coping is a construct specific to one's approach while going through a trial. The instructions for the Brief RCOPE specifically ask respondents to indicate the extent to which they use the coping methods when dealing with difficult life circumstances. Thus, the measure is considering specific coping styles rather than an internal sense of strength or meaning suggested by the religious well-being and existential well-being constructs. Given that the construct of hardiness used in this study is marked by internal strengths and durability, is associated with an internal sense of control over adversity, and is indicative of meaningfulness in life (McCubbin, 1988), the possibility exists that it is better explained by spiritual and religious variables also associated with internal characteristics and strength, such as religious and existential well-being.

Hypotheses 2 and 3: Investigating the Contributions of Spiritual and Religious Factors and Hardiness to Hostile/Coercive and Supportive/Engaged Parenting Behaviors

As hypothesized, the linear combination of the spiritual well-being, religious coping, and family hardiness variables was significantly related to a hostile/coercive parenting style, with approximately 18% of the variance in hostile/coercive parenting accounted for by these variables. Although all five individual variables were expected to

be significant predictors, only negative religious coping emerged as a significant predictor of hostile/coercive parenting. As one's use of a negative religious coping style increased, his or her use of hostile/coercive parenting also increased. As expected, the linear combination of the spiritual well-being, religious coping, and family hardiness variables was significantly related to a supportive/engaged parenting style.

Approximately 21% of the variance in supportive/engaged parenting was accounted for by spiritual well-being, religious coping, and family hardiness variables. No individual variables emerged as significant predictors; therefore, the second portion of the hypothesis was not supported. In subsequent analyses, when the effects of EWB and RWB alone on supportive/engaged parenting were considered, the linear combination of the two significantly affected supportive/engaged parenting, and RWB emerged as a significant predictor, $R^2 = .17$, $F(2, 85) = 8.89$, $p < .001$. Using hierarchical regression to consider the impact of the RCOPE variables on supportive/engaged parenting, while controlling for the effects of RWB and EWB, did not yield significant results. In additional analyses, negative RCOPE remained the only significant predictor of hostile/coercive parenting.

In the literature, negative religious coping has a profound impact on depression (Pargament et al., 1999), decreased physical well-being (Morgan et al., 2006), and lower overall quality of life (Tarakeshwar et al., 2006). Furthermore, negative religious coping was related to low parental investment in their children and low satisfaction in parents of preschool children (Dumas & Nissley-Tsiopinis, 2006). The parents in Dumas and Nissley-Tsiopinis' study who utilized more negative religious coping tended to have more negative parenting experiences. Negative religious coping also had negative

implications for the children, as increased parental negative religious coping was associated with the presence of oppositional and hyperactive behaviors in children. Likewise, negative religious coping was a significant predictor for poor outcomes in parents of preschoolers in the current study. Increased negative religious coping led to increased hostile/coercive parenting, which has been deemed a potential risk factor and likely contributes to negative outcomes in children (Qi & Kaiser, 2003; Webster-Stratton & Hammond, 1998).

Positive religious coping, religious well-being, and existential well-being did not emerge as significant predictors of hostile/coercive parenting or of supportive/engaged parenting. Thus, these potential positive constructs did not protect parents from utilizing harsh parenting with their children, nor did the variables serve as protective factors in increasing the parents' use of supportive parenting. This finding is inconsistent with the current literature, which suggests positive religious coping is correlated with improved quality of life in cancer patients (Morgan et al., 2006; Tarakeshwar et al., 2006). Positive religious coping in parents of preschool children was also related to more positive attitudes toward their children (Dumas & Nissley-Tsiopinis, 2006).

In other studies, parents expressed the importance of spirituality in their lives and in their roles as parents (Broom et al., 2000; Brodsky, 1999; Mathai & North, 2003). Specifically, spiritual well-being was associated with positive attitudes toward parenting (Brome et al., 2000). These studies did not directly discuss the practical impact of spirituality in the parenting choices made by the parents. The current study did not consider the parents' attitudes about parenting but rather their specific approaches to parenting. While the results indicate correlations between religious well-being and

supportive/engaged parenting, between existential well-being and supportive/engaged parenting, and between positive religious coping and supportive/engaged parenting, these variables do not seem to predict one's use of a supportive/engaged parenting style. The mean score of the supportive/engaged subscale in the current sample was 40.67 ($SD = 5.35$), which indicates that most of the parents endorsed a supportive/engaged style. Parents were also high in religious well-being ($M = 54.70$, $SD = 7.69$), existential well-being ($M = 52.23$, $SD = 8.03$), and positive religious coping ($M = 18.90$, $SD = 2.95$). Generally, they were low in negative religious coping ($M = 3.71$, $SD = 3.68$). The distributions of these variables were also skewed. With little variance in these constructs, the ability to detect differences and determine potential predictors is limited.

Contrary to hypotheses two and three, family hardiness did not emerge as a significant predictor of parenting behavior. This finding is inconsistent with the current literature. Family hardiness has demonstrated benefit in the lives of mothers of adult children with intellectual disabilities (Ben-Zur et al., 2005), patients with fibromyalgia (Preece & Sandberg, 2005), adult children with MIA fathers (Campbell & Demi, 2000), families with divorced parents (Greeff & Van der Merwe, 2004), families with a mentally ill mother (Greeff et al., 2006), and families with a developmentally delayed child (Failla & Jones, 1991). While none of these studies specifically considered the effect of hardiness on parenting behavior, many suggested positive psychological and behavioral outcomes in parents and children. In mothers who are faced with caring for children with intellectual disabilities, Ben-Zur et al. (2005) found that hardiness was negatively correlated with stress and that hardiness predicted positive mental health outcomes better than social support. Also, family hardiness is significantly related to satisfaction with

family functioning in families of children with developmental disabilities (Failla & Jones, 1991). Hardiness tended to diminish the effects of stress in these families and contributed to a positive appraisal of life's stressors. While the past literature does not indicate the direct effects of hardiness on parenting, parent stress (Qi & Kaiser, 2003) and maternal depression (Qi & Kaiser, 2003; Webster-Stratton & Hammond, 1998) are risk factors in low SES families while having a responsive mother (Burchinal et al., 2006) was a protective factor.

It was hypothesized that the positive impact of hardiness would significantly impact parenting behaviors; however, this was not supported by the current study. Although positive parenting is a protective factor for at-risk children (Bhandari & Barnett, 2007; Burchinal et al., 2006; Yoshikawa, 1994), the positive effects of family hardiness on families may not be associated with its impact on parenting. Parents in the current study endorsed high levels of family hardiness ($M = 48.15$, $SD = 7.99$) and the distribution of the construct was skewed; therefore, the lack of variance in hardiness may have contributed to an inability to detect differences in parenting related to hardiness.

Only two unique predictors of hardiness and one unique predictor of hostile/coercive parenting were realized during this study. Multiple factors likely contributed to the limited significant results, and many of the issues may be addressed through consideration of the limitations of the study and through changes in the research methodology.

Limitations of the Current Study

The present study has limitations that should be taken into consideration when interpreting the results. First, participants were gathered through a convenience sample of

parents who attended either Head Start parent-teacher meetings or one of the August 2008 Head Start registration meetings. Of those attending the meetings, parents were asked to participate in the study but were allowed to freely decide whether to do so. Although random sampling would logistically be difficult, the potential to generalize the findings would improve.

The diversity of the sample is limited. Race was limited to only black or white participants. Although the percentages of each closely mirrored that of those typically served by the Pinebelt Head Start, a small portion of Head Start parents are Hispanic and are not represented in the current study. Also, there was a clear overrepresentation of mothers (93.4%) in the study. The current project considered only families of low SES and limited the age of the children to ages two to five. Future researchers may increase the diversity of the sample by conducting the study in multiple sites throughout the nation. Additionally, a random sampling of parents at multiple sites would expand the population to the general U.S. population. Unless fathers are intentionally targeted and the questionnaire packets sent home, the overrepresentation of mothers is likely to continue to occur.

Additionally, the study took place in the South, which may have contributed to a lack of variance in religious affiliation. The religious affiliation of most participants was either Southern Baptist (37.6%) or Missionary Baptist (25.8%). Another 22.8% of participants identified their religious affiliations as various other Christian denominations. No participants identified themselves as Agnostic, Atheist, or Pagan/Wiccan, and none of the other major world religions (Buddhism, Hinduism, Muslim/Islam, and Judaism) were represented in this sample. The lack of variance in

religious affiliations likely contributed to a lack of variance on the test measures. For example, the RWB subscale of the SWBS and the Brief RCOPE use the term “God” to describe the higher power. Christian denominations identify their higher power as God; thus, the items may more accurately describe a Christian population. Furthermore, individuals who identify themselves as Christians may have answered some questions in ways they view as consistent with their religious beliefs despite their individual experiences and thoughts.

Therefore, the current results can only be generalized to a Christian population. Expanding the study to other areas of the nation and making special efforts to target individuals of diverse spiritual and religious beliefs would likely increase the variability of religious affiliations and would decrease the skew of the distributions of study variables. With the variables meeting the assumption of normality, the likelihood of obtaining statistically significant and meaningful results would increase.

The present study examined the relationships among the variables of interest. However, in order to fully explore the spiritual, religious, and family hardiness variables as risk or protective factors in the lives of families, statistical analyses examining moderation must be performed. Future studies may expand the focus to consider the potential causal effects of spiritual well-being, religious coping, and family hardiness.

Finally, the Parent Behavior Inventory used in the study had two missing items, one from each subscale of the measure. While the internal consistency remained moderately strong, the measure has been changed from its intended format. Therefore, the possibility exists that the 18 items used in the present study may have been measuring

constructs that are slightly different from hostile/coercive and supportive/engaged parenting as defined by Lovejoy et al. (1999).

Directions for Future Research

Previous research has not demonstrated the effects of spiritual and religious variables on family hardiness, and the findings from the current study demonstrated that religious well-being and existential well-being were significant individual predictors of family hardiness. Although this information expands the understanding of hardiness, these findings are but one piece of the puzzle. The two measures used to assess spiritual well-being and religious coping are two of many measures focused on spiritual and religious variables. In order to more fully understand the impact of religion and spirituality on family hardiness, future research could utilize other spiritual and religious measures in addition to the SWBS and the Brief RCOPE, providing researchers with opportunities to expand the understanding of which spiritual and religious variables contribute to family hardiness. Use of additional spiritual and religious scales may help to clarify the difference between internal characteristics gleaned from one's religious beliefs and spirituality and external sources of strength and benefit gained from practical application of religious beliefs and spirituality or through spiritual and religious involvement. For example, the Duke Religion Index (DUREL) may be used to assess organized religious activity, nonorganized religious activity, and intrinsic religiosity. Additionally, the Religious Orientation Scale could be used to consider the impact of intrinsic and extrinsic religious motivation on hardiness.

Because hardiness was not a significant predictor of parenting behavior, no conclusions regarding the mechanism by which hardiness, spiritual well-being, and

religious coping were made. Additional analyses included hierarchical regressions to partial out the effects of the spiritual and religious variables and consider the effect of hardiness on parenting were conducted, and hardiness was not a significant predictor of either hostile/coercive parenting, R^2 change = .02, $F(1, 82) = 1.63$, $p = .21$, or supportive/engaged parenting, R^2 change = .02, $F(1, 84) = 1.62$, $p = .21$.

To further consider the construct of resiliency in the lives of families, utilizing McCubbin's (1988) concept of regenerative families may provide more information regarding the variables that contribute to resiliency. Regenerative families are those families high in both coherence and family hardiness. These families have a strong sense of acceptance and loyalty for one another but also have the internal strength and durability associated with hardiness. The possibility exists that both coherence and family hardiness contribute to the family's ability to persevere during chronic life stressors such as low SES.

In addition to expanding the study to include parents of diverse spiritual and religious backgrounds, additional studies examining the impact of spiritual well-being and religious coping variables on families with children of different ages would broaden the impact of the study's implications.

Practical Implications

This study's findings have implications for educational administrators, local churches and other faith organizations, and mental health clinicians working with parents of preschoolers. First, given that religious well-being and existential well-being emerged as significant predictors of family hardiness, these constructs may be considered protective factors in the lives of parents of preschoolers. Mental health clinicians may

assist in increasing family hardiness in families of preschoolers by encouraging parents to utilize their spiritual and religious beliefs as sources of strength and as tools for positive coping during difficult circumstances. Furthermore, the impact of negative religious coping on hostile/coercive parenting provides information for clinicians working with parents of preschoolers. Since the utilization of negative religious coping predicts an increase in hostile/coercive parenting, clinicians could provide parents with safe environments to process their thoughts and beliefs concerning how God works during difficult circumstances. If thoughts and beliefs are inaccurate and/or unhealthy, the clinician may facilitate a discussion to help the parent reconcile his or her spiritual and religious beliefs and practices with his or her current circumstances. Despite the lack of individual predictors in the current study, the linear combination of the spiritual and religious variables was significantly related to supportive/engaged parenting. As such, clinicians are encouraged to use clients' spirituality to instill hope and foster positive behavioral change. Clinicians who do not believe they are equipped to discuss spiritual and religious matters with clients should refer clients who express the desire to incorporate their spirituality into treatment.

The findings in this study are also pertinent to local churches and other faith-based organizations. As churches and other organizations minister to the needs of their members and others in the community, they have the potential to impact multiple areas of individual lives. Specifically, churches and faith-based organizations can encourage individuals to find strength and meaning through their spiritual and religious beliefs. Additionally, leaders in such organizations can specifically focus on training its members to understand and apply their beliefs to practical life situations, such as parenting. In an

effort to prevent negative effects of parents' approaches to spirituality or religious coping, those in leadership should make themselves available to discuss misunderstandings and misapplications of the organizations' teachings.

Finally, educational administrators should be aware of the findings related to the potential impact of spirituality and religious beliefs on parenting. Because positive parenting is a potential protective factor in the lives of at-risk children (Burchinal et al., 2006; Yoshikawa, 1994) and harsh parenting is a potential risk factor (Qi & Kaiser, 2003), educators are encouraged to be knowledgeable of the potential contributors to positive and negative parenting styles. Given that religious well-being and existential well-being contribute to family hardiness, educators should not discourage parents of preschoolers from being involved in their local faith communities, but rather, when possible, should encourage parents to consider their spirituality as a potential resource. As parents of preschoolers navigate the challenges of parenting their children, they are likely to turn to their children's teachers or other educational leaders for assistance. An open discussion with the parent to determine potential sources of resources, such as the parent's faith community, will likely increase the parent's ability to benefit from the positive effects of his or her spirituality.

Conclusion

Children from low socioeconomic status families are at risk for poor outcomes in multiple areas, including academic performance, emotional development, and behavior (Owens & Shaw, 2003). Although, multiple variables have been associated with resiliency in such families (Walsh, 2003), little is known about the mechanisms by which families develop resiliency. Spiritual and religious constructs have demonstrated positive

effects on quality of life (Perrone et al., 2006), emotional well-being (Davis et al., 2003; Calicchia & Graham, 2006), and positive health outcomes (Edmondson et al., 2005) in various populations.

Previous research has not examined the relationship between spiritual and religious variables and hardiness, nor has previous research considered how the religious, spiritual, and hardiness variables affect parenting behavior. Therefore, the present study examined the predictive value of spiritual well-being and religious coping on resiliency, measured as family hardiness. To better understand how these constructs affect parenting behaviors, the potential contributions of spiritual well-being, religious coping, and family hardiness to parenting behaviors were considered.

The linear combination of the spiritual well-being and religious coping variables significantly contributed to hardiness, with existential well-being and religious well-being emerging as significant predictors. The linear combination of the spiritual well-being, religious coping, and hardiness variables significantly contributed to hostile/coercive parenting, with negative religious coping emerging as a significant predictor. Finally, the linear combination of the spiritual well-being, religious coping, and hardiness variables significantly contributed to supportive/engaged parenting. Although much remains to be understood about the complexity of hardiness and its impact on parenting behavior and about how one's spirituality and religious beliefs influence hardiness, the results of this study has important implications for clinical practice and future research.

APPENDIX A

FAMILY AND CHILD INFORMATION FORM

The following questions are used to gather information about the types of people participating in this study. Please take a few moments to describe yourself and your family.

Please select **one child** who attends Head Start and is between the ages of 2 and 5. This child will be the "focus child" for this study. Please refer to this child when completing the rest of the forms.

Parent Name: _____ Child Name: _____
Date of Birth: _____ Gender: _____ Boy _____ Girl

Address: _____ Phone: _____
_____ Cell Phone: _____

The person completing this form is:

_____ Mother _____ Father _____ Other (please specify): _____

Your Gender: _____ Male _____ Female

Your Age: _____ Race/Ethnicity: _____ Black _____ White
_____ Hispanic _____ Native American(Indian)
_____ Asian _____ Other (specify) _____

Number of years of education: (Please circle last grade completed)

6	7	8	9	10	11	12	13	14	15	16	17+
						Graduated High School				Graduated College	Graduate/ Professional School

Marital Status: _____ Never married/living alone _____ Divorced/Separated
_____ Never married/living with someone _____ Widowed
_____ Married

If divorced, are you the child(ren)'s primary guardian? _____ Yes _____ No

If divorced, indicate the number of hours you spend weekly with your child(ren)? _____

Current Employment: (Please describe job title and place of work)

Mother: _____

Father: _____

Annual Income: _____ less than \$10,000 _____ \$10,000-\$20,000
 _____ \$20,000-\$30,000 _____ \$30,000-\$40,000
 _____ \$40,000+

Number of children living in the home: _____

Number of adults living in the home: _____

Religious and Denominational Affiliation:

- | | |
|--|--|
| _____ A) Agnostic | _____ L) Christian Methodist Episcopal |
| _____ B) Atheist | _____ M) National Baptist Convention, Incorporated |
| _____ C) Buddhist | _____ N) National Baptist Convention, Unincorporated |
| _____ D) Catholic | _____ O) Progressive National Baptist Convention |
| _____ E) Lutheran | _____ P) Church of God in Christ |
| _____ F) Methodist | _____ Q) LDS - Morman |
| _____ G) Southern Baptist | _____ R) Hindu |
| _____ H) Missionary Baptist | _____ S) Muslim/Islam |
| _____ I) African Methodist Episcopal | _____ T) Jewish |
| _____ J) African Methodist
Episcopal Zion | _____ U) Taoist |
| _____ K) Presbyterian | _____ V) Pagan / Wiccan |
| | _____ W) Unitarian-Universalist |
| | _____ X) Other |

(List: _____)

Do your religious or spiritual beliefs influence how you parent your children?

_____ No _____ Yes

What is the biggest challenge you face in raising this child? (Please list specific behavioral concerns) _____

Have you ever sought professional help (from a doctor, counselor, or therapist) in raising this child? _____ No _____ Yes

If yes, please describe.

APPENDIX B

FHI

Directions: Please read each statement below and decide to what degree each describes your family. Is the statement **False (0) Mostly False (1), Mostly True (2), or True (3)** about your family? Circle a number 0 to 3 to match your feelings about each statement. Please respond to each and every statement.

In our family...	False	Mostly False	Mostly True	True
1. Trouble result from mistakes we make.	0	1	2	3
2. It is not wise to plan ahead and hope because things do not turn out anyway.	0	1	2	3
3. Our work and efforts are not appreciated no matter how hard we try and work.	0	1	2	3
4. In the long run, the bad things that happen to us are balanced by the good things that happen.	0	1	2	3
5. We have a sense of being strong even when we face big problems.	0	1	2	3
6. Many times I feel I can trust that even in difficult times things will work out.	0	1	2	3
7. While we don't always agree, we can count on each other to stand by us in times of need.	0	1	2	3
8. We do not feel we can survive if another problem hits us.	0	1	2	3
9. We believe that things will work out for the better if we work together as a family.	0	1	2	3
10. Life seems dull and meaningless.	0	1	2	3
11. We strive together and help each other no matter what.	0	1	2	3
12. When our family plans activities we try new and exciting things.	0	1	2	3
13. We listen to each others' problems, hurts, and fears.	0	1	2	3
14. We tend to do the same things over and over...it's boring.	0	1	2	3
15. We seem to encourage each other to try new things and experiences.	0	1	2	3
16. It is better to stay at home than go out and do things with others.	0	1	2	3
17. Being active and learning new things are encouraged.	0	1	2	3
18. We work together to solve problems.	0	1	2	3
19. Most of the unhappy things that happen are due to bad luck.	0	1	2	3
20. We realize our lives are controlled by accidents and luck.	0	1	2	3

APPENDIX C

SWB SCALE

For each of the following statements, circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree
MA = Moderately Agree
A = Agree

D = Disagree
MD = Moderately Disagree
SD = Strongly Disagree

- | | | | | | | |
|--|----|----|---|---|----|----|
| 1. I don't find much satisfaction in private prayer with God. | SA | MA | A | D | MD | SD |
| 2. I don't know who I am, where I came from or where I'm going. | SA | MA | A | D | MD | SD |
| 3. I believe that God loves me and cares about me. | SA | MA | A | D | MD | SD |
| 4. I feel that life is a positive experience. | SA | MA | A | D | MD | SD |
| 5. I believe that God is impersonal and not interested in my daily situations. | SA | MA | A | D | MD | SD |
| 6. I feel unsettled about my future. | SA | MA | A | D | MD | SD |
| 7. I have a personally and meaningful relationship with God. | SA | MA | A | D | MD | SD |
| 8. I feel very fulfilled and satisfied with life. | SA | MA | A | D | MD | SD |
| 9. I don't get much personal strength and support from my God. | SA | MA | A | D | MD | SD |
| 10. I feel a sense of well-being about the direction my life is headed in. | SA | MA | A | D | MD | SD |
| 11. I believe that God is concerned about my problems. | SA | MA | A | D | MD | SD |
| 12. I don't enjoy much about life. | SA | MA | A | D | MD | SD |
| 13. I don't have a personally satisfying relationship with God. | SA | MA | A | D | MD | SD |
| 14. I feel good about my future. | SA | MA | A | D | MD | SD |
| 15. My relationship with God helps me not to feel lonely. | SA | MA | A | D | MD | SD |
| 16. I feel that life is full of conflict and unhappiness. | SA | MA | A | D | MD | SD |
| 17. I feel most fulfilled when I'm in close communication with God. | SA | MA | A | D | MD | SD |
| 18. Life doesn't have much meaning. | SA | MA | A | D | MD | SD |
| 19. My relationship with God contributes to my sense of well-being. | SA | MA | A | D | MD | SD |
| 20. I believe there is some real purpose for my life. | SA | MA | A | D | MD | SD |

APPENDIX D

BRIEF RCOPE

Using the following scale, please indicate the extent to which you use the coping methods listed below in dealing with difficult life circumstances.

- | | 0 | 1 | 2 | 3 |
|---|------------|---|---|--------------|
| | Not at all | | | A great deal |
| 1. Looked for a stronger connection with God. | 0 | 1 | 2 | 3 |
| 2. Sought God's love and care. | 0 | 1 | 2 | 3 |
| 3. Sought help from God in letting go of my anger. | 0 | 1 | 2 | 3 |
| 4. Tried to put my plans into action together with God. | 0 | 1 | 2 | 3 |
| 5. Tried to see how God might be trying to strengthen me in this situation. | 0 | 1 | 2 | 3 |
| 6. Asked forgiveness for my sins. | 0 | 1 | 2 | 3 |
| 7. Focused on religion to stop worrying about my problems. | 0 | 1 | 2 | 3 |
| 8. Wondered whether God had abandoned me. | 0 | 1 | 2 | 3 |
| 9. Felt punished by God for my lack of devotion. | 0 | 1 | 2 | 3 |
| 10. Wondered what I did for God to punish me. | 0 | 1 | 2 | 3 |
| 11. Questioned God's love for me. | 0 | 1 | 2 | 3 |
| 12. Wondered whether my church had abandoned me. | 0 | 1 | 2 | 3 |
| 13. Decided the devil made this happen. | 0 | 1 | 2 | 3 |
| 14. Questioned the power of God. | 0 | 1 | 2 | 3 |

APPENDIX E

PARENT BEHAVIOR INVENTORY

Read each statement carefully. Think about how you and your child *generally* get along. Tell us how well the statement describes the way you *usually* act with your child.

- | | |
|---|-----------------------------|
| 0 | not at all true |
| 1 | a little true |
| 2 | somewhat true |
| 3 | moderately true |
| 4 | quite a bit true |
| 5 | very true (I often do this) |

Example: I quarrel with my child.

If you spend a great deal of time quarreling with you child, you would mark a 5.

If you never quarrel with your child, you would mark a 0.

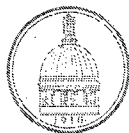
If you quarrel sometimes, but not much, you would mark a 1 or 2.

If you quarrel often, but not all of the time, you would mark a 3 or 4.

- | | | | | | | |
|---|---|---|---|---|---|---|
| I lose my temper when my child doesn't do something I ask him/her to do. | 0 | 1 | 2 | 3 | 4 | 5 |
| I have pleasant conversations with my child. | 0 | 1 | 2 | 3 | 4 | 5 |
| I grab or handle my child roughly. | 0 | 1 | 2 | 3 | 4 | 5 |
| I try to teach my child new things. | 0 | 1 | 2 | 3 | 4 | 5 |
| I demand that my child does something (or stops doing something) right away. | 0 | 1 | 2 | 3 | 4 | 5 |
| My child and I hug and/or kiss each other. | 0 | 1 | 2 | 3 | 4 | 5 |
| I complain about my child's behavior or tell him I don't like what s/he is doing. | 0 | 1 | 2 | 3 | 4 | 5 |
| I laugh with my child about things we find funny. | 0 | 1 | 2 | 3 | 4 | 5 |
| When my child misbehaves, I let him know what will happen if s/he doesn't behave. | 0 | 1 | 2 | 3 | 4 | 5 |
| My child and I spend time playing games, doing crafts, or doing other activities together. | 0 | 1 | 2 | 3 | 4 | 5 |
| I listen to my child's feelings and try to understand them. | 0 | 1 | 2 | 3 | 4 | 5 |
| I thank or praise my child. | 0 | 1 | 2 | 3 | 4 | 5 |
| I spank or use physical punishment with my child. | 0 | 1 | 2 | 3 | 4 | 5 |
| I offer to help when s/he seems scared, upset, or unsure. | 0 | 1 | 2 | 3 | 4 | 5 |
| I say mean things to my child that could make him/her feel bad. | 0 | 1 | 2 | 3 | 4 | 5 |
| I hold or touch my child in an affectionate way. | 0 | 1 | 2 | 3 | 4 | 5 |
| When I am disappointed in my child's behavior, I remind him/her about what I've done for him/her. | 0 | 1 | 2 | 3 | 4 | 5 |
| When my child asks for help or attention, I ignore him/her or make him/her wait until later. | 0 | 1 | 2 | 3 | 4 | 5 |

APPENDIX F

INSTITUTIONAL REVIEW BOARD APPROVAL LETTERS



THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Institutional Review Board

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**HUMAN SUBJECTS PROTECTION REVIEW COMMITTEE
NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 28012802

PROJECT TITLE: **Effects of Spiritual Well-Being Religions Coping, and Hardiness on Parenting Behaviors in Low Socioeconomic Status Families**

PROPOSED PROJECT DATES: 02/01/08 to 01/31/09

PROJECT TYPE: **Dissertation or Thesis**

PRINCIPAL INVESTIGATORS: **Jane E. Schenck**


COLLEGE/DIVISION: **College of Education & Psychology**

DEPARTMENT: **Psychology**

FUNDING AGENCY: **N/A**

HSPRC COMMITTEE ACTION: **Expedited Review Approval**

PERIOD OF APPROVAL: **02/28/08 to 02/27/09**


Lawrence A. Hosman, Ph.D.
HSPRC Chair

3-3-08

Date



THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Institutional Review Board

118 College Drive #5147
 Hattiesburg, MS 39406-0001
 Tel: 601.266.6820
 Fax: 601.266.5509
 www.usm.edu/irb

HUMAN SUBJECTS PROTECTION REVIEW COMMITTEE NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
 Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **R28012802**

PROJECT TITLE: **Effects of Spiritual Well-Being, Religions Coping, and Hardiness on Parenting Behaviors in Low Socioeconomic Status Families**

PROPOSED PROJECT DATES: **02/27/09 to 05/31/10**

PROJECT TYPE: **Previously Approved Project**

PRINCIPAL INVESTIGATORS: **Jane E. Schenck**

COLLEGE/DIVISION: **College of Education & Psychology**

DEPARTMENT: **Psychology**

FUNDING AGENCY: **N/A**

HSPRC COMMITTEE ACTION: **Renewal of a Previously Approved Project**

PERIOD OF APPROVAL: **02/23/09 to 02/22/10**

Lawrence A. Hosman

Lawrence A. Hosman, Ph.D.
 HSPRC Chair

2-25-09

Date

APPENDIX G

ORAL PRESENTATION

My name is _____, and I am a counseling psychology _____ (doctoral/master's) student at The University of Southern Mississippi. I am assisting Jane Schenck, a counseling psychology doctoral student, with this study. The purpose of the study is to assess the effects of spiritual and religious variables on parenting young children. You will be asked to complete a packet of questionnaires. Put your name and contact information only on the family and child information form. Please do not put your name on the other questionnaires. Completing the questionnaires will take approximately 20-30 minutes. If you have questions while completing the questionnaires, please alert one of the researchers.

Confidentiality will be maintained throughout the study. Questionnaires will be kept in a secure location at The University of Southern Mississippi. After six years, they will be destroyed.

You may experience increased self understanding. However, it is possible that you may not experience direct benefits from your participation in the study. The predictable risks of participation are minimal. After completing the questionnaires, you may experience negative feelings. Should participation in the study make you aware of a need for counseling services, you will be provided with a handout of counseling service and parent training provider phone numbers. Should you feel distressed during the study, someone will meet with you to ensure your safety. The University of Southern Mississippi has no mechanism to provide compensation for subjects who may incur injuries as a result of participating in research projects. However, efforts will be made to make available the facilities and professional skills at the University. At the end of the study, you will be given information about where you can obtain counseling and/or parent training if you are interested.

Participation in this project is completely voluntary, and subjects may withdraw from this study at any time without penalty. Questions concerning the research should be directed to Jane E. Schenck, M.Div. or Bonnie C. Nicholson, Ph.D. at 601-266-4602. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

APPENDIX H

THE UNIVERSITY OF SOUTHERN MISSISSIPPI
AUTHORIZATION TO PARTICIPATE IN RESEARCH PROJECT
Informed Consent

Purpose: The purpose of the study is to assess the effects of spiritual and religious variables on parenting young children. You may be asked to share personally sensitive material on the questionnaires.

Description of Study: You will be asked to complete a packet of five questionnaires. One of the questionnaires will be a demographic questionnaire that will ask for personal information about yourself and your family. Completing the questionnaires will take approximately 20-30 minutes. At any time during the study, you may decide to discontinue your participation. Research assistants will be available to answer questions or to assist you should you need it during the study. Once completed, only the primary research and the research assistants will have access to the questionnaires. The questionnaires will be stored in a secure location at The University of Southern Mississippi.

Benefits: You may experience increased self-understanding. However, it is also possible that you may not experience direct benefits from your participation in the study.

Risks: During or after completing the questionnaires, you may experience negative feelings. You will be provided with a handout of counseling service and parent training provider phone numbers should you decide you need such services. Should you feel distressed during the study, someone will meet with you to ensure your safety. The University of Southern Mississippi has no mechanism to provide compensation for subjects who may incur injuries as a result of participating in research projects. However, efforts will be made to make available the facilities and professional skills at the University. At the end of the study, you will be given information about where you can obtain counseling or parent training if you are interested.

Confidentiality: Confidentiality will be maintained throughout the study. Questionnaires will be kept in a secure location at The University of Southern Mississippi. After six years, they will be destroyed.

Participant's Assurance: Whereas no assurance can be made concerning results that may be obtained (since results from investigational studies cannot be predicted) the researcher will take every precaution consistent with the best scientific practice. Participation in this project is completely voluntary, and subjects may withdraw from this study at any time without penalty. Questions concerning the research should be directed to Jane E. Schenck, M.Div. or Bonnie C. Nicholson, Ph.D. at 601-266-4602. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the Chair of the

Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

I have been informed of the purpose, benefits, and risks of participating in this study. I have been given the opportunity to ask questions and have them answered to my satisfaction. I am at least 18 years of age and am interested in participating in this study.

Signature of Research Participant

Date

Signature of Person Explaining the Study

Date

APPENDIX I

COUNSELING RESOURCES

1. Community Counseling and Assessment Clinic on the USM Campus
601-266-4601
 - a. Individual therapy for adults and children
 - b. Parenting Young Children parent training program
 - c. Family therapy

2. Pine Belt Mental Health 601-544-4641

3. Pine Grove Psychology Services 601-288-4900

REFERENCES

- Ben-Zur, H., Duvdevany, I., & Lury, L. (2005). Associations of social support and hardiness with mental health among mothers of adult children with intellectual disability. *Journal of Intellectual Disability Research, 49*(1), 54-62.
- Bhandari, R.P., & Barnett, D. (2007). Restrictive parenting buffers head start students from stress. *Infants and Young Children, 20*(1), 55-63.
- Boivin, M.J., Kirby, A.L., Underwood, L.K., & Silva, H. (1999). Spiritual well-being scale. In P.C. Hill & R.W. Hood, Jr. (Eds.), *Measures of religiosity* (pp. 382-385). Birmingham, Alabama: Religious Education Press.
- Bosworth, H.B., Park, K.S., McQuoid, D.R., Hays, J.C., & Steffens, D.C. (2003). The impact of religious practice and religious coping on geriatric depression. *International Journal of Geriatric Psychiatry, 18*, 905-914.
- Brodsky, A.E. (1999). "Making it": The components and process of resilience among urban, African-American, single mothers. *American Journal of Orthopsychiatry, 69*(2), 148- 160.
- Brome, D.R., Owens, M.D., Allen, K., & Vevaina, T. (2000). An examination of spirituality among African American women in recovery from substance abuse. *Journal of Black Psychology, 26*(4), 470-486.
- Burchinal, M., Roberts, J.E., Zeisel, S.A., Hennon, E.A., & Hooper, S. (2006). Social risk and protective child, parenting, and child care factors in early elementary school years. *Parenting: Science and Practice, 6*(1), 79-113.

- Calicchia, J.A., & Graham, L.B. (2006). Assessing the relationship between spirituality, life stressors, and social resources: Buffers of stress in graduate students. *North American Journal of Psychology*, 8(2), 307-320.
- Campbell, C.L., & Demi, A.S. (2000). Adult children of fathers missing in action (MIA): An examination of emotional distress, grief, and family hardiness. *Family Relations*, 49, 267-276.
- Cardella, L.A., & Friedlander, M.L. (2004). The relationship between religious coping and psychological distress in parents of children with cancer. *Journal of Psychosocial Oncology*, 22(1), 19-37.
- Cotton, S., Puchaiski, C.M., Sherman, S.N., Mrus, J.M., Peterman, A.H., Feinberg, J., Pargament, K.I., Justice, A.C., Leonard, A.C., & Tsevat, J. (2006). Spirituality and religion in patients with HIV/AIDS. *Journal of General Internal Medicine*, 21, S5-10.
- Davis, T.L., Kerr, B.A., & Kurpius, S.E.R. (2003). Meaning, purpose, and religiosity in at-risk youth: The relationship between anxiety and spirituality. *Journal of Psychology and Theology*, 31(4), 356-365.
- Dumas, J.E., & Nissley-Tsiopinis, J. (2006). Parental global religiousness, sanctification of parenting, and positive and negative religious coping as predictors of parental and child functioning. *The International Journal for the Psychology of Religion*, 16(4), 289-310.
- Dumka, L.E., Roosa, M.W., Michaels, M.L., & Suh, K.W. (1995). Using research and theory to develop prevention programs for high risk families. *Family Relations*, 14, 78-86.

- Edmondson, K.A., Lawler, K.A., Jobe, R.L., Younger, J.W., Piferi, R.L., & Jones, W.H. (2005). Spirituality predicts health and cardiovascular responses to stress in young adult women. *Journal of Religion and Health, 44*(2), 161-171.
- Failla, S., & Jones, L.C. (1991). Families of children with developmental disabilities: An examination of family hardiness. *Research in Nursing and Health, 14*, 41-50.
- Fantuzzo, J.W., Tighe, E., McWayne, C.M., Davis, G., & Childs, S. (2002). Parent involvement in early childhood education and children's peer play competencies: An examination of multivariate relationships. *NHSA Dialog: A Research-To-Practice Journal for the Early Intervention Field, 6*, 3-21.
- Greeff, A.P., & Van der Merwe, S. (2004). Variables associated with resilience in divorced families. *Social Indicators Research, 68*, 59-75.
- Greeff, A.P., Vansteenwegen, A., & Ide, M. (2006). Resiliency in families with a member with a psychological disorder. *The American Journal of Family Therapy, 34*, 285-300.
- Hebbeler, K. (1985). An old and a new question on the effects of early education for children from low income families. *Educational Evaluation and Policy Analysis, 7*, 207-216.
- Hills, J., Paice, J.A., Cameron, J.R., & Shott, S. (2005). Spirituality and distress in palliative care consultation. *Journal of Palliative Medicine, 8*(4), 782-788.
- Hurd, E.P., Moore, C., & Rogers, R. (1995). Quiet success: Parenting strengths among African Americans. *Families in Society, 76*(7), 434-443.

- Kamya, H.A. (2000). Hardiness and spiritual well-being among social work students: Implications for social work education. *Journal of Social Work Education, 36*(2), 231-239.
- Kobasa, S. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology, 37*(1), 1-11.
- Leyser, Y., & Dekel, G. (1990). Perceived stress and adjustment in religious Jewish families with a child who is disabled. *The Journal of Psychology, 125*(4), 427-438.
- Lovejoy, M.C., Weis, R., O'Hare, E., & Rubin, E.C. (1999). Development and initial validation of the parent behavior inventory. *Psychological Assessment, 11*(4), 534-545.
- Mahoney, A., Pargament, K.I., Tarakeshwar, N., & Swank, A.B. (2001). Religion in the home in the 1980s and 1990s: A meta-analytic review and conceptual analysis of links between religion, marriage, and parenting. *Journal of Family Psychology, 15*(4), 559-596.
- Mathai, J., & North, A. (2003). Spiritual history of parents of children attending a child and adolescent mental health service. *Australasian Psychiatry, 11*(2), 172-174.
- McCubbin, H.I., & McCubbin, M.A. (1988). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations, 37*, 247-254.
- McCubbin, H.I., & Patterson, J.M. (1983). Family stress and adaptation to crisis: A double ABCX model of family behavior. *Family Studies Review Yearbook, 1*, 87-104.

- McCubbin, H., McCubbin, M., Thompson, E., & Fromer, J. (Eds.). (1998). *Resiliency in ethnic minority families: Vol. 2: African-American families*. Thousand Oaks, California: Sage Publications.
- McCubbin, H., Thompson, A., Pirner P., & McCubbin, M. (1988). *Family types and family strengths: A life cycle and ecological perspective*. Minneapolis, Minnesota: Burgess International Group, Inc.
- McCubbin, M. (1988). Family stress, resources, and family types: Chronic illness in children. *Family Relations*, 37, 203-210.
- McCubbin, M., McCubbin, H., & Thompson, A. (1987). FHI: The Family Hardiness Index. In H. McCubbin & A. Thompson (Eds.), *Family assessment inventories for research and practice* (pp. 125-132). Madison, Wisconsin: University of Wisconsin.
- McEvoy, M., Lee, C., O'Neill, A., Groisman, A., Roberts-Butelman, K., Dinghra, K., et al. (2005). Are there universal parenting concepts among culturally diverse families in an inner-city pediatric clinic? *Journal of Pediatric Health Care*, 19(3), 142-150.
- McWayne, C., Hampton, V., Fantuzzo, J., Cohen, H.L., & Sekino, Y. (2004). A multivariate examination of parent involvement and the social and academic competencies of urban kindergarten children. *Psychology in the Schools*, 41(3), 363-377.
- Mertler, C.A., & Vannatta, R.A. (2002). *Advanced and multivariate statistical methods: Practical application and interpretation* (2nd ed.). Los Angeles: Pyrczak Publishing.

- Moberg, D.O., & Brusek, P.M. (1978). Spiritual well-being: A neglected subject in quality of life research. *Social Indicators Research*, 5, 303-323.
- Morgan, P.D., Gaston-Johansson, F., & Mock, V. (2006). Spiritual well-being, religious coping, and the quality of life of African American breast cancer treatment: A pilot study. *The ABNF Journal*, 73-77.
- Nicholson, B.C., & McMorris, L. (2007). The role of religiosity in parenting young children. *Research in the Social Scientific Study of Religion*, 17, 221-234.
- Olson, D.H. (1993). Circumplex model of marital and family systems: Assessing family functioning. In F. Walsh (Ed.), *Normal family processes* (pp. 104-137). New York: The Guilford Press.
- Olson, D., & McCubbin, H. (1982). Circumplex model of mental and family systems V: Application to family stress and crisis intervention. In H. McCubbin, A. Cauble, & J. Patterson (Eds.), *Family stress, coping and social support* (pp. 33-45). Springfield, Illinois: Charles C. Thomas.
- Olson, D., Russell, C., & Sprenkle, D. (1983). Circumplex model VI: Theoretical update. *Family Process*, 18, 3-27.
- Owens, E.B., & Shaw, D.S. (2003). Poverty and early childhood adjustment. In S.S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 267-292). New York: Cambridge University Press.
- Paloutzian, R.F., & Ellison, C.W. (1982). Loneliness, spiritual well-being and quality of life. In L.A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (pp. 224-237). New York: Wiley Interscience.

- Pargament, K.I. (2003). Religious/spiritual coping. In *Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research: A Report of the Fetzer Institute/National Institute on Aging Working Group* (pp.43-56). Kalamazoo, Michigan: Fetzer Institute.
- Pargament, K.I., Kennell, J., Hathaway, W., Grevengoed, N., Newman, J., & Jones, W. (1988). Religion and the problem-solving process: Three styles of coping. *Journal for the Scientific Study of Religion*, 27(1), 90-104.
- Pargament, K.I., Koenig, H.G., & Perez, L.M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56(4), 513-543.
- Pargament, K.I., Smith, B.W., Koenig, H.G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37(4), 710-724.
- Patterson, J.M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family*, 64, 349-360.
- Perrone, K.M., Webb, L.K., Wright, S.L., Jackson, Z.V., & Ksiazak, T.M. (2006). Relationship of spirituality to work and family roles and life satisfaction among gifted adults. *Journal of Mental health Counseling*, 28(3), 253-268.
- Preece, J.C., & Sandberg, J.G. (2005). Family resilience and the management of fibromyalgia: Implications for family therapists. *Contemporary Family Therapy*, 27(4), 559-576.

- Qi, C.H., & Kaiser, A.P. (2003). Behavior problems of preschool children from low-income families: Review of the literature. *Topics in Early Childhood Special Education, 23*(4), 188-216.
- Richardson, G.E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58*(3), 307-321.
- Robinson, B.A. (2001). Religious identification in the U.S.: How American adults view themselves. Retrieved July 20, 2007, from http://www.religioustolerance.org/chr_prac2.htm.
- Szewczyk, L.S., & Weinmuller, E.B. (2006). Religious aspects of coping with stress among adolescents from families with alcohol problems. *Mental Health, Religion, and Culture, 9*(4), 389-400.
- Tarakeshwar, N., Vanderwerker, L.C., Paulk, E., Pearce, M., Kasl, S.V., & Prigerson, H.G. (2006). Religious coping is associated with the quality of life of patients with advanced cancer. *Journal of Palliative Medicine, 9*(3), 646-657.
- Taylor, H. (2003). The religious and other beliefs of Americans. Retrieved July 20, 2007, from http://www.harrisinteractive.com/harris_poll/index.asp?PID=359.
- Terezakis, K. (2001). Head Start: Vision and reality. *Dissent, 48*(4), 43.
- United States Census Bureau. (2007). Income, poverty, and health insurance coverage in the United States: 2006. Washington, DC: U.S. Government Printing Office. Retrieved November 8, 2007, from <http://www.census.gov/prod/2007pubs/p60-233.pdf>.
- Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process, 35*(3), 261-281.

- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process, 42*(1), 1-18.
- Weber, L.J., & Cummings, A.L. (2003). Relationships among spirituality, social support, and childhood maltreatment in university students. *Counseling and Values, 47*, 82-95.
- Webster-Stratton, C., & Hammond, M. (1998). Conduct problems and level of social competence in Head Start children: Prevalence, pervasiveness, and associated risk factors. *Clinical Child and Family Psychology Review, 1*(2), 101-124.
- Yoshikawa, H. (1994). Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks. *Psychological Bulletin, 115*(1), 28-54.
- Zigler, E., & Anderson, K. (1979). An idea whose time had come: The intellectual and political climate for Head Start. In E. Zigler & J. Valentine (Eds.), *Project Head Start: A legacy of the war on poverty* (pp. 3-19), New York: Free Press.