

December 2018

Subjective Religiosity and Organized Religiosity as a Predictor of Sexual Affect among African Americans

Janelle B. Grant
Western Michigan University

Kyla Day Fletcher
Kalamazoo College

Follow this and additional works at: <https://scholarworks.wmich.edu/hilltopreview>

 Part of the Community-Based Research Commons, Community Psychology Commons, and the Social Psychology Commons

Preferred Citation Style (e.g. APA, MLA, Chicago, etc.)

APA

This Article is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in The Hilltop Review by an authorized editor of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.

Subjective Religiosity and Organized Religiosity as a Predictor of Sexual Affect among African Americans

Cover Page Footnote

We would like to thank the AARISS lab summer research team at Kalamazoo College (Jill Gillett, Janay Johnson, and Brandon Johnson-Smith) for the technical support. Additionally, we would like to thank our families. Janelle Grant would like to especially thank her parents for their unconditional support.

Subjective Religiosity and Organized Religiosity as a Predictor of Sexual Affect among African Americans

Janelle B. Grant & Kyla Day Fletcher

Abstract

Historically, religiosity and attendance at a church with a majority African American or Black population was of practical value for African Americans. These branches of practicality extended to sexual health, such as delayed sexual intercourse and higher instances of using contraception. Overall, however, public sexual discourses show some African American communities as “at risk” regarding sexual health, which can make an African American individual feel negatively about their sexual experiences. The current study aimed to understand how subjective religiosity and organized religiosity influenced African Americans to experience a positive, negative, or shameful sexual affect. We found that higher levels of subjective religiosity, meaning a personal form of religion and not just physical attendance at a religious institution, was positively correlated with a positive sexual affect among our sample of African Americans ($N = 725$, $r = .11$, $p = .02$). Through regression analysis, subjective religiosity was more influential in predicting sexual affect than organized religious involvement. The implications show that to gain support for sexual decisions and behaviors, African American individuals in religious communities will pick and choose what principles remain beneficial and applicable from religious teachings and utilize them to form their own subjective religiosity that supports their sexual experiences.

Religious traditions and beliefs, such as holidays with religious backgrounds and the American Pledge of Allegiance, pervade American society, but for African Americans, religion is historically of specific personal value. This is marked by individual importance, using the church as a place of solace, and the creation of a community that endorses common beliefs (Taylor & Chatters, 2010). Religiosity is operationalized and will be further defined in two ways: organized religiosity and subjective religiosity. Sexual affect, an individual's feelings about their own sexual experience, encompasses those subjective emotions, and it is necessary to understand the factors that influence sexual affect, which is what this study aims to accomplish. Moreover, it is important to include African Americans in research about sexual affect and religiosity because much research portrays African Americans to be at a deficit rather than a strength-based position regarding sexual health (Fletcher et al., 2015).

The aim of this research is to identify emotions among African Americans about sexuality and sexual decisions concerning religiosity, which can help religious communities identify shortcomings and facilitate better support for their community members. Subjective emotions regarding personal sexual experiences are defined as an individual's sexual affect. Sexual affect is a factor of emotional sexual health. Consequently, African American sexual discourses that are influenced by religion have the potential to be a platform to promote a healthy or positive sexual affect that will facilitate sexual communication, awareness of contraception, and religious community support based on sexual decisions and behaviors (Taylor & Chatters, 2010). The current study aims to create a holistic picture of sexual health and seeks to give importance to sexual affect as a factor of sexual health.

Sexual Health and its Relation to Religiosity

According to the Pew Forum (2018), 79% of African Americans reported their belief in God as "absolutely certain" compared with reported numbers of 48% White, 25% Latino, and 17% Asian American. Such reported numbers are why African Americans are of particular interest for this study. Many times, morals and values that are facilitated through religion and spirituality generally have protective effects on African Americans as a whole (Gutierrez, Goodwin, Kirkinis, & Mattis, 2014; Udell, Donenberg, & Emerson, 2011; Wills, Gerrard, Murray, & Brody, 2003). These protective effects of religiosity and spirituality also extend to aspects of sexual health, such as delayed first sexual intercourse and greater self-regulation (Vasilenko, Lefkowitz, & Welsh, 2014; Watterson & Giesler, 2012).

Organized Religiosity

Diener, Tay, and Myers (2011) found that subjective well-being was principally brought about when participants felt social support, respect, and purpose from their religious communities. Therefore, if support, respect, and purpose were conveyed by organized religiosity, then subjective well-being was facilitated in African American religious institutions and attendance was retained. Conversely, if support, respect, and purpose were not shown, then African American individuals were more likely to leave the institution or practice personal forms of the religion outside of the institution (Diener et al., 2011).

When individuals feel like their sexuality (e.g., gay, lesbian, premarital sex) is incongruent with their religious communities, they are more likely to rely on personal beliefs instead of religious communities to resolve emotional conflicts. (Sherry, Adelman, Whilde, & Quick, 2010; Vasilenko, Lefkowitz, & Welsh, 2014). This emotional conflict can cause a negative or shameful sexual affect when a religious community does not support or respect an individual's sexuality or sexual behavior.

Subjective Religiosity

Although African Americans repeatedly report a higher level of importance of religion than do Caucasians, it does not mean that their church attendance follows suit. In fact, Hudson, Purnell, Duncan, and Baker (2015) found no significant differences in levels of church attendance among each ethnic group, but African Americans still report higher levels of subjective well-being than do Caucasians. Therefore, if African Americans choose to take their religion outside of the brick and mortar of an institution, they may practice their personal beliefs, like accepting homosexuality and premarital sex, instead of traditional institutional morals, like exclusively heterosexual relationships and marital sex.

Placing a larger importance on subjective religiosity instead of organized religious involvement does not mean that African Americans do not think about the beliefs and religious sexual code of conduct they were taught in a religious institution. African Americans who reported having significant involvement in church as adolescents still thought about religious beliefs they were taught as they grew older (Taylor, Chatters, & Joe, 2011). Often, African Americans report that not returning to their religious institutions is to avoid gossip and rejection from their religious communities about their sexuality and sexual decisions (Quinn, Dickson-Gomez, & Kelly, 2016).

Religiosity as a Predictor of Sexual Affect

Individuals can experience negative sexual affect because of the collaboration of religiosity and sexual decisions. For example, if an individual feels as if they are not representing their religion properly on account of their sexual choices, they may feel ashamed or guilty about of their sexual experiences (Jardin, Sharp, Garey & Zvolensky, 2016). Moore et al. (2015), explored an African American Christian church-based youth group to understand the messages about sex the youth were receiving from their parents and church. They found participants to be at sexual risk based on their reported sexual behavior. Participants reported high levels of organized religiosity (e.g., frequent attendance to church and church involvement) and high levels of subjective religiosity (e.g., thinking about God, praying outside of church, and reading scriptures outside of church), but about one-third reported vaginal sex experience at about 14.7 years of age and were inconsistent with condom use. While the church spoke against premarital sex and deemed it as sinful or wrong, participants felt that the God they ascribed to was loving and supportive of their own decision-making; participants felt no reported upset about their sexuality and sexual experiences. Therefore, participants' sexual affect was overall positive (Moore et al., 2015). The sexual experiences of the participants caused them to personalize and reconcile religious messages they were receiving if they differed with those of the church and religious leaders (Moore et al., 2015).

Higher levels of religiosity delay sexual behavior, but once an individual engages in sexual behavior, levels of religiosity might lessen, showing that sexual behavior may influence attitudes of religion, not because they chose to stop being religious, but because social support is lacking (Vasilenko, Lefkowitz, & Welsh, 2014). Using longitudinal data from before first sexual intercourse to after first sexual intercourse, Vasilenko et al. (2014) investigated the importance of religion (i.e., subjective religiosity) and attendance at religious services (i.e., organized religiosity) to determine if there were fluctuations in either of these two facets of religiosity. Generally, for both aspects, participants' religiosity levels did not change within 6 months of reported first sexual intercourse, but within a year of reported first sexual intercourse, levels of importance and service attendance decreased. Participants who continued engaging in sexual behavior inconsistent with religious doctrine experienced shameful sexual affect, which caused a decrease in service attendance.

Many religions speak against premarital sexual behavior and promote heterosexual relationships over homosexual relationships (Altemeyer, 2004; Barnes & Meyer, 2012; Regnerus, 2007; Sherry et al., 2010; Vasilenko & Lefkowitz, 2014). Today, many people are beginning to accept the idea of sexuality being fluid or being able to explore one's sexual preferences whether it be lesbian,

gay, or bisexual. In such cases, their religious identities may be at odds with sexual identity (Sherry, Adelman, Whilde, & Quick, 2010). Sherry and colleagues found that levels of negative and shameful sexual affect were reported when participants self-defined as religious while participating in homosexual behavior. Participants who were prepared to explain their sexual experiences to their religious community often felt rejection and exclusion from the community (Sherry et al., 2010). An African American male participant journaled,

[W]hen I realized that I was ultimately going to fail being heterosexual, and sleep with a man, I tried to kill myself by smashing my car into a bridge pylon. No one figured it was a suicide attempt I guess because I was let right out of the hospital as soon as they decided I didn't have a concussion. I then decided that I could not be homosexual AND Christian, and dropped out of all church services (Sherry et al., p. 116, 2010).

A negative or shameful sexual affect can cause a decrease in organized religious activity (Barnes & Meyer, 2012; Sherry et al., 2010).

A similar study by Quinn, Dickson-Gomez, and Kelly (2016), involving African American males who reported homosexual behavior, found that participants felt the need to stay physically present in church because of significant organized religiosity as a youth. Generally, all participants saw their church as a "church family," recognized homosexuality as being against the beliefs of the church, and experienced their sexuality as a topic of gossip at the church (Quinn et al., 2016). A participant said, "If God created everyone how they are, perfectly, like, he doesn't make mistakes as people," (Quinn et al., 2016, p. 533). Participants often felt guilt or shame based upon their sexual decisions and sexuality but did not want to depart from their church families; therefore, they tailored their religiosity to reconcile their sexuality by postulating that their sexuality is not a mistake. African American pastors were also interviewed to explain their stance on conflicting views of religion and sexuality. A reverend stated,

[A]ll I can say is what the Bible says relative to that lifestyle and the Bible refers to it as an abomination. Now, I don't take that and beat them over the head with it. I tell them God loves them. He loves the criminals, the murderers, he loves all people. And he can change them (Quinn et al., 2016, p. 533).

Religiosity can influence the sexual affect of African Americans because it becomes salient when the religious community from which they are conditioned to receive love and acceptance is now gossiping, looking down on, and in some cases, rejecting them because of their sexual decisions and sexuality.

The Current Study

This correlational study assessed how organized and subjective religiosity predicted African American individuals experiencing positive, negative, or shameful sexual affect. Previous research has focused on sexual health as quantifiable variables like contraception usage, quantity of sexual partners, or frequency of STI testing; however, a comprehensive sexual health assessment must include subjective emotions. Organized religiosity and subjective religiosity were chosen to predict sexual affect because, as an ethnic group, African Americans historically and repeatedly report religiosity at increased levels over other ethnic groups (Taylor & Chatters, 2010). A sample of self-identified African Americans answered a comprehensive survey that included questions about their organized religiosity, subjective religiosity, and experiences of positive, negative, and shameful sexual affects. The first hypothesis was that higher levels of subjective religiosity will be positively correlated with positive sexual affect, but negatively correlated with negative and shameful affects. The second hypothesis was that organized religiosity would be negatively correlated with positive sexual affect, but would be positively correlated with shameful and negative affects. On account of the more personal aspect of subjective religiosity, it was hypothesized that subjective religiosity would have more influence on sexual affect than organized religiosity.

Method

Participants

Participants were recruited from a large Midwestern university. Participants were contacted through introductory psychology courses and African American and Hispanic/Latino students were directly recruited from the campus registrar during 2005 to 2010. The ethnic representation of the university population at the time was 65% European American, 12.1% Asian American, 5.8% African American, and 4.1% Hispanic American. From the larger sample, 725 participants reported to be African American with 72.8% females and 27.2% males. The participants ranged from ages 18 to 24 years ($M = 19.95$, $SD = 1.31$). All were undergraduate students, and class year was not collected. From the larger sample, 80.7% reported to be exclusively heterosexual, 1.3% reported exclusively homosexual behavior, and 1% reported some homosexual behavior. Some participants declined to report sexual orientation.

Measures

Sexual affect. This measure assessed experiences of sexual affect or emotions in regards to their own sexual experiences. This included 16 adjectives to describe sexual affect (e.g. satisfied, frustrated, ashamed). Participants indicated their levels of emotion experienced about their current sexual experiences and behaviors on a 5-point Likert scale ranging from 0= “not at all” to 4= “a lot.” A principle component factor analysis (utilizing Oblimin rotation) showed a 3-factor structure. Then reliability analyses were conducted to corroborate the three subscales: positive ($\alpha = .91$; 6 items; “satisfied”), negative ($\alpha = .85$; 5 items, “frustrated”), and shame ($\alpha = .78$; 3 items, “ashamed”). Reported higher scores showed that the affect was experienced concerning their own sexuality and sexual behavior.

Religiosity and Spirituality. The Religiosity and Spirituality measure (Mattis, Hearn, & Jagers, 2002) was intended to assess participants’ attitudes towards religion, personal involvement, and how they felt about religion as children which was interpreted by four subscales. For this study, the two subscales or Subjective Religiosity and Organizational Religious Involvement were utilized. Pertaining to subjective religiosity, participants selected the response that best related with their feelings and beliefs about religiosity and spirituality on a 5-point Likert scale 1= “not at all important” to 5= “very important” regarding their subjective religiosity ($\alpha = .89$; 4 items; “how important is religion in your life today?”) to understand how they felt about using religion in their daily lives. Higher scores indicated that participants found religion to be important an important aspect in their lives—from daily prayer to reading Scriptures, all of these activities were done on their own accord outside of an institution.

To measure participants’ organizational religious involvement ($\alpha = .74$; 9 items), they circled “yes” or “no” to questions such as, “are you are member of a church or religious institution” and “do you presently hold a leadership role in a religious institution?” A mean of the number of “yes” responses was created to rate organizational involvement, which could have included having a leadership role in the religious institution, regularly attendance weekly, or involvement in a religious group (that may not be an institution, but a group with a common religious aspect).

Procedure

The data were taken from a larger ongoing study on positive sex and gender socialization in undergraduates. Approval for the study was obtained from the Institutional Review Board at the university of its origin. The participant’s grade was contingent upon completion of the study, but there was an alternative writing

option for those who chose to not participate. Data were collected from 2005 to 2010 during each academic semester and successfully received a large portion of African American participants, though all non-Caucasian students were encouraged to participate.

The duration of each session lasted approximately 45 minutes to one hour, with five to 10 participants per session. Participants were informed that they could ask questions or skip any question that they did not want to answer. After indicating willingness to participate on consent forms, they were given questionnaire packets. Then a debriefing form was given to each participant giving information about the study and the questions they had answered.

Results

Overview of Plan of Analysis

Descriptive analyses were completed to evaluate the means of continuous variables and frequencies of categorical variables. Then inferential statistics were conducted to test hypotheses. Analyses focused on participants' sexual affect in regards to their levels of subjective religiosity and organized religion. Utilizing correlational analyses, relationships between sexual affect (positive, negative, and shameful) and religiosity (subjective and organized) were investigated. By conducting Pearson correlations, to note if positive, negative, or shameful sexual affect was related with either or both subjective and organized religiosity, none of the sentiments regarding sexual affect were significantly correlated with organized religiosity (Table 1). After finding significance between the positive and negative sexual affects and subjective religiosity, a regression model was created to better understand what influenced the positive and negative sexual affects (Table 2).

Characteristics of Sample

Through descriptive analysis, it was found that the sample of African Americans was highly religious. Notably, 74% of participants reported some type of subjective religiosity and 71% reported some type of organized religiosity. Table 1 shows demographic sexual factors that influenced sexual affect in this sample were age in years at first sexual experience ($N = 14.1$), if contraception was used at last intercourse, and ties to ethnic identity.

Subjective Religiosity and Sexual Affect

It was hypothesized that higher levels of subjective religiosity would be positively correlated with a higher positive sexual affect but would be negatively

correlated with shameful and negative affects. Thus, subjective religiosity was a predictor of positive sexual affect. As can be seen in Table 2, Pearson correlations indicated that a positive sexual affect is positively correlated with higher levels of subjective religiosity ($r = .11, p = .02$). Additionally, subjective religiosity is negatively correlated with negative sexual affect ($r = -.11, p = .02$), partially supporting hypothesis 1. Although subjective religiosity had significant correlations with positive and negative sexual affects, there was no significant correlation between subjective religiosity and a shameful sexual affect.

Organized Religiosity and Sexual Affect

It was hypothesized that organized religiosity would be negatively correlated with positive sexual affect and would be positively correlated with shameful and negative sexual affects. The second hypothesis was not supported. Therefore, organized religiosity was not a predictor of shameful or negative sexual affects. Table 2 depicts that no significant correlations were present.

Demographic Factors that Influence Sexual Affect

Because subjective religiosity has a more personal aspect than organized religiosity, it was hypothesized that subjective religiosity would be more influential in determining positive and negative sexual affects than organized religiosity. Table 2 shows that organized religiosity had no significant correlation with sexual affect; therefore, organized religiosity was not included in the regression analysis model, and the third hypothesis of subjective religiosity being more predictive than organized religiosity was supported. To further understand what influenced sexual affect among the sample, a regression model was created including demographic factors that were significantly correlated with positive, negative, or shameful sexual affect (Table 1).

Table 3 shows the results of a regression analysis model to address this hypothesis. The Pearson correlation also indicates other factors that influence sexual affect. (e.g., age of first intercourse, ethnic identity, reported levels of depression, and subjective religiosity).

Again, there were no significance in any correlations with organized religiosity, so it was not included in the regression analysis model since it does not have any influence or predictive value in this sample's sexual affect. Other than subjective religiosity, ethnic identity, age of first sexual experience, experience of depression, and the use of contraception at last sexual encounter were significant correlations that were controlled for in the model. Overall, controlling for 4 sexual factors contributed an additional .54% to 1.2% of variance for positive sexual affect and .50 to 1.19% of variance for negative sexual affect.

Table 1. Bivariate Correlations Between Demographic Variable to Predict Positive and Negative Sexual Affect.

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|--|----|-----|------|------|------|--------|--------|
| 1 | Age at first sexual experience | -- | .06 | .11* | .03 | .08 | -.27** | .12 |
| 2 | Subjective Religiosity | | -- | .07 | .12* | .24* | -.11* | .11* |
| 3 | Used contraception at last intercourse | | | -- | .09 | .04 | .05 | -.17** |
| 4 | Ethnic identity | | | | -- | .12* | .23** | -.17** |
| 5 | Reported depression | | | | | -- | -.31* | .42** |
| 6 | Positive Sexual Affect | | | | | | -- | -.17** |
| 7 | Negative Sexual Affect | | | | | | | -- |

**Correlation is significant at the $p < 0.01$ level

*Correlation is significant at the $p < 0.05$ level

Table 2. Bivariate Correlations Between Subjective Religiosity, Organized Religiosity Negative Sexual Affect, Shameful Sexual Affect, and Positive Sexual Affect.

| | | 1 | 2 | 3 | 4 | 5 |
|---|------------------------|----|------|--------|-------|-------|
| 1 | Negative Sexual Affect | -- | .67* | -.45** | -.11* | -.04 |
| 2 | Shameful Sexual Affect | | -- | -.51** | .00 | .08 |
| 3 | Positive Sexual Affect | | | -- | .11* | .06 |
| 4 | Subjective Religiosity | | | | -- | .60** |
| 5 | Organized Religiosity | | | | | -- |

**Correlation is significant at the $p < 0.01$ level

*Correlation is significant at the $p < 0.05$ level

Table 3. Regression Analyses Predicting which Factors are Most Influential in Predicting Positive and Negative Sexual Affects.

| | Positive Sexual Affect | Negative Sexual Affect |
|--|------------------------|------------------------|
| Age at first sexual experience | -.27** | .12 |
| Subjective religiosity | .11* | -.11* |
| Used contraception at last intercourse | .05 | -.17** |
| Ethnic identity | .23** | -.16** |
| Reported depression | .31** | .42** |

Table 3. (Continued)

| | | |
|-------------------------------|--------|---------|
| <i>Adjusted R²</i> | .054 | .118 |
| <i>F</i> | 1.444* | 2.033** |

**Correlation is significant at the $p < 0.01$ level

*Correlation is significant at the $p < 0.05$ level

Discussion

This study sought to investigate the role of organized religiosity and subjective religiosity in predicting emotions about sexual experiences among African Americans. In particular, organized religiosity focused on the element of frequency of attendance to religious services and regular involvement with religious extracurricular activities, but subjective religiosity was focused on taking the elements learned during attendance to religious services and activities and using the morals learned outside of the church walls for personal growth, gain, and sustainability. In other words, subjective religiosity is how an individual chooses to implement religion during their daily lives without formally or physically going to church.

As expected, it was found that participants who practiced subjective religiosity felt positively about their sexual experiences. But, most surprising was that organized religiosity had a negligible role in predicting sexual affect in this sample, even though much of the existing literature suggested that organized religiosity can be a reoccurring factor for African Americans experiencing negative or shameful sentiments about their sexual experiences. If participants had their first sexual experience at a younger age, their sexual affect was usually negative. On the other hand, if reported contraception was used during last intercourse and if participants had a strong sense of ethnic identity, their sexual affect was usually positive.

Subjective Religiosity as a Predictor of Positive Sexual Affect

A common theme from our analyses was, like historical evidence shows, that African Americans in our study found religion to be important for daily life. Many implemented regular prayer and Scripture readings on their own accord. This one-on-one time spent forging a relationship with the deity to whom they worship could have resulted in validating and feeling confident about their sexual experiences. Subjective religiosity predicted positive emotions concerning sexual experiences, which is positive sexual affect. If there were negative emotions felt about their sexual experiences, it was useful to combat negative emotions about sexual experiences with the principles of subjective religiosity.

Organized Religiosity and Sexual Affect

A possible explanation for subjective religiosity, rather than organized religiosity, being a predictive factor of sexual affect in this sample is that sexual experiences and subjective religiosity both involve personal decision-making. For example, if a religious African American individual decides to engage in homosexual behavior, they can internally validate the sexual behavior through subjective religiosity. The individual can decide that, personally, their religion does not hinder them from pursuing these sexual experiences.

Limitations and Further Implications

Although our findings presented essential steps to understanding what religious aspects can help facilitate positive emotions about sexual experiences in the African American community, there are some limitations that contextualize our results. First, we did not examine what religious messages participants were receiving from religious institutions. Second, our sample was predominately females, so it is unclear how applicable our results are to African American males. For future research, it would be useful to understand what facets of subjective religiosity (e.g., prayer, personal reconciliation, Scripture reading) are helpful in predicting positive sexual affect. Although subjective religiosity was more predictive of sexual affect, it remains imperative to understand the effects that predominately African American religious institutions have on the community in generating sexual affect.

As a way to shift previous research from sexual health research that tends to focus on the many sexual risk factors that African Americans face, it is crucial to apply religiosity, which is historically advantageous for African Americans, making it a suitable factor for predicting positive sexual affect, which in return might facilitate holistic sexual health. When, as a community, African Americans are encouraged to feel positive about their unique sexual experiences, a comfortable culture in speaking positively about sex and sexuality is created.

Religious institutions that are predominately African American can be a practical community starting point to begin positive socialization about sex and sexuality. Socializing or speaking positively about sex and sexuality means that an individual is able to be assertive about protected sex, express what is needed to feel comfortable in a sexual situation, and clearly convey unwanted sexual experiences (Hobern, 2014). Nurturing positive feelings about sexual experiences within African American religious communities through acceptance and honest communication can place African Americans at an advantage for achieving greater holistic sexual health.

Bibliography

- Altemeyer, B. (2004). Perspectives: The decline of organized religion in western civilization. *The International Journal for the Psychology of Religion, 14*, 77-89.
- Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *American Journal of Orthopsychiatry, 82*, 505-515.
- Chatters, L. M., Mattis, J. S., Woodward, A. T., Taylor, R. J., Neighbors, H. W., & Grayman, N. (2011). Use of ministers for a serious personal problem among African Americans: Findings from the national survey of American life. *American Journal of Orthopsychiatry, 81*, 118-127.
- Diener, E., Tay, L., & Myers, D. G. (2011). The religion paradox: If religion makes people happy, why are so many dropping out?. *Journal of Personality and Social Psychology, 101*, 1278-1286.
- Fletcher, K. D., Ward, L. M., Thomas, K., Foust, M., Levin, D., & Trinh, S. (2015). Will it help? Identifying socialization discourses that promote sexual risk and sexual health among African American youth. *The Journal of Sex Research, 52*, 199-212.
- Grayman-Simpson, N., & Mattis, J. S. (2013). "If It Wasn't for the Church..." Organizational religiosity and informal community helping among African American adults. *Journal of African American Studies, 17*, 243-252.
- Gutierrez, I. A., Goodwin, L. J., Kirkinis, K., & Mattis, J. S. (2014). Religious socialization in African American families: The relative influence of parents, grandparents, and siblings. *Journal of Family Psychology, 28*, 779-798.
- Hobern, K. (2014). Religion in sexual health: A staff perspective. *Journal of Religion and Health, 53*, 461-468.
- Holt, C. L., Clark, E. M., & Roth, D. L. (2014). Positive and negative religious beliefs explaining the religion-health connection among African Americans. *The International Journal for the Psychology of Religion, 24*, 311-331.
- Hudson, D. L., Purnell, J. Q., Duncan, A. E., & Baker, E. (2015). Subjective religiosity, church attendance, and depression in the national survey of American life. *Journal of religion and health, 54*, 584-597.
- Krause, N., & Hayward, R. D. (2015). Assessing whether practical wisdom and awe of God are associated with life satisfaction. *Psychology of Religion and Spirituality, 7*, 51-57.

- Jackson, B. R., & Bergeman, C. S. (2011). How does religiosity enhance well-being? The role of perceived control. *Psychology of Religion and Spirituality*, 3, 149-161.
- Jardin, C., Sharp, C., Garey, L., & Zvolensky, M. J. (2016). The role of impulsivity in the relation between negative affect and risky sexual behaviors. *Journal of Sex & Marital Therapy*, 1-14.
- Lewis, T. O. (2015). LGBT-affirming Black churches' responses to the HIV/AIDS crisis. *Journal of Religion & Spirituality in Social Work: Social Thought*, 34, 140-157.
- Mattis, J. S., Hearn, K. D., & Jagers, R. J. (2002). Factors predicting communal attitudes among African American men. *Journal of Black Psychology*, 28, 197-214.
- Moore, E., Berkley-Patton, J., Bohn, A., Hawes, S., & Bowe-Thompson, C. (2015). Beliefs about sex and parent-child-church sex communication among church-based African American youth. *Journal of Religion and Health*, 54, 1810-1825.
- Pew Research Center, Washington, D.C. (2018). *Black Americans are more likely than overall public to be Christian, Protestant*. Retrieved November 28, 2018, from pewresearch.org/topics/religion-and-society/.
- Quinn, K., Dickson-Gomez, J., & Kelly, J. A. (2016). The role of the Black church in the lives of young Black men who have sex with men. *Culture, Health & Sexuality*, 18, 524-537.
- Regnerus, M. (2007). *Forbidden fruit: Sex & religion in the lives of American teenagers*. OUP USA.
- Sherry, A., Adelman, A., Whilde, M. R., & Quick, D. (2010). Competing selves: Negotiating the intersection of spiritual and sexual identities. *Professional Psychology: Research and Practice*, 41, 112-121.
- Taylor, R. J., Chatters, L. M., & Levin, J. (2004). *Religion in the lives of African Americans: Social, psychological, and health perspectives*. Thousand Oaks, CA: Sage.
- Taylor, R. J., & Chatters, L. M. (2010). Importance of religion and spirituality in the lives of African Americans, Caribbean Blacks, and Non-Hispanic Whites. *The Journal of Negro Education*, 79, 280-294.
- Taylor, R. J., Chatters, L. M., & Joe, S. (2011). Religious involvement and suicidal behavior among African Americans and Black Caribbeans. *The Journal of nervous and mental disease*, 199, 478-483.
- Udell, W., Donenberg, G., & Emerson, E. (2011). The impact of mental health problems and religiosity on African-American girls' HIV-risk. *Cultural Diversity and Ethnic Minority Psychology*, 17, 217-222.
- Vasilenko, S. A., Lefkowitz, E. S., & Welsh, D. P. (2014). Is sexual behavior healthy for adolescents? A conceptual framework for research on

adolescent sexual behavior and physical, mental, and social health. *New Directions for Child and Adolescent Development*, 2014, 3-19.

Watterson, K., & Giesler, R. B. (2012). Religiosity and self-control: When the going gets tough, the religious get self-regulating. *Psychology of Religion and Spirituality*, 4, 193-198.