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The Association of Spirituality and Well-Being in South African and Ugandan Samples

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ABSTRACT

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Literature has shown a correlation between spirituality and well-being, but this has not been thoroughly studied outside North America, with very few studies conducted in Africa. This study compared data from two sub-Saharan African nations, Uganda and South Africa, that differ markedly in terms of multiple factors that affect well-being, such as mortality rates and access to healthcare, as well as educational and personal growth opportunities. Survey data were collected using the measures of The Spiritual Involvement and Beliefs Scale and Ryff's Personal Well-Being Scale. There were four racial groups represented in the data: Black South Africans, Coloureds, White South Africans, and Black Ugandans.

The results showed both similarities and differences among the racial groups in regard to spirituality and well-being. White South Africans had the lowest levels of spirituality, but the groups were fairly equivalent in terms of overall well-being, which finding was surprising, given the fact that the South Africans have much better material conditions and survival rates than Ugandans. Group differences were also observed in terms of the positive and negative aspects of well-being, which were highly correlated in the data from White South Africans but weakly correlated for the other groups. The correlations between the measures of spirituality and well-being were positive for all groups, with that association explaining a remarkable 32% of the variance in the Black Ugandan sample but only 4% of the variance in the White South African sample. These data confirm the salience of spirituality to well-being, particularly among the samples indigenous to sub-Saharan Africa.

Keywords: spirituality, well-being, Africa, South Africa, Uganda, cross-cultural

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TABLE OF CONTENTS

TITLE PAGE i

ABSTRACT ii

ACKNOWLEDGMENTS iii

TABLE OF CONTENTS iv

LIST OF TABLES vii

CHAPTER 1: Introduction 1

CHAPTER 2: Literature Review 5

Spirituality and Psychology 5

Well-Being and Psychology 8

Psychological models of well-being 10

Ryff's model of well-being 12

Inclusion of spirituality in models of well-being 12

Alignment of models of wellness with positive psychology 13

Well-Being and Spirituality 14

Well-being and spirituality in physical health 14

Well-being and spirituality in social health 17

Well-being and spirituality in psychological health 19

Well-Being and Spirituality Among People of Color and International Populations 22

Well-being and spirituality among people of color in America 23

Well-being and spirituality among international populations 27

Well-being and Spirituality Among People of Uganda and South Africa 30

Research Questions 37

Primary research question 37

Hypothesis 37

CHAPTER 3: Method 38

Measures 38

Demographic variables 38

Spirituality 38

Psychological well-being 39

Participants 39

South African participants 40

Ugandan participants 41

Procedures 42

CHAPTER 4: Results 45

Descriptive Statistics 45

Multivariate Analysis of Covariance 46

Factor Analyses 47

Correlations Between Scales by Ethnic Group 48

CHAPTER 5: Discussion 51

Descriptive Statistics 51

Group Differences in Well-Being and Spirituality 51

Correlations Between Well-Being and Spirituality 54

Group Differences in the Magnitude of the Correlations 59

Implications..... 59

Limitations 61

REFERENCES 64

APPENDIX A: Consent to be a Research Subject 83

APPENDIX B: International Review Board for Human Subjects Approval Letters 84

LIST OF TABLES

Table 1 *Descriptive Statistics of Sample Size, Age, and Gender by Race* 40

Table 2 *Reliability Coefficients (Cronbach's alpha) of the Measures of Spirituality and Well-Being Across Different Subsamples* 44

Table 3 *Descriptive Statistics of the Measures of Spirituality and Well-Being Across the Ugandan Sample* 45

Table 4 *Descriptive Statistics of the Measures of Spirituality and Well-Being Across the South African Sample* 46

Table 5 *Fisher's Z Values for Spirituality and Well-Being Compared to Race* 50

CHAPTER 1

Introduction

There are 7.6 billion people in the world speaking over 7,000 languages and practicing 4,200 religions in 195 countries spread across 170 ethnic groups (Countries in the world, n.d.; Current world population, 2018; World languages, 2018; List of religions and spiritual traditions, 2018). Compounding these vast differences in humanity are the infinite variables making up an individual life: the biological variance of personality, brain makeup, genetics, etc. and the interactions of these personal attributes with cultural influences, daily opportunities, and family dynamics. The complexity in human diversity cannot be calculated.

Despite the nearly infinite differences, humans share several core attributes, including an innate pursuit of enhanced psychological well-being that extends beyond simple self-preservation. People of all cultures seek improved well-being for themselves as well as for those closest to them. Subjective well-being has been defined as "experiencing a high level of positive affect, a low level of negative affect, and a high degree of satisfaction with one's life" (Deci & Ryan, 2008, p. 1). Well-being thus includes life satisfaction, minimization of distress, and subjective feelings of happiness that are achieved through similar yet distinct methods that vary based on cultural and individual practices and expectations. As a shared human phenomenon, perceptions of well-being can be compared across cultures (Brulé & Maggino, 2017).

People seek well-being in many domains: physical, emotional, social, vocational/financial, and spiritual. Because these multiple dimensions are all interrelated, promoting well-being involves attending to each of these dimensions, and societies around the world all have developed different specializations with the same aim of promoting well-being (e.g., different social structures yet similar underlying ethical foundations to promote harmonious

interactions, different forms of religious devotion yet similar underlying moral tenets and recognition of transcendent possibilities). Much as good physical health provides energy and stamina to work, achieve goals, and seek cross-dimensional balance, spiritual practices contribute to holistic well-being as they build resilience (Faigin & Pargament, 2011) engender purpose (Coyle, 2002), and improve quality of life (Sawatzky, Ratner, & Chiu, 2005).

Evidence of the achievement of well-being in a person's life can be observed in the context of cultural influences and expectations (Brulé & Maggino, 2017). Many cultures emphasize spiritual influences on well-being, with spirituality being defined as the "experiential and personal side of our relationship to the transcendent or sacred" (Nelson, 2009, p. 9). Cultural groups in Africa particularly demonstrate this emphasis on spirituality. With dozens of nations and hundreds of ethnic groups, the continent of Africa contains a richness of spiritual and cultural diversity. African cultures have generally emphasized spirituality, but unfortunately, little psychological research has been conducted on the extent to which spirituality in those cultures is associated with well-being.

African nations must be considered separate from one another due to extreme differences between them. For instance, two African nations, South Africa and Uganda, differ in a host of ways. They have vastly different geography and are separated by large distances. It would take sixty-eight hours to drive from Cape Town, South Africa to Kampala, Uganda, covering a distance of 3,348 miles (5,388 km). This distance is about the same as that from Washington, D.C. to Lima, Peru, and individuals in these countries have a distinct ethnic make-up, modes of spirituality, and well-being factors. Except for a common history of European colonization and conversion to Christianity, Uganda and South Africa have a history comparatively as similar as

the history of Peru is to the United States. Clearly, researchers examining the association of spirituality with well-being in any given country must acknowledge cultural differences.

Moreover, religious and spiritual diversity characterize different tribal and ethnic groups within nations. For instance, South Africa has at least four major ethnic groups including, Blacks, Coloureds, Asian Indians, and Whites; each group has their own cultural understanding of spirituality and well-being. The "Coloured" or "Cape-Colored" ethnic group consists of those who historically had inter-racial ancestry but who have developed a specific identity that is uniquely their own (Cape Coloreds, 1999). Each South African group is distinct, and researchers must understand this diversity within nations as well as differences across nations.

To better understand individuals' reactions in different contexts of living conditions, researchers need to examine spirituality and its association with well-being by comparing different peoples with markedly different levels of well-being and types of spirituality. Nevertheless, if spirituality is an important component of well-being, it will be observed in research findings even after considering differences such as living conditions, financial resources, access to healthcare, level of educational attainment, etc. In other words, if spirituality is truly a component of well-being, innate to all humans, then the positive association between spirituality and well-being will be observed across populations experiencing very different circumstances.

This study focuses on the association of spirituality on well-being in two distinct African nations: South Africa and Uganda. Because of the limited psychological research existing on spirituality and its correlation with well-being in African populations, this study will fill a clear gap in the existing literature. If spirituality is associated with well-being across cultures, despite

major differences between cultures, then spirituality should be seriously studied by psychologists, whose purview includes the understanding and promotion of well-being.

CHAPTER 2

Literature Review

This literature review covers five inter-related topics: (1) spirituality and psychology, (2) (3) well-being and psychology, (4) spirituality and well-being, (5) well-being and spirituality among people of color across the world, and (6) well-being and spirituality in sub-Saharan Africa with a focus on the two nations of Uganda and South Africa. The first section, spirituality and psychology, presents a historical overview of how the topic of spirituality has been considered in the field of psychology, shifting from being a taboo topic in the profession to being the focus of a division of the American Psychological Association (APA). After that review of spirituality in psychology, the topic of well-being and its place in the field of psychology follows. Psychologists have developed many theories and models of well-being, and several of those are highlighted. The third section of the review examines the integration of well-being and spirituality. Specifically, spirituality is shown to affect physical, social, and emotional aspects of well-being. Because the vast majority of research on those issues examines White populations in North America, the fourth section addresses those same considerations among people of color, who are underrepresented in psychological research. Lastly, well-being and spirituality are discussed in the context of sub-Saharan Africa and in the African nations of South Africa and Uganda in particular. These five areas are intended to provide a broad understanding of psychological research relevant to spirituality and well-being and to demonstrate the importance of the proposed cross-cultural research study.

Spirituality and Psychology

Although the concepts of spirituality and religion overlap, they also have important differences. Religion denotes an organized system of worship with the Latin root, *religio,*

denoting “to bind,” meaning there is a bond between a higher power and humanity (Hill et al., 2000). Belief systems such as Christianity, Islam, Buddhism, Judaism seek to explain human connections with Deity. A structured belief system gives a person an organizational framework for day-to-day conduct.

The term spirituality stems from the Latin root, *spiritulis,* meaning a person of the spirit. Religion often encompasses spirituality, but spirituality also exists outside of religion (Hill et al., 2000). Increasingly, individuals are distinguishing spirituality from religion. A survey conducted by Oman and Thoresen (2007) found that "one-third of U.S. adults describe themselves as 'spiritual but not religious'" (p. 41).

The expressions and forms of spirituality can vary greatly. Some different forms of spirituality consist of, (a) God-oriented spirituality, where the relationship focuses on a relationship with a higher power, (b) nature-oriented spirituality with the focus on nature as a source of spirituality, and (c) people-oriented spirituality that focuses on improving self (Hill et al., 2000). Because spirituality involves more personal and innately psychological aspects than religiosity, this review and this research project will focus on spirituality rather than religion and religiosity.

Psychologists have expressed many different opinions about spirituality. Sigmund Freud, an important figure in the origins of psychology, had a great impact on the beliefs of many psychologists for several decades. Freud was an atheist and opposed religion, which he compared to children's fairytales and as, "illusions, fulfillments of the oldest, strongest and most insistent wishes of mankind" (Freud, 1927, p. 75). The wishes Freud refers to are Oedipal desire, including a drive to connect with a parental figure, and he believed that religion created a fatherly figure to fulfill this desire. Freud’s beliefs about religion resulted in skepticism among

many psychologists, and it took time before psychologists openly spoke of religion and spirituality.

Even with Freud's doubts in the early years of psychology, some psychologists took spirituality seriously. For example, the philosopher and psychologist, William James, chief among those advocating for a psychological understanding of spirituality, developed pragmatic epistemology, which focuses on the practical effects of beliefs in a person's life. He studied the meaning of this theory in religious belief and other philosophies and values (Pamerleau, n.d.). Nevertheless, James' position on spirituality rarely appeared in citations, and until the 1960s most psychologists preferred to keep discussions of spirituality separate from psychology.

During the 1960s, sociocultural influences (including new religious movements and experimentation with psychedelic states of consciousness) and increasing dissatisfaction with prior psychological explanations for human behavior, led individuals to become more interested in the psychology of religion and spirituality. In 1975, the APA created a division titled, "Psychologists Interested in Religious Issues," which is now known as APA Division 36: Psychology of Religion and Spirituality (Hood, 2012). Division 36 is nonsectarian and creates a bridge between the study and practice of psychology and religious perspectives and institutions ("Society for Religion and Spirituality," n.d.). In contrast to the early decades of psychological inquiry, spirituality and religion are now acceptable areas of study with hundreds of psychologists investigating those topics.

While historically there has been bias against incorporating spirituality into psychotherapy, currently professional psychology recognizes the importance incorporating spirituality into psychotherapy and training. To focus specifically on the effects of religion in therapy, Worthington, Hook, Davis, and McDaniel (2011) conducted a meta-analysis that

included 46 studies examining the outcome of both religious-accommodating therapy and secular therapy. Results from this study indicated that those receiving religious and spiritually oriented psychotherapy showed greater improvement on psychological and spiritual outcomes than those in secular psychotherapy (Worthington et al., 2011). This finding further shows that spirituality has an impact on psychology, specifically in psychotherapy, and highlights the importance of incorporating spirituality into psychology.

Psychologists are gradually becoming exposed to spirituality through professional training. In 2002, Brawer Handal, Fabricatore, Roberts, and Wajda-Johnston conducted a study to assess training and education concerning spirituality and religion in APA-accredited clinical psychology programs. Their assessment showed that few programs had a systematic approach for trainings in spirituality (Brawer et al., 2002). Eight years later, a follow-up study was conducted to ascertain whether any of these programs approached spirituality training in different ways. Although these researchers did not find an increase in the systematic coverage of spirituality, they did find that these programs taught aspects of spirituality as part of another course, that they did have a spirituality focus in dedicated courses, and a general increase in spirituality research (Schafer, Handal, Brawer, & Ubinger, 2011). If psychology programs and psychotherapy incorporate spirituality, then we must understand the relationship between spirituality and well-being and how this may increase clients' well-being.

Well-Being and Psychology

Discussing theories relating to how well-being and psychology are related will illuminate differences in thought concerning what defines well-being. Then a discussion of various models of well-being will show the implementation of these theories in models, which can include spirituality.

Broad theories of well-being. In the literature, well-being falls into two categories: the eudaimonic and hedonistic models (Deci & Ryan, 2008). Hedonism is "the ethical theory that pleasure (in the sense of the satisfaction of desires) is the highest good and proper aim of human life" (Hedonism, n.d.). It follows in this model that if humans seek *for* what they consider good for them, then it will return good *to* them (Crisp, 2017). The hedonic well-being model provides a hedonistic way to view well-being. This view of well-being focuses on happiness and, like the theory, defines it by the "presence of positive affect and absence of negative affect" (Deci & Ryan, 2008, p. 1). There are those who point out flaws with this philosophy. They state that some pleasure does not lead to well-being and that other factors leading to well-being exist besides pleasure (Weijers, n.d.).

If achieving hedonistic pleasures were the only factor leading to well-being, we would expect practices that encourage both abstinence from those pleasures as well as the value of self-control to decrease well-being observably. In direct contrast to hedonism, spirituality and religion often promote such practices of self-control and motivations beyond pleasure and self-interests. Spirituality and religion has “an impact on behavior and often improves self-control and self-regulation" (Paglieri, Borghi, Colzato, Hommel, & Scorolli, 2013, p. 739). Embracing hedonism suggests that spirituality decreases well-being.

Another view of well-being, termed *eudaimonic,* aligns with desire theory. Desire theory differs from hedonism by overcoming the inherent difficulties in measuring pleasure and pain, which vary substantially across individuals. Rather than focusing on pleasure and pain, economists conceptualize well-being as satisfaction derived from choices an individual makes (Crisp, 2017). To understand this concept more clearly, it can be paralleled with the eudaimonic tradition of well-being, which focuses on "living life in a full and deeply satisfying way" (Deci &

Ryan, 2008, p. 1). This focus appears more measurable, so that Ryan and Deci could study well-being in a more empirically sound way (Ryan & Deci, 2000).

Ryan and Deci (2000) created a theory accounting for well-being determined by motivation, which they coined self-determination theory. They theorize that people may be motivated by a combination of external factors as well as intrinsic factors. External factors are defined as sources outside of the self that give feedback or validation for behavior. Intrinsic motivation comes from the person's desire to behave in certain ways, possibly originating from values, goals, etc. Social and cultural factors also affect motivation, quality of performance, and well-being (Ryan & Deci, 2000). In the drive for well-being, Ryan and Deci propose that the innate psychological needs for humans consist of competence, relatedness, and autonomy and that these need to be met in order to have well-being ("Self-determination Theory," 2018). Ryan and Deci elaborated on this by stating, "the very fact that need satisfaction is facilitated by the internalization and integration of culturally endorsed values and behaviors suggests that individuals are likely to express their competence, autonomy, and relatedness differently within cultures that hold different values" (2000, p. 75). These psychological needs are met differently depending on culture and values. As people follow self-determination theory to find their own sense of well-being, spirituality may be a factor in that drive for well-being (Ryan & Deci, 2000). Psychological models were created that outline ways that the researchers believe people achieve well-being.

Psychological models of well-being. In past centuries, the concept of wellness had focused mostly on physical health and the absence of illness. Currently, this definition has changed according to the World Health Organization (WHO), which defines wellness as the optimal state of individuals and groups, inclusive of more than physical health. There are two

focal concerns in the definition proposed by WHO: “the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically, and the fulfillment of one's role expectations in the family, community, place of worship, workplace and other settings" (Wellness definition, 2006). Thus wellness can be considered more holistic than merely comprising physical health.

Due to the many facets of wellness, numerous models exist to assess wellness in people's lives. This review will include eleven of these models, which incorporate social, intellectual, and physical components in their conceptualizations of wellness with nine of the eleven incorporating emotional and spiritual aspects. Other components considered in some of the models include psychological, occupational, and environmental. The models consider these interrelated dimensions as components of an overarching construct, wellness (Roscoe, 2009).

Models of well-being share many features. Several common themes are found among the models: Wellness is not just an absence of illness. Components of wellness are interrelated. Wellness is holistic, and wellness is moving towards well-being. The nine models which incorporate spirituality include: Lafferty (1979), Hettler (1980), Greenberg (1985), Leafgren (1990), Crose, Nicholas, Gobble, and Frank (1992), Depken (1994), Adams, Bezner, and Steinhardt (1997), Renger et al. (2000), and Durlak (2000). The models are largely similar but also differ in minor ways, including the definition of some constructs such as combining, separating, or using only psychological versus emotional wellness or using a subjective, rather than an objective, measure (Roscoe, 2009). The models show that, generally, wellness is a holistic, multidimensional idea that can be modeled in varying ways while still testing the same construct of wellness and well-being.

Ryff's model of well-being. Of the eleven models, Ryff's (1989) has proven especially influential in psychological research. Her model uses defined constructs based on several theoretical domains, which operationalizes the measure and ensures that all the important aspects of positive functioning are included (Ryff, 1989). Ryff's research found common characteristics of well-being in studies, but the studies defined these characteristics in different ways. Therefore, she created operational dimensions for well-being. The dimensions include self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. In particular, Ryff found that self-acceptance and environmental mastery were strongly associated with factors of well-being.

Ryff's model became the basis for a measure of well-being known as Scales of Psychological Well-being (SPW). The measure evaluates emotional and physical health in psychological well-being (Ryan & Deci, 2001). Researchers can use the constructs of the SPW in ways that are most applicable to their study, including cross-cultural comparative research (Brown & Ryan, 2003). In particular, it has been cited in over 2,000 scholarly articles proving its value as a research resource on psychological well-being. Although Ryff's Scales of Psychological Well-being do not include spirituality, it can serve as a beneficial measure when paired with a spirituality measure.

Inclusion of spirituality in models of well-being. Nine of the eleven models of well-being explicitly include the concept of spirituality, which the World Health Organization also included in its definition of wellness (Wellness definition, 2006). Given the focus of this research study on spiritual aspects of well-being, consideration must be given to the work of Sweeney and Witmer, whose model centrally incorporates spirituality (1991). After this model's 1991 creation, it was revised in 2000 with colleague, Linda James Myers. Their model, called

the Wheel of Wellness, allows for a design capable of implementation in counseling. Therapists can use the model to better understand the client's life and to assess areas of wellness that may need improvement. The model shows the interrelationship between areas in either a positive or negative direction. The Wheel of Wellness is centered on spirituality based on the authors' view that "spirituality is conceptualized as the core characteristic of healthy people and the source of all other dimensions of wellness" (Myers, Sweeney, & Witmer, 2000, p. 253). Four major components of the Wheel of Wellness include self-direction, work and leisure, friendship, and love along with sixteen subcomponents characteristic of healthy people (Myers et al.,, 2000). The specific focus on spiritual components of well-being in this study make it invaluable since other models do not specifically focus on or have a defined core of spirituality. With the central focus of this model being on spirituality, this gives evidence that spirituality has an impact on well-being.

Alignment of models of wellness with positive psychology. The study of well-being incorporates the sub-discipline of positive psychology, which "is the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions" (Gable & Haidt, 2005, p. 103). The sub-discipline of positive psychology evolved as researchers identified an almost exclusive focus on mental illness, conflict, and other areas generally perceived as being "negative." Scholars sought to correct that imbalance by focusing research on more pleasant and more common human experiences, including laughter and joy. Positive psychology also focuses on resiliency and authentic living by seeking to understand how people thrive and to help those who struggle in the face of challenges (Gable & Haidt, 2005). Aligned with that focus, positive psychology has contributed to our understanding of psychological well-being.

Research findings from positive psychology can be used as a foundation for enhancing well-being among populations experiencing distress. A study by Fredrickson (2001) found that positive psychology interventions effectively boost well-being and alleviate depression. These interventions can include positive thinking, gratitude expressing activities, and positive experience replaying, all with the aim of building strengths. Another positive psychology skill shown to increase well-being consists of building psychological resilience through practicing positive emotions. This skill can be especially challenging but important when going through hardship and has been shown to increase emotional well-being (p. 223). Taken as a whole, these positive psychology interventions have been found to boost well-being in individuals, which in turn leads to improved mental health (Sin & Lyubomirsky, 2009).

Research in positive psychology has tended to focus on aspects of subjective well-being. Well-being can be categorized into two ideologies as discussed in a prior section: subjective well-being and eudaimonic well-being. Subjective well-being includes positive affect, life satisfaction, and happiness (Sin & Lyubomirsky, 2009). In contrast to subjective well-being, eudaimonic well-being focuses on self-acceptance, positive relations, autonomy, and purpose in life. Many of the models of well-being, including that of Ryff, align more with subjective well-being versus eudaimonic well-being. Therefore, this study will focus on subjective well-being.

Well-Being and Spirituality

Spirituality, a multi-dimensional construct, affects physical, social, and psychological aspects of people's lives. When integrating spirituality into these aspects, it contributes to overall well-being.

Well-being and spirituality in physical health. Hundreds of research studies have shown links between spirituality and physical health. In a review of 42 different studies with a

cumulative total of 126,000 participants, the authors assessed religious involvement's effect on mortality. The authors found that those who had regular religious involvement were 29% more likely to survive deadly illnesses than those with less religious involvement (McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000). Along with this, spiritual well-being offers protection against end-of-life despair in those who face imminent death (McClain, Rosenfeld, & Breitbart, 2003). In addition to religion and spirituality having an impact on the health of those who are facing death, spirituality is shown to have an additional impact by providing meaning and purpose in turn positively impacting health (Coyle, 2002).

Research shows the importance of incorporating spirituality into healthcare. When patients face the possibility of a terminal illness or health concerns, the patient may have a concern about physical symptoms, as well as spiritual issues, when meeting with the physician (McCormick & Min, 2014). Patients desire to discuss both the spiritual aspects of their illness along with having their physical health improved (Miller & Thoresen, 2003). Along with the evidence that spirituality plays an important role in physical healthcare, research suggests that those physicians who have deepened their own spirituality tend to provide better care for patients when discussing a patient's spirituality (Astrow, Puchalski, & Sulmasy, 2001). Patients are actively seeking an increased openness to discuss their spiritual concerns with physicians, and the healthcare system is just recently realizing the value of incorporating this aspect of well-being as part of the total healing methodology being prescribed to the patient.

The importance of spirituality in healthcare is evidenced by the fact that it is now incorporated into the patient intake assessment. For example, the HOPE questions assess sources of hope, organized religion, personal spirituality and practices, and effects on medical care and end-of-life issues (Anandrajah & Hight, 2001). This question format was created as a

way to teach medical students and practitioners how to assess spirituality. The direct emphasis on the HOPE assessment is not necessarily on spirituality or religion due to some patients not personally identifying with personal spirituality, but the assessment aids practitioners in understanding the patient and the extent of the importance of spirituality in his or her life (Anandrajah & Hight, 2001). Studies including a health range (from sick to healthy) have shown that spirituality has a positive effect on well-being regardless of the severity of the illness but is specifically beneficial for those with increased vulnerability of health. This correlation demonstrates the necessity of spiritual assessment in healthcare (Kirby, Coleman, & Daley, 2004). Spirituality has been shown to have an impact on health in general but has also been correlated with the positive effect it has against the battle of very specific and serious health situations, including cancer.

In 2016, cancer was the second leading cause of death in the United States. Because of the severity and frequency of this disease, research in this area has readily shown the effects of spirituality and well-being in a physically ill population (Nichols, 2017). A review of 40 studies assessing spirituality and well-being in cancer patients demonstrated a correlation between spirituality and well-being. The authors expressed some skepticism regarding the causality between these two factors due to a majority of the studies using a cross-sectional design. Despite their skepticism, the authors do agree on three positive outcomes from the research: (a) incorporating spirituality into clinical care provides a benefit to patients; (b) spirituality affects quality of life; and (c) well-being and spirituality are inseparable (Visser, Garssen, & Vingerhoets, 2010). This review of those afflicted with cancer shows how important spirituality is and that spirituality has a positive correlation with well-being. Other studies support the conclusion of the review that spiritual well-being is associated with quality of life. One study

focused on adjusting to breast cancer and another study found that elderly people suffering from cancer had positive mood states due to their spiritual well-being (Cotton, Levine, Fitzpatrick, Dold, & Targ, 1999; Fehring, Miller, & Shaw, 1997). From studies of specific cancers, there is broad evidence supporting the positive relationship between spirituality and well-being.

This increased focus on spirituality in healthcare has also identified negative aspects. The most common negative effect of spirituality occurs when patients decide to rely on their religion for healing rather than seeking appropriate medical treatment. The belief that God controls their physical health may cause patients to become complacent on "health-related regimens," and they may engage in risky behavior (Park, 2007). Despite those who may use their spirituality as a barrier to receiving health care, spirituality more often has a positive impact on well-being in regard to physical health.

Well-being and spirituality in social health. It is generally accepted that social health has an impact on overall life satisfaction as does physical health and well-being (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). Interestingly enough, spirituality has an effect on these two areas of life as well. A focused review will highlight specific social health components.

Relational and attachment theories have been useful in conceptualizing spirituality and social health. The philosopher, Martin Buber, felt that spiritual electricity is what surges between people when they relate to each other in an authentic and human way (Geller, 2017). Spirituality is a relational activity and, as Buber said, connects people to each other as well as to a Higher Power (Tomlinson, Glenn, Paine, & Sandage, 2016). These ideas correlate with a theory called "relational spirituality," which describes future relationships with God, self, and others as being impacted through emotional processing (Leffel, 2007; Shults & Sandage, 2006).

Attachment theory also has a factor integrating spirituality and relationships. Those with secure attachments claim to experience a Higher Power as a more loving being, whereas those with insecure attachments claim to experience a Higher Power as more dismissive and unaccepting of them (Beck, 2006). These attachments also impact relationships, which in turn impact spirituality. For example, secure attachments with God, others, and one's community results in higher levels of spiritual development (Augustyn, Hall, Wang, & Hill, 2017). Those who attend religious services often have increased social relationships, and these relationships also help the person form and maintain parenting and marriage relationships (Mahoney, 2010; Strawbridge, Shema, Cohen, & Kaplan, 2001).

Social relationships, including positive family functioning, can be created and improved through spirituality. Spiritual beliefs and practices have been shown to reduce family relationship challenges. In addition, spiritual discussions between college students and their mothers have been shown to help them more readily resolve conflict when it arises (Mahoney, 2010). When individuals view the family as having spiritual meaning, individual family members feel a deeper sense of meaning in family life. This, in turn, motivates family members to not only protect these relationships but also to invest more time into strengthening family relationships (Mahoney, Pargament, Murray-Swank, & Murray-Swank, 2003). The positive impact of spirituality extends to families, marriages, and all types of relationships.

As shown, marriage, the legal foundation of the family, improves when the marriage has a spiritual component. When seeking a marriage partner, religious similarity was shown to be the twelfth most important of twenty-three factors for influencing whom someone chooses to date. Religion promotes the beginning of traditional family ties with the emphasis on the importance of marriage rather than living together. Even before the United States judicial

decisions legalizing same sex marriage, religion played a part in some same sex relationships in which those with religious tendencies participated in commitment ceremonies to establish legal ties (Mahoney, 2010).

In marriage, spirituality has been an important anchor in the maintenance of the relationship. Each partner's relationship with God promotes religious communication in the marriage and is a direct link to marital quality. Forgiveness, another spiritual aspect, links positively to marital quality (David & Stafford, 2015). In addition, one study shows that prayer increases marital satisfaction by lessening feelings that can impede relationship progress, improving self-change, and aiding in problem solving (Butler, Stout, & Gardner, 2002). Spirituality decreases the probability of divorce. In addition, using spiritual coping after a divorce increases levels of posttraumatic growth (Krumrei, Mahoney, & Pargament, 2009; Mahoney, 2010). As shown, spirituality benefits relationships within and outside of family life.

Well-being and spirituality in psychological health. While spirituality has been attributed to increased well-being in physical and social health, it also has an impact on psychological health. Some factors assessed for well-being in psychological health include depression, anxiety, suicide rates, self-esteem, and substance abuse.

Positive spiritual factors of well-being include increased social support, more clear guidelines for healthy living, and increased purpose (Koenig, 2010). Spirituality increases positive perceptions of life. These confounding variables make it difficult to ascertain which has the greater impact on well-being. While increased spirituality decreases the chances of a suicide attempt (certainly a negative experience), there was not a significant difference after adjusting for social supports (Rasic et al., 2009). Spirituality increases social support, making it unclear which aspect causes the other. Almost 850 mental health studies and 350 physical health studies

have found that religious involvement and spirituality predict better outcomes (Koenig, 2009). Although the studies show a direct relationship between spirituality and better health outcomes, the possibility of social support as a confounding variable exists. Even though the research does not establish a causal relationship, they do indicate that spirituality increases social support. Regardless of the exact nature of the relationship between spirituality and social support, the combination decreases anxiety, depression, and suicide, all of which increase well-being.

The research demonstrates the benefit of spirituality on psychological health in older populations and in adolescents. Wong, Rew, and Slaikeu (2006) reviewed twenty studies of the relationship between spirituality and well-being, and 90% of those studies found a positive relationship. One of the studies not showing a positive relationship showed one factor concerning increased levels of depression in regards to interpersonal religious experience, namely when a congregation member criticized an adolescent. Besides this, the other factors assessed showed an inverse correlation of depression with spirituality/religiosity. The other study showing no relationship between religiosity/spirituality and well-being consisted of U.S.-born first-generation Asian Indian Americans as the population sample (2006). The differences among race will be explored in further detail in later sections.

Spirituality can serve as a buffer against stressful events that are often perceived as negative (Mofidi et al., 2006). These negative life events often trigger feelings of depression and anxiety. Although it may be foolish to consider spirituality a cure-all, spirituality decreases depression, anxiety, and substance abuse, which can be considered beneficial (Koenig, 2010). Another study found similar findings that spirituality can help with substance abuse, depression, and anxiety, and researchers also realized that spirituality aids in drug treatment and in decreasing suicide rates (Mueller, Plevak, & Rummans, 2001). Spirituality impacts symptoms of

psychological health along with improving characteristics that contributes to psychological well-being.

Self-esteem also impacts well-being, because those with low self-esteem often have feelings of depression, anxiety, and poor coping skills (Dumont & Provost, 1999). A study, which was not validated due to the small sample size, explored spirituality's effect on self-esteem and self-awareness. Researchers conducted interviews and analyzed group sessions using grounded theory with a group consisting of eight women. The participants did exercises such as meditation, mindfulness activities, and other arts-based experiential activities to express spirituality. These spiritual activities benefited the women by developing self-awareness and self-esteem (Coholic, 2005). In a study with a larger sample (N=204) on self-esteem among college freshman who self-identified as being highly spiritual, researchers administered a survey to assess spirituality, well-being, body image, and stress. While researchers found that with increased spirituality comes increased self-esteem, the results did not show a statistically significant effect of spirituality on body image and stress (Hayman et al., 2007).

Reviewing studies on physical, social, and psychological health establishes that spirituality and well-being have a positive relationship. Studies showing differing results are important in understanding that not every factor of spirituality, specifically the religious factors, may have a positive relationship with well-being. Overall, spirituality has shown to increase well-being, specifically when coping with cancer, increasing self-esteem, lowering rates of suicide, and decreasing feelings of anxiety and depression, and drug abuse. It is important to also identify similar findings of spirituality increasing well-being among different ethnic groups.

Well-Being and Spirituality Among People of Color and International Populations

In focusing on research involving people of color in multiple locations worldwide, this section will review the major cultural specific findings of the role that spirituality plays in African Americans, Africans, and International populations. The discussion will examine major findings and then explore their applicability with cultural-specific findings of the role of spirituality in African Americans and international populations. There are similarities between what led African Americans and Africans to spirituality, giving reason to review studies done in North America.

"Africa became Christian by submission, not by conversion" (Platonicus, 2010). European missionaries came to Africa with the intent to convert the Indigenous populations, but some missionaries strayed from that purpose. With an attitude that Europe was superior to Africa, they colonized, took advantage of African resources, and enslaved the African people (Editor, 2012). While facing colonization from European missionaries, spirituality became a coping skill used by Africans to deal with an imposed value system. Christianity became a powerful force, uniting Africans more than any other factor at the time (Ross, 1955). Africans adapted European Christianity to their own culture "in terms of their own Old Testament of inherited culture" (Isichei, 1995). Africans who were enslaved and taken to America found similar refuge through a blend of new Christian beliefs and practices and those beliefs and rituals practiced in their native lands. This blending of beliefs helped them to cope with the difficulties of their enslavement.

In the eighteenth century, African Americans were not extended life, liberty, and the pursuit of happiness in America (Callahan, 2008). Therefore, they relied on a deeply spiritual approach to life. This was reflected in a culture of music and singing that spoke of deliverance

and of the promised land. Although physical freedom was not an option, spiritual freedom was represented by a metaphorical deliverance and promised land. Thus, spirituality became a way to feel "freedom" in a place where their freedom was stripped away (Manning, 2017). Because of the similar journeys to spirituality that Africans and African Americans share, both having been compelled into slavery and submission to the conquerors' religion, studies of how African Americans use spirituality to aid in well-being have been included.

Well-being and spirituality among people of color in America. Many theories have proposed and research has shown that many human values are transcendent and universal in nature. One of these universal human values is spirituality (Schwartz, 1994). The universality yet global diversity of spirituality necessitates understanding culture-specific conceptualizations of spirituality. Researchers must consider the cross-cultural differences in how different cultures use spirituality and how it contributes to well-being. The impact of religion on well-being can be due to religious beliefs and practices, cultural values, and religious and spiritual interpretations (Moberg, 2002).

Culture impacts the perception of happiness and well-being (Diener, Oishi, & Lucas, 2003). Multiple previously cited authors share a common theme in their research that, "universal human needs and that fulfillment of them is likely to enhance a person's feelings of well-being" (Ryan & Deci, 2000; Ryff, 1989; Tay & Diener, 2011, p. 354). A cross-national study found evidence for three common well-being factors important across nations: income, individualism, and human rights. Studies have consistently shown the correlation between human need fulfillment and well-being across the world (Tay & Diener, 2011). Spirituality offers a significant means for addressing need fulfillment, and therefore, understanding its role in

enhancing well-being as well as the cultural factors that influence both spirituality and well-being have importance to research.

Even though these factors of well-being appear to be nearly universal, limited research has been done on them beyond English-speaking nations, which limits cross-cultural understanding of the interaction of spirituality and well-being. Despite this neglect, studies conducted on African American populations in English-speaking countries can provide some evidence for a hypothesis that may be applied to South Africa and Uganda. This may be due to some of the similarities in the spiritual backgrounds of Africans and African Americans as discussed in a prior section.

Culture influences the construct of spiritual well-being. The Spiritual Well-being (SWB) scale produces different results for a Caucasian population versus an African American population. Researchers conducted a confirmatory factor analysis to determine the factor loading and validity of the scale in regards to ethnicity. In the Caucasian population, the SWB scale produced a three-factor model while the African-American population produced a five-factor model to best represent the findings. These researchers theorize that the difference may be due to the greater emphasis in the African American culture on spirituality and a person's relationship with God as a necessity to having a relationship with others (Miller, Fleming, & Brown-Anderson, 1998; Miller, Gridley, & Fleming, 2001). Even when populations are taken from the same nation, ethnicity and culture can have an impact on the interpretation of the scales used.

Despite the use of various spiritual and well-being scales, studies have found that the African American population demonstrates that culture-specific coping and spiritual well-being scores serve as predictors of quality of life (Utsey et al., 2007). As demonstrated, spirituality

plays a role in the well-being of those who have health challenges, and this holds true for people of color. Spirituality correlated with well-being in the lives of Latina and African American women experiencing health challenges (Musgrave, Allen, & Allen, 2002). For African American women diagnosed with breast cancer, a significant relationship was established between spiritual well-being and physical, emotional, and functional quality of life (Morgan, Gaston-Johansson, & Mock, 2006). African Americans with a diagnosis of HIV and AIDS showed that a component of spirituality well-being includes existential well-being. This had a significant correlation with psychological well-being (Coleman & Holzemer, 1999). Studying people of color in English-speaking countries has also established that spirituality has an impact on physical health and well-being as further discussion will show.

As previously cited in this paper, spirituality increases social support, which positively impacts well-being. The importance of social support for African American women seems to be especially important, likely because they face both racism and sexism. The common struggles of African American women enable them to function as mutual quasi-therapists in community relationships and through church attendance (Musgrave et al., 2002). African American women have been able to find much strength and meaning through relationships with other women, often established in church settings (Mattis, 2002). Although these studies focused on the African American female experience, the same may be found true for African American men as shown in the following studies.

A study examining older African Americans and Caucasians found African American populations more likely to experience health-related benefits through their involvement in religion along with the connections they make in church congregations. These religious involvements provided spiritual and emotional support (Krause, 2002). One of the important

facets of involvement in religion comes from the power of belonging to a believing community that provides strength and unity (Mattis & Jagers, 2001). Spirituality can enhance relationships and in turn increase well-being.

Spirituality impacts psychological well-being differently depending on a variety of factors, with one of these factors being ethnicity. Studies examining the influence of spirituality by race have found varying results. For example, a study examining the association of spirituality and well-being among a racially diverse sample of elderly people found that among African American and Native American participants, the correlations were strong between spirituality/religiosity and life satisfaction and decreased levels of depression, but there was no relationship between spirituality and life satisfaction among the European American participants (Yoon & Lee, 2004). Others have also found an inverse relationship between spirituality and depression in middle-aged adults, a negative relationship between spiritual well-being and suicide ideation, and an increase in self-esteem for African American adolescents who have higher levels of spirituality (Constantine, Donnelly, & Myers, 2002; Hirsch, Webb, & Kaslow, 2014; Mofidi et al., 2006). In a qualitative study of older African Americans (N=47), the researchers interviewed their subjects about religion, spirituality, and depression. They found that loss of faith contributes significantly to depression and that using spiritual and religious activities can lead to reduced depression (Wittink, Joo, Lewis, & Barg, 2009). These findings indicate that spirituality has an impact on psychological well-being in African-American populations, suggesting the potential value of spirituality as a cultural factor.

Although spirituality can play an important role for some in any culture, African American populations place greater importance on spirituality as an integral aspect of their

culture thus it plays a more important role in psychological well-being. From this review of the research, there seems to be a role for spirituality in well-being for individuals in any culture, but it appears that for African and African American populations, it may play a more central role in contributing to a sense of well-being.

Well-being and spirituality among international populations. Some form of spirituality appears across the world in almost all cultures, but limited international research exists on its influence on well-being, and even less research has been done with African populations. There seems to be evidence in the little research done to suggest a positive relation between spirituality and well-being. Research has also shown that culture affects the role of spirituality in promoting well-being. Since cultures that embrace a more spiritual approach to life might experience a greater influence of spirituality on well-being, this study focuses on two African nations to examine the influence of spirituality on well-being.

Although spirituality may be close to a universal value for most cultures, the role, importance, and expressions of that spirituality all will influence well-being differently (Moberg, 2002). Multiple studies across cultures and countries give evidence of this increase in well-being due to spirituality. An international study involving 18 countries examined spirituality, religion, personal beliefs and their relationship to quality of life. The researchers found that spirituality, religion, and personal beliefs highly correlate with the quality of life domains. Gender made a difference with women feeling greater spiritual connections and faith than men. They also noted that those with less education reported greater faith (WHOQoL SRPB Group, 2006). Based on this study of 18 countries, it appears in general that spirituality benefits well-being. In studies of populations of Arab Muslims and of populations from Singapore and South Korea, spirituality was correlated with life satisfaction, positive emotions, and well-being (Kim, Seidlitz, Ro,

Evinger, & Duberstein, 2004; Musa, 2015; Tambyah & Tan, 2012). In a Japanese population, a weak negative correlation between depression and spirituality was found (Kimura, Sakuma, Isaka, Uchida, & Yamaoka, 2016). This may indicate that the role of spirituality in Japan plays a minimal role with depression. In another study conducted in Brazil, spirituality was shown to act as a buffer for those exposed to violence and helped diminish the effect of certain mental health problems (Huculak & McLennan, 2010). These finding coincide somewhat to studies conducted with North American majority and minority populations. Along with research on general spirituality and well-being, research studying measures can show the universality of spirituality.

Some of the evidence for the universality of spirituality comes from the use and validation of spirituality measures in different countries. The European Organisation for Research and Treatment of Cancer created a spirituality measure following the Quality of Life group guidelines for spiritual well-being with 36 questions (EORTC QLQ-SWB36). The measure was used in seven countries, including Europe and Japan, showing the universality of a construct of spirituality as associated with well-being in those countries (Vivat et al., 2013). Piedmont made the claim that "spirituality is a robust, universal human quality" (2001, p. 89) based on his use of the Spiritual Transcendence Scale (STS) in international settings. This conclusion was supported by the STS being found to have validity despite differences in languages. Piedmont concluded, "Spiritual Transcendence is a significant, universal, motivational quality that exists in all cultures" (2007, p. 102).

Researchers have developed broad definitions for spirituality and how it influences people based on cultural influences and worldviews. Nursing students in Taiwan held a spiritual view that emphasized the relationship among themselves and others, demonstrating a more relational worldview (Hsiao, Chiang, & Chien, 2010). Rural Thai elders' spiritual beliefs

include the law of karma and a belief in life after death. They believe that the support they experience from their spiritual beliefs and religious practices enhance their perceptions of meaning in life and gives them hope for their future (Tongprateep, 2000). In Japan, the practice of spirituality involves venerating ancestors, and music is used to connect with ancestors. The *shakuhachi* is used in Japanese traditional music and Buddhist meditation (Keister, 2004). Although there is diversity in spiritual practices across cultures, it appears that whatever the expression of spirituality, an increase in well-being results. With this increase in well-being, some populations have specific needs for spirituality that can aid in healing.

Research has demonstrated the specific spiritual needs of varying cultures. An integration of spirituality into the treatment of torture survivors from India, Cambodia, Philippines, and Sri Lanka used an adaptation of testimonial therapy to improve psychosocial functioning. Testimonial therapy, a Eurocentric based approach, required adjustments for the specific culture of Asia, where healing includes an integration of spiritual approaches due to "embodied spirituality" being a part of daily life (Agger, Igreja, Kiehle, & Polatin, 2012). Those working with groups exposed to traumas associated with colonization also included spirituality as an element of healing. This occurred with the Aboriginal culture in Australia, and the researcher hopes that the promotion of Indigenous spiritual practices will help the Aboriginals to deal with the issues of colonization (Grieves, 2009). "A common thread arising from the literature is the need to recognize spirituality as influential, if not the driving force, in the healing of Indigenous peoples" (McLennan & Khavarpour, 2004, p. 238). This demonstrates the role of spirituality in healing and well-being where religion has played an important cultural role. This role will continue to be understood through a review of spirituality and well-being in Africa specifically.

Well-being and Spirituality Among People of Uganda and South Africa

Compared to other continents of the world, Africa has historically received the least amount of attention from researchers. However, Africa, with its diverse populations, would seem especially important as a region for examining the role of spirituality. For many Africans, spirituality is central to their everyday life. Therefore, it is logical to explore how the spiritual practices and other factors that contribute to well-being in Africa may look similar to or differ from those in North America populations that have been more thoroughly studied. The literature suggests there are differences cross-continentally, but given the diversity of the African population, it would be expected to find differences within the African continent.

From a Google Scholar search conducted by the author of this dissertation in November, 2018 for the word "psychology" followed by six continents (excluding Antarctica) separately searched, Africa had the least amount of studies, suggesting that Africa has not been well represented in the research despite the evidence of the importance of place-specific research. Place, which refers to relations between people and elements of the environment, influences peoples' health and provides a context for understanding health in that environment (Kearns, 1993). Based on previous research, namely Gesler (1992) and Gesler and Kearns (2002), Panelli and Tipa (2007) cite four reasons for the importance of place-focused research on well-being. First, studying well-being by place can account for various livelihoods and will show variation within and between places. Second, it makes it possible to assess social relations and structures, which impact well-being. Third, it aids in the identification of the representation of cultural beliefs and practices that are a part of the place. Lastly, well-being studied in place-specific studies can show how environment affects the way of life and well-being. As discussed later, the

people in the places being studied may be influenced by the spiritual beliefs and practices, which are often tied to how healing and health are viewed.

The African people weave spirituality into many aspects of life. Toldson, Anyanwu, and Maxwell expound on this by saying,

> Spirituality is the basic underlying or constituting entity of the African conscious, embodying essential properties, attributes, and elements indispensable to their subjective worldview. The spirit is an immaterial sentient part of Black persons, providing inward structure, dynamic drive, and creative response to life encounters or demands. (2008, p. 148)

An underlying African philosophy, termed *ubuntu,* illuminates this principle, ubuntu encompasses a way of life and involves a basic respect for the human condition and generates compassion for others. African spirituality, an integral part of life, influences how Africans interact with and treat one another. Africans believe that people exist because of their relationships. "Ubuntu is of Africans, by Africans, and for Africans" (Louw, 1998). The foundational philosophy of ubuntu survives as a spiritual idea specific to Africans. This worldview emphasizes the notion of *being*, living life completely, rather than gaining possessions. This perspective bases people's worth on their behaviors, their spirituality, and their value to the community (Toldson, Anyanwu, & Maxwell, 2008). A spiritual commonality in Africa involves similar elements in spiritual rituals, such as drumming, dancing, and call-response patterns (Wheeler, Ampadu, & Wangari, 2002).

Although a common foundation of spirituality exists in indigenous African practices, there may be differences in how spirituality affects well-being by location. Norms may differ from nation to nation and people to people. Thus, this study concentrates on two specific

nations, Uganda and South Africa, in order to examine the interplay of spirituality and well-being where these constructs are highly related and may strongly influence the day-to-day actions of the local population. It will also allow the opportunity to explore the possibility of differences by place.

Three main reasons form the basis for the selection of Uganda and South Africa as the locations in Africa to study. First, Uganda and South Africa differ in terms of their levels of development. South Africa has greater economic, healthcare, and educational development available than that in Uganda. According to the United Nations, as of December 2018, Uganda is on the list of least developed countries in the world ("List of Least Developed Countries," 2018). The United Nations Human Development Index shows differences between countries. South Africa's gross national income per capita equals 12,087 USD, which varies significantly from Uganda's 1,670 USD. Regarding health and access to healthcare, the WHO reports a life expectancy in Uganda of 60 years for males and 64 years for females, which is comparable to South Africa's life expectancy of 59 years for males and 66 years for females. In regard to school attendance, South Africans average 13 years of schooling compared to 10 years for students in Uganda. According to the United Nations human development index, which is a statistic based on the combined factors of life expectancy, education, and per capita income indicators, South Africa scored 0.666, number 119th in the world compared to Uganda's score of 0.493, ranking it 163rd in the world. In the Human Development Index, South Africa is considered a "medium level development" country whereas Uganda is considered a "low level development" country ("Human Development Index," 2017). Many of these factors correlate with overall national well-being.

Other ways of viewing well-being include happiness and the use of a specific scale for human well-being. The World Happiness Report diagrams the ranking of happiness using the state of global happiness, where South Africa ranked 105th, and Uganda ranked 135th out of 156 countries (Sachs, Layard, & Helliwell, 2018). Another comparison of South Africa and Uganda can be shown through the Sustainable Society Index that calculates human well-being, environmental well-being, and economic well-being. The human well-being index incorporates basic needs, personal development and health, and well-balanced society. The environmental well-being index concentrates on natural resources, climate, and energy whereas the economic well-being index concerns itself with transition and economy. From 154 countries in 2016, Uganda ranks 142nd for human well-being, fifth for environmental well-being, and sixty-second for economic well-being. In the same comparison, South Africa ranks 107th for human well-being, 103rd for environmental well-being, and 126th for economic well-being (van de Kerk & Manuel, 2017). Comparing these two countries that are at different levels of development will provide understanding on the influence of these discrepancies in living standards on the effects of spirituality on well-being.

Second, examining Uganda and South Africa will allow comparisons to be made based on racial differences as well as geographically. South Africa has five diverse ethnic groups and a wide range of income levels all despite being one of the most developed African nations. The ethnic groups of South Africa consist of Black 80%, White 9%, Coloured 9%, and Indian/Asian 2.5% (Ethnic Groups in South Africa, 2019; Pariona, 2018; South Africa Population, 2018). The ethnic groups of Uganda consist of Baganda 16.5%, Banyankole 9.6%, Basoga 8.8%, Bakiga 7.1%, Iteso 7%, Langi 7%, Bagisu 4.9%, Acholi 4.4%, Lugbara 3.3%, and other 32.1%. In Uganda, tribal differences with each ethnic group also exist, but these tribes are similar

racially (The World Factbook, 2019). Because these countries have different types of ethnic diversity, this study can assess whether these ethnic differences impact spirituality and well-being.

Third, religious demographics suggest that the two countries are similar with marked differences in their religious identification. The Uganda religious demographics are about 82% Christian and about 14% Muslim (Uganda Population, 2019). Christianity makes up the dominant religious group in South Africa with 80% of the population identifying as Christian while about 15% identify as agnostic or unsure of their faith, 1.5% identify themselves as Muslim, and 1.2% identify as Hindu (Sawe, 2017). Pope Francis said, “Africa always amazes and surprises us. Africa is the spiritual capital of the world.” He continued to say, “whether in South Africa, Zambia, Botswana, Uganda, the Central African Republic, or Ghana—is that common thread of the spirituality of the intimate connections of reality" (A U.S. Catholic Interview, 2017).

A brief review of research in South African and Ugandan spiritual practices follows. A 57-nation study, which included South Africa, compiled data using a human development index, a social hostilities index, and a support for religious socialization. Religious socialization indicates more social normative support for religion. The human development index score for South Africa, came in low in comparison to the other nations, and the social hostilities score at 2.5 out of 10 also ranks on the low end. The support for religious socialization scored at about 56%. South Africa may appear to have more satisfaction with life due to a lower hostilities score, and the religious socialization may give some indication of spiritual practice being positively related to social well-being with South Africa being in the high middle of religious socialization in comparison (Lun & Bond, 2013). Other studies of South African populations

have shown a relationship between spirituality and well-being (Khumalo, Wissing, & Schutte, 2014; Temane & Wissing, 2006) and that spirituality can be used as a coping skill (Greeff & Loubser, 2008). One study of major ethnic groups in South Africa found differences between spirituality, religiosity, and life satisfaction between groups but concluded that for all groups a significant overall relationship exists between life satisfaction, religiosity, and religious well-being (Patel, Ramgoon, & Paruk, 2009). While research on spirituality and well-being has taken place in South Africa, there appears to be no similar Ugandan research on spirituality and well-being.

In Uganda, people openly speak about spirituality, and it is woven into daily conversations. For example, often emails will end with "God bless" before the signature. Despite evidence that spirituality is a part of everyday life, no research findings exist outside of hospital settings, and no research has been conducted focusing specifically on the relationship between spirituality and well-being. Research done in hospital settings show that Ugandan nurses use religious values and social support as coping skills to deal with stressful job tasks. These nurses defined their self-care as being holistic, suggesting an interdependence of physical, spiritual, mental, and social well-being (Bakibinga, Vinje, & Mittelmark, 2014). A qualitative study examining the perspectives of spiritual care at a hospice in Uganda found that the hospice workers felt that spirituality was a "whole person" experience and that the combination of transcendental and physical reality created spirituality. They also felt that relationships have importance in promoting spiritual wellness, which is an important element of the African culture of spirituality (Kale, 2011). Nurses and hospice workers view spirituality as an important treatment factor, and patients also express the importance of integrating spirituality into their care. A qualitative study of 20 patients with HIV assessed the subject’s quality of life, and two

female respondents noted how spiritual well-being and support provided them happiness and joy (Mutabazi-Mwesigire, Seeley, Martin, & Katamba, 2014). Another study conducted on those with HIV, who are in palliative care in Kenya and Uganda, found that the support they feel through spirituality contributes to dealing with pain as part of a holistic approach (Selman, Simms, et al., 2013). In 2016, at the Christian University in Uganda, a course focusing on health and wellness began with a course objective of learning to apply health and wholeness to spiritual health factors. Courses about health remain uncommon in Ugandan higher education, so this may indicate an increased focus on health and also spirituality in health (Fountain, Mukooza, & Kanyesigye, 2016). There is very little research examining differences in spirituality and well-being between South African and Ugandan populations.

However, researchers have conducted two quality of life studies in South Africa and Uganda with patients in palliative care. The first study found that meaning in life and feeling at peace were important to patients and that spiritual well-being was the most significant factor correlated with overall quality of life (Selman et al., 2011). The research assessed the constructs of "peace" and "life worthwhile" as measures of spiritual well-being in palliative care. Although the constructs of “peace” and “life worthwhile” did not directly assess the relationship between spirituality and well-being, the study found that "peace" was moderately correlated with spiritual well-being while there was only a small correlation between "life worthwhile" and spiritual well-being (Selman, Speck, et al., 2013). After reviewing the minimal research conducted in South Africa and Uganda on spirituality and well-being, it appears that researchers have little evidence for understanding the role of spirituality and its relationship with well-being in these two countries. This study intends to examine this relationship using two African countries that share

similarities as well as differences and to explore whether those differences influence how spirituality and well-being interact.

The researchers of this study are examining how spirituality and well-being relate across cultures. In comparing different populations, those comparisons involve measurements assumed to be equivalent across populations. This concept is called measurement invariance. First, an assessment will determine whether the measures are invariant across the groups. To do this requires assurances that the spirituality and well-being measurements are measuring the same things across cultures. Correlational differences may not exist, but assuming that the measurement is valid, this will be evaluated through an exploratory factor analysis (EFA).

Research Questions

Primary research question. To what degree does the relationship between spirituality and well-being differ across samples taken from populations living in South Africa and Uganda?

Hypothesis. There will not be statistically significant differences in the magnitude of the correlations found in different ethnic groups in South Africa and Uganda.

CHAPTER 3

Method

Measures

Demographic variables. A brief one-page questionnaire was administered in the format of fill-in-the-blank for various items and a check mark for gender. Demographic items asked about age, gender, highest level of completed education, race, primary language spoken at home, religious affiliation, and province raised in. These items provided descriptive information about the participants on factors that may also be relevant to one's personal well-being.

Spirituality. The Spiritual Involvement and Beliefs Scale (SIBS; Hatch, Burg, Naberhaus, & Hellmich, 1998) measures a broad spectrum of spirituality, not based on religion, in hopes of capturing more than Judeo-Christian beliefs. The measure consists of 26 items that measures a wide-ranging operationalization of spirituality attempting to avoid cultural-religious biases. The SIBS was adapted from its original use of a one through five Likert scale in order to maintain parallelism with the other scales in the survey. Items 3, 5, 9, 15, 16, 18, and 22 were reverse scored as they were negatively worded to improve reliability. Items 1, 2, 4, 8, 10, 11, 13, 20, 21, and 25 were omitted due to an explicit overlap with the concept of wellbeing without direct application to spirituality. For example, question 21 states, "When I am ashamed of something I have done, I tell someone about it." Researchers removed questions like this that made no mention of specific spiritual practices. Items 1-19 used a five-point Likert scale ranging from 1 “Strongly Agree” to 5 “Strongly Disagree” while items 20-23 addressed the frequency of specific introspective activities and ranged from 1 “Always” to 5 “Never.”

Items 24-26 asked about the frequency, ranging from "0 times" to "10 or more times" of praying, meditating, and participating in spiritual activities. Hatch et al. (1998) found a Cronbach's alpha of .92 for the SIBS.

Psychological well-being. Psychological well-being was measured with the 18-item version of Ryff's Personal Well-being Scale (PWB; Ryff & Keyes, 1995), which focuses on measuring areas of psychological well-being. The areas include self-acceptance, quality connections with others, autonomy, environmental mastery, purpose in life, and self improvement, which Ryff felt encapsulated psychological well-being (Seifert, 2005). The 18-item version of the PWB was used to be concise and measures psychological, social, spiritual, and environmental areas of well-being. Some items were reverse scored due to negative wording, such as 1, 4, 5, 8, 15, 16, 17, 18 and item 1 was omitted. All items were answered using a Likert scale ranging from 1 "Strongly Agree" to 5 "Strongly Disagree."

Participants

Descriptive statistics include demographic information on the South Africa and Uganda populations such as race, age, language, and religion. A table (Table 1) is included to show the differences between sample size, age and gender by group. The groups we analyzed were: Ugandans who identify as black or Indigenous African, South Africans who identify as White (of European origin), South Africans who identify as black or Indigenous African, and South Africans who identify as so-called Coloured. We assume that these groups have differences in culture and background that will provide for a rich comparison of groups within Africa on well-being and spirituality.

Table 1

Descriptive Statistics of Sample Size (N), Age, and Gender by Race

Sample	N	Age	Gender
Black Ugandans	728	*M*=25.29	F=50%
		SD=7.08	
Black South Africans	325	*M*=22.02	F=25%
		SD=4.73	
Coloured South Africans	73	*M*=25.25	F=40%
		SD=9.78	
White South Africans	64	*M*=21.06	F=25%
		SD=3.73	
Total	1190	*M*=24.1	F=40%
		SD=6.7	

Total N varies based on statistic, due to unanswered questions. M = Mean. SD- Standard Deviation. F = Female.

South African participants. A total of 591 participants from South Africa responded to the surveys. Individuals were excluded if they were from countries outside of the continent of Africa and if they were younger than 18, leaving the total sample number from South Africa at 497. Of those participants, about 25% were recruited from direct contact with the primary investigator, being approached on the street in either Cape Town or Sandton, a suburb of Johannesburg. The remaining participants were recruited from a psychology course at the University of Johannesburg and completed the online version of the study (formatted by the online survey company Qualtrics) (Knell, 2014).

The age of the participants ranged from 18 to 60 (*M*=22.2), with 26% of the participants identifying as female and 74% identifying as male.

The overall ethnic composition of South Africa in 2018 consisted of 80% Black, 9% White, 9% "Coloured" 9%, 2.5% Indian/Asian (Ethnic Groups in South Africa, 2019; Pariona, 2018; South Africa Population, 2018). In this study, 463 participants answered about their race, with 70.4% of the participants describing themselves as "Black" or "African" (*N* = 326), while 15.8% (*N* = 73) described themselves as "Coloured", and 13.8% (*N* = 64) described themselves as "White." Due to the sample of South Africans of Indian and Asian ancestry being small, those participants were omitted from the analyses in this dissertation.

Overall, participants reported six major languages in the Uganda and South Africa; English (132), Isizulu (84), Xhosa (52), Afrikaans (50), Sepedi (40), and Sotho (28). Regarding the religious affiliations of the South African participants, 80.9% reported either "Christian" or a more specific form of Christianity, 5.8% participants reported being Muslim, 3.5% reported "none," 3.2% reported as agnostic, 2.6% reported as atheists, 1.5% as Jewish, and 1.3% as other.

Ugandan participants. A total of 738 participants from Uganda responded to the survey. Some participants were deleted due to being out of the age range permissible in this study, which brought the sample size to 733. The age range of the participants was 18-73 (M=25.29). Regarding gender, half (364) of the participants identified as female and the other half identified as male.

In this study 71.8% of the participants labeled themselves as "Black," "African," "Africa (Black)" or other variants of African (*N* = 527), while 6.7% (*N* = 51) labeled themselves as

“Ugandan”, and 4.1% (*N* = 31) labeled themselves as "Muganda.” When the Uganda and South Africa data was combined for statistical analysis, Ugandans were labeled as "Black Ugandan."

The most common Uganda religions were Anglican (175), Born Again Christian (60), Catholic (176), Christian (67), Muslim (43), and Protestant (123). The participants came from most districts in Uganda, with Kampala, Mukono, Kabale, Mbarara, and Wakiso being the most represented districts. This study was conducted in the central Uganda region, such that individuals that are Baganda are overrepresented relative to other regions of the country. Nevertheless, most regions of the country were represented.

Procedures

Participants were a convenience sample recruited from three locations in South Africa: Cape Town, Sandton, and the University of Johannesburg, South Africa and two locations in Uganda: Mukono and Kampala. The participants recruited from Cape Town, Sandton, Kampala, and Mukono were approached on the street in public areas and asked to participate in a brief survey. Participants recruited from the University of Johannesburg were students in an introductory psychology course who were emailed by the professor an anonymous survey link as an extra credit opportunity.

The criteria for participating in the study were that (1) the participant was an African currently living in South Africa or Uganda who (2) spoke and understood English adequately to fill out the surveys. Approval for data collection in both locations was previously obtained through Brigham Young University’s Institutional Review Board (IRB) on June 16, 2015. Participants reviewed and signed a statement of informed consent, which contained information concerning their rights as a participant as well as contact information for the IRB, the author, as well as the faculty mentor.

Participants in Uganda were then given a hard copy survey that consisted of demographic information, the Personal Well-being scale, and Spiritual Involvement and Beliefs. The South African participants either completed a hard copy survey or an online version of the survey administered through Qualtrics software and also received measures to assess Racial Discrimination and Experiences Based on Race, which data will not be included in this dissertation.

The data from South Africa was collected in 2013 from an undergraduate student at Brigham Young University. Two methods were used to collect the data, street contact and online resources. The students at the University of Johannesburg were emailed an anonymous survey link from the professor for extra credit. The research was used to see if spirituality and forgiveness will moderate experiences of racism and psychological well-being. It was found that forgiveness was a moderating tool for improving well-being, but this may also be due to "overlapping constructs with spirituality." The hypothesis was that strength of racism would decrease with the presence of forgiveness, but this was only found significant in the Coloured population (Knell, 2014). The data collected by Knell in South Africa will aid this study, which includes data from Uganda to augment the prior study.

Although validity is a primary concern in cross-cultural comparative research, it is also important to know differential reliability for each population. Cronbach's alpha was computed for each of the ethnic groups within the South Africa data and for the Ugandan sample to assess that the items of the surveys are adequately inter-correlated, as shown in Table 2. Cronbach's alpha is important in cross-cultural studies to show that the items are internally consistent, even when used in a different population.

Table 2

Reliability Coefficients (Cronbach Alpha) of the Measures of Spirituality and Well-Being Across Different Subsamples

Measure/ Sample	Spirituality	Well-Being Total	Positive Well-Being	Negative Well-Being
Total South Africans	.88	.74	.74	.70
Black South Africans	.86	.73	.74	.69
Coloured South Africans	.85	.70	.71	.74
White South Africans	.94	.80	.73	.70
Black Ugandans	.82	.73	.76	.68

This table shows that the data were adequately reliable for all groups in this study, with the data on the measure of spirituality being somewhat more reliable than the data on the measure of well-being.

CHAPTER 4

Results

Descriptive Statistics

In order to have a better understanding of the level of spirituality and well-being reported by different samples, a preliminary analysis was run on levels of well-being and spirituality (mean, standard deviation, range). These analyses verify that the data meet the statistical assumptions of multivariate analyses and factor analysis. Descriptive statistics for the Psychological Well-Being measure are reported separately for Ugandan (Table 3) and South African (Table 4) samples.

Table 3

Descriptive Statistics of the Measures of Spirituality and Well-Being Across the Ugandan Sample

Measure	N	Range	Mean	Std. Deviation	Skewness	Kurtosis
Well-Being Total	1082	67	39.6	10.6	.51	.23
Well-Being Positive	1135	47	19.8	6.8	1.3	2.7
Well-Being Negative	1147	35	20.1	7.0	.59	.17
Spirituality Total	960	59	60.4	10.7	-.54	-.05

Table 4

Descriptive Statistics of the Measures of Spirituality and Well-Being Across the South African Samples

Measure	N	Range	Mean	Std. Deviation	Skewness	Kurtosis
Well-Being Total	495	66	38.4	10.6	.76	1.1
Well-Being Positive	495	47	19.5	6.8	1.5	5.2
Well-Being Negative	496	35	18.9	7.0	.78	.58
Spirituality Total	488	59	59.7	11.3	-.63	.07

Multivariate Analysis of Covariance

Differences in scores among groups were evaluated using multivariate analysis of covariance (MANCOVA). The MANCOVA was run using combined data of Uganda and South Africa. The measures of spirituality and well-being were the dependent variables examined simultaneously, because both were assumed to be correlated based on the literature review. Racial group was the independent variable, with the demographic variables of age and gender being included as the covariates, because these have been found to be associated with both well-being and spirituality in previous research. Moreover, the South Africa data consisted mostly of men, whereas the Uganda data contained equal percentages of men and women, such that, group differences could actually reflect underlying gender differences if not controlled.

In the MANCOVA, the samples based on race were: Black South Africans (n=315), Coloured South Africans (n=70), White South Africans (n=63), and Black Ugandans (n=404).

The results of the MANCOVA were statistically significant. The Box's Test of Equality of Covariance Matrices was found significant (F=5.2, p<.001), but the MANCOVA is still interpretable due to the group sizes being over 30, providing robustness against violations of homogeneity (Allen & Bennett, 2007). The results indicated statistically significant differences across racial groups (Wilks' Lambda=.94, F=8.8 $_{(6, 1690)}$, $p < .001$). The covariate of age (Wilks' Lambda= .99, F= 5.8 $_{(2, 845)}$, $p < .005$) was also statistically significant, but the covariate of gender was not significant (Wilks' Lambda=.999, F=.29 $_{(2, 845)}$, $p > .1$). The effect of gender not being significant addressed the concern of the South African data being comprised of 25% females, in that spirituality and well-being did not differ across gender in these samples.

Post hoc univariate analyses showed that differences across race were observed on the measure of spirituality, but not on the measure of well-being (PWB df=3, F=1.1, p>0.1, SWB df=3, F=10.3, p<.001). Oppositely, the covariate of age was significant for well-being but not for spirituality (PWB df=1, F=10.73, p<.002; SWB df=1, F=.49, p>.05).

A pairwise comparisons between racial groups was conducted for the measure of spirituality. Results indicated that the White South African sample was lower on spirituality (M=53.78) of the other groups. The Coloured sample (M=58.65) was slightly lower than the Black South Africans (p=.1) and Black Ugandans (p=.037) and showed more spirituality than the White sample (p=.009). Black South Africans (M=60.98) and Black Ugandans (M=61.54) were not statistically significantly different from each other on the measure of spirituality.

Factor Analyses

An exploratory factor analyses had been conducted with the South Africa data (Knell, 2014), and the analysis suggested a two-factor structure for the measure of well-being. It was therefore appropriate to verify if a two-factor structure characterized the data for Uganda. A

confirmatory factor analysis was conducted for the Uganda data, and it was found that the data also had a two-factor structure. Evaluating indicators of model fit, the CFI was .86, TLI was .84, and RMSEA was .05, which together suggested reasonable but not exceptional fit. The two-factor structure consisted of positive well-being (questions 2, 3, 6, 7, 9, 10, 11, 12, 13, 14) and negative well-being (questions 4, 5, 8, 15, 16, 17, 18). The remaining analyses were therefore conducted with the total PWB data as well as the positive and negative factors separately.

Correlations Between Scales by Ethnic Group

The null research hypothesis of this study is that there will not be statistically significant differences in the magnitude of the correlation found among ethnic groups. In other words, we assumed that the association between spirituality and well-being would be universal. Given the literature reviewed previously, there is reason to suspect that the groups do differ markedly in their levels of spirituality and their levels of well-being, but we cannot predict if those differences in terms of mean scores will result in differences in terms of association/correlation.

The correlations between PWB total, PWB positive, PWB negative, and spirituality were assessed for the Ugandan sample. The correlation between spirituality and PWB total was significant (r=.562, p<.001). PWB positive was significant when correlated with spirituality (r=.377, p<.001) and PWB negative was significant when correlated with spirituality (r=.451, p<.001). In the Ugandan sample, the PWB positive and negative subscales were only moderately correlated with one another (r=.180, p<.001).

The correlations between Psychological well-being (PWB) total, PWB positive, PWB negative, and spirituality were assessed for the Black South African sample. The correlation between spirituality and PWB total was significant (r=.427, p<.001). PWB positive was significant when correlated with spirituality (r=.390, p<.001), and PWB negative was significant

when correlated with spirituality (r=.282, p<.001). As with the Ugandan sample, the PWB positive and negative were moderately correlated (r=.212, p<.001).

The correlations between Psychological well-being (PWB) total, PWB positive, PWB negative, and spirituality were assessed for the Coloured South Africa sample. The correlation between spirituality and PWB total was significant (r=.470, p<.001). PWB was significantly correlated with spirituality (r=.285, p<.05) and PWB negative was also significantly correlated with spirituality (r=.395, p=.001). However, the PWB positive and negative factors were not significantly correlated with one another (r=.064, p>.5).

The correlations between PWB total, PWB positive, PWB negative, and spirituality were assessed for the White South African sample. The correlation between spirituality and PWB total was of moderate magnitude, but was not statistically significant (r=.212, p=.092). PWB positive was not statistically significantly correlated with spirituality (r=.144, p>.1), and PWB negative was also not significantly correlated with spirituality (r=.220, p=.08). However, the PWB positive and negative factors were significantly correlated with one another (r=.514, p<.001).

Correlation coefficients between the measures of spirituality and well-being that had been obtained in each group were next compared across ethnic groups using Fisher's z scores. This method standardizes the variable in a way that the coefficients can be compared across groups. This provides an estimate of the degree of difference of the correlation coefficients. Statistical software was used to generate both the Fischer's z scores and to estimate the level of statistical significance among the race in the samples (Table 5).

Table 5

Fisher's Z Values for Spirituality and Well-Being Compared to Race

Sample	Black South Africans	Coloured South Africans	White South Africans	Black Ugandans
South Africa Total	1.19	1.08	1.14	3.94***
Black South African		0.40	1.72	2.39*
Coloured			1.67*	.95
White				3.06**

*P=.05 **P=.001 ***P=.0001

CHAPTER 5

Discussion

This study was conducted to evaluate the association between spirituality and well-being in two distinct populations in Sub-Sahara Africa. The results indicated that Black Africans in Uganda and in South Africa demonstrated higher levels of spirituality than the Coloured and White South African populations, however there were no differences in well-being across the samples. The correlation coefficients did differ across the separate samples, with the strongest correlation between spirituality and well-being observed among the Black Ugandan population. Coloured and Black South Africans had correlations of strong magnitude. The correlation of lowest magnitude was found among White South Africans. These results indicate the importance of evaluating cross-cultural differences in terms of spirituality and well-being. The following paragraphs will explain more specific findings of the research.

Descriptive Statistics

The data collected in South Africa and Uganda appeared to be representative of the population as a whole for the variables of religion and racial diversity. An area of concern was the difference in representation of males (60%) and females (40%). Although this was a concern, across the data there were no noticeable difference in spirituality and well-being between men and women. This may be different than expected, in that often women are treated as less than men and are treated poorly by men (WomanStats, 2012; Mutume, 2005), yet there were no statistical differences in well-being.

Group Differences in Well-Being and Spirituality

Group comparisons on measures of both well-being and spirituality showed differences only on the measure of spirituality. Specifically, subgroup comparisons, after controlling for

gender and age, show that Black Ugandans had the highest levels of spirituality, followed by Black South Africans, followed by Coloured South Africans, with those three groups all having substantially higher levels of spirituality than White South Africans. The differences between those three groups and the White South Africans was notable, with the corresponding value of Cohen's $d = .73$ being a large effect size. This shows differences in regards to spiritual beliefs between Black Africans and White Africans. Although the Black South Africans and White South Africans are living in the same country, their completely distinct levels of spirituality make it seem as if they are from vastly different places.

South Africa and Uganda are over 2,000 miles apart, yet the indigenous Black samples both had very similar high levels of spirituality. Even with the differences in culture, socioeconomic status, and country developmental differences that characterize Uganda and South Africa, the data shows that the indigenous populations of these areas are strongly affirming of spiritual beliefs. This supports the finding that spirituality is an underlying part of the African consciousness (Toldson et al., 2008). Spirituality impacts how they treat each other in relationships and provides a way to feel worth (Louw, 1998; Toldson et al., 2008).

The findings in this study also support the findings of a few other research studies in South Africa and Uganda. In South Africa, spirituality and well-being have been shown to have a positive relationship, impacting life satisfaction and coping skills (Greeff & Loubser, 2008; Khumalo et al., 2014; Patel et al., 2009; Temane & Wissing, 2006). In Uganda, spirituality can be considered a coping skill and part of healing, but there has not been direct research with spirituality and well-being (Bakibinga, et al., 2014; Selman, Simms, et al., 2013).

In the data in this study, there was a notable exception to the strong relationship between spirituality and well-being, and that was for the White South African sample. Although they

reside in South Africa, the data shows differences between the White South African sample and the Black South Africans, Coloured South Africans, and Black Ugandans, who tend to have a similar relationship between spirituality and well-being. The White South African sample appears more similar to White samples in North America and Europe. It appears they have a radically different conceptualization of their spirituality, relative to more indigenous African peoples.

An evaluation of group differences indicated that overall the populations shared similar levels of well-being, both positive and negative. This finding is surprising given the vast differences that exist in terms of physical, financial, educational, and healthcare components of well-being across the different nations. Specifically, South Africa is much more developed than Uganda, yet the samples had equivalent levels of overall well-being. The White South Africans exhibit the highest scores for well-being, but their score was not statistically significantly different from the other groups, with Cohen's *d* of .31 indicating a small effect size. There were no differences between Black South Africans, Coloured South Africans, and Black Ugandans, in that they were essentially the same in terms of their self-reported levels of well-being. Considering Ryff's model, where she outlines dimensions of well-being including self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth, one may assume that there should be more significant differences between these populations (Ryff, 1989).

White South Africans enjoy a standard of living that is much higher than that of Coloured South Africans, who enjoy a standard of living higher than most Black South Africans and all of whom enjoy a standard of living that is many times that of Black Ugandans. In regards to income, based on estimates, White South Africans make about $32,000 yearly, Coloureds make

$13,000 yearly, with Black South Africans making about $7,000 yearly (Staff Writer, 2017). It is difficult to find an annual income for those in Uganda, but one estimate of how much farmers make in Uganda is about $1,000 yearly (Kamoga, 2017). Along with yearly income, there is contrast in the healthcare provided in these two countries. In South Africa there are more than 400 public hospitals and 200 private hospitals, with one of the hospitals being the third largest in the world (Healthcare in South Africa, n.d.). South Africa also has some of the best medical training in the world, presumably meaning that the doctors in the hospitals provide quality healthcare (Hospitals in South Africa, 2019). In Uganda, there are 155 so-called hospitals of which only a small percentage could be said to be hospitals rather than clinics with extremely limited resources. Based on the author's personal experience, a typical so-called hospital consists of rooms with metal beds with sparse bedding, dirt floors, overcrowding, limited equipment, and an overall lack of sanitation (Hospitals, n.d.). What this may mean, is that despite the obvious advantages that White South Africans have in terms of access to physical healthcare and in terms of all other tangible resources that would presumably increase well-being significantly above the other populations, the strong spirituality experience by Coloureds, Black South Africans and Black Ugandans creates an overall equivalence in well-being. This would imply that a person's spiritual beliefs could help to buffer against the real differences in terms of physical conditions.

Correlations Between Well-Being and Spirituality

Overall, the measures of spirituality and well-being tended to be normally distributed, except for the measure of positive well-being, which tended to be leptokurtic (e.g., many scores falling near the mean). This means that most participants reported average levels of well-being,

with relatively fewer people indicating extreme levels. However, the positive well-being was the only scale showing an unusual distribution that did not fit a normal curve.

It is remarkable how large the correlation values were in this data. The large magnitude of correlations between spirituality and well-being among the Black Ugandans, Black South Africans, and Coloured populations deserve particular attention. To put the magnitude of the observed correlations into context, it can be useful to consider the reliability coefficients reported in Table 2. If the correlation observed between spirituality and well-being among Ugandans were to be a mere .138 higher in magnitude, it would be r =.70 (instead of r=.562), which value is about the magnitude of the average inter-item correlations for the well-being scales. In other words, for Black Ugandans, it would almost be like the spirituality scale and well-being scale were the same scale (despite the fact that the item wording is entirely distinct). The data are remarkably highly correlated, to the point that they cannot be considered entirely distinct constructs (for Black Ugandans and Black South Africans).

As discussed in the methods section, questions were omitted from the scales that seemed to overlap, so all the well-being questions were omitted out of the spirituality scale and all of spirituality questions were omitted out of the well-being scale, so they should have measured distinct concepts. Yet it would seem as though for the Black Ugandans and Black South African populations the measures are not that different. For Black Ugandans, 32% of the variance is shared between the instruments of spirituality and well-being. As further evidence for the distinction between the SIB instrument and the PWB instrument, the scales were oppositely anchored. On the PWB 1 meant "Strongly Agree" and 6 meant "Strongly Disagree," whereas on the SIB 5 meant "Strongly Agree" and 1 meant "Strongly Disagree," helping make clear the similarity in instruments is not due to blatant response bias. The literature review allowed for a

confident assumption that well-being and spirituality were related, but it could not have been predicted the extent to which these factors would be overlapping in these samples.

For the White South African sample the magnitude of the correlation observed between spirituality and well-being was similar to other studies conducted in North America and Europe. One meta-analysis found that the correlation between spirituality/religiosity and well-being was .16 in a majority White sample (Yonker, Schnabelrauch, & DeHaan, 2012). A separate meta-analysis focusing on depression and spirituality/religiousness showed evidence of an association between the two factors, with the European American participants having a mean r = -.114 (Smith, McCullough, & Poll, 2003, p. 23). In comparison, the data with White South Africans demonstrated a correlation of r = .20, a value not too different from .16 but certainly higher than .11. The findings among White South Africans were much more similar to those of samples in North America than they were to the Blacks living in their own nation.

Analyses of the well-being scale suggested that the data had two factors, well-being positive and well-being negative. In the White South African data, the positive and the negative well-being factors (r = .514, p<.001) were significantly correlated. Thus, White South Africans viewed positive and negative psychological well-being in similar ways. However, this finding is in complete contrast to the other samples, in which the factors were weakly correlated. The data from the Ugandan and Black South African samples showed a small relationship between the two factors, and the data from the Coloured population did not show a meaningful relationship at all. This leads to the question: Why would positive and negative factors (of the same instrument) not be related to one another, when they both measure well-being? Recall from Table 2 that the items within the factors for these groups had a Cronbach's alpha coefficients ranging from .68-.76. When the items are highly inter-correlated, it would be expected that the factors would also

be correlated, but they are not for three of the groups evaluated in this study. The factors seem to be measuring totally different things for those three samples. Although actual reasons for this remarkable finding cannot be ascertained from the data collected, there are several hypotheses that can be evaluated in future research.

Human experience both positive and negative events, and both of those kinds of experiences impact well-being. However, this study shows that there may be very different perceptions about what constitutes positive and negative events – and the extent to which those events overlap. For instance, the very *quality* of negative experiences may come to mean something different if an individual (or group) experiences repeated negative events or if they rarely experience negative events. In regards to the Black African populations, there may be a different perception of what pain means, physically and emotionally. When pain or hunger or difficult circumstances are constantly experienced, these can take on a different meaning than for those who experience pain or hunger infrequently. They may become accustomed to negative events to the point that they do not affect their core self as directly, because if they did, that would make life unbearable.

In Black African cultures, there is an emphasis on accepting life as it happens, acknowledging the negative, but not allowing those negative events to detract from the positive events that also occur. It is almost as though there is a decompartmentalization of well-being, in that it is multifaceted, and treated that way. This multifaceted conceptualization of well-being could account for the low correlation between the positive and negative factors of the well-being measure. For example, maybe someone is feeling sick physically, but they are able to recognize that they have fulfilling relationships or they enjoy their job, etc., so the positive aspects of well-being remain fairly independent of the negative aspects of well-being.

However, for those individuals of European origin, when well-being is discussed, it is viewed in a more linear way, in terms of how the person feels, as if well-being is essentially unidimensional. If things go well, they tend to be satisfied, but when something goes wrong, then their overall life satisfaction diminishes. Hence in the White South African sample, the positive and negative scales are highly correlated, indicative of a conglomerate internal conceptualization of well-being rather than a truly multi-dimensional conceptualization of well-being.

Another explanation for the pattern of correlations observed relates to the notions of materialism and individualism that pervade so-called Western societies. The correlations between subscales and the correlations between spirituality and well-being differed in the sense that the Black Ugandans are the least influenced by Western values and the White South Africans are the most strongly influenced by those values.

A third explanation for the differences in the observed correlations concerns the differences in spirituality between groups. For a Black South African or Ugandan, spirituality is so related with one's overall sense of well-being that the spirituality actually helps to buffer against the otherwise adverse effects of negative events. Spiritual teachings, including those in Christianity, emphasize the temporary nature of suffering relative to life after death and similar ways of making meaning out of painful experiences. Similarly, spirituality helps to conceptualize positive events in terms of gratitude for gifts given whereas secular perspectives on positive events tend to emphasize personal accomplishment or merit. So it is therefore feasible that individuals with high levels of spirituality may conceptualize negative and positive events differently from those with lower levels of spirituality. Overall, the data seem to indicate that spirituality is integrated more profoundly in the identity of Black South Africans and Black

Ugandans, going far beyond what the typical person of European ancestry would consider when talking about spirituality. Spirituality seems to be a way in which indigenous Africans consider themselves to be in the world, whereas those of European ancestry may look at spirituality as an activity, something they do or do not do.

Group Differences in the Magnitude of the Correlations

The Fisher's *Z* values help to compare the magnitude of the differences between the samples. These analyses indicated very large differences between Black Ugandans and White South Africans, with the other two South African groups being in the middle. The correlations observe among the Coloured South Africans and the Black South Africans did statistically differ from one another.

Implications

The data indicated that there is a correlation between spirituality and well-being, and that positive correlation was observed across all groups evaluated. Thus at the most basic level, this research does support the notion that spirituality and well-being are positively associated across cultures. However, the association is several times stronger among the indigenous African groups relative to the South Africans of European descent. This difference might be even more remarkable than hypothetical data collected in Washington D.C. compared with data from Lima, Peru. It is as if the White South Africans are living in a completely different psychological hemisphere from the indigenous African groups.

One possible explanation that was considered for the White South Africans having a lower correlation concerned the underlying variance of the data. There may have been attenuation, a restriction of range that caused the correlations to be lower. However, upon examining the data with White South Africans, the data demonstrated statistically significant

higher variance than the other three groups. Therefore, this directly contradicts the possibility that range restriction resulted in the lower correlations observed among White South Africans.

The common view of well-being in the psychological literature is the way North American researchers have conceptualized well-being. However, in Africa, negative aspects of well-being are apparently considered distinct from positive aspects of well-being. Africans literally see well-being differently than how Ryff conceptualized well-being. An example to demonstrate this is that if Black Africans are unable to eat in a given day, a negative event, they are still able to maintain positive well-being. Life circumstances in sub-Saharan Africa may be considered more extreme than in North America, where the measures of well-being were created without notions of periodic hunger and similar circumstances associated with relative scarcity. Thus measures of well-being developed in North America may not be appropriate for use in other countries without psychometric analyses, as had been conducted here. When North American measures are to be used in other countries, evaluation of validity and reliability appears to be a critical step.

Given the strong correlation between spirituality and well-being observed among indigenous African samples, well-being measures would seem to benefit from having an element of spirituality when used in Africa. To omit spirituality would be to omit a key component of well-being for the population studied.

This research found different correlations in each group. Group differences are important, and it would be unwise to take findings from one group and assume that they apply to any other group. Each group would need to be viewed separately, because it cannot be assumed that the findings will exist for people everywhere. Cultural differences show that these constructs are indeed different, because culture treats them differently. Overall it can be concluded based on

these analyses, that the core tenets of cross-cultural psychology must be taken seriously: We cannot export North American psychology to other countries without perpetuating ideational colonialism – and before we do anything, we need to first evaluate and understand a group in terms of their own experiences and conceptualizations.

Limitations

The main limitation of this dissertation is that the data collection involved convenience samples. Both Uganda and South Africa involved street collection and approaching people at random, but the number of refusals were not tracked. There is anecdotal evidence that the rate of participants for Ugandans approached that about two-thirds of people asked to complete the survey did, and this is a higher response rate than those rates typically achieved through other survey collection methods. Thus although the Uganda data appears to be fairly representative of people on the streets in the middle of the day, those people may differ from others, in that the data would not be inclusive of those with office jobs, although there are limited amounts of those types of jobs in Uganda. In any case, the use of street contact enabled reaching more participants (and more representative participants) in Uganda than an emailed survey.

The South Africa data consisted of both street and university class collection. Because of this, the sample includes a higher percentage of highly educated individuals, especially relative to the Uganda population. Even so, the university sample included Black South Africans and Coloured South Africans, proving similar to racial demographics of those who would be reached on the street.

In general, survey research is not able to provide the same depth as qualitative research, where there is the opportunity to see how and why the individual may answer in certain ways. The measures of PWB and SIB, although administered in other places besides North America

and Canada, were developed in North America. It would have been better had the measures been developed in these sub-Saharan African nations where the survey was administered. The previously published instrument was selected for this study, because there would have been no way to know that Uganda and South Africa would have had similarities between spirituality and well-being. Using a blended instrument allowed for the comparison to be made between countries. Future research could include African specific measures of well-being and spirituality. Those who come from Western cultures to study well-being in Africa need to include spirituality.

Socioeconomic status (SES) was an area that was missing from the demographics sheet. This may be an area of interest for differences in spirituality. Especially because Westernization is a factor that overlaps with SES, so research could work through this overlap. Another explanatory variable is secular education, because Western education dismisses religion.

Another limitation of a cross sectional survey is that causal direction cannot be determined. Although some scholars say that spirituality buffers against distress, this study is unable to confirm that spirituality has a buffering effect, because the survey was cross sectional, rather than longitudinal (Mofidi et al., 2006).

An additional limitation is that only one measure of spirituality and one measure of well-being were administered; yet other research has shown that both spirituality and well-being are multifaceted. Although it was found that well-being consisted of positive and negative well-being, it is known that well-being consists of components of emotional health, relationship health, autonomy, etc. With one measure being administered, it cannot be said which of these factors of well-being are most related to which aspects of spirituality. There is an overall association, but the specific components of what aspects of well-being related to what aspects of

spirituality cannot be identified. Also, this study purposefully focused on spirituality, so the notion of religiosity cannot be explored.

In terms of external validity, these data can only be compared to similar samples in Uganda and South Africa. Although it may be tempting to suggest that people of color in developing nations on other continents may have different results than those of European origin, future research conducted in other nations and continents would have to confirm that assumption. Similarly, we cannot directly interpret the findings as being relevant to conditions of relative economic deprivation because we did not measure relevant variables. The research could have been enriched had there been the ability to examine socioeconomic status differences specifically. This may have proved to be more useful to evaluate the population's economic potential and current resources, given that these variables correlate strongly with well-being as seen in the literature review.

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APPENDIX A

Consent to be a Research Subject

Implied Consent

My name is Timothy B. Smith, and I am a professor at Brigham Young University.

You are being invited to participate in this research study of spirituality and well-being. I am interested in finding out about how people's spirituality relates to their personal well-being.

Your participation in this study will require the completion of the attached survey. This should take approximately 10 minutes of your time. Your participation will be anonymous and you will not be contacted again in the future. You will be provided a 1000 shilling air time card for participation in this study. This survey involves minimal risk to you. The benefits, however, may impact society by helping increase knowledge about spirituality and well-being.

You do not have to be in this study if you do not want to be. You do not have to answer any question that you do not want to answer for any reason. We will be happy to answer any questions you have about this study. If you have further questions about this project or if you have a research-related problem you may contact me, Tim Smith at 0776468115 or email: TBS@byu.edu

If you have any questions about your rights as a research participant you may contact the IRB Administrator at A-285 ASB, Brigham Young University, Provo, UT 84602; irb@byu.edu; +1-801-422-1461. The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

The completion of this survey implies your consent to participate. If you choose to participate, please complete the attached survey and return it to me today. Thank you!

APPENDIX B

Institutional Review Board for Human Subjects Approval Letters

Institutional Review Board
for Human Subjects

Brigham Young University
A-285 ASB Provo, Utah 84602
(801) 422-3841 / Fax: (801) 422-0620

June 16, 2015

Professor Timothy Smith
340 MCKB
Campus Mail

Re: The association of spirituality with well-being in Uganda

Dear Professor Timothy Smith

This is to inform you that Brigham Young University's IRB has approved the above research study.

The approval period is from 6-16-2015 to 6-15-2016. Your study number is X15217. Please be sure to reference this number in any correspondence with the IRB.

Continued approval is conditional upon your compliance with the following requirements.

A copy of the Informed Consent Statement, approved as of 6-16-2015 is enclosed. No other consent form should be used.

All protocol amendments and changes to approved research must be submitted to the IRB and not be implemented until approved by the IRB.

The enclosed recruitment advertisement has been approved. Advertisements, letters, Internet postings and any other media for subject recruitment must be submitted to IRB and approved prior to use.

A few months before this date we will send out a continuing review form. There will only be two reminders. Please fill this form out in a timely manner to ensure that there is not a lapse in your approval.

If you have any questions, please do not hesitate to call me.

Sincerely,

Allen Parcell, PhD., Chair

INSTITUTIONAL REVIEW BOARD
FOR HUMAN SUBJECTS

Memorandum

To: Professor Timothy Smith
Department: CP&SE
College: EDUC
From: Sandee Aina, MPA, IRB Administrator
Bob Ridge, PhD, IRB Chair
Date: April 5, 2019
IRB#: E19101
Title: *"The Association of Spirituality and Well-Being in South African and Ugandan Samples"*

Brigham Young University's IRB has approved the research study referenced in the subject heading as exempt level, category 4. The approval period is from **April 5, 2019 to April 4, 2020**. Please reference your assigned IRB identification number in any correspondence with the IRB. Continued approval is conditional upon your compliance with the following requirements:

1. Any modifications to the approved protocol must be submitted, reviewed, and approved by the IRB before modifications are incorporated in the study.
2. All recruiting tools must be submitted and approved by the IRB prior to use.
3. In addition, serious adverse events must be reported to the IRB immediately, with a written report by the PI within 24 hours of the PI's becoming aware of the event. Serious adverse events are (1) death of a research participant; or (2) serious injury to a research participant.
4. All other non-serious unanticipated problems should be reported to the IRB within 2 weeks of the first awareness of the problem by the PI. Prompt reporting is important, as unanticipated problems often require some modification of study procedures, protocols, and/or informed consent processes. Such modifications require the review and approval of the IRB.
5. A few months before the expiration date, you will receive a continuing review form. There will be two reminders. Please complete the form in a timely manner to ensure that there is no lapse in the study approval.

IRB Secretary
A 285 ASB
Brigham Young University
(801)422-3606