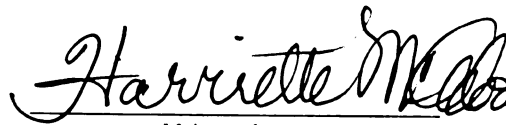This is to certify that the

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RELIGIOSITY/SPIRITUALITY AS A MEDIATING STRATEGY
BETWEEN FAMILY COHESION AND MATERNAL DEPRESSION
IN AFRICAN AMERICAN MOTHERS OF
SCHOOL AGE CHILDREN WITH SPECIAL NEEDS

presented by
Maresa Murray, M.A.

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of the requirements for

__Doctoral__ degree in __Philosophy__
in Family and Child Ecology

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AN ABSTRACT OF A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Family and Child Ecology

2001

Dr. Harriette P. McAdoo

ABSTRACT

RELIGIOSITY/SPIRITUALITY AS A MEDIATING STRATEGY BETWEEN FAMILY COHESION AND MATERNAL DEPRESSION IN AFRICAN AMERICAN MOTHERS OF SCHOOL AGE CHILDREN WITH SPECIAL NEEDS

By

Maresa Murray, M.A.

There are large numbers of African American families who face daily challenges of special needs children. Recently, single parenting has been recognized as a problem that defies categorization by color. The combined experience of being African American, female, and having a child with special needs creates a unique set of lifestyle issues for the families. This study is concerned with examining the African American single mother's religiosity/spirituality, home environment, and depression levels as she raises her child with special needs. This research, which used a longitudinal research design, was drawn from a larger research project entitled "Ethnic Minority Family Report" (McAdoo, 2001) and funded through the National Institute for Child and Human Development (NICHD). There were several research questions, which guided this study.

1) Do married African American mothers have higher levels of family cohesion than single African American mothers?

2) Do African American mothers from more cohesive families have higher levels of religiosity/spirituality?

3) Do African American mothers with higher levels of religiosity/spirituality have lower levels of depression?

4) Do African American mothers with more cohesive families and more religiosity/spirituality have lower levels of depression?

5) Do African American mothers with less cohesive families with higher levels of religiosity/spirituality have lower levels of depression than African American mothers with less cohesive families and lower levels of religiosity/spirituality?

The Statistical Package for the Social Sciences (SPSS) was used to analyze the current data. An analysis of variance was first conducted to assess the relationship between marital status (external stressor variable) and maternal reports of family cohesion (stressor variable). Secondly, Pearson product moment correlations were used to determine the relationship between family cohesion (stressor variable) and maternal reports of religiosity/spirituality (independent resource variable). Pearson product moment correlations were subsequently used to further assess the relationship between religiosity/spirituality (independent resource variable) and maternal depressive symptoms (response variable).

ACKNOWLEDGEMENTS

It is my pleasure to honor those who have given immeasurable contribution to the production of my dissertation. Above all else, I am thankful to God for bestowing me with all spiritual blessings, allowing me to have a privileged upbringing, and securing my future destiny. God has allowed my parents, James Arthur Murray and Anzilia Wilkins Murray, to supply me with unlimited universal, financial, and educational support. They have always made certain that I had the financial and educational opportunities that they did not. In addition, they purposely modeled the reality of the "crossover" for African American families, which makes tangible the culmination of educational and financial freedom in America.

Specifically, I'd like to thank my mother for sharing her single-minded focus, and showing me the importance of attaining the highest goal regardless of the circumstances. I am very grateful that she encouraged my independence at an early age, as it has become a crowning jewel of my personality. She is the most resourceful, strong-minded, and tenacious person I know, and I am honored to call her my mother.

Moreover, I am thankful that my father flawlessly modeled the importance of having an openly generous heart, while remaining dedicated to the completion of my accomplishments. He has taught me that it is more important to have a liberated heart than to "always be right." He is the most balanced, perceptive, and easy-spirited man I know, and I am honored to call him my father.

In this same light, I acknowledge my favorite aunt, uncle and cousins, Marita, Larry, Lamell, and Tinia Campbell, for always extending their nuclear family to embrace me and spark my interest in diverse cultures in worldwide travel.

Finally, I would like to thank John Sharnetsky, as his support was vital in keeping the concept of "burn-out" at bay during the completion of this dissertation. He was instrumental in helping me unlock and discover the endless reservoir of treasures in my "self".

This is only the beginning, and the best is yet to come.

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Chapter 1

Introduction

There are a growing number of African American mothers who have school age

children with special needs, yet very few research studies have sought to explore the ways

in which the mothers perceive and experience life. This research seeks to explore the role

of religiosity/spirituality as a mediating strategy between family environment and

empowerment in African American mothers of school age children with special needs.

African American mothers who are raising school age children with special needs face

unique challenges in achieving healthy environments for their families and empowerment

for themselves. The disproportionate number of African American children in special

education and special needs classrooms suggests that there are large numbers of mothers

facing this challenge daily. Religiosity/spirituality is one ecological factor likely to

influence mother-child interaction and, subsequently, the child's development, the family

environment, and the mother's empowerment.

Statement of the Problem

Past research findings show significant linkages between depression, race, family

environment, and stress (Carr, Gilroy, & Sherman, 1996). More recently, Brown, Brody,

and Stoneman (2000) found that African American women are at greater risk for

depression when under socioeconomic stress, when their child exhibits high levels of

difficult behaviors, and when conflict with a marital/partner is high. They found that marital spousal support has a stronger association with maternal depression than does conflict.

Turner, Lloyd, and Roszell (1999) cite Kaplan's findings that suggest a very strong relationship between depression and self-esteem. Since that initial finding, other major studies have confirmed a significant inverse correlation between depression and self-esteem (Pearlin & Lieberman, 1979; Rosenberg, 1985).

African American children are among the fastest growing population in the United States and a disproportionately large percentage of all children in special education programs (Peterson & Zill, 1986). Recently, single parenting has been recognized as a problem that defies categorization by color. It identifies the relationship between family environment and religiosity/spirituality; the impact of religiosity/spirituality on the level of empowerment; and the impact of family environment on the level of empowerment. The purpose of this study of African American mothers of school age children with special needs is to examine the relationship between religiosity/spirituality, family environment, and empowerment in their lives.

Significance of the Problem

There are large numbers of African American families who face daily challenges of special needs children. Recently, single parenting has been recognized as a problem that defies categorization by color. Unmarried mothers are a growing presence as divorce and pregnancies without marriage increase in all segments of society (McAdoo, 1995).

Empirical studies are needed to address the issues of this increasing family type: an African American single mother of school age children with special needs.

This research will contribute to society in at least two ways. First, it will widen the research base for educators and researchers to better understand the specific experience of being an African American mother of children with special needs. It will also help the revision of existing and future programs that are targeted at assisting mothers who have children at higher risk for special needs. The family environment has been given less attention as a factor in families with special needs children. A parent who is raising a school age child with special needs, with the added influence of religiosity/spirituality in creating and maintaining the family environment, may have healthier behaviors toward the child and herself, than a parent without the protective factor of religiosity/spirituality available to her.

Theoretical Model

Based on McCubbin's (1983) original family stress theory and the further adaptation of this theory by Pauline Boss (1994), the map in Fig. 1 depicts the mediating effect of religiosity/spirituality on the stressor of a child's disability. The family environment may serve as a protective factor in families facing the unique challenge of raising a school age special needs child (Moos, 1974; Moos & Moos, 1994). The result of the stressor interfacing with the mediator leads to level/degree of the mother's response to the event. High levels of stress are categorized as despair, and low levels of stress are known as self-esteem.

Figure 1. Theoretical Map of Family Stress Theory*

External Context

Historical
Economic
Constitutional
Religious
Cultural

Internal Context

Sociological
Psychological
Philosophical
Cognitive
Emotional
Behavioral

Responses

Stressor Event (A)
Resources (B)
Degree of Empowerment (C)

Legend:

* Based on model by Boss (1994)
→ Direction of Relationship
  Key Theoretical Concepts to be Analyzed

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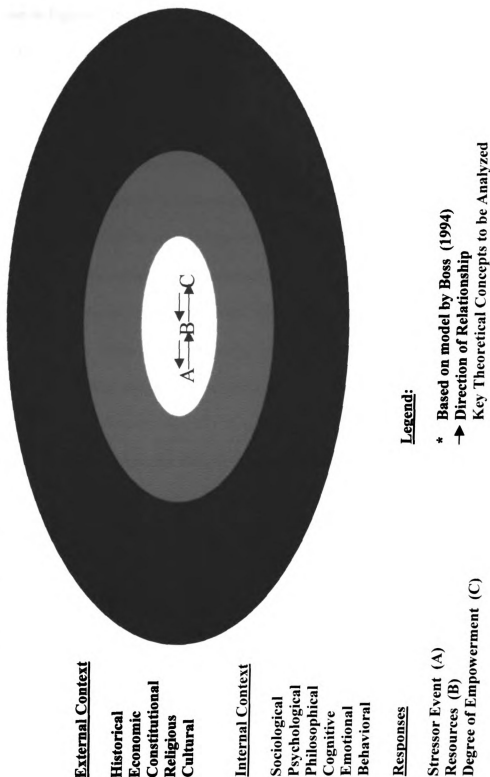
As shown in Figure 1, the dominant stressor for the mother is the family's cohesion (shown as "A" on the theoretical map). There is a series of external contextual factors that act as a "stress complex." This means that several smaller potential stressors are fueled together in a funnel effect to have a larger damaging impact on the mother. Included in the stress complex is the mother's marital status, low education level, low socioeconomic status, gender discrimination, and institutional racism. This stress complex negatively contributes to the sense of helplessness about her child's disability.

The mediating concept is religiosity/spirituality (shown as "B" on the theoretical map). This is an internal contextual concept that includes the mother's cultural and religious resources. These resources include cultural values, collectivism, church as extended family, prayer, religious commitment, recreation, and assistance from the African American community/church.

The degree of the mother's family cohesion level illustrates the extent to which religiosity/spirituality was an intervening variable against the stress (shown as "C" on the theoretical map). A high degree of stress is categorized as despair, and a low degree of stress is known as self-esteem.

The family's environment, to include religiosity/spirituality, may serve as a protective factor in families headed by African American women with school age special needs children (Moos, 1974; Moos & Moos, 1994).

Theoretical Framework

Family Stress Theory.

In this theory, family stress is defined as an upset in the steady state of the family. It includes anything that may disturb the family, cause uneasiness, or exert pressure on the family system (Boss, 1994). Not all stressed families are in crisis, however, many avoid crisis by managing to hold the degree to a tolerable level, a process called coping. Neither have all families in crisis had long-term stress; they may have been doing well until a disaster struck.

It seems, therefore, that some factors operate in the stress process that influence outcome. Although individual strengths, family strengths, and social supports have recently been identified as predictors of stress outcomes, it is suggested that the end result of the stress process is influenced by an even broader external context. This, in turn, influences the family's internal context, and thereby the meaning they give to a particular stressful event.

This revised family stress theory is based on the original model (McCubbin, 1974). His framework, called the ABC-X model, of family stress theory focused on three variables: A, the provoking event or stressor; B, the resources or strengths the family has at the time of the event; C, the meaning that the family (individually and collectively) attaches to the event. These three variables remain a foundation of current family stress theory.

The family's perception, however, is mediated by the context in which the stressful event or situation occurs. The family's context is considered from a social-psychological and biological perspective on both macro- and micro-levels of analysis. The external context of the stressor event or situation is comprised of six indicators: historical, economic, constitutional, religious, and cultural.

The historical context refers to the time when a stressor event takes place. Some examples of a stressor in a historical context are: during the World War II, after the Vietnam conflict, after the women's liberation movement, before the civil rights movement, or during the Depression of the 1930's.

The economic context refers to the state of the larger environment's economy. It could also refer to a major shift in the family's economic environment resulting from sudden economic gains such as lotteries or inheritances or losses such as gambling.

The constitutional context of the family is the biological health and physical strength (or lack thereof) of the members of that unit. Some individuals, and therefore families, due to strong genes and a good environment, are simply stronger than others. They have more stamina and resilience, which influence the energy and perseverance they have to activate and maintain the coping process. A strong constitution makes it easier to act in defense of oneself and one's family when a stressor event occurs.

The religious context also influences how a family perceives an event- especially regarding attempts to control or accept a situation of stress and who is to blame for what is happening and thus the level of guilt carried by the family.

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Individuals in certain religions in America believe that even the lack of rain or the birth defect of a child is their fault; others believe that there is a larger plan, and so they accept what happens, even a disaster, as God's will. Such varying beliefs are part of the family's external context, as they are instilled from outside.

The cultural context, which encompasses some of the former dimensions, makes up a major part of the external context in that it provides the guidelines by which families define events of stress and their coping resources. The larger culture of which the family is a part provides the rules by which the family operates at the micro-level. Sometimes, however, the family may at the same time belong to a subculture that conflicts with mainstream culture, for example, ethnic groups. The cultural incongruence between internal and external contexts may help answer the question of why these families are highly stressed and often in crisis.

The six dimensions of the family's external context influence the internal context. The internal context of the family in stress is made up of three dimensions: the sociological, the psychological, and the philosophical.

The sociological context is the structure and function of the family regarding its boundaries, role assignments, and perceptions of who is in and who is outside those boundaries. Boundary ambiguity is a major variable in this regard.

The psychological context is the family's ability (or inability) to use defense mechanisms when a stressful event occurs. The mechanisms of denial were presented to illustrate the point. In the long run, the use of denial adds psychological ambiguity to the sociological ambiguity in a stressed family and thereby blocks resolution and reorganization.

The philosophical context of the family is its values and beliefs on a microlevel. The rules of the individual family can, for example, be different form those of the larger culture to which it belongs. Certainly, minority families in American culture have experienced this difference. When the larger culture, for example, provides government support for the institutional care of elderly parents, but not within the family, the external and internal contexts are in conflict, so that even more stress has been created.

Both macro and micro levels of analysis are conceptually placed in the background. At the macro level of analysis, external context of the stressor event or situation is comprised of six indicators: historical, economic, developmental, constitutional, religious, and cultural. The six dimensions of the family's external context influence the internal context. The internal context of the family in stress is made up of three dimensions: the sociological, the psychological, and the philosophical.

Even on a micro-level of analysis, rules for responses may be different. Within one community, some families believe that illness is to be accepted, whereas others believe that illness is to be overcome with modern science and technology. Some families believe that fighting back is the appropriate behavior, whereas others believe in passive resistance or acceptance. Although these beliefs and values are influenced by the larger cultural and religious context, the family's philosophy most directly influences its perception of a stressful event. Furthermore, the internal context, more than the external context, is in the control

of the individual family. Even within the same cultural or religious context, families differ in their individual philosophies.

Variables are measured using the Boss (1994) Family Stress model focusing on three aspects: A, the provoking event; B, the resources or strengths the family has at the time of the event; C, the meaning that the family (individually and collectively) attaches to the event. These three variables remain a foundation of current family stress theory.

A review of literature has identified the following as relevant variables: (A) level of Special Needs (stressor variable); (B) religiosity/spirituality level (resource variable); (C) level (response variable); African American maternal characteristics: age, educational level, and income level.

Chapter 2

Review of Literature

African American Female Depression

While literature is sparse pertaining to African American parents of school-aged

children with special needs, there is a large amount of literature on depression African

Americans. Turner, Lloyd, and Roszell (1999) cite that much research has been

conducted that emphasizes the "stress process" model in relation to depression. It

illustrates the significance of stress exposure and resources that may buffer the stress such

as religiosity/spirituality and be a between stress and the mental health outcome of

depression.

Efforts have been made to understand the nuances and complexities of depression.

Since women are, on average, more depressed than men (Brown, Brody, & Stoneman,

2000), there is a substantial amount of literature that focuses on understanding the

relationship between women and depression. There are efforts for researchers to account

for sex differences in depression, and the emerging thrust to recognize women's specific

circumstances across race and class. They cite Gordon-Bradshaw's (1987) finding that

the overrepresentation of African American women with disproportionately low levels of

education and in low status occupations is further evidence of how the interaction of

gender and race affects the quality of life for women. Brown, Brody, and Stoneman cite

research studies by Gibbs and Fuery (1994) and Smith and Stewart (1983) that noted

African American women are at greater risk for depression due to the "triple jeopardy" of racism, sexism, and poverty.

McLoyd, Jayaratne, Ceballo, and Borquez (1994) validated earlier research that found that African American women's vulnerability to depression is exacerbated by economic strain. They cite that African American women's depression is consistently linked to low income, unemployment, limited education, and divorced or separated marital status. Brown, Brody, and Stoneman (2000) cite evidence that economic strain is compounded by daily hassles and subsequent stress that make life a demoralizing process.

The association between marital dynamics and depression has been well documented by Glass and Fujimoto (1994). They found that women whose husbands were emotionally supportive and, more importantly, offer support with household tasks are less likely to report symptoms of depression. Marital discord, whether manifested as physical or in milder forms of tension, is consistently linked to women's depression. Brown, Brody, and Stoneman (2000) found that child conduct disorder was more highly associated with mother's depression than the other family dynamics. In addition, the associations between marital dynamics and child conduct disorder were stronger than the marital spousal dynamics and maternal depression.

Earle, Smith, Harris, and Longino (1998) implore researchers to analyze the marital status category for African American samples. This is based on the ambiguous "unmarried category" which may include women who were never married, divorced, widowed, living with a partner, and may even include extremely estranged marriages. They contend that it necessary to move beyond the traditional "married" and "single"

dichotomized categories, in order to account for various contextual factors that may account for the variance in behavioral outcomes.

While excluding African American women, researchers have explored the relationship between depression and multiple role participation in Caucasian middle-class, middle aged women participating in traditional roles, such as parent, spouse, and worker (Staples & Boulin-Johnson, 1993). In an effort to understand multiple social roles in the lives of African American women, Cochran, Brown, and McGregor (1999) conducted a study that took into account the women's propensity to provide care for immediate, extended, and fictive kin.

Earle, Smith, Harris, and Longino (1998) note the significant link between depression and marital dissolution in African American women. They cite studies (Ensel, 1986; Gove & Shin, 1989) that concluded previously married women were more likely to manifest the symptoms of depression than are the married and never married. Earle, Smith, Harris, and Longino (1998) also note the work of Williams, Takenchi, and Adair which link marital dissolution with an elevated risk of psychiatric illness like depression. This heightened vulnerability may be a result of gender or age of the previously married woman, as well as other factors such as race, socioeconomic status, and health status. They also cite previous research that reported a greater tendency toward depression on the part of respondents who assess their health to be fair or poor, have less education, or are unemployed.

In their study, Earle, Smith,. Harris, and Longino (1998) found that women were more likely to report symptoms of depression than men. They found more depression in: respondents who were unsatisfied with their marriages, the unmarried women and men

than the married ones, those who were less affluent and educated, and those who were unemployed. Their results did not indicate that age was a significant predictor factor, yet there was a link between depression and some of the associated variables of aging, such as loss of a marital partner and declining health and/or income. In summary, research studies have found that African American women are more depressed than men, with greater potential for compounded stresses.

African American Religiosity/Spirituality

The importance of religion and the church in coping in the lives of African Americans has been well documented (McAdoo, 1995; Pipes, 1992). These researchers have documented the strategies that African American mothers have used to cope with strains of life, childrearing, and mobility issues which include family support, reciprocal exchange patterns, strong achievement orientation, and role flexibility. Religiosity/ spirituality has also been identified as a powerful influence in mediating the stresses of the mother, and in increasing the ability of parents to cope with many dimensions of life. These coping strategies are successful when two parents are unable to maintain a marital relationship, when children face achievement problems in school, and when financial stressors impact the family.

Tolson and Wilson (1990) found that two-parent households tended to have higher levels of religiosity/spirituality, than single headed households. Methodological flaws such as utilizing incorrect statistical measures or negating relevant cultural agents have resulted in a limited body of knowledge about the climates of African American families (Tolson &

Wilson, 1990), less about the climates of African American families with school age special needs children, and even less about the environment of families headed by African American women. Thus, research is cited from studies focusing on a broader representative sample of African American families and two-parent families.

A significant component in the lives of African American families was a moral-religious orientation which is used as a source of support, resulting in better coping strategies for those families (Harry, 1995). Parents identify religiosity/spirituality and spirituality as a source of strength for them in understanding their school age child's disability, which parallels the large body of literature demonstrating the vital role religiosity/spirituality plays in the lives of African American families (Taylor, Chatters, Tucker & Lewis, 1990). Research shows that families with a strong and present religiosity/spirituality are more likely to create an environment that helps advance development in their school age children with special needs. Moos and Moos (1994) proposed that the family environment is influenced by several parental factors, i.e. family structure, emotional, financial and human resources available to parents. Religiosity/ spirituality in families with school age special needs children are not as well defined. In two-parent households, those with a parent and spouse, or a parent and grandparent, higher levels of religiosity/spirituality were present (Tolson and Wilson, 1990) than were present in single-headed households. This follows for families with school age special needs children headed by African American women.

Brown and Gary (1985) found that religious participation is a source of support with anxiety-related problems. Other studies have shown that the church provides emotional well-being (Neighbors & Jackson, 1984), and that women are more religiously

involved than men (Taylor, Thorton, & Chatters, 1987). Religiosity/spirituality in African American families has been shown to be a strength of Black families (Billingsley, 1992; Randolph, 1995). Research shows that families with strong religiosity/spirituality are more likely to create a family environment that aids the development of children. No evidence exists to refute that same implication for African American mothers of school age special needs children, but, rather, supports religiosity/spirituality as a vital coping strategy available to mothers.

African American Marital Status

Hill Collins (1998) asserts that the best way to understand the changing African American family structure is to acknowledge the impact of global development and social changes. The growth of female-headed households in the African American community is one such issue that needs to be further understood. Prior to 1960, the vast majority of African American families (80 percent) were two-parent families. While 20 percent of African American family households with children were headed by women in 1960, 33 percent fit this profile by 1970, 49 percent by 1980, and a majority of 57 percent were female-headed by 1990. Rather than understanding this drastic increase in female-headed households as a moral decline in the African American community, Hill Collins suggests that a structural change of this magnitude is better understood in relation to the larger American societal context.

Cherlin, (1998) asserted that African American mothers who were once married are very likely to use the support of extended kin and others as they parent their children.

This lends support to the idea that there is undiscovered strength in the lives of African American mothers who were once married and, now that they are single, have managed to maintain extended kinship support utilization. Cherlin cites a study by Rossi that measured the strength of people's feelings toward extended kin. They found that African Americans felt much stronger obligations to aunts, uncles, nieces, nephews, and cousins than did Caucasians in the sample. When African Americans faced adversity, they were more likely to seek help from kin than Caucasians. Cherlin stated that African American mother's partners are often incorporated into the kinship networks not on the basis of being the biological father, but rather on whether they provide support for the children.

Cherlin further asserts that the development to which African American families had to respond was a society-wide shift in values. The society-wide shift was the weakening of the institution of marriage. Marriage became weaker in part because of the growing independence of African American women, which made it less necessary to get married.

Cochran, Brown, & McGregor (1999) cite the 1994 study from the National Center for Health Statistics that states that many African American women are not married because of the low life expectancy and availability of African American men. The report also states that the life expectancy of African American men is significantly lower than that of Caucasian men. This decreases the probability that midlife and older African American women will be married or have men available to marry after the death of or divorce from a spouse. Therefore African American women are less likely to occupy the marital role and less likely to have the economic and psychological benefits associated with marriage than are Caucasian women (Cochran, Brown, & McGregor 1999).

Cochran, Brown, & McGregor (1999) found that the most important roles associated with low levels of depression were those pertaining to marital status and employment. Older African American women reported significantly higher levels of depression than Caucasian women. African American women were less likely Caucasian women to occupy the roles of marriage and employment, which associated with less depression.

Researchers have compared the similarities and differences of married and single parent households. Low incomes, the absence of a male partner, and a large number of children have been shown to contribute to stress and therefore less supportive home environments (Hannan & Luster, 1991). Belsky (1981, 1984) proposed that the marital relationship is the primary support system for many parents and that mothers who experience high levels of marital support are likely to provide more supportive environments for their children. Other researchers tested that theory and found similar findings (Goldberg & Easterbrooks, 1984; Simons, Whitbeck, Conger, & Melby, 1990). Taylor (2000) reported that households and communities with the highest maltreatment rates were those with conditions including female-headed households, poverty, and unemployment.

Brown, Brody, and Stoneman (2000) found that marital spousal support significantly interacted with the socioeconomic of African American women. Marital spousal support was negatively correlated with women's depression under conditions of high socioeconomic risk. It was unrelated when socioeconomic conditions were less stressful.

Family Cohesion

Research suggests that many families who have young school age children with special needs experience greater levels of stress than families with school age children who do not have special needs (Bubolz & Whiren, 1984; McCubbin, 1989; Dyson, 1991). Working women who rear their children alone have been found to have high stress levels, (McAdoo, 1978; Compass and Williams, 1990) higher than those of their counterparts (Compass & Williams, 1990; McLanahan, Wedemeyer, & Adelberg, 1981; Olsen & Banyard, 1993). Because fewer school age children with special needs are being placed in residential settings and most remain at home beyond the age of twenty-two, and because the mother is usually the primary caretaker, the case management of her child's development falls primarily to her (Nemzhoff, 1992). A review of literature suggests that stress is a function of ongoing "undesirable situations," involving any environmental demand that taxes or exceeds one's resources to cope with or overcome it (Watts-Jones, 1990). Of the countless theories put forth in the 1970s, and in advising women with school age special needs children, neither theoreticians nor therapists ... consider that the mother of a school age child with disabilities, in order to find services for her child, may be forced into an aggressive role and that may put her in conflict with a more passive notion of femininity with which she was reared (Nemzoff, 1992), adding stress to an already stressful family environment.

In order to identify stress factors, Watts-Jones (1990) examined a sample of African American mothers between the ages of 23-50. The chronic stressors were inadequate resources, work-related issues, relationship conflict/dissatisfaction, role

functioning, racism/ethnicity, and personal health. A significant correlation was found between depression and stress. The study suggest that mothers assuming the role of provider and homemaker will experience extreme strain, given their lack of time to fulfill multiple role expectations. In addition, due to conflicting demands upon her time, emotions, and finances, she usually cannot meet all the expectations she sets for her family and work. A rash of "how to" books, intended to help parents access and negotiate the system that might aid in rearing school age children with special needs, instead suggested a "partnership" that would lead to more work — and inherently more stress — for the mother. Together these books made unrealistic demands on mothers with school age special needs children (Nemzoff, 1992).

Those who live in poverty are at high risk for anxiety, depression, and health problems (Belle, 1990). In addition, other stressors include poverty (Cope & Hall, 1985), economic marginality (Mednick, 1987; VoyDanoff & Donnelly, 1989), inadequate housing, unemployment, role and relationship stressors, and crime (D'Ercole, 1988).

A growing number of studies have been conducted which assess the relationship between the family home environment, stress, and parental behavior. Franco and Levitt (1998) conducted a study of 185 fifth-graders of African American, Caucasian, and Hispanic descent. They found that children who reported more support from their family/parents were more likely to have higher levels of validation and caring. This supports earlier findings from Antonucci (1994) who found that supportive family relations provide the child with emotional security to develop relationships with others.

Another primary study was conducted by Belsky (1984. He found that the most influential factors in shaping parenting behavior are the parents' personal resources,

sources of stress and support, and the characteristics of the child. The study concluded that parents provide unsupportive care if they lack personal resources, experience high levels of stress and low social support, and perceive the child as difficult. Specific characteristics of the parent that may influence care-giving practices include empowerment and depression. Contextual factors that may influence parenting include the marital status and the quality of the relationship, social support from the family's social network, work-related stressors, financial resources, and other sources of stress and support.

In a more recent study conducted by Luster & Baharudin (1998), African American and Caucasian mothers who provided better quality home environments were older at the time of their first births, were more highly educated, and had higher levels of empowerment. In the sample of 347 African American mothers and 551 Caucasian mothers, mothers of both ethnic groups who had higher levels of family income, had fewer children, and had higher marital quality also provided more supportive home environments. Higher levels of empowerment and family income were shown to be predictive of the home environment scores of the Caucasian sub-sample, but not the African American sub-sample.

African American Parents of School Age Children with Special Needs

Boyce et al. (1995) noted in their review, that single mothers raising a child with special needs reported less close and cohesive family environments than married couples raising a child with special needs. In addition, low levels of cohesion were found in African American couples that were raising an adopted child with special needs

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(Rosenthal, Groze & Curiel, 1990). Yet, low levels of cohesion were interpreted by these authors as being healthy family dynamics in that the levels suggested the boundaries of the nuclear family were not rigid, but fluid. In these cases, it seems that African American families were utilizing more than the support of their immediate family, and accessing help from extended kin and friends. Harry (1995) proposed that the presence of these close kinship ties, is what allows African American parents to have greater acceptance levels of their children's special needs. Thus, the protective factor of being embedded in a family unit which is supportive and cohesive, aides in fostering healthy socializing environments for children.

Research demonstrates support resources help to empower individual family members to become more capable and competent and thus able to act on their own behalf (Dunst, Trivette, Starnes, Hamby, & Gordon, 1993). Antonovksy (1987) introduced the concept of salutogenesis, the focusing on family strengths and healthy coping strategies rather than on pathology (Nemzhoff, 1992). In 1989, the Journal of Mental Retardation published an entire issue on family coping, thus opening the door to the formulation of theories of successful coping (Nemzhoff, 1992) in families with school age special needs children.

Empowerment in African American women tends be a result of skillful application of economic, social, and emotional resources. As previously discussed, the roles of religiosity/spirituality and the Black Church have been legitimized as empowering agents for African American women. Other identified empowerment strategies involve community/service systems, positive internal attitudes (Coren, DeChillo, & Friessen, 1992) and the use of family/extended family (McAdoo, 1991). An extensive support

network among family members and fictive kin, who become as family, is true for people of all socioeconomic statuses (Farley & Allen, 1987; McAdoo, 1988). The extended family network can be especially helpful in empowering mothers, as it offers options in schooling or career (Martin & Martin, 1978; McAdoo, 1995).

Resources have been shown to buffer stress, and friendships/secondary relationships with other women, family members, and coworkers have been helpful in empowering single mothers (Garfinkel & McLanahan, 1986). Women survive and are empowered by adopting certain patterns of support from the family situations in which they find themselves (McAdoo, 1995). When family is available and the relationship with the kin is harmonious, the family can be a source of support toward empowerment. Single mothers tend to be more involved with their parents, and this pattern is extended to increased interaction with kin (Marks & McLanahan, 1993).

School Age Children with Special Needs

In times of transition or when a crisis occurs families experience increased levels of stress to which they must adapt if the family system is to maintain equilibrium. The birth of a child with special needs can cause a crisis situation in a family (McCubbin, 1989). Literature reflects that many families who have young school age children with special needs experience greater levels of stress than families with school age children who do not have special needs (Bubolz & Whiren, 1984; McCubbin, 1989; Dyson, 1991). Mothers who continue to ask why their child is disabled from 3 to 5 years later from the child's birth experienced lower levels of well-being. But when "absolved" from their friends and

family, as in being told the disability was not their fault, mothers of disabled school age children were better able to cope (Leskinen, 1994).

Glidden (1993) asserts that research has "generally failed to disentangle three elements" referring to the mixing of demands, stresses, and strains of school age children with special needs. The result of such leads to inconsistent findings. Although there is agreement that families of school age children with special needs have increased demands that lead to potential stressors (Garbarino, 1976), there are inclusive and contradictory findings about the impact of having school age children with special needs (Dyson, 1991).

Chapter 3

Methods

Research Questions

There were several research questions that guided this study.

1) Are there differences in the levels of family cohesion among married, single-never married, and single-not currently married African American mothers raising children with special needs?

2) What is the relationship between family cohesion and the levels of religiosity/spirituality in African American mothers raising children with special needs?

3) What is the relationship between levels of religiosity/spirituality and depression levels in African American mothers raising children with special needs?

4) Are there differences in the depression levels of African American mothers who have high levels of family cohesion and high levels of religiosity/spirituality than those who have less cohesive families and lower levels of religiosity/spirituality?

5) Are African American mothers who live in less cohesive families, but have high levels of religiosity/spirituality less depressed than African American mothers who live in more cohesive families but have low levels of religiosity/spirituality?

Hypotheses

H_1:   Married African American mothers will have higher levels of family cohesion than single mothers.

H_2:   African American mothers from more cohesive families will have significantly higher levels of religiosity/spirituality than those mothers from less cohesive families.

H_3:   African American mothers with higher levels of religiosity/spirituality will have lower levels of depression than mothers with low levels of religiosity/spirituality.

H_4:   African American mothers with less cohesive families and low levels of religiosity/spirituality will have higher levels of depression than mothers with highly cohesive families and high levels of religiosity/spirituality.

H_5:   African American mothers with less cohesive families but high levels of religiosity/spirituality will have lower levels of depression than mothers with high cohesion but low levels of religiosity/spirituality.

Conceptual Model
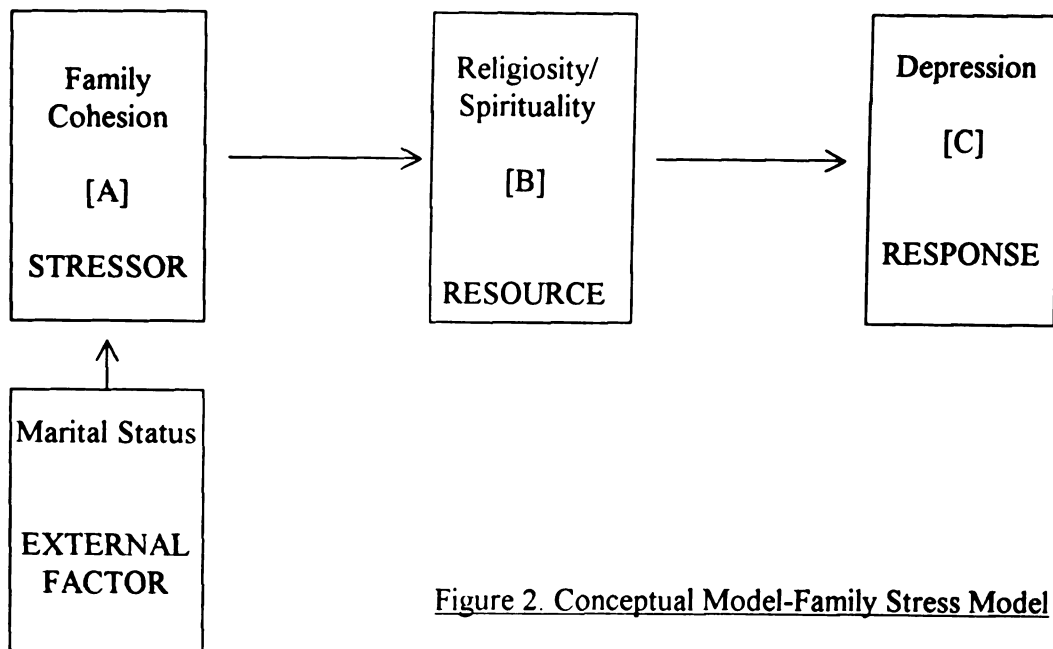
Figure 2. Conceptual Model-Family Stress Model

Research Design

This research was drawn from a larger research project funded through the

National Institute for Child and Human Development (NICHD), which used a longitudinal

research design. The research project was entitled "Ethnic Minority Family Report"

(McAdoo, 2001). The purpose of the broader study is to explore the coping mechanisms,

family environment, socialization practices, and educational concerns that are faced by

African American and Mexican American families who have children with special needs.

Assessment of the study's participants occurred over a three-year period. This study uses

data from the first year of data collection.

Parent
Concerns

(A)

BEHAVIOR

Initial Status

EXTERNAL
FACTOR

Research Design

The research was guided

Support Services for Child and Family

research design. The research process

(McLeod, 2001). The purpose of the present

help minimize socialization practices and environmental concerns that are faced by

African American and Mexican American families who have children with special needs.

Participants of the study. Participants occurred over a three-year period. This study uses

the first two years of data collection.

Instrumentation

Variables

Independent.

Parent Marital Status: Parent marital status was an item that was included in the Ethnic Families Research Project Instrument (McAdoo, 1994). The measure has been found to have construct validity through the use of this item in preliminary studies and subsequent follow-up studies. Parent marital status is defined as the current marital situation or family situation as described by the participant. Responses include: married; never married; widowed; divorced; separated; or living with a partner. For the purposes of this analysis, these categories were recoded to include 3 categories: married; single-never married; and single-not currently married.

Age: Age is the current age of the respondent parent as measured in years. The question asked was: "How old were you on your last birthday?" Age is coded as a continuous variable.

Education Level: Education refers to the highest level of education attained by the participant. The question asked is, "What is the highest grade of school completed?" The responses range from 0 = no education, to 21 = post Ph.D., J.D. or equivalent.

<u>Intervening.</u>

<u>Cohesive Family Climate Level</u>: Cohesive family climate is how the respondent views the degree of commitment, help and support provided by family members for one another (Moos and Moos, 1994). Reliabilities for the Cohesion Subscale were calculated. The subscale yielded an alpha of .61. This modest reliability prompted several items to be statistically deleted. Based on their low correlations with the scale, items 11 and 41 were therefore deleted. Subsequently, the Cronbach Alpha increased to .67. The mean score for the subscale was 5.0 (SD=1.8). The majority of the mothers reported that their families were quite cohesive. Considerations include (a) family members help and support each other a lot; (b) we seem to be passing time at home; (c) we put a lot into what we do at home; (d) there is a sense that we are together as a family; (e) we don't step forward to do things that need to be done at home; (f) we back each other up a lot; (g) we don't have much family "spirit;" (h) we get along really well with each other; and (i) everyone in our family gets a lot of time and attention from each other. Responses are dichotomous and include 1=yes and 0=no.

<u>Religiosity/Spirituality</u>: This construct measures how religious/spiritual the respondent feels they are. Initially the religiosity subscale from the Family Environment Scale was to be used in this analysis. The moral-religious subscale however was found to be unreliable with this sample. It yielded an alpha of .420. An alternate item was used to assess how religious respondents felt they were.

This item is asked in the Ethnic Families Research Questionnaire. It asks

respondents how religious or spiritual they are. Responses include: 1=not

religious or spiritual at all; 2=somewhat religious or spiritual; and 3=very religious

or spiritual.

Dependent.

Maternal Depression Level: The Beck Depression Inventory (BDI) is a

widely used 21 item self-report measure used to assess depression symptoms

(Beck, 1978). The internal reliability for the BDI showed that it was extremely

reliable. The measure yielded a Cronbach Alpha of .90. The mean for the

instrument was 11.9. The depression score is the sum of the weighted responses

for each item, which can range from 0 to 3. Items assess changes in sleep,

appetite, interest in sex, guilt, sadness, and other indicators of depression. A score

of 4 or less indicates absence or a minimal degree of depression; a score of 17 or

higher indicates clinical depression. The BDI has been extensively validated

among elderly subjects and shows adequate reliability (Gallagher, Breckenridge,

Steinmetz, & Thompson, 1983; Gallagher, Nies, & Thompson, 1982). Internal

consistency reliability (coefficient alpha) was .76.

Parent Demographic Factors

Parent factors were measured using the Ethnic Families Research Project Instrument (McAdoo, 1994). Measures of parents' marital status, age, education, and income level were used. The measures have been found to have construct validity through the use of these items in preliminary studies and subsequent follow-up studies.

Procedure

This research was supported by NICHD Grant #3RO1HD31893-2051 and the College of Human Ecology, Michigan State University. The sample consisted of parents of children who were seen by the schools as in need of special services because of learning problems, and was drawn from two mid-western school districts and community centers through school and parental referrals, mailing lists, and flyer handouts (NICHD, Ethnic Minority Final Report, 1999).

In one urban site, permission was obtained through the local school districts to send out letters to all of the parents who had children in the appropriate age range in the special education classes. Letters were prepared and stamped by project staff, but were addressed and mailed by the school system. The team could only wait to be contacted by parents. Once the families contacted the project and identified themselves, it was possible to contact them and obtain their consent to participate. The school system allowed only the use of the term "children with special learning needs" and not "mentally retarded." This criteria was used on the letters that were sent to the parents.

Community involvement was then used as a follow-up to ensure that the parents contacted the research staff. In the smaller urban area, the school systems and the social service agencies were contacted for referrals to targeted families. The difficulty with obtaining families to participate in the small school system was not found in the larger school system. Contacts at the Black Child and Family Institute were instrumental in getting parents to return the letters. Booths were set up at local cultural fairs and festivals, and informational brochures were distributed around the communities. The male members of the staff played ball with the young men who were encouraged to have their parents return the forms or to call the project center. Research staff went to all of the neighborhood markets and left leaflets explaining the project and asking families who had received letters to contact the office.

Each family received a payment of $25 each year when the interview was completed. Interviews were conducted one year apart. Two and sometimes three graduate students, in which a male was always included, were sent to the homes in the most run-down and high risk areas and neighborhoods. Interviewers were never allowed to visit a family by themselves, unless the parent was to meet them at the Black Child and Family Institute.

Sample Description

This current sample was selected from the larger sample of Ethnic Minority Families. This current sample is comprised of 126 African American women (n=126). Marital status is a central variable in this study, but was originally coded using 6 values. It

was re-coded to include 3 categories: married; single-never married; and single-not currently married (widowed, divorced, living with partner, separated). Frequencies were run to obtain the demographic information of the respondents (see Table 1).

These demographics show numerous important variations between these cohorts of married (n=21), single-never married (n=56), and single, not currently married (n=49) mothers. The mean score for these three groups of mothers ranged from 30.6 (for single-never married mothers) to 37.5 (for single-not currently married mothers). Single never married mothers tended to be the youngest group, with 80% of this group being between the ages of 20 and 35. Whereas single, not currently married mothers tended to be slightly older, with a little over half of this group being between the ages of 36 and 60. Single-not currently married mothers were also more likely to have a child with a disability that was not their biological child. Approximately 95% of married and never married mothers were the child of interests' biological mother. Only 76% of the mothers not currently married were the biological mothers of the children discussed in this study. Twenty four percent of this group of mothers served in the role of stepmother, foster mother, aunt, or adoptive mother.

Education was another interesting demographic category. Although 63% of all the mothers in this sample had completed at least 12th grade, there were differences between the levels of education by marital status. Married mothers had the highest levels of education with 71% having completed 12th grade and beyond. Both groups of single mothers however had a higher percentage of mothers who completed post secondary schooling. Although 1 out of 6 of the mothers in this sample had at least a high school

education (24% having a post secondary education), approximately 1 out of every 4 mothers was unemployed.

Moreover, 80% to 90% of the single mothers had an annual income below $20,000. Sixty seven percent of married mothers had annual incomes below $20,000. The mean number of children for this sample was 3. Mothers had anywhere from 1 to 7 children. Single, not currently married mothers however tended to have more children (M=3.7), who were older (M=9.2) than their never married and married counterparts. Children ranged in age from 6 to 13 and were in grades ranging from kindergarten to 8th grade. The majority of the children in this sample were male (65%). Single, not married mothers tended to also have more male children than female. The apparent differences in demographic shifts here appear to be directly related to the marital status of mothers. Single, not currently married mothers were typically once married and thus tend to be older, and have more children (including step children). Never married mothers are younger, and thus have fewer children.

Mothers were asked to report their child's educational or medically diagnosed disability/special need. There was a high rate of co-morbidity in this sample. Mothers identified the majority of the children in this sample as having at least 2 special needs. Table 1 lists these disability types. Sixty to seventy six percent of mothers listed learning disability as their child's diagnosis. Hyperactivity and attention deficit disorder were the next most frequent disability type. Aphasia and developmental disorders were listed as the 4th and 5th most common disability type in this sample. Between two and nine percent of the sample reported that their child had been diagnosed with either mental retardation or a neurological condition (See Table 1).

Table 1
Demographic Characteristics of Single and Married Mothers and their Children (n=126).

Parent Characteristics	Married (n=21)			Single-Never Married (n=56)			Single-Not Married (n=49)		
	%	M	SD	%	M	SD	%	M	SD
Age		35.0	7.6		30.6	5.6		37.5	9.8
20-35	52.4			80.4			49.0		
36-60	47.6			19.6			51.0		
Relationship to Child									
Birth Mother	95.2				94.5		94.5		
Other	4.8				5.5		5.5		
Highest Grade Completed		12.0	2.2		11.7	1.4		11.7	2.1
Less than 12th Grade	28.6			41.8			32.7		
12th Grade	66.7			40.0			42.9		
Post Secondary	4.7			18.2			24.4		
Employment Status									
Working	33.3			32.1			30.6		
Unemployed	38.1			42.9			40.8		
Homemaker, & Other	28.6			25.0			28.6		
Income									
Under $20,000	66.7			89.3			81.6		
$20,000-$49,999	23.7			14.3			16.4		
$50,000 and above	9.6			3.6			2.0		
# of Children (Range 1-7)		3.0	1.7		2.8	1.3		3.7	2.3

Table 1 (cont'd)
Demographic Characteristics of Single and Married Mothers and their Children (n=126).

	Married (n=21)			Single-Never Married (n=56)			Single-Not Married (n=49)		
	%	M	SD	%	M	SD	%	M	SD
Child Characteristics									
Age (Range= 6-13)		9.1	2.0		8.7	1.9		9.7	1.9
Sex									
Male	57.1			60.7			73.5		
Female	42.9			39.3			26.5		
Grade (Range=K-8)		4.4	2.8		3.3	2.0		4.5	2.1
Disability Type*									
Learning Disability	76.2			61.8			58.7		
Hyperactivity	33.3			34.5			50.0		
Attention Deficit	33.3			40.0			47.8		
Aphasia	19.0			34.5			20.5		
Developmental Disorder	19.0			18.2			21.7		
Mental Retardation	4.8			5.5			8.7		
Neurological Conditions	9.5			9.1			2.3		

Note. * Due to co-morbid disabilities, percentages do not add up to 100%.

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To gain further insight into this sample, descriptive statistics were also calculated to assess the levels of depression, religiosity, and cohesion for married, single- never married, and single-not currently married mothers. BDI Depressive Symptomology is presented first in Table 2. Although half of the mothers in this sample exhibited no signs of depression, half of the mothers exhibited borderline to very severe symptoms of depression. Interestingly married mothers had the lowest mean score for depression (M=9.6). It appears that a higher percentage of married mothers had low levels of depressive symptoms (40% of married mothers exhibited borderline or mild depression). On the opposite end of this continuum, only 10% of married mothers had what is considered to be high levels of depressive symptoms (moderate or severe depression) compared to 21% of never married mothers and 24% of single-not married mothers (see Table 2).

Table 2
BDI Depressive Symptomology in African American Mothers (n=126).

	Married (n=21)			Single- Never Married (n=56)			Single- Not Married (n=49)		
	%	M	SD	%	M	SD	%	M	SD
Level of Depression		9.6	7.7		13.0	9.5		12.4 9.0	
No Depression (score= 0-9)	50.0			50.0			53.1		
Borderline Depression (score=10-14)	25.0			14.4			14.2		
Mild Depression (score=15-20)	15.0			14.0			8.1		
Moderate Depression (score=21-30)	10.0			10.8			16.1		
Very Severe Depression (score ≤ 31)	0			10.8			8.1		

Descriptive statistics were then calculated to examine the levels of family

cohesion and religiosity/spirituality for married, single-never married, and single-not

currently married African American mothers. These statistics are reported in Table 3.

Interestingly married mothers had the highest mean religiosity/spirituality score (M=2.6).

Sixty percent of married mothers reported having high levels of religiosity/spirituality.

Contrarily, single- never married mothers had the lowest mean score for

religiosity/spirituality (M=2.0). Twenty one percent of this group of mothers said that

they were not religious or spiritual at all (21%). No mothers who were married or single-

not currently married said that they were not religious/spiritual at all (see Table 3).

Table 3.
Descriptive statistics for cohesion and religiosity by marital status (n=126).

	Married (n=21)			Single- Never Married (n=56)			Single- Not Married (n=49)		
	%	M	SD	%	M	SD	%	M	SD
Religiosity/Spirituality		2.6	.50		2.0	.70		2.4	.50
(1) Not religious at all	0			21.4			0		
(2) Somewhat religious	40.0			53.6			59.2		
(3) Very religious	60.0			25.0			40.8		
Family Cohesion*		5.0	1.7		4.6	1.8		5.6	
								1.7	

Note. *Family cohesion scores ranged from 1-7. Higher scores were indicative of higher levels of family cohesion.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) was used to analyze the current data. An analysis of variance was first conducted to test H_1. This analysis examined differences between the levels of family cohesion by marital status. Secondly, Pearson product moment correlations were used to test H_2. This analysis assessed the relationship between family cohesion and maternal reports of religiosity/spirituality. Pearson product moment correlations were also used to test H_3. This analysis tested the relationship between religiosity/spirituality and maternal depressive symptoms.

In order to test H_4 and the collective influence of family cohesion and levels of religiosity/spirituality on maternal depressive symptoms, a multiple regression was performed. This analysis allowed for the examination of the independent and collective influences of cohesion and religiosity/spirituality on depressive symptoms. Beta coefficients are presented and the amount of variance explained by this model is reported. Finally, an analysis of variance was performed to test H_5 and to examine the differences between mothers with the independent stress variable of low cohesion and the resource of high religiosity/spirituality with those with high cohesion and low religiosity/spirituality. Relationships here were considered significant at the .05 level of significance $(p<.05)$.

Chapter 4

Results

H_1:   Married African American mothers will have higher levels of family cohesion than

single mothers.

It was hypothesized that married mothers would report more cohesive family

environments than single mothers. ANOVAS were run to examine the difference between

the levels of cohesion of married, single-never married, and single-currently not married

mothers. The analysis of variance showed that there is indeed a difference between the

cohesion levels based on marital status ($F=3.4$, $p<.05$). Tukey's tests were run to further

differentiate the mean cohesion scores for married and single mothers. The mean scores

are presented in Table 4. Based on this analysis, married mothers (M=5.0) tended to have

slightly more cohesive families than single-never married mothers (M=4.6). The group

with the highest level of cohesion however was the single-not currently married mothers

(M=5.6). Thus single-not currently married mothers had significantly higher levels of

cohesion than the single-never married mothers and married mothers (see Table 4). This

hypothesis was therefore not supported.

Table 4

ANOVA for family cohesion by marital status (n=126).

	Family Cohesion			
	df	M	F	p
Marital Status	118		3.4*	.04
Married		5.0		
Single- Never Married		4.6		
Single- Not Married		5.6		

Note. *p<.05

H₂: African American mothers from more cohesive families will have significantly higher levels of religiosity/spirituality than those mothers from less cohesive families.

It was hypothesized that mothers who reported their family environments to be more cohesive would also report having higher levels of religiosity/spirituality. Pearson coefficients were calculated to determine the relationship between cohesion and religiosity/spirituality. This hypothesis was not supported. There were no significant associations found between married or single mothers from more cohesive families and those with higher levels of religiosity/spirituality (r =-.03, ns) (see Table 5).

Table 5

Correlation between cohesion and religiosity/spirituality (n=126).

	Cohesion	
	r	p
Religiosity/Spirituality	-.03	ns

H₃: African American mothers with higher levels of religiosity/spirituality will have

lower levels of depression than mothers with low levels of religiosity/spirituality.

It was hypothesized that mothers who reported that they were very religious or

spiritual would actually exhibit fewer or no depressive symptoms. The results here

support this hypothesis for one group of mothers only. Mothers who were married and

described themselves as having a high level of religiosity/spirituality have moderately

lower levels of depression than woman with low levels of religiosity/spirituality ($r = -.47$,

$p<.05$). For single mothers (never married and currently not married) there was no

association between their levels of religiosity/spirituality and depression (see Table 6).

Table 6

Correlations between religiosity/spirituality and depression by marital status (n=126).

	Religiosity/Spirituality					
	Married (n=21)		Single, Never Married (n=56)		Single, Not Married (n=49)	
	r	p	r	p	r	p
Depression	-.47*	.04	-.17	ns	-.10	ns

Note. *$p<.05$

H₄: African American mothers with less cohesive families and low levels of

religiosity/spirituality will have higher levels of depression than mothers with

highly cohesive families and high levels of religiosity/spirituality.

It was hypothesized that the combination of a close-knit family and a strong

religious/spiritual orientation, would predict lower levels of depression in both single and

married mothers. Multiple regressions were conducted to predict this relationship. This

hypothesis was supported for single-never married mothers. Single, never married

mothers' levels of depression were predicted by their levels of cohesion (β= -.260, p<.05)

and religiosity/spirituality (β = -.240, p<.05). Single-not married and currently married

mothers' levels of depression were not, in fact, predicted by their levels of family cohesion

or their own religiosity/ spirituality (see Table 7).

Table 7
Multiple regression analysis predicting depressive symptomatology by cohesion and
religiosity/spirituality (n=126).

	Depression								
	Married (n=21)			Single, Never Married (n=56)[+]			Single, Not Married (n=49)		
	β	SE	p	β	SE	p	β	SE	p
Cohesion	-.31	.96	ns	-.26	.08	*	-.32	.86	ns
Religiosity/ Spirituality	-.49	3.4	ns	-.24	2.2	*	-.11	3.0	ns

Note. [+]R^2=.11, *p .05

H$_5$:   African American mothers with less cohesive families but high levels of

religiosity/spirituality will have lower levels of depression than mothers with high

cohesion but low levels of religiosity/spirituality.

It was hypothesized that the added resource of having high levels of religiosity/ spirituality despite low levels of family cohesion would buffer against high levels of depression. To test this hypothesis two groups were therefore created: (1) mothers with low cohesion and high religiosity/spirituality and (2) mothers with high cohesion and low religiosity/spirituality. T-tests were conducted to examine differences in the depression levels between the two groups by marital status. This hypothesis however was not supported. In fact the opposite proved to be true for single, never married mothers. Never married mothers with low levels of cohesion exhibited more depressive symptoms despite their high levels of religiosity/spirituality (M=18.3). Mothers with highly cohesive families however, but low levels of religiosity/spirituality tended to exhibit fewer depressive symptoms (M=10.8). No other significant differences were found (see Table 8).

Table 8

T-test for family cohesion & religiosity/spirituality by depression (n=126).

	Depression								
	Married (n=21)			Single-Never Married (n=56)			Single-Not Married (n=49)		
	M	t	p	M	t	p	M	t	p
Cohesion & Religiosity/ Spirituality									
(1) Low Cohesion & High Religiosity/ Spirituality	10.7	-2.3	ns	14.4	-.70	ns	18.3	-2.2	*
(2) High Cohesion & Low Religiosity/ Spirituality	9.8			12.1			10.8		

Note. Low and high scores for cohesion were divided at the mean (M=5.5). High scores for religiosity/spirituality required a score of 2 and above. *p≤.05

Reliability

The second step was examining the cohesion and moral-religious sub scales in the family environment scale. The negatively worded items in the sub- scale were re-coded and the items were sum scored. Reliabilities were then run on each sub-scale. The final subscale for the cohesion subscale included 7 items. Items 11 and 41 were deleted from the subscale. The final alpha for the cohesion subscale with the deleted items was .675. The moral-religious subscale however was found to be unreliable with this sample. It only yielded an alpha of .420. An alternate item was used to assess how religious respondents felt they were. Reg177 asks respondents how religious or spiritual they are (0=not religious or spiritual at all & 3=very religious or spiritual). The psychometric properties of the BDI were also examined. Reliabilities were run on the BDI and yielded an alpha of .902.

Chapter 5

Discussion

Marital Status and Cohesion

The initial intent of this study was to examine the relationship between marital and

cohesion. Married mothers had higher levels of cohesion than those that never married,

which supports earlier findings from Boyce et al (1995) stating that single mothers raising

a child with special needs tended to report less close and cohesive family environments

than married couples raising a child with special needs. These findings indicate that there

might be additional resources being utilized by mothers who were divorced, widowed, or

living with a partner that allow assist them in having more cohesive families. Cherlin's

study (1998) provided support in its conclusion that African American mothers who were

once married are very likely to use the support of extended kin and others as they parent

their children. This is an interesting concept in that it confirms the works of McAdoo

(1995) and Billingsley (1992)in their assertion that African American families have

historically and continue to utilize supportive entities of extended family and fictive kin

networks in order to remain empowered and resilient. African American mothers that

were divorced, widowed, or living with a partner were skillful in embracing these

alternative forms of help in raising their school age children with special needs.

<u>Cohesion and Religiosity/Spirituality</u>

This study explored the relationship between family cohesion and religiosity/spirituality. The results suggest that married and unmarried mothers from more cohesive families have higher levels of religiosity/spirituality. These findings were similar to Tolson and Wilson (1990) who found that two-parent households tended to have higher levels of religiosity/spirituality than single headed households. These findings suggest that there is no association between their family cohesion level and their level of religiosity/ spirituality. Some researchers contend that one of the effects of religiosity/spirituality is the promotion of family cohesion in the home environment. The findings do not support that assertion. This study suggests that cohesion remains independent from religiosity/ spirituality in the lives of African American mothers with school-aged children with special needs.

This concept may be better understood in the context of alternative understandings of African American families. Stacks (1988) stated that African American families may be very cohesive and sometimes enmeshment sometimes not linking with other resources. They tend to be close knit and which may lead to enmeshment in some cases. As such, the family unit relies upon support from identified family members, both biological and extended kin, as a primary resource. In this case, enmeshment or closed families may be shut off from outside that receive from potential resources, such as religiosity/spirituality. Cohesion in this way denotes that they rely on resources within the family, which might influence them not to feel the need to receive support from external religiosity/spirituality resources. In addition, this pattern might block other potential resources that are potential

supportive factors for African American mother of school-aged children with special needs.

Religiosity/Spirituality and Depression

It was hypothesized that mothers who reported that they were very religious or spiritual would actually exhibit fewer or no depressive symptoms. For single mothers (never married and currently not married) there was no association between their levels of religiosity/spirituality and depression. As noted in the literature, Brown and Gary (1985) found that religious participation is a source of support with anxiety-related problems. Other studies have shown that the church provides emotional well-being (Neighbors & Jackson, 1984) and that women/mothers are more religiously involved than men/fathers (Taylor, Thorton, & Chatters, 1987). In addition, religiosity/spirituality in African American families has been shown to be a strengthening unit in African American families, serving to bring the spousal bond closer, as well as the bond between parents and children (Billingsley, 1992).

Billingsley asserts that one of the effects of religiosity/spirituality in the lives of African Americans is that it further binds together the spousal relationship within a family. From the results of this study, it may be understood African American married mothers who are highly religious and have received a significant amount of support from their husbands have lower levels of depressive symptoms. These findings support literature that states that spousal support and religiosity/spirituality are primary buffers against stress and depression.

Marital Status, Cohesion, and Religiosity/Spirituality as Predictors of Depression

It was expected that mothers with less cohesive families and low levels of

religiosity/spirituality will have higher levels of depression than mothers with highly

cohesive families and high levels of religiosity/spirituality. This hypothesis was supported

for single never married mothers. In support of these findings, researchers have compared

the similarities and differences of married and single parent households. This study

supports research by Brown, Brody, and Stoneman (2000) who found that marital spousal

support was negatively correlated with women's depression under conditions of high

socioeconomic risk. In addition, Hannan & Luster (1991) the absence of a male partner,

low income, and a large number of children have been shown to contribute to stress and

therefore less supportive home environments.

Single never married mothers with low levels of cohesion and religiosity/

spirituality might have higher levels of depression simply because they lack solid support

systems with which to buffer the stress. It is interesting to contrast this group with those

who were married, or were once married and are now single. The fact that the latter two

groups are now, or once were, used to receiving help from a partner might make the

difference for single never married mothers who have never had the potential support from

a partner. Researchers have clearly identified spousal marital support as a potential buffer

from stress, such as depression. As such, this might be a pertinent support strategy that

helped single never married mothers have lower levels of depressive symptoms.

Although this was true when cohesion and religiosity/spirituality are both high, the findings from this study indicate that religiosity/spirituality alone cannot be a buffer. Instead, it is the combined effect of these two variables that buffer depression for never married mothers. The stressor of having low cohesion was not buffered by religiosity/spirituality. However, religiosity/spirituality is a very important factor. Approximately 90% of the mothers in this sample reported that they were somewhat to very religious. These findings indicate that religiosity/spirituality is most effective as a resource when home environmental factors are not as stressful.

Conclusion

Results from this study confirm an assertion made by Marks (1993) who encouraged social scientists to move away from strict linkages between understanding outcomes based on demographics. With this in mind, some of the findings in this study have defied conventional traditional demographic interpretation, while other findings support past research.

In addition to Mark's suggestion that social scientists stretch the bounds of demographic interpretations, Earle, Smith,. Harris, and Longino (1998) implore researchers to analyze the marital status category for African American samples. This is based on the ambiguous "unmarried category" which may include women who were never married, divorced, widowed, living with a partner, and may even include extremely estranged marriages. They contend that it necessary to move beyond the traditional "married" and "single" dichotomized categories, in order to account for various contextual

factors that may account for the variance in behavioral outcomes. For example, it is conceivable that there will be different contextual influences for women who are widowed, rather than those who never married, as they have different people with different roles impacting their respective lives. As such, this study utilized three categories with which to analyze the marital status variable: 1) Married; 2) Never Married; and 3) Separated, Widowed, Divorced, and Living with Partner.

Limitations

This study recognizes that there are several limitations, which may hinder its ability to be generalized to other samples. First, this research assumes that the respondents answered all questions to the best of their ability, but the limitations of recall bias are acknowledged. A second limitation is that the data set and the scope of this research do not allow additional relationships to be examined. Thirdly, this sample includes a large number of low-income families. Although this number may be somewhat representative of the economic makeup of the broader community from which the sample was drawn, the findings may not be representative of communities where there are a larger number of families with middle and upper level incomes. Lastly, this study has both a modest sample size and result coefficients. However, modest significant results indicate that stronger associations may be made if a larger sample size is utilized.

Implications

The implications from this study are far reaching. This study was conceptualized using the Family Stress Theory, which allows a framework with which we may better understand the process of stress management. By examining potentially salient variables validated from past researchers, this study was able to validate past findings and broaden the literature base to include African American mothers of school-aged children with special needs. The implications of such are extremely important given the dearth of literature focused on understanding the stressors, coping strategies, and responses in this very specific, and previously overlooked, sample of mothers.

When social scientists have a better understanding of the complex and multi-leveled factoral relationships affecting African American mothers of school-aged children with special needs, they are able to conduct further research more comprehensively. New findings from this study may challenge other researchers to potentially generate newer studies, thus further expanding the limited research base. As the research base develops, social scientists have the ethical responsibility to share the results in the forms of, at least, research and teaching.

The benefits of research are obvious in that it helps bring better understanding to a segment of our American population that faces alternative realities. In turn, one of the greatest implications this study has on teaching is that social scientists may explore these findings with potential practitioners, school principles, guidance counselors, community leaders, and pastors, who have a "hands on" relationship with African American mothers of school-aged children with special needs. One of the purposes of this study was to bring

a better understanding of this population to social scientists. More importantly, the ultimate goal is for the social science community to use findings like these for the purpose of improving empowerment in the lives of African American mothers of school-aged children with special needs. The implications of such include the possibility for the mothers utilizing resources to buffer stress, and ultimately improving their quality of life.

Current trends in the United States government and educational systems indicate an ongoing need to better educate parents and children on how to improvement in their lives at home. Specifically, parenting and after school programs for school age children with special needs are being used as the bridge between stressors affecting African American parents and the resources that can lead toward their empowerment. Findings from this study may provide parents a different lens through which they may examine their daily experiences and lead them to positive options for their family.

As supported by Boyce, et al (1995), there were significant associations between marital status, cohesion, and depression that suggest a need to further explore the relationship. If social scientists expand the marital status variable beyond the dichotomized categories of "Married" and "Never Married," it is possible that some variance may be accounted for in the behavioral patterns of those who are divorced, widowed, or living with a partner. This study suggests that an analysis of this specific group may lead the research community to a clearer understanding of the present day role of extended family and fictive kin in the lives of African American mothers of school age children with special needs. The empirical implications of researchers utilizing this approach when examining marital status will not only yield a more specific understanding of the outcomes for currently single African American mothers, but it will also broaden the

limited research base of African American families of school age children with special needs. In addition, it is important to employ a holistic approach in not just addressing spiritual needs, but the importance of family cohesion as well. Further exploration may yield a more intricate understanding of the influential factors affecting cohesion in the home environment of African American mothers of school age children with special needs.

This study also has implications for religious communities whose mission is to serve the community in the most effective way possible. Currently, many faith based organizations are broadening their services to include parenting education and after school programs for members of the community. As such, faith based organizations may get a clearer understanding of the actual experiences of their community as they raise school age children with special needs. This is a particularly salient concept, as many faith-based organizations are making a concerted effort to reach the previously overlooked population of single never married mothers. Studies such as this one can be a primary link of understanding between the religious community and African American families.

APPENDIX A

RELIGIOSITY/SPIRITUALITY

RELIGIOSITY/SPIRITUALITY SURVEY

How religious would you say you are:
>   Not religious at all
>   Somewhat religious
>   Very religious

How important is your religion to you
>   Not important
>   Somewhat important
>   Very important

What is the importance of spirituality or religion in your life?

Looking at your religious beliefs since your child was six years old, are these beliefs the same, less, or more.
>   Less than they were
>   About the same
>   More committed than they were

Do you encourage/discourage your child to participate in your religious activities?
>   No religious affiliation
>   I actively discourage religious participation
>   Yes, child participates, but I don't particularly encourage it
>   I actively encourage religious participation

APPENDIX B

FAMILY ENVIRONMENT SCALE

FAMILY ENVIRONMENT SCALE

Please give your honest feelings and opinions. If it is difficult to circle either True (T) or False (F), answer in terms of what you or your family feel or do most of the time. <u>Please don't skip any items!</u> There are no wrong answers. Please indicate whether the statement is <u>more true</u> or <u>more false</u> for your family.

1.	Family members really help and support one another.	T	F
2.	Family members often keep their feelings to themselves.	T	F
3.	We fight a lot in our family.	T	F
4.	We don't do things on our own very often in our family.	T	F
5.	We feel it is important to be the best at whatever you do.	T	F
6.	We often talk about political and social problems.	T	F
7.	We spend most weekends and evenings at home.	T	F
8.	Family members attend church, synagogue, or Sunday School fairly often.	T	F
9.	Activities in our family are pretty carefully planned.	T	F
10.	Family members are rarely ordered around.	T	F
11.	We often seem to be killing time at home.	T	F
12.	We say anything we want to around home.	T	F
13.	Family members rarely become openly angry.	T	F
14.	In our family, we are strongly encouraged to be independent.	T	F
15.	Getting ahead in life is very import6ant in our family.	T	F
16.	We rarely go to lectures, plays or concerts.	T	F
17.	Friends often come over for dinner or to visit.	T	F
18.	We don't say prayers in our family.	T	F
19.	We are generally very neat and orderly.	T	F

20.	There are very few rules to follow in our family.	T	F
21.	We put a lot of energy into what we do at home.	T	F
22.	It's hard to "blow off steam" at home without upsetting somebody.	T	F
23.	Family members sometimes get so angry they throw things.	T	F
24.	We think things out for ourselves in our family.	T	F
25.	How much money a person makes is not very important to us.	T	F
26.	Learning about new and different things is very important in our family.	T	F
27.	Nobody in our family is active in sports, Little League, bowling, etc.	T	F
28.	We often talk about the religious meaning of Christmas, Passover, or other holidays.	T	F
29.	It's often hard to find things when you need them in our household.	T	F
30.	There is one family member who makes most of the decisions.	T	F
31.	There is a feeling of togetherness in our family.	T	F
32.	We tell each other about our personal problems.	T	F
33.	Family members hardly ever lose their tempers.	T	F
34.	We come and go as we want to in our family.	T	F
35.	We believe in competition and "may the best man win".	T	F
36.	We are not that interested in cultural activities.	T	F
37.	We often go to movies, sports events, camping, etc.	T	F
38.	We don't believe in heaven or hell.	T	F

39.	Being on time is very important in our family.	T	F
40.	There are set ways of doing things at home.	T	F
41.	We rarely volunteer when something has to be done at home.	T	F
42.	If we feel like doing something on the spur of the moment, we often just pick up and go.	T	F
43.	Family members often criticize each other.	T	F
44.	There is very little privacy in our family.	T	F
45.	We always strive to do things just a little better next time.	T	F
46.	We rarely have intellectual discussions.	T	F
47.	Everyone in our family has a hobby or two.	T	F
48.	Family members have strict ideas about what is right and wrong.	T	F
49.	People change their minds often in our family.	T	F
50.	There is a strong emphasis on following rules in our family.	T	F
51.	Family members really back each other up.	T	F
52.	Someone usually gets upset if you complain in our family.	T	F
53.	Family members sometimes hit each other.	T	F
54.	Family members almost always rely on themselves when a problem comes up.	T	F
55.	Family members rarely worry about job promotions, school grades, etc.	T	F
56.	Someone in our family plays a musical instrument.	T	F
57.	Family members are not very involved in recreational activities outside work or school.	T	F
58.	We believe there are some things you just have to take on faith.	T	F

59.	Family members make sure their rooms are neat.	T F
60.	Everyone has an equal say in family decisions.	T F
61.	There is very little group spirit in our family.	T F
62.	Money and paying bills is openly talked about in our family.	T F
63.	If there's a disagreement in our family, we try hart to smooth things over and keep the peace.	T F
64.	Family members strongly encourage each other to stand up for their rights.	T F
65.	In our family, we don't try hard to succeed.	T F
66.	Family members often go to the library.	T F
67.	Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).	T F
68.	In our family each person has different ideas about what is right or wrong.	T F
69.	Each person's duties are clearly defined in our family.	T F
70.	We can do whatever we want to in our family.	T F
71.	We really get along well with each other.	T F
72.	We are usually careful about what we say to each other.	T F
73.	Family members often try to one-up or out-do each other.	T F
74.	It's hard to be by yourself without hurting someone's feelings in our household.	T F
75.	"Work before play" is the rule in our family.	T F
76.	Watching T.V. is more important than reading in our family.	T F
77.	Family members go out a lot.	T F

78.	The Bible is a very important book in our home.	T	F
79.	Money is not handled very carefully in our family.	T	F
80.	Rules are pretty inflexible in our household.	T	F
81.	There is plenty of time and attention for everyone in our family.	T	F
82.	There are a lot of spontaneous discussions in our family.	T	F
83.	In our family, we believe you don't ever get anywhere by raising your voice.	T	F
84.	We are not really encouraged to speak up for ourselves in our family.	T	F
85.	Family members are often compared with others as to how well they are doing at work or school.	T	F
86.	Family members really like music, art, and literature.	T	F
87.	Our main form of entertainment is watching T.V. or listening to the radio.	T	F
88.	Family members believe that if you sin you will be punished.	T	F
89.	Dishes are usually done immediately after eating.	T	F
90.	You can't get away with much in our family.	T	F

APPENDIX C

BDI

BDI

...

Name: _____ Marital Status_____ Age_____ Sex _____

Occupation: _____ Education: _____

Date _____

This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2 or 3) next to the one statement in each group which best describes the way you have been feeling the past week, including today. If several statements within a group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 I do not feel sad.
    1 I feel sad.
    2 I am sad all the time and I can't snap out of it.
    3 I am so sad or unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future.
    1 I feel discouraged about the future.
    2 I feel I have nothing to look forward to.
    3 I feel that the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
    1 I feel I have failed more than the average person.
    2 As I look back on my life, all I can see is a lot of failures.
    3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
    1 I don't enjoy things the way I used to.
    2 I don't get real satisfaction out of anything anymore.
    3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
    1 I feel guilty a good part of the time.
    2 I feel quite guilty most of the time.
    3 I feel guilty all of the time.

6. 0 I don't feel I am being punished.
    1 I feel I may be punished.
    2 I expect to be punished.
    3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
    1 I am disappointed in myself.
    2 I am disgusted with myself.
    3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
    1 m critical of myself for my weaknesses or mistakes.
    2 I blame myself all the time for my faults.
    3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.
    1 I have thoughts of killing myself, but I would not carry them out.
    2 I would like to kill myself.
    3 I would kill myself if I had the chance.

10. 0 I don't cry any more than usual.
    1 I cry more now than I used to.
    2 I cry all the time now.
    3 I used to be able to cry, but now I can't cry even though I want to.

11. 0 I am no more irritated now than I ever am.
    1 I get annoyed or irritated more easily than I used to.
    2 I feel irritated all the time now.
    3 I don't get irritated at all by the things that used to irritate me.

12. 0 I have not lost interest in other people.
    1 I am less interested in other people than I used to be.
    2 I have lost most of my interest in other people.
    3 I have lost all of my interest in other people.

13. 0 I make decisions about as well as I ever could.
    1 I put off making decisions more than I used to.
    2 I have greater difficulty in making decisions than before.
    3 I can't make decisions at all anymore.

14.	0	I don't feel I look any worse than I used to.	19.	0	I haven't lost much weight, if any, lately.
	1	I am worried that I am looking old or unattractive.		1	I have lost more than 5 pounds.
				2	I have lost more than 10 pounds.
	2	I feel that there are permanent changes in my appearance that make me look unattractive.		3	I have lost more than 15 pounds.
	3	I believe that I look ugly.			I am purposely trying to lose weight by eating less. Yes _____ No _____
15.	0	I can work about as well as before.	20.	0	I am no more worried about my health than usual.
	1	It takes an extra effort to get started at doing something.		1	I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
	2	I have to push myself very hard to do anything.			
	3	I can't do any work at all.		2	I am very worried about physical problems and it's hard to think of much else.
16.	0	I can sleep as well as usual.		3	I am so worried about my physical problems that I cannot think about anything else.
	1	I don't sleep as well as I used to.			
	2	I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.	21.	0	I have not noticed any recent change in my interest in sex.
	3	I wake up several hours earlier than I used to and cannot get back to sleep.		1	I am less interested in sex than I used to be.
17.	0	I don't get more tired than usual.		2	I am much less interested in sex now.
	1	I get tired more easily than I used to		3	I have lost interest in sex completely.
	2	I get tired from doing almost anything.			
	3	I am too tired to do anything.			
18.	0	My appetite is no worse than usual			
	1	My appetite is not as good as it used to be.			
	2	My appetite is much worse now.			
	3	I have no appetite at all anymore.			

_____ Subtotal Page 2

_____ Subtotal Page 1

_____ Total Score

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