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ASSESSMENT AND DIAGNOSIS

Spirituality and relational health among Black Americans

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Abstract

Black Americans may be less likely to seek conventional mental health services, often preferring to seek assistance within their social support networks, including spiritual and religious communities. Research related to relational health as a marker of spirituality among Black Americans is limited, especially in counseling literature. Relational health and spirituality preserve wellness particularly among Black Americans. Thus, we have illuminated new pathways for exploring Black American well-being. A multiple regression analysis of 233 adult participants (68 men and 165 women), who identified as Black American or African American ($n = 221$) or Bi-/Multi-racial ($n = 12$), indicated a significant relationship between spirituality and relational health. The mentor and community subscales on the Relational Health Indices (RHI) made a significant contribution to the model, indicating that quality relationships impact levels of spirituality. Religious affiliation moderated the relationship between relational health domains and spirituality.

KEYWORDS

Black Americans, spirituality, relational health, African Americans, religion

Spirituality and religiosity are known to be strong sources of positive coping, as well as buffers against psychological distress for Black Americans (Baxter et al., 2019; Park et al., 2018). Most Black Americans (approximately 74%) believe in God or a Higher Power, regardless of their religious affiliation (Pew Research Center, 2021). Of the 74% who believe in God or a higher power, 75% identify as Christians. Younger Black Americans tend to view spirituality as an individual source of expression, with approximately 28% of Black American Gen Z-ers and 33% of Black American Millennials identifying no religious affiliation (Pew Research Center, 2021). Although only 2% of Black Americans identify as Muslims, they represent 20% of the Muslim population in the United States (Pew Research Center, 2019). Taken together, these data reflect a need for focused approaches in assessing spirituality and religiosity among Black Americans (Al'Uqdah et al., 2019; Heard Harvey & Ricard, 2018; Scott et al., 2016).

According to the American Counseling Association (ACA, 2014), ethical assessment involves recognizing "the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status" (Code E.8.). Thus, the high salience of spirituality and religiosity should not be ignored in counseling practice (Westbrook et al., 2018). Both the ACA (2014) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) called for counselors to better understand and integrate spirituality and religion into their work (Stewart-Sicking et al., 2017). Towards this end, we explored the utility of assessments that may help clarify three cultural assets relevant to the mental health and well-being of Black Americans: spirituality, religiosity, and relational health.

SPIRITUALITY, RELIGIOSITY, AND RELATIONAL HEALTH

Spirituality and religiosity are distinct, yet overlapping, constructs (Butts & Gutierrez, 2018; Hodge & Williams, 2002; Rosmarin & Koenig, 2020). Rosmarin and Koenig defined spirituality as "any aspect of life that is perceived to have

a divine or metaphysical quality" (p. xix). In contrast, they defined religion as the divine and metaphysical aspects of life "that are shared with others within an institutional/cultural group" (p. xx). Hence, spirituality can be thought of as "awareness that life has a sacred dimension" (Kass and Kass, 2000), and religiosity can be thought of as how one outwardly expresses that awareness.

Spirituality and religiosity are intricately linked with multiple dimensions of mental health and well-being (Rosmarin & Koenig, 2020). Myers et al. (2000) proposed spirituality as the core element of wellness and included spirituality as an essential component to wellness in the Indivisible Self Model (Myers & Sweeney, 2004). Spiritual practices such as prayer and meditation tend to have a positive impact on mental health (Yamada et al., 2020). Mental health outcomes are influenced by both positive and negative styles of religious coping. Positive styles of religious coping can serve to alleviate mental distress. On the other hand, negative styles of religious coping may be associated with elements of guilt and shame attached to rigid religious doctrine, resulting in added stress (Butts & Gutierrez, 2018; Park et al., 2018).

Relational health is a construct that emerged as an outgrowth of feminist research focused on understanding relational aspects of human development, particularly for women and marginalized populations (Duffey & Trepal, 2016). Relational health refers to the benefits that occur as a result of participating in healthy, growth-fostering relationships encompassing five good things: zest, empowerment, clarity, self-worth, and connection (Liang et al., 2002; Miller, 1986). Similar to spirituality and religiosity, relational health is another protective factor against psychosocial stress. Liang et al. (2002) specified that healthy peer, mentor, or community relationships can have a positive impact on well-being.

ASSESSING SPIRITUALITY, RELIGIOSITY, AND RELATIONAL HEALTH

Assessing spirituality and religiosity is essential to understanding client needs (Butts & Gutierrez, 2018; Hodge, 2013; Koenig & Topper, 2012). Indeed, O'Grady et al. (2013) admonished that failure to assess spirituality and religiosity may constitute poor practice for counselors who work with Black American clients. Rich cultural assets may be discovered when counselors approach formal assessment with sensitivity to sociocultural context (Butts & Gutierrez, 2018).

Although the importance of Black American spirituality and religiosity is well reflected in research literature (Johnson & Carter, 2020; Smith 2017; Turner et al., 2019), less is understood about the possible links between spirituality, religious beliefs/affiliation, and relational health (i.e., whether the quality of one's relationships holds clues about one's spiritual or religious supports). Conceptual frameworks (Butts & Gutierrez, 2018; Hodge & Williams, 2002) and instrument validation studies (Kass et al., 1991; VandeCreek et al., 1995; Westbrook et al., 2018) were used to explore the benefits of spirituality and religiosity. However, there are no targeted investigations of spirituality, religiosity, and relational health among Black Americans in counseling assessment literature. Elements of religiosity may be associated with the quality of one's relationships. For example, Asian Americans, Black Americans, and Hispanic Americans may rely more heavily on the social and emotional resources of religion than non-Hispanic White Americans (Perry, 2016). In addition, Augustyn et al. (2017) conducted an assessment-based study exploring spirituality, attachment, and psychological well-being in a sample of 433 undergraduate and graduate students from three evangelical Christian colleges and seminaries. Findings indicated that higher levels of secure attachment were associated with positive spiritual outcomes. However, Black Americans were underrepresented, at the very least, in this study, as race or ethnicity was not reported for 37% of the participants; Augustyn et al. noted that "the sample was predominantly European American" (p. 200). In summary, conceptual frameworks exist that are relevant to religiosity and spirituality for Black Americans, but extant research appears limited specific to this population.

THEORETICAL FRAMEWORK: THE RELATIONAL MODEL

Jordan et al. (1991) introduced the Relational Model as an alternative to traditional psychotherapy approaches that emphasized autonomy and individuation over connection and growth-fostering relationships (Comstock et al., 2002). Proponents of the Relational Model believe that relationships represent continuous strivings toward human connection rather than repositories of source material for personality development. From a relational standpoint, relationships are valuable and life-changing, rather than viewed as mere tools for explaining origins or patterns of behavior (Frey et al., 2006). The Relational Model is a departure from theories and models that use relationships primarily to explain the capacity to achieve individuation.

The Relational Model aligns with an intersectional perspective of Black American spirituality, religiosity, and relational health. Black Americans tend to hold spiritual values rooted in their African ancestry, underscoring communalism and the valuing of social relationships (Frame & Williams, 1996; Johnson & Carter; 2020). Protective mental health factors within the Black American family system appear undergirded by religious ties (Boyd-Franklin, 2010). For example, Bell-Tolliver et al. (2009) found that Black American therapists identified "strong kinship bonds" and "religion, spirituality, and faith" as important elements of their strengths-based work with Black American families (p. 207). Furthermore, these variables may have bi- or multidirectional relationships in assessment. For example, one's intrinsic sense that there is a sacred dimension to life may be strengthened or weakened by the quality of their relationships and by their accessibility to relational contexts where

they can express shared beliefs. Concomitantly, the quality of one's relationships can strengthen or weaken spiritual awareness and spiritual expression.

BLACK AMERICAN SPIRITUALITY AND RELIGIOSITY

Historically, Black Americans living in the United States indicated religious faith and spiritual connectedness as variables that are foundational to mental and emotional fortitude (Johnson & Carter, 2020). During chattel slavery in the United States, enslaved Africans (now-descended Black Americans) focused their survival on the spiritualized hope of salvation and alleviation from suffering, even if they did not believe that their enslavement would end in earnest (Omo-Osagie, 2007). Importantly, dominant narratives rarely reflect the fact that many enslaved Africans practiced Islam on their arrival to North America (Ibrahim & Dykeman, 2011). Religious doctrine (i.e., Christianity) was used to justify chattel slavery and to encourage compliance from Black Americans. However, spirituality supported the transcendence of Afrocentric values held by people of African descent (Utsey et al., 2000). Black Americans also relied on religiosity and spirituality as coping instruments during the Jim Crow era (Boyd-Franklin, 2010), which was characterized by state-sanctioned racial segregation, racial discrimination, and violence against Black Americans. During the Civil Rights Movement of the 1950s and 1960s, the Black church provided both spiritual and physical space for Black Americans to reimagine their rights and freedoms as US citizens (Omo-Osagie, 2007).

Despite a paucity of literature highlighting the experiences of Black American Muslims, they also have a rich sociocultural and sociopolitical history in the United States. Rashad (1995) wrote about enslaved Africans (now-descended Black Americans) who spoke Arabic and prayed five times a day, which are indicators of Islamic faith. However, the practice of Islam became relatively dormant among Black Americans until Black Nationalist and Civil Rights movements emerged in the 20th century. Similar to Black American Christian movements, the Nation of Islam became a force for spiritual and religious revival in Black American communities, primarily in urban centers of the northeastern United States. In addition to being a source of spiritual and religious support, the Nation of Islam became a powerful sociopolitical and civil rights organization in the United States since the 1920s (Al'Uqdah et al., 2019). In contemporary society, Black Americans often face oppression and marginalization (e.g., structural and interpersonal racism, police brutality, mass incarceration), predisposition to chronic health problems, and a shorter life expectancy than other American groups (U.S. Census Bureau, 2014). In addition, Black Americans face high incidences of economic oppression, earning 65% less income and being twice as likely to live in poverty than their White counterparts (Semega et al., 2019). Black Americans may look to clergy and members of a spiritual or religious congregation for resources and emotional support (Boyd-Franklin, 2010). Thus, the context is well-established for spirituality and religiosity as unique sources of strength and resilience when Black Americans are faced with adversities that may compromise mental health and well-being (Boyd-Franklin, 2010).

PURPOSE OF THE STUDY

The purpose of this study was to provide insight into the relationships between spirituality and relational health, as aligned with the Relational Model (Frey et al., 2006; Jordan et al, 1991; Liang et al., 2002) among individuals living in the United States who identify as Black or African American (Black Americans). Specifically, we examined the degree to which the health of Black Americans' community, peer, and mentor relationships was associated with their level of spirituality. Extant literature reflects a shift from treating spirituality and religious as synonymous concepts. Therefore, we emphasized the broader context of spirituality (which may or may not encompass religious ideals) by designing a study that honors the various ways individuals may express connection with higher beings and/or higher powers. We sought to address the following research questions: (1) What is the extent of the relationship between spirituality and relational health among Black Americans?; and (2) what is the effect of religious affiliation as a moderator of the relationship between spirituality and relational health? We hypothesized that spirituality would correlate with relational health, and we predicted that religious affiliation would bear significant influence on the relationship between spirituality and relational health.

METHODS

Participants

The total sample size was $N = 233$, with 221 participants identifying as Black or African American and 12 participants identifying as biracial/multiracial. Participants aged 18–75 years self-identified as 71% women ($n = 165$) and 29% men ($n = 68$). The mean age for participants was 44.21 (SD = 16.84) years. Descriptive statistics can be found in Table 1. Correlations for the Index of Core Spiritual Experiences (INSPIRIT-R) and Relational Health Index (RHI) subscales are reported in Table 1.

Measures

Index of Core Spiritual Experiences (INSPIRIT)

The Index of Core Spiritual Experiences, Revised Research Format (INSPIRIT-R) is a 7-item questionnaire designed to capture two characteristic elements of spiritual experiences: (a) a distinct event and a cognitive appraisal of that event resulting in a personal conviction of God's existence (or that

TABLE 1 Descriptive statistics and correlations of the total scores on the INSPIRIT-R and RHI scales ($N = 233$)

	Non-Christian ($n = 37$)		Christian ($n = 196$)		Total				
Scale	M	SD	M	SD	M	SD	1	2	3
1. INSPIRIT	20.20	6.33	24.80	2.63	24.07	3.85	—		
2. RHI-PEER	45.14	9.24	47.14	6.32	46.82	6.88	0.06	—	
3. RHI-MENTOR	34.87	13.17	42.32	9.90	41.14	10.80	0.32*	0.28*	—
4. RHI-COMMUNITY	39.84	7.96	43.59	8.51	42.99	8.52	0.26*	0.20*	0.34*

*$p < 0.01$.

of another Higher Power); and (b) the perception of a highly internalized relationship between God (or another Higher Power) and the individual (Kass et al., 1991). The INSPIRIT encompasses elements of existentialism, attachment, and contemplative experiences associated with meditation (Kass et al., 1991). The measure is divided into three sections. Section 1 (items 1–3) contains information regarding spiritual or religious beliefs and experiences. A sample item includes "How strongly religious (or spiritually oriented) do you consider yourself to be?" Section 2 (items 4–6) contains information regarding participants' image and definition of G-d (or another Higher Power). A sample item includes "Have you ever had an experience that has convinced you that God exists?" Section 3 (item 7) contains information regarding participants' spiritual experiences and its impact on their belief in G-d. A sample item includes "A feeling of unity with the earth and all living beings."

The INSPIRIT items 1 through 6 are scored on a Likert-type scale of 1 to 4 (1 representing low associations, 4 representing high) and item 7 is a 12-point checklist. Kass et al. (1991) originally scored the 12-part checklist by using the highest score recorded by the respondents. However, Vande-Creek et al. (1995) undertook additional analyses to mitigate loss of data by collapsing the scores in item 7. Using Vande-Creek et al.'s (1995) scoring approach, Cronbach's alpha for scores in the total sample was 0.81. In this study, the reliability estimate for the scores on the total scale was 0.89 (95% CI [0.86, 0.91]), indicating stability within the scores.

Relational Health Indices

The Relational Health Indices (RHI) comprise a 37-item self-report measures designed to assess the quality and nature of individuals' relationships in terms of how much mutuality, authenticity, and empowerment/zest are present within them (Liang et al., 2002). The RHI has three subscales, Peer, Mentor, and Community, designed to assess the quality of engagement, authenticity, and empowerment in different domains. The Peer subscale (12 items) contains information regarding a relationship with a close friend. A sample item includes "I have a greater sense of self-worth through my relationship with my friend." The Mentor subscale (11 items) contains information regarding a relationship with an important mentor. A sample item includes "I feel as though I know myself better because of my mentor." and the Community subscale (14 items) contains information regarding participants' level of involvement in the community. A sample item includes "This community has shaped my identity in many ways." Each item is rated using a 5-point Likert-type scale (0 = *never* to 4 = *always*). Cronbach's alpha values for scores on the RHI were reported as ranging from 0.85 to 0.92 (Frey et al., 2005; Liang et al., 2002). Liang et al. (2002) provided evidence of relationship to other variables using two previously validated measures and concurrent validity using various existing scales measuring similar constructs. Schmidt et al. (2014) evaluated alpha levels for scores on the Peer, Mentor, and Community scales to be 0.86, 0.96, and 0.85, respectively. In the current study, the reliability estimates for the scores on the RHI scales were strong and stable: Peer $\alpha = 0.88$ (95% CI [0.85, 0.90]); Mentor $\alpha = 0.96$ (95% CI [0.95, 0.97]); Community $\alpha = 0.90$ (95% CI [0.89, 0.92]).

Procedure and data analysis

The study was approved by the institutional review board of the primary investigator (first author). Participants were recruited from a database of African American churches, as well as from professional organizations in rural and metropolitan areas (e.g., Black Chamber of Commerce, Association of Black Personnel in Higher Education) as well as African American employees and adult students at a university, all in the southern region of the United States. Data were collected using forced-response format in Qualtrics, eliminating any submissions with incomplete data. Demographic items were added to describe participants in the study (e.g., sex, age, ethnicity/race, religious affiliation). We used categories by Pew Research Center, given their prolific contributions to national data. An initial sample of 330 participants opened the link with eligibility and completion rate of 70.6% ($n = 236$). We used regression modeling to determine the association between spirituality, the criterion variable, and relational health focusing on each of the three relational health domains as described by Liang et al. (2002): peer, mentor, and community as predictor variables. We used moderation analysis to determine whether participants' religious identity changed the nature of the relationship. Religious affiliation groups were collapsed into two categories:

TABLE 2 Regression models of RHI scales associated with INSPIRIT-R scale

Simultaneous regression						
	B	**SE B**	**B**	**t**	**p**	**sr^2**
Intercept	18.003	1.876		9.598	<0.001	
RHI Peer	−0.030	0.036	−0.054	−0.837	0.403	0.003
RHI Mentor	0.098	0.024	0.276	4.108	<0.001	0.064
RHI Community	0.080	0.030	0.177	2.685	0.008	0.027
Moderation analysis with religious affiliation and mentor scale						
Intercept	14.663	1.578		9.292	<0.001	
RHI Mentor	0.159	0.042	0.446	3.747	<0.001	0.046
Religious Affiliation: Christian/Non-Christian	7.855	1.897	0.747	4.140	<0.001	0.056
RHI Mentor* Religious Affiliation: Christian/Non-Christian	−0.105	0.049	−0.489	−2.147	0.033	0.015
Moderation Analysis With Religious Affiliation and Community Scale						
Intercept	7.223	2.813		2.568	0.011	
RHI Community	0.326	0.069	0.720	4.703	<0.001	0.070
Religious Affiliation: Christian/Non-Christian	15.455	3.073	1.469	5.029	<0.001	0.080
RHI Mentor* Religious Affiliation: Christian/Non-Christian	−0.277	0.075	−1.278	−3.710	<0.001	0.043

Christian and non-Christian. Data were analyzed using JASP version 0.14.1 (JASP Team, 2020). An a priori power analysis indicated a sample size of 77 participants to find statistical significance with a moderate effect size using three predictor variables, an alpha level of 0.05, and statistical power set at 0.20, aligned with Cohen's (1988) guidelines. Our sample size of 236 was therefore sufficient for this analysis.

RESULTS

Regression analysis

A multiple regression analysis was conducted at the 0.05 level of significance with spirituality as a criterion variable and relational health as a predictor variable. Spirituality scores were normally distributed. Standardized residuals were also normally distributed. Scatterplots were analyzed, and no curvilinear relationships were evident. There was a statistically significant relationship between relational health domains and spirituality, $F(3, 229) = 11.50$, $p < .001$, $R^2 = 0.13$ (95% CI [0.05, 0.21]). A medium effect size was noted with approximately 13% of the variance accounted for in the model. Replication of this study based on a similar sample may yield effect sizes ranging from small to medium, indicating some instability with this finding. Given the sample size of $N = 233$, statistical significance would be detected for small effect sizes, $R^2 > 0.03$. Table 2 provides the regression model for each RHI scale (i.e., peer, mentor, community) associated with INSPIRIT-R scores. Scores on mentor and community were statistically significant predictors of INSPIRIT-R scores with scores on the mentor scale uniquely accounting for 6.4% of the variance in the model, and scores on the community scale uniquely accounting for 2.7% of the variance in the model. The nonsignificant finding related to scores on the peer subscale uniquely accounted for less than 0.3% of the variance in the model. Because scores on the mentor and community subscales made a significant contribution to the model, we examined the extent to which religious affiliation moderated the relationship between relational health and spirituality.

Relational Health – Mentor

RHI-Mentor and religious affiliation were significantly associated with spirituality, $F(2, 230) = 35.92$, $p < 0.001$, $R^2 = 0.238$ (95% CI [0.14, 0.33]), indicative of a moderate to large effect. Replication of this study based on a similar sample may yield effect sizes ranging from moderate to large, indicative of a stable finding. When accounting for religious affiliation as a moderator, a statistically significant increase was evidenced, $F(3, 229) = 25.88$, $p < 0.001$, $R^2 = 0.253$ (95% CI [0.15, 0.34]), indicative of a moderate to large effect. Replication of this study based on a similar sample may yield effect sizes ranging from moderate to large, indicative of a stable finding. An additional 1.5% of the variance accounted for in the model indicated a statistically significant increase and a partial moderation ($F(1, 229) = 4.61$, $p = 0.033$; see Figure 1), but not necessarily a substantial increase. Mentorship had a slightly greater impact on spirituality for non-Christians than Christians. The

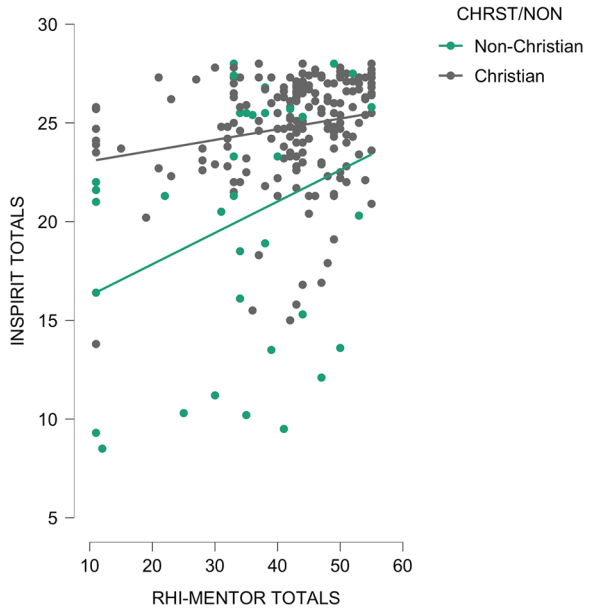

FIGURE 1 Mentorship associated with spirituality as moderated by religious affiliation

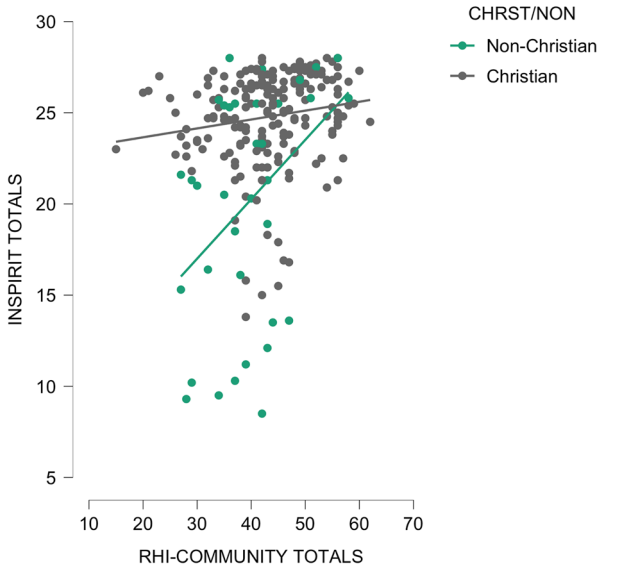

FIGURE 2 Community associated with spirituality as moderated by religious affiliation

presence of a quality mentoring relationship impacted both groups but had a greater impact on Black Americans who identified as non-Christians rather than Christians.

Relational Health – Community

RHI-Community and religious affiliation were significantly associated with spirituality, $F(2, 230) = 33.88$, $p < .001$, $R^2 = 0.228$ (95% CI [0.13, 0.32]), indicative of a moderate to large effect. Replication of this study based on a similar sample may yield effect sizes ranging from moderate to large, indicative of a stable finding. When accounting for religious affiliation as a moderator, a statistically significant increase was evidenced, $F(3, 229) = 28.43$, $p < 0.001$, $R^2 = 0.271$ (95% CI [0.17, 0.36]), indicative of a moderate to large effect. Replication of this study based on a similar sample may yield effect sizes ranging from moderate to large, indicative of a stable finding. An additional 4.3% of the variance accounted for in the model indicated a statistically significant increase and a partial moderation ($F(1, 229) = 13.76$, $p < 0.001$; see Figure 2). Mentorship had a greater impact on spirituality for non-Christians than Christians. The presence of strong community relationships had a greater impact on Black Americans who identified as non-Christians, with higher increases in spirituality than Black Americans who identified as Christians.

DISCUSSION

In this study, we sought to understand the extent of the relationship between relational health and spirituality among Black Americans. Our results support the need for intersectional approaches and provide evidence that monolithic views of Black American spirituality and religiosity are insufficient. We found a positive association between relational health (specifically mentor relationships and community relationships) and spirituality. However, when evaluating the association with each of the predictors, spirituality was not associated with relational health regarding peer relationships. This may be due to the age of participants (mean age = 44.21), given that the nature of and emphasis on peer relationships may evolve with age and phase of life (Belgrave, 2002; Larson et al., 1996). In addition, mentor and community relationships may be more sustainable because of the institutions where they are embedded. Whereas peer relationships may be less associated, mentor and community relationships (such as those found in Black spiritual communities) hold the potential to evoke "a deep sense of wholeness and connectedness" (Myers et al., 2000, p. 252) because of their staying power. The associations between mentor relationships and spirituality and community relationships and spirituality support the importance of communalism and collective identity within Black spirituality. Thus, Black Americans may be socialized to adopt certain elements of individualistic culture, but they may retain and place high value on these elements of African culture passed down through generations (Johnson & Carter, 2020).

Our prediction that religious affiliation would influence the relationship between relational health and spirituality was supported by the findings. The moderation analysis yielded results indicating that spirituality increases for all Black Americans represented in this sample regardless of religious or spiritual affiliation. However, spirituality increased substantially more for those who identified as non-Christian, suggesting that community relationships may have strong implications on spirituality for Black Americans who identify

with religions other than Christianity or no religion at all. One potential explanation for this finding is that relational support may be stronger for those in Black Christian communities based on sheer volume, given that 75% of Black Americans who endorsed belief in G-d or a Higher Power identified as Christian (Pew Research Center, 2021). Mentor and community relationships may bear less influence on spirituality for those identifying as Christian because the mentor and community relationships may be already embedded within a spiritual context. Mentor and community relationships may be less accessible for those who identify with religions other than Christianity and, as a result, being engaged in mentoring and community relationships may serve as the catalyst for seeking deeper connection through spirituality.

The results of this study are consistent with numerous other studies highlighting religiosity and spirituality as correlates of wellness among Black Americans (Baxter et al., 2019; Debnam et al., 2012; Park et al., 2018; Reed & Neville, 2014). However, this study is unique in that it captures distinct elements of both religiosity and spirituality as measured by the INSPIRIT-R.

Implications for counseling

According to Hampton-Anderson et al. (2021), counselors should be aware of and utilize multisystemic interventions incorporating elements of resilience and empowerment with consideration for the multiple systems in which individuals are embedded. Researchers have noted that Black Americans are less likely to seek conventional mental health services, often preferring to seek assistance within their social support networks, including spiritual and religious communities (Bell-Tolliver, 2009; Blank et al., 2002). This is often framed as reluctance or resistance rooted in Black people's mistrust of systems outside their communities. However, we contend that this argument is short-sighted and deficit-based, as researchers have not sufficiently investigated ways that relational health and spirituality might preserve wellness (particularly among Black Americans). By assessing spirituality, religiosity, and relational health, counselors may discover new pathways to support Black American clients.

The findings of this study seem to support Bell-Tolliver's (2009) assertation that when Black Americans seek conventional mental health services, treatment outcomes may be more favorable for those who have spiritual or religious connections. Healthy relationships found in Black spiritual communities may help to preserve psychological well-being (Johnson & Carter, 2020) and mental health (Reed & Neville, 2014) among Black Americans. In addition, negative coping can emerge from religious and spiritual interactions (Park et al., 2018). Therefore, assessment can be used to determine the strength and health of the relationships and any potential connections to spirituality and religiosity. Counselors tend to endorse beliefs that spirituality and religiosity are important in counseling, but they may fail to incorporate these elements due to inadequate training (Butts & Gutierrez, 2018; Rose et al., 2008). We suggest that counselors take this study's findings into account and consult the competencies developed by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC, 2009) as a guideline for integrating spirituality into their work with Black Americans. Though informal assessment is useful, formal assessment may yield richer results (Koenig & Topper, 2012). Therefore, incorporating assessment tools, such as the INSPIRIT-R, which can be self-administered, can be useful supplements to screening or intake materials.

LIMITATIONS AND FUTURE DIRECTIONS

We utilized an integrated measure of religion and spirituality, given the strong psychometric properties of the measure and the comprehensive nature of the instrument in relation to the combined nature and overlap of religion and spirituality. The measures used in this study were not developed specifically for minoritized populations; however, the reliability estimates for the scores in this study were consistent with extant research. Our study was limited to the categorization of Christian and non-Christian Black American participants. Our findings do not suggest that non-Christian participants are not religious or spiritual; rather, Christianity is the dominant religion for Black Americans (Pew Research Center, 2021), and this fact drove our decision to use the categorization of Christian versus non-Christian as a moderator. Non-Christians were more likely to experience a stronger association between religion/spirituality and community relations, but we do not know if the categorization of non-Christian was more influenced by a lack of participation in organized religion or association with a religion outside of Christianity (e.g., Islam). Hence, the moderation analysis should be interpreted with caution. Though interesting, the increases in the association between religion/spirituality and relational health specific to community and mentoring relationships were statistically significant but not substantial; furthermore, the findings are unspecified with regard to the ambiguity of the non-Christian label. Future researchers may wish to address religion and spirituality as separate concepts. Evaluating Black Americans who participate or align in organized religion outside of Christianity is another logical extension of this research. Whereas spirituality increased for all Black Americans represented in this sample regardless of religious or spiritual affiliation, spirituality increased substantially more for those who identified as non-Christian. Spirituality is associated with community relationships among Black Americans who identify with religions other than Christianity, and further research could augment this line of inquiry.

CONCLUSION

Religion and spirituality appear strongly associated with relational health among Black Americans. In particular,

community relationships and mentoring relationships were positively influenced when greater degrees of religion/spirituality were present, but peer relationships were not impacted. Non-Christians were more likely to experience a stronger association between religion/spirituality and community relations and slightly stronger associations with peer relations. However, the categorization of non-Christian could refer to a lack of participation in organized religion or association with a religion outside of Christianity (e.g., Islam) and therefore should be interpreted with caution. Despite this limitation, religion/spirituality represents an important construct to relational health that can impact community and mentoring relationships among Black Americans. Counselors working with Black Americans may consider the role of community and mentors to augment mental health and wellness within this population.

CONFLICT OF INTEREST

We have no known conflict of interest to disclose.

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