RACIAL AND RELIGIOUS RECONCILIATION:

A GROUNDED THEORY STUDY ON AFRICAN AMERICAN LATTER-DAY SAINTS

by

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Race relations between Black and White Americans continue to be tense. For African Americans, this is rooted in mistreatment by White Americans that has led to negative health outcomes. For many African Americans, religion has been one way to cope with this mistreatment and find hope in their circumstances. While many African Americans worship in Black Churches, some choose to worship in predominantly White churches. Unfortunately, there is not a lot of research on the experience of African Americans who worship in predominantly White spaces. Research using a cohesive theory that provides more context for their processes as they reconcile their racial and religious identities is needed.

The current study sought to address this gap in literature by focusing on the experiences of African American Latter-day Saints using a theoretical framework combining acculturation theory and the biopsychosocial-spiritual (BPSS) framework. The history of African American Latter-day Saints using these theoretical frameworks were provided. Constructivist grounded theory was used to gather more information on the processes of African American Latter-day Saints and then construct the themes into a coherent theory that may help others understand their experiences in more detail. Through the data collection and analysis processes, five main themes emerged: (1) racial socialization, (2) trust, (3) cultural location, (4) coping, and (5) BPSS health.

The first theme, racial socialization, was the central theme that informed the rest of the themes, and all of the themes had a reciprocal relationship with each other.

The results lead to several recommendations for researchers, clinicians, and the LDS community. Researchers should look more deeply at the variation in acculturation strategies, explore how different strategies can lead to both positive and negative BPSS health, and expand the acculturation model to account for more than one cultural identity at a time. Clinicians must practice cultural humility, address the intersection of race and faith, explore cultural locations, and promote protective and nourishing coping mechanisms with clients. The LDS community should focus efforts on the local and general geographical levels to decrease the distance some African Americans Latter-day Saints feel in their church spaces.

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by

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I've gone through the fire, and I've been through the flood.

I've been broken into pieces, seen light'nin flashin' from above.

But, through it all, I remember that He loves me, and He cares.

And He'll never put more on me than I can bear. (Franklin, 1997).

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PREFACE

The road to studying this topic as a dissertation was both clear and not clear in several ways. I have been part of these populations, African American and Latter-day Saint, my whole life. These locations played a passive role in my interactions for much of my life, as I was more focused on being Niecie the individual rather than focusing too much on any one part of my identity. I was always a floater, and I fit into many groups rather seamlessly. I always knew that I was different being African American and LDS. When I got to college at Brigham Young University, that is where many of the things I had been sensing over time regarding my race became more solidified, and I felt more isolated because of stereotypes I encountered as I attempted to make friends. I spent most weekends with my family, usually the only people I saw who looked like me on a regular basis. It took me a couple of years to find a few good friends – all from varying racial backgrounds – that I felt understood me and did not reduce me to stereotypes of African Americans they had seen in the media.

I left the United States and served a full-time mission for the LDS Church in Brazil, where I was among primarily Black Latter-day Saints. This experience gave me more perspective on what it meant to be a Black Latter-day Saint in addition to my experiences as an African American Latter-day Saint. When I returned to the United States, I had more of a desire to find Black Latter-day Saints to spend time with. I ended up joining the Black Student Union at BYU, the Remembering Our Culture (ROC) musical group, and choir for a production of the musical "I am Jane," which is about the early Black LDS pioneer Jane Elizabeth Manning James. Through the last opportunity, I became a member of the Genesis Group Relief Society Presidency, an official auxiliary of the LDS Church that provides support to African American members. Being in these spaces provided a way for me to put language to the experiences I'd

had over the years, and I found both validation and more questions about what it meant to be a Black Latter-day Saint.

The vision for and culmination of this dissertation happened as a result of many experiences in sharing spaces with Black Latter-day Saints over the last few years. I have watched how we have been treated within our faith community by local church members and general leaders in positive and negative ways. I have been alarmed by the negative treatment and have often asked, "So, what do we do about this?" This dissertation is one of my attempts to answer that question by using my credentials to elevate the voices of Black Latter-day Saints who have felt invisible. It is not comprehensive of the full Black LDS experience, but it focuses on one important group – African American Latter-day Saints. My hope is that this study becomes part of a larger body of contemporary Black LDS research that moves LDS church members and other institutions with racial tension to be open to discussing problems in order to then find solutions that are realistic and helpful for those who have consistently ended up in the margins.

CHAPTER 1: INTRODUCTION

A lack of trust between Black and White Americans remains as the result of hundreds of years of maltreatment experienced by African Americans at the hands of their White oppressors (Boyd-Franklin, 2003). In fact, 43% of Black Americans do not believe the country will ever make the necessary changes for racial equality, compared to 11% of White Americans (Pew Research Center, 2016). The impact of such treatment has impacted all aspects of American life, including interactions with institutions, such as healthcare facilities, and religious institutions (Institute of Medicine of the National Academies, 2003; Pinn, 2003). Many have sought to understand this impact on African Americans and how to assist in the healing process, from medical to spiritual settings (American Psychological Association & Task Force on Resilience and Strength in Black Children and Adolescents, 2008; Boyd-Franklin, 2003; Centers for Disease Control and Prevention, 2016). This task, one layered in generations of trauma, has proven to be laborious and requires further study to understand how to better address the complex needs of African Americans.

Many of the ways in which African Americans have been impacted are negative, yet African Americans have found ways to be resilient in the face of such traumatic treatment over time. The effects of African American enslavement continue, even today, to be experienced through poverty, intergenerational trauma, and systematic discrimination in institutions such as schools, hospitals, places of worship, and law enforcement (Franklin, 2004; Gaylord-Harden & Cunningham, 2009; Nguyen & Newhill, 2016; White & Parham, 1990). One of the ways in which resilience has been identified has been through religion, specifically Christianity (Lincoln & Mamiya, 1990; Taylor, Chatters, & Levin, 2004).

The introduction of Christianity to Africa-descended Blacks was initially one of oppression (Raboteau, 2001), yet, with time, it became a tool of liberation for those seeking physical and spiritual emancipation (Pinn, 2003). While many African Americans sought out Black Churches, several choose to attend predominantly White Christian churches to sustain their spirituality, other religious faiths, or subscribed to no religion at all (Pew Research Center, 2014). Among those who attended predominantly White churches, unique challenges arose for the African Americans in these primarily White spaces (Edwards, 2008; Smith & Emerson, 2000).

Perhaps one of the least known narratives in American history is the role of racism embedded in the Christian Church. The experience of African American Latter-day Saints (LDS or Mormon) fits this description, as members of a church that has historically enacted racist policies in congruence with many other Christian churches. The history of African American Latter-day Saints has been shared more in recent decades, largely by Mormon historians (Bringhurst & Smith, 2004; Reeve, 2015; Stevenson, 2014). Contemporary experiences of African American Latter-day Saints are lacking, and the last significant study on the topic was published in 1994 (Embry, 1994). To begin to fill these gaps, this chapter includes a look at histories of both African Americans and Latter-day Saints with descriptions that will provide context for the need to take a more in-depth look at the lives of African American LDS.

African American History and Experience

Being able to understand the experience of historical oppression among African Americans is important. It is impossible to understand their current day experiences if a thorough understanding of their history is not provided. This section will discuss a snapshot of African American history, from the Trans-Atlantic Slave trade to current day America. This history will

provide an overview of the oppressive interactions, both overt and subtle, that many African Americans have experienced since their original interaction with the dominant culture.

Trans-Atlantic Slave Trade

In the mid-1500s, the Portuguese – and, eventually, other Europeans – arrived on African soil to continue their quest for political domination (Jordan, 1968; Raboteau, 2001). This way, two cultures met, and the dominant culture – the European culture with more economic and political power –began negotiating roles and relationships that both cultures would have in the future (Berry, 2003). This initial meeting resulted in the Trans-Atlantic Slave Trade, and the message between the two races was one of inferiority of Black men and women.

Once Europeans began settling on the American continent, millions of Africans were involuntarily captured and sold into slavery in what is known as the Trans-Atlantic slave trade (Pinn, 2003; Williams, 1971). Bringing these Africans onto new soil along with new European settlers created a diverse society. A new way of life brought people from different ethnic religions, speaking patterns, beliefs, and values together. Negotiation of identities and roles was needed, and the categorization decided upon by Europeans in power were those of White and Black (Pinn; 2003; Raboteau, 2001), with the White race being the dominant culture and the Black race being the minority, subservient culture. Such role identity is still prominent institutionally in the United States (Chae, Lincoln, & Jackson, 2011; Mouzon, Taylor, Nguyen, & Chatters, 2016). The White dominant culture created institutions for the purpose of providing services that would help them to progress. At the same time, these institutions put minority cultures at a significant disadvantage. One institution that initially provided distress for African Americans is religion, and how it was used by the dominant culture to oppress (Raboteau, 2001).

Religion as a Tool of Oppression

Many European Catholics endorsed the idea that baptizing slaves and converting them to Christianity justified the enslavement of Africans (Raboteau, 1978; Raboteau, 2001). Their interpretation of the Bible provided a reason for their capture and subsequent labor as a people (Pinn, 2003). Measures were taken to limit the access that slaves had to resources, such as the ability to read the Bible, because those measures could improve the self-esteem of slaves and give them reason to believe they were equal to Whites (Pinn, 2003; Raboteau, 2001). Requiring the slaves to be baptized and to adopt the social and religious values of the dominant culture is an example of an assimilation process and how the minority culture is expected (or in some cases forced) to reject their culture in order to survive in the dominant culture.

Over time, American-born slaves were introduced (from a young age) to European customs and the English language and, therefore, were more likely to adopt Christianity as their faith system (Raboteau, 2001). In this way, their level of contact with European culture led to them becoming more easily assimilated to the religion of their masters. Therefore, many slave masters focused their efforts on appealing to American-born slaves of African descents (Raboteau, 2001). The efforts of European Americans to maintain a position of power over African Americans were successful for a period, but the time arrived for African Americans to reclaim their own power through the religion that had been used to take it away.

Religion as a Tool of Liberation

While religion was initially used as a tool for oppression, African Americans found ways to use religion as a tool to cope with their enslavement and eventually become a liberated people in America (Pinn, 2003; Raboteau, 1978; Raboteau, 2001). By practicing Christianity in White churches, some Blacks were able to engage in communion with White members by preaching to

and praying for them, much like the opposite of which had been done for them during the conversion process (Raboteau, 2001). Such moments could be considered integration in a time when assimilation and separatism were more common options for Christian Blacks. Free Blacks in the North were often allowed to worship with Whites, and this coexistence influenced the abolitionist movement because of the parallels that were drawn between the White struggle for liberation from British rule and the Black struggle for liberation from White rule (Raboteau, 2001). While physical integration was possible, psychological integration may not have been the reality for many Blacks, leading them to search for comfort and refuge in places where they felt welcome.

Worshiping in the Black Church

In the South, the struggle for slavery to end lasted longer than in the North, and religion played an important part in African Americans coping with the oppressive realities of their lives. They petitioned for freedom, were denied repeatedly, and thus turned to Christianity for relief (Raboteau, 2001). Slaves asked their masters for the right to have their own separate worship services in order to preach in ways that were related to their experiences. This was permitted by some slave masters, though there was much concern about slave revolts (Raboteau, 2001). From these beginnings, the Black Church arose.

With the emergence of Black worship spaces, many Christian African Americans had a separate space to commune with each other and restore their faith. Churches also provided education for members and provided services to those most in need, such as the poor and widowed. For the slaves who had access, The Black Church became an ethnic enclave (separation strategy) for both enslaved and free African Americans and became the places in which antislavery rhetoric and action thrived, based on interpretations of the Bible that

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encouraged hope and liberation from physical and mental bondage (Landrine & Klonoff, 1996). Social activism was encouraged and thrived in the Black Church, a process that continues to be an important component in both large and small churches today (Pinn, 2003). The Black Church continued to be important in preserving the culture and self-esteem of African Americans post-slavery and through periods of legislated segregation.

As African Americans migrated North after the Civil War, many types of religion in Black life were encountered – Black Muslims and Black Jews among them (Pinn, 2003). These congregations, along with those of Black Christians, largely chose to worship separately from Whites in an effort to fulfill their calling as God's chosen people to liberate people of African descent around the world (Raboteau, 2001).

The period from the 1940s to the 1960s brought much conversation about the social status of African Americans in religious and secular circles. Several church leaders led political efforts to integrate religious and secular spaces, though the full dream of equality was largely unrealized (Raboteau, 2001). Once the twenty-six-year-old reverend Martin Luther King, Jr. entered the political sphere as a major civil rights leader, African Americans found hope for a more integrated future. His views of non-violence, peace, and love resonated with both Black and White audiences inside and outside of churches, where he frequently gave sermons (Raboteau, 2001). King was also known for using a certain level of respectability in his approach. He used an ethical code that was in line with the Christian religion by showing patience with belligerent Whites, while also speaking about the power of love over hate in achieving favorable ends for Blacks in America (Pinn, 2003).

For African Americans who felt King was unnecessarily prolonging the suffering of African Americans in the struggle for equality, Malcolm X, a prominent Black Muslim known

for his militant views, advocated for Black separatism because that was the only way, from his perspective, that equality could fully be achieved (X, 1989). Malcolm X was a member of the Nation of Islam at the time, another prominent faith in African American history that was known for its political advocacy for Black people in the United States. Though from a different faith tradition from King, Malcolm X was able to speak to the growing discontent of African Americans of all backgrounds by taking a more aggressive approach than the pacifism that King espoused. While many may have initially supported the ideas of King, the views of Malcolm X were more embraced after the assassination of King, which solidified for many African Americans that integration as a way to equality was a lofty ideal that brought too much pain and fatigue in the process (Raboteau, 2001).

At this time, African Americans experienced much spiritual exhaustion in the search for peace and contentment. Black Churches – both Christian and non-Christian – more openly supported organizations that advocated for the development of African Americans in predominantly White churches (Raboteau, 2001). It is possible that Black Churches worked with predominantly White churches to provide spaces for African Americans to celebrate their culture and focus on needs specific to them. For example, several African American Catholics began organizations specific to their Black Catholic members (Raboteau, 2001).

Black Churches continue to operate in current times, organizing efforts to alleviate the burdens felt by African Americans, in lieu of state and federal governments that still do not recognize them as citizens worthy of fair education, housing, and health services (Lincoln & Mamiya, 1990; Raboteau, 2001). Currently, 53% of African Americans identify as being part of Historically Black Protestant religions (Pew Research Center, 2014), a percentage that highlights the continuing presence and relevance of the Black church.

Worshiping in Predominantly White Churches

Though a majority of African Americans worship in predominantly Black Churches, some African Americans decide to worship in settings where they are the racial minority. According to recent poll numbers, 18% belong to Evangelical and Mainline Protestant churches, 5% are Catholic, 3% belong to other non-Christian faiths, 2% are Jehovah's Witnesses, and around 1% belong to other Christian denominations (Pew Research Center, 2014). African Americans who choose to attend White churches often experience many of the same challenges as racial minority groups in non-religious settings. For example, one study found that, though the evangelical church movement has been making efforts to eradicate racism among its members, many White evangelicals still hold to discriminatory beliefs and values that maintain the racial divide (Smith & Emerson, 2000). Additionally, another study found that even multiracial churches largely assimilate to White norms (Edwards, 2008). While Black Church experiences are well documented in literature, little has been written about African Americans in predominantly White churches. Understanding such experiences would add more context to the lived experience of African Americans and show the true diversity of a culture that has largely been depicted as unidimensional in belief and behavior by mainstream media (Harris-Perry, 2013).

Latter-day Saint History

One of the churches that some African Americans choose to affiliate with is the Church of Jesus Christ of Latter-day Saints (LDS), also known as the Mormon Church. The LDS Church has seen much growth since its organization in 1830, and has over 16 million members worldwide (Newsroom, 2018). People from all around the world have become members, and more members reside outside of the continental United States than inside (Todd, 1996). The

history of the LDS Church comes with its own struggles and triumphs in relation to race and racism, as it continues to see international growth.

The LDS faith is considered by its adherents to be a restoration of the ancient church that Jesus Christ established when he lived millennia ago (Faust, 2006). In 1820, Joseph Smith – a Vermont native – was the person designated by God and Jesus Christ to restore this church to the earth through the proper authority, known as the priesthood (Bushman, 2005; The Church of Jesus Christ of Latter-day Saints [LDS Church], 1851). Smith became the first prophet and president of the LDS church officially on April 30th, 1830 (Green, 1971).

Basic beliefs of the church were established before and after the first official church proceedings. Like other Christian churches, a central belief of this new faith was the belief in Jesus Christ as the savior of the world (Smith, 1830). Additional beliefs included: the importance of faith in Christ and his atonement for the sins of mankind, repentance for personal sins, baptism by immersion in holy waters, receiving the gift of the Holy Ghost, and remaining faithful to the teachings of Christ (Smith, 1830). Latter-day Saints believe that all humans, past and present, are children of both a heavenly father and a heavenly mother. As such, the purpose of life is to follow the teachings of Jesus Christ to become purified to live in the presence of heavenly parents, along with families, once again (LDS Church, 2004). Mormons also believe in the importance of personal and prophetic revelation, meaning that God gives guidance to his children both individually and through his chosen prophets on the earth. All are expected to heed the counsel of the living prophet in order to remain in divine favor with Christ (LDS Church, 2004).

While the new faith attracted many followers, the LDS Church faced heavy persecution for some of their beliefs. Specifically, Smith and other early Mormon leaders spoke in opposition

to the institution of slavery (DeVoto, 2000). This position, along with beliefs and practices like plural marriage, led to many consequences. Latter-day Saints' dedication to "Whiteness" in America was often called into question (Reeve, 2015; Stevenson, 2014), including an extermination order from the state of Missouri in 1833, known as Missouri Executive Order 44 (Greene, 1839). After traveling many miles to settle in Missouri, Latter-day Saints living in the state were violently forced out over the next several years due to the growing unease of Mormons gaining more electoral and economic power. During the time of the order, many members died in the process (Hartley, 2001).

Such negative treatment likely influenced later conflicting views on slavery and black people, in general, held by church leaders. Leaders, including Smith, made contradictory public declarations both supporting black people and members of the LDS church, while also supporting the institution of slavery (Stevenson, 2014). In order to gain favor in the eyes of American society, LDS leaders were careful to find ways to both live their spiritual beliefs and conform to some social beliefs and practices (Reeve, 2015). These mixed messages, especially around slavery, continue to influence the experiences of many African American members.

African American Latter-day Saint Experience

Joining a religion such as the LDS Church has always come with certain consequences that have had to be managed by African American Latter-day Saints. To understand the sociohistorical context of the African American LDS experience, the historical treatment of this group must first be explored. Early in LDS history, few African Americans joined the church. From this small number, at least a few Black men held the power known as the priesthood, which would allow certain ordinances of salvation and exaltation to be performed in order to enter the highest realms of heaven after death. In 1852, Brigham Young, the prophet and

president of the church at the time, announced in a session of Utah territorial legislature that males of African descent could no longer hold the priesthood, adding that in the future he believed the restriction would be lifted (LDS Church, 2013). This restriction remained in place for 126 years and has been referred to as the priesthood ban or priesthood and temple ban.

During this period of restriction, White Latter-day Saints were encouraged to avoid proselyting to African Americans unless they inquired about the church first. Some were told not to preach to Blacks at all (Bringhurst, 1981). There were numerous explanations given by White members about the reasons for the priesthood ban. One explanation was the fact that in biblical times, priesthood ordinances were limited to certain individuals for reasons only known to God (Embry, 1994). Another explanation, was the thought that Black people were neutral in the spirit world before coming to earth; playing basketball during the biblical war in heaven – an iteration of the stereotype that Black people are naturally good athletes – rather than siding with the Savior Jesus Christ; bench-sitters in the premortal life; not worthy enough to be born White; and/or descendants of Cain and, therefore, cursed (Embry, 1994; LDS Church, 2013). Another explanation given was that the LDS Church was not ready to handle race issues when they had already gone through much persecution and were trying to become stronger and more established. Others feel that the ban was a human mistake, driven by racism, that the Lord tolerated (Embry, 1994; Reeve, 2015).

There were many mixed emotions for Black Church members because while there was good that came from living the gospel of Jesus Christ, there was discomfort from feeling like God was purposefully withholding blessings from them for unclear reasons (Embry, 1994). For Black members, some were frustrated and confused by the treatment they received. Some men were not allowed to attend priesthood meetings, while those investigating the church were. There

were also confusing messages about who to marry because marrying a White person would mean children from that union would not be able to hold the priesthood or participate in sacred temple ordinances, which were considered necessary for exaltation in God's kingdom.

Levels of acceptance of the ban differ among Black members who joined the LDS Church before, during, and after its implementation. Roughly 64% of Black Latter-day Saints from Embry's (1994) oral history project said they accepted the policy as the Lord's will. However, about 30% of respondents were concerned about its implications, and 7% were "appalled." Some felt like the priesthood and temple ban was no worse than other practices by White churches at the time. Others did not fully believe in this policy and its implied permanence during earth life.

For decades, Black Latter-day Saints pushed to receive all of the blessings they felt they deserved for being loyal and dedicated members of the faith. Elijah Abel asked to receive access to temple ordinances in 1879, though his request was denied (LDS Church, 2013). In addition, Jane Elizabeth Manning James asked to enter the temple. She was permitted to perform ordinances for her deceased ancestors but was not allowed to participate in other ordinances (LDS Church, 2013). By the middle of the 20th century, civil rights for African Americans began to become more mainstream. Over the next several years, this movement put pressure on the LDS Church and other predominantly White institutions to become more aligned with progressive American values (Reeve, 2015). In addition, the church was growing in places like Africa and Brazil, both countries in which many citizens had African ancestry, which prohibited them from receiving full access to the blessings the church had to offer (Allen, 1991).

On June 8, 1978, the priesthood and temple ban were lifted and "every worthy member of the Church [was given] all of the privileges and blessings which the gospel affords" (Official

Declaration 2, Doctrine and Covenants). This brought a feeling of relief for many Black Latter-day Saints because there were no longer restrictions on their eternal salvation. There was a feeling of new opportunity to be seized (Embry, 1994). The biggest difference some Black members noticed after the ban being lifted were priesthood ordinations of Black men and outreach to Blacks who were not members of the church. According to Embry (1994), most participants in her study said their feelings toward the LDS church had not changed much, though 21% said their feelings had changed dramatically. A majority of participants also said they sometimes or very often felt more accepted by other members of the church. Nevertheless, African American LDS history continues to have an impact on African American members of the LDS Church in much the same way that African Americans are impacted by racism and discrimination in early American history. As such, the effects of such a legacy on contemporary African American Latter-day Saints must be explored to gain a better understanding of their joy and pain.

Addressing the Gaps

As highlighted previously, there are many articles focusing on the experiences of African Americans in larger White society and the consequences of those experiences (American Psychological Association & Task Force on Resilience and Strength in Black Children and Adolescents, 2008; Boyd-Franklin, 2003; Centers for Disease Control and Prevention, 2016). There is information on how African Americans cope with those experiences in different ways in institutions such as healthcare and education (Institute of Medicine of the National Academies, 2003). Research is growing on the experiences of African Americans who worship in the Black Church both historically and in the present day (Pinn, 2003; Raboteau, 2001).

Unfortunately, the experiences of African Americans who worship in predominantly White churches is less available in the current literature. This dissertation serves as a way to both generate new research and create more interest in this population. Two full manuscripts – Articles I and II – address two gaps in literature: (1) an integrated theory linking the past to present and future African American experiences and health outcomes and (2) the experience and health outcomes of contemporary African American Latter-day Saints.

Literature Review

The review of literature for this dissertation, found in chapter 2 focuses on the history and health status of Latter-day Saints. Current research on this population is offered from biological, psychological, social, and spiritual perspectives. Speculation is then made on the biopsychosocial-spiritual outcomes for Latter-day Saints based on their history of oppression. Recommendations for future research are offered, highlighting the need for an empirical look at LDS oppression connected to BPSS health.

Seeking Solace with Strategies: Improving African American Biopsychosocial-spiritual Health Using Acculturation Theory

The third chapter of this dissertation is constructed as a journal article prepared for submission to a peer-reviewed journal. It is a conceptual paper that explains in detail a theoretical framework using acculturation theory and the BPSS framework. The integration of acculturation theory and the BPSS framework, as a theoretical foundation, along with examples of the theory's tenets are explored in context of African American history. After the theoretical framework is explained, a section focuses on the ways in which this theoretical framework may be used by clinicians, administrators in larger systems, family relationships, and individuals to better understand interactions between marginalized and dominant populations. In this article,

important theoretical gaps related to processes experienced by African Americans as they navigate White spaces are addressed. In particular, this article provides some understanding of how African Americans interface with White institutions (e.g., healthcare, churches, schools).

Methodology

Chapter four of this dissertation explains the methods to be used for the original research study. An overview of the theoretical foundation and basic tenets of grounded theory is explained, along with an explanation of and rationale for using constructivist grounded theory, specifically. A qualitative research design and analysis are outlined in detail through the method chapter.

Racial and Religious Reconciliation: A Grounded Theory Study on African American Latter-day Saints

The fifth chapter of this dissertation is an original research study with African American Latter-day Saints, linking their racial and religious identities through a guiding theoretical framework. This chapter contains elements from chapters one through four – the introduction, literature review, methodology and Article I chapters – in addition to the results and discussion from the qualitative interviews. By using the words of the participants, new understandings of the experiences of this population emerged. This research provided a contemporary understanding of the African American LDS experience in relation to their health; a research area that is much-needed in the current sociopolitical climate. The outcomes from this study serve as a springboard for future qualitative and quantitative efforts that center around African American LDS voices and voices of other racial/ethnic minorities who find themselves worshiping in predominantly White institutions.

Discussion

The sixth chapter of this dissertation contains a more detailed discussion related to the future implications for this study. It begins with a summary of the first five chapters. It expands on the results to provide context for the recommendations made. It includes a summary of previous chapters and a range of implications for acculturation theory, medical family therapy, and the LDS community. Limitations and future directions for research are also provided.

Conclusion

Each chapter in this dissertation serves as a building block to higher comprehension of the experience of African American Mormons. Each chapter is set up to link theory to practice with the goal of understanding the factors that lead to greater liberation of thought and being for this population. The completion of this study offers a way to continue a conversation on racial and religious identity that is crucial in a society that was founded on Christian ideals.

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CHAPTER 2: LITERATURE REVIEW

Religious minorities currently find themselves anxious and uneasy about where they fit in the US as a result of hateful ideas and rhetoric aimed in their direction (Pew Research Center, 2017). In the last year alone, media outlets have covered hate crimes against religious groups, such as adherents to Islam and Judaism (Levin, Nola, & Reitzel, 2018; Robertson, Mele, & Tavernise, 2018). Further, in 2017, 21% of hate crimes were based on religion (Federal Bureau of Investigation [FBI], 2018a). The impact of such discrimination is contrary to the original vision for the United States of America as dictated by documents like the Constitution. For the Founding Fathers – men who inherited a legacy of religious persecution from European rule – the freedom of religion was so important that it is listed as the First Amendment of the Bill of Rights. As such, practicing religious beliefs is protected by law and should not be subject to discrimination, such as being denied housing, education, and/or employment (The United States Department of Justice, 2017). While these protections are in place on the federal level, there are unfortunately many instances of religious freedom being violated.

Researchers suggest that a rising number of religious discrimination cases are being filed (FBI, 2018b; Huang, 2001). Some places of employment do not provide as many employment opportunities to applicants stating religious beliefs during the application process (Wallace, Wright, & Hyde, 2014; Wright, Wallace, Bailey, & Hyde, 2013). According to the FBI (2018a), the majority of reported hate crimes in 2017 were anti-Jewish (58%), with anti-Muslim hate crimes following at 19%. The number of unreported hate crimes based on religion is likely much higher, such as religious discrimination experienced by children and adolescents in school settings (Dupper, Forrest-Bank, & Lowry-Carusillo, 2015). For those experiencing this type of persecution, the health effects are negative.

The impact of targeted hate based on religion has been explored somewhat for specific groups. Much of the current research has looked at the experience of religious discrimination for Muslims in the US, as there has been strong anti-Muslim rhetoric following the September 11, 2001 attacks (Greenhouse, 2010; Institute for Social Policy and Understanding, 2017; Pew Research Center, 2018). Perceptions of religious discrimination is associated with lower self-esteem, though religious adherence may be high (Ghaffari & Çiftçi, 2010). In addition, levels of anxiety have increased for those who have experienced such discrimination (Pew Research Center, 2017). Looking at the negative effects of religious discrimination on populations with a high incidence of hate crimes reported provides some insight into what religions with low incidences of reported hate crimes may be experiencing.

Though the United States was primarily founded on Christian beliefs, there is evidence that certain types of Christianity are targeted more than others. In terms of hate crimes reported to the FBI (2018a) based on religion discrimination for Christian groups in 2017, the majority were based on anti-Catholic bias. Several cases were reported for anti-Protestant bias, as well. There were fewer instances of reported anti-Jehovah's Witness and anti-Mormon bias (FBI, 2018b). While there were fewer cases of reported bias for these minoritized religions, this does not mean that there are fewer instances of bias or discrimination against these groups. To find evidence for this claim, a more focused look at minority Christian groups, particularly at the effects of such biases on health, since shared Christian beliefs are often assumed to provide protection for Christians because they are overall the religious majority in the United States (71%; Pew Research Center, 2014). Additionally, looking at the health of minoritized Christian groups through a theoretical framework is ideal to understand the context surrounding health status.

The current chapter looks at the health of members of The Church of Jesus Christ of Latter-day Saints (LDS or Mormon) through a biopsychosocial-spiritual (BPSS) lens to better understand how historical oppression may impact their health currently. To do this, an explanation of the BPSS framework will be provided, followed by an overview of the LDS faith. Then, a look at the BPSS health of Latter-day Saints connected to their history and beliefs will be provided. Finally, implications for LDS BPSS research will be provided.

BPSS Framework

The BPSS framework has been increasingly used to account for various health components for diverse populations (Lacks, Lamson, Rappleyea, Russoniello & Littleton, 2017; Taylor, Stotts, Humphreys, Treadwell & Miaskowski, 2013). Originally developed by Engel (1977) and expanded by Wright, Watson, and Bell (1997), the BPSS framework purports that humans interact with several different systems at once, from our biological systems to societal systems. This framework also recognizes the interconnectedness of all domains of being. Changes at one level in a system impact the other levels. It is not possible to understand the biology of a person without also understanding their psychology, social relations, and spirituality.

As the name implies, BPSS covers biological, psychological, social, and spiritual components of being. The biological domain refers to the physical aspects of health. The psychological domain is associated with cognitions, emotions, and mental health. The social domain is connected to relationships, such as with romantic partners and family as well as financial and other forms of social support or constraints (McDaniel, Doherty, & Hepworth, 2014). The spiritual component adds more context by adding a dimension associated with meaning-making (Wright, Watson, & Bell, 1996). To be able to understand the BPSS influence

on individual and collective processes may be beneficial for Latter-day Saints, a population that has undergone religious persecution. To accomplish this, it is important to first understand LDS history and how their relationship with mainstream America has been strained.

Latter-day Saint Overview

The LDS Church was organized in Fayette, New York on April 6, 1830 (LDS Church, 1989), and has over 16 million members currently (Newsroom, 2018). There are members worldwide, and more members are non-English speakers than English-speakers (Todd, 2000). In the United States, roughly 86% of Latter-day Saints are White, 35% live in Utah, 56% are female, and 71% live in married households (Pew Research Center, 2009). Latter-day Saints consider themselves to be Christians who believe in the atoning sacrifice of Jesus Christ and, through dedication to Him, they may receive eternal life (Articles of Faith 1:1, 3). The LDS Church has established meetinghouses and temples – where members participate in rites of salvation – in multiple locations throughout the world, with the most recent temple operating in Rome, Italy (LDS Church, 2019). While the church is growing in number and influence, the history of the LDS Church comes with its own struggles connected to social issues important to mainstream American society.

From the earliest periods of church organization, the LDS Church faced heavy persecution for some of their beliefs. Specifically, Joseph Smith – the organizer and first president of the LDS Church – and other early LDS leaders advocated for plural marriage and spoke in opposition to the institution of slavery (DeVoto, 2000; Reeve, 2015). These positions brought consequences, such as their dedication to "Whiteness" in America being questioned (Reeve, 2015; Stevenson, 2014). One particularly harrowing event was an extermination order from the state of Missouri in 1833, known as Missouri Executive Order 44 (Greene, 1839). After

traveling many miles to settle in Missouri, Latter-day Saints living in the state increased in number and, unfortunately, in unpopularity with many non-members already living in the state. Latter-day Saints were gaining both economic and electoral power, which was seen as a threat to Missourians who disagreed with the lifestyle and beliefs of the LDS Church (DeVoto, 2000). What commenced became known as the Mormon War, during which several anti-Mormon acts were committed. Under Missouri Executive Order 44, Latter-day Saints were violently forced out of the state of Missouri over the next several years, losing many members in the process (Hartley, 2001). The effects of such explicit persecution stayed with Latter-day Saints as they ultimately traveled to Salt Lake City, Utah to settle the area in peace.

Such negative treatment from the state of Missouri and America at large likely influenced later conflicting views on slavery and Black people, in general, held by church leaders. Leaders, including Smith, made contradictory public declarations both supporting Black people and members of the LDS church, while also supporting the institution of slavery (Stevenson, 2014). In order to gain favor in the eyes of American society, LDS leaders were careful to find ways to both live their spiritual beliefs and conform to some social beliefs and practices (Reeve, 2015). Before World War II, assimilation was highly valued for Latter-day Saints emigrating to the United States. For example, Mulder (1957) quotes an open letter to Swedish Latter-day Saints from the governing body of the LDS church in 1903:

> The council of the Church to all Saints of foreign birth who come here is that they should learn to speak English as soon as possible, adopt the manners and customs of the American people, fit themselves to become good and loyal citizens of this country, and by their good works show that they are true and faithful Latter-day Saints. (pp. 252-253).

Using this method, European American Latter-day Saints were largely assimilated in one generation. As such, they were seen as White by the rest of the country (Reeve, 2014). The assimilation process helped them to become more acceptable and less of a threat to the American people.

While this strategy was successful for European Americans, it has been difficult for the LDS church to sustain non-White communities without requiring them to adopt similar attitudes and lifestyles to Whites (Shipps, 1978). For example, LDS members of several racial and ethnic communities have reported feeling pressure to assimilate to what is perceived as White culture within the LDS faith and feeling their ethnic cultures are not welcomed (Embry, 1994). In this case, assimilation has brought negative consequences to minority groups within the faith, while the White members of the LDS church have gained some privileges associated with racial similarity to White America. To understand better how LDS history has impacted Latter-day Saints presently, a look at their BPSS health is warranted.

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Latter-day Saint BPSS Health

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The current state of research as it relates to LDS BPSS health is important to understand how religious history and beliefs impact its adherents. The oppression of Latter-day Saints in American history is somewhat unique as the LDS faith originated in America, unlike other Christian faiths such as Catholicism and many Protestant churches that originated in Europe. As such, there may be unique BPSS health circumstances that impact how Latter-day Saints navigate life.

Biological Health

Physical health outcomes for Latter-day Saints have recently been focused on topics such as physical activity, reproductive health, and drug use (Merrill, Salazar & Gardner, 2001; Merrill

& Thygerson, 2001; Steffen & Soto, 2011). Merrill and Thygerson (2001) found that when looking at the relationship between religious preference, church attendance, and physical activity, Latter-day Saints were significantly less physically active than people in religions like Protestant faiths, Catholicism, and Judaism. They also found that those attending church weekly were more likely to exercise. In addition, Steffen and Soto (2011) found that higher levels of spiritual strength were related to decreased levels of reported menopausal symptoms and higher levels of benefit-finding during menopause. For participants in these studies that experienced better physical health, trust in God was acknowledged as helping with their overall optimism in a similar way that early LDS members depended on God for deliverance during their trials (Madsen, 2010).

For LDS college students, those whose parents felt neutral or gave little importance to religion were more likely to have children engaged in drug use (Merrill, Salazar & Gardner, 2001). This may be because they typically come from churches that promote similar morals and their LDS status may add more rigor to their health regimen through the Word of Wisdom, a physical health code for Latter-day Saints (LDS Church, 2013). Because there is not a lot of information available on the physical health of Latter-day Saints, research on psychological health may provide more insight into how religious oppression has impacted them.

Psychological Health

The research on psychological health of Latter-day Saints touches on topics from shame and guilt to anxiety and depression. Allen, Wang, and Stokes (2015) found that scrupulosity mediated the link between legalism and guilt, as well as the link between legalism and shame. This may indicate that Latter-day Saints concerned about sinning or feeling distant from God may fear punishment coming in the form of religious oppression similar to that experienced

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during the LDS Church's early years. Another study found that intrinsic religiousness, spiritual maturity, and self-transcendence were significantly predictive of better mental health and positive functioning (Sanders, Allen, Fischer, Richards, Morgan & Potts, 2015). For Latter-day Saints experiencing high levels of perfectionism, they may have more negative attitudes towards mental health services than non-members (Rasmussen, Yamawaki, Moses, Powell & Bastian, 2013). Those with higher intrinsic religious motivation in the same sample were more likely to seek help from religious sources and not mental health professionals (Rasmussen et al., 2013). Dependence on religion for relief from psychological symptoms may be in part a survival tactic carried though generations since religion is what early LDS Church members depended on for their deliverance (Madsen, 2010). For older Latter-day Saints, there is a relationship between church attendance, membership in the LDS church, and incidence of a major depressive episode (Norton et al., 2008). Latter-day Saints reported twice the rate of depression as non-members, and church attendance was a protective factor against a major depressive episode (Norton et al., 2008). It is possible that such depressive symptoms for older members of the LDS faith are remnants of intergenerational trauma from their early LDS ancestors.

A fair amount of current research on BPSS health for Latter-day Saints has to do with the LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning) population. Some authors frame their studies through minority stress theory, a framework that explores how being minoritized can lead to negative health outcomes (Pascoe & Richman, 2009). Mattingly, Galliher, Dehlin, Crowell, and Bradshaw (2016) found that there is an association between familial support and psychosocial health for young GLBQ (gay, lesbian, bisexual, queer/questioning) individuals. For young, non-heterosexual adults, need for other's acceptance was a significantly strong predictor of depression, along with internalized homophobia (Crowell, Galliher, Dehlin & Bradshaw,

2015). Grigoriou (2014) found that the impact of social constraint was the best predictor for symptom of anxiety and depression. For both current and prior same-sex attracted (SSA) Mormons, LDS church disaffiliation, sexual activity, and being in legal same-sex relationships were associated with significantly higher levels of self-esteem and quality of life, lower levels of internalized homophobia, sexual identity distress, and depression (Dehlin, Galliher, Bradshaw & Cromwell, 2014). It may be that being part of two minoritized groups – Latter-day Saints and the LGBTQ community – creates greater stress that makes it difficult to thrive in both social locations since these groups are also often at odds with each other.

Social Relationships

Because Latter-day Saints are a religious minority in many parts of the US, their beliefs and values may be misunderstood by non-members. This can possibly lead to negative social outcomes like social isolation (Rockenbach, Bowman, Riggers-Piehl, Mayhew, & Crandall, 2017). Social health for Latter-day Saints seems to be related to both LDS perceptions of others and perceptions of Latter-day Saints from non-members. For non-members who see the LDS Church as a more recently established church, they keep more social distance from Latter-day Saints (Warner & Kiddoo, 2014). On the other hand, non-members who feel the LDS Church is more established, there is less social distance. Perceptions of Latter-day Saints may be dependent on social locations, such as religion and race. For example, White Christian college students have more positive attitudes towards Latter-day Saints, while African Americans and atheists have more negative perceptions of Latter-day Saints (Rockenbach, Bowman, Riggers-Piehl, Mayhew, & Crandall, 2017). Interestingly, when it comes to social media, there is minimal religious disclosure among Latter-day Saints on outlets like Twitter, which has been linked to fear of social rejection and isolation (Kimmons & Veletsianos, 2014; Kimmons et al., 2017).

There may be a desire to combat stereotypes about the faith for Latter-day Saints, which encourages them to present themselves like other Americans and not present themselves as part of a minoritized group.

Creating and maintaining relationships is important to Latter-day Saints. For example, in Utah, where there is the largest concentration of Latter-day Saints in the US, the highest rates for volunteering and offering service are found (Corporation for National and Community Service, 2010). This behavior is likely primarily motivated by doctrinal beliefs, but it may also be due to efforts to combat stereotypes about the nature of Latter-day Saints.

Additionally, the emphasis on the importance of marriage and family leads many members to investing more time in personal relationships and may serve as a buffer for negative effects like feelings of loneliness and hopelessness (Limb, Hodge, Leckie, & Ward, 2013). For example, in sexual relationships, one of the highest predictors of personal sexual satisfaction for both Latter-day Saint men and women is the perceived satisfaction of one's partner (Francis, Garcia, Meyerson, Chomistek, & Abbruzzi, 2019). This emphasis on social relationships appears to be connected to collectivist thinking, which values the good of the group rather than the individual. This may be both theologically based and also the result of being largely dependent on LDS group resources when being neglected by the federal government during times of oppression (Reeve, 2015).

Furthermore, there is some information specifically on the experience of Black Latter-day Saints, who make up 3% of Latter-day Saints in the US (Pew Research Center, 2009). According to one survey done on this population, a small percentage (29%) felt they were understood by members in their local congregations "very often" (Embry, 1994). Some said that being one of the only Black members in the congregation could lead to both positive and negative stereotypes,

which gets in the way of being seen as unique individuals. For some Black members, they could not expect White members to understand them unless they assimilated (e.g. used standard English), so they needed to be able to have social support from other Black members. (Embry, 1994). This supports the idea that assimilation is still largely the expectation in LDS circles to not be perceived as going against the grain of American society and its expectations.

Spirituality

Understood as a conservative religion, members of the LDS faith generally adhere to its tenets at a higher rate than the national average (Pew Research Center, 2009). This is in line with the faith's dedication to "come unto Christ," (Moroni 10:32). Latter-day Saints believe in God (100%), the Bible is the Word of God (91%), and life after death (88%) at higher rates than the national averages (Pew Research Center, 2009). There is a high rate of engagement in religious activities – such as church attendance and prayer – as well (Pew Research Center, 2009). For Latter-day Saints who feel they are meeting the standards God has set for them, more positive outcomes – such as closeness to God – are reported (Wang, Allen, Stokes, & Suh, 2018). On the other hand, for Latter-day Saints who fear punishment or distance from God, there is lower life satisfaction overall (Allen & Wang, 2014; Wang, Allen, Stokes, & Suh, 2018). The focus on becoming perfect may be related to the feeling that not being perfect will bring oppressive forces against Latter-day Saints, possibly in ways the early Saints endured.

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Implications

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The current review of literature yields some gaps in BPSS research on Latter-day Saints. Specifically, there is not enough evidence through the research to definitively link current BPSS health to historical oppression and/or current religious discrimination. There are few studies on biological health, and some of those focus on mental health as dependent variables in

combination with physical outcomes (Stefen & Soto, 2011). If there were more studies that looked at physical health, more definitive conclusions could be made about how Latter-day Saints fare physically and if those outcomes can be attributed to beliefs and/or oppression. There are several studies on psychological health, which allow a little more room to look for themes between the studies (Allen, Wang, and Stokes, 2015; Mattingly, 2016; Sanders et al., 2015; Rasmussen et al., 2013). Even so, the studies do not speak directly to the link between historical oppression and how that influences health.

There are studies on social relationships, but the same issue arises as no direct link is made between historical oppression and present-day health (Embry, 1994; Kimmons et al., 2017; Rockenbach, 2017). Studies on spirituality directly are relatively few, as many of the variables on spirituality are primarily independent variables studied in conjunction with psychological and social variables as dependent variables (Allen & Wang, 2014; Wang, Allen, Stokes, & Suh, 2018). Additionally, these studies also fail to connect BPSS health to historical oppression. As such, the following recommendations are made for future researchers:

1. Future researchers could use the BPSS framework to look at these health variables together. It would be wise to combine this framework with a theory that looks specifically at minoritized populations and their processes, such as minority stress theory or acculturation theory. Then, hopefully a more comprehensive argument could be made for Latter-day Saints experiencing discrimination and its aftermath more convincingly.

2. In addition to a more comprehensive look at BPSS health for Latter-day Saints, researchers should make more efforts to study Latter-day Saints who are not White. Since the faith is predominantly White in the US and there are few reported anti-

Mormon hate crimes (FBI, 2018a; Pew Research Center, 2009), it would be interesting to know if the experience for non-White Latter-day Saints is different from White Latter-day Saints because they may be experiencing two types of discrimination – racial and religious. These results may be comparable to LGBTQ Latter-day Saints, who are also part of two minoritized groups. There may also be more evidence of a direct link between historical oppression and BPSS health if race is added in as a variable, along with religion.

Conclusion

For Latter-day Saints, the road to redemption in the eyes of mainstream America has existed as long as the organization of the faith itself. While their historical oppression is documented (DeVoto, 2000), the same cannot be said about the true impact of such oppression on their BPSS health. The current chapter reviewed the literature on Latter-day Saint BPSS health in an effort to connect them to historical oppression. With an understanding of research of the biological, psychological, social, and spiritual health outcomes for Latter-day Saints, there may be both doctrinal beliefs and historical oppression that impact health. However, though there are some hypotheses that can be made, the current research is inconclusive regarding links to historical oppression and requires more direct attention. Using the BPSS framework and a theory that considers minority populations may help to better address this gap in literature.

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CHAPTER 3: SEEKING SOLACE WITH STRATEGIES: IMPROVING AFRICAN AMERICAN BIOPSYCHOSOCIAL-SPIRITUAL HEALTH USING ACCULTURATION THEORY

Over fifty years after Reverend Dr. Martin Luther King, Jr.'s iconic "I Have a Dream" speech, only 8% of Black Americans feel that the United States of America has made the changes necessary to be on equal footing with White Americans (Pew Research Center, 2016). This same sample shows that an alarming 43% of Black Americans do not believe the country will ever make the necessary changes for racial equality. Current statistics justify the feelings held by African Americans. Compared to White Americans, African Americans are at a greater risk for chronic conditions, such as hypertension (Lackland, 2014), have higher rates of incarceration (National Research Council, 2014), and are about three times as likely to live in poverty (U.S. Census Bureau, 2013). The influence of historical treatment on current African American biopsychosocial-spiritual (BPSS) health is undeniable and deserves more attention in academic circles. The purpose of the current article is to provide individuals, families, health professionals, and communities with a conceptual framework that connects African American experiences and behaviors to BPSS health using acculturation theory. A brief look at the ways in which acculturation has been linked to BPSS health will be discussed.

Acculturation and BPSS Framework

For a more comprehensive understanding of African American behavior and its connection to current health status, the theory of acculturation is used in connection with the BPSS framework (Engel, 1977; Wright, Watson, & Bell, 1996). The acculturation process has been explored somewhat for African Americans (Walker, 2007), but not explicitly in connection with the BPSS framework. Combining the theory of acculturation with the BPSS framework may

provide more context to the complex history and present experience of African Americans living in a predominantly Eurocentric America where institutional systems have used discriminatory practices to oppress and dominate them (Saleem & Lambert, 2016).

Theory of Acculturation

The acculturative process must be understood at both the individual (psychological) and sociocultural levels to gain a more comprehensive picture of how both internal and external forces impact and influence each other (Trimble, 2003). Figure 1 provides a modified version of Berry's model of acculturation linked to the BPSS framework to understand how history connects to the present experience of African Americans. Though this acculturation process was intended to describe the behaviors of groups such as immigrants and refugees (Berry, 2003), it may be applied to African Americans with some added contextual factors that will be added as the process is explained below. This addition crated a more dynamic model that is relevant to African Americans and their current health, which may, in turn, provide insight that leads to more viable short- and long-term solutions for African Americans navigating any system from larger institutions to their individual health.

BPSS Framework

The BPSS framework (Engel, 1977; Wright, Watson, & Bell, 1996) derives from several years of collaboration between health care practitioners and mental health clinicians. The model looks at four domains that compose all types of health – biological, psychological, social, and spiritual. The work of George Engel (1977) gave rise to the biopsychosocial model, which has since been expanded and explored by other researchers and clinicians (Frankel, Quill, & McDaniel, 2003; McDaniel, Campbell, & Seaburn, 1989). Wright, Watson, & Bell (1996) added

the spiritual component in an effort to highlight that the ways in which people make meaning of circumstances can impact health outcomes.

Aamar, Lamson, and Smith (2014) emphasize the connection between the domains by noting that "building an understanding of patients' biopsychosocial-spiritual needs allows providers to facilitate discussions and treatment plans that address [patient] needs in a more systemic manner" (p. 33). A BPSS framework may serve as a useful tool to understand how African Americans have fared in American society via acculturation processes. The ways in which it connects to acculturation theory is explained further in the conceptual model below.

Conceptual Model

Figure 1 is a conceptual model of the acculturation process in connection with BPSS health. Each bolded word or phrase (see Figure 1) corresponds with a specific process, which will be outlined below. Culture A and Culture B represent the dominant and minority groups, respectively. The acculturation strategies of both groups are mentioned, along with how they are related to each other. As the figure explains, acculturation theory is structured to understand what happens as two cultures collide. This continued contact influences how each culture interacts with one another and influences which strategies they develop in order to function within the shared space. These strategies influence functioning of those involved, which is known as their adaptation style. This adaptation style may be positive or negative, and it is closely linked to markers of BPSS health. The following section will describe each of these processes in greater detail, using examples that demonstrate the historical impact on present behavior and BPSS health.

Process #1: *Contact between culture A and culture B.* Berry (2003) proposed four general processes that happen in a preliminary framework for understanding acculturation. The

first process concerns the dominant group and the minority group making contact (Berry, 2003). Acculturative stress, the stress associated with attempting to maintain one's native culture while adopting the culture of dominant society, may be the result of prior expectations of the dominant group clashing with lived personal experience with them (Berry, 2003; Landrine & Klonoff, 1996).

Process #2: *Cultural changes in both groups.* After culture A and culture B initially meet, negotiations must be made to their respective roles and how they fulfill them if they are to coexist. This leads to the second process, which also occurs at the cultural level. These roles may be changed based on several factors, such as economic and political power (Berry, 2003). For example, at the beginnings of the Trans-Atlantic Slave Trade, early Europeans envisioned Africans as a subhuman class and, therefore, racialized them to justify conquest in the name of Christianity (Williams, 1971). By doing so, Africans were stripped of native spiritual traditions and forced to live a life dictated by others who did not intend to nourish their BPSS health. At the same time, there was still a feeling that this was not fair, and many attempted to maintain their family history and sense of worth, which has contributed to the stress and trauma that African Americans have carried for generations (Graff, 2017).

Processes #3 and #4: *Acculturation strategies and adaptation.* Once contact has been made and roles and relationships formed, groups began developing strategies (Berry, 2003) as a part of their acculturation. They may include positive behavioral shifts – such as language and food changes – and they may result in acculturative stress, which can be manifested as symptoms such as anxiety, depression, high blood pressure, heart disease, and social withdrawal (Berry, 2003; Mayo Clinic, 2016).

For the minority group, acculturation strategies (i.e., process three) are the ways in which the group responds to the larger/dominant society either voluntarily or involuntarily. They utilize four different strategies – marginalization, separation, assimilation, and integration (Berry, 2003). The majority group also uses four strategies complementary to those of the minority group – exclusion, segregation, melting pot, and multiculturalism. For the minority group, this translates to how they associate with the dominant culture and their native culture. For the majority group, this refers to deliberate approaches to managing minority cultures (Berry, 2003).

The fourth process, adaptation, from Berry's (2003) perspective, captures the result of utilizing acculturation strategies. For the dominant and minority groups, these outcomes may be seen in a variety of ways, such as health outcomes (and in most cases through health disparities). For the purposes of this paper, adaptation will highlight the health outcomes for African Americans and how it influences overall BPSS health.

Marginalization occurs when a person from a minority group has low contact with both the dominant culture and their native culture (Berry, 2003). If this is involuntary, the dominant culture is practicing exclusion. Marginalization is an intentional disregard for the presence and needs of the minority group, such as in physical spaces and policies (Berry, 2003). Attempts by the dominant culture to exclude members of the minority culture typically lead to negative outcomes, such as neglect in healthcare systems and psychological distress (Berry, 2003; National Center for Health Statistics, 2016). Not all marginalization is exclusion from the dominant culture but rather a voluntary choice to distance themselves from both cultures. There is evidence suggesting that these negative experiences lead to negative BPSS outcomes (Gaylord-Harden & Cunningham, 2009; Russo, Denious, Keita, & Koss, 1997). For some African Americans, negative BPSS experiences with both White and Black cultures may lead to

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further negative health outcomes, and they may choose to resist both cultures for their personal well-being, including health and safety.

Overall, there are positive and negative aspects to marginalization. Using marginalization as an acculturation strategy can be helpful because it allows people to create or embrace an entirely new set of values that they find to be healthy and self-affirming (Kunst & Sam, 2013). It can be harmful because they feel anchorless and run the risk of losing their connections to their culture and their families. Furthermore, they run the risk of not having connections to the dominant culture that may be necessary to survive in that culture.

Separation as an acculturation strategy is when a person maintains a high level of contact with their native culture and a low level of contact with the dominant culture (Berry, 2003). When separation is involuntary, the dominant group is practicing segregation. An example of segregation would be the segregated neighborhoods that are a result of redlining practices (Rugh & Massey, 2010) put in place several decades ago largely to prevent African Americans and other racial and ethnic minorities from living in the same areas as White Americans. African Americans who are involuntarily resigned to these neighborhoods may be exposed to environmental risks and have less access to quality healthcare and transportation (Browning et al., 2017). An example of voluntary separation is the Black church – a series of largely Christian churches for African Americans during the enslavement period (Raboteau, 2001). Still today, African Americans find refuge in their church communities at all stages of life, particularly in difficult economic and emotional times by providing several resources (Boyd-Franklin, 2003). The Black church is a shining example in the African American community as a place where BPSS health receives the attention it deserves when dominant society does not allocate adequate resources dedicated to African American health (Lincoln & Mamiya, 1990).

Among the different acculturation strategies, separation offers protection in some ways and exposes people to risks in others. Benefits include offering African Americans arguably the most intimate connection with black culture. However, it poses risks to overall health by not fully utilizing the resources widely available in the dominant culture which may be necessary for the community to survive. These include assorted opportunities for education, employment, and healthcare (Andrews, No, Powell, Rey, & Yigletu, 2016; Hays, 2015). This may be the case because most of the financial resources necessary to promote positive BPSS health are still in possession of White people (Economic Policy Institute, 2017).

A person who has low contact with their native culture and high contact with the dominant culture is using the acculturation strategy of assimilation (Berry, 2003). For many racial and ethnic minorities in the United States, there is pressure to assimilate to White cultural values to secure opportunities that will raise their socioeconomic status (Perry, Stevens-Watkins, & Oser, 2013). When this has been done by White Americans, it is called the melting pot effect (Berry, 2003). The dominant White culture has largely seen African American culture and values as inferior, thus reinforcing internalized hatred for anything related to Blackness and a desire for things related to Whiteness (Cokley, 2002). Often, assimilation can cause higher levels of acculturative stress than other acculturation strategies (Berry, 2003). When practicing assimilation, they may lose touch with African American beliefs and values, which can lead to a loss of connection and community that may not be replicated in the dominant culture (Walker, 2007).

Assimilation, like the other acculturation strategies, has benefits and costs. Assimilation may lead to acceptance from dominant society and allow minority groups to gain access to resources and opportunities that may not be available otherwise. Consequently, assimilation also

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has been shown to increase stress and depression for racial minorities because it feels like a performance rather than authenticity (Perry, Stevens-Watkins, & Oser, 2013).

When individuals from a minority group maintain their native culture while interacting with the dominant culture, this is considered integration. When the dominant White culture creates space for integration to occur, it is called multiculturalism. These two strategies occur when culture A and culture B exist in a context where the dominant culture is accepting of the minority culture (Berry, 2003). Integration can be found in organizations and communities where African American culture and people are acknowledged and accepted as integral components (Hutchinson, Rodriguez, & Hagan, 1996). For African Americans, this reflects an individual who engages in many cultural practices, both within and outside the home, while simultaneously seeking opportunities with predominantly White systems, such as healthcare and education. Those who integrate typically report lower levels of stress and depression than those who assimilate (Berry, 2003). However, integration has proven to be a lofty goal historically (Cashin, 2009).

According to Berry (1991), integration is only truly possible if the dominant society has an inclusive paradigm for cultural diversity; yet, the United States has historically been more of an assimilationist country (Berry, 2003). During the Civil Rights era, the movement behind Dr. Martin Luther King, Jr. provided a vision of integration for America that many African Americans held onto. This vision contrasted with the movement behind Malcolm X, a black separatist of the same time period who argued for separation. After the assassination of King and continued barriers implemented by White Americans toward racial equality, the views of Malcolm X were embraced more fully, solidifying for many African Americans that integration as a way to equality was an elusive goal that brought too much pain and fatigue in the process

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(Raboteau, 2001). Such events contribute to why many African Americans feel like true equity between White and Black Americans will never be achieved (Pew Research Center, 2016), and, therefore, may not be interested in integration as the healthiest acculturation strategy to practice.

Integration offers hope to many for a harmonious existence in which people from all backgrounds can hold onto their cherished African American values while also using values from the dominant culture. While attempts at integration have occurred, the reality is that many minority groups still feel an imbalance (Vigil, Coulombe, Alcock, Kruger, Stith, Strenth, Parshall, Cichowski, 2016). If racial equality is not achievable, it may not be reasonable to conclude that integration is ideal for all minorities because dominant values will always take precedence over minority values.

Implications

Taken together, generations of maltreatment from the dominant culture have negatively impacted the BPSS health of African Americans. Connecting these outcomes to the acculturation process of adaptation shows how acculturation strategies can affect overall BPSS health and vice versa. Providing the language through acculturation theory and the BPSS framework can lead to insights for individuals, families, healthcare providers, and communities who may not have otherwise connected BPSS outcomes with acculturation.

For African American individuals and families, using this framework may provide some immediate relief for the negative health outcomes they are experiencing. For lasting change to happen, however, changes must also be made by dominant White culture to create a better environment in which African Americans may thrive (Kivel, 2002). As such, larger institutional implications are essential to shrink the disparities, as these have historically been created and maintained by White individuals and groups (Zembrana et al., 2017). Both African Americans

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and non-African Americans may benefit from understanding these implications and applying them in their current circumstances.

African American Individual Acculturation Processes

In the first process, culture A meeting culture B, African American individuals may think about their earliest memories of their contact with White people. As they reflect on the second process, they may ask themselves what changes they identify within themselves and what changes they have witnessed with White people. The third process, the acculturation strategies, may be an opportune place to consider what strategies they have used throughout their lives. As they consider the fourth process, adaptation, they may consider how their acculturation strategies have impacted their BPSS health, as well as the costs and benefits of their strategies.

African American Families Acculturation Processes

Many years will likely pass before more African Americans feel equity is achieved with White Americans. As a result, strategies for African American families are crucial to not only survive, but thrive, in an unfair society. Using the conceptual model, a more comprehensive understanding of their racial realities and health outcomes may be beneficial for the collective family unit and the individuals within it.

First, each generation within a family may use the conceptual model to understand their own acculturation process and how that has impacted their BPSS health over the years. Once adults are aware of their strategies, they may be better able to guide children in their racial identity development as they adopt their own acculturation strategies. They may discuss how they want to interact with dominant culture differently and how that will look for the family as a whole and then put a plan into action.

Second, families can talk to children candidly about race and its implications in a developmentally appropriate way. When parents share advice and experiences related to their identity as African Americans, that may help promote positive racial identity. This, in turn, may encourage children in the future to seek support from those they trust within their minority African American community (Lee & Ahn, 2013). This may help to combat the negative consequences of acculturation strategies like assimilation and marginalization, where there is a low connection to African American culture.

Larger Systems: The Dominant Culture's Role

Because America serves primarily the needs and desires of White people, many of the systems with which we are the most familiar – such as health, legal, educational, government, and religious systems – have largely been created and managed by White people (Zembrana et al., 2017). These systems are fundamental components of cities and towns around the United States, and the dominant values that drive them do not always produce positive outcomes for minority groups they are supposed to serve. While these systems have made progress over time, there are still negative consequences for African Americans and other communities of color (Agency for Healthcare Research and Quality, 2018). All systems, regardless of racial and ethnic composition, would benefit from reflection on how our most prominent institutions have contributed to racism and discrimination using the conceptual framework of acculturation theory and the BPSS framework.

Healthcare systems. Acknowledging there is still a stigma attached to healthcare systems by many African Americans, all providers must take responsibility for how history has impacted the present (Boyd-Franklin, 2003). The conceptual model presented may help providers understand their influence on African American adaptation and BPSS outcomes. One

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way for mental and physical health providers to begin building trust with patients they work with is through a BPSS assessment that is racially conscious. This means that providers must have some familiarity with common physical, mental, emotional, social, and spiritual markers for African Americans, allowing for ways in which an African American individual or family may deviate from these patterns (Galanti, 2015). Providers must also have an understanding of the historical treatment of African American in healthcare (i.e. the Tuskegee Syphilis Study and use of black bodies for medical experimentation). This may help individuals, families, communities to feel like they have permission to talk about their experiences without feeling pressure to assimilate or worry about negative reactivity from a healthcare provider or system (Boyd-Franklin, 2003).

Religious systems. As history demonstrates, spirituality has been an important part of life for the majority of African Americans (Pinn, 2003). Spirituality is also linked with the social aspects of African American life, as many Christian and Islamic traditions in the United States emphasize the importance of fellowship and community through shared values and beliefs (Raboteau, 2001). Conversations about spirituality may naturally coincide with conversations about racial identity because religion is often used to cope with stress. Some of the stress experienced may be acculturative stress, and spiritual beliefs and practices may reveal how one copes with racial realities based on the way they make sense of and conduct their lives (Walker, 2007). Addressing the reality of this acculturative stress and how it manifests in different ways may help providers address African American BPSS health.

Government and corporate systems. In larger systems where cross-cultural communication and collaboration is a normal part of operations, looking at how diversity and inclusion (D&I) is approached is critical. The practice of D&I has been implemented in local and

federal government, corporations, and other fields as a way to increase representation of different cultural backgrounds (Mor-Barak, 2005). Diversity refers to the variation in cultural backgrounds of people within an organization, while inclusion refers to the culture that is created to acknowledge and honor the diversity of the people in the organization. The process of inclusion could very well be shaped during the first two processes of the conceptual model: (1) culture A and culture B meeting and (2) cultural changes in both groups (Berry, 2003). Many believe that creating greater D&I of minority populations in these fields can increase positive BPSS health outcomes and decrease BPSS health disparities (DeLisa & Lindenthal, 2012).

To create a more inclusive environment for African Americans, the consistent welcoming and engagement of African Americans is essential. This includes practices such as consistently speaking with, seeking friendships with, and seeking the perspectives of African Americans for community improvement. By practicing inclusion rather than exclusion, African Americans may experience better health outcomes and feel more comfortable within the community. Creating and maintaining environments with practices deemed fair by African Americans may lead to lower acculturative stress levels and higher levels of well-being (Findler, Wind, & Mor Barak, 2007). Government and corporate systems can help those in managerial positions to recognize their power and privilege when it comes to recruitment and inclusion of African Americans. Policy makers, associations, and government officials can refer to the conceptual model to highlight how certain behaviors by these individuals may translate to the treatment of African Americans and their BPSS health.

Larger systems must also be aware that some African Americans are skeptical about the effectiveness of D&I efforts (Ervin, 2001; Purdie-Vaughns & Walton, 2011), and this is representative of the idea that integration is still a lofty goal. Using D&I is not intended to be a

solution that fixes all racial tension within communities but may be a way to address issues that African Americans have needed addressed for many years. Creating a more inclusive environment will hopefully increase positive BPSS health and decrease disparities in both treatment and health conditions.

Conclusion

For African Americans, acculturation theory combined with the BPSS framework can provide the context necessary to talk about how the past impacts present and future circumstances. This conceptual model may provide a way for people to talk about race with African Americans in an organized and understandable way through a theory that has not been utilized before for this purpose. While acculturation theory and its application have many strengths, there are some limitations to what acculturation can actually do as a theory. Acculturation theory was created to help explain and predict the experiences of certain groups of minority cultures, such as immigrants and refugees (Berry, 2006). However, African Americans do not fit either of these categories, as they have been part of the central fabric of America for centuries, neither coming to America for a better life or refuge from another country. Therefore, there are admittedly contextual factors that acculturation cannot account for by itself as a theory.

Researchers must continue to study the thoughts, feelings, and behaviors of African Americans in connection to their BPSS health from other perspectives. Intragroup research must be conducted, as well, to see how African Americans in different spaces, such as those in predominantly White spaces, fare in terms of BPSS health. By doing so, more of the contextual factors will be understood in order to find better solutions for African American health.

Too often, people see the acculturation model and automatically think integration is the goal, and they focus on how to get there. By doing so, we are focusing more on a prescribed

destination rather than the journey itself. The purpose of this paper is not to suggest that we, as a society, must move toward integration; it is merely exploring the acculturation model as a whole, especially the function and value of each acculturation strategy. It is important to understand the roles that the native culture and dominant culture play in African American life.

It is then important to explore the ways in which African Americans wish those roles could be different for increased quality of life. Healthcare providers, educators, religious leaders, and government officials must work in tandem with communities and families to be open to hearing that integration may not be a goal for individual African Americans, based on their cultural beliefs and their quality of contact with Whites. Understanding that experience and helping them find the peace they are looking for is more effective than attempting to adopt strategies that may be ineffective or inauthentic. Once this is happening consistently, perhaps more trust can be built systemically across cultures. Without that trust, the ideal vision of true integration, if we decide that is truly our goal, will never be achieved.

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Process #1 Process #2 Process #3 Process #4

Acculturation strategies Adaptation

Maintenance of native culture and identity

Culture A

Contact

Culture B

Cultural changes in both groups

Association with dominant culture

	+	−
+	Dominant: Multiculturalism	Dominant: Melting Pot
	Minority: Integration	Minority: Assimilation
	Dominant: Segregation	Dominant: Exclusion
−	Minority: Separation	Minority: Marginalization

Positive

Negative

Biological Psychological

Social Spiritual
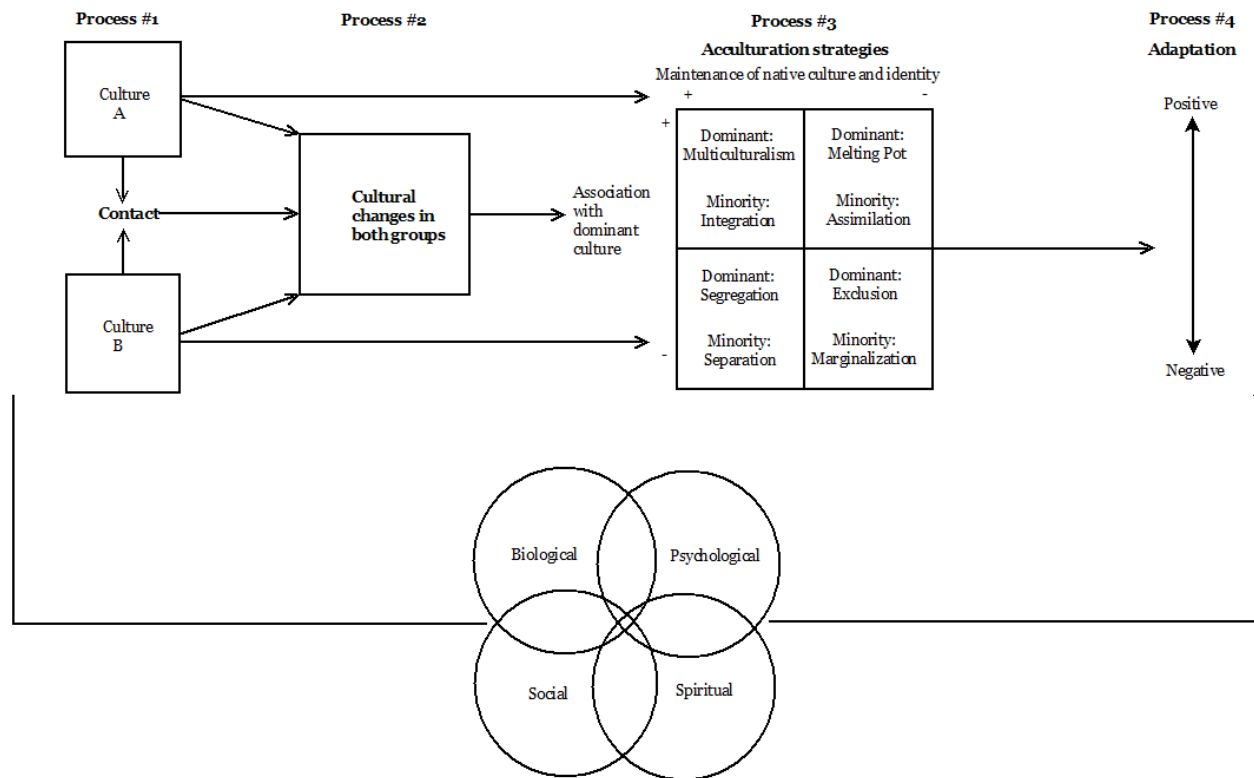
Figure 1. Conceptual model of the acculturation process for minority populations, utilizing the BPSS model as an organizational framework that informs processes one through four.

Note: Adapted from Berry, J. W. (2003). Conceptual approaches to acculturation. In Kevin M. Chun, Pamela Balls Organista, & Gerardo Marin (Eds.), *Acculturation: Advances in Theory, Measurement, and Applied Research* (pp. 17-37). Washington, DC: American Psychological Association.

CHAPTER 4: METHODOLOGY

Looking at the relationship between identity and behavior requires the use of methods that can adequately capture the in-depth processes happening for the individuals involved (Morse, 2007). For African American Latter-day Saints, this is the case as researchers seek to understand their biopsychosocial-spiritual (BPSS) outcomes (Engel, 1977; Wright, Watson, & Bell, 1996). Holding a double minority status holds implications that may impact BPSS outcomes. Their status as African Americans – people whose Africa-descended ancestors were brought over during the Trans-Atlantic slave trade – carries with it the transmission of racial prejudice and discrimination (Raboteau, 2001). In addition to their racial identity, their status as a Latter-day Saint, a historically marginalized religion group, may further impact BPSS outcomes. Being a member of the Church of Jesus Christ of Latter-day Saints (LDS or Mormon)– a Christian religion that was persecuted by other Christians and the nation at large for historically having beliefs such as polygamy– has resulted in intergenerational trauma that has includes oppressive assimilation efforts in order to avoid further persecution (Mulder, 1957).

Qualitative research methods are uniquely situated to place the researcher as an "observer in the world" (Denzin & Lincoln, 2011, p. 3), meaning that the researcher is close to the processes and populations they are researching through interviews, memos, pictures, field notes, conversations, and other means. As such, qualitative research takes an "interpretive, naturalistic approach to the world" (Denzin & Lincoln, 2011, p. 3) by studying people in their natural settings to make sense of them in the ways the participants understand them. A variety of qualitative methods exist (e.g., case study, ethnography, phenomenology). However, when studying the intricacies of a sample through a multisensory approach (i.e., the experiences of

African American LDS in context of predominately White spaces), grounded theory serves as the preferred methodology (Charmaz, 2006).

The minority status of African American Latter-day Saints (see chapter one) likely influences how they navigate both their racial and religious identities as well as their biopsychosocial-spiritual outcomes (i.e., their positive and negative mental and physical health conditions) (Schneider & Morris, 1987; Staats, 1996). The current study is focused on two main research questions: (1) How do African American Latter-day Saints reconcile their racial and religious identities? And (2) Given the history of oppression of both African Americans and Latter-day Saints, what kind of BPSS health do African American Latter-day Saints experience?

Theoretical Foundations

In the tradition of recognizing and honoring the foundations upon which current methodologies stand, the development of grounded theory must first be understood in order to comprehend its application in the present study (Denzin & Lincoln, 2005). Grounded theory has a rich history shaped by several researchers who have sought out ways to better understand processes beyond numerical data (Glaser, 1978). To better understand the use of my chosen design, the theoretical foundation of the method (i.e., symbolic interactionism and constructivist grounded theory) will be introduced, followed by the basic components of my selected method and its application.

Symbolic Interactionism

Corbin and Strauss (2008) identify symbolic interactionism as a fundamental theory that informs all grounded theory strategies. Symbolic interactionism identifies symbols as cues for people to act a certain way because of what is assumed to be truth between people (Allen & Doherty, 1998). These shared interpretations of what cues symbolize are part of the learning

process. As such, one of the assumptions of symbolic interactionism is that all learning is social in nature and dependent upon local context (LaRossa & Reitzes, 1993). For example, two people from the United States may watch the same movie and interpret a certain scene in the movie as being funny – based on their socially constructed views of what makes something humorous. However, two people from an Eastern country may watch the same movie and scene, yet determine the scene depicts a somber moment. In their different contexts, shaped by their social experiences, their perceptions of the scenes are different, yet both valid and true.

A second assumption of symbolic interactionism is that as people develop a perception of self, this perception will motivate their future behavior (LaRossa & Reitzes,1993). For example, over time, children develop the ability to reflect on their actions and consequences (Rochat, 2003). They increasingly become more aware of how others perceive their actions, which helps them make decisions about how they want to be perceived in the future. In this way, they are self-aware and reflecting on the impact of their actions. There are a variety of "selves," and people create various roles for themselves throughout life based on what social symbols are suggesting they become (Blumer, 1986).

The use of the assumptions of symbolic interactionism informs the concepts and strategies used in all forms of grounded theory. As the following sections will show, the context in which processes are happening shape the truths found in these processes for those who are experiencing them. The African American Latter-day Saint process of navigating a racial and religious context – which has its benefits and challenges – with their individual and collective truths will likely impact the ways in which they view their BPSS health.

Theory Development

Grounded theory was strategically chosen as the method of choice for this study, and as such the emergence of the theory is described below. This description includes a specific form of grounded theory (i.e., constructivist grounded theory) that best aligns with the design of this study. Grounded theory is attributed to Barney G. Glaser and Anselm L. Strauss, two people who collaborated to study the death process in hospitals (Charmaz, 2006). They later published a book of systematic strategies for conducting qualitative research. Their method contended that the research process was not linear, rather it moves in different directions, depending on what the emerging data shows. Glaser and Strauss also believed that grounded theory strategies could be used with many methods of data collection. At the time, this was revolutionary in terms of methodology because positivist thoughts of objectivity and use of the scientific method were popular (Charmaz, 2006).

As the years went by, grounded theory continued to develop as a methodology, and different approaches emerged. Glaser and Strauss split ways, and Strauss went on to collaborate with Juliet Corbin. Strauss and Corbin coauthored works that moved grounded theory in the direction of verification – ways of evaluating the product of qualitative studies – rather than the analysis – observations made based on the data – of a basic social process (Charmaz, 2006; Corbin & Strauss, 1990). With time, other approaches to grounded theory were developed and used to match the ideas of relativism, realism, and constructivism. Antony Bryant, Adele Clarke, and Kathy Charmaz believed it was possible to use grounded theory along with twenty-first century, such as postmodernism (Charmaz, 2006). They are considered to be cutting edge approaches to grounded theory and are still in early phases of use compared to older grounded theory approaches.

Constructivist Grounded Theory

Constructivism is a theory that reality is not objective and absolute; rather, it is subjective and co-constructed by those living in the reality. Therefore, one person's reality may be different from someone else's reality based on their past experiences, social interactions, and the meanings created from those experiences (Charmaz, 2006). Those realities inform the present moment and how the present reality is being constructed in the mind of individuals, which is also influenced by the actions of others experiencing the present reality. With constructivism, individuals are never separate from present reality; they help to create it (Charmaz, 2006).

As such, constructivism as a grounded theory approach asserts that researchers are never separate from the process they are trying to understand. They are part of the construction of that reality, especially as they ask individuals about it to understand it (Charmaz, 2006). Constructivist grounded theory responds to Glaser and Strauss's invitation to use grounded theory flexibly to achieve the ends of research (1967). This approach focuses more heavily on the reflexivity of the researcher throughout the process and the researcher's role of co-creator of reality during the research process. According to constructivist grounded theory, neither data nor theories are discovered; data, along with context, are used to construct theories. (Charmaz, 2006). Researchers are part of the world they are studying and the data they collect. Researchers actively construct grounded theories through their "involvement and interactions with people, perspectives, and research practices" (Charmaz, 2006, p.10).

Though it was developed decades after Glaser and Strauss' original grounded theory method, there is evidence that constructivist grounded theory has been useful in recent qualitative analysis (Jakimowicz, Perry & Lewis, 2018; Mulugeta, Williamson, Monks, Hack & Beaver, 2017; Reyes, Kearney, Isla & Bryant, 2018). This approach to grounded theory still uses

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the basic tenets of grounded theory (see Glaser & Strauss, 1967), but it differs from traditional forms of grounded theory in that it is considered to be more interpretive, fluid, and reflexive than the more pragmatist and positivist methods of Glaser, Strauss, and Corbin (Charmaz, 2006). For example, positivist researchers encourage researchers to use specified codes as inputs, transformations, and outputs of an emerging theory (Zwikael & Smyrk, 2011), while Charmaz (2006) would encourage reflecting on different relationships that may exist between those same codes, allowing that different words and phrases may be used to describe those relationships. Exploring the experience of African American Latter-day Saints, one that accounts for both race and religion, may benefit from using such an approach. The unique context for this population may require more sensitivity to language, the role of the researcher, and the complexity of being in a space where there is use of different selves depending on context, as symbolic interactionism posits.

Charmaz (2006) points out that often the way the term "theory" is used may be a source of confusion for those who construct and read the results of grounded theory studies. The different approaches to grounded theory view theory from similar, yet different, lenses, and readers need to understand the approach researchers are using in order to best understand how to apply the results to the population studied as well as different populations in other contexts. Positivist interpretations of the word "theory" – such as that of Glaser (1978) – tend to focus more on explanation and prediction. There is more concern with establishing causality in processes and possibly aim to show universality and generalizability with the established theory (Charmaz, 2006). For example, perhaps there is a relationship between African American Latter-day Saints who strive to adopt the values of the dominant White majority and higher levels of anxious and depressive symptoms. A positivist theorist may say that there is an established

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connection and that the values adopted by the African American Latter-day Saint explain and/or predict the health outcomes experienced.

On the other hand, an interpretive view of the word "theory" leads us in a different, though similar, direction when talking about processes that emerge. This use of the word "theory" is more concerned with understanding a process in more depth, especially as it is related to the sample being studied (Charmaz, 2006). Therefore, the completeness of a theory from this perspective does not refer to generalizability or universality, but rather to the completeness of an understanding as communicated by the sample and then interpreted by the researchers. The focus is on understanding patterns and connections rather than linear reasoning (Charmaz, 2006). Looking at "theory" through an interpretive lens allows that a complete theory for one sample may not be the same complete theory for another sample. It is dependent on the particular context and may be used as one way of understanding a process instead of the only defined way of predicting, explaining, or understanding it (Charmaz, 2006). The latter perspective is the one I took for this study, and I referred to my emerging theory as complete in the context of this sample and the results. After several interactions with my sample, I filled in the gaps I noticed as the theory emerged. My theory, as many grounded theorists believe, had a close fit with the data, is useful for further study, has durability over time, is modifiable, and possesses explanatory power (Glaser, 1978; Glaser & Strauss, 1967).

Protection of Human Subjects

In accordance with the rigorous ethical standards of research put in place by institutional review boards, this study abided by a pre-determined code of conduct to ensure that all participants received the highest benefits and lowest costs for the duration of this study. This study was reviewed by the IRB at East Carolina University. The IRB approval letter is attached

as Appendix A. Each participant in the study received an informed consent form to read over and sign before interviews begin. The informed consent form is attached as Appendix B. Participants were asked to provide verbal consent to participate before beginning the interviews. Participants chose a pseudonym to be used when reporting results. All information – including signed inform consent forms, permission to record, audio recordings, and assessments – were kept in password-encrypted files on a password-protected computer, as well as on Box.com – which is an encrypted server – to maintain privacy and confidentiality. Participants were informed of who would have access to the information.

<div align="center">

Role of the Researcher

</div>

To successfully carry out studies, researchers must clearly understand the roles they play in the research process (Charmaz, 2006). Explicit roles, such as principal investigator, are more concrete, as they imply that the researcher will be responsible for several, if not all, parts of the research design. Other roles, such as ones that require awareness of thoughts that may not necessarily be expressed verbally or on paper, are more abstract and require a level of operationalization to guide the research process. Constructivist grounded theory focuses on a few of these abstract concepts in order to account for the contexts informing theory construction. These abstract concepts are sensitizing concepts, recognition of power and privilege, and recognition of social locations. I will provide some insight into my own context and then explain how it may influence these abstract contexts.

Researcher's Context

I have identified as a Black woman my entire life. I have been a member of the Church of Jesus Christ of Latter-day Saints from the time I was eight years old. Before that point, I had been attending that church with my family consistently. I had many positive experiences with the

LDS faith throughout my childhood and adolescence. I was surrounded by mostly White people at church, but I did not focus much on racial indicators as a child, though I certainly knew there were differences in skin tone. My best friends were White Latter-day Saints, and church was a constant in my life when my military family moved around so much. I felt comfortable with my leaders and trusted they had my best interests at heart. I hold many of the teachings I have grown up with near to my heart and still consider myself to be an active Latter-day Saint.

My adolescence was also the time when I was introduced to the LDS Church's priesthood and temple ban (see chapter one), which was hard for me to comprehend when I had been taught that God did not discriminate or withhold His blessings based on race, ethnicity, or any other marker of social location. I wrestled with the implications of that ban for years, and it has continued to be a source of hurt and betrayal because of the racist beliefs surrounding it, though the ban was lifted in 1978 and people from all races and ethnicities are permitted to receive all of the blessings and ordinances deemed necessary by the LDS Church for exaltation. Over the last several years, I have become comfortable with my growing discomfort with certain aspects of LDS church history and policy. As such, I see the struggles that many members have with letting go of racist and otherwise discriminatory beliefs, and I am less trusting of church members and leadership than I previously was.

Sensitizing Concepts

All researchers bring with them assumptions about and perspectives on the topics they study. These assumptions and perspectives shape the research process (Charmaz, 2006). Blumer (1969) introduced such ideas as sensitizing concepts, which provide initial ideas to pursue. Sensitizing concepts, true to their name, sensitize researchers to ask specific questions about the topic. Such guiding interests and questions provide a framework to begin understanding the

studied process and are considered a point of departure (Charmaz, 2006). Acknowledging and utilizing sensitizing concepts help to develop rather than limit the research process because they provide a place to begin instead of rigidly define the whole research process (Charmaz, 2006).

My personal relationship with several African American Latter-day Saints led me to choose this topic to study in depth. I have spent years in African American LDS circles and understand the joys and pains of this community as they navigate feelings of invisibility, dismissal, and discrimination in what is supposed to be their spiritual home. I have also witnessed their stories of resilience and finding refuge in their personal relationship with Jesus Christ. The desire to understand if these feelings exist beyond the several African American Latter-day Saints I know led me to these research questions and design, and I recognize the influence my curiosity regarding this topic plays in how I will carry out this study and interpret the results. I believe my context impacts the questions I ask and how I ask follow-up questions to the initial questions I ask participants. Because of my personal experience and the experiences of my African American LDS friends, I believe most African American Latter-day Saints would name positive and negative experiences associated with this combination of racial and religious identity. Therefore, I constructed this dissertation to ask about both types of experiences-positive and negative.

Recognition of Power and Privilege

Decades of research have shown that there are specific ways in which researchers are in a position of power and privilege when they solicit information from individuals about their experiences and use them to test treatments (Charmaz, 2011). Unfortunately, some researchers have used this as an opportunity to exploit participants without taking responsibility for their actions (Centers for Disease Control and Prevention, 2017). Therefore, it is imperative for

researchers to use their power and position of privilege responsibly in ways that do no harm to research participants (Charmaz, 2006).

As a researcher myself, I am in a position of power and privilege among the African American Latter-day Saints I have interviewed. I know that I was asking questions that possibly made them feel vulnerable, especially if they felt that sharing unsavory opinions about their experience with the LDS church would put them in a compromising position. It was my responsibility to assure participants that they could speak as candidly and openly as they wanted and, when I reported results, kept the conclusions as close to their original statements as possible. For each participant, I provided written and verbal statements ensuring their confidentiality by using only pseudonyms when results were reported and keeping their contact information in a secure space at all times.

Recognition of Social Locations

The identities researchers carry socially have an often invisible impact on the participants with whom they are working during research projects. Different parts of their identities may increase or decrease the levels of power they have, as discussed earlier (Charmaz, 2011). Awareness of these social locations and how participants may have been responding to them was a crucial skill to have when conducting this constructivist grounded theory study because such awareness must be noted in field notes and memos, when necessary, to account for how the theory is being socially co-constructed between researchers and participants (Charmaz, 2006).

I am an African American Latter-day Saint. As such, I have intimate ties to this subject because it impacts my life directly. Having shared social locations with my participants in two dimensions – race and religion – provides me with some access to information because many participants likely trusted me to understand their experiences and how they impact them. My

social locations also make me vulnerable because I risk using the stories of my participants to tell my own story. In addition, I am a young person. For many participants, this may have made it easier to share experiences because of expectations that I would be open to emotional sharing. For others, I may have been seen as naïve due to my perceived lack of experience with racial issues. The generations above me have lived experiences of racial injustice that I have not endured, and there may be gaps in what I understand and what they understand. Those gaps in understanding may have influenced how I interpret what participants said during their interviews. I tried to be aware of how participants were responding to me and addressed concerns when necessary. Specifically, I asked clarifying questions about concepts or experiences I felt I did not grasp completely as the interviews were happening. I also used field notes and memos to capture my reactions and impressions after each interview and reflected on how my social locations may have impacted the interview process.

Pre-study Observation

Prior to beginning the data collection process, I engaged in a pre-study observation period. During an initial meeting regarding my methods for conducting this research, I was asked about what one would see when observing African American Latter-day Saints, specifically being from that population. Since I am an African American Latter-day Saint, there are processes and interactions I have noticed in myself and others that may not be as obvious to the untrained eye. As such, engaging in intentional observation proved useful for both my own reflexivity and offer additional context. In constructivist grounded theory, observation is typically done through the field notes process, so this pre-study observation does not serve to replace that process; rather, it serves to enhance it.

For this observation period, I spent six hours observing African American Latter-day in their Sunday services. I attended two local congregations of the LDS Church and paid attention to the actions and interactions I saw from African American Latter-day Saints. It was not always clear who was African American and not of a different African background. Additionally, it was not clear to decipher who was LDS and who was not. For every hour, I recorded my observations, as well as my reactions to those observations.

Congregation #1

I attended the sacrament portion of this congregation on three different occasions for an hour each. On average, there were about three black adults present. One was an older man who had just received priesthood obligations and was on the stand. I noticed an older woman, as well, sitting in the congregation. A young man was sitting with a set of missionaries in the back. All of them seemed to be happy and engaged in the service. They talked to some of the White members during and after the service, but they did not talk to each other from what I could see. I found myself wondering what the older man was feeling in terms of comfort level. I wondered if they were all recent converts to the faith and if they knew about Black Latter-day Saint history. I also wondered if the Black members in the congregation felt more responsibility to create friendships with White members than White members felt to make friendships with them. I did not feel connected to these Black members, particularly because we sat in different sections of the chapel and did not acknowledge each other.

Congregation #2

I attended a second congregation located about an hour northeast of the first one. I went to a three-hour block of church services, including their sacrament meeting, Sunday school, and Relief Society meeting. For all three meetings, there were between 11 and 15 Black adults

present. During sacrament meeting, most of them sat in the back and acknowledged each other. I was later told that they sat in the back on purpose to observe the interactions of the other mostly White members. Most of the women, when they entered the meeting, came to sit around me without saying anything to me beforehand, and I felt a protection that I had not experienced in a long time, if ever. Most of them acknowledged me and said hello. During the Sunday school class, most of the Black members sat on the left side of the room, and I sat with them. Some of them spoke during the lesson being given. In the Relief Society meeting, I saw the same pattern. I later found out that many of these members had left the church for a long time and it was only within the last year or so that many of them came back as the result of two of the female members of the congregation, who I happened to be sitting with. I did notice that during all three meetings, there was one woman who chose to sit away from the other Black members and made minimal contact with them. I wondered if she was doing that to make a point about the need to interact with White people or if she was naturally more comfortable around White members.

Sample

For grounded theory to be effective, sampling must be done thoughtfully initially and throughout the process (Glaser & Strauss, 1967). Sampling involves getting a lot of data from different sources, and, for grounded theory, it also includes getting enough data to construct a more complete theory from people who have experienced the phenomenon (Morse, 2007). Grounded theory uses two types of sampling – initial sampling and theoretical sampling (Charmaz, 2006). The overall goal of constructivist grounded theory for the current study was to understand, from many different perspectives, the experience of being African American and LDS. Given that everybody is going to experience this process differently, the purpose of initial sampling is to try to find a variety of different experiences/people and ask them to share their

experiences. As they share their experiences, some similarities and differences will emerge (Charmaz, 2006).

As a variety of different experiences were explored, the story of being African American and LDS became richer and more in-depth, thus allowing me to understand more perspectives. The goal of theoretical sampling, then, was to continue to seek out information to help me flush out that richness and depth until it felt like the categories and themes began to solidify (Charmaz, 2006). Recruitment efforts were used to acquire the research participants to create the final sample.

Recruitment

This sample was obtained through email and a social media campaign. A group of Black Latter-day Saints called Black LDS Legacy held a conference about Black LDS experiences in February 2018 and created a listserv of participants willing to be contacted in the future regarding Black LDS scholarship. I emailed one of the conference coordinators of Black LDS Legacy and requested an advertisement for the study be sent out via their listserv. In addition, Facebook and other social media platforms that focus on Black Latter-day Saints were used in order to find people who identify specifically as African American Latter-day Saints and invite them to participate in the present study. I made recruitment posts using a similar advertisement to the one used for the Black LDS Legacy listserv in groups serving Black Latter-day Saints on Facebook, Twitter, and Instagram. My posts advertising the study directed all interested parties to an email specifically created for the present study. Participants were then invited to email me concerning the study, and I contacted them with more information and the informed consent form.

As potential participants began to express interest, there were a few inclusion criteria to select the final sample. First, they had to identify as a person of African descent whose family descended from Africans brought over to the United States during the Trans-Atlantic slave trade. Second, they had to currently live in the United States. This was important in order to begin to understand African American LDS experiences from one nation in more depth instead of trying to understand international Black LDS experiences, which may be much more varied. Third, they had to identify as a Latter-day Saint and/or Mormon. Both refer to members of the Church of Jesus Christ of Latter-day Saints, but both labels are used. Some people prefer one label over the other, possibly indicating active or inactive status in church membership. Potential participants who do not identify as African American were excluded from the study. For example, if they moved to the United States from another part of the world, though they are descended from Africa, they would have been excluded since it is outside the scope of the current study. They also were not eligible for the study if they did not currently or ever consider themselves to be a Latter-day Saint and/or Mormon. Additionally, they were excluded if I knew them personally.

Initial sampling attempts were aimed at recruiting approximately 20 individuals. Efforts to recruit participants who were members of the LDS Church before the priesthood and temple ban were made, as well as those who joined the LDS Church after the ban was lifted. There were possible differences in perceptions of racism and discrimination and its effects between the generations. Attempts were also made to recruit a sample that was balanced regarding gender (i.e., 10 males and 10 females). Though the LDS Church espouses a binary system in terms of cisgender males and females, I invited all genders to participate and add more balance to the sample since there are Latter-day Saints who may not fit that system (Dahl & Galliher, 2012). The sample represented people from all regions of the United States. This was done because

experiences of those in the South, where slavery bred many racist attitudes that still remain, may differ from those in the North and West, who were somewhat distanced from the practice. Likewise, those who worship in congregations that have more racial diversity might have a different experience than those who were one of only a few African Americans. Because theoretical sampling was used, the number of participants was not as important as getting enough data to reach saturation. Through initial interviews and follow-up interviews, the final number of participants was sufficient to construct a more complete theory that reflects the experience and BPSS health of African American Latter-day Saints.

Initial Sampling

At the beginning of a grounded theory study, samples are recruited in order to answer the research question using individuals who experienced the phenomenon being studied. This type of sampling is typical of several quantitative and qualitative research methods, as it takes into account the different contexts that exist within a population (Charmaz, 2006). These contexts include age, race, gender, sexual orientation, and spirituality. Looking for diversity in the initial sampling process ensures a range of responses to better capture the totality of the experience, though it is not likely the conclusions of the present study is generalizable for different populations (Charmaz, 2006).

The final sample from this study consisted of 18 participants. Of those, 13 were women, and 5 were men. Fourteen participants reported being active LDS members, three reported being less-active, and one reported being inactive. The mean age of the sample was 43 years old. Geographically, six participants were from Utah, which parallels the fact that 35% of all Latter-day Saints in the US live in Utah (Pew Research Center, 2009). Five participants were from the South, four were from the Northeast, one was from elsewhere in the Midwest, and one

participant each was from the Northwest and Southwest. The data collected from this initial

sample was imperative to understand patterns that the population seemed to have.

Theoretical Sampling

Grounded theory uses a second important type of sampling (i.e., theoretical sampling).

Theoretical sampling is used to gather more in-depth data for the purpose of refining and filling

out major initial categories that the initial sampling process and data collection help to construct.

It occurs after researchers recognize initial patterns in the sample data. It helps to saturate

categories and themes of the emerging theory (Charmaz, 2006). Memo-writing, the process of

reflecting and writing on salient ideas participants have brought up during interviews, is crucial

to help this kind of sampling be successful (Charmaz, 2006).

Initial sampling is more concerned with getting a sample that is diverse and, therefore,

may be saturated in the sense that there are no new patterns emerging. With theoretical sampling,

the focus is on the development of the theory to the point that no new ideas about the theory

emerge during the data analysis process that warrant additional interviews (Charmaz, 2006). This

type of sampling may be done by recruiting more participants, gathering more data from the

initial participants, or both (Charmaz, 2006). In this sample, theoretical sampling was done by

interviewing the same sample a second time to fill out the emerging theory. Theoretical sampling

was considered successful when memos were no longer being developed because the ideas

central to the emerging theory were addressed and no new questions arose that needed answering

to fill out the theory according to the data that had been collected (Charmaz, 2006).

Procedure

This study required a few components to ensure that rich data was being collected for

analysis. This analysis was used to construct a theory grounded in the different types of data

collected. Initial interviews were conducted to get an understanding of the experience being African American Latter-day Saints from their perspective. Assessments were then used to get an idea of how participants experience acculturative stress, anxiety, depression, and attachment, potential indicators of the acculturation process and connected BPSS health. Afterwards, follow-up interviews were then used to better understand the themes and emerging theory that came from the first round of interviews, based on each participant's experience. Field notes were gathered throughout the process, which served as a record of my observations of setting, participant, and my reactions during the research process (Charmaz, 2006). All interviews were transcribed to more effectively analyze data. Considerations for the protection of human subjects were also addressed.

Assessments

To better understand the connection between experience and health outcomes from the perspective of participants, four assessments were used in conjunction with interviews conducted. These assessments were not used for quantitative analysis; they were used to add more context to the process participants described during their initial and follow-up interviews. They were all administered after the initial interviews and before the follow-up interviews.

The first assessment was the Social, Attitudinal, Familial, and Environmental (SAFE) Acculturative Stress Scale (Mena, Padilla & Maldonado, 1987). This scale has been used for different populations to assess the levels of stress associated with being a minority in a dominant culture ($\alpha = .89$). Scores range from 0-100, with 100 being the highest amount of acculturative stress experienced. The results of this scale helped me understand how distressing the acculturation process is for African American Latter-day Saints, as there is pressure to

acculturate in religious and larger societal contexts that are predominantly White (Piña & Canty-Swapp, 1999).

The second assessment, the Generalized Anxiety Disorder 7-item Scale (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006) was used to understand symptoms of anxiety in participants. This assessment has been used in a variety of settings, yielding high reliability estimates (α = .92; Spitzer, Kroenke, Williams, & Lowe, 2006). As the name suggests, the scale measures levels of anxiety from 0-21. The higher the score, the more anxious one was considered to be. Scores on this scale provided insight into feelings of nervousness, worry, and/or concern that African American Latter-day Saints may be facing currently. I then explored some of their responses with them during the interview, which provided more context for the symptoms they reported.

The third measure, the 8-item version of the Patient Health Questionnaire (PHQ-8; Kroenke, Spitzer, & Williams, 2001), determined symptoms of depression using a similar scale to the GAD-7 (α = .86-.89). Scores are calculated from 0-24 with higher scores indicating more symptoms of depression. These scores were used to understand some of the sadness, hopelessness, and/or disinterest that some African Americans may feel. I then referenced some of these responses during the interview that provided more insight into these symptoms as they related to the experience of being an African American Latter-day Saint.

The fourth assessment used was the Adult Attachment Scale (AAS; Collins & Read, 1990). This scale has been used to measure adult attachment styles using the categories of secure, anxious, and avoidant (α = .69 – .75). Three subscales were used in this scale – close, depend, and anxious. Those who reported a secure attachment style, one who were high on the close and depend subscales, possibly described a person who felt connected in their close

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relationships and doesn't feel a higher level of stress when trying to fit in. For those with an anxious attachment style, high on the anxiety subscale and moderate on the close and depend subscales possibly felt higher levels of worry and nervousness when pressured to adapt a different lifestyle. Avoidant attachment indicated someone is low on all three scales, and this person may have found it easier to disengage from certain relationships in order to avoid the stress of fitting in. While the purpose of this study was not to explore the statistical link between these two variables, it provided another way to understand the way participants were interacting with people based on their feelings and experiences.

After all of the assessments were completed by each participant, I scored them before I began each follow-up interview. I then looked at the higher scores on each assessment – which indicated higher levels of acculturative stress, anxiety, depression, and certain attachment styles – and marked them as possible questions to revisit as I interviewed participants. For example, if some participant self-reported high ratings on some acculturative stress questions, I asked a question about what they attribute their acculturative stress to. As such, their responses to the assessments were used to provide more context and detail to their experience as African American Latter-day Saints.

Initial Interviews

Semi-structured interviews were used for in-depth exploration of the African American Latter-day Saint experience. These were conducted through one of two video call platforms, WebEx or VSee, depending on what was preferred by each participant. The audio and video of each interview were recorded for future transcription and analysis. Interviews lasted anywhere from thirty minutes to two hours.

Grounded theory calls for questions or prompts to begin an interview. As participants responded to these broad questions or prompts, more specific questions were then asked to spark a detailed conversation about the topic (Charmaz, 2006). I did not ask specific questions about acculturation theory or the BPSS framework, though the questions elicited some information that prompted more narrow questions related to the theoretical framework. Grounded theory questions were open and non-judgmental, which helped to bring out unanticipated stories and statements from participants. Researchers may ask clarifying questions throughout the interview to understand the thoughts, feelings, and actions of participants better (Charmaz, 2006).

Constructivist grounded theory is particularly concerned with the participants' definitions of terms, circumstances, and events. This aided in understanding beliefs, assumptions, and rules of behavior (Charmaz, 2006). For example, if a participant spoke about feeling Black at home but not Black at church, I was interested in exploring what being "Black" meant and how that impacted each scenario.

Three main questions were used to guide the initial interview process. The first question, "Given the history of Mormon persecution, what has your experience been?" was followed up with questions about how this experience has influenced BPSS health. This question was developed and used to understand how one's religious identity plays a role in one's overall experience. The second question, "Given the history of African American persecution, what has your experience been?" was followed up with questions concerning BPSS health, also. This question was developed and used to understand how one's racial identity plays a role in one's overall experience. The third question was, "Given the history of African Americans in the Mormon Church, what has your experience been?" Questions regarding BPSS health followed this question. This question was developed and used to understand how the intersection of both

the racial and religious experiences played a role in one's overall experience. A copy of the initial interview guide is provided in Appendix C.

Follow-up Interviews

As data was collected and data was analyzed, there eventually came a point where initial themes emerged that began to generate a theory. There were more questions to ask to solidify aspects of the themes and emerging theory to make it as complete and defined as possible (Charmaz, 2006). This is where theoretical sampling was helpful to make sure those questions were answered, and themes were solidified. Rather than gather a new sample after initial interviews, the same sample was used to gather the information necessary to fill gaps in the theory (Charmaz, 2006). The questions for these follow-up interviews were about the emerging themes specifically and how participants felt their experiences fit or did not fit with them. All but two participants were interviewed a second time, using the same procedure as the initial interviews. However, this phase of interviews stopped once all themes and processes no longer had identifiable gaps during data analysis.

Field Notes and Transcription

To capture the content, as well as my reactions and reflections on interviews as they happened, field notes were used. These were primarily taken during and immediately after each interview to note items, such as time, setting, affect of participant, and immediate reactions by the researcher. These field notes provided me with the opportunity to reflect on my experience of the interviews from a subjective point-of-view, acknowledging how my past experiences and social locations impacted the interview process. They captured my process of interacting with participants and how that process may affect the ways I interpreted the data. Field note examples are provided in Appendix E. During the data collection process, interviews were transcribed into

written format for more effective analysis. A computer transcription service, Nvivo

Transcription, was used to initially transcribe the data, and I reviewed the transcriptions for

accuracy.

Data Analysis

Data analysis happened concurrently with data collection, according to grounded theory

methods (Corbin & Strauss, 2008; Glauser & Straus, 1967). As data was collected from

participants, researchers analyzed the data for codes and possible themes that informed future

interviews and analysis. Coding refers to the extraction of meaningful data to later sort into

categories for meaning (Corbin & Strauss, 2008). Memos helped me recognize patterns and

concepts in the data that eventually lead to meaningful themes (Charmaz, 2006). The

construction of theory was the final step of the data analysis process as focused codes and

memos were used to diagram a process that was reflective of and meaningful to the participants

who participated in the process (Charmaz, 2006). By utilizing coding, memos, and theory

construction, the ends of constructivist grounded theory – the understanding of the patterns and

processes of African American Latter-day Saints – were achieved, and a theory congruent with

the experiences of this population was constructed.

Coding

Coding is a central part of the grounded theory process. It allows researchers to interact

with data after the initial collection to see new ideas and concepts that may have been taken for

granted before (Charmaz, 2006). It enables researchers to see these ideas and concepts in ways

that differ from participants' interpretations. Coding generated new research questions to be

explored in subsequent interviews. It was also a way to analyze and organize data while ensuring

that the narratives of the participants were maintained in the final product (Charmaz, 2006; Mills,

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Bonner & Francis, 2006). Constructivist grounded theory focuses on three types of coding –

initial, focused, and theoretical coding.

Initial coding. The coding process started off with initial coding. This type of coding

helps researchers understand what is being studied, what the data suggests, and what theoretical

category the data fits into. Initial coding is arguably the most grounded in the data. It often uses

in vivo codes, special terms specifically used by participants that are maintained during data

analysis and kept verbatim when reporting results. Initial codes are provisional; further data

collection and coding could change the meaning of these codes in the future.

For this project, the initial coding process followed a loose set of steps that were done

simultaneously. I engaged in line by line coding first. This means that I looked at each line and

found the most meaningful statements that capture actions, processes, and ideas (Charmaz,

2006). As such, at times there were multiple codes used to capture the information given on a

single line since actions, processes, and ideas may all be communicated in a phrase or sentence.

This coding process helped me throughout the rest of the data analysis process as I sought to

connect patterns I saw in thoughts and actions from participants that inform the overall theory I

constructed (Charmaz, 2006). Initial coding was done for all initial interviews and follow-up

interviews. Line by line coding can also look at the beliefs and feelings stated by participants. I

provide an example of my line by line coding to show my process of choosing codes based on

participant responses in Appendix F.

Focused coding. After the initial coding was completed, focused coding was done to

allow me to distinguish between, classify, and synthesize sizable amounts of data (Charmaz,

2006). Focused codes are more selective and conceptual in nature than initial coding.

I reviewed the initial codes that were similar and different for all 20 initial interviews as the data collection and analysis processes were happening. I used the most significant and/or frequent codes to further categorize data to begin the theory construction process. Using memos that were written during initial coding helped this process. These categorizations at times were created based on contextual pieces, such as who was acting or being acted upon, where the action was taking place, why the action was happening, when the action happened, what the action was, and/or how come the action happened.

Charmaz (2006) suggests five steps for raising codes to categories, which I used in this study. The first was to define the category. Next, I defined the properties of the category. After, I specified the conditions under which the category arose, was maintained, and changed. Once that happened, I described the category's consequences. Finally, I showed how each category relates to other categories. I followed these steps to create focused codes that were used in the next process, theoretical coding.

Theoretical coding. Theoretical coding for this project involved theorizing how focused codes related to each other as hypotheses to then be integrated into the theory (Glaser, 1978). These codes were considered integrative because they "weave a fractured story back together" (Glaser, 1978, p. 72). This coding step added precision and clarity to the data analysis process. I looked at the focused codes to see how they relate to each other. Charmaz (2006) suggested seeing if focused codes relate to each other based on these categories. Memos that were more developed through the focused coding process were helpful to create more defined categories that helped point to a theory.

For this study, I constructed several visuals of possible relationships to see which visual made the most sense and fit with the data. This happened concurrently with data

collection. From the focused themes, I made notes on what the properties of each theme seemed to be, based on participants' responses. For example, the theme of racial socialization was created because I noticed that participants often spoke of their experiences with race both in the past and present. They also talked about what they learned about themselves as African Americans from those experiences. This pattern I saw led me to choose the phrase "racial socialization" as the name of the final theme and to define it as "formative and present experiences with race." The same process was utilized to decide on the other four final themes and their definitions, along with the final theory itself.

Memo-writing

Up until this point, the process of memo writing has been mentioned as part of the coding process. Memo writing is a step between data collection and drafting the final manuscript that has researchers analyze data and emerging codes/theory early in the research process and continues throughout data collection and analysis (Charmaz, 2006). It is a way to capture the researcher's thoughts during the process as connections are made, questions are raised, and new directions emerge. Writing memos is an attempt to understand assumptions of participants and provides evidence of their existence through the words and phrases of themselves and other participants, as well as other contextual elements, such as tone of voice, affect, and reaction to setting.

I constructed all of the memos, as I conducted all of the interviews. I looked at specific words and phrases that seemed important to participants. These were based on the context of the interview as well, such as non-verbal communication, readiness or hesitation in answering questions, etc. I wrote down the ideas that came from me during or after the interview to solidify ideas about possible codes while they were still fresh in my mind. As data collection and analysis

continued, these memos were modified as I added and deleted ideas. I kept memoing about all

my ideas until all the concepts had been written out and described in detail so the memos could

be compared during the theoretical coding and theory construction processes (Charmaz, 2006;

Prus, 1987). An example memo is found in Appendix G.

Construction of Theory

Constructivist grounded theory sees theorizing through an interpretive lens. From this

perspective, researchers "conceptualize the studied phenomenon to understand it in abstract

terms" (Charmaz, 2006, p. 127). The focus is on how and possibly why participants create

meanings and act certain ways under different circumstances. In this study, I looked at data from

several different perspectives to make comparisons and find the flow between the data and codes

already formed during the coding processes. I sorted memos to fit final categories and integrate

concepts that arose from the data. By doing this in several ways, I was better able to create a

conceptual model that is understandable to potential readers. I knew the theory construction

process was complete when: (1) definitions of major categories were complete, (2) major

categories were turned into concepts, (3) links within categories and between categories were

strong, and (4) understanding of studied phenomenon increased (Charmaz, 2006).

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Indicators of Rigor

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Several steps were taken to ensure that the methods used were rigorous and yielded the

most scientifically sound results (Patton, 2015). In the present study, credibility was

accomplished in a few ways. I used member checks by sending summaries of the initial

interviews to participants and inviting them to modify the main points of the interview if they felt

I did not capture their experience accurately. No participants chose to modify their interview

summaries. An example interview summary is found in Appendix H. Member checks were also

done through the follow-up interviews to ensure that the conclusions I drew reflected the experiences of the African American Latter-day Saints I interviewed (Charmaz, 2006). I also used the four assessments administered to participants after the initial interview as a second source of data to add depth to the participants' oral stories. I compared and contrasted the conclusions I drew with available literature related to the African American LDS experience to see if my results were consistent and, if they were different, explored reasons as to why this may be based on my data analysis process (Patton, 2015).

Transferability is concerned with the level at which qualitative research results can be generalized to other settings (Patton, 2015). Ultimately, the reader is responsible for making the decision about whether my research is generalizable to a different context. I aided in this decision-making process by providing the concepts that sensitized me to this research topic earlier in this chapter. I also provided examples of how my power, privilege, and social locations impacted this research process and mentioned how they shaped the way I analyzed data and constructed theory.

Dependability refers to the ability to replicate the research process mentioned (Lincoln & Guba, 1985). I addressed this through use of an audit trail as I conducted the research, which was reviewed by my major professor. Confirmability refers to the degree to which the study results can be corroborated by others (Lincoln & Guba, 1985). This was established in two specific ways during this study. An audit trail was established, in which all steps of data collection, analysis, and interpretation were documented. I explained why each step was taken and what the results were. I also be engaged in reflexivity throughout the process (Patton, 2015). I was open and transparent about how my background and position influenced the research process. The

field notes I kept helped document this reflexive process for me specifically as I interviewed participants.

Current Study's Contribution to Science and the LDS Church

Under the weight of racial tension with their White counterparts in mainstream American society, African American Latter-day Saints face the dilemma of trying to find a spiritual home within a space that is predominantly White and has had its own struggles with racial minorities (see chapter one). There is not enough research on African Americans in predominantly White churches to draw on for examples of how to survive and thrive in such circumstances. Additionally, there are no studies available on the processes for contemporary African American Latter-day Saints connected to their BPSS health.

While one important study (Embry, 1994) provides arguably the most comprehensive review of Black LDS experience written, it does have some noticeable limitations. There was no institutional review process for this study when it was done, which calls much of the methods of the study into question. Additionally, the methods were vaguely outlined, and there is no mention of validity or reliability of the results, making generalizability unknown (Embry, 1994). Embry's book was published in 1994, which dates much of this information since society has changed with advancements in technology and changes in the sociopolitical climate. A new, methodologically rigorous, study of the experiences and BPSS health of contemporary African American Latter-day Saints is needed.

The current study sought to address this gap by using grounded theory methods to understand the experience of African American Latter-day Saints in terms of these two identities and their BPSS outcomes. By doing so, connections were made between variables that influence their experience, whether they were helpful or harmful. African American LDS voices and

stories were heard and understood on a personal level in order to describe the reality of their struggles and triumphs. As a result of this study, future researchers are able to understand how to better collect information about African American LDS health outcomes by having the preliminary qualitative data from this study. Clinicians may better be able to serve this unique population by having language and context provided by participants that may fit these clients better than the language of current models or theories. Educators should recognize the importance of understanding the diversity of LDS experiences, since the LDS church is not defined by the White LDS experience and often neglected from textbooks related to African American or LDS history. Finally, leaders and members of the LDS church have been provided concrete examples (from this dissertation) of the complexity of their African American members and should find ways to address their needs in a more constructive manner based on the dissertation's findings.

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CHAPTER 5: RACIAL AND RELIGIOUS RECONCILIATION: A GROUNDED THEORY STUDY ON AFRICAN AMERICAN LATTER-DAY SAINTS

For African Americans, racial equality has been a long-awaited dream in the US (American Psychological Association & Task Force on Resilience and Strength in Black Children and Adolescents, 2008; Edwards, 2008). Encouraged by activists like the Reverend Dr. Martin Luther King (1963), many hoped for a country where past injustices would be replaced with increased freedom. While some progress has been made, only 8% of African Americans believe the United States has made the changes necessary to be considered equal to White Americans (Pew Research Center, 2016). Additionally, the same study reveals that 43% of African Americans are unconvinced that the US will ever reach that standard. Racial history and current tensions between White Americans and African Americans in the country provide context for such feelings. African Americans have historically been mistreated by institutions (i.e., healthcare, religious, legal, and educational) created and maintained largely by White Americans (Zembrana et al., 2017). Currently, many African Americans are living in poor conditions as a result of past and present mistreatment (Lackland, 2014; National Research Council, 2014, U.S. Census Bureau, 2013). This reality often places African Americans in a difficult bind (Negga, Applewhite, & Livingston, 2007). To succeed, they have to interact with institutions that have historically mistreated them but do so in a way that allows them to maintain safety and be healthy. As a result, many approach interactions with White Americans with caution.

A common place to observe this skepticism is within religious institutions. Despite being places of solace, many religious institutions were created and maintained by White Americans and, as a result, have a history of inequality. Many of these institutions have their own

experiences with religious discrimination (Federal Bureau of Investigation, 2018). One such religious institution is the Church of Jesus Christ of Latter-day Saints (LDS or Mormon). Like other religious institutions, this religion's origins mirror other predominantly White institutions, but it also has a history of marginalization and mistreatment (e.g., by the US government and other faith-based entities). As a religion that originated in America, as opposed to many Protestant faiths, the LDS Church is an ideal religion to explore how race and religion intersect for its adherents. The LDS Church may particularly provide insight into how African Americans navigate their racial and religious identities, especially in a predominantly White church. In this study, African American members were asked to describe their experiences and how this inherent tension between their racial and religious identities influenced their biopsychosocial-spiritual (BPSS) health (Engel, 1997; Wright, Watson, & Bell, 1996). This was done using constructivist grounded theory, which yielded a tentative theory of the African American acculturation process connected to BPSS health. As a result, there are many implications for the tentative theory, African Americans, and future research.

Literature Review

African Americans and White Americans have generations of tense history (Graff, 2017) that traces back to the Trans-Atlantic Slave Trade, when European conquerors and traders forced Africans to go West with them and work in enslavement. From their initial contact, Europeans negotiated cultural roles that emphasized their position as the dominant culture while Africans were seen as the minority (Berry, 2003). These roles have persisted into the present day, evidenced through practices, policies, and experiments that have left African Americans lacking in crucial ways (Centers for Disease Control and Prevention, 2015).

African Americans are required to successfully adapt to their circumstances, utilizing diverse strategies to negotiate their minority status. Berry's (2003) acculturation theory describes the acculturative stress experienced by minorities who rely on these different strategies as they interact with the dominant culture. Through the Civil Rights Movement, leaders such as Dr. King, advocated for strategies aimed at integration; sharing the dream of a united America based on equality. This call was loud and provided hope for many African Americans and Whites (Raboteau, 2001). However, once Dr. King was assassinated, the dream was replaced, for some, by a realization that equality was not possible. At this time, many African Americans turned to the Black Power Movement, with icons such as Malcolm X advocating for separatism to improve health for the Black community (Raboteau, 2001).

Religion was one prominent institution that highlighted both the tension and attempted reconciliation of racial differences. Christianity, in particular, was used by Europeans to justify the slave trade by claiming Africans were an inferior and subservient race (Raboteau, 2001). Over time, African Americans utilized Christianity as a tool of empowerment to rid themselves of internalized inferiority and elevate themselves as equals to their White counterparts (Pinn, 2003). In many cases, Black churches were organized to seek solace from the oppressive experiences encountered in predominantly White institutions. While Black churches have become the place of worship for most African Americans (Pew Research Center, 2014), some continue to attend faiths that are heavily influenced or attended by White people.

One predominantly White church that African Americans attend is The Church of Jesus Christ of Latter-day Saints. A church that was reorganized in the US in the 1800s, the LDS Church has experienced oppression from American society. Since the organization of the church, many non-members were skeptical of its beliefs and practices, targeting them specifically for

their stance on issues like polygamy and slavery (Reeve, 2015). In 1833, Latter-day Saints were issued an extermination order from the state of Missouri due to their growing economic and electoral influence in the area (DeVoto, 2000). Over the next several years, they were violently expelled from the state, forcing them to live in other parts of the country before finally settling in Salt Lake City, Utah (DeVoto, 2000).

The marginalization of the LDS by many dominant religious denominations and governmental institutions resulted in an internal decision (i.e. known as the priesthood and temple ban) that further marginalized a portion of the LDS Church. For over a hundred years, African Americans were restricted from holding priesthood offices or participating in temple ordinances necessary for divine exaltation within the LDS Church (LDS Church, 2013). The restriction was removed in 1978 (Doctrine and Covenants, Official Declaration and has left many African American members conflicted about church doctrine, practices, and culture regarding their race (Embry, 1994). While there has been some research on the overall experience of being African American and LDS (Embry, 1994), there is relatively little that specifically explores their experience balancing their racial and religious identities and how that reconciliation influences their BPSS health.

The purpose of the current study was to address these gaps to understand the racial and religious experiences of African American Latter-day Saints and their biopsychosocial-spiritual (BPSS) health. African American Latter-day Saint voices and stories were heard to describe the reality of their positive and negative experiences within the LDS faith. As a result, this study adds more insight into how a racial minority – African Americans – navigate a predominantly White religious space – the LDS Church – and how that reconciliation of salient identities

impacts their health. To date, there is little information on this type of process or the contemporary experiences of this population.

Methods

Looking at the relationship between experiences with identity and health outcomes requires the use of methods that can adequately capture the in-depth processes happening for the individuals involved (Morse, 2007). Qualitative research takes an "interpretive, naturalistic approach to the world" (Denzin & Lincoln, 2011, p. 3) by studying people in their natural settings to make sense of them in the ways the participants understand them. The current study used constructivist grounded theory (Charmaz, 2006) to focus on two main research questions that have not been answered adequately in the current published literature: (1) How do African American Latter-day Saints reconcile their racial and religious identities? And (2) Given the history of oppression of both African Americans and Latter-day Saints, what impact does that have on African American Latter-day Saint health?

Researcher's Context

Constructivist grounded theory focuses on the researcher's context to account for the factors informing theory construction (Charmaz, 2006). Providing this context also addresses transferability by acknowledging how the results of this study can or should be applied to other contexts. The first author has identified as a Black woman her entire life. She also has been a member of The Church of Jesus Christ of Latter-day Saints from the time she was eight years old. She trusted that her leaders had her best interests at heart. It wasn't until she was an adolescent that she was introduced to the LDS Church's priesthood and temple ban, which was hard for her to comprehend. It has continued to be a source of hurt and betrayal because of the racist beliefs surrounding it. As a result, the first author is less trusting of church members and

leadership than she was previously. Her personal relationship with several African American

Latter-day Saints led her to choose this topic. She has spent years in African American LDS

circles and understands the joys and pains of this community. She recognizes that every aspect of

this process from design to interpretation has been influenced by her curiosity regarding this

topic.

Recruitment

The overall goal of constructivist grounded theory for the current study was to

understand, from many different perspectives, the experience of being African American and

LDS. Initial sampling was used to find a variety of different experiences/people (Charmaz, 2006)

that could put forth diverse perspectives and experiences. This sample was obtained through

email and a social media campaign focused on Black Mormon/LDS spaces. There were a few

inclusion criteria used to select the final sample. First, they had to identify as a person of African

descent whose family is descended from Africans brought over to the United States during the

Trans-Atlantic slave trade. Second, they had to currently live in the United States. Third, they

had to self-identify as a Mormon and/or a Latter-day Saint.

Sample

The final sample consisted of 18 participants. Of those, 13 were women, and five were

men. The mean age of the sample was 43 years old. Geographically, six participants were from

Utah (reflecting that 35% of Latter-day Saints live in Utah; Pew Research Center, 2009), five

were from the South, four were from the Northeast, and there was one participant from each of

the following regions: Midwest, Northwest, and Southwest. Fourteen participants reported being

active LDS members, three reported being semi-active, and one reported being inactive. The goal

of theoretical sampling, then, was to continue to seek out information to help create more depth

until it felt like the categories and themes began to solidify (Charmaz, 2006). Overall, there were 34 interviews conducted, with all but two participants being interviewed twice. The two who were not interviewed twice provided enough evidence in their initial interviews to understand their racial and religious experiences connected to BPSS health.

Procedure

Semi-structured initial interviews were conducted with participants using an encrypted video call system to get an understanding of the experience of being an African American Latter-day Saint. These interviews lasted from about 30 to 90 minutes. Summaries of these interviews were sent to participants to increase credibility. Assessments were then used to get an idea of how participants experienced symptoms of acculturative stress (Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale; Mena, Padilla & Maldonado, 1987), anxiety (Generalized Anxiety Disorder 7-item Scale; Spitzer, Kroenke, Williams, & Lowe, 2006), depression (Patient Health Questionnaire-8; Kroenke, Spitzer, & Williams, 2001), and attachment (Adult Attachment Scale; Collins & Read, 1990), potential indicators of the acculturation process and reported BPSS outcomes. None of the assessments were used for quantitative analysis, rather they were used as an additional source of information to help understand the participants' lived experiences. Once initial interviews and questionnaires were analyzed, follow-up interviews were conducted to better understand the themes and emerging theory that came from the first round of interviews. These interviews lasted from about 30 to 90 minutes, as well. Follow-up interviews also increased credibility as participants clarified their thoughts and feelings. Field notes – one way of establishing confirmability—were gathered throughout the process, which served as a record of the primary investigator's observations of setting, participant, and reactions during the research process (Charmaz, 2006). All interviews

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were transcribed to more effectively analyze data. All participants gave both written and verbal consent to participate in the study and chose pseudonyms for use during the study to remain anonymous.

Data Analysis

According to grounded theory methods, data analysis happens concurrently with data collection (Corbin & Strauss, 2008). By utilizing coding, memos, and theory construction, the ends of constructivist grounded theory were achieved, and a theory congruent with the experiences of this population was constructed. For this project, the initial coding process followed a loose set of steps, depending on what the needs of the study were. The first author engaged in line by line coding, which yielded multiple codes to capture the information. Initial coding was done for all initial interviews and follow-up interviews.

After the initial coding was complete, focused coding was done to allow the researchers to classify and synthesize sizable amounts of data (Charmaz, 2006). The first author reviewed the initial codes and used the most significant and/or frequent codes to further categorize data to begin the theory construction process. Using memos helped this process because it helped to clarify patterns and thought processes experienced by the first author. For any inconsistencies or confusion that arose with the data analysis, the second author provided some analysis and interpretation of the same data and there was discussion until consensus was reached. Theoretical coding involved considering the relationship between focused codes and eventually the creation of a theory (Glaser, 1978). Several iterations of the theory were constructed using focused codes until a final theory that seemed to capture the general pattern of participants was created.

Constructivist grounded theory sees theorizing through an interpretive lens (Charmaz, 2006). The first author looked at data from several different perspectives to make comparisons

and find the flow between the data and codes already formed during the coding processes. The theory construction process was complete when: (1) definitions of major categories were complete, (2) major categories were turned into concepts, (3) links within categories and between categories were strong, and (4) understanding of studied phenomenon was increased. Throughout the entire data analysis process, the other authors oversaw the process to ensure the analysis and interpretation of data were dependable. This included meeting on a regular basis and reviewing select interviews and codes during the data collection and analysis periods. Where possible inconsistencies existed, the authors discussed their rationale for interpreting the data a certain way until they reached a consensus on data interpretation.

Results

For the African American LDS participants sampled in this study, race and religion played important roles in their lives. As these roles were explored, they shared similarities and differences with one another in important ways. There were five categories that emerged for all participants: (1) racial socialization, (2) trust in White people, (3) cultural location, (4) coping, and (5) BPSS health. While reciprocal relationships existed between all of these categories, racial socialization appeared to be the central category that emerged and provided the necessary context for the other four categories. Figure 1 provides a visual depiction of this model and how these themes are interrelated.

Given the central role of racial socialization, and the contextual influence it had on the other categories, it was depicted using an oval encircling the other categories. The other four variables were shown within the model with bi-directional arrows connecting them, capturing the interrelated relationship between the variables. For example, participants described how the way they were socialized seemed to influence the level of trust they experienced with other cultures,

specifically White people. Participants either experienced high, neutral or low levels of trust. How trusting participants felt seemed to influence where the located themselves, both racially and religiously, and influenced the level of immersion they experienced. However, this relationship did not appear to be linear. Rather, the level of immersion also seemed to reinforce, and in some cases solidify the level of trust experienced. This process also seemed to influence how the participants coped with racial discrimination (the next category). Participants described using both protective and nourishing coping mechanisms. Which mechanism they used seemed to be related to the level of trust experienced and how they located themselves culturally. Those with lower levels of trust typically relied on more protective coping mechanisms. The final category, BPSS health, seemed to follow a similar trend. Those who reported lower levels of trust and immersion relied on more protective coping strategies and as a result often reported experiencing BPSS outcomes that were less healthy. It is believed that this model, and the interrelated themes within it, makes an important contribution to science. While tentative, this grounded theory helps provide a richer, more in-depth description of the possible relationships between these categories and can guide future research to explore these interactions. Each of these categories will be discussed in greater detail in the following section.

Category #1: Racial Socialization

The first category, racial socialization, was determined from participant data surrounding experiences primarily with African Americans and White Americans. Participants typically talked about these experiences being both from the past and happening currently. As a result, it appears that formative and current experiences with racial identity influenced all participants' BPSS health. Many participants mentioned their parents' influence in learning about their

African American identity. For example, geography played an important role in this socialization process.

Geography. For those who grew up in predominantly White areas ($n = 6$), there were positive and negative experiences associated with being African American. Alex, a male participant, reported that as one of the only African Americans in many spaces growing up, he saw many opportunities for growth and change. Others, like Sugar, mentioned the impact of attending predominantly White schools as giving her unrealistic expectations of how she would be treated racially. She grew up and learning that if she was smart or talented enough, that could offset some of the racial discrimination she faced, only to learn later that this would not always work in her favor.

Those who grew up in predominantly Black areas or racially diverse areas ($n = 12$) reported more positive and frequent experiences with race than those who did not. Dee, who grew up partially on the West Coast, was around many White people who were open and accepting of racial difference. Other participants mentioned the positive impact of Black representation around them in their young lives. For Chadwick, who grew up in the Northeast, being African American was described as "*great in the sense of…it makes me whole*." Regardless of where one grew up, all had experiences with racial discrimination, and some mentioned their experiences in accepting their African American identity over the years.

Current geographic location also had some association with how participants fared. For those living in the Eastern and Southern United States, there were mixed positive and negative experiences associated with being African American. For those living in the Midwest and predominantly White areas, more negative BPSS outcomes (e.g. stress and depression) were reported associated with being African American than those who were not. Participants

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mentioned an automatic kinship with other Black people, which was helpful in navigating predominantly White spaces. For those who felt seen for who they truly were, especially in these White spaces, less distressing BPSS outcomes were reported.

Intersection with religious identity. Racial socialization was also influenced by participants' religious identity as African American Latter-day Saints. Being African American in a predominantly White religion in the United States comes with its own unique socialization process. According to Lucy, being an African American member of The Church of Jesus Christ of Latter-day Saints was both a "*blessing and a curse*." Several participants ($n = 10$) mentioned learning about the legacy of African American LDS pioneers such as Jane Manning James and Elijah Abel. P, a male convert to the faith, spoke of the empowerment he felt when learning about these early Black members and their faith from the beginning years of the church's establishment. Such empowerment has helped with interacting with White members and others who are not aware of the richness of African American LDS contributions to the LDS Church. Feelings of acceptance in church spaces seemed to play a part in how participants were socialized to express themselves culturally as African American ($n = 12$). When asked about what elements of African American culture are embraced within the LDS faith, artistic endeavors, African heritage, and the influence of African American LDS pioneers were mentioned.

While being an African American Latter-day Saint was associated with some positives, negative aspects also existed for participants. Many participants ($n = 11$) talked about feeling invisible to White church members, especially if they did not fit stereotypes of what African Americans should look or act like. Some participants ($n = 6$) said they failed to see themselves represented in art typically found in LDS church buildings and temples. The implications of such

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invisibility impacted African American Latter-day Saints from young ages, such as with Chadwick's four-year old daughter. He recalled, "*My wife said that my daughter said to her…'I don't believe that Jesus and Heavenly father have a body like me because I have brown skin and they don't.'*"

Some participants felt unwelcome in their wards, leading to some choosing to leave church early during Sunday services or not attend at all ($n = 6$). Many participants ($n = 10$) felt that LDS church members did not want to talk about race, which was stressful for those impacted by the daily implications of their race. When asked what elements of African American culture are not embraced by the LDS church, participants said Black Church culture and Black hairstyles were often looked down upon. Additionally, some participants said nothing from African American culture was actually embraced by the LDS Church, leading some to distance from church members, spaces, and practices that do not accept their authentic expressions of racial identity.

Several participants ($n = 6$) spoke about the negative impact the 2016 presidential election had on their stress levels and feelings of safety at church. Lucy, on the other hand, converted to the church in 2016 and mentioned the impact of living in a racially diverse area during that time. According to her, "*It was a very different experience with the political climate [where I converted] than I'm sure it was [in Utah]…There were other black members…It was a much more diverse group of people*." Geography influenced the intersection of racial and religious experience for several participants and was often spoken of in conjunction with other topics.

Category #2: Trust in White People

The majority of participants (*n* = 14) mentioned some experience with losing trust or closeness with others, specifically White people. Some participants talked about the things that helped them to find trust in others and how they fared in relationships with reciprocated and unreciprocated trust. Thoughts about White people, especially those who are LDS, were mentioned in terms of trust and closeness by several participants. Such thoughts indicated high, moderate, and/or low levels of trust. The lack of or presence of trust appeared to have a relationship with how participants located themselves socially and psychologically in both a racial and religious sense.

High and/or moderate levels of trust. For the few participants who reported having more trust than not with White people, they talked about giving people a chance to prove themselves, trying to be more open to trust, and others putting trust in them. Loretta, a participant who has had recent struggles socially in her local congregation, shared, "*I believe we have to see others through Heavenly Father's eyes, and if you give them the opportunity and they take advantage of it, then the loss is on them. And for me, I'll kind of step back from you and love you from a distance*." This and similar responses were associated with more positive social and spiritual outcomes as participants interacted with other LDS church members. A few participants (*n* = 4) expressed having little to no issue with White people. Several participants expressed feeling equal to White people (*n* = 16), and one participant reported feeling superior. Some (*n* = 3) felt that there were White people who did want to solve race problems, and these participants showed evidence of more trust in White people.

Low level of trust. Low level of trust in others was explained as withdrawing from unreciprocated relationships, being cautious with relationship motives from the beginning, and/or not trusting White people. Many (n = 12) talked about their skepticism when interacting with

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White people. Participants felt that they were seen as inferior in White people's eyes. Some participants expressed frustration with White people. When asked at what point she stops engaging with others, Dee – a biracial Black participant – responded, "*Usually if it's like a nonblack person, it's usually about race where they try to…either silence me or force me to…change…or be nicer about discussing things or whatever*." Several expressed the feeling that White people do not want to talk about race, which decreased the amount of trust they placed in them.

Category #3: Cultural Location

Explaining how one locates oneself racially and religiously proved to be complex for most participants. This was due to the complex nature of the question being asked in addition to the multiple identities and contexts that inform one's experience within any given culture. As such, the responses given reflected this complexity. Participants typically spoke of their racial cultural location in terms of their distance from or closeness to both African American and White American cultures. They typically spoke of their religious cultural location as distance from or closeness to active LDS culture and their personal spirituality.

Racial. Participants' responses yielded various levels of proximity to African American culture based on geography and mindset. Generally, participants spoke of higher and/or lower levels of proximity to African American culture. Many participants ($n = 9$) spoke of being assimilated to a certain extent. Some mentioned assimilation in work or church spaces among predominantly White people to avoid negative consequences, though this did not necessarily promote positive BPSS health. Several participants ($n = 7$), regardless of current geographic location, mentioned the importance of having spaces dedicated to Black people. They cited having more of a oneness with other Black people and always feeling included racially. Some

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participants ($n = 3$) with higher proximity to Blackness spoke out against assimilation. They expressed that method did not work and was dishonest, opting instead to take a more authentic approach, wherever that led them.

A few participants ($n = 7$) mentioned feeling like they were immersed in more than one culture, yet no one fully embraced the term "integration." Some said they were "in the middle" of Black and White cultures or simply preferred more racially diverse spaces. Some participants, such as Alex, spoke of this space as experiencing different types of alignment depending on the racial composition of their circumstances.

Some participants had lower proximity to African American culture, often involuntarily. For those who were of mixed ethnicity, feelings of marginalization from both the Black and White communities were common. Some had made peace with this marginalization, while others had not. Coretta, a racially mixed lesbian, stated, "*I think if you are a marginalized person…you gain empathy for other groups that are marginalized, and so there is power in being able to come together and have these discussions and demand change*."

Religious. All participants reported a moderate to high level of alignment with gospel doctrine, which was generally associated with positive spiritual outcomes. Those who mentioned some doubt in gospel doctrine were more likely to feel some spiritual imbalance. Sugar, for example, expressed that she felt like she was "*floating*" spiritually because being spiritually grounded at church was hard sometimes.

Level of alignment with church culture also seemed to be associated with BPSS health. For the few who reported higher levels of immersion in LDS church culture, they reported that they experienced more positive social and spiritual outcomes. Fuzzy, for example, spoke of being completely immersed in the LDS experience and being overall pleased with his health.

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Most participants ($n = 15$) did not align with church culture, however, and this was associated with both positive and negative BPSS health. NavyBlue, who is currently inactive, reported feeling distanced from Utah Mormonism and aligning more with the fundamental elements of gospel doctrine.

Intersection of race and religion. Many participants ($n = 7$) said that being LDS impacted their health more than being African American, while some ($n = 5$) said that being African American impacted their health more than being LDS. Regardless of which identity had more of an impact, it seemed that there were positive and/or negative BPSS health outcomes associated with the impact. More participants ($n = 10$) reported that being African American impacted being LDS more than being LDS impacted being African American. These participants reported significant stress related to being African American, which impacted their BPSS health. Several participants felt that both their African American and LDS identities coexisted well ($n = 7$), while some felt that these identities were in conflict or in the process of balancing themselves out ($n = 9$). For those who felt they maintained their Blackness, better psychological outcomes (i.e. psychological boundaries) were reported.

Category #4: Coping

Based on the data, how participants located themselves culturally was linked to the kind of coping mechanisms they used in order to lead lives with which they were comfortable. As participants shared the resources they used to achieve some sort of balance between identities, there appeared to be resources that were utilized for protective purposes and those that emerged for nourishment purposes. Put more simply, participants used resources to survive and/or thrive.

Protective. A variety of protective coping mechanisms were utilized by participants for better BPSS health. Physical boundary-setting proved to be important to a few participants ($n =$

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5), especially in work and church settings. This seemed to serve a protective role in order to preserve psychological and spiritual health. Sugar, for example, reported feeling safer when she was able to take refuge in a space like a bathroom between church meetings in order to become more balanced emotionally and spiritually. For others, simply not going to church at times was a way to preserve emotional energy and find refuge. Emotional boundary-setting was also highlighted by some participants ($n = 8$) as a helpful way to decrease stress. According to Janet, a female participant from the Northeast, "*How you treat me is not a reflection of me. It is a reflection of you.*" To help establish these boundaries, participants also mentioned practices like self-care and seeing a mental health professional.

Coping mechanisms that were associated with reported positive and negative BPSS outcomes included combating stereotypes, reminding the self that circumstances are temporary, and acceptance of the reality of racial discrimination. All of these mechanisms seemed to be protective coping mechanisms. "*I just remind myself that it's temporary,*" Stacy, a female student at a predominantly White university, reported regarding her situation. "*I'm about to graduate and get up out of here.*"

Additionally, certain approaches to addressing racial discrimination were used as protective coping mechanisms. A few participants gave examples of responding to microaggressions in-kind. Two participants felt that being a respectable person earned respect from others, specifically White people. Several participants (n = 8) spoke of a cultural phenomenon known as "Black tax," which purports that Black people must do more than White people in order to gain some of the respect that White people gain doing the same thing. This specific tactic was related to some positive outcomes for participants, but most reported feeling stress and discouragement because Black tax does not completely overcome prejudices against

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Black people. Sugar, a talented artist from the Northeast who spent some time in the Midwest, shared, "*It didn't matter what I did in the midwestern American kind of thing. I was taken out of my little pocket of isolation and nothing overcame my skin color...Nothing.*" Both responding in-kind and being respectable appeared to play protective roles for participants.

All participants who mentioned suppressing their emotions had negative psychological outcomes, such as symptoms of anxiety and depression. Suppressing emotions was primarily described as serving a protective role. For Kaye, a less-active female living in the Midwest, this was the case. When discussing her difficulties with working and going to church in a predominantly White area, she said, "*I think it's more of a 'suppress it, don't talk about it' sort of thing.*"

Nourishing. In general, all of the social supports mentioned by participants were positive and played a nourishing role. Some of the more frequently reported social supports were the Genesis group (in Utah), other Black people, and familial support. Addy described the Genesis group as a social and spiritual resource that supported the role of Black Latter-day Saints using elements of the worship style of the Black Church, which participants said was largely missing from their traditional LDS worship. Stacy reported that she felt better when she could immerse herself in her Black world, including being around other Black people in Utah. Allene mentioned talking to her spouse and other family members mainly when confronted with struggles.

Several participants ($n = 7$) expressed the importance of truth-telling when addressing racially discriminatory behavior. This played both a protective and nourishing role. Some participants talked about the importance of responding to racial discrimination with love and understanding ($n = 9$). Responding with logic was important to many participants ($n = 11$), and they felt that they had to be mentally prepared to do so through educating themselves on Black

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history within American and LDS contexts. Addy, a young college student, tried to use both love and logic in her responses. She said, "*I try to see where they're coming from and to get them to think about it and I guess in a more logical or in a more even spiritual way*."

Being authentic when telling others the truth about African Americans was important for some participants, and this approach was associated with positive psychological outcomes. Tracy, an East Coast native, said, "*I always make sure that I'm telling the truth*." Concerning White church members, she said, "*I don't care what they say to me in my face…You don't have to have the conversation with me but have it with…hopefully somebody who's White because they need to know*." Truth-telling was associated with positive psychological outcomes for many participants, though social relationships were strained at church sometimes.

All of the gospel resources used for coping played nourishing roles and were related to positive spiritual outcomes. Some participants ($n = 5$) spoke of the influence of activities that connect them spiritually to their ancestors, such as doing genealogical research and performing sacred ordinances within LDS temples on behalf of their ancestors. Prayer and scripture study were mentioned as resources that helped to ground many participants when things got hard. Some participants ($n = 4$) mentioned the importance of the Jesus Christ's atoning sacrifice to forgive themselves and others who have wronged them. For others, their identity as children of God provided confidence that could not be taken away by the dismissal of others.

Category #5: BPSS Health

Participants' responses were filled with information about their BPSS health. Many ($n = 14$) were able to articulate precisely how their physical, psychological, social, and spiritual contexts influenced their racial and religious identities. Others required some examples or needed to tell stories from their lives to be able to find the connection between their identities

and their overall health. A table summarizing BPSS health for all participants is provided in Appendix I in connection to their racial socialization and coping mechanisms.

Healthier BPSS group. For the participants who had the healthiest BPSS outcomes ($n = 5$), they reported the highest amount of positive BPSS health conditions, such as good physical health, trust in others, and high adherence to the LDS faith. All participants in this group grew up in and/or were currently living in a racially diverse area and had a moderate to high proximity to African American culture. All of them also acknowledged the necessity to associate with dominant White culture to get resources they needed.

Many in this group mentioned the importance of LDS gospel doctrine in connection with their BPSS health. Fuzzy, an older male participant, noted, "*In a very real sense it's been really positive to my health mentally as well as physical…I'm just thinking of living the stress-free life of a Latter-day Saint…I think it's done a lot for my health.*" Being African American provided many participants with mental and spiritual strength that helps them to know they can handle any trials and tribulations that come their way. Allene, a female participant who works in academia, recalled lessons she learned from her mother regarding how to deal with White people who did not value her abilities. She stated, "*No matter what [my boss] says [and] how he tries to tear me down, I'm not going to let that White SOB break me.*" Utilizing this mental strategy served as a protective factor that allowed her to perform in her academic position, which then led to strong psychological health.

Neutral BPSS group. Participants categorized as having neutral BPSS health had roughly the same amount of positive as negative health conditions, such as good physical health but strained social relationships. All participants in this group ($n = 8$) reported negative experiences with White people during their socialization process. The majority currently lived in

predominantly White areas and practiced assimilation to a degree. All had both protective and nourishing factors that were associated with their BPSS health.

For these participants, there were mixed positive and negative outcomes with physical health. Alex, a 45-year-old male, said, "*I have to say, as I'm getting older, I'm falling into those stereotypical health issues that affect African-Americans – diabetes…high cholesterol.*" On the other hand, Dee reported being more mindful of her eating habits, and her family is committed to a diet that mirrors that of her and her husband's ancestors. She did not report any negative physical health outcomes.

Several participants in this group reported feelings of depression, stress, and anxiety. Though no one reported current suicidal ideation, a few participants mentioned feeling suicidal in the past, particularly in situations where they felt invisible and overall hopeless. Anxiety was also a common experience among study participants. Alex spoke of the anxiety he feels being Black, a man, and a Latter-day Saint, three identity experiences that he felt did not encourage the exploration and expression of feelings in order to appear psychologically strong. He noted the impact this had on him and felt his anxiety needed better management. All participants reported feeling some degree of stress being African American, and several participants spoke of the regularity of this stress. Loretta, an older female living in the South, said this stress was often felt at church and that it had the potential to increase her blood pressure.

Similarly, spiritual outcomes for many of these participants were directly related to the status of their social relationships. Many participants said they are in a space where their goal is to take what they need from the church in terms of gospel doctrine. This is true for Dee, a female participant from the Southwest, who shared, "*I know my goal when I go to church has shifted from trying to connect with those around with me to just getting from God what he's trying to…*

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what is being offered." P, a military serviceman, stated, "*Emotionally, it can be tiring because…every day I feel like I'm waking up and it's like another battle when it comes to going to church or dealing with members in my ward…*"

Less healthy BPSS group. Participants in the less healthy BPSS group shared the highest amount of negative BPSS conditions and spoke the most about them, including stress, depression, and chronic conditions. These participants all attended predominantly White LDS congregations ($n = 5$). They all experienced some form of social isolation or lack of closeness to their White peers. Some participants did not always feel accepted by White and/or Black people, and they had a hard time trusting White people. Some wanted to be able to rely on others more but were not able to. In terms of cultural location, all assimilated in work and/or church spaces for survival purposes and suppressed their thoughts and feelings in these spaces.

Physically, many of these participants expressed a lack of safety in work and/or church spaces. All participants experienced stress, depression, and/or anxiety with a few (n = 3) being diagnosed at clinical levels. Some participants felt torn between wanting to fit in at church and wanting to be more authentic to themselves. They expressed desires to be seen in their divine glory as children of God like others. Also, all participants reported some spiritual distance from the LDS Church, citing lack of connection and not finding refuge as reasons why.

Variation among Participants

While this theory helps to better understand the experience of African American Latter-day Saints, it does not mean that all experiences in the positive, neutral, and negative BPSS health groups will be roughly the same. To better understand this variation, a comparison will be made between one member in the healthier BPSS health group – Tracy – and one member in the less healthy BPSS health group – Coretta. Understanding their experiences within the context of

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the theory that emerged based on the data (including the five themes) may provide more of an understanding of how different circumstances can produce such different outcomes and likely in different ways than may be expected from the narratives described in the above results.

Tracy. One participant in the positive BPSS health group, Tracy, has lived in a racially diverse area all of her life. She was racially socialized (theme #1) to believe in the strength of Black people and believes they are more spiritually strong than their White counterparts. She believed the LDS Church was a great opportunity for Black people to receive eternal blessings. She viewed White LDS church members as "*associates*" and offered trust (theme #2) with caution. She preferred Black spaces and believed they were necessary for Black people to survive. As such, she and her family engaged in many Black-centered activities, even if they conflicted with church activities sometimes. She did not believe Black spaces needed to be totally separate from Whites, but she did not believe assimilation or integration were appropriate. Tracy was aligned with LDS church doctrine, but she did not consider herself to be aligned with the culture (theme #3). She attended a predominantly White church congregation, and she often spoke up in church when it came to social issues, including race. When she did, she approached things with love and had emotional boundaries in place to help her focus on what was important to her (theme #4). Tracy described herself as being physically and mentally healthy, with a strong testimony in LDS gospel doctrine (theme #5).

Coretta. A woman of mixed racial heritage, Coretta grew up believing her dark skin was a negative thing (theme #1). She converted to the LDS Church as a teenager, which helped her self-esteem. She had many experiences with Black Tax in order to get ahead in personal and professional endeavors. She has also experienced many microaggressions associated with being Black, female, LDS, and a lesbian. She had a hard time fitting into different spaces. Additionally,

she was a sexual abuse survivor that lived in a predominantly White area. Coretta found it hard to trust people, in general, and she acknowledged a lack of trust in White people as a group (theme #2). At church and work, she assimilated by being demure and not speaking much. She reported feeling marginalized in many spaces and worried others only saw her defects and not her strengths. She was not aligned with church culture and was fairly aligned with church doctrine (theme #3). Coretta suppressed her thoughts and feelings at times yet found the most social support in LGBTQ+ spaces. She educated others on social issues and established some boundaries to decide when to speak up (theme #4). Coretta struggled with high levels of stress, anxiety, and depression (theme #5). She described herself as being in a spiritual crisis mainly because of her sexual orientation.

Discussion

The results presented an interesting relationship between the theoretical framework (acculturation theory and the BPSS framework) and the theory that emerged, as participants spoke of cultural adaptation related to religion in addition to race. As the results show, there is still a cognizance of race as the more fixed identity, and many of the acculturation processes point to experiences related to race, though religion does inform the racial experience for African American Latter-day Saints. Connection of the results to the prior research, along with implications for theorists, African Americans, and dominant White systems will be discussed.

Connection to Prior Research

Participants' responses provided support that there is a point when two cultures meet, and this changes the course for both cultures (Berry, 2003; Hong, 2010), such as Coretta learning that having dark skin meant being of African descent was a negative thing. There was a clear racial

socialization process for participants, which guided their thoughts and actions as they moved through life as African American Latter-day Saints. Race appeared to be the more salient socialization process because it began at a younger age for many participants, which is in line with literature on racial identity development (Seaton, 2009). Religion was not necessarily a part of all participants' upbringing and being socialized as a Latter-day Saint happened at a later age for most participants, such as with Dee and Alex. This may help to explain why participants spoke more about the influence of race on their negative BPSS health than the influence of being LDS.

How participants negotiated racial and religious roles was less apparent than the recognition of cultures meeting in Berry's (2003) first acculturation process. The socialization process and identity experiences may be where these role negotiations happened for these participants, especially racially. Participants like Kaye spoke about how they learned about their "place" with White people, many from an early age, which is congruent with studies on racial identity development (Bridges, 2010; Seaton, 2009). Religiously, many spoke of the initial excitement of being a member of the LDS Church, which could be indicative of an active, positive role within the faith. It is interesting that several participants mentioned feeling differently about both their racial and religious roles with time, some of those changes happening after the 2016 presidential election. This impacted their level of trust in both White people and the LDS church as an institution. It is safe to say that the negotiation of roles for these participants is still happening as society changes, impacting both their racial and religious identities in different parts of the process simultaneously.

The concept of acculturation strategies was translated as cultural alignment and/or location for participants, as well as their coping strategies particularly with racial discrimination.

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Many participants struggled to pinpoint an exact cultural location, though there was support for all four acculturation strategies – marginalization, separation, assimilation, and integration (Berry, 2003). Many participants expressed some form of assimilation or integration, though the term "integration" was not fully embraced by any participant, which supports the disbelief in multiculturalism that some African Americans have (Purdie-Vaughns & Walton, 2011). Many participants spoke of an in-between space that was not quite separation but not quite integration, but there was not one definitive phrase to describe it. Participants' responses provided evidence for the idea of switching strategies, which they sometimes called "code-switching," in order to get needs met in either dominant or minority spaces (Tadmor, Tetlock, & Peng, 2009).

Cultural alignment in terms of religion was harder for participants to express. While some spoke of definite assimilation strategies and immersion in LDS church culture, far more spoke of the lack of alignment to LDS church culture, which could be indicative of either separation or marginalization, depending on the circumstances (Berry, 2003). This lack of alignment supports research on the distance between racial minorities and Evangelical churches with dominant White values (Smith & Emerson, 2000). The majority of participants spoke of alignment with LDS gospel doctrine, even those who were semi-active or inactive at church, and how this relates to acculturation strategies is unclear because gospel doctrine was described as separate from church culture. This distinction provides evidence that the social component of church membership is more indicative of closeness to the institutional church, and the doctrinal component is more indicative of closeness to deity and/or spiritual forces. Because the social component involves African Americans interacting with Whites, there is an inherent tension that crosses over from the secular sphere into the spiritual sphere.

How participants adapted based on their cultural alignment and coping was clearly

evidenced through their BPSS outcomes. The outcomes matched much of the literature on

African American health, particularly when it came to chronic conditions like diabetes and high

blood pressure (Centers for Disease Control and Prevention, 2016; U.S. Department of Health

and Human Services, 2016). They also mentioned the stress particularly associated with being

African American, which could be understood as acculturative stress (Berry, 2003).

Additionally, there was much support for the lack of trust that African Americans have in White

people and predominantly White institutions, which is well-documented in literature (Pew

Research Center, 2016). This may lead to the depression and anxiety that many participants

experienced, which is also documented as being prevalent for African Americans (Burnham &

Lomax, 2007). The deep connection to religion also matched previous literature on the

importance of religion in African American life (Pinn, 2003; Raboteau, 2001).

Implications

The results of this study support the BPSS framework, with many participants explaining

how their racial and religious identities impact each other (Engel, 1977; Wright, Watson, & Bell,

1996). The results also show a clear connection to acculturation theory, as well (Berry, 2003),

and there is similarity between the Berry's acculturation model and the conceptual model (Figure

2) that emerged from the data in this study. As theorists continue developing acculturation theory

and the BPSS framework for different populations, there are some considerations to be made

based on this study. First, there must be consideration of the variation within acculturation

strategies as many participants seemed to be practicing similar strategies but to different degrees.

Second, consideration must be made of how acculturation strategies lead to different BPSS

health outcomes, particularly noting that integration is not necessarily the best route to produce

positive BPSS health. Third, theorists must consider the intersection of identities, such as racial and religious identities, to create a more dynamic model of acculturation. Similar ideas of how to address race and religion based on the results can be applied to African Americans specifically.

The results of this study point out some important implications for African Americans as they continue to navigate predominantly White systems, such as religion. First, they must consider more thoughtfully how their racial and religious identities coexist. Second, they may explore cultural locations – both racial and religious – separately and collectively to get a better idea of how they are coping and experiencing their BPSS health. Third, they may recognize and/or develop both protective and nourishing coping mechanisms to experience more positive BPSS health outcomes. While it is important for African Americans to find ways to better manage their minority status both racially and religiously, it is imperative for dominant White systems to do their part in decreasing negative BPSS symptoms for this population.

The experiences of the participants point to some concrete implications for dominant White systems, such as religion, healthcare, and government. In general, there needs to be more education about African Americans to promote narratives of diversity within the African American experience. Additionally, larger systems need frequent exposure to African American people and culture to then critically think about racial identity, bias, and equity. Larger systems should also consider increasing Black representation in their spaces by appointing more Black leaders and accepting Black culture and ideas into these spaces, which would create a more inclusive culture overall.

Limitations and Future Directions

As a result of this study, there are several ways researchers can expand research on African American Latter-day Saints. First, because this study was qualitative, there was a small

sample size to gather richer data. Future research should explore African American Latter-day Saints quantitatively, particularly in relation to health outcomes, to see how they compare to data of other Latter-day Saints and African Americans. Second, the current study focused on adults. Future research should look at the racial and religious experiences of African American Latter-day Saint children and adolescents, especially to understand their socialization processes and how those may influence BPSS health. Third, researchers must consider how intersectionality could be incorporated into acculturation theory to create a more multidimensional model of cultural identity. The current model is limited to considering how an individual adapts to the dominant culture based on one identity. While this is helpful, it limits the application for those who are simultaneously trying to adapt to multiple social locations. Finally, the current study had a small number of male participants and those who converted to the LDS Church before the priesthood and temple ban were lifted. Future studies should work more with these populations to compare and contrast with this study.

Conclusion

For the African American Latter-day Saints in this study, their experiences lead to similar BPSS outcomes as other African Americans in predominantly White spaces, such as chronic conditions, acculturative stress, anxiety, depression, and deep spirituality. Their dedication to the faith as well as the lack of trust found in many church spaces, informed by their racial experience, highlights the importance of acknowledging how race informs the religious experience of African American Latter-day Saints. Acculturation theory and the BPSS framework provided some insight into what is to be expected for this group, though there were unique cultural processes this population went through when navigating both racial and religious

cultures. Clinicians and researchers may learn valuable lessons from the current study's

participants as they explore more effective ways to serve this population.

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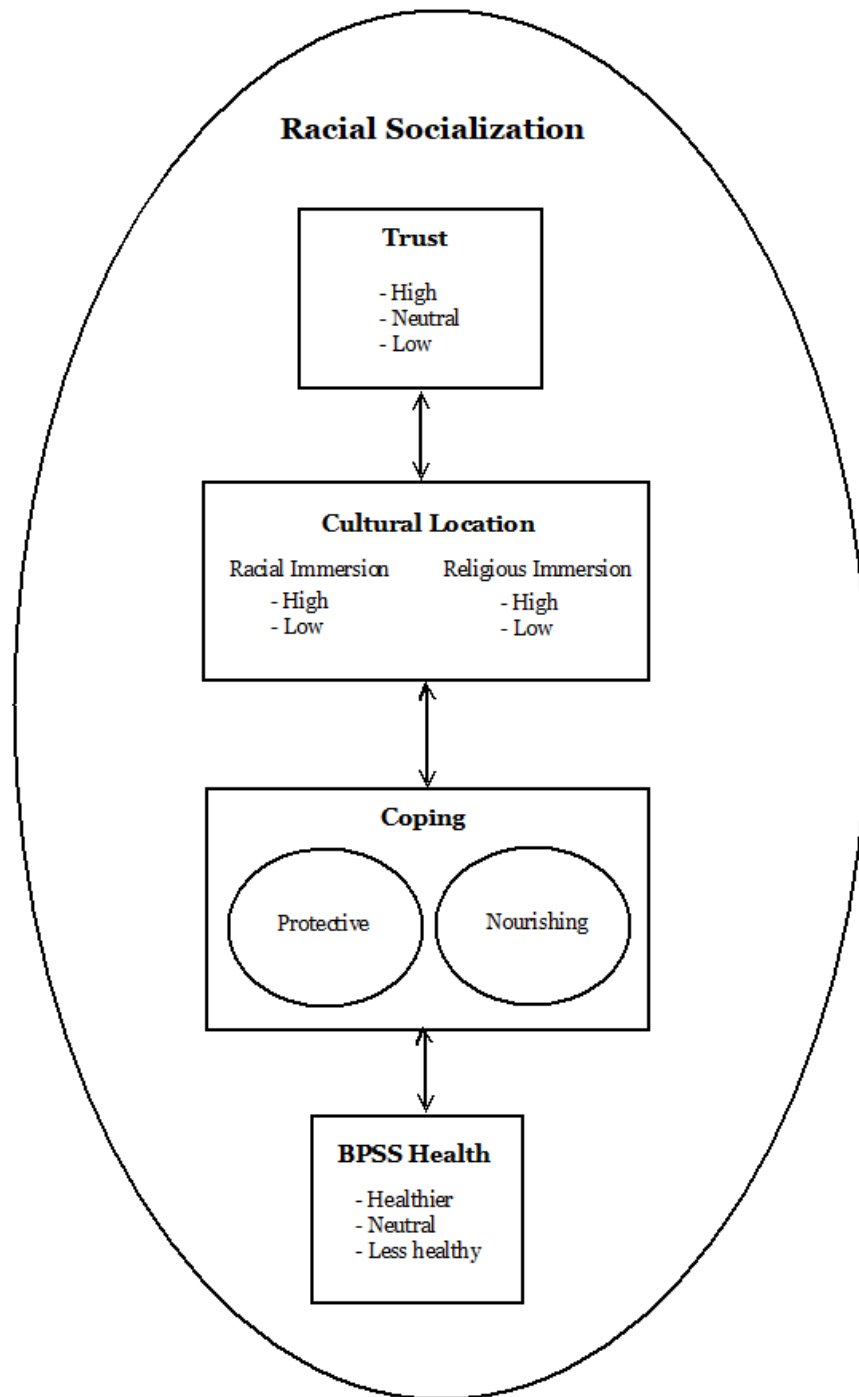
Figure 1. Theoretical model of the acculturation process for African American Latter-day Saints.

CHAPTER 6: DISCUSSION

My interest in this study came from my experiences as an African American Latter-day Saint over the years. I have read books, attended academic conferences, and participated in many conversations on the subject. The recurring theme I found was that there were unique challenges African American Latter-day Saints faced that put their health at risk. Growing up and through the research I witnessed: (a) physically, there seemed to be a risk for chronic conditions, such as hypertension, (b) psychologically, I saw many anxious and depressive symptoms, (c) socially, I saw strained relationships and fear of isolation with both Black and White people, and (d) spiritually, I watched friends and acquaintances drift from the religion that was supposed to bring all of the children of God together.

When I looked at all of these challenges, it made sense that the biopsychosocial-spiritual framework (Engel, 1977; Wright, Watson, & Bell, 1996) could be applied to African American Latter-day Saints. I saw in this framework a way to look at the interconnectedness of different components and the collective impact on overall health. Additionally, I recognized that African American LDS experiences mirrored larger American society when it came to racial issues (Reeve, 2015). For African Americans in the United States, living with the reality of racial tension is often difficult to manage (American Psychological Association & Task Force on Resilience and Strength in Black Children and Adolescents, 2008). For African Americans in predominantly White spaces, this can be even more difficult because of the pressure to conform to White cultural values and beliefs (Negga, Applewhite, & Livingston, 2007).

This dissertation was constructed to explore the strengths and tensions associated with being African American and a Latter-day Saint. Chapter one of the dissertation focused on

African American experiences, LDS experiences, and the African American LDS experience to show where there are similarities in racial history between the LDS Church and the US.

Chapter two looked more specifically at the LDS experience in connection to BPSS health in an attempt to link some of members' current health outcomes with historical oppression. The review of literature revealed that though religion is one of the areas in which African Americans typically find refuge, this may not be the case for African Americans who choose to worship in predominantly White faiths (Edwards, 2008; Smith & Emerson, 2000). Unfortunately, there is not a lot of information available on African Americans who worship in predominantly White spaces.

From a review of the past literature, the need for a conceptual model became clear. This research and model are reflected in chapter three. In researching the African American experience in the US and the LDS Church, words like "assimilation" and "marginalization," emerged, which sounded a lot like the constructs used in acculturation theory (Berry, 2003). As I looked more into this theory, I found that Berry's version with its acculturation strategies fit what was happening with African American Latter-day Saints most. I was able to add the BPSS framework as an overarching component that influences all aspects of the acculturation process to create what became my theoretical framework in chapter three. Using acculturation theory and the BPSS framework, I created a conceptual that links past experiences of racial oppression to the present experiences for African Americans, including current BPSS health. While this may be helpful conceptually, this model must be fine-tuned through comparison with African Americans in different contexts, such as those in predominantly White environments.

The review of literature revealed that though religion is one of the areas in which African Americans typically find refuge, this may not be the case for African Americans who choose to

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worship in predominantly White faiths (Edwards, 2008; Smith & Emerson, 2000). Unfortunately, there is not a lot of information available on African Americans who worship in predominantly White spaces.

Through this study, I sought to understand the racial and religious experiences of African American Latter-day Saints and understand how those related to their biopsychosocial-spiritual (BPSS) health. Using constructivist grounded theory (Charmaz, 2006), these questions were answered, and a theory was created to organize the themes found in the responses. Chapter five highlights the main theory constructed based on participant data and provides insight into how racial minorities navigate being part of a religious minority in the United States and how that may impact their health.

The current chapter includes a more detailed look at the discussion portion of this study. First, a review of the models used in this dissertation will be provided and how they are related. Next, general findings and connections to previous literature will be provided. Implications related to acculturation theory and the BPSS framework, clinicians, and the LDS community will follow. Limitations and future directions for research will then be provided, and then I will leave my final thoughts on this study.

Models

Throughout this dissertation, both acculturation theory and the BPSS framework have played an integral part in how arguments were shaped and information was analyzed to draw tentative conclusions. In chapter three, acculturation theory and the BPSS framework were combined to create a conceptual model (see Figure 1 of chapter 3) for minority populations that could be applied to African Americans specifically. In chapter five, a theoretical model (see Figure 1 of chapter 5) of the acculturation process for African American Latter-day Saints

emerged based on data from the qualitative sample, and this model was compared to the conceptual model to see if there would be patterns that matched up with acculturation theory ad the BPSS framework. There are similarities and differences in the models, which lead to discussion points that will be provided after a more thorough explanation of both models.

Model #1: Acculturation Theory and the BPSS Framework

The conceptual model (Figure 1) describes Berry's (2003) acculturation process utilizing the BPSS framework as an overarching component. This highlights the idea that in all processes health is being impacted and is actively impacting other parts of the acculturation process. There are four main acculturation processes. First, two cultures come into contact (e.g. Europeans coming in contact with Africans generations ago). Second, as a result of this contact, roles are negotiated between the cultures, where one becomes dominant and the other becomes the minority (e.g. Trans-Atlantic Slave Trade). Third, both the dominant and minority groups practice acculturation strategies to manage these negotiated roles (e.g. Jim Crow laws enacted by the dominant White group and the institution of historically Black colleges/universities by the minority African American group). Finally, both groups adapt based on their strategy (Berry, 2006). This adaptation can be positive and/or negative and are often seen through BPSS health (e.g. stress for the minority African American group).

Model #2: Acculturation Process for African American Latter-day Saints

The experiences of the participants gave voice to many African American Latter-day Saints who are similarly considering how they balance both racial and religious identities within a predominantly White church within a US context. Results showed reconciliation of religion and race leads to positive and/or negative BPSS health. Figure 1 of chapter 5 illustrates the resulting theory in detail. The central theme was racial socialization, defined as formative and

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current experiences with race. Racial socialization heavily influenced the remaining themes, and all of the themes had a reciprocal relationship with each other. The sequence of events that seemed to be consistent throughout all interviews was: (1) trust in White people (defined as closeness and/or dependence) influenced cultural location, (2) cultural location (defined as closeness to or distance from specific cultures) influenced coping, and (3) coping (defined as resources used to manage one's circumstances) influenced BPSS health. This model presents some similarities to and differences with the first model, showing that while acculturation theory and the BPSS framework have seem to have some central components, these components look different for certain populations based on context and lived experience.

Findings and Connection to Previous Literature

A large amount of rich data was collected and analyzed from this sample. A table of information from each participant connecting items from the second conceptual model to BPSS health is provided as Appendix I. In general, the acculturation model for African American Latter-day Saints is both similar to and different from the acculturation and BPSS model applied to African Americans. Both include versions of the four parts of Berry's (2003) acculturation process, but the major difference lies in which theme is central and impacts the rest of the process. For the first model, BPSS health is the central theme, and for the second model, racial socialization is the central theme. Through the findings, connections can be made to previous literature and then implications for acculturation theory can be offered. The themes that emerged from the study (and explained in chapter 5) will be connected to the major categories of Berry's (2003) acculturation theory and the BPSS framework explained in chapter 3 (Engel, 1977: Wright, Watson, & Bell, 1996) to highlight the similarities and differences between Figure 1 of chapter 3 and Figure 1 of chapter 5.

Theme #1: Racial Socialization

Many patterns emerged from the data for African American Latter-day Saints that were in line with acculturation theory and previous literature. Participants, such as Kaye, spoke of formative and present experiences with White people, which was evidence of the first acculturation process when two cultures meet (Berry, 2003). In the second conceptual model, this was known as racial socialization. Through these experiences with White people, participants learned about their relationship to White people (e.g. African Americans being seen as inferior to White people) and formed opinions about this relationship (Seaton, 2009). According to acculturation theory, there are several ways the second acculturation process, where each culture negotiates their roles, can play out (Berry, 1991). In the second conceptual model, this was part of the racial socialization process (Saleem & Lambert, 2016).

Theme #2: Trust in White People

The second theme, trust in White people, seemed to align with the negotiation of roles outlined in Berry's (2003) acculturation process. Participants like Dee spoke often of their lack of trust in White people, in particular, which echoes the feelings of many African Americans when it comes to achieving racial equity (Pew Research Center, 2016). As the results highlight, many participants felt empowered by the stories of other Black Latter-day Saints yet were discouraged by the lack of awareness of these stories from other church members, particularly White church members. Chadwick spoke of the importance of having a Black bishop when he joined the church. He said it was life-changing for him because it gave him the confidence that he could be a leader in the future (Phillips, Branch, Brady, & Simpson, 2018). Others expressed similar feelings if they saw Black leaders, while those who did not have such experiences expressed disappointment that they did not see themselves in leadership. Addy lamented that she

does not believe she will ever see an African American apostle, one of the twelve men called to be special witnesses of Christ under the direction of the prophet.

Theme #3: Cultural Locations

In the third acculturation process, there was evidence of all four acculturation processes – marginalization, separation, assimilation, and integration – to manage being in a subordinate position to the dominant culture (Berry, 2003). In the theoretical model, this was referred to as cultural location. Racially, Stacy felt more culturally located with Black people primarily, and she demonstrated this in her coping by spending the majority of her time surrounded by Black people and culture when outside of school settings (Glenn & Johnson, 2012). Participants like Coretta spoke of feeling marginalized and even mentioned some of the benefits of being in that position (Kunst & Sam, 2013). Tracy spoke of the importance of having separate Black spaces (Glenn & Johnson, 2012), which led to positive BPSS outcomes for her and her family. Sugar and Chadwick reported assimilating in some predominantly White environments, like work and church, to comply with what they felt was expected in those spaces (Pina & Canty-Swapp, 1999). Coretta also practiced assimilation to a certain degree, and she reported that this led to high amounts of stress, anxiety, and depression. Some participants, like Lucy, spoke of something similar to integration but did not embrace that term (Purdie-Vaughns & Walton, 2011). In fact, participants like Tracy advocated against both integration and assimilation. There was ample evidence of participants switching strategies to fit their context and using them to varying degrees (Benet-Martínez, Leu, Lee, & Morris, 2002; Cheng, Lee, & Benet-Martínez, 2006).

Religious cultural location seemed to relate to closeness to or distance from active church culture and personal spirituality. Definitions of church doctrine and church culture were brought

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up by several participants. Dee, for example, saw church doctrine as coming from God, while church culture was seen as coming from man. Alex went a bit further to say that church doctrine came from the scriptures (including general church messages from general church leaders) and church handbook, while the culture was everything outside of those two resources. The majority of participants rejected church culture while embracing church doctrine. P and Q, for example, had a hard time identifying elements of Black culture that were acceptable by LDS cultural standards, which they found to be discouraging and maintained the distance from active church culture.

Theme #4: Coping

Coping was also connected to the third acculturation process of acculturation strategies. Coping in the second model refers more to how participants managed their cultural locations. There appeared to be both protective and nourishing coping mechanisms that participants used to manage their cultural locations. Protective coping mechanisms include challenging racial discrimination and setting boundaries, as participants shared (Edlynn, Gaylord-Harden, Richards, & Miller, 2008). Dee found ways to set boundaries on when she would speak up in places like church, which depended on her energy levels, who she was talking to, and what they were saying, among other things. Nourishing coping mechanisms include being authentic to oneself and social support from other African Americans (Daly, Jennings, Beckett, & Leashore, 1995; Hudson et al., 2016). For example, CiCi found a lot of comfort in church rituals, such as praying and going to church. She relied on that more than medication because of her belief in God to heal her.

For many participants, their religious and racial identities were not mutually exclusive (Crenshaw, 1989). Often, when asked questions about their racial experiences specifically, many

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included experiences about being African American in LDS spaces since they encountered a fair amount of racial discrimination in those spaces (Embry, 1994). For example, in one of his interviews, Alex was asked about the balance of his racial and religious identities and how that impacted his health. He responded that being African American, male, and LDS sent the message to him that he was not allowed to express his emotions openly because emotional sharing was not valued in any of these three groups. Each identity put a high emphasis on appearing strong in the face of adversity and to not appear weak.

At the intersection of racial and religious identity, at times one identity was more salient in how participants decided how to cope with circumstances. For example, Fuzzy put more emphasis on his religious identity and said he was immersed in the doctrine and culture of the LDS Church. Having a more salient religious identity was connected to how he coped – primarily leaning on his interpretation of LDS doctrine – and his subsequent positive BPSS health. On the other hand, P felt his race was the more important identity and was more immersed in African American culture rather than LDS church culture as a result. Additionally, when asked questions about religious experiences, many participants felt they had to consciously disconnect their racial experience from their religious experience to find things that were positive, which may indicate a natural tendency to look at both identities in tandem rather than separately.

Theme #5: BPSS Health

The fourth acculturation process, adaptation, was seen primarily through BPSS health and was referred to as such in the second conceptual model. Loretta spoke of high blood pressure, which is in line with literature on chronic conditions for African Americans (Centers for Disease Control and Prevention, 2016). Alex, Janet, and Allene reported living with diabetes

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(U.S. Department of Health and Human Services, 2016). Most participants spoke of the stress they feel living daily as African Americans. Several participants spoke of depression and anxiety, often living with both conditions (Burnham & Lomax, 2007). Participants like P reported strained relationships with White LDS church members (Pew Research Center, 2016). Several participants mentioned feeling spiritual strength from being African American Latter-day Saints, while some also expressed feeling some spiritual distance from LDS church culture (Embry, 1994).

Implications for Acculturation Theory and the BPSS Framework

As theorists continue developing acculturation theory for different populations, there are some considerations to be made based on this study. First, there must be consideration of the variation within acculturation strategies as many participants seemed to be practicing similar strategies but to different degrees. Based on the results, there seem to be additional spaces that exist in between and outside of the four acculturation strategies used by Berry that take multiple factors into account. These factors may be things such as depth of relationships with others in the space, the racial composition of the space, state of current BPSS health, and other social locations.

Second, consideration must be made of how acculturation strategies lead to different BPSS health outcomes, particularly noting that integration is not necessarily the best route to produce positive BPSS health. Tracy and Coretta, for example, experienced very different outcomes by practicing forms of separation and assimilation, respectively. However, as mentioned previously, very few members from minority groups really trust that the dominant culture will do the work necessary to develop multicultural spaces, thus forcing minority groups to respond accordingly. While many purport that integration is the best strategy, the reality often

falls short of the ideal. As a result, minority groups often experience high levels of acculturative stress (Berry, 2006; Cheng, Lee, & Benet-Martinez, 2006; Hong, 2010; Nguyen & Benet-Martínez, 2013).

Third, theorists must consider the intersection of identities, such as racial and religious identities, to create a more dynamic model of acculturation. This falls in line with the concept of intersectionality, a theory that looks at the intersection of social locations and how they impact power and oppression within and between groups (Crenshaw, 1989). Currently, acculturation theory does not really address intersectionality. Some versions address contextual factors that inform the acculturation process, but they do not account for more than one culture being negotiated in the acculturation process itself (Phillimore, 2007; Stuart & Ward, 2011). Similar ideas of how to address race and religion based on the results can be applied in the mental health field.

Implications for Medical Family Therapy

From the data, there are some important lessons learned about how to work with African American Latter-day Saints and African Americans spending time in predominantly White spaces. Few participants reported the utilization of mental health services, and some felt that such services were not desirable in comparison to the spiritual resources they had learned to lean on (Boyd-Franklin, 2003; Davey & Watson, 2008). Trust in White people/institutions, racial and religious cultural locations, coping mechanisms all influence BPSS health positively and/or negatively, as the results indicate. Also, because identity is constructed of many complex components, medical family therapists (MedFTs) must be aware of how to help them navigate these identities and which ones are playing more salient roles in different circumstances (Davey & Watson, 2008).

The results of this study point out some important implications for MedFTs. First, they must practice cultural humility to better provide therapy for African American Latter-day Saints and other African Americans in predominantly White spaces. This is important in order to attempt to rebuild trust between African Americans and institutions that have historically been created for and run by White people. Cultural humility is similar to cultural competence, which is understood as knowledge and skills to better meet the needs of people from various cultural backgrounds (Tervalon & Murray-Garcia, 1998). The difference between competency, which focuses heavily on increasing skills and knowledge, and humility is the central focus on reflexivity (Mock, 2008). Once MedFTs regularly practice cultural humility, they may notice a difference in how they approach therapy with people from marginalized communities, such as African American Latter-day Saints.

Second, MedFTs must become proficient in addressing the intersection of race and faith in practice and research. Inquiry into how race and religion impact clients may reveal a lot about how clients negotiate group membership and cope with the consequences. Doing so may help clarify how racial and religious identities coexist and how they contribute to experiences with power and oppression. MedFTs may ask clients questions about their experiences with race and religion growing up to understand how they learned about these identities over the years. MedFTs may also ask about experiences that focus on race and religion separately and collectively to understand what is unique about each part of their identity and where the similarities are across identities. To go a step further, MedFTs may ask how these identities influence clients' BPSS health, which would help to tie experiences to positive or negative health.

Third, MedFTs must explore cultural locations separately and collectively to get a better idea of how clients are coping and experiencing their BPSS health. Because of the racial and religious socialization processes that religious African Americans go through, clinicians must pay attention to how clients currently locate themselves in these realms. Clients may find that one identity is more salient than the other and, therefore, more immersed in the culture surrounding that identity. There are a variety of ways having balanced or unbalanced identities can lead to positive and/or negative BPSS health. The idea is for MedFTs to recognize how clients' current balance of identities – the intersection – in their cultural location is impacting their coping, which then impacts their BPSS health.

Fourth, MedFTs should promote both protective and nourishing coping mechanisms for clients to experience more positive BPSS health outcomes. While MedFTs can help to heal many psychosocial symptoms directly, similar ideas can be applied to the LDS community to help heal spiritual wounds felt by many African American Latter-day Saints. Being able to use these protective mechanisms may help one to feel like they are addressing unacceptable behavior without having to retraumatize oneself while explaining how racial discrimination has impacted one's life. Having nourishing coping mechanisms may directly address the health needs of oneself because it focuses on internal processes rather than external foci. If clients express dissatisfaction with their health outcomes, MedFTs are in an opportune position to help them discover new coping mechanisms and/or modify the utilization of those they currently use.

Implications for the LDS Community

As more conversations happen concerning the past and present experiences of African American Latter-day Saints, the LDS Church has the opportunity to create better relationships with the African American community within and outside of its church spaces. Because the

church functions with a hierarchical priesthood structure, there are several organized bodies of leadership that move from bishops – who oversee local congregations – to the prophet – who oversees general church membership (LDS Church, n.d.). Current recommendations are provided for both local congregations and general membership, considering that these recommendations will vary based on the level of influence a leader might have to enforce these systemic recommendations.

Local Level

Latter-day Saints should talk more openly about Black Latter-say Saints, including the history of African American members as it relates to race. With the increasing amount of resources available to the public (Embry, 1994; Graham-Russell, 2016; Harwell, 2004; McGriggs, 2017; Myers & Martinez, 2015; Stack, 2016; Vranes & Smith, 2014), there is ample opportunity for Latter-day Saints to become educated about the past and present experiences of Black members of the LDS Church. Latter-day Saints are encouraged to review these resources, apply the knowledge gained, and teach others about Black LDS experiences in ways appropriate for religious and secular spaces. As White and other non-Black Latter-day Saints learn about Black Latter-day Saint stories and tell them, Black Latter-day Saints may feel fewer symptoms of stress, anxiety, and depression as they may feel less of an obligation to educate others and defend their experiences to those who do not believe their experiences are real or valid.

While education is important, it is not enough by itself to disrupt negative messages received about African Americans. For all Latter-day Saints, physical and psychological exposure to African American people and culture is necessary to promote positive socialization experiences (Martin, Katz-Buonincontro, & Livert, 2015). This is important for African Americans and non-African Americans alike (Martin, Katz-Buonincontro, & Livert, 2015). It is

worth noting that non-Black people receiving exposure to Black people should not be seen as an object lesson. Going to a Black Church or a Black event is not necessarily enough to understand the Black experience. Frequent contact and an openness to be influenced are key to the socialization process if one wants to become more emotionally and culturally intelligent (Crowne, 2013).

General Level

To see the kind of racial unity that the LDS Church seeks, church leaders must become more proactive in addressing racial discrimination. To have more effective outreach to the African American community, church leaders must seek to talk about race in an American and uniquely LDS context in order to help heal the wounds of racism. Instead of becoming defensive of church leaders and members who have said and done racially insensitive things, church leaders can take accountability for mistakes made that impacted African Americans, speak to the hurt that such words and actions caused, and seek to repair relationships with the African American community. Doing so may create a shift in dominant White LDS church culture that creates physical, psychological, social, and spiritual space for Black/African American culture, which would look more like full integration. Taking these actions may help increase the level of trust African Americans have in a space that is seen as a White space, such as the LDS Church.

There are a couple of ways to proactively address racial discrimination in the LDS Church. The first would be by understanding and accepting differences in culture that do not necessarily conflict with official doctrine of the LDS Church. It may help African Americans to feel less distance from White church members if they feel their culture was accepted at church. Another way to address racial discrimination would be by training and appointing Black leaders. As the appointment of church leaders comes from other church leaders as inspired by the Lord,

the conscious consideration of more Black people for leadership positions is recommended as a way to make sure there is a higher chance that more will be appointed to such positions. Another way to increase Black representation in the LDS Church would be to increase Black representation of Black culture in local church buildings, temples, and media. For African Americans who would like to feel more at home in church spaces, the inclusion of music familiar to African Americans – which are also known in many faiths because some are accepted as general Christian hymns – may help them feel accepted and at home in LDS spaces.

Limitations and Future Directions

This study has a few notable limitations to consider. First, the final sample did not include a lot of men, though efforts were made to recruit more. Having more men could have been helpful since men hold priesthood offices in the LDS Church, giving them authority that women do not currently have. Additionally, there was only one person in the sample who was a member of the LDS Church before the priesthood and temple restrictions were lifted. Having more people from this group could have added insight into the process of belonging to a church during a time when overt racial discrimination was practiced in policy. The majority of participants were active or less-active Latter-day Saints, and perspective from those who were not as active could have provided more information about what factors led to the eventual separation between activity and inactivity in the LDS Church.

From the current study, researchers can learn much and add more to the literature on African Americans in predominantly White churches, such as the LDS Church. This study is qualitative, which allowed for the depth of the African American LDS experience to be explored. Other studies must be done on the experiences of Black Latter-day Saints from other parts of the world to see how their experiences compare with African American Latter-day Saints. Given that

the LDS church is a worldwide church, with millions of members in a variety of countries, including all black wards in different countries across the African continent, it would be important to see if any of these experiences are encountered in these congregations. In some ways the local (or daily) interactions may be different since many of these members would be worshipping in spaces that are predominantly, if not exclusively, Black. However, they are still part of the larger organization which has experienced the same racial oppression that resulted in the priesthood and temple ban. As a result, they may experience a similar tension when they consider the church more globally. For example, while many local leaders are African (or Black) they may see that many of the senior leadership of the church is not. Therefore, future research should explore their experiences and see what similarities and difference emerge.

Additionally, future studies should consider looking at the ways White church members experience the acculturation process and how it is connected to their BPSS health. Interviewing White members of the church (or members of the dominant group) could be beneficial to get a more systemic picture of how acculturation impacts both the dominant and minority cultures.

While exploring the depth of experiences through qualitative methodologies was necessary for this study, the generalizability of these results is limited to a small group of participants. While this study highlighted some tentative hypotheses about the experience of African American Latter-day Saints, future studies should use quantitative methods to gather information from a larger sample thus increasing generalizability. Doing so made provide more evidence for how African American Latter-day Saints balance their racial and religious identities in different ways. Specifically, this may allow researchers to explore specific acculturation strategies employed by African American members and compare what characteristics determine if specific strategies result in positive versus negative BPSS outcomes. Additionally, researchers

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should consider doing longitudinal or cross-sectional studies that include African American LDS children and youth in the sample. This would help to better track socialization processes occurring from racial and religious perspectives when these identities are still in their formative periods. Connecting these racial and religious socialization processes over time connected to health status would provide meaningful insight into how youth can better be prepared to recognize and challenge racist messages they may encounter in predominantly White spaces.

Additionally, the current study utilized an initial version of acculturation theory that was largely unidimensional and did not naturally account for more than one identity experience when culture is involved. Therefore, it is imperative to utilize more dynamic models of acculturation to include the intersection of identities when considering the acculturation process as a whole. Doing so may help to create more insight into how the intersection of identities contributes to experiences with power and oppression for African American Latter-day Saints and other African Americans in predominantly White spaces.

Conclusion

While African American Latter-day Saints have been present from the beginnings of The Church of Jesus Christ of Latter-day Saints, their contributions to the church have only recently received more scholarly attention (Embry, 1994; Graham-Russell, 2016; Harwell, 2004; McGriggs, 2017; Myers & Martinez, 2015; Stack, 2016; Vranes & Smith, 2014). As more is revealed about African American LDS history, little evidence is available concerning contemporary experiences for this population related to their BPSS health. Additionally, there were no studies using theory to connect the identity experiences of African American Latter-day Saints to their BPSS health.

The current study addressed this gap in the literature by using acculturation theory and the BPSS framework to understand more deeply how African American Latter-day Saints reconcile their racial and religious identities and how that reconciliation impacts their BPSS health. This was done using constructivist grounded theory, where experiences were analyzed, coded, and then organized into a working theory that captured the main ideas found throughout all interviews conducted. Results showed racial socialization was the central category, with trust, cultural location, coping, and BPSS health as other categories. Using this working theory in clinical, religious, and research spaces may help to improve the health of African American Latter-day Saints and other African Americans in predominantly White spaces.

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EAST CAROLINA UNIVERSITY
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600 Moye Boulevard · Greenville, NC 27834
Office 252-744-2914 · Fax 252-744-2284 · www.ecu.edu/ORIC/irb

Notification of Initial Approval: Expedited

From: Social/Behavioral IRB
To: Eunicia Jones
CC: Andrew Brimhall
Date: 10/8/2018
Re: UMCIRB 18-001685
Racial and Religious Reconciliation: A Grounded Theory Study on African American Mormons

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) is for the period of 10/8/2018 to 10/7/2019. The research study is eligible for review under expedited category #6, 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Name	Description
Dissertation Proposal	Study Protocol or Grant Application
Informed Consent 9.14	Consent Forms
Initial Interview Guide	Interview/Focus Group Scripts/Questions
Recruitment Scripts	Recruitment Documents/Scripts
Surveys and Assessments	Surveys and Questionnaires

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

Informed Consent to Participate in Research

Information to consider before taking part in research that has no more than minimal risk.

Title of Research Study: Racial and Religious Reconciliation: A Grounded Theory Study on African American Mormons

Principal Investigator: Eunicia Jones

Institution, Department or Division: Human Development and Family Sciences

Address: 610 E. 10th St., Greenville, NC 27858

Telephone #: (801) 903-7249

Researchers at East Carolina University (ECU) study issues related to society, health problems, environmental problems, behavior problems and the human condition. To do this, we need the help of volunteers who are willing to take part in research.

Why am I being invited to take part in this research?
The purpose of this research is to understand the experience of African American Mormons and their health outcomes. You are being invited to take part in this research because you have identified yourself as being both an African American adult and a member of The Church of Jesus Christ of Latter-day Saints (LDS or Mormon). The decision to take part in this research is yours to make. By doing this research, we hope to learn which connections between variables are influencing their experience and whether they are helpful or harmful according to African American Mormons.

If you volunteer to take part in this research, you will be one of about 20 people to do so.

Are there reasons I should not take part in this research?
You should not take part in this research if you: (1) are not African American (a person of African descent whose family is descended from Africans brought over to the United States during the Trans-Atlantic slave trade), (2) live outside of the United States, (3) are under 18 years of age, or (4) do not identify as a member of The Church of Jesus Christ of Latter-day Saints (LDS or Mormon).

What other choices do I have if I do not take part in this research?

You can choose not to participate.

Where is the research going to take place and how long will it last?

The research will be conducted online via email and video calls using either WebEx or VSee, which have end-to-end encryption for privacy. You will need to be available to interview via one of these video calling platforms two times during the research study. The total amount of time you will be asked to volunteer for this research study is approximately 1-3 hours over the next 30-45 days.

What will I be asked to do?

You will be asked to do the following: Once you have emailed the principal investigator (PI) expressing interest in the study, she will send an email asking for the following information: age, race/ethnicity, gender, year of conversion, location, and activity level (active, less-active, inactive). After providing the PI with this information, she will review it. If the PI has contacted you about being selected to be in the research study via email, you will coordinate with her regarding a time to have a first interview as soon as possible (generally within 2-10 days). You will receive information on how to use WebEx and VSee and tell the PI which platform you would prefer to use. On the day of the first interview, you will receive an invitation from the PI to join her in a video call a few minutes before the interview is scheduled to start in order to test audio and visual equipment. From here, the interview will start and the video and audio will be recorded. The PI will review your demographic information (age, state, gender, year of conversion, level of religious activity) to confirm that it is correct. She will then review the information on this informed consent document and ask if you still consent to be studied. If you consent, she will then ask a few broad questions:

1. Given the history of Mormon persecution, what has your experience been?
2. Given the history of African American persecution, what has your experience been?
3. Given the history of African Americans in the Mormon Church, what has your experience been?
4. Is there any thought to how these experiences influence your health?

She may ask follow-up questions to understand more about your experiences and health outcomes. This initial interview should last from about thirty to ninety minutes, depending on how much you decide to share. When you have shared all you wish to share, the recording will end. The PI will then coordinate a time with you to set up a second interview. After this interview, you will receive an email with a link to a survey for a group of assessments that will

assess stress, anxiety, depression, and attachment. They will be used to ask questions during the follow-up interview the PI will have with you to better understand how your experiences as an African American Mormon may influence your health.

This second interview (which will also be recorded) will include questions about your answers on the assessments as well as questions based on what she has learned during interviews with other participants. This second interview should last no longer than an hour, depending on how much you would like to share. After this point, your participation in the research study will be finished.

All interviews – video and audio data – will be stored on a password-protected computer in a password-protected file, as well as on Box.com, an encrypted website. The only people who will have access to these files will be the PI, her faculty supervisor (Andrew Brimhall), and the transcriptionists of the interviews. All of the audio and video data will be deleted once the research study is complete, and all that will remain will be transcriptions of your interviews. The transcriptions will be kept for two years for possible subsequent studies, and then they will be deleted.

What might I experience if I take part in the research?

We don't know of any risks (the chance of harm) associated with this research. Any risks that may occur with this research are no more than what you would experience in everyday life. We don't know if you will benefit from taking part in this research study. There may not be any personal benefit to you but the information gained by doing this research may help others in the future.

Will I be paid for taking part in this research?

We will not be able to pay you for the time you volunteer while being in this research study.

Will it cost me to take part in this research?

It will not cost you any money to be part of the research.

Who will know that I took part in this research and learn personal information about me?
ECU may know that you took part in this research and may see information about you that is normally kept private.

How will you keep the information you collect about me secure? How long will you keep it?

All interviews – video and audio data – will be stored on a password-protected computer in a password-protected file, as well as on Box.com, an encrypted website. All of the audio and video data will be deleted once the research study is complete, and all that will remain will be transcriptions of your interviews. The transcriptions will be kept for two years for possible subsequent studies, and then they will be deleted, as well.

What if I decide I don't want to continue in this research?
You can stop at any time after it has already started. There will be no consequences if you stop and you will not be criticized. You will not lose any benefits that you normally receive.

Who should I contact if I have questions?
The people conducting this study will be able to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at (801) 903-7249 Monday through Friday, between 10 am and 5 pm.

If you have questions about your rights as someone taking part in research, you may call the Office of Research Integrity & Compliance (ORIC) at phone number (252) 744-2914 (days, 8:00 am-5:00 pm). If you would like to report a complaint or concern about this research study, you may call the Director of the ORIC, at (252) 744-1971.

Is there anything else I should know?

There is nothing else to disclose at this time.

I have decided I want to take part in this research. What should I do now?

The person obtaining informed consent will ask you to read the following and if you agree, you should sign this form:

- I have read (or had read to me) all of the above information.
- I have had an opportunity to ask questions about things in this research I did not understand and have received satisfactory answers.
- I know that I can stop taking part in this study at any time.
- By signing this informed consent form, I am not giving up any of my rights.
- I have been given a copy of this consent document, and it is mine to keep.

Participant's Name (PRINT)   **Signature**   **Date**

Person Obtaining Informed Consent: I have conducted the initial informed consent process. I have orally reviewed the contents of the consent document with the person who has signed above, and answered all of the person's questions about the research.

Person Obtaining Consent (PRINT)   **Signature**   **Date**

APPENDIX C: INITIAL INTERVIEW GUIDE

1. Given the history of Mormon persecution, what has your experience been?
   a. Positive experiences?
   b. Negative experiences?
2. Is there any thought to how these experiences as a Mormon influence your health?
   a. Physical health?
   b. Thoughts and feelings?
   c. Relationships?
   d. Spirituality?
3. Given the history of African American persecution, what has your experience been?
   a. Positive experiences?
   b. Negative experiences?
4. Is there any thought to how these experiences as an African American influence your health?
   a. Physical health?
   b. Thoughts and feelings?
   c. Relationships?
   d. Spirituality?
5. Given the history of African Americans in the Mormon Church, what has your experience been?
   a. Positive experiences?
   b. Negative experiences?
6. Is there any thought to how these experiences as an African American Mormon influence your health?
   a. Physical health?
   b. Thoughts and feelings?
   c. Relationships?
   d. Spirituality?

APPENDIX D: PRE-STUDY OBSERVATION EXAMPLE

Sunday School

- In the Gospel Principles class, there are 8 10 black people present, including myself, and most of them are sitting together
- A few of the black members are actively participating (speaking) during the lesson

Relief Society

- There are 4 black sisters in Relief Society
- The majority of them are sitting together on the left side of the room
- One black woman sat away from the other black people in all 3 meetings
- There were 2 black children sitting w/ a white family in Sacrament meeting
- One black child came into sacrament meeting saying she was being stared at

My reactions

- I felt protected and comforted when I saw the five black women come in and sit around me in sacrament meeting
- I felt comfortable sitting with the black people and taking up a fair amount of the room
- I wondered why one of the black women didn't sit with the rest of us, though she did come and talk to one after sacrament meeting, was she integrating?

Heavenly parents, getting rid of carnal nature can be difficult but not for him
eg. 50

believes the church is first for everyone though everyone has a place in the church, resources = mentors (seeing faithful black man gave him huge inspiration/ hope/ representation), colored man's lunch, married a white woman which can speak to feeling accepted by her & her parents from beginning, resource = father-in-law a good example of LDS man, makes it easier to be black man in church bc of their acceptance

Observations
He seems calm, he wants to think about some questions and revisit them, he is at work and some white people look to see what he's doing

My reactions
I'm happy I switched up certain questions before talking to him again, I wonder if he would say the same things if he wasn't at church/work

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JANET - INTERVIEW #1

Date: 11/4/18

Time: 3:15 - 4:30 pm

Location: our living rooms

Key points!
Has been shunned by non-LDS Christians, over the years has calmed down, opportunities to educate about being LDS, LDS = reduces stress, more clarification w/ BofM, relates to LDS persecution through DTC as black person, priesthood ban = Lord's timing, black history of church is enlightening, knowing black pioneers were patient helps her be more patient/tolerant, sees ban as withholding priesthood instead of outright denial, American history would not have permitted it, progression/change is how revelation/restoration works, God's timing, impressed w/ church's immediate reaction to Muslim ban, prophets still human & say imperfect things, church looks for diversity now — not just white Utah person, doctrine = written scriptures/documentation, many people go by human doctrine + not gospel doctrine, hearsay doctrine. AFAM = difficult, must do more to be acknowledged, assumptions/ stereotypes, skepticism/caution based on history, code-switching, high stress levels as AFAM, daily stress, geographic location impacts, living in sc very stressful w/ more racism, undue stress that doesn't need to exist, many health risks, black people quicker to go to God for help than whites, bigger deal that she's LDS than black, LDS influences AFAM more because offers eternal perspective, struggle will end, loves her enemy to lower own stress level,

"How you treat me is not a reflection of me. It's a reflection of you," had anger mgmt issues/high blood pressure before joined church, information enables and empowers you, knowledge of divine nature helps set boundaries for what you do and do not accept, grew up around fair skin in family, looks @ people on individual basis, gives everyone equal chance, husband is white, dealing w/ individuals makes being Christlike easier, you can't engage/convince someone who doesn't know what they're talking about, WofW changed a lot of health risks, Affirm & LDS = equal impact on health, diabetes, has had 3 strokes, making changes for her health, depression, application of info took her off meds, your response is your choice, humanness identifies, wasn't always that way, gospel provides more than it takes away, more white friends than black right now, doesn't "go into" white stuff bc of white friends/spouse bc they are like family, does the same thing for black friends, doesn't like to offend people, completely immersed in LDS experience,

Observations:

She sounds very confident/self-assured, there are some people in the background, the sound quality is poor and volume is low

My reactions:

I'm annoyed about the sound quality, I disagree with some of her views and have to remind myself to show that I'm engaged

Date: 11/5/18

Time: 8 - 8:30 pm

Location: Her bedroom, my living room

Key points:

Lacks confidence = stressful w/ barriers to overcome, has anxiety & sometimes takes meds, has few close friends, feeling of being new girl & always moving around = stressful, doesn't trust people much, experiences in life lead to feelings of independence, didn't grow up in emotionally expressive home, doesn't see any pieces of Affirm culture in church, culture = come as you are, we accept you, basics of how to treat others, thinks all white people believe they're superior, things come to them easier, sees self as equal to whites, being Black is fearful, scarier in these times, interaction w/ white police recently, these days the fear is worse, being Black impacts health more, Affirm & LDS balanced, felt out of place @ black churches growing up, "lost a bit of my blackness," has become more immersed in black culture over the years, comfortable w/ black people, feels normal w/ white people @ church, has to assimilate more w/ white people outside of church, feels uncomfortable when race is brought up @ church bc sees how people really feel, stereotypical comments = do they think that about me?, ignorance not malignance, resources = family/church history, integration of POC in church magazines

170

APPENDIX F: INITIAL CODING EXAMPLE

Name: Church doesn't want to talk about race

<Internals\\CiCi – Interview 1> - § 1 reference coded [0.29% Coverage]

Reference 1 – 0.29% Coverage

¶103: But a lot don't want to talk about it as well. You know not going to bring it up.

<Internals\\Coretta – Interview 1> - § 1 reference coded [1.81% Coverage]

Reference 1 – 1.81% Coverage

¶360: And the other thing is this whole concept of being color blind which really bothers me, like I always personally feel that there was nothing the matter with color, that we should be celebrated. And that everyone's diverse in their own way. And then I feel like…which is a Mormon [inaudible] and we have this concept like, okay here's the formula to be happy… and everyone must look and be this way to be happy. And then when we don't, then it's impossible to show that you can then fit into this mold, and when you cannot do that then we'll act like it doesn't exist. And to me, I find that hurtful and very painful. And I also see it like, that detracts from who I am.
¶361: INTERVIEWER: Mhmm, okay.
¶362: SPEAKER: Like its like, its like cutting away parts of who I am. Just to say like okay well, we really want to think about it [mic distortion].
¶363:
<Internals\\Loretta – Interview 1> - § 1 reference coded [1.46% Coverage]

Reference 1 – 1.46% Coverage

¶179: It's been a struggle in that to know someone was wrong about even allowing the ban to take place. And it's like it never happened. People don't want to talk about it and it's a struggle because I feel that you know as African-Americans this is something that we need to know.
¶180:
<Internals\\Loretta – Interview 2> - § 1 reference coded [0.83% Coverage]

Reference 1 – 0.83% Coverage

¶87: And to know that it happened is kind of shocking to a certain extent, it happened then, but look where we are now and all that happened in between. The lives that have been affected by what happened and people act like it didn't really happen.

<Internals\\P – Interview 2> - § 1 reference coded [7.32% Coverage]

Reference 1 – 7.32% Coverage

¶34: We don't talk about race at all. We don't talk about disparities with minorities. We don't talk about liberal views, when I say liberal views I don't mean we don't engage in talking about black lives mattering

because all lives matter. Even though we don't really see white people getting gunned down in the streets. So you know when we talk like Pioneer Day, Pioneer Day is the most uncomfortable day I think for me in church and the reason is because nobody really talks about all of the pioneers, they're not inclusive with all of the pioneers. They don't talk about the pioneers that actually built a temple to the Lord out of lava rock and coral, i.e the Polynesian people. Nobody ever talks about elder Walker being set apart to go on a mission because he was a black man. You know I think the only one that they've really touched on, which is very vaguely, in our culture in the church is Jane, and that was just when she was Emma's 'friend'. She was more than just Emma's friend. Like, she was more than just the black chick that walked with her family until her feet bled. Like, she was a pioneer, she literally crossed the planes. She went through the same trials and tribulations like the white folks. Somewhere you know it was lost. I sound hateful.

¶35:

<Internals\\Q – Interview 2> - § 1 reference coded [1.72% Coverage]

Reference 1 – 1.72% Coverage

¶30: So I could stay Because I know that I believe in the restored gospel but other How can I ask them. How Hard is it for me to bring others in the door and then they find out. And then what. I'm saying has been that it's been a real challenge for me because I try to be a fairly honest person. And what do I tell them. Do I only tell them the good stuff about the gospel. Or do I tell them the truth. And I know that I have to tell them the truth because if I don't tell the truth no one else is going to tell them. And the Internet definitely will. And your old black relative who met some racist Person from the church Will. So I think we kind of As a church we kind of skip over that as if it doesn't exist and If we don't address it it won't exist and disappear. Because we don't address it all the negative things of the church will disappear. If we write an essay then they'll read a good essay even though it's Deep deep deep in the website and somebody's got to tell you about it so you can search it and find it and read it because it's not on the front page.

Priesthood and Temple Ban

Traci - #1

The ban was a trick of the adversary and not revelation. It was cultural and racist and turned many African Americans away from the church, even though it is a great opportunity for African Americans to be members.

Alex - #1

One may not know about the ban before joining the church [Kaye, P]. It may be Black people outside of the Church who tell African American members about the ban. This may be difficult to wrestle with [Kaye], or it may be incongruent with church experiences. The ban is in the past, and so it does not impact participation in church membership today.

P – Interview #1

One may not know about the ban before joining the Church. One may learn about it while serving an LDS mission.

Q - #1

One did not learn about the ban until after joining and having non-members tell one at one's place of employment.

Allene - #2

One knew about the ban before joining. The ban is still impacting one today because the stereotypes that came as a result of the ban concerning Black people have been passed down from generation to generation.

Janet - #1

The ban and its removal is the result of God's timing. Based on how American history played out, it is not surprising that the LDS Church followed the same path. A deep look into American history and church history shows how Black people were present in the LDS Church, and the ban was not so much a restriction based on racial hatred but a withholding for the protection of the Church and Black people associated with it. Looking at the faith and patience of early Black LDS pioneers helps one to be more patient and tolerant with discriminatory beliefs now.

Stacy - #1

One found out about the ban a couple of years ago at BYU. One has been struggling with the LDS Church ever since then and feels like the church is not for Black people.

<u>Addy - #2</u>

Because of the ban, one feels that people of color in the LDS Church are not valued as much.

<u>P - #2</u>

One feels the ban has different implications for one than one's biological family, who is only Polynesian. One feels that being excluded from church activities and being seen as less than for a large period of time influences one's political views and makes one more liberal because one is concerned about discriminatory practices against minority groups. One's biological family is more conservative and not understanding of one's political beliefs because they do not have to reckon with the implications that come with being a Black person in the LDS Church.

<u>Q - #2</u>

Because of the ban, one is not received well in the temple. One believes the ban was not from God and that the Church owes Black people an apology.

<u>Stacy - #1</u>

The ban is embarrassing to one and the church. It makes one feel hurt and confused.

<u>Questions that arise</u>

1. How, if at all, do the implications of the priesthood and temple ban – and its removal – impact you today?

Interview Summary – Addy

Date: 10/30/18
Time: 7-8:15 pm ET

Question 1: What has your experience been identifying as a Latter-day Saint?
Addy's experiences have been different based on geographic location. She has had both positive and negative experiences in the various places she has lived. Currently, in Utah, she finds herself not connecting easily with Utah church culture. She feels that being LDS has impacted her health negatively in some ways, including contributing to stress and depression.

Question 2: What has your experience been identifying as an African American?
Growing up, Addy identified more closely with White American culture and did not know she had African American relatives. She found out she was African American when she was 20 as a result of some family secrets being revealed. She has embraced African American culture, but does not feel embraced by other African Americans because of her fair skin. She does not feel accepted by Whites either, once they find out she is African American.

Question 3: What has your experience been identifying as an African American member of The Church of Jesus Christ of Latter-day Saints?
Addy is proud to be an African American Latter-day Saint. She looks up to African American Mormon pioneers as great examples of faith. She has struggled with the whiteness of church culture, such as seeing few depictions of African Americans in chapel and temple art. She also does not feel she will ever see an African American in the Quorum of the 12 Apostles.

Question 4: Given the different ways people describe where they are located culturally (acculturated, marginalized, assimilated, separated, included, excluded, etc.), how would you describe your cultural location?
Addy feels like she is isolated in her racial and religious cultures. She feels like, because she does not care for church culture, she does not fit in with Utah church culture. She feels like she is aligned with the gospel of Jesus Christ, however. Racially, she feels like she is not completely embraced by White or Black people, so she feels like she is on her own. She is proud to be mixed and feels like she represents both of her racial cultures well.

APPENDIX I: BPSS HEALTH ANALYSIS ACROSS PARTICIPANTS

Table 1

Analysis Across Participants

Name	Racial Socialization	Coping	BPSS Outcomes	BPSS Health Group
Fuzzy	In the middle of Black and White cultures, seen as less than by White peers sometimes, living in diverse area, endorses Black Tax	Advocates for self, vents to others, uses gospel perspective when he doesn't trust people	**Biological** Healthy **Psychological** **GAD-7:** 0 **PHQ-9:** 2 **Social** **SAFE:** 22 **AAS:** S (14), *Av (17)*, Ax (5) Spiritual High adherence to religion	**Healthier**
Lucy	Grew up and currently living in predominantly white area, "good" Black person to Whites, converted to church in racially diverse area	Talks to friends/family, accepts that she cannot change people, confidence in divine identity	**Biological** Healthy **Psychological** **GAD-7:** 2 **PHQ-9:** 7 **Social** **SAFE:** 21 **AAS:** *S (16),* Av (14), Ax (9) **Spiritual** High adherence to religion	**Healthier**

Tracy	Living in racially diverse area, believes Black people spiritually stronger than Whites	Speaks up in church, approaches things with love, boundary-setting, leans on Black legacy	**Biological** Good health **Psychological** **GAD-7**: 4 **PHQ-9:** 0 **Social** **SAFE:** 10 **AAS:** *S (15),* Av (11), Ax (7) Spiritual High adherence to religion	**Healthier**
Q	Lives in racially diverse area, grew up in predominantly Black area, learned more about White culture when she joined the LDS Church	Speaks up at church, lives authentically to self and conforms to pressure less	**Biological** Healthy eating habits **Psychological** **GAD-7:** 5 **PHQ-9:** 0 **Social** **SAFE:** 59 **AAS:** *S (16),* Av (12), Ax (7) **Spiritual** High adherence to religion	**Healthier**
Allene	Living in predominantly White area, mother is Native American, grew up in racially mixed area	Talks to friends and family, boundary-setting, challenges racial discrimination, leans on example of family	**Biological** Diabetes **Psychological** **GAD-7:** 3 **PHQ-9:** 1 **Social** **SAFE:** 34	**Healthier**

			AAS: S (11), *Av (18),* Ax (6) **Spiritual** High adherence to religion	
CiCi	Living in predominantly White area, believes being African American is a superpower, endorses Black Tax, stereotyped negatively	Suppresses negative thoughts and feelings, uplifting social support, gospel resources	**Biological** No negative conditions reported **Psychological** **GAD-7:** 5 **PHQ-9:** 3 **Social** **SAFE:** 26 **AAS:** S (4), *Av (27),* Ax (15) **Spiritual** High adherence to religion	**Neutral**
P	Negative stereotypes about race, did not embrace Blackness until high school, mixed, lives in racially diverse area	Educates others about Black LDS history, challenges racist ideas, reminds self that situation is temporary	**Biological** Improved physical health **Psychological** **GAD-7:** 1 **PHQ-9**: 5 **Social** **SAFE:** 51 **AAS:** S (9), *Av (28),* Ax (3) **Spiritual** High adherence to religion	**Neutral**
Stacy	Lives in predominantly White area, negative experiences with White people	Spends time with Black people in Utah, self-care,	**Biological**	**Neutral**

		reminds self that situation is temporary, challenges racist ideas	No negative conditions reported **Psychological** **GAD-7:** 4 **PHQ-9**: 8 **Social** **SAFE:** 54 **AAS:** S (13), *Av (20),* Ax (8) **Spiritual** Low adherence to religion	
Alex	Grew up as only or one of a few Black people in many spaces, seen as inferior by some Whites, lives in predominantly White area	Respects others, meets others where they are at, talks to spouse, temple and family history work	**Biological** Diabetes, high cholesterol **Psychological** **GAD-7:** 9 **PHQ-9:** 9 **Social** **SAFE:** 34 **AAS:** *S (16),* Av (13), Ax (9) **Spiritual** High adherence to religion	**Neutral**
Janet	Grew up in some racially segregated areas, stress from Black tax, experiences many assumptions and stereotypes	Boundary-setting, educating self and others on Black LDS history, giving everyone an equal chance	**Biological** Diabetes, stroke history **Psychological** **GAD-7:** 5 **PHQ-9:** 1 **Social** **SAFE:** 36	**Neutral**

			AAS: S (12), *Av (20),* Ax (7) **Spiritual** High adherence to religion	
Dee	Grew up with White mother, seen as a "good" Black person, believes Black people are physically and spiritually stronger than White people	Speaks up at church, boundary-setting, seeks to connect with God rather than people at church	**Biological** Mindful about eating habits **Psychological** **GAD-7:** 0 **PHQ-9:** 0 **Social** **SAFE:** 33 **AAS:** S (16), *Av (21),* Ax (15) **Spiritual** High adherence to religion	**Neutral**
NavyBlue	Grew up in predominantly Black area, living in racially mixed area, often feels the efforts of Blacks are not recognized	Black LDS mentors as social support, LDS Church media focused on Black people	**Biological** Diabetes, cancer survivor **Psychological** **GAD-7:** 0 **PHQ-9:** 0 **Social** **SAFE:** 26 **AAS:** *S (14),* Av (4), Ax (1) **Spiritual** Low to moderate adherence to religion	**Neutral**

Loretta	Attends predominantly White ward, believes African Americans have great spiritual strength	Educating self about Black (LDS) history, prays and ponders how to handle strained relationships	**Biological** High blood pressure, diabetes **Psychological** **GAD-7:** 1 **PHQ-9:** 1 **Social** **SAFE:** 30 **AAS:** S (9), *Av (13),* Ax (11) **Spiritual** High adherence to religion	**Neutral**
Sugar	Endorsed Black tax growing up, attends predominantly White ward, believes Whiteness is in church culture	Social support from like-minded people, hobbies outside of church, some church avoidance, physical spaces for safety, suppresses emotions	**Biological** Some stomach issues **Psychological** **GAD-7:** 13 **PHQ-9:** 14 **Social** **SAFE:** 68 **AAS:** S (12), *Av (22),* Ax (21) **Spiritual** "Floating" spiritually	**Less healthy**
Chadwick	Grew up in predominantly Black area, lives in predominantly White area, treated differently than White colleagues	Suppresses thoughts and feelings, accepts that stress will always be present	**Biological** No negative health conditions reported **Psychological** **GAD-7:** 1 **PHQ-9:** 0 **Social**	**Less healthy**

			SAFE: 43 AAS: S (3), *Av (17),* Ax (5) **Spiritual** Feeling spiritually adrift	
Addy	Living in predominantly White area, found out she was African American a few years ago, fearful of sharing African American identity because of light skin	Challenges racial discrimination with logic and the gospel, talks to family	**Biological** Some negative symptoms reported **Psychological** GAD-7: 6 PHQ-9: 7 **Social** SAFE: 45 AAS: S (13), Av (21), *Ax (24)* **Spiritual** Moderate adherence to religion	**Less healthy**
Kaye	Lives in predominantly White area, taught to stay in her lane racially at a young age, stereotyped racially in healthcare	Suppresses feelings, avoids talking about personal topics, lack of social support, combats stereotypes, some church avoidance	**Biological** Fibroids **Psychological** GAD-7: 9 PHQ-9: 15 **Social** SAFE: 44 AAS: S (7), *Av (22),* Ax (12) **Spiritual** Low to moderate adherence to religion	**Less healthy**

Coretta	Negative experiences being dark-skinned, hard time fitting in racially, living in predominantly White area	Suppresses feelings to protect self, social support in some spaces, educates others	**Biological** No negative conditions reported **Psychological** **GAD-7**: 19 **PHQ-9:** 19 **Social** **SAFE:** 88 **AAS:** S (11), Av (24), *Ax (30)* **Spiritual** In spiritual crisis	**Less healthy**

Note. GAD-7 (Generalized Anxiety Disorder 7-item Questionnaire): 5-9 = mild, 10-14 = moderate, 15-21 = severe. PHQ-8 (Patient Health Questionnaire): 5-9 = mild, 10-14 = moderate, 15-19 = moderately severe, 20-24 = severe. AAS (Adult Attachment Scale): S = secure, Av = Avoidant, Ax = Anxious; higher scores indicate higher levels of attachment style, and there are no defined cutoff scores. SAFE (Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale): higher scores indicate higher levels of acculturative stress, and there are no defined cutoff scores.

APPENDIX J: BPSS HEALTH GROUPS FOR PARTICIPANTS

For those ranking the highest in the **healthier** BPSS health group (defined by the highest number of positive health factors and the least amount of distressing health conditions; **Fuzzy, Lucy, and Tracy**):
- All currently lived in and/or were raised in an area that was racially diverse
- All embraced their Blackness while acknowledging necessity to associate with White people/institutions to a degree
- All had both protective and nourishing coping strategies
- All reported feeling mostly comfortable with their coping strategies and cultural alignment, felt they were being authentic to self
- All reported positive physical, mental, and spiritual health

For those ranking right in the middle of the **neutral** BPSS health group (defined by a roughly equal balance of positive and distressing health conditions; **P, Stacy, and Alex**):
- All gave examples of negative experiences with White people
- The majority lived in predominantly White areas
- The majority practiced assimilation to some degree
- All had both protective and nourishing coping strategies
- All struggled with mental health issues related to stress, anxiety, and/or depression

For those ranking the lowest in the **less healthy** BPSS health group (defined by the highest number of distressing health issues; **Kaye, Sugar, and Coretta**):
- All shared experiences with racial discrimination
- All attended predominantly White wards
- All were female
- All had a hard time trusting White people
- All assimilated to church and/or work spaces out of necessity
- All were fairly aligned with church doctrine
- All suppressed thoughts/feelings in church and/or work spaces
- All experienced stress, depression, and anxiety
- All experienced some spiritual distance from the LDS Church