

RELIGIOUS IDENTITY AS A MEDIATOR BETWEEN RELIGIOUS
SOCIALIZATION FROM PARENTS, PEERS AND MENTORS AND
PSYCHOLOGICAL WELL-BEING
AND ADJUSTMENT AMONG KOREAN AMERICAN ADOLESCENTS

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KYOUNG OK SEOL

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Richard M. Lee, Ph.D. Adviser

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ABSTRACT

The dissertation explored the religious identity development process through religious socialization within family (i.e., parents) and community (i.e., religious mentors and friends) and its influence on developmental outcomes among 155 Korean American adolescents. This study also investigated how religious identity might mediate the association between religious socialization by parents, friends and mentors and outcome measures (i.e., prosocial behavior and peer competence, school competence, internalizing and externalizing behavior problems). Using path analyses to test mediation, religious identity fully mediated the relationship between religious socialization by parents and prosocial behavior and peer competence, whereas religious identity partially mediated the relationship between religious socialization by friends and prosocial behavior and peer competence. Religious socialization by mentors was not associated with religious identity or any of the outcome measures. A competing model with religious identity as a moderator was tested. The interaction between religious socialization by parents and the religious identity of adolescents was significantly associated with adolescents' externalizing behavior problems. Youths with low religious identity showed more externalizing behavior problems when they received more religious socialization by parents. Study limitations and directions for future research were discussed in light of these findings.

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CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

Religious and spiritual practices are rooted in the history of humanity, so it is not surprising that issues of religion and spirituality received extensive attention by pioneers (e.g., G. Stanley Hall, William James, Sigmund Freud and Carl Jung) at the dawn of the history of psychology. Most discussions among these thinkers accentuated the roles of religion in human functioning and development as normative, universal and even necessary (Erickson, 1959; Hall, 1904; James, 1902). Although some (e.g., Freud) were publicly critical of the role of religion for individuals and society, the topic of religion and spirituality was at the center of the field of psychology until the early 1920s. Yet from the early 1920's until the 1960's, this early interest in the psychology of religion was increasingly replaced by “new” trends of psychoanalysis and by Watson’s behaviorism, which did not consider religion as a scientific topic of human behavior, but rather as a philosophical or theological issue.

Starting with Gordon Allport’s (1967) seminal work on racial prejudice and religious orientation, which re-opened the possibility of religion as a scientific topic of psychology that could enhance our understanding of human behaviors, there has been a burgeoning of research interest in understanding religion and spirituality as important human behaviors (Emmons & Paloutzian, 2003). Numerous studies have demonstrated the implications of religion and spirituality for physical health (e.g., Koenig, 2001; McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000; Powell, Shahabi, & Thoresen, 2003) and mental health (e.g., Salsman & Carlson, 2005; Smith, McCullough, & Poll, 2003) outcomes.

Recently, researchers in this field have acknowledged the need to expand research topics beyond health outcomes and employ theoretically and methodologically advanced measures in the research (e.g., Hill & Pargament, 2003). These efforts reflect emerging interest in mechanism studies investigating *how* religion and spirituality bring positive health outcomes. The continuing discussion and refinement of operational definitions of religion and spirituality constructs also encourages more sophisticated study design and further contributes to the expansion of topics of research in the area. A multi-dimensional approach to constructs of religion and spirituality has yielded more successful findings in several mechanism studies.

Despite the recent interest and advancement in studies of religion and spirituality within psychology, the majority of studies in the psychology of religion and spirituality have been focused on a homogenous population: white American Protestants or Catholics (Park & Ecklund, 2007). A few empirical studies discovered a relationship between African Americans' religiosity and positive physical and mental health (e.g., Blaine & Crocker, 1995). Yet there is very little known about religious influences on Asian Americans. This disparity is especially significant in psychology, given that sociologists have been documenting the important role of ethnic religious organizations in "new" Asian immigrant communities (Min & Kim, 2002; Yang, 1999). The present study intended to fill this gap in the literature by studying the psychological implications of religious practice among Asian Americans, specifically Korean American adolescents.

The purpose of this study was twofold. First, this study aimed to introduce a previously untested mediator, building upon the current literature on mechanism research in religion and spirituality and mental health. That is, this study investigated the

processes of religious socialization in the context of various relationships (i.e., relationships with parents, peers and mentors), the subsequent development of religious identity, and religious identity's mediating role in relation to mental health outcomes.

Second, this study aimed to expand psychological research in religion and spirituality to an understudied ethnic population (i.e., Korean American adolescents). This study investigated the psychological implications of religious practices in Korean American culture. Moreover, data on Korean American adolescents provided a means to understand the influence of religion at a developmental level, as well as a psychological and cultural level.

To provide a foundation for the discussion of religious socialization and religious identity development and its influence on mental health among Korean American adolescents, operational definitions of constructs in religion and spirituality will be presented first, and outcome studies of religion and spirituality and current mechanism studies will be reviewed. Next, an explanation of the evolution of religious socialization models will be provided, and current and proposed conceptualizations of such a model will be discussed. Suggestive research evidence will be offered that links religious socialization to religious identity, followed by arguments as to why religious identity is likely to mediate mental health outcomes. Then, the role of religion in minority populations and in Korean American culture in particular will be reviewed. Research hypotheses and the methodology used to test them will be discussed, followed by a summary of the results and the conclusions to be drawn based on the findings.

Definitions

Although there is an expansive history of and interest in human religion and spirituality, the study of religion and spirituality in psychology is still new. Definitions of religious and spiritual constructs are still developing and even controversial (Brown, 2005; Hill & Pargament, 2008; Miller & Thoresen, 2003). Providing operational definitions of religious and spiritual constructs in this study is an important task to reduce confusion and provide a foundation for the present research.

Historically, religion was a “broad-band” construct which included individual and institutional elements (Pargament, 1999). Following this early approach, the terms *religion* and *spirituality* have been used interchangeably (Spilka & McIntosh, 1997). Yet over the past decade, there have been efforts to differentiate and define constructs of religion and spirituality based on a new paradigm of scientific studies in religion and spirituality, which views religion as a social phenomenon and spirituality on an individual level of religious experience (Miller et al, 2003). The constructs of religiosity and religiousness that directly reflect the social and institutional components of religion have been considered interchangeable synonyms in research.

While religion is a substantive, institutional and belief-based social construct, religiosity is generally linked to formal institutions such as churches, temples or synagogues, and has been frequently associated with overt behavioral practice and expression of religion. Specifically, *religiosity/religiousness* is defined as the extent to which an individual is involved “in a relationship with a particular institutionalized doctrine about a supernatural power, through affiliation with an organized faith and participation in its prescribed rituals” (Reich, Oser, & Scarlett, 1999, p. 58). Other definitions of religiosity consistently agree on the institutional and social bases of

religious practice. For instance, Flor and Knapp (2001) refer to *religiosity* as participation in the practices of a faith-based institution. Wulff (1991) refers to *religiosity* as “belief in the existence of a divine or superhuman force, and to adherence to the beliefs and public and private ritual practices that signify reverence for this divine or superhuman force.” (Mattis, Ahluwalia, Cowie, & Kirkland-Harris, 2006, p. 286)

When religiosity includes personal beliefs as well as institutional beliefs and practices, spirituality tends to be described in personal or experiential forms (King & Benson, 2006).

Spirituality is often defined as the personal beliefs and practices that may not be connected to an organized religion (Dowling, Gestsdottir, Anderson, von Eye, Almerigi, & Lerne, 2004; Hill et al., 2003). Newberg and Newberg (2006) differentiated between *spirituality* and *religiosity* such that the former is a search for the sacred, while the latter includes the former as well as secular goals such as identity, belongingness and meaning.

Nevertheless, efforts to make a valid differentiation between the two constructs are relatively new. Religiosity and spirituality have often been used interchangeably and/or indistinctly in the literature. Therefore, studies on the two constructs often will be discussed in the presenting study’s literature review. Yet this study will focus more on constructs from social and institutional religion, such as religiosity, religious identity and religious socialization, than those from spirituality.

Where *religion* is a faith-based institution and *religiosity* is the degree to which one practices doctrines of that religious institution, *religious identity* is how an individual views him- or herself as a religious person who holds religious and spiritual values and beliefs within a faith community. Religion inherently provides cognitive, ideological,

sociological and spiritual sources to form one's identity (Furrow, King, & White, 2004). Relational and emotional resources for identity formation are given to people who belong to a religious group and who share similarities with members of that group. Individuals also forge a religion-specific identity which gives congruent self-meanings in religious social situations and roles (Stryker & Burkes, 2000).

Taken all together, *religious identity* is defined as a collective identity which consists of membership in a religious group, acceptance of its belief systems, endorsement of the importance of religious values, commitment to the religious group, and practices associated with the religion (Templeton & Eccles, 2006). This definition of religious identity as a collective identity differentiates it from spiritual identity as a personal identity. Then *spiritual identity* is defined as "a persistent sense of self that addresses ultimate questions about the nature, purpose and meaning of life, resulting in behaviors that are consonant with the individual's core values" (Kiesling, Sorell, Montgomery, & Colwell, 2006).

Based on the definitions of religiosity and spirituality above, *religious socialization* refers to the process of transmitting religious meanings, values, and expressions to institutions and persons (Anthony, Hermans, & Sterkens, 2007). On a societal level, religious socialization is the transmission of religiosity across the generations maintaining the continuity of a religion's traditions (Miller, 2007). On a personal level, religious socialization provides the main source of one's development of religiosity (Levenson, Aldwin, & D' Mello, 2005).

Religion and Health Outcomes Studies

The vast majority of research in the psychology of religion and spirituality has been focused on its relations with mental and physical health outcomes. The positive association between religiosity and spirituality and health outcomes has been documented for over 100 years (McCullough & Larson, 1999). Since this is the most prolific area of research in the psychology of religion and spirituality, several meta-analytic review papers have been published. Therefore, I will present meta-analytic findings to summarize general agreements on the relationship between religion/spirituality and health outcomes, along with individual noteworthy studies that highlight unique relationships among them. Lastly, possible mechanisms that explain the relationship between religion/spirituality and health outcomes will be discussed.

Religion and Physical Health

Research in physical health and religion has investigated whether religion would effectively reduce morbidity (e.g., rate of cardiovascular disease) and mortality (e.g., death, cancer mortality). Levin and Vanderpool (1987) reviewed 27 early epidemiologic studies on the influence of religiosity. They found mixed evidence for the relations between religiosity and health benefits (such as mortality, cardiovascular pattern and hypertension). The authors reasoned that insufficient evidence of religion's salutary effect on physical health was found due to theoretical, methodological and analytical shortcomings of early studies. For instance, in their review they operationalized religiosity as religious attendance. There was no uniformity in the measurement of the frequency of religious attendance; some studies tracked religious attendance as a dichotomous variable (i.e., yes or no), while others regarded it as less than once a month or more than once a month.

Since then, efforts have been made to refine study designs and measurement issues. McCullough and colleagues (2000) were the first to perform a meta-analysis to examine the relationship between religious involvement and all-cause mortality. They selected 42 independent studies and found a small yet robust relationship between religious involvement and mortality (odds ratio 1.29). In other words, highly religious individuals had odds of survival about 29% higher than less religious individuals. Specifically, socially related religious involvement such as frequent attendance at religious services, involvement with other religious people and membership in religious groups yielded larger effect sizes in comparison to private religious activities (e.g., private prayer).

Powell et al., (2003) reviewed even more methodologically rigorous studies to investigate the relationship between religion and health. Their selection criteria were: 1) studies that only used longitudinal designs to clarify the cause and effect of the relation between religion and health; and 2) studies that controlled for bias and confounding to accurately clarify the influence of religion on health. Then they performed 10 different meta-analyses to look at how different measures of religiosity/spirituality (e.g., church/service attendance) affected difference health outcomes (e.g., protection against death and cardiovascular disease).

They found a strong and robust relationship between church/service attendance and reduction in mortality. The strength of the relationship was on average about 30%, and it was still a 25% reduction in mortality after adjustment for demographic, socioeconomic and health-related confounds. Church/service attendance also reduced

rates of cardiovascular disease and cancer mortality. Authors speculated from previous studies that this benefit may be mediated by healthy lifestyles that religion promotes.

They also found that religion may not have much influence on certain health outcomes. For instance, Powell et al. (2003) did not find a relationship between religion and protection against disability, slower progression of cancer in cancer patients or superior recovery from acute illness. They concluded that the protective effect against death (i.e., mortality) is strongest and most consistent in healthy people.

Religion and Mental Health

Compared to physical illness and mortality, even more consistent and stronger relations between religious involvement and mental health outcomes have been established (George, Larson, Koenig, & McCullough, 2000). Again, early research in religion's influence on mental health struggled with methodological and conceptual issues. An early meta-analysis by Bergin (1983) of 24 studies of religiosity and mental health outcomes concluded that religiosity is more related to positive psychological functioning (e.g., psychological adjustment) than psychopathology (e.g., bipolar, major depression). Several reviews followed in the 1980's and early 1990's and found similar results: an overall positive relationship between religiosity and psychological well-being, but no relationship or an ambiguous relationship between religiosity and mental illness (for a review, see Bergin, 1991; Garner, Larson, & Allen, 1991).

These early reviewers contributed confounding evidence or lack of evidence on the relationship between religiosity and mental illness to the measurement of religiosity issues. They agreed that religiosity is a multi-dimensional construct, and the relationship

between religiosity and mental health should be understood in a dimensional level of religiosity.

Hackney and Sanders' (2003) review of previous meta-analyses agreed that the confusing and somewhat inconsistent findings in religiosity and mental health outcome research are due to a multidimensional construct of religiosity. As a remedy they reviewed 23 recent studies in religiosity and mental health (1990-2001) and performed a meta-analysis categorized by three dimensions in religiosity: 1) "Institutional" religiosity—social and behavioral aspects of religion (e.g., attendance at religious services and participation in Bible study groups and extrinsic religious orientation); 2) "Ideological" religiosity, which is beliefs involved in religious activity (e.g., attitudes, importance of religion, doctrinal beliefs); and 3) "Personal devotion," which is personal and internalized devotion (e.g., intrinsic religious orientation and religious private practices).

They hypothesized that different dimensions of religiosity would have unique links to mental health outcome measures. They coded mental health outcome measures into three categories: 1) "psychological distress," which is a negative indicator of mental adjustment such as depression and anxiety; 2) "life satisfaction," which is positive feelings regarding self and one's life in general (e.g., self-esteem, happiness); and 3) "self-actualization," which is growth-oriented and humanistic aspects of mental health such as identity integration and existential well-being.

Overall, Hackney et al. (2003) found that "personal devotion" produced the strongest relationship with mental health, followed by "ideological" religiosity.

“Institutional” religiosity produced a positive relationship with mental health outcomes, but it was the weakest.

Although Hackney et al.’s effort to adopt multidimensionality of religiosity in their review is noteworthy, their classification of religiosity is problematic. Specifically, they coded “institutional religiosity” as social aspects of religion (such as religious service attendance) with extrinsic religious orientation. Unfortunately this set-up led to weak or confounding results. Being involved in religious organizations is consistently shown to create a high frequency and quality of social interactions; it is one of the strongest predictors of mental health promotion (McCullough et al., 2000; Powell et al., 2003). On the other hand, extrinsic religious orientation, which is defined by the “use” of religion to get one’s needs met (Allport, 1959), has consistently predicted negative consequences (e.g., more depression and anxiety).

Theoretically, social aspects of religious practice and extrinsic religious orientation should not have been combined, although they could overlap for some people. Thus, it is not surprising that Hackney et al. (2003) found that the “personal devotion” dimension, which is intrinsic religious orientation, yielded the strongest predictor for mental health outcomes, while they found “institutional religiosity” to be the weakest predictor.

Nevertheless, Hackney et al. found an overall significant positive relationship between religiosity and mental health (effect size, $r = .10$, $p < .0001$). “Self-actualization” yielded the strongest relationships with most religiosity dimensions (overall effect size, $r = .24$, $p < .0001$), while the effect sizes of “psychological distress” and religiosity

dimensions were the lowest (overall effect size, $r = .02$, $p < .0001$). As in early studies (e.g., Bergin, 1983) Hackney et al. continued to find a weaker relationship between religiosity and psychological distress such as depression and anxiety. They speculated that this may be due to semantic and conceptual overlap between religiosity measures such as “personal devotion” and outcome measures such as “self-actualization.” Therefore, it would be important to evaluate outcome studies that specifically focus on psychological distress such as depression and anxiety.

Depression is the most studied area of the relationship between religion and mental health (Miller & Kelley, 2005). A recent meta-analysis on religiosity and depression (Smith et al., 2003) identified 147 independent studies that measured religiosity and spirituality in terms of an individual’s beliefs, motivations and behaviors, and excluded studies that reported only religious affiliation or spiritual group membership. Moreover, they only included studies that measured symptoms of depressive disorder that are consistent with DSM-IV (American Psychiatric Association, 2000).

They found that greater religiosity had a modest but reliable association with fewer depressive symptoms regardless of gender, ethnicity, and age groups ($r = -.096$, being a modest level). Yet it was moderated by the type of religiosity measures. Extrinsic religiosity and negative religious coping (e.g., avoiding difficulties through religious activities, blaming for difficulties) were associated with higher levels of depressive symptoms. All other measures (e.g., church attendance, frequency of prayer) yielded statistically significant negative associations between religiosity and depressive symptoms. Interestingly, this negative association is at its strongest when highly stressful

life events were reported. Smith and colleagues concluded from their findings that religiosity has a main effect on depressive symptoms, and also a buffering effect which suggests that the “protective” role of religious involvement becomes more significant as life stress increases.

Relatively few studies have examined the relation between religion and anxiety, and the results are mixed. Incongruent views of religion’s influence on anxiety date back to Freud vs. Jung’s views on religion on mental health. Freud (1927) considered religion as the “universal obsessional neurosis of humanity” and suggested religion caused an unstable repression of natural drives leading to greater anxiety and neurosis. On the other hand, Jung (1933) considered religion to be necessary for individuals to maintain sanity, and a religious outlook to be required for complete healing. Although current psychological studies explicitly follow neither approach, research findings still remain ambiguous about the relationship between anxiety and religion.

Shreve-Neiger and Edelstein (2004) reviewed 17 studies on religion and anxiety and categorized the findings into three groups: religion linked to decreased anxiety, religion linked to increased anxiety, and no relationship between religion and anxiety. Authors contributed these mixed findings to methodological and conceptual limitations of current studies in religiosity and anxiety.

Nevertheless, in general their findings conclude that church attendance and having some type of religious affiliation were related to decreased anxiety for several populations. The dimension of religiosity often decided religion’s influence on anxiety. That is, intrinsic religiosity was related to less worry and anxiety. Sudden conversion and extrinsic religiosity were associated with increased anxiety. This finding is consistent

with study results on other mental health outcomes (e.g., depression, for a review, see Hackney et al., 2003). In other words individuals who “lived” their religion (intrinsic religiosity) experienced less anxiety and depression than those who “used” their religion (extrinsic religiosity) (e.g., Baker & Gorsuch, 1982; Bergin et al., 1987; Hackney et al., 2003).

Mixed results have also been explained by age and level of social support. Age appears to moderate the relationship between religion and anxiety. Koenig et al. (1993) found in their second wave longitudinal study that the rate of occurrence of anxiety disorder was most strongly associated with religious characteristics in younger adults (age 18-39), less so in middle-aged adults (40-59) and not at all in the elderly (60-97). Krause and Van Tran (1989) also found that there was no relationship between older adults' religious practice and levels of anxiety.

Social support seems to serve as a mediator of the relationship between religiosity and reduced anxiety. In terms of religious practices, social and interpersonal religious behaviors (e.g., frequent church attendance and having a religious affiliation) tend to be related to decreased anxiety. Yet more covert and personal behaviors (e.g., watching religious TV/radio and prayer) tend to be related to increased anxiety (Hertsgaard & Light, 1984; Koenig et al., 1993). This relationship could be explained by the social support that religion provides through frequent religious involvement (Koenig et al., 1993).

Outcome Studies on Adolescents

Compared to the number of studies with adult samples, there are far fewer studies on adolescents' and children's religiosity and health outcomes. Yet the topic of religion

and mental health outcomes has received special attention in adolescent groups because adolescence is a time in which many psychiatric disorders have their root and the first indications of disturbance appear (Miller et al., 2005; Regnerus, 2003).

Wong, Rew and Slaikeu (2006) published a review paper of recent (from 1998 to 2004) studies on adolescent religiosity/spirituality (RS) and mental health. The authors identified 20 studies that met their selection criteria: at least one quantified RS variable and one quantified mental health variable used in participants with a mean age of 10-20 years, published in a peer-reviewed journal in the U.S. The majority of studies (90%) found that RS was significantly associated with better mental health outcome, such as fewer depressive symptoms and higher psychological well-being. Wong et al. (2006) analyzed dimensions of RS's unique influence on adolescents' mental health. The authors borrowed the categorization of Hackney et al. (2003) of dimensions of religiosity (i.e., institutional, personal devotion and ideological), and they added three more dimensions: 1) an "existential" dimension that concerns concepts of a religious nature (e.g., existential well-being); 2) a "multidimensional" dimension was coded for measures that combined more than one of the above categories; and 3) a "generic" category consisted of measures that were generic or vague. They found that institutional and existential RS measures had the strongest relationship with mental health outcome measures. However, personal devotion and ideological measures showed a weak relation or no relation with mental health measures.

In general, Wong et al.'s review showed that religiosity and spirituality provide the same mental health benefits to adolescents as adults. However, they commented that findings in the dimensional approach of relating RS to mental health appear to differ from

findings in adult studies. Adult meta-analysis on the relationship between religiosity/spirituality and mental health revealed that personal devotion measures were the strongest predictor of mental health outcomes, while institutional measures were the weakest predictor (for a review, see Hackney et., 2003).

Wong et al. speculated that this difference may emphasize adolescents' developmental needs and tasks. One of the most important developmental tasks in adolescence is to develop identity in a social context. Thus, the social and behavioral dimension of religiosity which is represented by institutional measures provides a proxy for adolescents to come to a social group and to obtain a sense of belonging and order by practicing religious beliefs together. That would promote adolescents' religious identity development. Identity development (represented by existential measures) is shown to be an important factor in their well-being.

Although Wong et al. (2006) used Hackney et al. (2003)'s rather problematic classification of dimensions of religiosity, among 20 studies identified in their analysis, there was no study that measured extrinsic religious orientation. Wong et al. identified one study that used Allport's Religious Orientation Scale, but the study only used the Intrinsic Subscale (Davis, Kerr, & Kurpius, 2003). However the study must have been classified as "multidimensional," because it includes the Spiritual Well-Being and the Intrinsic Religious Orientation scales, which is a combination of "personal devotion" and "existential" dimensions. Several studies used a multidimensional religiosity measure, but the measure does not assess extrinsic religious orientation; it only comprises organizational (i.e., public religious practice such as frequency of attending service), non-organizational (i.e., time spent in private religious practice such as prayer and Bible study)

and intrinsic religiosity. In summary, thanks to their selection of studies, Wong et al. were able to avoid the major drawback of Hackney et al. (2003)'s classification (i.e., combination of extrinsic religiosity and social aspects of religious practices).

Religion appears to go beyond giving mental health benefits for adolescents to promoting positive development. Despite the scarcity of research in this area, studies consistently show that religiosity is positively associated with academic achievement (King & Benson, 2005) and social competence within a peer group (French, Eisenberg, Vaughan, Purwono, & Suryanti, 2008). Religious adolescents are more likely to engage in prosocial behaviors such as community service (Furrow, King, & White, 2004; Kerestes, Youniss, & Metz, 2004; Youniss et al, 1999).

Compared to the few studies of religion's influence on promoting positive development for adolescents, there have been more empirical studies concerned with the relation between religiosity and adolescents' risky and problem behaviors. In general, most studies have shown that religious involvement was negatively correlated with delinquent behaviors at a small or moderate level (Blackney & Blackney, 2006). Studies in conduct problems also found the protective effect of religious involvement. Pearce, Jones, Schwab-Stone, and Ruchkin's (2003) study found that the buffering effect of religiosity on conduct problems was far stronger among high risk adolescents (i.e., moderation effect), even controlling for parent involvement that was often confounded with adolescents' religious involvement.

Several studies showed an inverse relationship between adolescents' religious involvement and substance use (i.e. alcohol, tobacco and marijuana) (Marsiglia, Kulis, Nieri, & Parsai, 2005; Verkooijen, Vries, & Nielsen, 2007; Steinman, Ferketich, & Sahr,

2008; Wills, Yaeger, & Sandy, 2003). Wills et al. (2003) found that religion moderated the association between adolescents' substance use and level of life stress. Substance use increases in general with life stress increases. The authors discovered that highly religious adolescents were less likely to use substances at a high level of life stress, initially and over time. Steinman et al. (2008) emphasized the frequency of religious involvement as to the positive effect of religion on substance use among adolescents (i.e., dose-response relationship). They found weekly church/service attendance was strongly and consistently related to a lower rate of alcohol, marijuana and cigarette use whereas occasional church/service attendance had no positive association (indeed no association) with substance use. This finding is consistent across ethnicity—Caucasian, African American and Mexican American adolescents (Francisco, Kulis, Nieri, & Parsai, 2005; Steinman et al., 2008).

Identification with a religious group within which adolescents learned social norms appears to provide a protection for adolescents from risky behaviors. Verkooijen et al. (2007) found that adolescents who identified as belonging to a religious group were less likely to use cigarettes and marijuana in comparison to adolescents who identified as belonging to cultural entities such as pop music, hip-hop and techno groups. The relationship between group identification and rates of substance use was mediated by perceived group norms. In other words, adolescents who identified with a religious group received negative norms for smoking and marijuana use, but drinking was more acceptable.

Mechanisms to Explain the Link between Religiosity and Physical and Mental Health

The field of the psychology of religion and spirituality has established a robust and consistent relationship between religiosity and spirituality and health outcomes. A question follows: *How* do religiosity and spirituality influence health outcomes? Recently there has been a growing interest to answer this question. Social support and social capital, sense of meaning and cognitive resources, and a healthy lifestyle have been studied as mechanisms that link religion to physical and mental health outcome studies. Physical and mental health also tend to influence each other (see Figure 1).

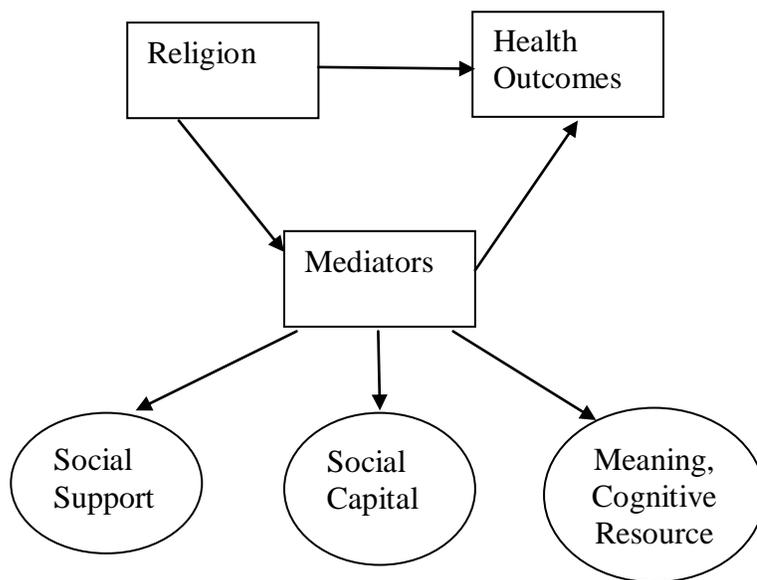


Figure 1. Summary of literature review on religion, health outcomes and mediators

Social support is the most well-established mechanism explaining positive findings in religiosity and physical and mental health outcome research literature (e.g., House, Landis, & Umberson, 1988). Outcome studies of religion in physical and mental health continue to find that the public and social dimension of religiosity (e.g., frequency of church attendance, church affiliation) is the best predictor in comparison to other dimensions of religiosity (e.g., solitary prayers) (McCullough et al., 2000; Powell et al.,

2003; Smith et al., 2003; Wong et al., 2007). For instance, attendance of religious services is the most powerful predictor of health and mortality. Frequent attendance of religious services also is associated with fewer symptoms of depression and anxiety (George et al., 2000).

Individuals receive health benefits from frequent religious involvement that promotes a better quantity and quality of social support. That is, more opportunities to develop social networks and support systems will be provided to individuals who frequently attend religious activities than to those who practice their religion privately. At the same time, frequent church-goers tend to report a high quality of social relationships (Ellison & George, 1994).

Social support has provided an explanation for the link between religion and health outcome studies in psychology on an individual level. The social capital theory from sociology has further explained the link on a societal level. The social capital theory posits that the constructive influence of religion arises from relations that people build in the religious social context (i.e., social capital). King and Furrow (2004) studied social capital with three dimensions (structural, relational, and cognitive) that explain how relationships available through the religious social context might influence positive outcomes. Specifically, the structural dimension refers to the location and frequency of contacts in a religious social group. The relational dimension refers to the level of trust that explains the quality of relationships. Trust is considered the primary construct of social capital. The cognitive dimension refers to having a shared vision or a shared code or paradigm

within a religious social context which facilitates cognitive clarity on collective goals and expectations.

King et al. (2004) verified that positive moral outcomes (i.e., empathy, perspective taking and altruism) of religion on adolescents were mediated by these three dimensions of social capital established between adolescents and their friends, parents and important non-parent adult figures. This study nicely illustrates religious socialization through trusting interactions with important figures in a adolescent's social network (i.e., friends, parents and adults) and how it helps adolescents to develop identity through shared vision and paradigm within a religious community.

Research using social capital and social support to explain links between religion and health outcomes provides complementary explanations. Social capital's structural and relational dimensions overlap with social support research such that religion provides individuals with opportunities to form relationships more frequently and in greater depth. The cognitive dimension in social capital theory may further explain the high quality of social support within religious groups. According to King et al. (2004), religious groups solidify and capitalize this shared world view amongst members through relationships. Therefore, in comparison to other support in secular settings, relationships within a religious setting provide deeper emotional support (Emmons, 1999; Powell et al., 2003).

Studies have shown that cognitive resources such as sense of meaning by themselves provide mediators for the link between the two (Ryan, Rigby, & King, 1993). Religion provides its members with a world view that make the world "meaningful, predictable and manageable" (Antonovsky, 1980). Ellison (1991) found that a religious world view mediated the relationship between religious service attendance and

psychological well-being. Steger and Frazier (2005) also found that meaning in life is an important mediator of the relation between daily religious activity and well-being.

Religion Promoting Healthy Lifestyle and the Mutual Influence of Physical and Mental Health

Health benefits of religiosity may directly come from the healthy lifestyle that individuals develop within religious doctrines and community. Religion promotes health-enhancing behaviors such as exercise and diet, and discourages health-compromising behaviors such as smoking and heavy drinking (Jessor, Turbin, & Costa, 1998; Oman & Thoresen, 2006; Wallace & Forman, 1998).

An early review paper on the relationship between religion and morbidity and mortality made comparisons among various religious groups and investigated whether specific religious doctrines on health behaviors influence health outcomes. The researchers found that highly devout and behaviorally strict groups such as Mormons, Seventh-Day Adventists, Buddhists, and the clergy have significantly lower rates of hypertension-related morbidity and mortality than comparison populations (Jarvis & Northcott, 1987).

Positive psychological states also would enhance physical health. The well-known relationship between religion and psychological health seems to present itself as a mediator between religion and physical health outcomes. Religion seems to provide various ways to deal with stressful situations and events. For instance, religion provides cognitive resources to appraise stressful life events as less threatening and less stressful, and to perceive them as opportunities for spiritual growth (George et al., 2000). Religious community provides a strong social support group that fosters effective coping with

stressors (George, et al., 2000; Koenig et al, 2001). Such coping would in turn reduce the burden on physical organ systems and eventually promote physical health (McEwen, 1998). The movement from positive psychological states to physical health goes the other direction as well. For instance, a low incidence of health-compromising behaviors (e.g., substance use) would be linked to low risk for developing depression. Stress management utilizing religious resources as discussed above also benefits mental health.

Proposed Mechanism System for the Links between Religion and Health

The emerging interest in mechanism studies revealed the social and cognitive resources that mediate religion's salutary influence on health outcomes. The most well-known mechanisms in the field are social support and capital, cognitive reframe and meaning. Specifically, religious participation increases the quantity and quality of social relationships, which in turn facilitates physical and mental health. Religion provides adaptive attitudes that enhance individuals' psychological adjustment and stress management.

The list of mechanisms explaining the links between religion and health outcomes is far from complete. This study aimed to expand from the current literature to introduce a new possible mechanism. The present study specifically investigated adolescents' religious identity formation through religious socialization, and how that religious identity was associated with their psychological well-being. In other words, this study conceptualized religious identity as an important, not-yet-studied mediator between religion and positive health outcomes. Religious socialization was investigated as a means to develop adolescents' religious identity.

Religious identity and religious socialization embrace well-known mediators social support and capital, cognitive reframe and meaning and present higher order constructs (i.e., identity and socialization) that are developmentally significant and relevant in adolescence. Specifically, social support and capital are embedded in the construct of religious socialization, and a sense of meaning and existential certainty are embraced in the construct of identity.

In terms of social and cognitive development, the adolescent group would be the most appropriate to study the link between religious socialization and religious identity, since it is a time that they start expanding their social network and developing cognitive abilities to perceive one's being (i.e., identities) through their own eyes as well as through relationships with others.

Models of Religious Socialization

Religion is often considered the most important value in the family, and parents who are religious are dedicated to transmitting their religious values to their children. The effectiveness of parental religious value transmission has been constantly documented over the past 20 years (Smith et al., 2003). The ultimate goal of parental religious socialization is to offer children a foundation for religious beliefs (Bao, Whitbeck, Hoyt, & Conger, 1999; Ozorak, 1989) and direct them to further religious development.

Although numerous studies have demonstrated a link between parental and offspring religiosity, mechanisms of children's acquisition and maintenance of religious beliefs and behaviors were not much studied (Okagaki, Hammond, & Seamon, 1999). Relatively little empirical research has been carried out regarding *how* religious values transmit from one generation to other. Available research on the mechanisms of religious

socialization suggests three models of religious socialization: transmission, transaction and transformation/channeling models.

The earliest religious socialization model, the transmission model, viewed parents as dominant and active socialization agents that shape their offspring's religious involvement, but offered minimum explanations of *how* this transmission occurred. Later, this transmission model incorporated the observational learning theory and explained religious socialization as occurring through the modeling of parental religious practices (Oman & Thoresen, 2003). The transaction model presented a more active role for the recipients of socialization (i.e., the children) in religious socialization. This model considered children's cognitive interpretations and perceptions as more important to their religious socialization than parents' religious messages or behaviors. Lastly, the transformation/channeling model expands the pool of socialization agents beyond parents to peers and members in religious communities, such as religious leaders and mentors. The model suggests that religious socialization occurs in the context of interactions with all the socialization agents via various processes such as modeling and the cognitive perceptions and interpretations of recipients. Further information on each model in terms of model development and relevant research follows.

Transmission Model

Early studies on religious socialization assumed religious values and beliefs were unidirectionally passed on from the parent to the child. This early model of religious transmission viewed children as passive recipients. Parents were studied as the most important predictors of children's religious beliefs and practices. The correlation of religious beliefs with practices between parents and children is considered a successful

religious transmission. Bader and Desmond (2006) summarized measures used in early religious socialization correlation studies as “the family's church attendance, the importance of religion in the home, opinions about the existence and power of God, frequency and importance of prayer, and conservative religious beliefs.”

Studies showed that parents’ religious behaviors and attitudes were strongly related to those of their children. For example, parental church attendance is strongly associated with adolescent church attendance and religious belief (Bao et al., 1999; Suziedelis & Potvin, 1981), and parents' religious practices were positively related to all aspects of religiousness in early and middle adolescence (Ozorak, 1989). Dudley and Dudley (1986) found that adolescents' religious values resembled those of their parents.

Although most early religious transmission studies did not explicitly test the mechanism by which parents influence their children's religious beliefs and practices, authors often explained their findings with social learning theory/modeling. For instance, Dudley et al. (1986) explained that parents may provide a model and reinforcement to facilitate children’s internal processing of their religious values. Willits and Crider (1989) also reasoned that intergenerational transmission of religious practice measured by church attendance occurred through the modeling of parents' behaviors and beliefs.

Recently, Oman et al. (2003) explicitly discussed the determinants and mechanisms of observational learning in relation to religious socialization. Based on Bandura’s observational learning theory, Oman et al. (2003) claimed that modeling is key in the transmission of parents’ religious values to children. Regarding religious values, Bandura (2003) said they are difficult to teach and are better understood as “embodied or exemplified.”

This recent religious transmission model views children as observers who develop their own perceptions by observing others' beliefs (Oman et al., 2003). Central to the concept of spiritual modeling is "observational spiritual learning," a term defined by Oman et al. (2003). The authors suggested that relevant skills for developing spiritual growth are learned through observing other persons who are exemplary in modeling spiritual practices. Studies have shown that family members, especially parents, serve as important exemplary figures in children's religious development. For instance, children responded more to parental modeling than parental instruction. In comparing parental desire for children to be religious with parental modeling, parental modeling was a more powerful predictor of children's religious behavior (Flor & Knapp, 2001).

Transaction Model

The unilateral transmission model has dominated socialization research for decades. The more recent transaction model posits that children and parents influence each other in recurrent reciprocal exchanges (Kuczynski, 2003). The transactional religious socialization model brings children into the equation as active recipients and provides more specific mechanisms as to how children engage in the religious socialization process. This model suggests that family discourse on religious and spiritual issues creates a milieu in which children construct religious and spiritual meaning and understanding (Walker & Taylor, 1991). Children's perceptions and interpretations of parental messages are vital to religious socialization, which helps them to construct their own religious and spiritual reality.

Several studies demonstrated the importance of children's cognitive processing of parents' religious messages. Acock and Bengston (1980) found that adolescents' and

young adults' (ages 16-26) perceptions of parents' beliefs were better predictors of the adolescents' own beliefs than were parents' actual beliefs. Participation in religious discussions and rituals in the home coupled with parental directives to attend church and church-related functions appears to be the most effective transmission method for children (Hoge, Pertillo, & Smith, 1982).

Okagaki, Hammond and Seamon (1999) also found that religious discussion between parents and children (e.g., parents' explanation of their beliefs to their children, discussion on lessons they were learning in their own reading of the Bible and from church services) proved to be effective in adolescents' religious socialization. Flor et al. (2001) found that although parents' behavior and active desire for the child to be religious predicted the largest portion of unique variance (30%) across all models, dyadic parent-child discussion of faith also predicted significant additional variance in religious faith.

Moreover, the frequency of verbal communication of religious beliefs seemed to improve children's adherence to the beliefs as well as understanding and accurate perception of the parental belief structure (Miller, 2005). Goodnow and her colleagues suggested that children acquire attitudes, beliefs and values from their parents depending on the accuracy of children's perceptions of their parents' message (Cashmore & Goodnow, 1985; Goodnow, 1992); then children either accept or reject the parental values they perceived (Grusec & Goodnow, 1994). Goodnow mentioned that the clarity, explicitness and salience of the parents' message regarding their beliefs are keys to increasing the accuracy of children's perceptions. In other words, clear, repetitive, and consistent parental messages that match children's cognitive levels promote children's

accurate perceptions. Knafo and Schwartz (2003) said that availability and understandability of the messages, and the adolescent's motivation to attend to them also determine the accuracy in perceiving parents' religious values.

Transformation/Channeling model

The transformation model connects the dots between two religious socialization models in terms of religious socialization mechanisms (e.g., modeling and cognitive processes) and expands active religious socialization agents to non-familial agents (e.g., peers and religious leaders). The transformation model of religious socialization is relatively new in the psychology of religion. However, the transformation model has been studied within the sociology of religion as the channeling hypothesis or model.

The channeling hypothesis proposes that parents shape their children's religious norms directly during childhood; at the same time parents channel children to religious communities where they can socialize with religious peers and mentors who are supposed to foster their children's religiosity directly. Then parents' religious socialization continues to influence their children "indirectly" by channeling as they enter adolescence and adulthood when peers and spouses respectively appear as the most important religious socialization agents (Cornwall, 1989; Erickson, 1992).

The channeling hypothesis has a long history with various populations within the study of religious socialization in sociology. The study of Himmelfarb (1979) on agents of religious socialization among American Jews first tested the channeling hypothesis empirically and brought research attention to this hypothesis. He found that Jewish parents' socialization efforts had an indirect influence on their adult children. American Jewish participants' religious participation as adults was directly explained by their

spouse's religiosity. However, parents channeled their children to religious schools and organizations where their children met their spouses.

Cornwall (1989) also found empirical support for the channeling hypothesis in her Mormon sample. She found that family variables had little direct influence on adult religiosity, but that parents are influential in an indirect way. That is, parental church attendance and home religious observation serve to channel offspring into peer networks that reinforce the home values. Peer influence, in turn, directly affects the adolescents' subsequent adult behavior patterns.

Park and Ecklund (2007)'s study on Asian Americans' religious socialization confirmed the channeling hypothesis. They interviewed 70 Asian American college students from different religions on their religious experiences. They found that parents provide their children with means to receive religious training in the congregation.

Erickson (1992) replicated Himmelfarb and Cornwall's findings using a structural equation model with a large sample. As an educational psychologist, he was particularly interested in the strength of religious education which is measured by the amount of formal religious education activity the young person engages in and has previously engaged in during childhood (e.g., Sunday school). Erickson first succeeded in replicating Himmelfarb and Cornwall's findings: parents channeled their adolescent children to other more salient social influencers (i.e., peers and religious educational settings). More importantly, the author found that religious education has a direct and strong influence on adolescents' religious development. He argued that a religious education contributes to religiosity because it combines the religious institution with religious peers.

Using the same data set used by Erickson (1992), Martin, White and Perlman (2001) tested the channeling hypothesis among three socialization agents: parents, congregation, and peers. They studied over 2000 Protestant adolescents (mean age = 14.95 years). They looked at how peers (faith discussion and youth group involvement), congregation (influence of adults in their church), and parents individually influenced adolescents' faith maturity, and more importantly, tested if congregation and peers would act as a mediator for a relationship between parental religious socialization (i.e., faith modeling and discussion) and adolescents' faith maturity.

They found that the parental (both mother and father) and peer religious socialization only predicted adolescents' religiosity. Peer influence has a slight mediating effect on the relationship between parental socialization and adolescents' religiosity. Martin et al. confirmed that parents channel their offspring into other socializing institutions that then influence the type and number of friends they have. Authors did not find the channeling effect of congregations because they did not specify figures in the congregations who were important in adolescents' lives such as youth pastors and youth program teachers.

Schwartz (2006) has brought the channeling hypothesis from sociology to psychology and presented it as the *transformation model*. He was the first psychologist to test the transformation model as a mediational study from transmission and transaction models; he looked at how two important religious socialization agents (i.e., parents and peers) had complementary roles in adolescents' religious socialization. Specifically, religious transmission was measured by "faith modeling" from parents and peers (e.g., church attendance), and transaction was measured by "faith dialogue" from parents and

peers (e.g., discussions about faith). He found that both parent and friend transmission and transaction variables significantly and positively predicted Christian adolescents' (mean age = 16.2 years) religiosity. Yet peer's religious socialization (transmission and transaction) was more strongly associated with adolescents' religiosity than parents' religious socialization. Furthermore, Schwartz found support for his transformation model: peers' religious socialization mediated the relationship between adolescents' religiosity and parental religious socialization.

Agents or Types

Models of religious socialization have been more focused on types of religious socialization (e.g., spiritual modeling and religious dialogue) than on religious socialization agents. Thus the evolution of models of religious socialization is mostly based on development of types of religious socialization.

In this type-oriented research tradition, parents have been studied as the main agent using different types of religious socialization in different models. By and large, the evolution of religious socialization models took place via studies of parental religious socialization. However, studies focused on parents' use of different religious socialization types possibly present an issue of confounding the agent effect (i.e., the parental influence) and effects of specific types on religious socialization: study findings regarding different religious socialization may have less to do with religious socialization types than with the influence of the most studied religious socialization agent—parents. In other words, when religious socialization literature ended up overemphasizing some types of religious socialization in different models, it may have been because of the influence of parents themselves, not the ways in which they socialize their children.

The question still remains: which is more important, agents or types? Is “who is saying” more important than “what is being said?” Unfortunately, in the current literature the influence of religious socialization agents has been overlooked. Interestingly, when studies included peers as religious socialization agents along with parents, peers almost always were a better predictor of adolescents’ religious development (e.g., Gunnoe & Moore, 2002; Hoge & Petrillo, 1978; King, Furrow, & Roth, 2002) in the studies with early religious socialization models (i.e., transmission and transactional models). Research in the transformational/channeling model finally acknowledged the important roles of religious socialization agents despite very limited numbers of studies. Such studies continue to find that parents have an indirect role in offspring’s religious socialization, while the influence of peers and spouses differs depending on stages of development (e.g., adolescence, adulthood).

Through the general socialization literature, we know that the influence of peers and mentors increases tremendously during adolescence. It is possible that the influence of religious agents is as important as other types, if not more. Developmentally, adolescents are more likely to care about the source of information (i.e., agents) than whether the information is carried via explicit direction, dialogue or modeling. For instance, Schwartz (2006) has found strong correlations between “faith dialogue” and “faith modeling” in socialization agents of parents and peers ($r = .63, .64$ respectively). On the other hand, he found weak relationships between “faith dialogue” and “faith modeling” across agents ($r = .29, .18$ respectively). This study illustrates how the research needs to advance its focus from religious socialization types to religious socialization agents.

In this study the three most important religious socialization agents are presented in adolescent social contexts: parents, peers and mentors. The process of each agent's religious socialization is investigated using three types of religious socialization: faith control, faith dialogue and faith modeling. The following sections will introduce two understudied religious socialization agents (i.e., peers and mentors).

Non-familial Religious Socialization Agents—Peers and Mentors

The field of developmental psychology has established the important roles of peers and non-parent adults, such as siblings, extended family members and important community figures, in one's socialization processes. Religious socialization literature also identifies three important religious socialization agents: the family (Greeley, McGready, & McCourt, 1976), religious community, and peer groups (Cornwall, 1988).

Parental influence on religious development has been a focus of research. Yet, there is a remarkable paucity of empirical research on the influence of peers and mentors on children's and adolescents' religious development. Some researchers have argued that the family is the principle agent of religious socialization (E. Erickson, 1963), whereas peers and religious institutions are secondary agents. However, as children enter into adolescence and their social network extends, they develop increasingly important relationships with peers and non-parental adults. Recent models of religious socialization (e.g., spiritual modeling and the transformation/channeling model) have weighed the influence of peers and mentors on adolescents' religious development as more significant and direct than the influence of parents (J. Erickson, 1996; Schwartz, 2006).

Peers as Religious Socialization Agents

Peers emerge as one of the most important religious socialization agents for adolescents (Arnon, Shamai, & Ilatov, 2008). Peers influence adolescents' attitudes about religion, and peer relationships also provide motivation to engage in religious practices and activities. The importance of peer influence on adolescents' religious development is discussed in the transformation/channeling model of religious socialization above.

Individual studies, not directly related to the transformation/channeling religious socialization model, continue to document peer influence in adolescents' religious socialization. Hoge et al.'s early study (1978) found that youth programs play a very important role in adolescents' religiosity. Peers had a strong influence on youth group participation and attitudes toward the youth programs. They conceptualized that adolescents would develop religiosity from different types of relationships with different agents in religious settings (i.e., parents, peers and church leaders). The authors found that parents have very strong influence on the adolescents' church attendance patterns, but almost no influence on their children's attitudes toward the church and toward youth programs. Interestingly Hoge et al. found that relationships with church leaders are very important influences on overall attitudes toward the church. The unique contribution of relationships with church leaders for adolescents' religious development will be discussed in the following section.

Recent studies have found an even stronger influence of peers on adolescents' religious involvement. Gunnoe et al.'s 2002 study using data from three waves of the National Survey of Children tested a series of eight predictors in adolescence that are correlated with young adult religiosity (e.g., religious schooling, cognitive ability, parenting style and role models). They showed young adult religiosity (age 17-22) was

best predicted by their peers' church attendance pattern during high school. Although the data came from participants' retrospective reports, it highlighted the increasing importance of peers and their influence on religious involvement in adolescence.

King, Furrow and Roth (2002)'s empirical study demonstrated a unique contribution of peers on adolescents' religious development above and beyond parental influence. King et al., (2002) tested religious socialization (i.e., religious dialogue and participation) of parents and peers on the experience of God and the importance of religion among high school aged participants. They found that parents and peer influences are both significant predictors of adolescent experience of God and consideration of the importance of religion. Moreover, friends have been found to add unique variance in high schoolers' experience of God and importance of religion, controlling for parental influence.

Mentors as Religious Socialization Agents

Adolescents' expanded social networks include non-parent adult figures as well as peers. Hamilton (1990) defined these non-parent adult figures as older and more experienced individuals who seek to further develop the character and competence of adolescents through mentorship.

Rhodes, Ebert and Fischer (1992) also defined mentors as non-parental adults who provide support and refer adolescents to resources. Leven et al. (1978) identified teachers, coaches, youth workers, and youth pastors as important mentors who fulfill this role. They provide important resources such as guidance, encouragement, and emotional support to adolescents who are in the process of transition from childhood to adulthood (Leven et al., 1978; Rhodes et al., 2002). Mentors motivate adolescents to achieve

important developmental tasks such as identity formation, social skills and academic achievement (Aoki et al., 2000).

Younger people can find existing “natural” mentors who are influential adult figures in their social context, such as teachers, extended family members or religious leaders. Or mentors can be “assigned” to a younger person in an organized mentoring program such as the Big Brother/Big Sister program. Studies on the mentoring relationship and its influence on adolescents have been focused on “assigned” mentorship. Longitudinal and cross-regional outcome studies of the Big Brothers/Big Sisters program showed that program participants were involved in fewer anti-social activities, had better academic performance, attitudes, and behaviors, and had better relationships with family and friends (Royce, 1998; Slicker & Palmer, 1993).

In the literature, mentors, either “assigned” or “natural,” are often also studied as individuals who provide the at-risk adolescents with “compensatory” support or resources that are not adequately provided by parents (Cowen & Work, 1988; Rutter, 1987). Empirical studies on mentoring relationships among adolescents at risk showed that the mentor helped them academically (LoSciuto, Rajala, Townsend, & Taylor, 1996) and socially (e.g., more prosocial behaviors and less conflict with friends) (Rhodes, 1994), as well as protecting them from substance use such as drug and alcohol. Furthermore, the amount of mentoring (“a dose effect”) (LoSciuto et al., 1996) and the quality of the mentor relationship (Slicker et al., 1993) better predicted positive outcomes such as lower school dropout rates and higher grades among high-risk adolescents.

Empirical studies that examine natural mentor relationships and their influence on low-risk adolescents are very limited. Lately, more researchers (Beam, Chen, &

Greenberger, 2002; Zimmerman, Bingenheimer, & Notaro, 2002) have suggested that the presence of natural mentors, such as community members, teachers and extended family members, in young people's lives is part of their normative development and that mentorship serves adolescents' positive development regardless of whether they are at high risk. For instance Beam et al. (2002)'s study with a community sample of 243 11th graders showed that the majority (82%) of adolescents reported having a non-parental adult who played an "important," "very important," or "truly key" role in their lives. Their study not only showed the prevalence and importance of mentoring relationships as a normative part of adolescents' development, but also revealed that adolescents receive a high quality of relationship (e.g., high support, low conflict and high mutuality) in their mentoring relationships.

The prevalence rate of mentoring and its positive influence on adolescents' development has been found in a diverse population as well (Zimmerman et al., 2002). Specifically Zimmerman et al., (2002) discovered that more than half (54%) of their large diverse urban adolescent population (about 80% African Americans, 17% white, and 3% biracial) had significant non-parent adult figures (i.e., natural mentors). They also found that respondents with natural mentors reported lower levels of marijuana use and non-violent delinquency. Similarly, those with natural mentors reported higher levels of school attachment and school efficacy, and were more likely to believe in the importance of doing well in school.

Mentors influence adolescents within unique relationships which appear to lie between those with parents and those with peers (Beam et al., 2002; Darling, Hamilton, & Hames, 2002; Zimmerman et al., 2002). Studies show that adult mentors provide

quality relationships that feature advice, support, and guidance (i.e., a role model) as well as “peer-like” relationships that are “non-judgmental, non-punitive and fun” (Rhodes et al., 2002, p. 18). Such relationships seem to be an additional and important component of adolescents’ lives above and beyond parental influence (Beam et al., 2002).

While research has shown that mentor relationships are a part of adolescents’ normal development and generally promote positive functioning of adolescents, how would mentors promote their religious development? First of all, these mentoring relationships are based on the stage of cognitive development that enables adolescents to take multiple social perspectives (Selman, 1980). Adolescence is a time to open one’s eyes to people outside of the family. These expanded relationships help adolescents to critically evaluate and distinguish religious values and beliefs that come from one’s family (Ozorak, 1989). Clinton and Clinton (1991) noted that non-parent mentors play an important role in providing support on the journey of one’s religious development.

Yet, Aoki et al. observed in their 2000 study that mentors’ influence on adolescents’ religious development has not been empirically studied despite mentors’ great potential to facilitate adolescents’ religiosity. The relationship still seems to remain unexplored. In fact, the role of religious leaders/mentors in children’s and adolescents’ development in general is widely unknown and understudied. In a review chapter on religious mentors’ influence on children’s and adolescents’ spiritual development, Schwartz and his colleagues (2006) stated that empirical research on mentoring relationships in children’s and adolescents’ religious and spiritual development has not been encouraged, and its importance has not been recognized despite the rich history of mentoring relationships in nurturing childhood and adolescent spiritual development.

Aoki et al. further argued that adolescents are greatly influenced by groups with which they identify. Therefore, when they identify with a religious entity such as a church youth group, adults in this group are likely to have great influence on their religious development. For instance, religious mentors such as Hindu gurus and Jewish sages are meant to reinforce social and religious norms, clarify values, and establish expectations for behavior. However, empirical evidence supporting the value of gurus and sages on the spiritual development of children and adolescents is either non-existent or unreported. As most studies on religion and psychology come from the Judeo-Christian tradition (Park et al., 2007), the very limited available data are drawn exclusively from Catholic and Protestant youth ministry.

Youth ministers and Sunday school teachers in Christian and Catholic churches are important adult figures that potentially provide mentoring relationships to encourage adolescents' religious development. Youth ministers themselves and adolescents acknowledge that youth ministers are important mentors who are supposed to facilitate adolescents' religious development. In a survey of 2,400 youth ministers, the nurturing of adolescents' religious development was ranked number one in terms of both perceived importance and how well it was being achieved (Strommen, Jones, & Rahn, 2001). Over 3,000 Christian adolescents (ages 13-18) rated the provision of opportunities and examples of Christian teaching as the most important characteristics of both their youth minister and the senior pastor (Schwartz, 2003). Although these survey data indicate religious mentors' important roles in adolescents' religious development, empirical studies that test this influence even within Judeo-Christian populations are extremely sparse.

Proposed Integrative Religious Socialization Model

The present study examines religious socialization in terms of the unique contributions by three different agents (i.e., parents, peers and mentors) using various types of religious socialization. This approach differs from the three religious socialization models reviewed above, moving the focus of religious socialization from types to agents as a reflection of adolescents' expanded social network and Schwartz's 2006 study findings. Although this approach is informed by the transformation/channeling model, the present study clarifies who the most significant agents are and how each socializes (i.e., religious socialization types). Religious socialization agents expand beyond the family to include important figures such as youth pastors and teachers in adolescents' religious community (i.e., youth program). Youth programs uniquely meet adolescents' increasing need to expand their social network with peers and non-parent adults, and also offer readily available resources that adolescents may need in turbulent times (Cha, 2001). Furthermore, in order to come to a more complete assessment of religious socialization through these agents, this study extends Schwartz's use of "faith modeling" and "faith dialogue" to include the "faith control" component.

First, the "faith control" component refers to behavioral socialization that explicitly instructs religious practices such as church attendance, reading scripture and prayer. The early religious transmission model is not a process-oriented model specifying mechanisms of transmission but an outcome-oriented approach that mostly studied correlations between parents and children's religious beliefs and practices. Early researchers speculated that observational learning and modeling might explain this

process. Later Oman et al. (2003) specifically presented “spiritual modeling” as the key process in the religious transmission model. At the same time, parents may give explicit directions concerning religious involvement and practice. The “control” or “demandingness” dimension in which parents monitor and impart clear standards for their children’s conduct is well-established with the other dimension of “warmth” or “responsiveness” in general parental socialization literature (Baumrind, 1991). In this study, the process of explicitly directing adolescents’ religious involvement will be measured as an important component of religious socialization (i.e., “faith control”) based on the religious transmission model as well as general socialization literature.

Second, the “faith dialogue” component refers to cognitive socialization that promotes cognitive understanding of religious beliefs and practices through discussion. This component is based on a transaction model that emphasizes the socialization recipient’s own cognitive understanding and perception of the socialization agent’s messages or behaviors.

Third, the “faith modeling” component derives directly from spiritual modeling (Oman et al., 2003) in the recent transmission model. Faith modeling refers to the process through which religious socialization takes place via recipients’ observation of religious involvement and practices of socialization agents/religious role models.

Faith modeling appears to be a combination of faith control and faith dialogue that emphasizes the socialization agents’ explicit religious behaviors and the recipients’ cognitive processes, respectively. Yet faith modeling differs from faith control in that religious socialization occurs through recipients’ observations of agents’ behaviors rather than through explicit and directive “controls” on recipients’ religious practice and

involvement. Although both faith modeling and faith dialogue emphasize cognitive processes, faith modeling is a more implicit process that is based on recipients' observations of religious model's behaviors, while the cognitive process of faith dialogue is more explicit and guided through discussion of religious topics.

Summary of Literature Review on Religious Socialization

Religious socialization is a process in which children and adolescents systematically capitalize on religious resources in various relationship contexts. Research in religious socialization has been focused on parental influence on children exclusively, and we know very little about the peer and mentor religious socialization process and its influence on children's well-being despite the overwhelming significance of peers and non-parent adults in adolescent development. This study will investigate the religious socialization provided by peers and mentors (i.e., youth ministers and youth teachers) as well as that of parents, and their influence on adolescents' other developmental outcomes (e.g., identity development and psychological adjustment).

Linking Religious Socialization to Religious Identity

Adolescence is a time when a sense of self and identity begins to crystallize and the influence of the social and peer groups dramatically increase over that of family (Miller et al., 2005). Erikson (1968) theorized that establishing identity was an important task in adolescence, and that identity functions as a dynamic source for successful adaptation in adulthood, challenges such as intimacy in young adulthood, generativity in mid-life, and integrity in older adulthood.

Religion provides resources to develop one's identities, such as a profound sense of connection to the divine or human, has great implications for self-concept, and offers

an understanding of self-worth. Religion itself forms an identity (i.e., religious identity) that becomes an important part of one's self-concept and influences one's social life and social network (Ozorak, 2005).

Yet, religious and spiritual identities have not received much attention as research topics. Major identity theories and research in psychology have largely overlooked the role of religion in forging identity for individuals and groups (Peek, 2005). At the same time, due to the "new" development of the empirical research tradition in religion and psychology, issues of validity and measurement have been raised as to the study of important constructs of this area, such as religiosity, spirituality and religious identity. A few existing studies on religious identities have also been confronted with these theoretical and measurement issues.

Religious identity was first understood as an ego identity in the realm of psychosocial development by Erickson (1968). *Ego identity* is one's definition of who one is, and it consists of those things that most basically define who we are (Baumeister, 1986). In Erikson's psychosocial development theory (1968), the central task of adolescence is the development of ego identity. Subsequently, religious identity was measured as a personal identity, a construct borrowed from Marcia's personal identity categorization, which was based on Erikson's ideas of ego identity (Lee, Miller, & Chang, 2006; Sanders, 1998).

Marcia (1966) expanded on Erikson's ideas of ego identity formation based on two dimensions. *Exploration* refers to a period of struggling or active questioning about aspects of identity, while *commitment* involves making a definitive choice about goals, values, and beliefs. These two dimensions yield four identity states: *diffusion* (low on

exploration and commitment), *foreclosure* (low on exploration yet high on commitment), *moratorium* (high on exploration but low on commitment), and *achievement* (high on both exploration and commitment). The studies that borrowed Marcia's classification of personal identity (Lee et al., 2006; Sanders, 1998) adopted exploration and commitment dimensions as exploration of the personal meaning of religion, and commitment to religious practices and behaviors. Lee et al., (2006) found that intrinsic religiosity was positively associated with "achievement" and "foreclosure," and negatively associated with "moratorium" and "diffusion."

However, constructing religious identity with personal identity failed to encompass core components of religion as a social construct. Originally, in Erikson's psychosocial developmental theory, he discussed the importance of social roles and groups in the development of ego identity during adolescence. He conceptualized identity as an individual's link to the values and outlook on life based on one's unique history of social roles or social groups (Erikson, 1956). He claimed that adolescents must obtain specific self-meanings in social circumstances. Yet the role of social groups and contexts was not extensively studied in religious identity studies using the measures of Marcia's four identity status categorizations.

Erikson and Marcia's early psychosocial developmental approach to religious identity transitioned to a social psychological approach based on social categorization and social identity theories. Self-categorization with a religious group was most often measured as a religious identity. For instance, denominational affiliation among Christians (e.g., Baptist, Methodist and Catholic) (Dillon, 1996; Lawton & Bures, 2002; Pearce & Thornton, 2007) or a single item on orthodoxy of Judaism among Jews (Lazar,

Kravetz, & Frederich-Kedem, 2002) were used to assess religious identity. However, this simplistic approach of treating religious identity as a demographic variable raised the theoretical question of what religious identity really is as a psychological construct.

Greenfield and Marks (2007) approached religious identity with a more sophisticated theory (i.e., social identity theory) which goes beyond a single measure of self-categorization. They claimed that membership in certain social groups or categories has the potential to shape a person's self-concept and identity (Tajfel, 1978). The authors defined religious social identity as an individual's psychological experience of a religious social group. They hypothesized that frequent interaction with religious groups through formal religious participation enhances one's religious social identity, and in turn that formation of the identity would positively contribute to one's psychological well-being. They confirmed their hypothesis: religious social identity was a mediator between frequent religious participation and health outcomes. However, as the authors used existing data, their available item to assess religious social identity was a single question that measured emotional belongingness to a religious group (i.e., "How closely do you identify with being a member of your religious group?").

Greenfield et al. (2007) attempted to expand the understanding of religious identity by adding a theoretical component (i.e., social identity theory) that acknowledges the social nature of religion and the complexities of religious identity. Although they failed to incorporate this complexity in their measurement of religious identity, they imposed further developments in theory and measurement on the study of religious identity; they also presented religious identity as a mediator for the link between religion and psychological well-being.

Recently, Ashmore and colleagues presented a collective identity framework as a possible outlet to understand religious identity over other competing theories (e.g., social identity theory and self-categorization) (Ashmore, Deaux, & McLaughlin-Volpe, 2004). Ashmore and his colleagues termed their framework *collective identity* for two reasons. First, theoretically all aspects of the self are socially influenced. Individuals obtain their meaning and significance within a context of social relations between people. All identities, including personal identity, are inherently social. The second reason to prefer collective identity to social identity was to avoid connotational confusion with the term “social identity.” Ashmore et al. (2004) said that both personal and collective identities include cognitive components (e.g., beliefs, ideological positions, and stereotypical traits shared by members of the category), an affective component (e.g., value, importance, perceived value of others, commitment and closeness to members of the category), and a behavioral component (e.g., religious service attendance for a religious identity). Yet, personal and collective identities are differentiated by their function for the individual. Personal identity is more unique to self rather than shared with a group.

Based on this distinction, Templeton et al. (2006) presented religious identity as collective identity and spiritual identity as personal. Spiritual identity is a personal identity because it consists of spiritual characteristics unique to the individual rather than shared with a group, and because a spiritual identity is not associated directly with feelings of belonging to a valued religious group. Thus, spiritual identity as a personal identity mirrors the individual’s personal reflection about the role of spirituality in her or his life. On the other hand, religious identity is a collective identity because individuals with a religious identity believe they are members of a religious group, their identity can

vary in terms of their acceptance of belief systems, endorsement of the importance of religious values, commitment to the religious group, and practices associated with the religion.

In fact, Ashmore et al.'s framework on collective identity and Erickson's early theory of identity development share some common ground. Both underlined that a religious community offers the opportunity for the search for meaning and belonging that is central to the task of identity exploration. Erikson (1965) said that adolescents may discover a profound sense of belonging as members of a faith community through religious rituals. Furthermore, Erikson's early theory already hinted at a link between religious socialization, religious identity development and its influence on psychological well-being. Erikson (1959) viewed religious traditions as providing a worldview and a rich ideological context in which one forms his/her identity. He claimed that a young person achieves a sense of identity, purpose and belonging by interacting with individuals who share and model religious ideologies, histories and tradition (Erikson, 1968). In other words, parents, peers and religious mentors in the congregation play a significant role by modeling religious traditions and principles and behavioral norms in social context.

Religious socialization leads adolescents to religious practices and involvement with religious social groups. Adolescents' religious participation and time spent socializing with religious peers and adults seem to provide an important foundation for identity formation. Smith and Faris (2003) found that 12th graders who attend church once a week or for whom religion is very important are more likely than non-believers or non-attendees to have a healthy self-concept, hope for the future, meaning in life and

enjoyment in school. A sense of purpose and meaning in life is one of the main products of religious identity (Fry, 2000). Identity consolidation is, in turn, central to adolescents' well-being (King et al., 2004). Through the religious socialization process, adolescents seem to learn to capitalize on religious doctrines and community resources for their identity development and psychological well-being.

Cognitive development in adolescence coupled with religious socialization (Jacobs, 2000; Ozorak, 1989) provide contexts for adolescents to construct their religious identity (Erickson, 1968; Marcia, 1966). For instance, religious discourse with parents provides "cognitive anchors" to children (Ozorak, 1989). Cognitive development helps children to integrate religious socialization into their identities (i.e., religious identity), which promotes life-long religious development (Loveland, 2003).

Summary of Religious Identity Development

The development of religious socialization models and the evolution of the religious identity approach have been discussed. Models of religious socialization evolved to give answers to the question, *How do individuals become religious?* Parents' religious socialization of their children dominated the literature for decades. First, children were viewed as passive in the early model of religious transmission. Recent models (i.e., spiritual modeling as a recent form of the transmission model and transaction model) emphasize children's active roles in the religious socialization processes: children observe parents' religious practices and develop their own skill sets of religious practices (spiritual modeling), or interact with parents and develop their cognitive understanding via dialogue and discussion. The transformation model goes beyond parental influence, has invited to the table age-appropriate socialization agents for

adolescents such as peers and mentors, and sees active involvement of all agents including children and parents. Teens are far more susceptible to peer and cultural influence than are children (Bukowski, Brendgen, & Vitaro, 2007). Testing the influence of adolescents' expanded social network on religious identity development appears to be important.

Religious identity was first understood in Marcia's developmental, theoretical framework as personal identity, based on Erickson's theory. Subsequently, religious identity was conceptualized as a social construct from a social psychology approach: It started with self-categorization and merely treated religious identity as a demographic variable without applying adequate measurements and an appropriate theoretical background. Social identity theory was first applied to religious identity in the current literature. However, valid measures for the construct of religious identity were still missing. Ashmore et al.'s collective identity framework opened up possibilities for conceptualizing and investigating religious identity with theoretical and methodological improvements.

Ashmore et al. organized the individual level of the elements of collective identity as self-categorization, evaluation, importance, attachment and interdependence, social embeddedness, behavioral involvement, self-attributed characteristics, ideology and narrative. Applying Ashmore et al. and other theorists' work on collective identity, Leach and his colleagues generated multi-component In-Group Identification Scales (Leach et al, 2008). They specifically confirmed five components In-group Identification Scales (i.e., solidarity, satisfaction, centrality, self-stereotyping and homogeneity). Then they

organized them as a hierarchical two-dimensional model, with dimensions of group level self-investment and group level self-definition.

In this present study, only Leach et al.'s group level self investment measure was employed, which assesses one's belonging to his/her in-group (i.e., solidarity), along with one's evaluation (i.e., satisfaction) and the importance (i.e., centrality) of his/her in-group. In addition, as religious practice appears to be a fundamental component of religious identity, items of the behavioral involvement scale from Williams and Lawler's (2001) religious behaviors scale were added. The current dissertation hypothesized that collective religious identity formed from religious socialization, which includes various relationships (i.e., parental, peer and mentor), would be a new possible mediator in the link between religion and health outcomes. This relationship was specifically studied in the Korean American adolescent population.

Culture and Religion

Religion conveys unique political, cultural, historical and social meanings across different ethnic groups. Roles of religion in diverse ethnic groups may differ (Steffen, Hinderliter, Blumenthal, & Sherwood, 2001). However, studies in religion and psychology have heavily focused on European Americans and their religious practices in Christianity and Catholicism (King & Benson, 2006; Park et al., 2007).

African Americans' religious practices and the role of religion in the African American community are relatively well understood in comparison to other ethnic groups, especially Asian American populations (Flor et al., 2001; Okagaki et al., 1999). A recent meta-analytic paper on religiosity and depression well summarized this disproportion (Smith et al., 2003). In Smith et al.'s paper, 95 out of 147 studies revealed participants'

ethnicity. Among these 95 studies, 53% were on European Americans, 24% on African Americans, 12% on Northern Europeans, 5% on Hispanic/Latino Americans, and only 1% on Asian Americans and 1% on other Americans (e.g., Native Americans). The Smith et al. (2003) study found that ethnicity did not moderate the association between religiosity and depressive symptoms, although the comparison was only made between African Americans and European Americans due to insufficient sample sizes in other groups.

Role of Religion among Ethnic Minorities

Religion and religious institutions in ethnic minority communities have been studied as agencies that provide support, resources and guidance in facing adversities such as discrimination and the acculturation process, and in the raising and socialization of children as members of a minority ethnic group as well as members of main-stream society.

The vast majority of studies in the psychology of religion and culture are from African American populations, but some sociological studies have explored the role of religion in Asian American populations. This study concerns Asian Americans, specifically Korean Americans. Nonetheless, studies of religious practices and influence on African Americans will provide insights for roles of religion that may be applicable to other minority population.

African Americans' health benefits from religious participation do not appear to differ from those of European Americans, and include a positive relationship between religious participation and physical health benefits (McCullough et al., 2000), decrease in depressive symptoms (Smith et al., 2003), emotional and psychological support during

crisis moments and increased life satisfaction (Miller, 2007). Yet, the influence of African American churches (“black church”) on the African American community does appear to be different and greater on both individual and collective levels. This tradition is rooted in the history of oppression as a group. In response to racial discrimination and prejudice within white churches, African Americans developed independent black churches during the late 18th and early 19th centuries (Raboteau, 1995).

On a collective level, black churches and their members have been heavily involved in civil rights and other social justice movements (Dressler, 1991), in aiding efforts to battle discriminatory laws and practices (Baer & Singer, 1992), and in fostering the growth and stability of African American communities (Moore, 1991).

The black church serves as a significant support network for the individuals in its congregation, providing mutual help, friendships and empowerment. Members assist each other in times of need (Moore, 1991; Taylor & Chatters, 1989). Churches serve as an important support system to families, providing a sense of tradition, moral guidance, and services for parents, children, and the elderly (Morris & Robinson, 1996; Taylor et al., 1989). In addition, African American churches have long been involved in the teaching of effective coping strategies for day-to-day problems (Moore, 1991), such as facing racist and discriminatory acts by whites (Boyd-Franklin, 1989).

The history of the black church and the deeper level of involvement in its members' lives are reflected in research findings. Krause (2002) revealed that blacks find greater social support from their religious communities than whites. Religious leaders' roles appear to be different in black church communities. Black pastors are more heavily involved in the mental health care of African Americans in counseling their

congregations than some white pastors (Mollica, Streets, Boscarino, & Redlich, 1986). Krause (2003) found that emotional support provided by ministers is positively related to the self-esteem of older African-American church members, but not of white counterparts. Whites might have more resources to access mental health services besides church leaders. However, compared to whites, blacks may find a more effective buffer and resources to deal with discrimination-related stress, especially when black churches have a great awareness of discrimination and social justice issues, and when black religious leaders are actively involved in mental health counseling. Griffith, Young and Smith (1984) suggested that the black church service also can provide a therapeutic group experience for its members. In fact, religious service attendance moderated the relationship between negative affect and discrimination experiences (Bierman, 2006).

The role of religion in Asian American populations has not received much attention in the psychology literature. Yet sociological studies on Asian Americans and their religious practices suggest that religion serves the same function in Asian American and African American populations. . Church serves as a community resource for both groups but the type of resource is different For instance, Asian American churches provide resources to individuals to deal with adversities that they uniquely face as “new” immigrants. Specifically, the main role of the Asian American church has been studied as helping new immigrants to survive in new surroundings by assisting the process of acculturation, as well as helping with the distress of uprooting experiences, at the same time providing a place for ethnic reproduction of the next generation.

Distinct immigrant histories and politics in the U.S. and countries of origin have been studied as influential factors in the heterogeneity among Asian Americans. An

ethnic-specific approach may offer rich knowledge and protect from over-generalizing the Asian American group as one homogenous group. Koreans in the United States especially would provide a good example to expand knowledge on religion among ethnic minority groups.

The Korean ethnic church is arguably the most important community organization for Korean Americans (K.C. Kim & S. Kim, 2001). Considering the predominant roles of Korean ethnic churches in their community, studying the psychological implications of their religious involvement and practices seems inevitable if this population would be understood.

Korean Americans

Compared with other East Asian immigrants (e.g., Chinese, Japanese), Korean immigrants are unique in their religious practice (Hurh & Kim, 1990; Yang, 1999). Korean immigrants have been known as “church-goers.” Over 70% of Korean immigrants are affiliated with Korean ethnic churches, and the vast majority (about 80%) reported they attend church at least once a week (Hurh et al., 1990). Koreans’ church involvement in the States was not associated with SES, length of residence, assimilation (Americanized) or ethnic attachment (“Koreanness”). Church involvement has become a way of life for the majority of Koreans in the United States: “whether newcomers or old-timers, professionals or manual workers, assimilated or not, the majority of Korean immigrants are pervasively involved in their ethnic churches” (Hurh et al., 1990, p. 28).

This proportion is surprisingly high considering that the Christian population in Korea is about 25% (Korea National Statistical Office, 1999). The percentage is overwhelming in comparison to other Asian immigrant groups. For instance, 32% of

Chinese in the U.S. are identified as Christians (Yang, 1999). The unique history of Korean immigration and common roles of religion for new immigrants may provide answers for the prevalence of Christianity among Koreans in the U.S.

Historically, American missionaries played an important role when Koreans first immigrated to Hawaii in the early 1920's. They encouraged Koreans to immigrate to Hawaii, and many early immigrants were already baptized Christians prior to their emigration from Korea. While about 90% of Koreans residing in the States came after the Immigration Act of 1965, over half of these new Korean immigrants were already Christians before immigration. That means more Christians emigrate to America than non-Christians; also a high proportion of non-Christians joined Korean ethnic churches after immigrating to the U.S. (Yang, 1999)

Religion appears to meet these "new" immigrants' religious (e.g., meaning), social (e.g., belonging) and psychological (e.g., comfort) needs. Under the "uprooting and existential alienation" stresses of immigrant life, those who were already Christians in Korea may have more actively sought Christian fellowship, and non-Christian immigrants may have developed an interest in seeking religion (Hurh et al., 1990).

Consequently, Korean ethnic churches have existed as a center of Korean immigrants' lives, providing Christian and ethnic fellowship from the beginning of their immigration till now. Due to this historical background, secular ethnic organizations were unable to take the place of the ethnic church within the general Korean immigrant community of the U.S. This situation differs from Japanese and Chinese immigrant populations in the U.S., which developed strong secular ethnic organizations from regional and kinship ties (Hurh et al., 1990).

Korean ethnic churches certainly have had nonreligious secular functions: cultural functions such as helping second-generation Korean Americans to learn Korean language and traditional values, history and culture (I. Kim, 1981); psychological functions such as providing a pseudo-extended family for emotional and practical support to those individuals who are psychologically distressed or experiencing other crises in their new environment (Min, 1989). Nevertheless, research has been suggesting that religious motives to attend Korean ethnic churches predominated over the social or psychological motives (i.e., sociability and peace of mind). Interestingly, one of the religious motivations was to “encourage their children’s religious faith” (Min, 1989). Korean immigrant parents seem to have a strong desire to transmit their religious values to their children as well as their cultural heritage (“Koreanness”).

In fact, a study shows that Korean Protestant immigrants appear to successfully transmit their religion to their children: two thirds of second generation Korean American adults reported that they retained their childhood religion and frequently participated in religious activities (Min & Kim, 2005). Furthermore, Min et al. found that adult children of Korean immigrants mainly adopted religious traditions while actively trying to eliminate Korean cultural traditions in the church. Their study illustrated a source of generational conflict existing in the Korean American church between first and second generations: value conflicts between religion and ethnicity.

Yet the authors failed to assess why second generation Korean American adults attend Korean ethnic churches if they just want to be religious. Chong (1998) reported that second generation Korean Americans were socially and culturally motivated to attend the ethnic church. They reported that they felt a sense of belonging when they

attended a Korean ethnic church. At the same time, Chong found that second-generation Korean Americans reported that Christian faith and identity were crucial in defining who they are.

In a discussion about Korean American identity, Park (1999) emphasized the “overly significant” role of religion (Christianity) in understanding Korean Americans and their identities. Sociological studies have made evident that Korean Americans would be better understood by their religious practices. From a psychological perspective, there has been a lack of understanding of who Korean Americans are (i.e., identity) in terms of their religious practice, despite religion’s “overly significant” role.

Korean ethnic churches are a center of ethnic and religious fellowship for Korean American children as well. The church youth group is one of the most important social networks that adolescents, especially Korean American adolescents, develop (Cha, 2001). Peers and youth group leaders (i.e., youth pastors and teachers) are influential religious socialization agents who facilitate Korean American adolescents' religious identity development.

Extended relationships with peers and non-parental adults become more important in adolescence in general (Bukowski et al., 2007). For Korean American adolescents, community, and especially church community, appears to be even more important for their identity development (Cha, 2001). Yet there is an absence of empirical studies investigating the community’s influence on Korean American’s identity development. In order to fill this gap, the present study chose to examine a Korean American adolescent group to observe their community’s influence on the beginning of identity formation.

Overview of the Present Research

Numerous studies have established a positive relationship between religion and physical and mental health. Research interests in mechanisms that explain this link have emerged. The most well-known mechanisms that explain the relationship between religion and health outcomes are social support, social capital, cognitive reframe, and meaning. Yet there is still a strong need for research in this area. The current dissertation aimed to investigate religious identity as a mechanism to explain the relationship between religious socialization and positive developmental outcomes among Korean American adolescents. I conceptualize that religious identity development takes place in the context of religious socialization through various agents in the family and religious community (i.e., parents, peers and mentors). This study examined the unique contributions of each socialization agent to adolescents' religious identity development.

The current study also introduced Korean American adolescents as a new study population. Korean Americans' homogeneous religious practices have been studied more from historical and sociological perspectives. The psychological implications of Korean American religious practice are studied with consideration of how that relates to developmental contexts.

To test these hypotheses, the present study used a survey method that included three religious socialization types exercised by three different socialization agents. The three socialization agents were family (i.e., parents), and Korean ethnic church peers and mentors. Mentors in Korean ethnic churches were defined as youth program teachers and youth pastors. Religious socialization by these three agents was measured based on three types: 1) "faith control," a behavioral component of religious socialization; 2) "faith

dialogue”, a cognitive component of religious socialization; 3) “faith modeling”, a combination of indirect behavioral and cognitive religious socialization that models religiosity through adolescents’ perception of socialization agents.

The first part of this study investigated how three different religious socialization agents are related to religious identity formation using three different religious socialization types (i.e., faith control, faith dialogue and faith modeling) among Korean American adolescents. Korean American adolescents’ religious identity was measured in terms of “behavioral involvement,” “centrality,” “satisfaction” and “sense of belonging” based on collective identity theory. The second part of this study investigated religious identity as a mediator of the relationship between religious socialization and developmental outcomes.

Based on the theories and research findings reviewed above, the following research hypotheses were proposed and examined (Figure 2):

The first set of hypotheses (1a-3c) involved operationalizing the theoretical constructs of religious socialization, religious identity and outcome measures.

Hypothesis 1a: Adolescents’ reports on parents’ faith control, faith dialogue and faith modeling would measure parents’ contribution to their religious socialization.

Hypothesis 1b: Adolescents’ reports on peers’ faith control, faith dialogue and faith modeling would measure peers’ contribution to their religious socialization.

Hypothesis 1c: Adolescents’ reports on mentors’ faith control, faith dialogue and faith modeling would measure mentors’ contribution to their religious socialization.

Hypothesis 2: Korean American adolescents’ feelings of belonging, behavioral involvement, satisfaction and importance (centrality) with their ethnic churches

would measure the underlying latent factor of religious identity within these adolescents.

Hypothesis 3a: Outcome measures of Strengths and Difficulties Questionnaire (SDQ) difficulties score and prosocial behaviors, risky behaviors, school competence (school belonging and motivation) and subjective well-being would independently measure the underlying latent factors of positive and negative outcomes.

Hypothesis 3b: Korean American adolescents' difficulties score and risky behaviors would be positively and significantly loaded on the latent construct of negative outcome.

Hypothesis 3c: Korean American adolescents' scores of prosocial behavior, school competence (school belonging and motivation) and subjective well-being would be positively and significantly loaded on the latent construct of positive outcome.

The second set of hypotheses tests the mediating role of Korean American adolescents'

religious identity in the relationship between their religious socialization and developmental outcomes.

Hypothesis 4a: Korean American adolescents' greater level of religious socialization would be inversely related to negative outcome.

Hypothesis 4b: Korean American adolescents' greater level of religious socialization would be positively related to positive outcome.

Hypothesis 5a: Korean American adolescents' greater level of religious identity would be inversely related to negative outcome.

Hypothesis 5b: Korean American adolescents' greater level of religious identity would be positively related to positive outcome.

Hypothesis 6: All three agents (parents, religious mentors, and peers)'s religious socialization practices would have independent links to adolescents' religious identity scores.

Hypothesis 7: When each agent's religious socialization is significantly associated with positive and negative outcomes (hypotheses 4a, 4b) and religious identity is significantly associated with positive and negative outcomes (hypotheses 5a, 5b), the links between religious socialization and outcome measures would become weaker or insignificant when religious identity is included in the analysis.

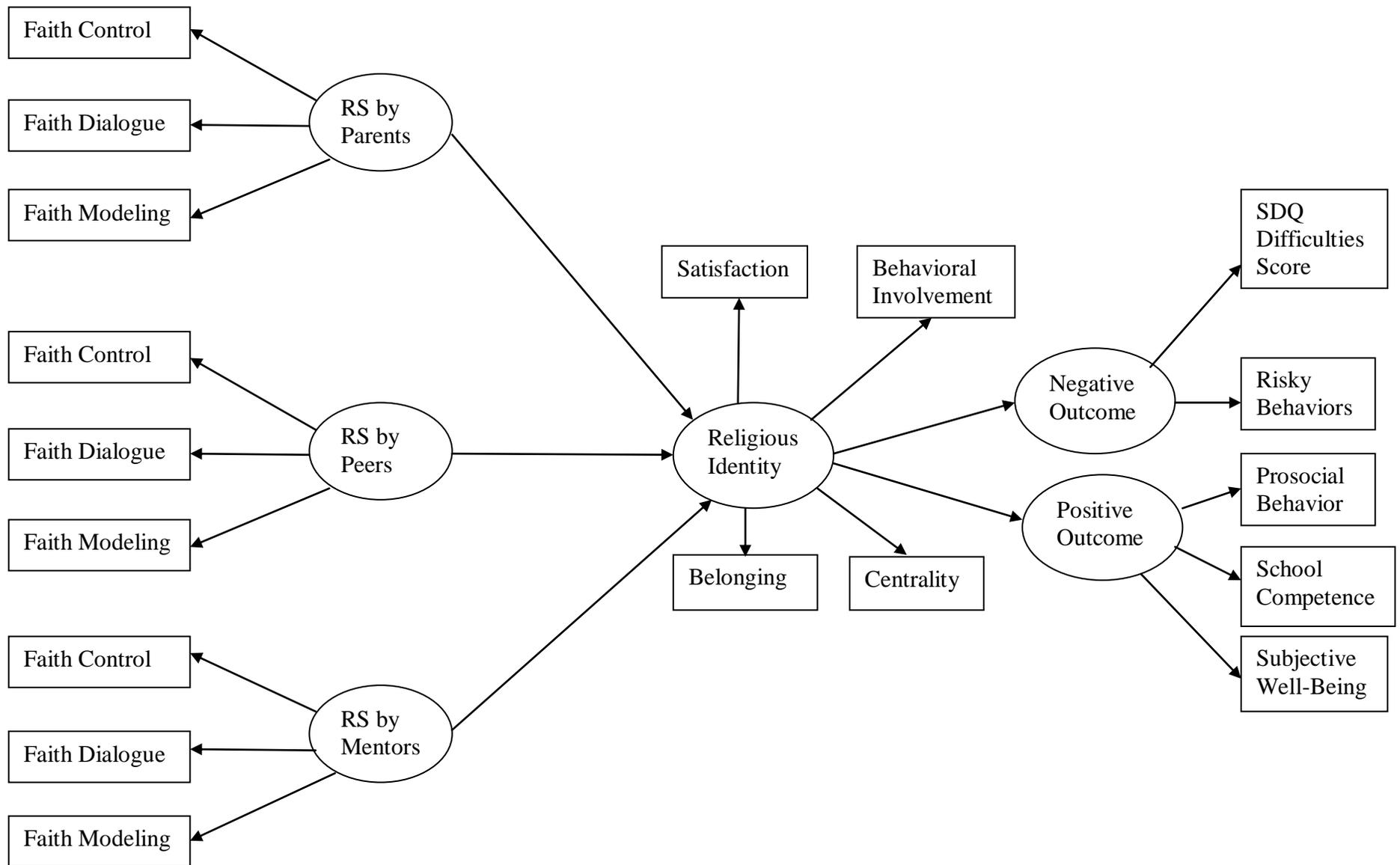


Figure 2. Hypothesized theoretical model of the mediating processes of religious identity. RS = religious socialization.

CHAPTER 2

METHOD

Participants and Procedures

Korean American adolescents ($N = 161$) who attend Korean ethnic churches in the Midwest (MN and IN) and on the East Coast (VA) were recruited. Data were collected from April 2009-June 2009. First I contacted senior pastors at eight Korean churches in the Midwest and at three churches on the East Coast for their permission via email and phone calls.

In the Midwest, two churches among the total of eight churches that I contacted were excluded because they had a small number of youth members (i.e., less than 5). I excluded another Midwestern church in order to run a focus group with youth members; I also had a conflict of interest with the church. In total, five Korean churches from the Midwest agreed to participate in this study. On the East Coast, one church agreed to participate in the study.

After receiving the senior pastors' approval, I contacted youth pastors or directors to obtain their cooperation. Youth pastors collaborated to obtain parental consent in churches in the Midwest. After receiving parental consent, I visited three churches to administer surveys, while the youth pastor and youth director administered surveys in two churches. Adolescents filled out surveys right after their youth services during their regular Bible study time. All eligible 105 adolescents (ages range: 12-18 years) completed surveys. As compensation, each participant had the option to receive \$5 or donate the \$5 to their youth groups. Fifty-fourty-nine (57.4%) adolescents elected to

receive \$5, and 40 adolescents (42.6%) chose to donate the \$5 to their youth group.

Eleven adolescents from one church in Indiana were not given a choice but were all given \$5.

Two hundred and thirty survey packets were mailed to a church on the East Coast. The survey packets included parental consent and youth assent forms, survey questionnaires and gift preference forms. Youth pastors and teachers in the church distributed survey packets to every youth member right after their regular Sunday youth service. Fifty-six completed survey packets were returned (return rate 24%). Participants on the East Coast had the option to receive a \$5 Amazon.com gift certificate or donate the \$5 to their youth group. Eight adolescents (14%) selected the \$5 Amazon.com gift certificate, and 48 adolescents (86%) chose to donate the \$5 to their youth group.

Among the total of 161 participants, five who filled out the survey in Korean and one who identified as European American were excluded from final analyses. Only one participant identified her ethnicity as both European American and Korean. The rest identified their ethnicity as Korean. None of the 155 participants identified as adoptees. Mean age of the remaining 155 participants was 14.8 ($SD = 1.85$), a range of 12-19. Seventy-nine were male (51%), and 76 (49%) were female. Seventy-seven participants attended Korean churches in Minnesota, 56 in Virginia and 22 in Indiana. Ninety-two (59%) indicated that they were born in the United States, 60 in Korea and three indicated "other" place. Among participants who indicated that they were born in Korea or "other," the mean age of migration to the U.S. was 7.02 years ($SD = 4.68$). Demographic information is in Table 1.

Motivation to attend church. The scores of three categories of adolescents' motivation to attend Korean church—to learn and be close to Korean culture and community (5 items), to please their parent(s) (2 items) and to increase their faith (2 items)—were added and divided by the number of items for each category of motivation. Thus, each variable of motivation to attend church ranges from 0 to 1. Means and standard deviations for motivation to attend Korean church for cultural reasons, to please parent(s), and to increase faith were 0.37 ($SD = 0.27$), 0.46 ($SD = 0.43$) and 0.86 ($SD = 0.29$), respectively. Paired sample T-tests showed that all three pairs were significantly different: cultural reasons vs. please parent(s), $t(154) = -2.41, p = 0.017$, cultural reasons vs. increase faith, $t(154) = -16.82, p < 0.0001$, and please parent(s) vs. increase faith pair, $t(154) = -9.26, p < 0.0001$. These results suggest that most Korean adolescents attend Korean church to grow in faith and learn about Jesus.

Parent's information. Participants provided information about parents' age, religion, church attendance, race/ethnicity and marital status. The mean ages of participants' mothers and fathers were 44.0 ($SD = 4.0$) and 46.7 ($SD = 4.2$) years old, respectively. The majority of the parents' religion was Christianity: 96.8% of mothers ($N = 150$) and 91.6% of fathers ($N = 142$). There were 141 (91%) participants who noted that their mothers attended the same church 119 (76.8%) who noted that their fathers attended the same church.

All participants responded that their mothers are Korean ($N = 154$, 1 missing) and 153 participants responded that their fathers are Korean; two participants noted that their fathers are European American (1.3%). The majority of parents are married ($N = 147$, 94.8%), with three divorced (1.9%), one single (.6%) and two separated (1.3%).

Table 1

Participants' demographic information (N = 155)

Gender	
Male	79
Female	76
Region	
Minnesota	92
Indiana	22
Virginia	56
Birth place	
U.S.A	92
Korea	60
Other	3
M (SD)	
Age	14.8 (1.85)

Measures

Demographic information. Participants were asked to answer questions about their gender, age, ethnicity, place of birth, age of immigration, grade and parental information (e.g., age, ethnicity, religion, and marital status).

Motivation to attend a Korean church. Nine items were created to measure Korean American adolescents' motivation to attend a Korean church based on studies by Min et al. (2005) and Chong (1998) on Korean American adults' motivation to attend Korean church. I specifically created three categories for motivation pertaining to attendance at Korean church: culture, parent(s), and faith. Participants answered the 9 items using a rating scale of 1 = *yes* and 0 = *no*.

Five items measured adolescents' motivation to attend Korean church to learn and be close to Korean culture and community. The five items were: to meet Korean friends, to learn Korean culture, to make friends, to have a sense of belonging and to have contact

with the Korean community. Two items measured adolescents' attendance of Korean church motivated by their parent(s): my parent(s) make me; it's important to my parent(s). Two items measured adolescents' motivation to attend Korean church to increase their faith: to learn about Jesus; to grow in faith.

Religious socialization scale. Religious socialization was measured by participants' reports on "faith modeling," "faith dialogue" and "faith control" from parent(s), friend(s) and mentors.

The Perceived Faith Support scale (Schwartz, 2006) was used to assess the "faith modeling" and "faith dialogue" that participants receive from parents, friends and mentors. The Perceived Faith Support scale is comprised of two subscales: "faith modeling" and "faith dialogue" for both parent(s) and friends. Each subscale has four items and asks participants how frequently they relate to eight statements on faith modeling and faith dialogue with parents, and the same eight items with friends on a four-point scale from 1 = *never* to 4 = *frequently*.

Specifically, the four-item parent "faith modeling" subscale assesses how the participants perceive their parent(s) modeling faith (e.g., "My parent(s) show me what it means to be an authentic Christian;" "My parent(s) are consistent in how they live out their faith"). The four-item parent "faith dialogue" subscale measures participants' dyadic dialogue with parents (e.g., "My parent(s) and I talk about how we are doing as Christians;" "I read and talk about the Bible with my parent(s)").

The identical eight items regarding friend "faith modeling" (e.g., "My friend(s) show me what it means to be an authentic Christian") and friend "faith dialogue" (e.g.,

“My friend(s) and I talk about how we are doing as Christians”) assess teen participants’ perceived modeling faith and dyadic faith dialogue with friend(s).

The Perceived Faith Support scale was originally created to measure religious socialization of parents and friends among European American adolescent participants (Schwartz, 2006). In the Schwartz study, internal consistency estimates of “faith modeling” and “faith dialogue” from parents were .90 and .86, and for “faith modeling and “faith dialogue” from friends were .85 and .87.

In this study, the identical eight items were added to assess participants’ perception of religious socialization by religious mentors (i.e., youth pastor(s) and youth teachers) through “faith modeling and “faith dialogue.” In this study, internal consistency estimates of “faith modeling” and “faith dialogue” from mentors were .87 and .84.

A four-item faith control measure was developed for this study by adapting the above described Perceived Faith Support scale. Three identical sets of this measure were given to participants to assess their perceptions of the control and requirement of religiousness from each socialization agent (i.e., parents, friends and mentors) on the same four-point scale (1 = *never*, 4 = *frequently*). For instance, the four items for faith control by parents are: “My parent(s) tell me to read the Bible;” “My parent(s) expect me to pray;” “My parent(s) tell me what to do as a Christian;” and “My parent(s) make me go to church and participate in youth group.” Internal consistency estimates (Cronbach’s alphas) of faith control by parents, friends and mentor were .78, .87, and .84, respectively.

Religious identity measures. Religious identity was measured via participants' reports on belonging, satisfaction, centrality and behavioral involvement with a Christian group and Christians.

Belonging, satisfaction and centrality components of religious identity were measured by the In-Group Identification Scale (Leach et al., 2008). This scale consists of two hierarchical dimensions (i.e., group-level self-investigation and group-level self-definition) with five specific components (i.e., belongingness, satisfaction and centrality under the group-level self-investment dimension, and individual self-stereotyping and in-group homogeneity under the group-level self-definition dimension) on a seven-point scale from 1 (*strongly disagree*) to 7 (*strongly agree*). For this study, I used components from only the group-level self-investigation.

Specifically, studied components from this scale, modified to measure Christian religious identity, include the belonging component which consists of a total of three items (e.g., "I feel a bond with Christians"), the satisfaction component which consists of a total of four items (e.g., "Being a Christian gives me a good feeling") and the centrality component which consists of a total of three items (e.g., "I often think about the fact that I am a Christian").

Leach and his colleague (2008) reported internal consistency estimates (Cronbach's alphas) of belongingness (.88), satisfaction (.89) and centrality components (.86) in their study. In this study, Cronbach's alphas for the three components were .85, .83, and .85, respectively.

The behavioral component was measured by the Religious Behaviors Scale (Williams & Lawler, 2001). This measure is suggested by Ashmore et al. (2004) to assess

the behavioral component of collective identity as an expression of the collective identity in question. The ten-item Religious Behaviors Scale is comprised of two subscales—Church Involvement and Personal Faith, both on a four-point scale from 0 (*never*) to 3 (*regularly*). The Personal Faith subscale includes participants' time spent in private prayer, reading the Bible, basing their actions on faith, discussing faith with others and helping others as an expression of faith. The Church Involvement subscale measures participants' church attendance, Bible study/religious education, social activities and service. Williams et al., (2001) reported the internal reliability (Cronbach's alpha) of total score was .91 and the internal reliabilities of Church Involvement and Personal Faith subscales were .88 and .85 respectively. The total ten-item scale was used to assess the behavioral component of religious identity. In this study, Cronbach's alphas of Church Involvement and Personal Faith were .79 and .81. Cronbach's alpha of the total score of Religious Behavior scale of this study was .83.

Negative outcome measures. Externalizing and internalizing behavior problems were measured by the self-report version of the SDQ for adolescents (Goodman, 1997, 1999). The instrument comprises 25 items and asks about the adolescent's behavior and feelings for the past six months on a three-point scale: 0 (*Not True*), 1 (*Somewhat True*), and 2 (*Certainly True*). Originally the items were divided by five subscales: Hyperactivity, Emotional Symptoms, Conduct Problems, Peer Problems, and Prosocial Activities. Items reflecting problems are to be summed to generate a total Difficulties Score (20 items).

In this study, I followed a three-factor SDQ model based on studies using U.S. samples (Ruchkin, Vermeiren, & Schwab-Stone, 2008). In the three-factor SDQ model,

two factors were on externalizing and internalizing problem behaviors. Specifically, Ruchkin et al. (2008)'s three-factor SDQ model classified internalizing behavior problems as Emotional Distress/Withdrawal (EDW), which consist of eight items and tap into emotional problems and lack of interpersonal communication; externalizing behavior problems were classified as Behavioral Reactivity/Conduct Problems (BRCP), which consist of seven items and tap into attention and conduct problems.

Ruchkin et al. (2008) reported two sets of internal consistency coefficients for predominantly minority urban adolescents and predominantly Caucasian suburban adolescents. The internalizing behavior problem factor yielded internal coefficients alphas of .72 (minority urban sample) and .68 (suburban Caucasian sample). The externalizing behavior problem factor yielded internal coefficients alphas of .68 (minority urban sample) and .76 (suburban Caucasian sample). In this study, internal consistency coefficient alphas of internalizing and externalizing behavior problems were .59 and .69.

The four-item Risk Behavior Scale from the Korean Adoption Study survey measured participants' involvement with risky behaviors. The measure asks about participants' use of alcohol, cigarette and illegal drugs such as marijuana on a five point scale from 1 = *never* to 5 = *almost always*. The last question asks if participants have sex on the same 5-point scale. In this study, the internal consistency coefficient alpha of these four items was .65.

Positive outcome measures. Prosocial behavior and peer competence was measured by SDQ. The third factor of the three-factor SDQ model is a strength scale. Specifically Ruchkin et al. (2008) named this factor Prosocial Behavior and Peer Competence (PBPC). The PBPC factor consists of 10 items which measure individual

strengths such as good interpersonal skills and positive relationships with peers. The internal consistency alphas were .68 among the minority urban sample and .76 among the suburban Caucasian adolescent sample (Ruchkin et al., 2008). In this study, the internal consistency coefficient alpha of PBPC was .61.

The five-item Satisfaction with Life Scale (SWLS; Pavot & Diener, 1993) measured participants' global life satisfaction on a seven-point scale. An example of a SWLS item is "I am satisfied with my life." The internal consistency alphas consistently exceed .80 (Pavot et al., 1993). In this study, the internal consistency alpha of SWLS was .86.

The eight-item PISA Measure of Student Engagement, which is a part of the 2000 OECD Programme for International Student Assessment (PISA), was used to assess participants' school competence. This measure comprises two subscales: School Belonging (six items) and School Engagement (two items). School competence was indicated by the total score of these eight items and the additional three items of school engagement which follow.

The six-item School Belonging subscale of PISA Measure of Student Engagement asks students whether their school is a place where they: feel like an outsider, make friends easily, feel like they belong, feel awkward and out of place, feel other students like them, or feel lonely, on a four-point scale from 1 = *strongly disagree* to 4 = *strongly agree*. Internal consistency of these items for U.S. participants was .86 (Adams & Wu, 2002). In this study, the internal consistency coefficient alpha of School Belonging was .82.

The two-item School Engagement subscale from the PISA Measure of Student Engagement (i.e., “I do not want to go to school” and “I often feel bored”) and three additional items (i.e., “I want to do well at school,” “I take school seriously,” and “I pay attention in class”) assessed participants’ school motivation and interest on the same four-point scale, from 1 = *strongly disagree* to 4 = *strongly agree*. In this study, the internal consistency coefficient alpha of School Engagement was .70.

Focus Group Meeting and Consultation with Youth Pastors at Korean Churches

Before administering the survey, one focus group with three high school-aged male volunteers from a Korean ethnic church was held. Three youth pastors also were consulted about the survey questionnaires.

Three high school males (mean age = 16.2 years) from a Korean church youth group in the Midwest volunteered in a focus group to discuss the comprehension and face validity of the survey questionnaires. After they filled out each questionnaire set, they were asked to express their understanding of questions. Overall, all three confirmed that questions were comprehensible and relevant to them as Korean Christian adolescents. However, a screening question that asked if a participant was Korean in order to continue on the survey was deleted from the final version of the survey questionnaire. The focus group expressed concern that the question might make some youth members uncomfortable, such as youth members with an ethnicity other than Korean. Moreover, the survey already asked about the specific ethnic composition of adolescents and their parents in the last section of the questionnaire.

The focus group also raised questions about a “primer” item in the religious identity scales. The primer item was modified from Phinney (1992)’s MEIM (i.e., “In

terms of my religious group, I consider myself to be _____.”). The primer item was intended to give Korean adolescents an opportunity to define themselves on their own before they filled out “In-Group Identification” as a part of the religious identity scale. However, the group mentioned that the question was hard to comprehend and confusing. Youth pastors raised the same concern. Consequently, this item was deleted.

Finally, the group confirmed that the estimated time to complete the survey would not exceed 30 minutes and that a \$5 compensation would be a fair and effective incentive. Three youth pastors provided similar feedback and agreed on deleting the screening question about being Korean and the primer item in the religious identity scale.

Overview of Data Analyses

Prior to performing the main analyses, psychometrics of predictor (i.e., religious socialization by three agents), mediator (i.e., religious identity) and outcome variables were performed. Specifically, exploratory factor analyses and parallel analyses were performed to examine the factor structure of religious socialization for each type of agent. Religious socialization was measured by Faith Dialogue and Faith Modeling types from the Perceived Faith Support scale (Schwartz, 2006), which originally was developed to measure religious socialization by parents and friends. This study added religious socialization by mentors using the same Schwartz’s Perceived Faith Support scale. Explanatory factor analyses were performed to determine whether the factor structure for religious socialization by mentors is similar to the factor structure of religious socialization by parents and friends.

Religious identity and positive and negative outcome variables were hypothesized as latent variables that were measured by several existing scales. Therefore, confirmatory

factor analyses were performed to test whether the measurement model of religious identity and positive and negative outcomes fit the data following Anderson et al.'s (1988) suggestion of a two-step method of structural equation modeling.

Final scale structures of each variable were determined based on factor analysis results and parallel analyses for the originally hypothesized SEM model (see Figure 2). As preliminary analyses, zero-order correlations, means, standard deviations, and internal reliability estimates for all of the scales were computed. Then, univariate ANOVAs were performed to determine group differences in region, gender and place of birth on religious socialization, religious identity and outcome variables.

The main analysis of religious identity as a mediation of the link between religious socialization by three agents and outcome variables was performed using path analyses with Amos 17 statistical package (Arbuckle, 2008). Nested models of full versus partial mediation were tested to find the best-fitting models. Post-hoc analyses that tested a competing model of religious identity as a moderator of the link between religious socialization by three agents and outcome variables were performed.

CHAPTER 3

RESULTS

In this chapter, I first present the explanatory factor analyses of religious socialization by three agents and the confirmatory factor analyses of religious identity and positive and negative outcome variables. Next, I report the univariate ANOVA analyses that investigated group differences by region, gender and birth place on the main variables of religious socialization, religious identity and outcomes measures. I also discuss the correlation analysis to demonstrate the association between age and the main variables. Then, I present the main path analyses that investigated religious identity as a mediator between religious socialization by three agents and Prosocial Behavior and Peer Competence. Last, I describe a competing model that investigated religious identity as a moderator between religious socialization by parents and externalizing behavior problems.

Psychometric Analyses

Construct validity of religious socialization. I hypothesized that religious socialization would consist of three different types (i.e., faith control, faith dialogue and faith modeling) from three religious socialization agents (i.e., parents, friends and mentors). Three sets of factor analyses using principal-axis analysis extraction and Oblimin rotation were performed with all items separately for each religious socialization agent to see whether the scales actually represented different constructs of religious socialization types for each religious socialization agent.

In religious socialization by parents, three factors with an eigenvalue > 1 emerged. These three factors corresponded to the three religious socialization types of Faith

Control, Faith Dialogue and Faith Modeling. Most items showed .45 or higher factor loadings except for one item of the factor of faith modeling (i.e., -.26). This item “I agree with the attitudes and beliefs of my parent(s)” from Faith Modeling was not included in the Faith Modeling of Parent Religious Socialization scale (see Table 2a for factor loadings of parents’ religious socialization scale).

Although the factor analysis supports three distinct underlying constructs of religious socialization, parallel analysis was performed to validate the three-factor model of parent religious socialization. Parallel analysis was performed to determine a more reliable number of factors in the parent religious socialization scale (Wood, Tataryn & Gorsuch, 1996; Zwick & Velicer, 1986). In the present study, 1,000 random data parallel analyses were conducted for each correlation matrix, and the 95th percentile eigenvalues were used to determine the number of components (Cota, Longman, Holden, Fekken, & Xinaris, 1993). Only the eigenvalue for the first root exceeded the 95th percentile random data’s eigenvalue. Based on the parallel analysis result, I elected to use a total score of the 11 parent religious socialization items.

Table 2a

Factor loadings of religious socialization by parents

	Factor		
	1	2	3
My parent(s) and I talk about how we are doing as Christians	.85	-.04	-.07
I pray together with my parent(s)	.70	.07	-.06
I read and talk about the Bible with my parent(s)	.70	.04	-.11
My parent(s) encourage me to grow closer to God in my own way	.52	.19	-.17
My parent(s) expect me to pray	.21	.71	-.02
My parent(s) tell me to read the Bible	.37	.60	.04
My parent(s) tell me what to do as a Christian	.25	.60	.01
My parent(s) make me go to church and participate in youth group	-.19	.53	-.09
My parent(s) show their faith in Christ by how they talk and act	.04	-.01	-.88
My parent(s) are consistent in how they live out their faith	-.06	.02	-.82
My parent(s) show me what it means to be an authentic Christian	.37	.14	-.45
I agree with the attitudes and beliefs of my parent(s)	.15	.01	-.26

Note. Factor 1 = Faith Dialogue; Factor 2 = Faith Control; Factor 3 = Faith Modeling.

The same procedure of factor analysis (i.e. EFA with oblique rotation) for friend religious socialization with 12 items was performed. Two factors with an eigenvalue > 1 emerged with all items of factor loading higher than .60. In order to validate the three type hypothesis a factor analysis with three-factor extract command was performed. The result confirmed the three type hypothesis for the friend religious socialization scale except for one item. An item from friend's faith modeling type (i.e., "My friend(s) show me what it means be to an authentic Christian") showed higher loading on friend's faith

dialogue type (i.e., -.66). Thus, the item was included in the friend faith dialogue type. However, a parallel analysis confirmed a one-factor structure. Based on the parallel analysis result, I elected to use a total score of the 12 friend socialization items (see Table 2b for factor loadings of friend's religious socialization scale).

Table 2b

Factor loadings of religious socialization by friends

	Factor		
	1	2	3
My friend(s) tell me what to do as a Christian	.88	.08	.06
My friend(s) expect me to pray	.86	-.02	-.03
My friend(s) tell me to read the Bible	.75	-.02	-.03
My friend(s) make me go to church and participate in youth group	.54	.02	-.11
My friend(s) are consistent in how they live out their faith	-.11	.90	-.04
My friend(s) show their faith in Christ by how they talk and ac	.13	.66	-.07
I agree with the attitudes and beliefs of my friend(s)	.06	.65	.04
My friend(s) encourage me to grow closer to God in my own way	-.05	-.04	-1.00
My friend(s) and I talk about how we are doing as Christians	-.04	.02	-.91
I pray together with my friend(s)	.09	.10	-.68
My friend(s) show me what it means to be an authentic Christian	.14	.08	-.66
I read and talk about the Bible with my friend(s)	.30	.06	-.48

Note. Factor 1 = Faith Control; Factor 2 = Faith Modeling; Factor 3 = Faith Dialogue.

Results of exploratory factor analysis with oblique rotation on 12 items of mentor religious socialization supported the hypothesized three-type religious socialization

model. In other words, three factors with an eigenvalue of > 1 emerged with most items of factor loading higher than .58 except for one item. An item from the Mentor Faith Control type showed low factor loading (.28). Consequently the item was excluded from the total scale score. Parallel analysis also confirmed three factors. However, I elected to use a total score of the 11 mentor socialization items. (see Table 2c for factor loadings of mentor's religious socialization scale)

Table 2c

Factor loadings of religious socialization by mentors

	Factor		
	1	2	3
I read and talk about the Bible with my youth teacher(s)/youth pastor	.81	.00	.02
My youth teacher(s)/youth pastor and I talk about how we are doing as Christians	.80	-.04	.04
I pray together with youth teacher(s)/youth pastor	.76	-.06	.02
My youth teacher(s)/youth pastor encourage me to grow closer to God in my own way	.57	-.27	.06
My youth teacher(s)/youth pastor are consistent in how they live out their faith	.01	-.86	.00
My youth teacher(s)/youth pastor show their faith in Christ by how they talk and act	-.05	-.83	.08
I agree with the attitudes and beliefs of my youth teacher(s)/youth pastor	.10	-.62	.01
My youth teacher(s)/youth pastor show me what it means to be an authentic Christian	.29	-.58	.04
My youth teacher(s)/youth pastor expect me to pray	-.02	-.07	.88
My youth teacher(s)/youth pastor tell me to read the Bible	.12	.07	.79
My youth teacher(s)/youth pastor tell me what to do as a Christian	-.15	-.23	.68
My youth teacher(s)/youth pastor make me go to church and participate in youth group	.16	.09	.28

Note. Factor 1 = Faith Dialogue; Factor 2 = Faith Modeling; Factor 3 = Faith Control.

Calculating total scores of religious socialization Total scores of Religious

Socialization from each agent were used in the main analyses for several reasons. First, parallel analyses supported only one factor for both parent's and friend's religious socialization scales. Second, high correlations between types of socialization for each

agent were found (average correlations were .60, .68, and .52 for parent, friend and mentor respectively) (see Table 3).

Table 3

Correlations for types of socialization for each agent

	PCntl	PDial	PModel	FCntl	FDial	FModel	MCntl	MDial	MModel
PCntl	1								
PDial	.58**	1							
PModel	.57**	.64**	1						
FCntl	.10	.17*	.03	1					
FDial	.12	.33**	.15	.79**	1				
FModel	.12	.16*	.19*	.59**	.66**	1			
MCntl	.19*	.22**	.17*	.11	.19*	.17*	1		
MDial	.09	.19*	.10	.19*	.30**	.13	.51**	1	
MModel	.06	.15	.12	.15	.24**	.17*	.50**	.54**	1

Note. PCntl = Parent's Faith Control; PDial = Parent's Faith Dialogue; PModel = Parent's Faith Modeling; FCntl = Friend's Faith Control; FDial = Friend's Faith Dialogue; FModel = Friend's Faith Modeling; MCntl = Mentor's Faith Control; MDial = Mentor's Faith Dialogue; MModel = Mentor's Faith Modeling. * $p < .05$, ** $p < .01$.

Third, the study sample size was considered insufficient for Structural Equation Modeling (SEM). There are conflicting ideas about the minimum sample size for SEM. Some have recommended 10-20 participants per estimated parameter (e.g., Kline, 1998) and some 5-10 (Bentler & Chou, 1987). Many researchers recommend a minimum sample size of 200 for any SEM (Chou & Bentler, 1995; Quintana & Maxwell, 1999; Weston & Gore, 2006). However, MacCallum et al. (1996) provided a mathematical formula to calculate the minimum sample size (based on degree of freedom). In their formula, models with large numbers of degrees of freedom (df) require smaller N sizes because large numbers of df provide more power to reject null hypotheses. I would need a minimum of 150 for test of close fit or 200 for test of non-close fit to achieve power

of .80 with df of 83. Quintana et al. (1999) noted that among the inconsistent suggestions the emphasis should be given to MacCallum et al.'s procedures because of their mathematical justification. Nevertheless, Quintana et al. cautioned against conducting SEM procedures with samples fewer than 200.

In summary, having three observed variables for a latent variable of religious socialization by each agent with 155 as the sample size would reduce power due to insufficient sample size. Given these considerations, based on results of exploratory factor analyses I decided to use a total score of the 11 parent religious socialization items, 12 friend socialization items and 11 mentor socialization items for the main analyses. Cronbach alphas of religious socialization of parent, friend and mentor are .89, .93, and .86, respectively. Means and standard deviations of religious socialization by parent, friend and mentor were 2.86 (0.69), 2.11 (0.72) and 3.44 (0.51), respectively (Table 5).

Religious identity. Based on collective identity theory (Ashmore et al., 2004), religious identity was hypothesized to consist of four components of importance/centrality, belonging, satisfaction with the religious group and religious behaviors. The first three components (importance/centrality, belonging and satisfaction with the religious group) were measured by the In-group Identification Scale (Leach et al., 2008). The Religious Behaviors Scale measured religious behavior (Williams et al., 2001).

Confirmatory factor analysis was performed using AMOS 17 with the maximum likelihood method to test whether the measurement model of religious identity fits the data. Religious identity was originally hypothesized as a latent variable that would be observed by four components: importance/centrality, belonging, satisfaction with the

religious group and religious behavior. However, the measurement model of religious identity did not yield a good fit (CFI = .99, IFI = .99, RMSEA = .10). Four components of religious identity also were highly correlated with each other ($r = .71$ on average). Thus, a total score of religious identity with four components from the In-group Identification Scale and Religious Behaviors Scale was created. Religious identity total score reliability coefficient is .88. Mean and standard deviation of religious identity were 0 and .86. It ranged from -3.16 to 1.34.

Outcome Measures

Strengths and Difficulty Questionnaire (SDQ) Adolescent. The SDQ adolescent version was originally developed in the United Kingdom. Based on the U.K. sample, five sub-scales were created (Goodman, 1994, 2001). However, factor analytic studies with American adolescent samples from parents, teachers and children identify a three-factor model (Dickey & Blumberg, 2004; Ruchkin, Jones, Vermeiren, & Schwab-Stone, 2008). The three-factor model of SDQ also improves internal consistency reliability. Ruchkin et al. (2008)'s study is the only published study that reported the factor structure of the self-report version of the SDQ in the United States. Ruchkin et al. (2008) administered the self-report version of SDQ to 4,661 predominantly minority urban adolescents and 937 predominantly white suburban adolescents, and examined factor structure using confirmatory factor analyses. The Cronbach alphas increased from 0.59 (5 factor model) to 0.72 (3 factor model), and 0.66 (5 factor model) to 0.74 (3 factor model) on average for urban and suburban American samples, respectively.

In this study, the five-factor model also yielded low internal consistency reliability (e.g., Cronbach alpha coefficients for the SDQ conduct problem and peer

problem factors are .49 and .42, respectively). Because this study also relied upon adolescent self-report, I decided to follow Ruchkin et al. (2008)'s three-factor model of SDQ. Specifically, Ruchkin et al. (2008)'s analyses confirmed two difficulty factors—internalizing and externalizing behavior problems—and one strength factor of prosocial behavior and peer competences. The Emotional Distress and Withdrawal (EDW) factor consists of eight items such as emotional problems and lack of interpersonal communication. The Behavioral Reactivity and Conduct Problems (BRCP) factor consists of seven items such as attention and conduct problems. The Prosocial Behavior and Peer Competence (PBPC) factor consists of 10 items that measure individual strengths such as good interpersonal skills and positive relationships with peers. This three-factor model of SDQ yielded better reliability coefficients with this study sample. That is, Cronbach alphas were .59, .69, and .61 for the EDW, BRCP, and PBPC scales, respectively (Table 6).

School competence. The two sub-scales of School Belonging and School Engagement were used to measure school competence. The Cronbach alpha of School Competence is .80 with a mean and standard deviation of 3.13 and .40. Table 6 shows inter-correlations of school competence with other variables. School competence and prosocial behavior and peer competencies from SDQ were included in the final analysis as two of the positive outcomes.

Subjective Well-Being and Risky Behaviors. Subjective Well-Being and Risky Behaviors were excluded from final analyses. Preliminary analyses revealed that Subjective Well-Being scores were not correlated to any of the religious socialization scores nor the religious identity scores. Likewise, risky behaviors were not correlated to

any of the religious socialization and identity scores (Table 4). Moreover, the mean of risky behaviors is nearly 1, which means most adolescents reported “never” on four risky behaviors (i.e., drinking alcohol, smoking cigarettes, using drugs and having sex).

Table 4

Correlations for SWB, risk behaviors, religious socialization by three agents and religious identity

	RS_Parent	RS_Friend	RS_Mentor	Rel_ID
SWB	.05	.00	.03	.02
Risk Behaviors	-.05	-.09	-.07	-.03

Note. SWB = Subjective Well-Being; RS_Parent = religious socialization by parents; RS_Friend = religious socialization by friends; RS_Mentor = religious socialization by mentors; Rel_ID = religious identity.

Reliability, Means, SDs and Correlations

Descriptive statistics, internal consistency estimates, and inter-correlations among all variables are shown in Table 5 and 6.

Religious socialization by three agents Means and standard deviations (SD) of religious socialization by parents, friends and mentors were 2.86 (SD = .69), 2.11 (SD = .73) and 3.44 (SD = .51), respectively. Paired sample t-tests results showed differences in all three pairs: religious socialization by parents vs. friends, $t(150) = 10.23, p < .0001$; religious socialization by parents vs. mentors, $t(150) = -8.93, p < .0001$; religious socialization by friends vs. mentor, $t(148) = -20.63, p < .0001$. These results reveal that Korean American adolescents received more religious socialization by mentors than by friends or parents. However, participants' reports on religious socialization by mentors were negatively skewed (Skewness = -1.27, Kurtosis = 1.65). That means most

participants reported religious socialization by mentors close to the highest score of 4. The high score on religious socialization by mentors reflected well on the role of religious mentors. However, limited variation and the skewed nature of the religious socialization by mentor variable may have prevented significant results in the path analysis of the link from religious socialization by three agents to religious identity, and to outcome measures.

Religious socialization by parents, friends and mentors were all significantly correlated with religious identity religious identity ($r = .38, .41$ and $.22$, respectively). Yet, only religious socialization by friends was significantly correlated with an outcome measure of Prosocial Behavior and Peer Competence (PBPC) ($r = .34, p < 0.01$).

Religious identity Mean and standard deviation of religious identity were 0 and 0.86. Religious identity was significantly correlated with religious socialization by three agents (see above for correlation coefficients) and outcome measures of PBPC ($r = .34, p < 0.01$) and School Competence ($r = .17, p < 0.05$).

Prosocial Behavior and Peer Competence (PBPC) Mean and standard deviation of PBPC were 14.68 and 2.57. Ruchkin et al.'s 2008 study identified three factors of the adolescent self-report version of SDQ among a large U.S. adolescent sample. They divided an urban ($N = 4,671$) sample of predominantly ethnic minority groups (57.5% African American, 26.6% Hispanic American, 12.8% Caucasian, 0.8% Asian American) from a suburban sample ($N = 937$) of a predominantly Caucasian (83.8%) group (6.4% Asian, 1.8% Hispanic American, 3.1% African American, and 4.9% other ethnicity). The authors found significant differences between these two groups in all three factors of SDQ (i.e., externalizing and internalizing behavior problems, and PBPC). Means and SDs

of PBPC of Ruchkin et al.'s study were urban, $M = 12.89$, $SD = 3.79$, and suburban, $M = 14.81$, $SD = 3.79$. The standardized mean difference statistic, referred to as d (Cohen, 1988) was performed between the Korean adolescent sample of this study and two urban and suburban group adolescent samples from Ruchkin et al.'s study. Korean adolescents' PBPC scores were similar to Ruchkin et al.'s suburban sample ($M = 14.81$, $SD = 3.79$, $d = -0.04$). However, a medium effect size ($d = 0.55$) was found in the comparison between PBPC of Korean adolescents of this study and the urban sample from Ruchkin et al.'s study (mean = 12.89, $SD = 3.79$).

Internalizing and externalizing behavior problems Means and SDs of internalizing and externalizing behavior problems were 4.48 ($sd = 2.50$) and 4.03 ($sd = 2.47$). A small effect size of internalizing behavior problems ($d = 0.17$) between Korean adolescents of this study and the urban sample of Ruchkin et al.'s study was revealed. On the other hand, a small-medium effect size ($d = 0.41$) was revealed in the comparison between internalizing behavior problems of Korean adolescents of this study and the suburban sample of Ruchkin et al.'s study.

In terms of externalizing behavior problems, small effect sizes were revealed for both comparisons between Korean adolescents of this study and the urban sample of Ruchkin's study ($d = -0.07$), and Korean adolescents of this study and the suburban sample of Ruchkin's study ($d = 0.15$)

Table 5

Range, means, standard deviations, variance, skewness and Kurtosis for religious socialization, religious identity, all outcome variables

	N	Min	Max	Mean	SD	Variance	Skewness	Kurtosis
RS_Parent	154	1.00	4.00	2.86	.69	.48	-.64	.01
RS_Friend	151	1.00	4.00	2.11	.73	.53	.46	-.47
RS_Mentor	153	1.58	4.00	3.44	.51	.26	-1.27	1.65
Rel_ID	147	-3.16	1.34	0	.86	.75	-.99	.82
Internalizing	155	.00	11.00	4.48	2.51	6.29	.28	-.46
Externalizing	150	.00	12.00	4.03	2.48	6.13	.76	.32
PBPC	151	6.00	20.00	14.68	2.57	6.61	-.54	.21
School Competence	152	1.64	4.00	3.13	.40	.16	-.58	1.14
SWB	151	1.60	7.00	4.75	1.30	1.69	-.49	-.52
Risky Behavior	155	1.00	2.50	1.05	.19	.04	5.36	33.66

Note. SD = standard deviation; RS_Parent = religious socialization by parents; RS_Friend = religious socialization by friends; RS_Mentor = religious socialization by mentors; Rel_ID = religious identity; Internalizing = internalizing behavior problems; Externalizing = externalizing behavior problems; PBPC = prosocial behavior and peer competence; SWB = subjective well-being.

Table 6

Correlations matrix and Cronbach's alphas for religious socialization, religious identity, outcome variables that were included in main analyses, age and gender

	1	2	3	4	5	6	7	8
1. RS_Parent	1							
2. RS_Friend	.19*	1						
3. RS_Mentor	.25**	.25**	1					
4. Rel_ID	.38**	.41**	.22**	1				
5. Internalizing	-.02	-.02	-.08	.11	1			
6. Externalizing	.02	.02	.02	-.02	.41**	1		
7. PBPC	.10	.34**	.12	.34**	-.08	-.19*	1	
8. School Competence	.11	.14	.02	.17*	-.31**	-.25**	.44**	1
Gender	-.02	.17*	-.12	.14	.19*	-.11	.18*	.10
Age	-.12	.07	-.09	-.05	.14	-.10	.01	-.25
Alpha	.90	.94	.86	.89	.59	.69	.61	.80

Note. RS_Parent = religious socialization by parents; RS_Friend = religious socialization by friends; RS_Mentor = religious socialization by mentors; Rel_ID = religious identity; Internalizing = internalizing behavior problems; Externalizing = externalizing behavior problems; PBPC = prosocial behavior and peer competence. * $p < .05$, ** $p < .01$.

Region, Gender, Place of Birth, and Age Differences

Univariate ANOVAs were conducted to ascertain whether significant differences existed according to participants' gender (male = 79, female = 76), region (i.e., MN = 77, IN = 22, VA = 57) and place of birth (i.e., Korea vs. the United States).

Region and gender. Univariate ANOVAs were conducted to investigate the impact of different regions and genders on the variables of motivations to attend church, religious identity, religious socialization by three agents, and internalizing and externalizing behavior problems, PBPC, and school competence. No significant differences on these variables were found by region.

There were significant gender differences in internalizing behavior problems, $F(1, 155) = 5.87, p = .02$, prosocial behavior and peer competences, $F(1, 151) = 4.96, p = .03$,

and religious socialization by friends, $F(1, 151) = 4.19, p = .04$. Girls scored higher on all of the three variables. In other words, girls reported more internalizing behavior problems, more prosocial behavior, and that they were more likely to receive religious socialization from friends.

Birth place. Ninety-two participants reported that they were born in the United States, 60 were born in Korea and three were born elsewhere. Because only three participants reported “other” for their birthplace, they were excluded from the analysis. Univariate ANOVA was performed to see differences between adolescents who were born in Korean and the U.S on the variables of motivation to attend church, religious identity, religious socialization by three agents and all outcomes variables. There were no significant differences by birthplace.

Age. Correlation analyses were performed to see if age had an influence on any variables. Only the School Competence variable was negatively correlated with age ($r = -.25, p = .002$). In other words, younger adolescents reported that they felt more connected to school and were more motivated to do school work.

Inclusion of covariates. The main path and alternative model analyses tested relationships among religious socialization by three agents, religious identity and outcome variables. Region, birthplace, age and gender were not included for several reasons. First, region and birthplace were not correlated with any main variables. Second, although age was correlated with one outcome variable (i.e., school competence), school competence was not significantly related with any of the main hypothesized variables (i.e., religious socialization and religious identity). Third, gender was correlated with a main predictor variable (i.e., friend’s religious socialization), as well as a main outcome

variable (i.e., prosocial behavior and peer competence). In this case, inclusion of gender as a covariate could yield biased estimates of the causal effect between predictor and outcome variables (Jaccard, Guilamo-Romos, Johansson, & Bouris, 2006). Atheoretically partialing of covariates, especially when they are related to predictor variables, is considered “the most egregious” (Jaccard et al., 2006; Meehl, 1971). Theoretically, this study did not consider gender differences in the religious socialization process, religious identity development and their influence on developmental outcomes among Korean American adolescents. Therefore, gender was not included as a covariate in main path analyses.

Main Analyses

Four separate path analyses were conducted to investigate the meditational role of religious identity in the relationship between religious socialization by three agents and outcome variables. Specifically, paths from religious socialization to religious identity and to two positive outcomes (i.e., prosocial behavior and peer competence and school competence) and two negative outcomes (i.e., internalizing and externalizing behavior problems) were performed separately (see Figure 3). Remaining outcome measures (i.e., subjective well-being and risky behaviors) were excluded from the final path analyses because inter-correlations between them and independent variables were not significant.

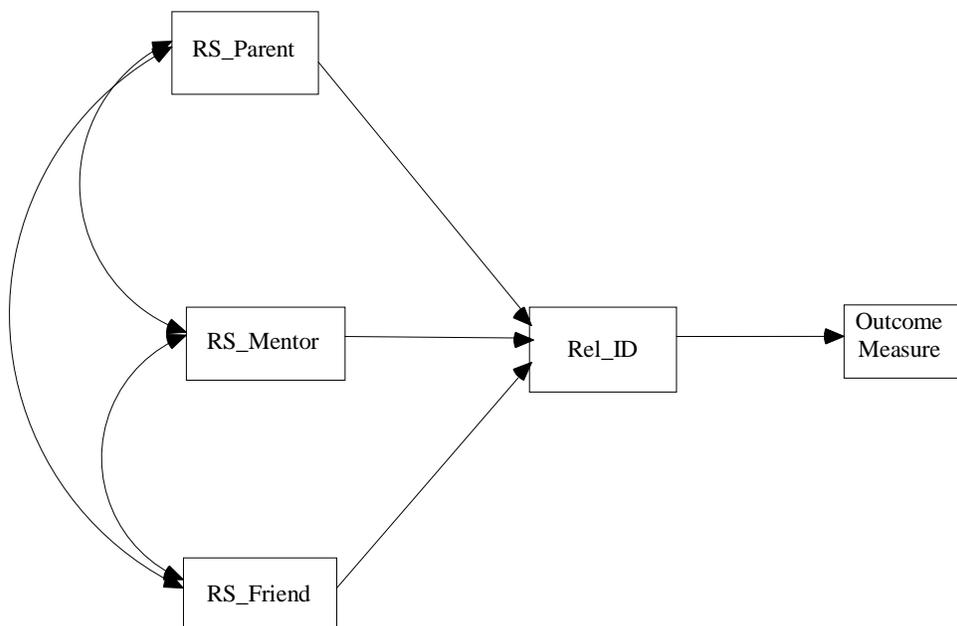


Figure 3. The hypothesized path model. RS_Parent = religious socialization by parents; RS_Mentor = religious socialization by mentors; RS_Friend = religious socialization by friends; Rel_ID = religious identity; Outcome measures = internalizing and externalizing behavior problems, prosocial behavior and peer competence, school competence

Meditational Analysis: Path Analyses

To test the predicted mediating chain of links between religious socialization by parents, friends and mentors, and religious identity and outcomes, path analysis was conducted according to the model shown in Figure 3, using the Amos 17 statistical package (Arbuckle, 2008) with maximum likelihood estimation procedures. Although the sample size was not large, it exceeded the minimum ($n = 100$) required for a path analysis (Kline, 1998; Marsh, Balla, & McDonald, 1988) and also met the minimum ratio of 5 participants per parameters estimated (for this model, $17 \times 5 = 85$) as recommended by Bentler et al. (1987).

Positive outcomes. Religious identity was hypothesized as a potential mediator of the relationship between religious socialization and adolescents' positive development

outcomes. School competence and PBPC measured by SDQ were originally hypothesized as an observed variable of a latent variable of the positive outcome. However, the measurement model of the positive outcome did not yield a good fit (CFI = 1, IFI = 1, RMSEA = .25). Thus two separate path analyses for PBPC measured by SDQ and School Competence were performed.

PBPC. To find the best-fitting model of the hypothesized mediational paths, four nested models of full versus partial mediation were tested (see Figure 4a-4e for Models A to E): Model A was a partially mediated model of religious identity for religious socialization of three agents (i.e., parent, mentors and friend); Model B was a fully mediated model of religious identity for religious socialization of three agents in which the three direct paths from three agents' religious socialization to prosocial behavior and peer competence (PBPC) were constrained to zero; Model C was a partially mediated model of religious identity for religious socialization by friends, but fully mediated model of religious identity for religious socialization by parents in which the direct path from parent's religious socialization to PBPC was constrained to zero; and Model D was a fully mediated model of religious identity for religious socialization by friends but partially mediated model of religious identity for religious socialization by parents, in which the direct path from religious socialization by friends to PBPC was constrained to zero.

Three indices of fit were examined: the comparative fit index (CFI), the incremental fit index (IFI), and the root-mean-square error of approximation (RMSEA). The CFI represents the improvement of fit of the specified model over a baseline model (in which all variables are constrained to be uncorrelated). The IFI compares the lack of

fit of the specified model with the lack of fit of an uncorrelated baseline model. It is equivalent to the Tucker–Lewis Index (TLI), but it is recommended for small samples (Hoyle & Panter, 1995), and may, like the TLI, exceed 1 in certain circumstances (e.g., in the case of an overspecified model with an almost perfect fit or in the case of sample fluctuation). The RMSEA represents the degree to which lack of fit is due to misspecification of the model tested (vs. sampling error). As per convention, a model is retained if the CFI and IFI are greater than 0.95, and the RMSEA is less than 0.05 (Kline, 1998). An examination of the CFI, the IFI, and the RMSEA indicated that the model was a good fit for the data.

Results of the path analyses indicated that only Model C produced adequate fit indices (see Table 7). Because path coefficients of religious socialization by mentors were insignificant, a fifth model (Model E) was tested: religious socialization by parents as a full mediation of religious identity and partial mediation of religious socialization by friends on PBPC without religious socialization by mentors from the path equation. Model E produced adequate fit indices. Next, Model E was compared with the nested model of Model C. Chi-square differences between Models C and E, $\Delta\chi^2(1, 141) = 0.1, p = 0.75$, were insignificant indicating that deleting paths from mentor's religious socialization, religious identity and to PBPC does not significantly improve the model fit. Although Model E presents the most parsimonious model, Model C was decided to be the best model since it presents the complete hypothesis model with religious socialization by mentors, and there was no chi-square difference in the two models.

Path coefficients for all hypothesized paths were statistically significant ($p < .05$) except paths from mentor's religious socialization to religious identity and to the outcome; standardized coefficients are shown in Figures 4a - 4e.

Data were consistent with the hypothesized model, such that greater religious socialization from parents and friends predicted higher scores of religious identity, which then predicted more prosocial behaviors and peer competence (PBPC) in Korean American adolescents. The mediational effect of religious identity in the relationship between religious socialization by parents and PBPC were statistically significant, Sobel's $t = 2.28$, $p < .05$, as was this same chain starting in religious socialization by friends, Sobel's $t = 2.34$, $p < .05$. Beyond these mediated effects, as Model C indicated, friend's religious socialization also had direct positive effects on Korean American adolescents' prosocial behaviors and peer competence ($t = 4.12$, $p < .0001$), which indicates that the mediation was partial.

Model C predicted 15.7% of the variance in PBPC when 26.3% of the variance in religious identity was predicted by this model (religious socialization by three agents).

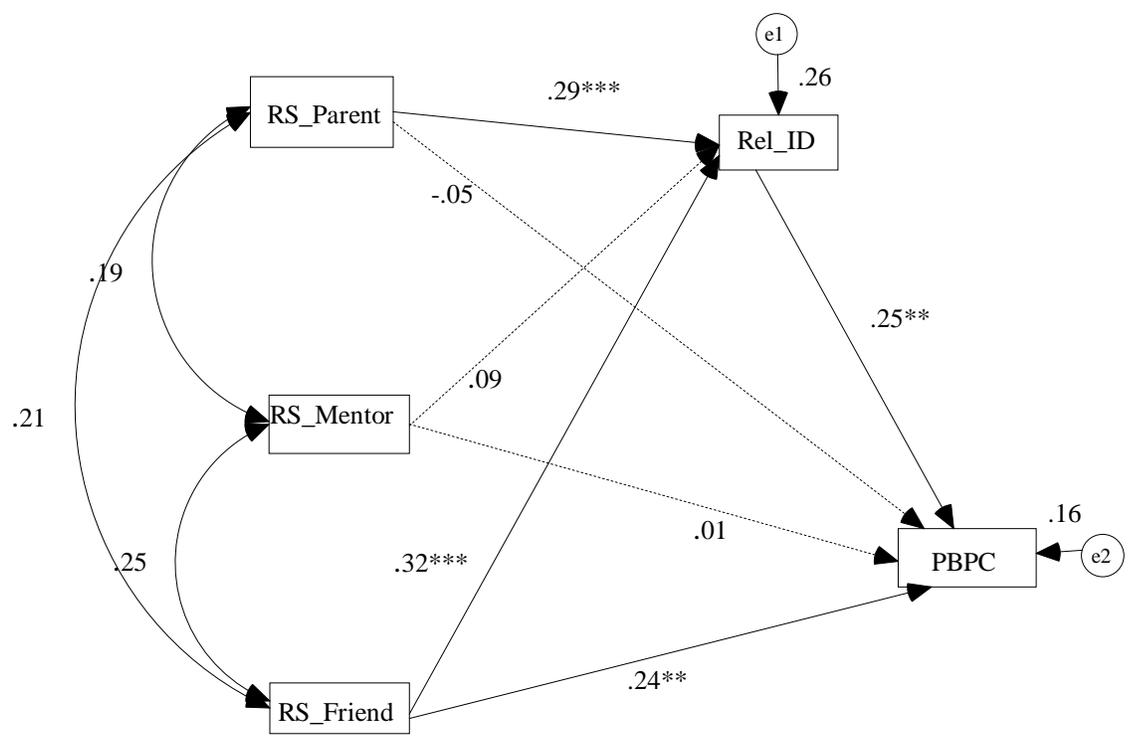


Figure 4a. Model A: The model of partial mediation for all three religious socialization agents. RS_Parent = religious socialization by parents; RS_Mentor = religious socialization by mentors; RS_Friend = religious socialization by friends; Rel ID = religious identity; PBPC = prosocial behavioral peer competencies. * $p < .05$, ** $p < .01$. *** $p < .0001$.

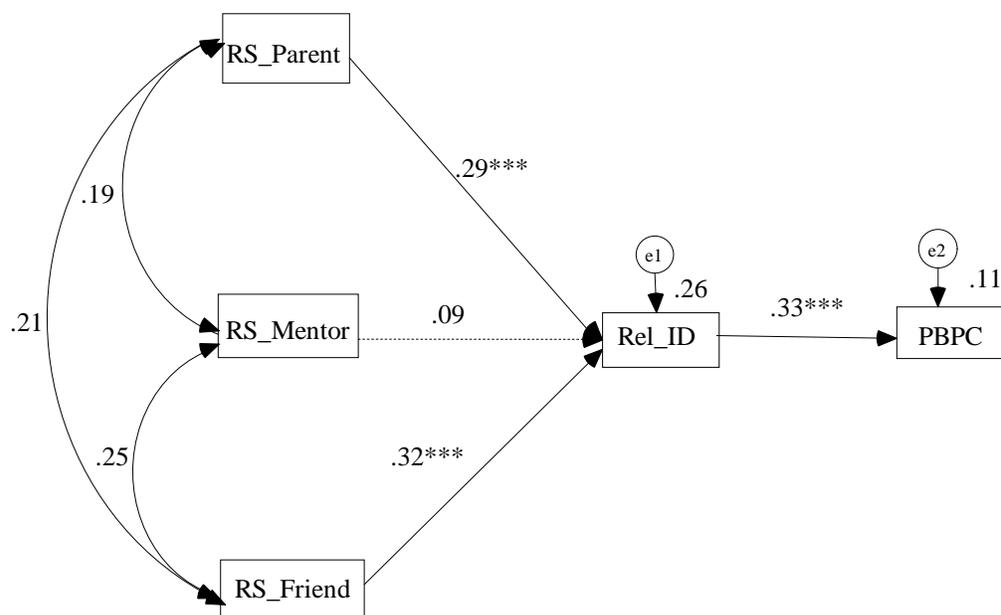


Figure 4b. Model B: The model of full mediation for all three religious socialization agents. * $p < .05$, ** $p < .01$. *** $p < .0001$.

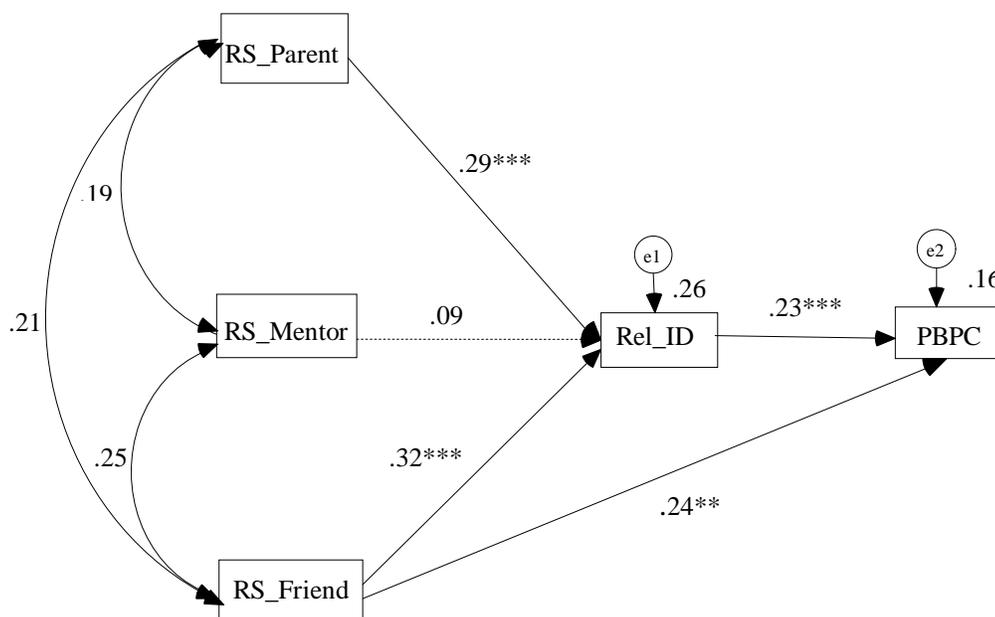


Figure 4c. Model C: The model of full mediation for RS_Parent and partial mediation for RS_Friend. * $p < .05$, ** $p < .01$. *** $p < .0001$.

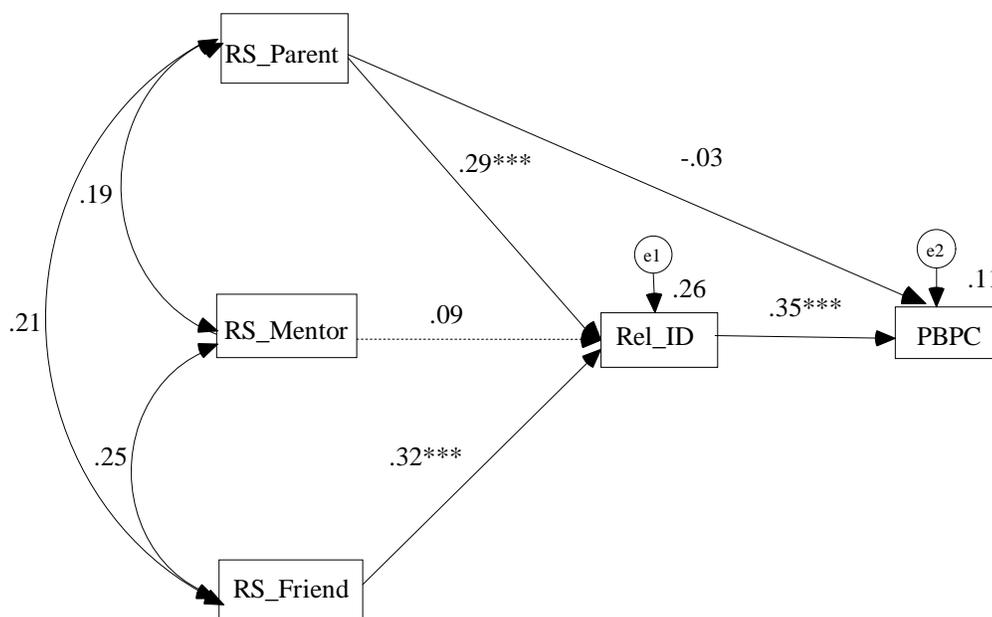


Figure 4d. Model D: The model of full mediation for RS_Friend and partial mediation for RS_Parent. * $p < .05$, ** $p < .01$. *** $p < .0001$.

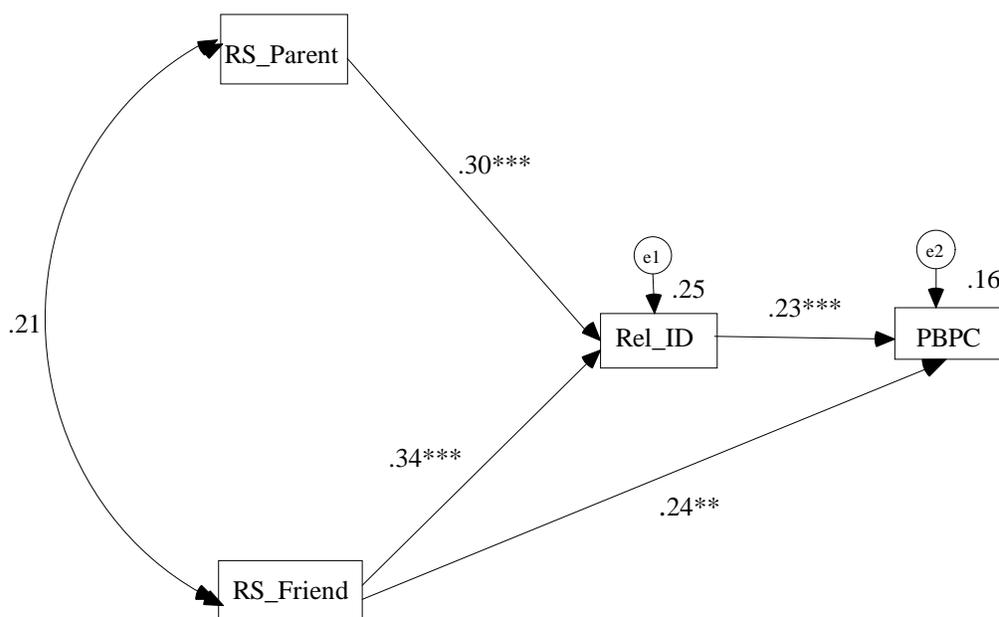


Figure 4e. Model E: The model of full mediation for RS_Parent and partial mediation for RS_Friend (Model C) without RS_Mentor variable. * $p < .05$, ** $p < .01$. *** $p < .0001$.

Table 7

Summary of path model fit indices with prosocial behavior and peer competence (PBPC)

as outcome measure

Model	Overall χ^2	Df	CFI	IFI	RMSEA	CI for SRMSEA
Model A	0	0	1	1	.18	.15-.22
Model B	8.6	3	.93	.94	.11	.03-.20
Model C	0.4	2	1	1	0	.00-.09
Model D	8.5	2	.91	.93	.15	.06-.25
Model E	0.3	1	1	1	0	.00-.18

Note. $N=155$. CFI = comparative fit index; IFI = the incremental fit index; RMSEA = root-mean-square error of approximation; CI = confidence interval; Model A = partially mediated for religious socialization by all three agents; Model B = fully mediated for religious socialization by all three agents; Model C = fully mediated for religious socialization by parents and partially mediated for religious socialization by friends; Model D = fully mediated for religious socialization by friends and partially mediated for religious socialization by parents; Model E = Model C without the path of religious socialization by mentors.

School competence. A separate path analysis from religious socialization by three agents to religious identity and then to school competence as one of the positive outcome variables was performed (see Figure 3). However, no path coefficients were significant between religious socialization by three agents and school competence and religious identity to school competence. In summary the hypothesized model of the links from religious socialization to religious identity to school competence were not supported.

Negative outcomes. Externalizing and internalizing behavioral problems measured by SDQ were originally hypothesized as observed variables of a latent variable of the negative outcome. The measurement model of negative outcome with two observed variables of externalizing and internalizing behavior problems did not produce good fit indices (CFI = 1, IFI = 1, RMSEA = .23). Thus, two separate path analyses were performed. However, no path coefficients were significant between religious

socialization by three agents to externalizing and internalizing behavior problems and religious identity to externalizing and internalizing behavior problems. In other words, the data failed to provide support for hypothesized models with negative outcomes—from religious socialization to religious identity and then to negative outcomes of externalizing and internalizing behavioral problems.

Alternative Model: Moderation Analysis

Religious identity was hypothesized as a mediator of the link between religious socialization and outcome measures in this study. Contrary to hypotheses, religious identity only mediated the link between religious socialization and one positive outcome. However, it is possible that the association between religious identity and outcome variables may depend on the level of religious socialization that Korean American adolescents receive. In other words, there may be an interaction between religious identity and religious socialization that the mediational analyses were not able to detect. Thus, I decided to examine religious identity as a moderator to assess if it changes the strength of the relation between religious socialization and outcomes. Specifically, hierarchical regression analyses was used to test if the interaction of religious identity and religious socialization predict outcome measures. Twelve analyses total (3 agents X 4 outcome measures) were performed.

In this regression, standardized religious identity was entered in the first step of the regression equation, with standardized religious socialization included as the predictor variable in the second step. In a third step, the interaction of religious socialization and religious identity (the multiplicative term) was added. Only the interaction between parent religious socialization and adolescents' religious identity

yielded a significant result in the one outcome measure, externalizing behavior problems measured by SDQ BRCP factor.

Specifically, the first step of the regression model did not account for a significant portion of variance, ($R^2 = 0$), $F(1, 141) = .039$, $p > .8$, which means that religious identity alone did not significantly predict adolescents' externalizing behavior problems. The second step of the model accounted for a small but nonsignificant portion of variance ($\Delta R^2 = .01$), $F(1, 140) = 1.63$, $p > .2$, but religious identity or parent's religious socialization did not predict adolescent's externalizing behavioral problems ($\beta = -.06$, $p > .5$, $\beta = .12$, $p > .2$, respectively). Finally, the third step of the equation was significant ($\Delta R^2 = .03$, $\beta = -.17$), $F(1, 139) = 3.93$, $p < .05$, indicating that the interaction between adolescents' religious identity and parents' religious socialization added to the prediction of adolescent's externalizing behavioral problems (Table 8).

Table 8

Hierarchical multiple regression analyses to test moderator effects with religious identity as predictor on externalizing behavior problems

Scale	<i>B</i>	<i>SE B</i>	95% CI	β	R^2
Step 1					
Rel_ID	-.04	.21	-.46, .38	-.02	0
Step 2		$\Delta R^2 = .01$			
Rel_ID	-.15	.23	-.60, .30	-.06	
RS_Parent	.30	.23	-.16, .75	.12	.01
Step 3		$\Delta R^2 = .03^*$			
Rel_ID	-.21	.22	-.67, .30	-.08	
RS_Parent	.24	.23	-.21, .70	.10	
RS_Parent x Rel_ID	-.38	.23	-.77, .00	-.17*	.04*

Note. RS_Parent = Religious socialization by parents, Rel_ID = Religious Identity of adolescents. * $p < .05$. ** $p < .01$. *** $p < .001$.

This interaction was examined more closely using procedures outlined by Aiken and West (1991) for two continuous variables, with comparisons made at 1 *SD* above and below the mean. Figure 5 presents the estimated regression lines at high (1 *SD*) and low (-1 *SD*) levels of religious identity. These lines show that greater religious identity tended to predict fewer externalizing behavior problems among persons who reported greater religious socialization by parents and tended to predict more externalizing behavior problems among persons who reported less religious socialization by parents, though this simple slope did not reach significance ($ps > .05$). However, low (-1 *SD*) level of religious identity showed statistical significance ($ps < .05$).

Specifically, greater religious socialization by parents predicted significantly greater externalizing behavior problems (i.e., behavioral reactivity and conduct problems) among those low in religious identity ($\beta = .89$), $t(139) = 2.20$, $p < .05$, but externalizing behavioral problems were not significantly related to religious socialization by parents among persons high in religious identity ($\beta = -.02$, $p > .5$). Interestingly, adolescents with low religious identity who reported low religious socialization by parents (“low/low” group) reported the fewest externalizing behavior problems than the other three groups.

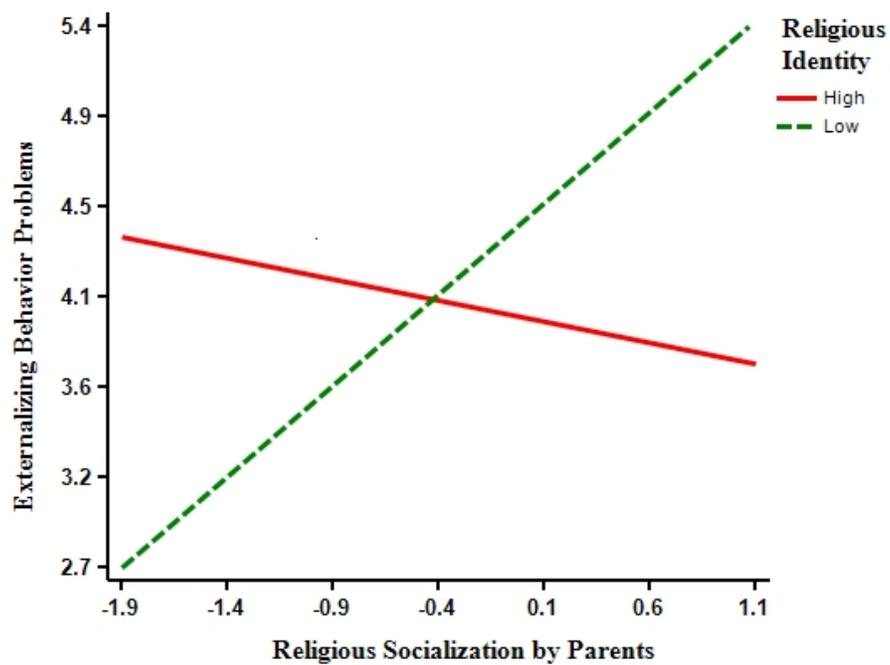


Figure 5. Interaction between religious identity and religious socialization by parents predicting externalizing behavior problems.

CHAPTER 4

DISCUSSION

The present study examined the role of religious socialization from parents, religious mentors and friends in the religious identity development of Korean American adolescents. Religious identity also was investigated as a mediator between adolescents' religious socialization and a variety of behavioral and well-being outcomes, such as internalizing and externalizing behavior problems, prosocial behavior and peer competence, and school competence. First, religious socialization from three agents—parent(s), mentors and friend(s)—was hypothesized to significantly promote Korean American adolescents' religious identity development. Second, high levels of both religious socialization and religious identity were hypothesized to positively affect adolescents' development. Specifically, adolescents who reported high levels of religious socialization from parents, friends and mentors would report fewer behavior problems and more prosocial behaviors and competences with peers and in school. Likewise, adolescents who reported high levels of religious identity would show fewer behavior problems and more positive developmental outcomes. Third, adolescents' religious identity was hypothesized to explain, as a mediator, the associations between religious socialization and outcomes. Overall, I found partial support for these three sets of hypotheses.

Religious Socialization and Identity Development

As hypothesized, religious socialization by friends and parents were significantly and positively associated with religious identity. That is, parents and friends play a significant role in religious identity development of Korean American adolescents. This

finding is consistent with current literature on the influence of parents and friends on development of adolescent religiosity (Hoge et al., 1982; Erickson, 1992; Schwartz, 2006). However unlike past studies that have focused on religiosity, the present study specifically investigated religious identity as a specific form of religiosity. In this respect, the study replicates and extends recent theoretical and empirical work on socialization and religious identity with a new population (Greenfield et al., 2007; Templeton et al., 2006).

To my knowledge, this is the first empirical study to test the role of mentors in adolescents' religious development. However, contrary to hypothesis, I failed to find a significant association between religious socialization by mentors and religious identity. Although the path from religious socialization by mentors to religious identity of Korean American adolescents was not significant, Korean American adolescents reported the highest scores on religious socialization by mentors in comparison to religious socialization by parents or friends. Religious socialization by mentors may not yield significance on the religious identity development and developmental outcomes of Korean American adolescents due to its limited variance and the skewed distribution of the scores. In other words, Korean American adolescents tended to report indiscriminately high scores on religious socialization by mentors. The high scores and limited variance of religious socialization by mentors likely reflects the prominent role of religious mentors in these church communities.

It also is possible that relationship quality—that is, the perceived closeness adolescents feel with their mentors—may be a moderator that would explain the possible positive or lack of relationship between adolescents' religious identity development and

religious socialization by religious mentors in this study. Several studies on the influence of mentors on the development of adolescents find that a close and caring relationship between mentor and mentee explains the mentor's positive role in an adolescent's life (Keller, 2005; Rhodes, 2002). Adolescents in this study may not be close to their religious mentors. Therefore they may have reported socially expected high scores of religious socialization by mentors based on their roles as religious leaders rather than on true interactions.

Religiosity and Adolescent Development

Contrary to hypotheses, religious involvement among Korean American adolescents seems to have a limited association with developmental outcomes. Religious socialization by parents and friends was only associated with prosocial behavior and peer competence, and was not associated with problem behaviors. Religious socialization by mentors was not associated with any of developmental outcomes for Korean American adolescents. This set of findings is not consistent with the general consensus on the protective role of religiosity among adolescents (see Wong et al., 2006 for review). However, it is consistent with Linver, Roth and Brooks-Gunn's (2009) study on adolescents' involvement in various groups and its effects on their development. Linver et al. (2009)'s study is one of very few published studies that looked at both negative and positive outcome measures in relation to adolescents' religious participation. They found that adolescents who were involved in religious groups (i.e., church youth group) showed more prosocial behaviors in comparison to those who were involved in other organized activities (e.g., sports and school groups), but that involvement in religious groups was not significantly associated with less externalizing and internalizing behavior problems.

This finding may be related to Christian teaching that often promotes prosocial behaviors and emphasizes the importance of relationships (Donahue & Benson, 1995). Larson, Hansen and Moneta's (2006) study revealed that adolescents who were involved in faith-based groups (e.g., church youth groups) reported significantly higher rates of receiving opportunities to acquire prosocial norms and form connections with others in comparison to adolescents who were involved in other types of organizations (e.g., sports, arts and academic). Religious involvement indeed promotes adolescents' moral development (i.e., altruism, empathic concern for others, perspective taking) through interacting with people in their religious communities and learning religious doctrines (e.g., religious values, beliefs and goals) (King et al., 2004).

It is also possible that adolescents may have been more aware of the importance of prosocial behaviors and peer relationships when they were primed in the religious context by filling out questionnaires on religious socialization and identity. Future studies need to better tease apart specific roles of religiosity in positive and negative outcome measures in adolescent development.

The uniqueness of this population may explain the findings. A longitudinal study that investigated the relationship between religiosity and depression of adolescents (7th through 12th grades) from five different ethnic groups (Le, Tov, & Taylor, 2007) found that religiosity was a significant predictor of depression among European American and African American adolescents, while it was not a predictor of depression among Asian, Hispanic or Native Americans. This study demonstrates that ethnicity may moderate the relation between religiosity and adolescent depression.

Petts and Jolliff (2008) further investigated the ethnicity factor on the relation between religiosity and adolescent depression using the same national longitudinal data as Le et al., (2007) but employing more refined classification of religiosity (i.e., internal religiosity measured by importance of religion and external religiosity measured by religious participation). They found that Asian adolescents' religious participation (external religiosity) was associated with higher depressive symptoms, while white, black and Latino adolescents showed a negative relationship between religion and depressive symptoms.

Religious Identity as a Mediator

Religious identity was hypothesized to operate as a mediator between religious socialization by three agents (parent, friends and mentors) and developmental outcomes. The results partially supported the study hypotheses. The religious identity of Korean American adolescents was only associated with prosocial behaviors and peer competence. There was no mediational effect of religious identity on problem behaviors, since there was no direct association between religious socialization and problem behaviors. Religious identity mediated only the link between religious socialization by friends and parents and prosocial behavior and peer competence. Specifically, the religious identity of Korean American adolescents partially mediated the relationship between religious socialization by friends and adolescents' prosocial behavior and peer competence. That means religious socialization by friends still had a substantial direct effect on adolescents' prosocial behavior and peer competence. These results reflect the increased importance of peers during adolescence (Arnon et al., 2008) and their direct influence on adolescents' behaviors (O'Donnell, Schwab-Stone, & Mueeed, 2002).

In contrast, the mechanism as to how religious socialization by parents is related to adolescents' prosocial behavior and peer competence appears to be more straightforward. Adolescents' religious identity fully mediated the relationship between religious socialization by parents and the outcome measure. In other words, the link between religious socialization by parents and the outcome can be described exclusively in terms of the indirect effects of Korean American adolescents' religious identity.

These findings are in line with the transformation religious socialization model/channeling hypothesis (Schwartz, 2006). Parents initially facilitate internalization of faith and religious values and promote religious involvement among children, and their influence becomes indirect when their children enter adolescence (Hirschi, 1969; Stark & Glock, 1968; O'Donnell et al., 2002). In other words, early parental religious socialization would promote children's religious identity development in adolescence. Adolescents' own religious identity in turn explains the positive link between parental religious socialization and adolescents' prosocial behavior and peer competence.

Post-Hoc Analyses

Literature on religiosity has continuously reported its protective and salutary effects. Yet, this study found religious identity of Korean adolescents to be only associated with positive outcomes. Moderation analyses were performed as alternative models to mediational analyses of religious identity on the relationship between religious socialization and outcomes. Religious identity only moderated the relationship between religious socialization by parents and externalizing behavior problems among Korean American adolescents. Specifically, the "high" religious identity group of adolescents showed fewer externalizing behavior problems when they reported more religious

socialization from parent(s). Contrary to prediction, the “low” religious identity group of adolescents reported more externalizing behavior problems when they reported more religious socialization from parent(s).

Further analysis revealed that only the “low” religious identity group showed a significant difference in their externalizing behavior problems according to the amount of religious socialization that they received from their parents. That is, adolescents with low religious identity who received low level of religious socialization by parents (“low/low” group) showed the least externalizing behavior problems than any other groups. These less religious Korean American adolescents may be involved in other types of organized group activities, such as sports or schools, that contribute to positive development. As Linver et al.’s 2009 study reported, adolescents who participated in sports and school-related groups showed fewer internalizing and externalizing behavior problems. Yet, adolescents who were involved in religious groups did not. Religious concord may account for positive outcomes in this low/low group.

In general, studies have found that parental involvement has a positive effect on a decrease in externalizing behavior problems even after controlling for risk factors (low SES, minority status and exposure to community violence) (Pearce et al., 2003). Pearce et al. (2003) also found that religiosity, specifically private religious practice, had a unique effect in decreasing conduct problems longitudinally (over a one year period) beyond that of parent involvement. Moreover, they found that adolescents’ religiosity moderated the negative effects of exposure to violence on conduct problems, whereas parental involvement did not.

Pearce et al. (2003)'s study showed that internal religiosity (i.e. private practices such as praying and reading religious literature) is associated with a decrease in conduct problems, while external religiosity (e.g., church attendance) is not. Korean American adolescents in this study may perceive parents' religious socialization as pressure that promotes "external religiosity." The external religiosity, in turn, is positively correlated with an increase in externalizing behavior problems. Petts et al. (2008)'s further investigation of the unique contribution of two different aspects of religiosity (i.e., internal religiosity as measured by importance of religion, and external religiosity as measured by religious participation) from Le et al. (2007) also supports this explanation. They found a unique positive association in Asian adolescents' external religiosity with their depressive symptoms. However, white, black and Latino adolescents exhibited a negative relationship between external religiosity and depressive symptoms. On the other hand, religious importance (internal religiosity) was associated with lower depression over a one-year period across all racial groups.

Because of the unique role of religion in Korean American culture, religion may be linked to Korean American adolescents' mental health differently than it is within the mainstream white population. Studies on Koreans in the U.S. revealed that churches are a primary institution for social support, maintaining community and preserving an ethnic identity (Hurh et al., 1990; Chong, 1998). As is found in the Black community, Korean American adolescents' church involvement could be semi-involuntary and would show little variation in their religiosity (Ellison, 1995). Korean adolescents in my study also showed little variance in their religious socialization, which may explain the lack of relation between the adolescents' religious socialization and behavior problems. In

addition, Korean churches may reinforce cultural principles such as the importance of hierarchy and patriarchy (Kitano & Daniels, 2001), and these traditional attitudes may conflict with those of mainstream American society, creating tension for Korean American adolescents (Rhee, Chang, & Rhee, 2003). Interestingly, Petts et al. found that the positive relationship between external religiosity and depressive symptoms was even stronger among second-generation Asian adolescents. This may be related to greater cultural conflicts between second-generation adolescents and their immigrant parents.

The mismatch of religious importance between parents and adolescents also can explain the result. A recent study showed that a difference in the depth of religious interest between parents and adolescents has negative implications on their relationship quality (Stokes & Regnerous, 2009). Specifically, adolescents perceived a lower level of closeness when their parents were more religious. Interestingly, when the adolescent reported greater religiosity than the parent, relationship quality was not diminished.

Stokes et al.'s study may hint at a possible mediator for my findings on the interaction effect of adolescents' low religious identity and parents' high religious socialization on increased externalizing behavior problems. When parents make more effort to socialize their adolescent children, less religious teens may feel less affection from the parent. That, in turn, would lead to more externalizing behavior problems. This also could explain findings on the "low/low" group (i.e., adolescents with low religious identity who reported low religious socialization by parents). The low/low group's religious concord leads to better relationship quality with fewer conflicts and that in turn, leads to fewer externalizing behavior problems.

In summary, religious identity mediates the relationship between religious socialization and positive outcome, while it moderates the relationship between religious socialization and externalizing problem behaviors. This also may imply that religious socialization by parents is effective to increase adolescents' religiosity in general, but also could increase conflict between more religious parents and less religious adolescent children. That conflict, in turn, leads to more problematic behaviors among these dyads.

Limitation and Future Directions

Among the major strengths of this study is the multi-item, multidimensional measurement of religious socialization and religious identity, which provided a more comprehensive and developmentally informative assessment of adolescents' religiosity (Stark & Glock, 1968; Woodroof, 1985), as well as studying Asian American adolescents who are often under-represented in the literature.

The major limitation of the study was the use of cross-sectional data on religious socialization by three agents, religious identity and outcome measures, which prevented me from making concrete causal statements about their relationship. Future data collection will make it possible to look at the longitudinal associations among different religious socialization agents, religious identity development and different outcome measures. For instance, although in this study mentors' religious socialization did not yield a significant contribution to adolescents' religious identity development, religious mentors may have long-term influence on adolescents' religious development. With longitudinal data, the long-term effects of different types of religious socialization (i.e., behavioral control, faith dialogue and faith modeling) on adolescents' religious identity development can be studied.

A second limitation is a small sample size which was insufficient to run the originally proposed model using the Structural Equation Modeling procedure. Looking at a sufficient sample size over time may allow more in-depth investigation of the unique influence of each religious socialization agent and type on adolescents' religious identity development and developmental outcomes.

Low response rate (i.e., 24%) in one Korean church in Virginia is partly responsible for a small sample size. All surveys in Minnesota and Indiana were conducted in person; the survey of a church in Virginia was done by mail. The response rate of 24% in a church in Virginia is lower than the average response rate of 49.6% in the recent meta analysis on survey response rates in counseling and clinical psychology studies over 20 years (Van Horn, Green, & Martinussen, 2009).

A survey's response rate is often viewed as an important indicator of survey quality. A low response rate raises the question of sample selection bias. In other words, the 24% who responded from the church in Virginia could be more religious than non-respondents. Higher response rates are often presumed to ensure more accurate survey results (Aday, 1996; Babbie, 1990; Backstrom & Hursh 1963). However, studies found that a lower response rate does not necessarily mean lower survey accuracy. For instance, a study showed that surveys with lower response rates (near 20%) yielded more accurate measurements than did surveys with higher response rates (near 60-70%) (Visser, Krosnick, Marquette, & Curtin, 1996). Keeter et al. (2006) found no difference in studies with a 25% response rate and those with a response rate of 50%. In this study I did not find any regional differences between the nearly 100% completion rate of in-person

surveys in churches in MN and IN and the surveys completed from the 24% mail survey response rate in the Virginia church.

Third, even though the three-factor SDQ model yielded slightly better reliability coefficients than the original five-factor SDQ model (Goodman, 1988), they are still in the modest to acceptable range (George & Mallery, 2003). Cronbach's alpha coefficients for three SDQ factors are internalizing behavior problems (0.59), externalizing behavior problems (0.69) and prosocial behaviors and peer competence (0.61). This is an improvement over the original five-factor model; Cronbach's alphas ranged from 0.42 (peer problems) to 0.66 (hyperactivity). However, the internal consistency of Cronbach alphas may increase with the number of items in each subscale. The five-factor SDQ model has five items per subscale. The three-factor SDQ model contains eight items in the scale of internalizing behavior problems, seven items in the scale of externalizing behavior problems, and ten items in the scale of prosocial behavior and peer competence.

The lack of significant association between internalizing behavior problems and predictor variables (i.e., religious socialization and religious identity) may be due to the low Cronbach's alpha coefficient of internalizing behavior problems. The low reliability of the SDQ has been found in Europe as well as in the US (Bourdon, Goodman, Rae, Simpson, & Koretz, 2005; Muris, Meesters & Berg, 2003). Although the three-factor SDQ model appears to be a better fit for the US sample and yielded better internal consistency of sub-scales in general (see Ruchkin et al., 2008), Cronbach alpha of internalizing behavior problems in this study still remains on the border of "acceptable" and "questionable" ranges (George et al., 2003).

Although the SDQ yielded low internal consistency coefficients, the SDQ was chosen because it has a good concurrent criterion-related validity and screening efficiency to assess psychiatric disorders in adolescents in both clinic and community based populations (Warnick, Bracken, & Kasl, 2008). Warnick et al. (2009)'s meta-analytic study on the screening efficacy of SDQ in comparison to the Child Behavior Checklist (CBCL) revealed that SDQ showed better specificity to detect psychiatric disorders of children and adolescents while CBCL showed better sensitivity to detect psychiatric disorders. SDQ was more often used in European and Australian populations, and several U.S. researchers raised questions on the original factor structure that generated from English samples (e.g., Dickey & Blumberg, 2004). Unfortunately, the three-factor model based on the U.S. sample yielded low internal consistency coefficients. Future studies need to add or replace outcome measures with measures that have better internal consistency.

Fourth, before drawing firm conclusions from this study, it will be important to replicate the findings with multi-informant measures, such as reports of parents and mentors of their own religious socialization and their perceptions of adolescents' development. A latent variable of religious socialization by each agent can be measured by the self and informant reports. It will also be interesting to test the discrepancy between perceived religious socialization by adolescents and actual reports of parents and mentors, and to investigate the implications of the discrepancy on developmental outcomes.

Finally, it will be important in future research to include the measurement of relationship quality between adolescents and parents and between adolescents and religious mentors

that may moderate or explain the effects of their religious socialization on adolescents' developmental outcome measures.

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