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**A STUDY ON THE RELATIONSHIP BETWEEN
PARENTAL RELIGIOUS INVOLVEMENT AND CHILD
DEVELOPMENT IN HONG KONG**

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The Hong Kong Polytechnic University

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Department of Applied Social Sciences

**A Study on the Relationship between Parental Religious
Involvement and Child Development in Hong Kong**

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A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

October 2010

Certificate of Originality

I hereby declare that this thesis is my own work and that, to the best of my knowledge and belief, it reproduces no material previously published or written, nor material that has been accepted for the award of any other degree or diploma, except where due acknowledgement has been made in the text.

_____ (Signed)

YEUNG Wai Keung, Jerf (Name of Student)

Dedication

To the Almighty God of us, my parents, and my mother's fourth brother and his wife

Abstract

Along with the history of human beings, religion has long been an important dimension of life. Albeit as early as Max Weber (1930) and Émile Durkheim (1951), two great sociologists of religion, proposed close linkages between religion and societal phenomena as well as social issues, religious research, nevertheless, has long not yet been received a substantial concern by social scientists, partly due to the amorphous nature in operationalizing the concept of religion. With the help of advance in social research methods and statistical modeling procedures in recent years, the pendulum has swung back to study religious effects. However, much is still unknown about the role of parents' religious involvement in Christianity in relation to their psychological health, family socialization and child development, although limited research in the West generally pointed out the beneficial effects of religious involvement on family well-being.

Against this background, the current study attempted to investigate how parents' religious involvement influences their psychological health, family functioning in terms of family processes and parenting practices, as well as child psychosocial maturity and developmental problems in a Chinese sample of parent-child pairs in Hong Kong, where Christians share 11.9% of the total population. Of the 223 Chinese families took part in the study through the help of 43 local churches situating in different districts in Hong Kong, the findings generated from structural equation modeling (SEM) analysis consistently showed a good data-model fit for the respective structural models, in which Model 1 tested the relationships between parents' religious involvement and children's internalizing problems, Model 2 tested the relationships between parents' religious involvement and children's externalizing

problems, and Model 3, the final model, tested the above-mentioned relationships but treated child outcome as a latent construct by loading both children's internalizing and externalizing problems on it.

In testing the casual relationships, SEM analysis did found direct positive effects of parents' religious involvement on parental psychological health and family functioning, as well as the positive effects of family functioning on child psychosocial maturity across the three models. However, the direct positive effects of parental psychological health on family functioning was not supported, which is believed to be shared in variance by religious effects, and the direct effects of family functioning on children's developmental problems were only partially supported, which is considered to be a result of the difference in the nature of family processes and parenting practices. Furthermore, and noteworthy, child psychosocial maturity was an important variable significantly and proximally mediating the relationships from family functioning to children's developmental problems. More complicated is that results attested positive family processes spilling over to enhance parenting practices.

On the other hand, the two demographic covariates, family SES and child age, were insignificant in prediction of children's developmental outcomes across all analyses, which incur a postulate of the compensating function of religious involvement for unfavorable family resources, and self-selecting behaviors of participatory families for limited variance in children's problems symptoms, as well as constraint on research design, all of which are beyond the scope and capacity of the current PhD study. Lastly, implications for service practices and future research orientations were discussed.

Publications Arisen from the Course of this PhD Study

- Yeung, J. W. K., & Chan, Y. C.** (In press). The mediating role of parental psychological health in Chinese families in an impoverished context in Hong Kong. *Drustvena istrazivanja: Journal for General Social Issues*.
- Cheung, C. K., & **Yeung, J. W. K.**, (2011). Meta-analysis of Relationships between Religiosity and Constructive and Destructive Behaviors among Youth. *Children and Youth Services Review*, 33(2), 376-385.
- Yeung, J. W. K., & Chan, Y. C.** (2010). Family functioning of Chinese families on an impoverished neighborhood in Hong Kong. *Psychological Reports*, 107(3), 740-748.
- Cheung, C. K., & **Yeung, J. W. K.** (2010). Gender Differential in Deviant Friends' Influence on Children's Academic Self-esteem. *Children and Youth Services Review*, 32, 1750-1757.
- Yeung, J. W. K.**, Kwok-Lai Y. C., & Chung, A. (2010). Correlates of Prevalence of Depression in Nursing Home Chinese Residents in Hong Kong and Implications for Services and Policy Intervention. *Ljetopis socijalnog rada: Annual of social work*, 17(3), 445-460.
- Yeung, J. W. K.**, Cheng H. C. H., Chan, F. K. H., & Chan, Y. C. (2010). Religiosity and Youth Destructive Behaviors: A Meta-Analysis. *International Journal of Psychology Research*, 6(1-2), 143-172.
- Cheng, H. C. H., Chan, Y. C., & **Yeung, J. W. K.** (2009). Ambivalences and dilemmas in handling family violence cases among youth workers in Hong Kong. *Asia Pacific Journal of Social Work and Development*, 19(1), 22-38.
- Chan, Y. C., & **Yeung J. W. K.** (2009). Children living with violence within the family and its sequelae: A Meta-Analysis from 1995-2006. *Aggression and Violent Behavior*, 14, 313-322.
- Yeung, J. W. K., & Chan, Y. C.** (2009). Youth religiosity and substance use: A meta-analysis from 1995 to 2007. *Psychological Reports*, 105, 1-12.

Yeung, J. W. K., Cheung, C. K., & Chan, Y. C. (2007). Impacts of religious involvement on adolescent health and behavioral outcomes: Implications for local research in Hong Kong. *Journal of Youth Studies*, 10(2), 178-197.

Yeung, J. W. K., & Chan, Y. C. (2007). The positive effects of religious on mental health in physically vulnerable populations: A review on recent empirical studies and related theories. *The International Journal of Psychosocial Rehabilitation*, 11(2), 37-52.

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“Man is like a breath; his days are like a passing shadow”

Psalms 144:4

Memory is a long long way, and life is but a shadow. What may remain finally as with eternal value immortally are only those happenings filled with true love, love along with unselfishness and caring, shedding light of God’s grace. Grateful thanks are due to those few people who have ever shown me such kind of love. No such kind of love, I would never have had a chance to go for higher education, graduation, and doing this PhD study, as well as living with dignity as such.

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may let me think of this saying from William James. Another thing needed to mention is the provision of learning support of APSS during my study, which rendered me freely explore in a well-equipped learning environment.

At this moment, I think of the farmlands full of corps in my hometown while I was in my childhood, which was an agricultural living place. Suddenly, all things changed, changed in a sudden day. However, memories of my childhood would never fade, memories about interpersonal relationships and social things that were full of humility, which was once diluted to insignificance compared with the struggle for survival in Hong Kong, a place rampant with materialism, commodity fetishism, and utilitarianism, as well as amorality. Now revival of these important things would mean everything that would persist everlastingly for its elements of eternal value. Now, I appear to be capable of discerning what is legitimate from the Word of God Almighty.

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Chapter 1. Introduction

1.1 Situating the Study Socio-Contextually in Hong Kong

Hong Kong is a metropolis locating in the south coast of China renowned for its blending of the Chinese and West cultures, which has been said historically as a place where “East meets West”. As one of the world's leading international financial centres with around 7 million citizens, Hong Kong is home to a number of ethnic peoples, among which the Chinese are the majority (more 95% are Chinese citizens). In Hong Kong, citizens enjoy freedom of religious beliefs, among which Buddhism, Taoism, Christianity, Catholicism, traditional folk beliefs, as well as Muslim and Hinduism are popular religious beliefs (Information Services Department, 2010).

On the other hand, since a couple of decades ago, use of socially scientific methods to look into effects of religious involvement, is mainly restricted to those organized world religions, such as Christianity, Catholicism, Muslim, as well as Judaism, has been thriving in the Western societies. Evidence by research in a general way reported that religious involvement might have positive effects on human health outcomes (Abbot et al., 1990; Cain, 2007; Goodman, & Dollahite 2006; Koenig et al., 2001; Marsiglia et al., 2005; Plante, & Sherman, 2001; Yeung, & Chan, 2007; Yeung et al., 2009). However, relevant studies conducted in Chinese societies have been meager, and it can be said that the application of scientific methods to investigate the religious effects on human behavioral and emotional health, as well as family well-being is not a mainstream research focus in a Chinese context.

Literature and research pointed out that, among multifarious beliefs, only those organized world religions may have profound and generally wholesome impacts on behavioral and psychological outcomes (Koenig et al., 2001; Plante, & Sherman, 2001; Ventis, 1995; Walsh, 1999). The reasons are that these organized world religions commonly have a holy scripture that their believers may hold as life orientations, and concrete teachings and doctrines of these organized world religions may guide the behaviors and cognizance of their believers. Furthermore, certain rituals and a clear identity formed from their established communities would also reinforce the conscious behavioral patterns of their believers. Most importantly, all these organized world religions think that they hold the ultimate truth, which would be powerfully influential of the attitudinal, behavioral and value orientation choices of their believers. Diagram 1 presents a matrix classifying major organized world religions from traditional folk beliefs on the dimension of transcendence.

The major difference among these organized world religions is their views on the reaching of salvation and ultimate truth. Some believe it is by the means of self-transcendence, while others think it is through other-transcendence. In fact, the latter may have more explicit and potent influence on their congregations as they suppose their beliefs in response to the God's enlightenment and calling (Ellison & Hummer, 2010; Jones, 2004; Kung & Ching, 1993). In this study, Christianity is the main focus of parents' religious involvement. The rationale behind is, compared to other organized world religions, Christianity puts much emphasis on the well-being of family and certain family socialization tasks, which are vividly accounted in its holy scripture, the Bible, and certain cultural traditions (Ellison & Hummer, 2010; Mahoney, 2001). Against this background, the current study was mainly to explore

how parents' religious involvement in Christianity influencing their psychological health and family functioning, which in turn are considered to be crucial mediators to form and shape their children's developmental outcomes.

Diagram 1. A Classification Matrix of those Organized World Religions to Traditional Folk Beliefs by the Means Of Transcendence

	<u>Traditional Folk Beliefs</u>	<u>Organized, World Religions</u>
<u>Other-Transcendence</u> (他力)	e.g. Ancestral Worship, Ancient Heroic Figures Deification <ul style="list-style-type: none"> - No Holy Scriptures, - No Teachings & Doctrines, - Some Rituals, But No A Clear Community - No Ultimate Truth - This-Shore [此岸觀] - Epistemology: Secular Knowledge 	e.g. Christianity, Muslim, Judaism <ul style="list-style-type: none"> - Holy Scriptures (Unchangeable, Consistent)→ Life Orientation - Teachings & Doctrines (Firm, Strict) - Rituals & A Clear Community - Ultimate Truth - Other-Shore [彼岸觀] - Epistemology: God's Enlightenment/ Calling, Philosophical Metaphysics
<u>Self-Transcendence</u> (自力)	e.g. Some Local Pseudo-like Religious Cults <ul style="list-style-type: none"> - Some Scriptures (Changeable, Inconsistent)→ Life Orientation - Teachings & Doctrines? - Some Rituals & A Clear Community - Ultimate Truth? - This Other-Shore [此岸觀]/ Other-Shore [彼岸觀] - Epistemology: Secular Knowledge, Philosophical Metaphysics? 	e.g. Buddhism, Hinduism <ul style="list-style-type: none"> - Holy Scriptures (Unchangeable, But Inconsistent)→ Life Orientation - Teachings & Doctrines (Firm, Strict) - Rituals & A Clear Community - Ultimate Truth - This-Shore [此岸觀] & Other-Shore [彼岸觀] - Epistemology: Philosophical Metaphysics

1.2 Statement of the Problem and Research Questions

The purpose of this research is to investigate the effects of parents' religious involvement in Christianity on developmental outcomes of children, in which factors of parental psychological health, family functioning, as well as children's psychosocial maturity are considered as important mediators to interplay in-between

the relationship, although these factors generally overlooked in prior relevant literature and research in the West. With the best of my knowledge, there has been hitherto no study using a socially scientific method to investigate the relationships among religious involvement, family processes, and child development in a Chinese context. The current study may therefore be the first attempt to recruit a Chinese population in Hong Kong to examine the above-mentioned relationship. In this study, the following research questions are addressed :

- 1) Would parents' religious involvement influence their psychological health and family functioning in terms of family relationships and atmosphere, as well as parenting behaviors, in which parental psychological health is thought to contribute better family functioning?
- 2) As family functioning is a crucial socialization factor to shape children's development, the second question is that would family functioning play an important role in influencing the psychosocial maturity of children, which is considered as another crucial factor proximally that affects children's development?
- 3) Finally, would both family functioning and children's psychosocial maturity act as noteworthy mediators linking up the relationships between parents' religious involvement and children's development?

1.3 Background of the Study

Religion is an indissoluble part of human history, which has long been influencing multiple dimensions of human life. However, efforts in adopting socially scientific

method to study religious effects has been meager. The importance of religion in the formation of human civilization and social behaviors can be traced back to Max Weber (1930) and Émile Durkheim (1951), two great sociologists of religion; however, the development of religious research has been stagnated all along in social science. In his work entitled “The Protestant Ethic and the Spirit of Capitalism” Weber (1930) emphasized the effects of religion on economic activities, social behaviors and stratification, as well as characteristics of Western civilization. On the other side, in his work of “Suicide: A Study in Sociology”, Durkheim (1951) addressed a cohesive association between religious affiliations and suicidal rates.

In recent couple of decades, the pendulum has swung back to study religious effects, mainly regarding those monotheistic religions such as Christianity, on human mental, emotional and behavioral health outcomes (Koenig et al., 1995; Pargament et al., 1998; Regnerus, 2003; Salsman et al., 2005; Yeung & Chan, 2007; Yeung et al., 2007; Yeung et al., 2009; Yeung et al., 2010). These are a result of advanced improvement in social research methods and statistical modeling. Although the findings of these studies were generally supportive of a positive relationship between religion and human health outcomes, the number of these studies is still limited and almost all of them are conducted in the Western societies (Jones, 2004; Ellison et al., 2010; Yeung & Chan, 2007). Furthermore, very little is known about the role of religion in the family, such as behaviors of parents, and development of its children, such as display of problem symptoms (Bartkowski et al., 2008; Ellison et al., 2010). Against this background, it is worthwhile for the current study to investigate the relationships between parents’ religious involvement, family functioning and developmental outcomes of their children in a Chinese context, like Hong Kong.

Prior to the 1970s, the nature and function of parent-child conflicts focused on the effects of the family relations and processes on child and adolescent developmental outcomes, which suggested that parent-child conflicts grew out of adolescents' need to detach from parents emotions and, therefore, stressed the need for children to separate themselves from parents and families, and (Allen et al., 2000; Steinberg, 1990). However, this view was under apparent attack during the 1970s by a number of empirical studies, which challenged the view that conflicts between parents and children were necessary and typical. These studies found that many children and youths might have pleasant and harmonious relationships with their parents and other family members (Josselson et al., 1977a, 1977b; Rutter et al., 1976). Therefore, the propositions of detachment and identity struggle, since then, did not seem to take place as a universal thesis.

It is a fact that many children and adolescents have harmonious and cohesive relationships as well as positive interactions with their parents and siblings in the family context; and they also appear to have better social and psychological developments as well (Eisenberg & Fabes, 1998; Fletcher et al., 1999; Kerpelman & Mosher, 2004; Marsiglia et al., 2005; Shek, 2004). As such, there is a pending need to explore what contextual and personal factors conducive to healthy developments of children. Furthermore, it is worth investigating how and to what extent how those factors are linked hierarchically in a causal fashion in the relationships (Arnett, 2007; Brody et al., 2005; Steinberg, 2001).

In addition, more recently social scientists concurrently tend to agree that family

socialization and experiences are crucial in the formation of children's cognitive and psychological predispositions as well as behavioral choices. Litz (1992) denoted that children's thoughts, life expectations, and meanings absorbed in the family processes and parenting practices would pervade the rest of life, both through the filtering of perceptions and through expectations of what is and what can be. The thoughts, life expectations and meanings absorbed in the family realm may become imperative elements influencing their subsequent well-being in adulthood persistently (Bell & Bell, 2005).

In other words, family processes and parenting practices are considered as very critical for a child's subsequent social and psychological developments and competencies, which reverses the claim from Harris (1998) in her book, *The Nurture and Assumption*, that much of what we consider parental and family influences to children was actually genetic, and that children's various developments were largely affected by their peer counterparts, not parents. However, it is highly unlikely that parents have little impact on their children's thoughts, value orientations, beliefs, attitudes, personality. Stated succinctly, it is impossible that children's developments are generally influenced by their peers with whom they interact, but not affected by the close individuals in family setting who raise, socialize and live with them. Hence, it is more logically acceptable that peer groups would undoubtedly play an important role in strengthening the pre-existing characteristics of children that have been socialized and imparted through family processes and parenting in prior. However, definitely it is unlikely that peer groups' influences may lead to initial emergence of children and young people's social and psychological predispositions (Steinberg, 1995). For this, it is believed that the importance of family socialization and

experiences in children's various developments have been under-estimated, and more research studies ought to be conducted to investigate the relationships.

More than that, according to Taylor (1991), ignoring socio-cultural diversity can lead to ill-founded conclusions about the relationships between child-rearing practices, family processes and parenting styles, as well as child development. Thus, there is a need to be sensitive to socio-cultural contexts, in which family research are embedded (Korbin, 1991). Religion is an important component in the socio-cultural entirety, which is apparently influential to value orientations, beliefs, notions of family relationships, childrearing practices as well as what is considered as appropriate family processes and parenting behaviors. For this, Bartkowski et al., (2008) stated that:

“Religious involvement can be understood as a cultural resource that a family can use to enhance cohesion among its members, resolve conflicts that may arise, and identify and pursue collectively desired goals (p.19).”

In the present study, parental religious involvement, which is referred to as their involvement in Christianity, has been empirically proven to demonstrate profound effects on enhancing human cognitive, mental and behavioral health (Ai et al., 2002; Ai, Peterson, Huang, 2003; Genia, 1996; Pargament et al., 1998; Thomas & Sherman, 2001). There are two reasons for focusing religious involvement on Christianity: 1) In the past two decades, studies investigating the relationships between religious involvement and mental, physical and behavioral health outcomes were mainly

focused on Christianity (George et al., 2002; Smith, 2003), 2) Past research showed that beneficial effects of religious involvement would most likely come from a belief system that views God/ a higher power as unity with unfailing and unconditional love, non-punitive, forgiving and caring, merciful and omnipotent, and this belief system should characterize ultimate concern and specific desirable afterlife beliefs. These recognized traits more apparently tally with Christianity (Harrison et al., 2001; Jones, 2004; Pargament, 1997; Yeung & Chan, 2007).

Studies showed that families sharing religious involvement would be more cohesive and nurturing, and these characteristics are saliently strong among families in Christianity (Gunnoe et al., 1999; Mahoney & Tarakeshwar, 2005). It is because Christianity draws individuals together and explicitly promotes strong family bonds. Family researchers who study family resilience have also suggested that religious involvement could be a source of support and mutual acceptance for family members to offset adverse encounters (Walsh, 2003; Mahoney, 2005), which is closely in coalescence with the concept of family resilience. Family resilience is deemed as the ability to withstand and rebound from disruptive life challenges. In fact, family resilience plays an important role in promoting healthy family functioning (Walsh, 1999, 2003; Walsh & Pryce, 2003). Religious involvement in Christianity allows individuals to feel connected to humanity and infuse life of meaning (Ai, Peterson, & Huang, 2003; Breakey, 2001; Pargament, 1997), which could serve as a key process to promote overall family functioning and foster resilience among family members at-risk through improving their overall percept of difficult situations as being solvable or by facilitating an overall positive outlook with regard to life (Litz, 1992; Mahoney, 2005). Hence, one of the purposes of this study is to investigate the relationships

between parental religious involvement, family functioning and their effects on the developmental outcomes in terms of both internalizing and externalizing symptoms in children in a Chinese context like Hong Kong, where religious research of social science has long been neglected (Yeung, Cheung & Chan, 2007).

Family research generally considered family processes and parenting practices as an agglomerative concept without discerning their disparate nature. Family processes can be defined as a general family atmosphere and climate, which involve the way of how family members communicate, interact and support each others (Trivette & Dunst, 1990; Valiente et al., 2007); on the other side, parenting behaviors refer to disciplining and rearing styles that are adopted by parents to socializing their children (Kim et al., 2003; Little & Steinberg, 2006). Apparently, these two family socialization factors are disparate in nature but are mutually related to each other. In fact, home interpersonal dynamics and climate are an important factor to influence the performance of parenting behaviors (Anderson et al., 2007; Burt et al., 2006; Little & Steinberg, 2006; Valiente et al., 2007). Undesirable family processes may undermine effective parenting practices through its adverse effects of debilitation and fatigue on parents. However, prior research generally overlooked the “carry-over” effect of family processes on parenting behaviors. As such, the present study investigates the impacts of both family processes and parenting practices on child development. These two family socialization factors, commonly termed as family functioning in most research studies, are expected to be influenced by parents’ religious involvement.

Recent research consistently pointed out that parents’ individual differences in psychological functioning could be one of the robust proximal factors influencing

family functioning and developmental outcomes of their children (Cummings et al., 2001; Kochanska et al., 2007; Jones et al., 2002). This is supportive of the parental disposition-family thesis arisen from Belsky (1984). It is admitted that provision of positive family processes and persistence of competent-promoting parenting practices are demanding duties for parents; therefore individual psychological characteristics and differences are considered as crucial impetus to differentiate family functioning. Relevant studies found that parents whose personal outlooks were more positive and optimistic would tend to have higher capability to sustain healthy family functioning, which in turn was influential to their children's developments (Conger et al., 1994; Kim & Brody, 2005; Tein, Sandler & Zautra, 2000). In contrast, parents who show depressive symptoms may be incapacitated from maintaining healthy family functioning (Cummings et al., 2001; McLoyd, 1990; Taylor, 2000).

In addition, studies supported that religious involvement or being religious had salutary effects on enhancing psychological adjustment and mental health (Ai, Peterson & Huang, 2003; Harrison et al., 2001; Jang & Johnson, 2003; Rippentrop et al., 2005). Religious parents were found to demonstrate higher optimism and less depressive symptoms (Carothers et al., 2005; Hammermeister et al., 2001; Jones et al., 2002). Obviously, parental optimism and depressive symptoms are two critical individual traits that may respectively influence family functioning positively and negatively (Cummings et al., 2000; Kim & Brody, 2005; Kochanska, et al., 2007; Murry & Brody, 1999). Therefore, another purpose of this study is to investigate the mediating effect of parental psychological functioning between parental religious involvement and family functioning, both of which are thought as influential contributors to children's developmental outcomes distally and proximally.

One issue regarding parental religious involvement in family research is about how to operationalize and measure the construct of religiousness. Prior studies concerning religious effects on family relationships and parenting practices usually adopted single indicators to measure religiousness or religious involvement, which might result in mixed findings (Johnson et al., 2001). Recent religious research from non-family domain demonstrated that religious involvement was a multifaceted and complex construct (Breakey, 2001; Rippentrop et al., 2005), in which two religious indicators, namely intrinsic religious orientation and use of positive religious coping, have been frequently associated with mental health, psychological adjustment, subjective well-being and less emotional difficulties, as well as behavioral symptoms among various populations (Ai et al., 1998; Bergin et al., 1987; Genia, 1996; Salsman & Carlon, 2005; Ventis 1995). These findings are consonant with the results of a meta-analysis conducted by Hackney and Sanders (2003), which showed that adoption of intrinsic religious approach and personal religious devotion (similar to positive religious coping, it denotes how consistently an individual applies religious beliefs and values to his daily life) could touch the core of religious involvement, and these religious indicators both consistently have positive effects on mitigating psychological distresses and promoting mental adjustments (Henningsaard & Arnau, 2008; Harris et al., 2008). Therefore, it is considered more appropriate to treat parental religious involvement as a multi-faceted latent construct to see how it may influence parents' mental health and family dynamics.

Although extant literature and research have generally supported the direct effects of family functioning on children's developments of internalizing and

externalizing problems (Brody et al., 2002; Kim et al., 2003; McCloskey, 2001), sparse studies recently address the possible psychosocial mechanism in children that may mediate the relationships between family functioning and children's developments (Fischer et al., 2007; Kogan et al., 2005; Mantzicopoulos & Oh-Hwang, 1998; Simons et al., 2007). Relevant studies found that children with both internalizing and externalizing problems tend to be characteristic of higher psychosocial immaturity and a salient negative sense of self (Brody et al., 2002; Galambos & Tilton-Weaver, 2000; Jacobs et al., 2004; Simons et al., 2007). This is coherent with the perspective of immature self-referent cognitions (Harter, 1989; Harter & Whitesell, 2003; Ryan et al., 1987) and the theory of the cognitive-affective processing system (Mischel, 2004; Simon et al., 2007), according to which cognitively and psychologically mature children would be more thoughtful, planful, responsible, and they will be cautious of their behavioral choices and emotional expressivity (Murry and Brody, 1999; Fischer et al., 2007; Simon et al., 2007). As a result, psychosocially mature children, compared to those more willful, may display less developmental problems symptoms (Cauffman & Steinberg, 2000; Fischer et al., 2007; Mischel, 2004; Simon et al., 2007).

As such, it is considered that healthy family functioning in terms of positive family processes and competent-promoting parenting practices may directly contribute to a better development of psychosocial maturity in children, which in turn may result in children's developments of less internalizing and externalizing symptoms (Cleveland et al., 2005; Luthar et al., 2000; Murry & Brody, 1999; Simons et al., 2007). Nevertheless, meager studies that have attempted to explore the above-mentioned mediating mechanism. It is noted that there is lack of a causal

modeling analysis concerning how the possible hierarchical linkages with distal factors, such as parental religious involvement and psychological functioning, would combine with those proximal family factors, such as family processes and parenting practices, to concurrently influence children's developments of internalizing and externalizing symptoms through the mediating effect of psychosocial maturity in children. For this, to investigate the mediating effect of children's development of psychosocial maturity on the relationships between those distal and proximal factors and child developmental outcomes is one of the main concerns of the present study.

Similar to the construct of parents' religious involvement mentioned before, previous studies were by and large prone to treating children's psychosocial maturity as an observed variable, without considering its multi-faceted nature (Cauffman & Steinberg, 2000; Simons et al., 2007). Literature reported that youths who were socialized by competent-promoting parenting practices and whose families encourage their active engagement in supportive family relationships would demonstrate multiple individual characteristics highlighting psychosocial maturity, such as higher self-esteem, impulse control, consideration of others' feelings, responsible behaviors, as well as having more optimistic future outlook and academic orientation (Cauffman & Steinberg, 2000; Kogan et al., 2005; Simons et al., 2007; Steinberg et al., 1995). Research to date albeit does not have a consistent approach in defining psychosocial maturity, based on reviewing relevant literature, elements of a positive sense of self-identity, better self-regulation, more optimistic future orientation and higher perspective taking may be useful in indicating psychosocial maturity in children (Steinberg et al., 1989; Cauffman & Steinberg, 2000; Mantzicopoulos & Oh-Hwang, 1998; Little & Steinberg, 2006). Therefore, adopting multiple indicators in forming a

latent construct of children's psychosocial maturity, which has been less concerned in prior research, would be emphasized in this study.

Last but not least, according to the thesis of co-morbidity, children's internalizing and externalizing problems are always mutually reinforced and coexisted. It is impossible to dichotomize them (Aseltine et al., 1998; Goodman & Gotlib, 1999; Kim et al. 2003; Simons et al., 2004; Yeung et al., 2007). However, little research has attempted to incorporate both these internalizing and externalizing symptoms into a single study (Miller et al., 1997; Perrone et al., 2004; Regnerus & Elder, 2003), and even those studies that have included both these problem symptoms into a single investigation, they generally tended to treat internalizing and externalizing problem outcomes as respective outcome variables, independent of each other (Bynum & Brody, 2005; Chen, 2005; Simons et al., 2004), which appear to be fallible. Hence, a focus of this study is to treat both internalizing and externalizing problem symptoms as a latent outcome construct, called children's developmental problems, to see their coexistence in relationship.

In sum, the present study, to my knowledge, is a ground-breaking effort in Chinese societies to investigate the interplay of the relationships of parents' religious involvement, family functioning, and children's developmental outcomes, assuming that parental psychological health and psychosocial maturity in children, two neglected but important intervening factors, would mediate the above-mentioned relationships.

1.4 Structure of the Dissertation

Following the introduction of the current study stated in Chapter 1, Chapter 2 is the Literature Review and Model Building, in which I would construct models to be tested in this study by extensively reviewing prior research and literature on pertinent theories about the relationships between family functioning and child development, effects of parent's religious involvement and parent's psychological health on family functioning, as well as the association between parent's religious involvement and parent's psychological health, in order to explore the interplay of the relationships among these factors. I would sum up the review by discussing what important points that prior research studies have overlooked and my attempt to fill these gaps . Chapter 3 is aimed to set hypotheses of the study and build the structural equation model (SEM) for subsequent analysis on the relationship between parents' religious involvement and child development.

In Chapter 4, measurement of respective variables and their operationalization were addressed. After that, Chapter 5 deals with the research method, in which I would discuss the procedures and processes of sampling, as well as the related analytic techniques. Chapter 6 is on the findings of the study., I would give detailed accounts of the results from the descriptives of the parent-child pair participants to the SEM analyses for the relationships between parents' religious involvement and children's developmental outcomes. Chapter 7 is discussion on the findings of this study. I would discuss the explications of the results found in Chapter 6 so as to attempt to generate insights and implications from the current results. The last chapter is Chapter 8, which was to conclude the current study by addressing issues of the limitations suggestions for future research.

Chapter 2. Literature Review and Model Construction

In this chapter, I will review extant studies and literature as well as pertinent theories in relation to the relationships of parents' religious involvement and child development through exploring a set of intervening factors in terms of parents' psychological health, family functioning, and children's psychosocial maturity, which are supposed to mediate the relationships between parents' religious involvement and child development. The structure of this chapter can be divided into four sections. Section one is about the relationship between family functioning and child development, section two mentions parent's religious involvement and family functioning, section three discusses the relationship between a parent's psychological health and family functioning, and section four deals with the association of parent's religious involvement and psychological health.

2.1 Family Functioning and Child Development

It is well accepted that family functioning and experiences in terms of family processes and parenting practices could create a critical context to form and influence children's various developmental outcomes, which in turn may occasion long-lasting effects on well-being of these children that could persist to their adulthood (Arnett, 2007; Bell & Bell, 2005). If children are exposed to inharmonious and conflicting family interactions, they are more likely to have mental distresses and physical injuries (Grych et al., 2000; McCloskey, 2001). In addition, marital discrepancy among parents would lead to more depressive symptoms and anxiety in children

(Hughes & Luke, 1998; McCloskey et al., 1995), and harsh and punitive parenting and lack of parental warmth might predict adolescent delinquent behaviors (McCord, 1997; Sampson & Laub, 1993; Simons et al., 1995). Therefore, family processes and parenting highlight the central role of children's subsequent social competences and psychological adjustments, which are the imperative elements to contribute to children's well-being in their adulthood.

Informal education and socialization in the early life stages in the family realm have been highlighted by Bronfenbrenner (1990) as a 'powerful prerequisite of the child's subsequent social success in other domains of life, including school, work, and family (p.28)'. Bronfenbrenner's statement is consonant with social learning theory (Akers, 1998), role modeling perspective (Bricheno & Thornton, 2007; Silberman, 2003), as well as expectancy-value model (Eccles et al., 1983), in which children's developmental outcomes are directly or vicariously modeled and influenced from those intimate and authority figures, such as their parents, through family socialization processes. Social learning and modeling refer to the learning and acquiring processes that occur in social contexts, e.g. the home environment and family relationships. In this sense, children acquire and change their social behaviors, attitudes, and emotional responses as well as dispositions from observing and imitating the actions demonstrated by their parents through family processes and parenting behaviors (Patock-Peckham et al., 2001).

It is long admitted that family environments and climates as well as parenting practices may play an important role in formation of children's cognitive orientations, dispositional characteristics, internalizing and externalizing behavioral symptoms

(Wills et al., 2003; Wu, 1996; Burt et al., 2006; Chung & Steinberg, 2006). Indeed, there are a substantial number of studies showing that the relationships between parental attitudes, interpersonal interactions and climates within the family setting that are significant predictors of children's wide range of adjustment and pathological outcomes (Brody et al., 2002, 2003, 2005; Grusec, Goodnow & Kuczynski, 2000; Murry et al., 2001; Steinberg, 2001; Simons et al., 2007). While children who are raised in the home environment with positive family processes and competent-promoting parenting practices may demonstrate adequate capacity to withstand development of internalizing symptoms, such as negative identity, poor self-concept, depressive symptoms and emotional distress (Brody, et al. 2002; Bynum & Brody, 2005; Goosby, 2007; McCloskey et al., 1995; Robertson & Simons, 1989), as well as externalizing symptoms, such as delinquent acts and substance abuse (Anderson et al., 2007; Little & Steinberg, 2006; Simons et al., 2007).

However, prior research studies have not explicably distinguished family processes from parenting practices. Generally speaking, family processes refer to the characteristics of family relationships, interactions, communications, and dynamics as well as climates among family members; while parenting practices mean specific styles of child-rearing and socialization in the family realm (Brody et al., 2005; Little & Steinberg, 2006; Steinberg et al., 1992; Yeung & Chan, 2010). An example of the latter is the competence-promoting parenting practices. Past efforts on researching effects of family functioning on children's developments usually did not treat family processes and parenting practices as two disparate family constructs while. In fact, many social scientists tend to treat family processes and parenting practices as agglomerative without discerning them as two distinct concepts (Arnett, 2007; Brody

et al., 2005; Cummings et al., 2000; Klein & Forehand, 2000; Ma et al., 2007; Shek, 1997).

Some literature to date has demonstrated that family processes and parenting practices may act as different family socialization agents simultaneously to influence various developmental outcomes in children (Baer, 1999; Benda, 2005; Morris et al, 2007; Radziszewska et al., 1996; Valiente et al., 2007). The explanation of this influence incurs the concept of a “carry-out” thesis (Valiente et al., 2007). Accordingly, family processes may spill over to influence performance of parenting behaviors. If a couple with more supportive relationship, intimacy, and cooperative attitude in relation to the family socialization tasks of upbringing their offspring, they would have higher likelihood of providing better parenting practices to their children. However, inadequate research effort has been made to investigate these two family socialization agents separately in a single study and see how they contemporaneously contribute to developmental outcomes in children.

2.1.1 Family Processes and Child Development

As mentioned above, family is an important realm to influence children’s developmental outcomes. Some social scientists reckoned family processes as the social organization of the family on individuals (Skolnick, 1991; Robertson & Simons, 1989; Wu, 1996). For this, family processes, such as family climates, interactions, communications and relationship quality among family members, could become a prerequisite socialization agent to develop the positive, or inversely the negative, ‘self’ of a child (Chen et al., 2002; Eisenberg, 1998; Kim et al., 2003). In fact, the self

is something which has a development process; it is not something initially there at birth, but arises in the course of social experiences and interactions in the family realm (Coleman, 1990; Kerpelman & Mosher, 2004; Murry, Brown et al. 2001).

According to the perspective of role modeling (Bricheno & Thornton, 2007), family processes are likely to be crucial to a child's development of the self. If parents in the family have more cohesive relationships with their children and are more integrated in the family life, the child is more likely to be exposed to important social interactions and stimulation, which are helpful to the positive development of that child in most psychological and behavioral domains (Cauffman & Steinberg, 2000; Fischer et al., 2007; Kim et al., 2003; Klein & Forehand, 2000; Schwartz & Finley, 2006; Simons et al., 2007). Hence, Coleman (1990) deemed that when parents are integrated and involved into the family, they are able to construct positive family processes, which in turn will have positive externalities for children's development of a positive self. As such, a positive and psychosocially mature self could excel that child in most developmental domains, such as better social and behavioral adjustments as well as psychological health (Harter & Whitesell, 2003; Hinshaw et al., 1997; Jacobs et al., 2004; Mantzicopoulos et al., 1998).

Family processes are likely to stimulate a child's cognitive, socioemotional and behavioral developments, which might help to build a sense of accomplishment and self-worth, all of which are important factors leading to well-being in the child in later days (Steinberg et al., 1989; Cauffman & Steinberg, 2000; Kogan et al., 2005; Luthar et al., 2000; Yabiku et al., 1999). Previous research found that supportive family atmosphere and effective family communications were positively related to youth

children's positive developments, such as higher self-esteem and lower behavioral problems (Demo et al., 1987; Gecas & Schwalbe, 1986; Snider et al., 2004). In regard to children's well-being, it is not necessarily the material objects themselves that matter. Rather, the truly supportive and harmonious family environment and climate as well as collective feelings among family members are important factors that count.

In Yabiku's et al. (1999) longitudinal study, it was proved that family cohesion and integration enhanced positive development of self-esteem among the children 23 years later after those children came to their adulthood. Hence, family processes are the persistent force to influence the long-term developments of a child. Although family processes are something noteworthy in the field of family research, this construct has long been neglected, as Shek (1997) stated that:

“Most of the existing studies have been carried out to investigate the role of parenting styles, whereas the impacts of other family processes, such as family functioning and parent-adolescent conflict, have not been systematically examined. In addition, there are few studies in which the impact of parenting styles and other family factors are simultaneously examined in a single study. (p. 114)”

Obviously, positive family processes are recently thought not only as a direct contributor to both internalizing and externalizing developments of children, they are also reckoned to have indirect contribution to children's developments through its direct effect on development of psychosocial maturity in children (Luthar et al., 2000;

Smith, 2003; Little & Steinberg, 2006). In fact, the construct of psychosocial maturity could render children a robust capacity to enhance their social and psychological adjustments and mitigate both internalizing and externalizing problems (Brody et al., 1996; Brody & Flor, 1998; Stuewig & McCloskey, 2005). In their research, Brody et al. (1996) showed that family processes in terms of high family cohesion and low interpersonal conflict among family members had direct effects on the development of child self-regulation, which in turn contributed to less internalizing and externalizing symptoms and better academic competencies in children. In another study, mother-child relationship quality did not directly contribute to children's cognitive and social competencies, as well as internalizing problems, but through its direct effect on the child self-regulatory capacity, which was the proxy linking to the differences in these outcome variables (Brody & Flor, 1998).

Family processes also highlight the central role of family socialization in children's moral developments and psychosocial maturity, which might subsequently exert long-lasting effects on their psychological adjustment, social success and well-being (Cleveland et al., 2005; Kogan et al., 2005; Stuewig & McCloskey, 2005). Literature revealed that favorable family processes were a family socialization factor independent of parenting practices, predicting a wide range of developmental outcomes in children. These developmental outcomes, on the positive side, include higher psychosocial adjustment, achievement orientation, life satisfaction and purpose, and mental health, self-esteem, social competence, effortful control, as well as school success (Anderson et al., 2007; Shek, 1997, 1998; Valiente et al., 2007; Youngblade et al., 2007). On the negative side, they include lower levels of problem behaviors, psychopathology, sense of hopelessness, substance misuse, suicidal tendency

(Anderson et al., 2007; Cummings & Davis, 1994; Kaslow et al., 1992; Prange et al., 1992; Smart et al., 1990; Valiente et al., 2007). Taken together, family processes are deemed as an important domain that is independent of parenting practices and worthy of more research on its contribution to psychosocial maturity, psychological as well as behavioral developments in children (Ferguson & Stegge, 1995; Peleg-Popko & Dar, 2001; Simons et al., 2007). As such, it is predicted that positive family processes might be salutary to children's psychosocial maturity, psychological and behavioral outcomes, in which psychosocial maturity may act as a mediator at least partially influencing the direct effect of family processes on child psychological and behavioral developments.

2.1.2 Parenting Practices and Child Development

Competence-promoting parenting practices, or termed as authoritative parenting behaviors, are generally accepted as an important family socialization factor beneficial to various developmental outcomes in children. Recent research pointed out that the beneficial effect of competence-promoting/ authoritative parenting on children's developmental outcomes was mediated by the development of psychosocial maturity in children, which is a construct mainly cultivated in the family realm and other conventional institutions, such as religious institutions (Brody et al., 2002, Kim et al., 2003; Little & Steinberg, 2006; Luthar et al., 2000; Murry & Brody, 1999; Steinberg et al., 1989). Overtly, parenting is a multi-faceted construct. Literature up to date approved that parental warmth-involvement and firmness-control are the two crucial components comprising of competence-promoting parenting (Brody et al., 2002; Burt et al., 2006; Gray & Steinberg, 1999; Steinberg, 1990; Steinberg et al.,

1989). This constellation of competence-promoting parenting practices is consistent with Baumrind's (1991) proposition that emphasized caregiver's warmth and support as well as demandingness.

Children and youths who are raised by competence-promoting parents may perform better in various aspects of developmental outcomes. A general review on the relationships between competence-promoting parenting practices and psychological and behavioral outcomes in children reveals that substantial research presented their findings on the positive linkages between competence-promoting parenting and children's psychosocial adjustment (Brody et al., 2004; Schwartz & Finley, 2006; Lamborn et al., 1991), cognitive and social competence (Anderson et al., 2007; Brody et al., 2002; Pancer et al., 2007; Youngblade et al., 2007), psychological health and self-esteem (Brody et al., 2002; McLeod & Shanahan, 1993). Furthermore, relevant research revealed the reverse associations between competence-promoting parenting practices and emotional distress and depression (Goosby, 2007; Kim et al., 2003; Natsuaki et al., 2007; McLeod & Shanahan, 1993), problem behaviors and delinquency (Brody et al., 2002; Goosby, 2007; McLeod & Shanahan, 1993; Perrone et al., 2004), as well as drug dealing and substance misuse in children (Anderson et al., 2007; Baumrind, 1991; Little & Steinberg, 2006).

In addition, literature showed that older children and youths who had been raised in authoritative households continued to demonstrate the same benefits in social and psychological, as well as cognitive developments as their younger peer counterparts (Gunnoe et al., 1999; Lamborn et al., 1991; Steinberg et al., 1994; Steinberg et al., 1992; Stuewig & McCloskey, 2005). These young people demonstrated higher

academic achievement, reduced depressive symptoms and anxiety, heightened self-reliance and self-esteem, as well as less likelihood to engage in antisocial behavior than their counterparts who grew up in non-authoritative home environment. In fact, Fletcher et al. (1999) reckoned that having two authoritative parents was slightly better than having one, having one was much better than having none. Succinctly, the differences among youths with one versus two authoritative parents are much smaller than the differences among youths with only one authoritative parent versus those with two parents who are non-authoritative (Ang, 2006; Ge et al., 1996; Gray & Steinberg, 1999).

Previous research revealed that youths who came from homes characterized as authoritative were better psychologically adjusted and socially competent; they are more confident about their abilities, had higher competence in various domains of achievement, and were less likely than peers to get into trouble (Burt et al., 2006; Chung & Steinberg, 2006; Eisenberg et al., 1998; Radziszewska et al., 1996; Steinberg, 1990). In a review by Eisenberg & Fades (1998), they concluded that competence-promoting parenting was generally associated with prosocial behaviors in children. Natsuaki and his colleagues (2007) agreed that competence-promoting parenting might be of particular importance for adolescents' development of cognitive maturity that could enable them to reach for their parents' conventional expectations.

In addition, the salutary effect of competence-promoting parenting is particularly crucial for youths living in highly disorganized social contexts to circumvent their adversities and do a better life (Burt et al., 2006; Little & Steinberg, 2006; McLeod & Shanahan, 1993). A study by Chung and Steinberg (2006) reported that the

detrimental influences of neighborhood disorganization in offending and delinquent behaviors in adolescents became non-significant after adding the combination of positive parenting behavior and negative peers' influences in the model as mediators. In this study, effective parenting was a significant inhibitor to prevent adolescents from engagement with deviant peers. This result is consistent with the findings of other studies, suggesting that competence-promoting parenting may reduce likelihood of delinquency and problem behaviors in children by preventing their proneness to affiliate with deviant peers, while increasing their commitment to conventional norms and morals (Chen et al., 2005; Ma et al., 2007; Simons et al., 2001).

The above-mentioned research results are consonant with the social learning theory (Akers, 1998), role modeling perspective (Bricheno & Thornton, 2007; Silberman, 2003), and expectancy-value model (Eccles et al., 1983), which all suggest that children may learn how to regulate their behaviors and articulate their emotional expressivity to a prosocial and conventional way, and prevent the development of both internalizing and externalizing problems. In fact, two prospective studies show similar results with regard to the positive effect of competence-promoting parenting on better developments in children. In a longitudinal study by Brody et al. (2005), competence-promoting parenting at wave one had its negative effect on developments of both internalizing problems, such as withdrawn behavior, inattentive behavior and anxiety, and externalizing problems, such as aggressive behavior and delinquent acts, in children at wave three through the mediational effect of decreased use of camouflaging self-presentations and preoccupation with peer acceptance at wave two. Kim, Brody and Murry (2003) also proved that adolescents' changes in internalizing and externalizing problems were due to the functioning of parenting practices.

Accordingly, those adolescents who were with escalation in both internalizing and externalizing symptoms over the two assessment occasions were simultaneously noted of a significant decrease in nurturant-involved and warm parenting, alongside a significant increase in harsh-inconsistent parenting and parental hostility from wave one to wave two.

Stated succinctly, it is deemed that competence-promoting parenting may effectively enhance children's better psychosocial functioning and maturity (Brody, et al., 2002; Little & Steinberg, 2006; Luthar et al., 2000; Smith, 2003). Indeed, psychosocial maturity is regarded as a potential robust mediator to regulate children's development of internalizing and externalizing symptoms (Brody et al., 2005; Cauffman & Steinberg, 2000; Galambos & Tilton-Weaver, 2000). The function of better psychosocial maturity is expected to enhance a more positive sense of self-concept, life commitment and purpose, responsibility and self-management; thereby differential in degrees of psychosocial maturity could explain diversification of subsequent developmental outcomes in children (Fischer et al., 2007; Kogan et al., 2005; Natsuaki et al., 2007; Steinberg et al., 1989). Although a large body of studies has documented the direct association between parenting and children's externalizing and internalizing symptoms (Aseltine et al., 1998; Dodge et al., 1990; Ge et al., 1996; Patterson et al., 1992; Rothbaum and Weisz, 1994; Shaw et al., 2001), it is believed that children's developmental outcomes would be at least partially mediated by their development of psychosocial maturity. As such, it is hypothesized that psychosocial maturity would be a mediator linking the relation between competence-promoting parenting and developmental outcomes in children.

2.1.3 Family Functioning and Children's Psychosocial Maturity

Literature to date has been mainly focusing on the direct relationship between family functioning and developmental outcomes in children. Sparse research has addressed the possible psychosocial mechanism that would mediate the relationships between family functioning and children's developments. Recent studies showed that positive family functioning, refers as to a combination of both effective family processes and competence-promoting parenting, was counted as an important socialization agent to help the development of 'a positive sense of self' in adolescents, which in turn is essential for the psychological and behavioral developments of these adolescents subsequently (Luthar et al., 2000; Jacobs et al., 2004; Yabiku et al., 1999). A sense of self is a broader concept related to how a child evaluates himself, judges behaviors and actions he chooses, takes perspectives from others, and orients his social identity, as well as regulates difficult emotions that he may have (Yabiku et al., 1999; Luthar et al., 2000; Murry et al., 1999; Rutter, 1987; Jacobs et al., 2004; Kogan et al., 2005). In the same vein, a positive sense of self refers to a tendency toward constructive ways a person has in the above-mentioned domains (Jacobs et al., 2004; Kogan et al., 2005; Yabiku et al., 1999). As such, the concept of positive self in fact may have various characteristics that coalesce commonly with the construct of psychosocial maturity in children (Steinberg et al., 1989; Lamborn et al., 1991; Cauffman & Steinberg, 2000; Mantzicopoulos & Oh-Hwang, 1998; Fischer et al., 2007; Schwartz & Finley, 2006).

In addition, it is thought that the development of a positive sense of self and psychosocial maturity within the course of family socialization are simultaneously formed (Jacobs et al., 2004; Kogan et al., 2005; Yabiku et al., 1999), and they are

connoted to coalesce with each other in the sense of common inner characteristics that make them more coherent in nature rather than distinctive with each other (Kerpelman & Mosher, 2004; Smith, 2003). Although researchers nowadays may have different notions in defining the construct of psychosocial maturity, this construct is more accepted to include elements of positive self-identity, better self-regulation or temperance, more positive and optimistic future orientation, and better perspective taking (Steinberg et al., 1989; Cauffman & Steinberg, 2000; Mantzicopoulos & Oh-Hwang, 1998; Little & Steinberg, 2006). Therefore, a more desirable development of a positive self a child has in the family realm denotes with more superior development of psychosocial maturity that child would be, and the reverse is also true (Grusec et al., 2000; Fischer et al., 2007).

It can be traced back to Parsons and Bales' (1955) study that if family relationships and interactions were conflicting and undesirable in a child's growing experiences, he would have difficulties in developing more complex and differentiated interpersonal relationships in later times, which might lead to the formation of a pathological self. Luthar and her colleagues (2000) agreed that positive family functioning may be salutary to children and youths to develop a positive sense of self, which in turn may become resources for them to deal with both daily hassles and acute stressors more effectively. In addition, Murry and Brody (1999) stated that cohesive and secure family relationships might increase the likelihood of children to develop a positive sense of self, and it would act as a resilient factor for these children to cope with difficult life circumstances and unfavorable environments through its conferring a better sense of self-worth, self-regulation and efficacy. In fact, developing a healthy sense of identity is critical for youths' subsequent avoidance of

both internalizing and externalizing problems. A healthy identity is connoted as ‘a stable sense of self’ underpinned by various developmental assets, such as self-control, a sense of life purpose and meaning, cognitive and psychological competence, and virtuous integrity (Fischer et al. 2007; Little & Steinberg, 2006; McLeod & Shanahan, 1993; Simons et al., 2007). As a result, it is clear that the above-mentioned characteristics of a healthy and positive self in a child are manifest in the development of psychosocial strengths and maturity in that child (Fischer et al. 2007; Murry and Brody, 1999).

Smith’s (2003) proposition gives some insights about the linkages between parental religious involvement, family functioning and development of psychosocial maturity in children. He thought that parents of religious involvement might tend to uphold cultural moral orders of self-control, personal virtue, normative bearings and imperatives, as well as higher moral expectations on their children. And their children would go about forming various behavioral choices and developmental outcomes by acquisition of these moral and normative ideas through the family climates and parenting practices that their parents provided to them. More importantly, these moral and normative ideas may provide cognitive and psychological resources to their children about

“what is good and bad, right and wrong, higher and lower, worthy and unworthy, just and unjust, and so on, which orient human consciousness and motivate human action (Smith, 2003, p.415).”

For this, we can learn that religious parents may be through behavioral manifestations,

such as by positive family climates and authoritative parenting, to imbue their children with certain moral and normative ideas and standards that are influential to them in their cognitive and psychosocial developments, which are commonly viewed as positive and constructive.

Relevant literature showed that authoritative parents would like to demand age-appropriate mature performances and actions from their children, They would like to involve their children in the decision-making process, all of which would be in turn beneficial to psychosocial development and maturity of their offspring, such as heightened cognitive competence, capability of perspective taking, future orientation and socially responsible behaviors as well as reasoning abilities (Steinberg et al., 1994; Little & Steinberg, 2006). In order to interpret the relationships more extensively through the psychological paradigm, Markstrom (1999) regarded that religious elements could help adolescents to surmount psychosocial crises successfully and achieve resilience in identity formation, which would be associated with the development of psychosocial maturity. Two elements related to religion she regarded as crucial for adolescents' successful quest to discover themselves and better their psychosocial development were 'faith and hope' that, she thought, might be through underpinning ego strengths and sense of resilience. Evidently, the results of her study supported this hypothesis, in which greater religious involvement was positively associated with psychosocial maturity in a sample of high school students measured by the Psychosocial Inventory of Ego Strength (PIES). Taken together, religious parents would like to incorporate religious teachings and values into the family realm for raising and socializing their children (Mahoney & Tarakeshwar, 2005), which in turn is thought to be beneficial to the psychosocial development of these children.

With regard to investigation of the relationships between family functioning and development of psychosocial maturity in children, limited prior studies have attempted to look into some traits of the construct of psychosocial maturity and have seldom taken this construct as a multi-faceted factor in nature. For example, researchers would like to emphasize on the single functioning of self-regulation or socially responsible behaviors in children's developments. Nevertheless, some useful implications could still be drawn from results of these studies. A study by Kim and Brody (2005) found that the beneficial effects of competence-promoting parenting on reducing adolescent externalizing and internalizing behaviors were indirect and mainly through its contribution to enhancing adolescent self-regulation. Moreover, adolescents who had higher levels of self-regulation demonstrated both lower levels of externalizing and internalizing symptoms in the study. In fact, some of their previous research also obtained similar results regarding the relationships between children's self-regulation and their social and psychological adjustment (Brody et al., 2002; Brody et al., 1996; Kim et al., 2003; Murry & Brody, 1999).

On the other hand, some studies have paid much attention to the role of self-control and its relation to children's developments. Overtly, the concept of self-control is much more overlapping with the construct of self-regulation rather than being distinctive in nature. Burt and her colleagues (2006) evinced that authoritative parenting was an independent contributor to changes in adolescents' self-control. According to them, these two variables were simultaneously predictive of child delinquent behaviors. Vazsonyi and Belliston (2007) recently reported consonant results from representative youth samples drawn from seven different countries. They

found that effective family processes and parenting behaviors were both predictive of self-control and deviance in youths, and self-control in turn acted as a significant contributor to lower youth deviance.

Besides linking the relationships between self-regulation and children's developments, existing literature points out that positive family functioning is thought to be beneficial to other traits of psychosocial maturity in children. By using multi-informant approach for avoiding method variance, Gunnoe et al. (1999) attested that adolescents who were raised by authoritative parents tended to be more socially responsible. In a more recent longitudinal study by Bohnert et al. (2007), their results showed that poor family relationships in seventh grade was predictive of adolescents' lower self-worth and more negative cognitions in eighth grade, and negative cognitions in eighth grade in turn contributed to less participation in organized and constructive after-school activities. In fact, consistent relationships between negative family functioning and poor cognitive and psychosocial developments in children have also been demonstrated in other studies (Bennett et al., 2005; Brody et al., 1996; Brody & Flor, 1998; Cleveland et al., 2005; Goodman et al., 1994; Ma et al., 2007; McCloskey et al., 1995). Moreover, Schwartz and Finley (2006) investigated the effects of nurturant fathering and paternal involvement on current psychological functioning of college students who came from three different types of family background, namely adoptive, adoptive-stepfather, and nonadoptive-stepfather families respectively. They found that students with adoptive family background significantly had better psychosocial functioning in terms of higher self-esteem, life-satisfaction and future orientation, because this type of families showed the highest levels of nurturant fathering and paternal involvement compared to the other

two types of family background.

Recently, Ma and his colleagues (2007) reported the contributory effects of positive family environment, such as sense of cohesiveness, on adolescents' endorsement of prosocial orientation. In addition, research also indicated that competence-promoting parenting might confer protective effects to prevent children's development of depressive symptoms and emotional difficulties from highly disorganized neighborhood contexts. The function of these protective effects was mainly reliant on enhancement in cognitive capacity and maturity in children, which would become a mediator linking the relationship between family socialization environments and children's developmental outcomes (Natsuaki et al., 2007). These researchers thought that living in highly disorganized neighborhoods might cause residents to feel their life beyond control; however, competence-promoting parenting practices, such as parents' engagement in inductive reasoning, "would nurture children's skills to evaluate the situation, which may help to restore a sense of control and overcome feeling of powerlessness and uncertainty (p.172)."

In the similar vein, after investigating about the mediating effects of cognitive characteristics on the relationships between parenting behaviors and subsequent substance use in a sample of 714 African American adolescents, Cleveland et al. (2005) reported in their panel study that competence-promoting parenting practices were significantly and negatively related to substance use in the adolescents five years later. This association was mainly indirect and was through effects of parenting behaviors on adolescent cognitive developments, such as development of negative risk image of substance users and less behavioral susceptibility. Furthermore, the

results held significantly even after controlling for several individual- and contextual-level covariates, such as parent's own substance use problem, neighborhood disorganizations and children's risk-taking tendency. Taken together, existing studies from time to time commonly evidenced the salutary contributions of effective family functioning in the form of both positive family processes and competence-promoting parenting practices to the better development of various elements of psychosocial maturity in children.

Not until recently, literature has begun to examine psychosocial maturity as a multi-faceted latent construct and explored its relationships to various developmental outcomes in children and youths. In a study conducted by Mantzicopoulos and Oh-Hwang (1998), the results attested that differences in parenting style were influential to the extent of psychosocial maturity in a sample of high school Korean and American students, in which students raised by authoritative parents, compared to those from authoritarian, permissive and neglectful household backgrounds, had significantly higher psychosocial maturity assessed by the Psychosocial Maturity Inventory (Form D). The results remained significant after adjusting for ethnic group membership. An earlier study by Steinberg et al. (1989) also showed that authoritative parenting was a substantial predictor of psychosocial development in adolescents (the construct of psychosocial maturity was also measured by PMI-Form D), which in turn became an important contributor to differentiate academic success in the youth participants. These results are thought to be with tenacity as they were net of the influences ascribing to family SES and prior academic ability.

More than that, Kogan and his colleagues (2005) recently created a latent factor

(comprising of the indicators of optimism, positive self-concept and conventional goals for the future) called 'Positive Life Orientation (PLO).' It is a construct more tallying to the streaks of psychosocial maturity. In their research, the PLO was revealed as a significant mediator between the negative relationships of parent-child relationships quality and substance use in adolescents. A recent study conducted by Fischer et al. (2007) also supported the significant relationships between parental problem behaviors, emotion regulation, psychosocial maturity and alcohol abuse in a sample of college students. In this study, psychosocial maturity as a latent construct, comprising of identity commitment, purpose, competence and integrity, was found to be a significant mediator linking parental problem behaviors and parents' alcohol misuse problems to their college's children's alcohol abuse. The results remained significant even after taking demographic covariates into account. Obviously, we expect that there are existing relationships among family functioning, psychosocial maturity, and child developmental outcomes. However, prior literature has scarcely investigated into the interplay of these relationships, specifically that focusing on the mediating effect of psychosocial maturity on the association between family functioning and children's developments.

2.1.4 Children's Psychosocial Maturity and Child Development

Extant limited research has reported that children with both internalizing and externalizing symptoms would be those who are more likely characterized by immature psychosocial developments and a negative sense of self (Brody et al., 2002; Colwell et al., 2005; Galambos & Tilton-Weaver, 2000; Jacobs et al., 2004; Simons et al., 2007). According to the perspective of self-referent cognitions (Harter, 1989;

Harter et al., 2003; Ryan et al., 1987) and the theory of the cognitive-affective processing system (Mischel, 2004; Simon et al., 2007), psychosocial strengths and the concept of self may affect how a person judges his identity and role in the world and the ways that he is going to interpret and respond to social events and relationships in the environmental context he is dwelling in. Based on these assumptions, psychosocially immature children and youths might tend to take more negative and maladaptive views with 'short-termed rationality' to judge and interpret his social identity, interpersonal relationships, and secular things around him, which would most likely induce both psychological and behavioral problems (Baumeister & Sher, 1988; Hirschi, 1994; Jacobs et al., 2004; Kokkonen et al., 2001; Valiente et al., 2007; Simons et al., 2007). Recently, Brody and his colleagues (2005) discovered that young adolescents who were raised by parents through using involved-supportive parenting practices would be less likely to adopt camouflaging self-presentational styles and concern about peer acceptance. According to Brody and his colleagues (2005), camouflaging self-presentational styles and concern about peer acceptance are two risk mediators directly responsible for the developments of externalizing and internalizing symptoms in these children.

Manifestly, past literature has paid substantial emphasis on how self-regulation in children, one of the major component characteristics of psychosocial maturity, affected their psychological and behavioral problems. Simons and his colleagues (2007) recently found that, besides the importance of adolescent self-control, other psychosocial characteristics, such as hostile views of social relationships, feelings of anger/frustration, commitment to conventional goals and norms, as well as (un)acceptance of deviant values, also had significant and unique effects on youth

conduct problems. Nonetheless the above-mentioned indicators of psychosocial maturity were only examined by these researchers separately and were not taken as a latent construct. More notably in this study is that although the above-mentioned elements of psychosocial maturity are derived from different theories, such as general theory of crime, general strain theory, coercion theory, attachment theory, social learning theory and so on, these researchers deemed these theories as complementary in nature rather than mutually competing in fashion.

Something less disputable is that psychosocial maturity should be viewed as a multifaceted construct consisting of at least several important indicators. These indicators may include positive sense of self, self-regulatory capacity, positive future orientation, and perspective taking. It is thought that self-regulation is an ability to control one's attention, emotions and behaviors. Self-regulation has been related to concepts of resiliency and control (Baldwin et al., 1990). If children are unable to regulate their attention and behaviors in a planful manner, like becoming frustrated and angry easily, they may have low levels of social and psychological competence and would be more likely to engage in risk behaviors (Compas, 1987; Hinshaw et al., 1997; Werner & Smith, 1992). Another indicator of psychosocial maturity, positive future orientation, refers to one's capacity to consider the future consequence from his current actions; as a result, he may believe certain behavioral choices and attitudes more worthwhile because of long-term desirable repercussions and future benefits, even at the cost of instant undesirability (DeVolder & Lens, 1982; Horstmanshof & Zimitat, 2007; Kerpelman & Mosher, 2004; Zaleski, 1992).

Moreover, an individual with a positive identity may place constructive values on

the self. This person would find an appropriate position in the world and has higher expectations for himself, which may in turn lead him to use his time in a better way and involve in organized social activities in more constructively (Cutler, 1999; Jacobs et al., 2004; King et al., 1993). For perspectives taking, it refers an individual's tendency to consider another person's point of view and sympathetic feelings for those with misery (Davis, 1996; Schultz, 2000). The characteristics addressed above are considered to be formative indicators of psychosocial maturity in children in this study.

In order to examine the relationship of the General Theory of Low Self-Control to delinquent acts in a group of African American adolescents, Burt and her colleagues (2006) found that low self-control at wave one was the most robust predictor variable for youth delinquency at wave two, even after adjusting for initial levels of delinquency and socio-demographic traits at wave one. According to their explanations based on Hirschi and Gottfredson's (1993) thesis, individuals who are with low self-control tend to have behavioral choices governed by short-term rationality, which might render them prone to instant desires for gratification, less concern for long-term consequences, as well as lack of persistence for reaching goals. These mentioned individual streaks in relation to self-control may make a child more susceptible to maladjustment socially and psychologically (Brody et al., 1996; Vazsonyi & Belliston, 2007). In addition, Perrone et al. (2004), based on a national representative sample of youths, found that low self-control was a significant contributor to deviant behaviors. These findings were held after adjusting for age, race, gender, family structure and income, as well as parental efficacy. Brody and his colleagues (2002) also obtained significant positive effects of self-regulatory capacity

on cognitive and social competences, as well as psychological adjustments in a representative sample of young adolescents.

The relationship between the future orientation of a child and his psychosocial development is debatable based on past studies. On the one hand, Strathman and his colleagues (1994) conducted an experimental study and pointed out that athlete participants with high consideration of future consequence (CFC) might take more positive attitudes toward their failure of the race and they might tend to think that they had at least gained some experiences useful from their current failure than their counterparts with low CFC. In experiment 2 of the same study, they found that CFC significantly predicted several environmental and health behaviors as well as a sense of hope, optimism and conscientiousness. On the other hand, however, a study by Wills et al. (2001) found a negative relationship between positive future orientation and early-onset of substance use in a sample of 454 young adolescents. It is anticipated that time perspective may be influential to behavioral choices and emotional responses through functioning of a primary set of cognitive and psychological processes within the temporal frame of the present and future, which may in turn lead to different behavioral and emotional outcomes (Zimbardo et al., 1997). In fact, literature also supported the evidence that higher future orientation was related to a wide range of positive adolescent outcomes, such as self-regulation, positive identity development, social competence and responsibility (Kerpelman & Pittman, 2001; Nurmi, 1993). Hence, the interrelatedness of these indicators pertinent to psychosocial maturity denotes the necessity to treat psychosocial maturity as a multifaceted latent factor.

For the relationship between a positive sense of self-identity and developmental outcomes in children, relevant research showed that individuals with positive self-perception might use their time in more constructive ways, had higher prosocial as well as less problem behaviors (Kivel, 1998; Jacobs et al., 2004). Research also pointed out that global self-worth and legitimately high self-concept were related to less negative affectivity and depressive severity (Ryan et al., 1987; Harter & Whitesell, 2003). In a recent study of Pacer et al. (2007), they attempted to distinguish youths who were with both high levels of participation in a variety of political and community activities (the Activists) and youths who were with high levels of involvement in community activities solely (the Helpers) to those youths who were uninvolved in any political and social activities (the Un-involved) as well as those youths who only responded to but not initiated in activity (the Responders). The results showed that both activists and helpers had more advanced identity development in term of self-esteem and better adjustment than youths of the latter two groups.

Research to date about the effects of perspective-taking/ consideration of others' point of views on developmental outcomes in children has not received substantial attention. A study by Baston and his colleagues (1997) showed that perspective-taking in a sample of undergraduate students might produce sense of empathy toward others and would expedite altruistic motivation. More recently, Galinsky et al., (2005) suggested that perspective-taking, by cognitive processes through self-other overlap, would have beneficial effects on enhancing social bonds and coordination of behaviors with others, and it would also reduce prejudice and stereotyping of others. These researchers also regarded that perspective-taking could be an engine of social

harmony. Another recent study by Sevillano et al. (2007) reported that perspective-taking might give rise to increased biospheric environmental concerns. Taken together, the above-reviewed literature reckons that perspective-taking is consistently predictive of prosocial orientation and health behaviors in children and youths. It is evidenced in prior studies that prosocial orientation and behaviors, on the one hand, were reversely related to antisocial acts and poor personal temperaments, and, on the other hand, were positively predictive of social and psychological adjustment (Chen et al. 2002; Ma et al., 2007).

Several studies have attempted to consider psychosocial maturity as a multifaceted latent construct and investigated its effects on various developmental outcomes in children and youths. Cauffman and Steinberg (2000) explored the relationship between psychosocial maturity and behavioral choices in term of antisocial inclination. The thesis of this study was that, based on the behavioral decision theory, psychosocially mature children and youths ‘ought to know better’ and should have more mature decision-making and behavioral choices. The psychosocial maturity construct in their study was comprised of three indicators, namely responsibility, perspective taking and temperance. The researchers thought that these three components were neither mutually exclusive nor purely cognitive or psychological in nature. This assumption is reliant on the postulate that an individual’s capability to consider the long-term consequences of their behavioral choices and actions would be characteristic of the combination of both cognitive and psychological traits. Resultantly, their study found that adolescent antisocial decision-making was more strongly influenced by the extent of their psychosocial maturity rather than age effect of these youth participants.

The results of a study by Mantzicopoulos et al. (1998) also showed that psychosocial maturity, a combination of identity commitment, purpose, competence and integrity, was a robust negative predictor of alcohol misuse in a sample of female college students. The result was held significantly even after controlling for parents' own and alcohol misuse problems, emotional regulation, age and ethnicity in the SEM model. Galambos and Tilton-Weaver (2000) also found that, compared to those psychosocially mature youths, adultoid adolescents who were characteristic of low psychosocial maturity would be more prone of assuming risk behaviors as well as having higher levels of mental health problems and parent-child conflicts. Hence, it is believed that psychosocial maturity is a latent construct that could be predictive of various developmental outcomes in children and adolescents. For this, Cauffman and Steinberg (2000) mentioned that

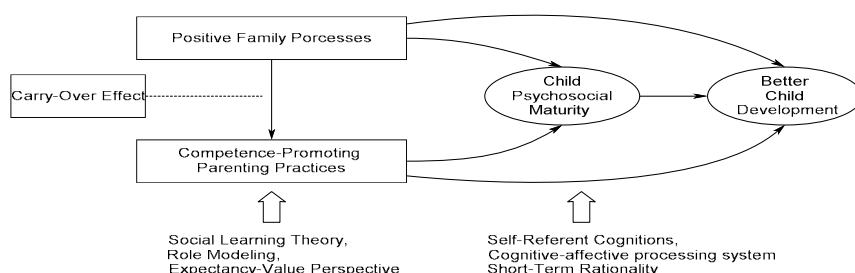
“Indeed, psychologically mature 13-year-olds demonstrate less antisocial decision-making than psychosocially immature adults (p. 757).”

2.1.5 Section Summary

Taken together from the section discussed above, family functioning is a pivotal socialization process proximally influencing children's developmental outcomes. According to the carry-over thesis, good family functioning in this study is treated to consist of positive family processes and competency parenting practices, in which positive family processes spill over to enhance competence-promoting parenting

practices. Moreover, both positive family processes and competence-promoting parenting practices are thought to have salutary effects on various developmental outcomes as well as psychosocial maturity in children, which are consonant with the social learning theory, role modeling perspective, and expectancy-value model, aforementioned. In addition, recent evidence in literature showed that the effects of family processes and parenting practices on child developments were at least partially mediated by the development of psychosocial maturity in children that is considered to be a direct function of family processes and parenting practices. This is in tandem with the perspective of self-referent cognitions, cognitive-affective processing system theory, and short-term rationality, with respect to which psychosocially mature children are more responsible and planful but less short-sighted. It is for these reasons that they may have less developmental problems. Hence, it is noteworthy for us to investigate the effects of positive family processes and parenting practices on children's developments respectively, through which psychosocial maturity in children may act as a mediator linking the relationships. For depicting the relationships clearer, diagram 2 portrays the effects of positive family processes and competence-promoting parenting practices on children's developmental outcomes through the mediators of child psychosocial maturity.

Diagram 2. The Relationship between Positive Family Functioning and Child Development



2.2 Parental Religious Involvement and Family Functioning

It is well accepted that effective and good family functioning in terms of positive family processes and competent-promoting parenting practices can facilitate various positive developmental outcomes in children despite economic and other contextual adversities (Klein & Forehand, 2000; Mahoney & Tarakeshwar, 2005). Christian religion has been found to associate with multiple salutary factors that may enhance family resilience and relationship quality (Dollahite et al., 2004; Mahoney, 2005). Religious involvement of Christianity could protect the sanctity and importance of the family realm, provide clear norms and behavioral guidelines for family members, and facilitate a parental support system (Shor, 1998; Mahoney, 2001), which may directly be related to the concept of family strengths and resilience. Williams and his colleagues (1985) referred a family with strengths and resilience should possess those relationship qualities and behavioral patterns characteristic of mutual support, caring, acceptance, concern for the needs of other members, as well as willingness to self-sacrifice for the the well-being of the family, which may indirectly create a sense of positive family identity, promote satisfying and fulfilling relationship quality among family members, encourage the development of the potential of the family group and individual family members, and contribute to the family's ability to deal effectively with stress and crisis.

Although social scientists have not directly paid attention on how Christian religious involvement is linked to family resilience and strengths, certain studies consistently reported that more religious involvement was related to more positivity in family processes and parenting practices (Brody et al., 1994; Mahoney et al., 2001,

2003; Smith, 2003)¹, which are important indicators of family strengths and resilience. In Pearce and Axinn's (1998) longitudinal study, the quality of mother-child interactions varied as a function of the mother's religious involvement in terms of self-rated importance of religion and church attendance. Moreover, research also showed that maternal religiousness was predictive of competence-promoting parenting, in the form of using no nonsense and consistent parenting and having more parental involvement (Brody & Flor, 1998). It is thought that religious involvement in Christianity is useful in enhancing positive family processes and competence-promoting parenting practices.

Based on the social role theory (Cherlin, 1992) and belief-based theory (Maio et al., 2006), as well as social cognitive theory (Howard & Renfrow, 2006; Sheeha et al., 1993), one's attitudinal dispositions and behavioral choices are profoundly influenced by the beliefs, value orientations, and meaning systems that one is holding. In fact, these ideological expectations and cognitive experiences are attitudinal and behavioral basis of the actor. In this sense, religious involvement would confer parents with clear guidelines, duties and role models on how to raise their children in an appropriate, constructive as well as socially normative way (Cherlin, 1992; Mahoney & Tarakeshwar, 2005). As such, parents' religious involvement would provide them with a cognitive framework on how to subserve their parental role and family socialization tasks. In this section, I would review the effects of religious involvement on enhancing positive family processes and competence-promoting parenting respectively.

¹ Christian religious involvement or Christian religiosity refers to religious involvement or religiousness in the later parts of this study for simplicity purpose. In fact, previous research studies have adopted these terms inter-changeably purposively to indicate the extent of a coreligionist engages in his/ her faith (Yeung & Chan, 2007; Yeung et al., 2010).

2.2.1 Effects on Family Processes

Religious involvement is beneficial to positive family processes, such as increased intimate relationships among family members and heightened constructive family interactions. Christian traditions and values disseminate many teachings advocating cognition and behaviors that are likely to facilitate beneficial marital and family functioning (Dollahite et al., 2004; Mahoney, 2001). These theological stances include the importance of acknowledging one's own weaknesses and limitations, accepting and forgiving others, being sexually monogamous, being unselfish and making personal sacrifices as a symbolic means through which to experience God's love and grace (Giblin, 1993; Mahoney et al., 1999; Mahoney, 2001). In conventional Christian circles alike, marriage and family are viewed as a sacred encounter in which transcendental love and grace is experienced (Brody et al., 1994; Dollahite et al., 2004; Roccas, 2005). Alternatively, Christians describe God as a third person in marriage and family process, a personified being whose purposes are intimately connected to marriage and family, and their developmental history (Butler & Harper, 1994; Mahoney et al., 2003).

Religious teachings, value beliefs and practices provide family members with substantive guidelines about desirable parameters of life, grounded in rituals and myths that are interwoven with convictions about transcendental phenomena (Baucom, 2001; Mahoney, 2005). Thus, the substantive messages propagated by religion on the interplay between the spiritual realm and family relations should be taken seriously because such messages may powerfully affect the content and frequency of

conflicting family interactions and communications as well as their resolutions (Marks, 2006; Roccas, 2005). Two types of substantive messages could be found in Christian worldviews. One involves constructs, such as personal commitment and devotion, which are recommended by Christianity based on theological rationales, yet may also be promoted by non-religious social systems of meaning. Religious involvement could greatly ameliorate conflict about a given topic because family members share deeply held religious values on the issue. The second type of substantive messages concretely emphasized by Christianity involves constructs, such as the sanctification of marriage and family processes (Mahoney et al., 2003), which are unique to the religious system of meaning in Christianity, because they articulate interpersonal goals and processes pertaining to transcendental phenomena. Therefore, it is rational that commitment to the family and sanctification of family may become important sources to undergird positive family processes.

On the other hand, Christian literatures encourage individuals who encounter marital and family conflicts to engage in self-scrutiny, acknowledging one's own mistakes, relinquish fears of rejection and disclose vulnerabilities, forgive transgressions, inhibit expressions of anger, and be patient, loving and kind (Giblin, 1993; Stanley et al., 1998; Fincham & Bradbury, 1991). Research showed that married couples' reports of having religious involvement and perceiving their marital and family relationships as having spiritual meaning were linked with higher self-reported collaboration during marital and family disagreements (Goodman & Dollahite, 2006; Mahoney et al., 1999). Moreover, couples' higher ratings of general religiousness predicted more adaptive communication patterns (Dollahite et al., 2004; Rotz et al., 1993). Other research also demonstrated that religious involvement of parents might

discourage family violence (Ellison & Anderson, 2001; Mahoney, 2005). In fact, these protective effects of religious involvement on family processes persisted even after controlling for a number of psychological mediators, such as social support, alcohol and substance abuse and self-esteem, as well as depression among couples and parents (Ellison and Anderson, 2001). Hence, it is predicted that religious involvement may buffer family members from conflict and disagreement by providing them with a common set of value beliefs rooted in a religious system of meaning. As such, it is expected that religious involvement of parents is contributory to promoting positive family processes (Baucom, 2001; Mahoney, 2001; Sherkat & Ellison, 1999).

More than that some social scientists have discussed how couples would triangulate God into their marital and family relationships when family conflict emerged (Giblin, 1993; Pattison, 1982; Rotz et al., 1993). An insightful delineation of how couples' interpretations of God's role as a third person in the marriage and family realm could act as a robust buffering mechanism to help to resolve conflict and disagreement among family members and promote harmonious family processes (Dollahite et al., 2004; Mahoney et al., 2003). First, God would be seen as being intensely interested in maintaining a compassionate relationship among family members. Second, God would act as a mediator with a neutral stance about each side of the story if family disagreement emerges. Third, God would insist that every family member should be responsible for improving the conflicting and hostile relations instead of blaming each other. Therefore, family members, especially for religious parents who view God in this way, would be more able to tolerate the flaws and mistakes of others in the family and less likely to resort to destructive ways to resolve family problems. In addition, other forms of positive religious behaviors would be

also conducive to maintaining positive family processes, such as resort to prayer for resolution of family problems and benevolent reappraisals of other family members' mistakes (Pargament, 1997; Butler et al., 2002).

Moreover, sacred parent-child relationship is another essential core part to construct positive family processes. Parental religious involvement may help to impart spiritual meaning into the parent-child relationship that is not stressed in secular circles. Thus parent-child relationship can serve unique religious purposes. For example, Christian religion encourages parents to view their children as divine and holy gifts from God that need to be treasured. In sum, parents are expected to foster their children's connection to the divine and facilitate the development of their spirituality and religious identity (Wallace, 1986; Regnerus, 2003). Christianity also portrays the burdens and pleasures of parenting as opportunities to model and deepen one's own understanding of God's love, patience, and commitment (Abbot et al., 1990; Mahoney, 2005), which in turn would be the cornerstone to establish harmonious family relationships and cohesive parent-child interactions. Research revealed that parents of children with autism and other developmental disabilities tended to imbue the parenting role with spiritual meaning, which could make them become more devoted and caring toward their children, and reduced the probability of incurring abusive behaviors (Murray-Swank et al., 2006; Mahoney et al., 2001; King & Elder, 1999; Miltiades & Pruchno, 2002). Related studies also showed that more religiousness among family members was linked to more family cohesiveness during observed family interactions (Brody, et al., 1996; Abbot et al., 1990). Besides, greater importance of religious involvement to parents appeared to facilitate better co-parenting practices between married couples (Brody et al., 1994).

Furthermore, many families with religious involvement may turn to their value beliefs for guidelines about the appropriate parameters of parent-child relationships. For instance, Christian traditions and values often emphasize on parents' spiritual duty to achieve certain socialization goals, such as fostering a sense of respect in children toward authority figures, encouraging self-discipline and self-esteem, imparting prosocial values and prohibiting antisocial behaviors (Bartkowski and Ellison, 1995; Mahoney et al., 2001; Wilcox, 1998). Moreover, religious involvement may send messages that parents have a sacred duty to reveal God's love and compassion to children by their example of love and devotion to the family. In addition, couples are encouraged to view themselves as co-creators of children with God and need to work together to raise their children in a nurturing family atmosphere, which could ensure the healthy growth of their children. Therefore, the substantive content of religious beliefs among parents may influence their benevolent reframing their children's misconduct; such reappraisals may short-circuit hostile parent-child interactions and would heal up the broken family relationships quickly (Abbot, 1990; Wilcox, 1998). In Christianity, parents are encouraged to become a source of unconditional love toward their children, trusting that God is doing the work through them by assigning them the role as parents. All these propositions mentioned above, thereby, could free parents from pressure to distort their identities (Murray-Swank et al., 2006).

Recently, research revealed that adolescent mothers and their children were at risk for a variety of adverse developmental outcomes due to their living in undesirable conditions, many of these families with religious involvement could demonstrate resilience even in the situation of confronting with personal and contextual risks

(Carothers et al., 2005). In the study, maternal religiosity played an important role in maintaining positive family processes. In a 23-year longitudinal study by Pearce and Axinn (1998), mothers' church participation had a positive effect on mother-child relationship quality when the child was 23 years old. The finding was consistent across time, mothers' religious participation at several time points across the life course had a positive effect on their relationship quality with their 23 year-old children. The findings of this study demonstrated that if a mother became more religious over the first 18 years of her child's life, enhanced mother-child relationship quality would occur subsequently. And these results persisted significantly even when controlling for maternal religious participation before the child was born. However, much of the total impact of religious involvement influencing the mother-child relationship quality was through the importance of religion placed on the mothers' perception. Hence, Pearce and Axinn (1998) regarded that religious attendance might not influence the mother-child relationship directly, unless the salience of religion in the mothers' life. This proposition can lend us implications that private dimension of religiosity, such as intrinsic religiosity and positive religious coping, would be more robust than that of public religiosity in influencing human attitudes and behaviors (Yeung et al., 2009; Yeung et al., 2010).

Another beneficial factor of religious involvement to enhance positive family processes is the 'sanctification of family processes'. Sanctification can be defined as a psychological process through which aspects of life are perceived by people as having spiritual character and significance (Mahoney et al., 1999; Murray-Swank et al., 2005). This process is labeled as 'sacred qualities' (Mahoney et al., 1999; Murray-Swank et al., 2006). If family members view their family processes as sanctified, they may

believe that the domain of family is a holy gift, which could provide a sense of good fortune and joy. Furthermore, members may feel more secure about family relationships and interactions that are imbued with sacred qualities. This sense of sacredness may confer family members' confidence to experience less anxiety about family relationships by relying on religious values, norms, and teachings (Dollahite et al., 2004). Through the process of sanctification of family processes, family members will work harder to protect family relationships and fulfill the needs of other members (Baucom, 2001; Mahoney, 2005). For avoiding the loss of sanctified family relationships, family members are more willing to invest more time, energy and resources in these bonds. For this, family members may tend to lend personal sacrifices for the benefit of family processes, forgive transgressions by other family members, accept personality differences among each others and minimize family conflicts, as well as employ constructive ways to resolve disagreements (Brody et al., 1996; Mahoney et al., 2003).

In addition, religious involvement could affect family processes at both intra-individual and inter-individual levels (Mahoney et al., 2003; Mahoney & Tarakeshwar, 2005). At the intra-individual level, religious beliefs could affect family members' attentional processes. Apparently, Christian tradition promotes prosocial attitudes, such as love, forgiveness, concern for the needs of others, and avoidance of judging others, all of which are capable of diverting family members to attend to positive cues from other family members and choose to filter out negative ones. Religious involvement may influence judgmental processes through attributional means. People of religious involvement may be more inclined to attribute other family members' intrusive behaviors to situational rather than personal characteristics.

Literature suggested that situational attributions are less likely than personal characteristics to provoke negative emotionality during disputes (Fincham & Bradbury, 1987; Johnston & Miles, 2007). Thus, family cohesion is enhanced because family members are less likely to render negative judgments during disagreements and conflicts. Thus, withholding of judgments may facilitate the negotiation of family problems. Moreover, at the interpersonal level, religious involvement may promote open discussion of disagreements and dissatisfactions without the reciprocation of negative and hostile behaviors, thus avoiding coercive and aggressive exchanges that would undermine family relationships (Abbot et al., 1990; Mahoney, 2005).

In sum, parents' religious involvement may beget elements that are directly salutary to enhance family strengths and resilience. These elements include viewing marriage as a sacred encounter, promotion of acceptance and commitment, sanctification of family relationship, offspring as the holy gift from God, and espousal of unconditional love and self-sacrifice, which all may contribute to positive family processes (Bernard, 2003; Goodman & Dollahite, 2006; Mahoney, 2005; Yeung et al., 2007). As such, interpersonal warmth, life commitment, willingness to sacrifice for benefits of other family members, and feelings of cohesiveness among each others in the family realm could be enhanced by religious involvement, in which family processes are thought to be more positive and effective.

2.2.2 Effects on Parenting Practices

For the effect of parental religious involvement on parenting practices, extant research consistently proved that parents with religious involvement would show heightened

competence-promoting practices², such as higher parental involvement, warmth and proper discipline, as well as consistent parenting (Brody et al., 1994; Simons et al., 2005; Steinberg et al., 1992). Relevant studies regarding parenting of adolescents often demonstrated similar findings. Parental religiousness was often predictive of effective parenting behaviors toward children (Cain, 2007; Gunnoe et al., 1999; Pearce & Axinn, 1998). Although there does not exist a clearly defined mechanism that explicitly states the relationship between parental religious involvement and competence-promoting parenting practices, the beneficial effect of parental religiousness on competence-promoting parenting practices has been generally accepted and supported by social scientists in religious research (Brody et al., 1996; Dollahite et al., 2004; Mahoney et al., 2003).

One possible explanation is the ‘sanctification of parent-child relationships’. As mentioned before, it is a cognitive and psychological process through which aspects of life are perceived by people as having spiritual character and significance. If parents viewed their relationships and interactions with their children as spiritual or sanctified, it is inferred that parents would be more likely to adopt and engage in positive parenting behaviors (Mahoney et al., 2003). In other words, more sanctification of the parent-child relationships fueled up by parental religious involvement would be associated with better parenting. In Gunnoe’s et al. (1999) study, parents’ religious involvement facilitated competence-promoting parenting practices, which in turn led to better social adjustment of their youth children. In this study, the robust association between parental religiousness and

² Different studies would like to adopt somewhat different terms to refer to competence-promoting parenting, e.g. authoritative parenting, effective parenting, positive parenting or appropriate parenting. However, no matter which terms are used in literature, those parenting practices under this coverage generally tend to characterize a parenting style that is both high in parental responsiveness and demandingness and is viewed to be beneficial to children’s developments.

competence-promoting parenting remained significant even after controlling for demographic and family characteristics.

Extended the discussion further, Weiselberg (1992) reckoned that within the belief system of Christianity, the family is the central unit for all members. Driven by the norms, values, and attitudes held by parents in this religious system, parenting practices are expected to be highly authoritative with clear executive function in relation to the child subsystem, which is a salient streak of the concept of family resilience and strengths. In fact, there are vivid teachings and instructions portrayed in the Bible in guiding parents how to perform their parental role in a responsible and adequate way. For example, in Psalms 127:3 says “See, sons are a heritage from the Lord; the fruit of the body is his reward.”, and in Deuteronomy 6:7 has “Teaching them to your children with all care, talking of them when you are at rest in your house or walking by the way, when you go to sleep and when you get up.” As such, parents with religious involvement may have clear spiritual guidelines on how to perform their parenting behaviors in competence-promoting nature, which is conducive to development of their children.

In a study by Snider and his colleagues (2004), parental religiousness was positively associated with each dimension of positive parenting practices, which include parental closeness, support, monitoring and acceptance. It is apparent that parents who were perceived to be more religious by their youth children in the study were deemed as more likely to perform effective parenting behaviors. As such, the authors concluded that parental religious involvement was positively associated with authoritative parenting. These results are consistent with the findings of previous

several studies suggesting that parental religious involvement was linked to more competence-promoting parenting practices (Gunnoe et al., 1999; Mahoney et al., 2001; Pearce & Axinn, 1998). Based on the studies reviewed above, it was overtly anticipated that religious parents might reckon their parenting role as an “assignment role from God”, so that they would be more likely to invest more time, resources and energy in their parental role and relationships with their children (Mahoney et al., 2001; Mahoney, & Tarakeshwar, 2005).

Existing research examining the relationships between parental religiousness and family functioning has also revealed implications of the ‘carry-over’ effect from positive family processes to competence-promoting parenting practices (Brody et al., 1994; Brody & Flor, 1997; Valiente et al., 2007). The thesis of carry-over effect means the function of something may spill over to influence the function of another thing. In a study by Brody et al. (1994), more maternal religiousness was found to be directly related to less inconsistent parenting behaviors and co-parenting conflict, as well as better marital quality among couples. In the study, the association between parental religiousness and parenting practices was significantly mediated through marital relationship quality and co-parenting skills. Apparently, this study demonstrated the ‘carry-over’ effect from religious involvement to effective parenting practices indirectly through the influence of positive family processes. Moreover, Valiente et al. (2007) found that chaotic family climates and interactions were directly and adversely contributory to both parenting practices and children’s cognitive and behavioral problems. In fact, the researchers of this study thought that undesirable family processes would undermine effective parenting behaviors through its exertions of fatigue and tension on parents. This proposition is consistent with the viewpoint

proposed by some social scientists about that parents living in home environment characteristic of poor family cohesion and relationships would be incapacitated to provide competence-promoting parenting practices to their offspring (Dollahite et al., 2004; Evans et al., 1999; Morris et al., 2007). Hence, it is inferred that positive family processes may be a prerequisite impetus to generate effective parenting practices, in which both positive family processes and competence-promoting parenting practices, although as two different family constructs, are both the core elements of family socialization concurrently contributing to children's psychosocial and behavioral developments.

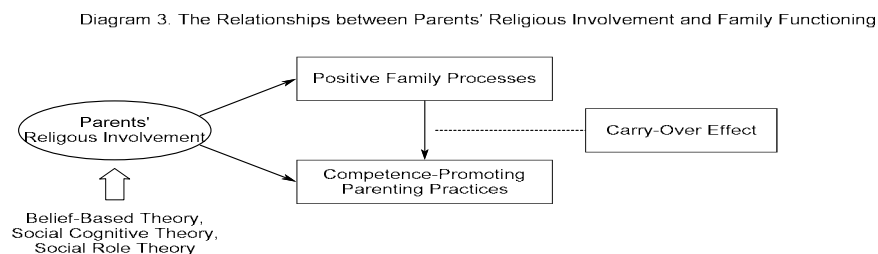
Manifestly, past studies have not yet apparently identified the thesis of the 'carry-over' effect from parental religious involvement to competence-promoting parenting practices through the mediating mechanism of positive family processes (Bynum & Brody, 2005; Carothers et al., 2005; Brody et al, 1996; Kim & Brody, 2005). However, a typical demonstration of this 'carry-over' effect is illustrated by a study conducted by Cummings and Davis (1994), in which it was found that supportive spousal and family relationships would set as the underlying and imperative stage for parents to employ competence-promoting parenting practices toward their children, while conflicts between couples might induce parents to use more negative and inconsistent parenting patterns. Other limited relevant research also revealed that open hostility and rancor between wives and husbands might bring about more negativity and less positivity in parenting behaviors (Cummings, 1987; Grych & Fincham, 1990). In addition, Brody et al. (1994) proved that better marital relationship quality, co-caregiver support and less co-caregiver conflicts between parents were significantly and consistently predictive of fewer inconsistent parenting

practices and more desirable parent-child relationship. Therefore, the literature addressed above could lend us an insight over that positive family processes would act as a stage to cultivate competence-promoting parenting practices. However, the thesis of the ‘carry-over’ effect regarding the beneficial effect of parental religious involvement on competence-promoting parenting practices through the function of positive family processes has been not yet received substantial attention in previous research, which is one of the main focuses in the present study.

All in all, it is reasonable to infer that parental religious involvement would have a direct positive effect on both positive family processes and competence-promoting parenting practices, in which positive family processes, based on the “carry-over thesis”, would beneficially contribute to competence-promoting parenting practices. Although prior studies have overlooked this subtle linkage, it is a focus worthy of us to do further investigation in order to comprehend the delicate nature of family research. Some social scientists have even reckoned that the positive impact of family processes on parenting practices would act like as a ‘spill-over’ phenomenon, in which constructive, harmonious and supportive family interactions and climates would become the underlying base to beget competence-promoting parenting practices (Cummings, 1987; Grych & Fincham, 1990). However, current social research has not yet paid adequate attention in the delicate relationships between parental religious involvement, family processes and competence-promoting parenting practices.

2.2.3 Section Summary

Taken together from the discussions addressed above, religious involvement may result in certain number of elements that are considered to constructively enhance both family processes and parenting practice. These elements include encouragement of personal commitment and self-sacrifice for the benefits of the family as a whole, sanctification of the family realm, self-scrutiny, triangulation of God in the family relationships, children as the holy gifts from God, emphasis of unconditional love, universal ethical and normative beliefs, and encouragement of raising children in prosocial and normative ways. This is consonant with the social role theory, social cognitive theory, and belief-based theory, in which religious involvement may furnish certain meaning systems and value orientations to parents that would in turn become their cognitive framework for how to perform their parental role and family socialization tasks. On the other hand, previous studies have generally overlooked the discernible nature of family processes and parenting practices respectively, in which the former is influential of the latter. For all these, it is hypothesized that parental religious involvement may have beneficial effects on the two family socialization constructs of positive family processes and competence-promoting parenting practices separately. Diagram 3 gives a graphical presentation of the relationships.



2.3 Parental Psychological Functioning and Family Functioning

Providing and maintaining effective family functioning to children are demanding tasks for parents (Cain & Combos-Orme, 2005; Mistry et al., 2008; Yeung et al., 2002). Individual psychological outlook of the parents may make a difference. In fact, the proposition of effects of parental psychological characteristics and differences in influencing family functioning is not something new. More than twenty years ago, Belsky (1984) has proposed the thesis regarding the likelihood of parental dispositional qualities that may act as a manifest variable in influencing parenting styles and child developments. However, research on how the effect of parental differences in psychological functioning, such as levels of depressive symptoms and optimism, on affecting family processes and parenting practices has long received limited attention. Nevertheless, parental psychological functioning is thought to be a robust maker of both family processes and parenting practices concurrently.

Albeit few, prior research may lend support to the above-mentioned proposition (Kim & Brody, 2005; Clark et al., 2000; Jones et al., 2002). Some studies pointed out that parents whose personal outlooks were more positive and optimistic would be more likely to use effective parenting practices and cultivate positive family processes for their children (Brody et al., 1994; Conger et al., 1994). Furthermore, optimism and depression are two essential personal factors to influence the psychological outlook of parents positively and negatively (Cummings et al., 2001; Jones et al., 2002; Kochanska et al., 2007; Kim & Brody, 2005; McLoyd & Wilson, 1992). It is apparent that psychological functioning of parents is imperatively influential to family processes and parenting behaviors. Relevant propositions arising from the family stress theory (McCubbin & Patterson, 1983), and the heuristic model of socialization

of emotion (Eisenberg et al., 1998), as well as stress-coping theory (Baumeister & Sher, 1988) would be helpful in explaining the positive association between parents' psychological health and family functioning. The common ground among these theories are related to the enabling/enfeebling mechanism of psychological status. Parents with positive psychological outlook may see those external challenges and difficulties in their living environment less threatening and overwhelming, and they would tend to adopt more positive coping strategies, being more sensitive and nurturant for the needs of their family members, as well as showing better adjustment. In other words, psychological health in parents would become individual internal resources to make difference in family functioning.

In response to the propositions related to the above-mentioned theories, research pointed out that negative psychological functioning or psychological distress in parents might incur negative emotionality, which in turn could enfeeble their capacity to maintain constructive family interactions and relationships with their children and spouses, and also would occasion them to perform less involved and nurturant parenting practices as well (Goodman & Gottlib, 1999; Shelton & Harold, 2008). Inversely, couples who were more optimistic and positive psychologically would appear to fare better in their family socialization tasks and parenting practices (Tein, Kochanska et al., 2007; Jones et al., 2002; Sandler & Zautra, 2000). For this, it is worthy for us to put more attention to explore how the mechanism of parental individual differences in psychological functioning influences family processes and parenting practices (Brody et al., 1996; Cummings et al., 2001; Goodman & Gottlib, 1999).

2.3.1 Parental Optimism and Family Functioning

Optimism is thought to be a generalized tendency to expect the occurrence of positive outcomes in the future (Seligman, 1991; Sethi & Seligman, 1993). Positive thinking is one of the main traits of optimism, which involves holding positive expectancies for one's future. A series of positive attitudinal predispositions are thought to be apparently triggered and influenced by individual's positive expectancies. Optimistic people will reckon good things that will generally occur in their lives (Conway et al., 2008; Lionel, 1995). When people anticipate desirable outcomes as attainable, they will carry on studiously in purpose for reaching these outcomes even the progress is manifestly strenuous. For this reason, parents with high optimism may possess some specific characteristics, such as increased self-esteem, lower depression and higher satisfaction of life, as well as a sense of hopefulness, which can help to maintain their mental health and positive attitudes in the family realm (Marshall, et al., 1992).

In Scheier and Carver's research (1985), participants with higher scores of optimism (LOT scores) were reported to have higher levels of internal control and self-esteem, and tended to be less depressive and hopeless. Besides, it is expected that optimistic parents may have higher adaptive capacity than pessimistic parents. They are fond of taking direct action to solve problems and adversities. In addition, they are more focused in positive coping efforts (Scheier & Carver, 1992). As such, optimistic individuals can be regarded as active problem-solvers, and may have a higher sense of social problem-solving confidence. Higher self-esteem and social problem-solving confidence are the two main components constituting optimism. According to another study, higher levels of social problem-solving ability was related to lower levels of

stress subsequently among a group of newly-enrolled undergraduate students who had just undergone their first stressful university semester (D' Zurilla and Sheedy, 1991). Moreover, Cheung and Kwok (1996) found that self-esteem was negatively related to conservative attitudes, which in turn might significantly lead to a sense of hopelessness. Taken together, stress and hopelessness are generally detrimental to an individual's perception of well-being and debilitate one's capacity to perform daily tasks competently. However, optimism can withstand negative emotionality and maintain a person's adjustment, hopefulness and positive coping, which are thought as important resources for parents to cultivate positive family processes and provide competence-promoting parenting.

More than that, parents' abilities to assess environment risks, draw on necessary psychological resources to adjust their family relationships, and maintain effective parenting are considered to be a function of their active and problem-focused coping behaviors. Parental optimism therefore is thought to be the source to well up active and positive coping. A longitudinal study of divorced mothers reported that maternal use of active coping was related to more consistent use of effective parenting practices, whereas adoption of avoidant coping was linked with inconsistent parenting behaviors (Tein, Sandler & Zautra, 2000). Another related study showed that mothers who employed active coping strategies to deal with limited income appeared to demonstrate more nurturant and involved parenting practices toward their children, which in turn led to less developmental problems in their children (Mcloyd & Wilson, 1992). In a recent longitudinal study, Kochanska et al. (2007) reported that lack of a sense of optimism in both the mothers and fathers would be a risk factor linking to less competence-promoting parenting practices, implicating that keeping an optimistic

outlook among parents is beneficial to undergird healthy developments of the family as a whole. Hence, it is inferred that parental optimism may be conducive to enhance family functioning.

More relevant, in Jones' et al. (2002) study, maternal optimism was related to competence-promoting parenting in the form of providing appropriate monitoring and keeping harmonious and supportive relationships with their children. The results remained significant even after controlling for family income and community risks, as well as adding maternal depressive symptoms as an intervening variable in the analyses. In another study, Murry and Brody (1999) found that maternal optimism, along with the incorporation of maternal religiosity, parental efficacy, educational attainment and marital status in the model, was one of the robust protective factors to facilitate children's positive developmental outcomes in terms of higher levels of self-regulation and self-worth. Furthermore, a recent longitudinal study by Brody, Murry and their colleagues (2002) showed that maternal psychological functioning in terms of high optimism and self-esteem as well as low depressive symptoms at wave one would act as a significant latent mediator predicting competence-promoting parenting at wave two subsequently. The results of this study were significant even after adjusting for maternal educational attainment and family per capita income. In addition, the study found that competence-promoting parenting at wave two was predictive of cognitive competence, social competence and deviant and inattentive behaviors in children at wave three through the mediating effects of child self-regulation. More than that, the researchers of this study adjusted children's developmental problems at wave one as baseline covariates, which might preclude an artifact of the results and make the findings more convincing.

Extended the discussion further, relevant research consistently tends to be consonant with proposition that that optimism was associated with feelings of self-worth, empathy and the ability to nurture others (Scheier & Carver, 1992; Sweeny et al., 2006). Accordingly, it is reasonable to grant that parents with an optimistic outlook are more likely to believe their ability to make a difference in family life. Thus, parental optimism is expected to be an important psychological resource contributing to better family functioning.

2.3.2 Parental Depression and Family Functioning

The negative effect of parental depression on family processes and parenting practices has received much more attention in literature than parental optimism (Brody & Flor, 1997; Brody et al., 2002; Cummings et al., 2000; Goodman & Gotlib, 1999). Depression is the polar opposite of mania (Styron, 1990). The mood of depressive people may be utterly dejected; their outlook appears to be hopeless. Such individuals may have lost interest in others, including their family members, and believe that they are sheer sinful or worthless. Hence, it is thought that, for depressive parents, they would be typically captured by a sense of despondency, worthlessness and hopelessness (Clark & Watson, 1991; Shelton & Harold, 2008). For this, it is reasonable to believe that parents with depressive symptoms may be debilitated for most domains with regard to the parental role and family tasks in that they need to perform, which is a result of their incapacitation by negative psychological functioning. In repercussion, inability of creating positive family processes and providing effective parenting would be more likely the consequence of depressive

parents (Kaslow et al., 1992; Shelton & Harold, 2000).

Prior research has provided robust evidence to prove the detrimental effects of parental depression on family processes and parenting practices. In a longitudinal study of Kim and Brody (2005), parental depression arisen from family contextual risks, such as financial strain, was the mediating variable to exert adverse impacts on constructive parenting practices. Moreover, other studies have shown that depressive mothers, compared to non-depressive psychiatric control and non-psychiatric controls, appeared to be less positive in interactions with their children, and use more punitive and hostile disciplinary strategies, as well as demonstrate frequent alternations between harsh-punitive parenting and excessive parental permissiveness toward their children (Cummings et al., 2001; Goodman & Gotlib, 1999; Kaslow et al., 1992). In addition, depressive symptoms in parents may hamper harmonious family interactions, spousal intimacy and parent-child relationships, all of which are indicative of poor family processes (Goodman & Gottib, 1999; Shelton & Harold, 2008). Research reported that African American parents who experienced more depressive symptoms had less supportive marital relationships and engaged in less co-parental cooperation to improve family functioning (McLoyd, 1990; Taylor, 2000). As such, social scientists generally agreed the detrimental effect of parental depression on family functioning. They deemed that family processes and parenting practices would be compromised if parents appeared to have more depressive symptoms (Goodman & Gotlib, 1999; Kochanska et al., 2007; Zahn-Waxler et al., 1990).

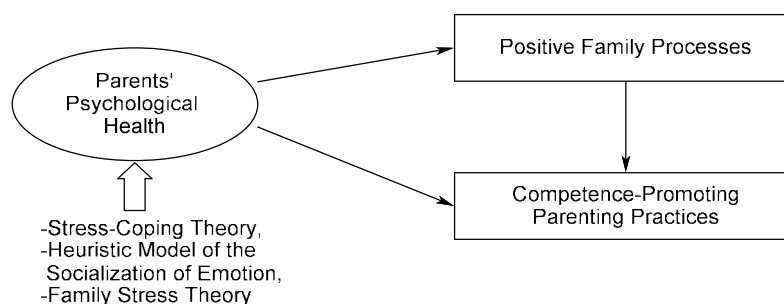
More than that, research tends to hold a consistent view that parents with depressive symptoms might have difficulty in nurturing and supporting their

children's needs and developmental opportunities (Goodman & Gotlib, 1999), and these parents would also adopt more hostile and aggressive parenting practices toward their offspring (Conger et al., 1995; Harnish et al., 1995). Other relevant studies revealed that single mothers who reported more depressive symptoms were less supportive and proactive toward their children (McLoyd, 1990; Taylor et al., 1991). Furthermore, depressive symptoms were found to be related to lack of parental involvement, poor communication and more hostility in family relationships (Brody & Flor, 1997; Brody et al., 2002; Cummings et al., 2000). It is thought that the inability of depressive parents in the cultivation of positive family process and provision of competence-promoting parenting practices are most probably arisen from their adjustment difficulties (Aschauer & Schlogelhofer, 2003). As a result, it is hypothesized that parental depression is detrimental to both family processes and parenting practices.

2.3.3 Section Summary

Taken together from the discussions above, parental psychological health in terms of more optimism and less depression would act as mental resources for them to strengthen their abilities to cultivate positive family processes and provide competence-promoting parenting practices concurrently in family. Consistent with the family stress theory, heuristic model of the socialization of emotion, as well as stress-coping theory, positive psychological outlook among parents may enable them to think those challenges and difficulties in the family more surmountable and less threatening, which in turn increase the likelihood of rendering better family socialization to their children. Diagram 4 sets out the relationship in follow.

Diagram 4. The relationship from Parental Psychological Health to Family Functioning



2.4 Religious Involvement and Parental Psychological Functioning

Religious involvement may not only have direct impacts on human behavioral outcomes, it is also profoundly influential of people's psychological statuses. Although there are a substantial number of social studies supporting the beneficial contribution of religious involvement to emotional, mental, behavioral as well as physical health in various populations, including the general public, patients of serious and chronic illnesses, college students, new immigrants, substances addicts, as well as marginal youths (Koenig et al., 2001; Park, 2007; Plante & Sherman, 2001), research to date regarding how religious involvement influences parents' psychological functioning has manifestly received limited attention (Bartkowski et al., 2008; Cain, 2007; Hill et al., 2008). In fact, it is not uncommon that people have a tendency to seek assistance from God or a Higher Power for hope, being cared for, a sense of belonging, help as well as meaning about life existence (Salsman & Carlson, 2005; Yeung & Chan, 2007). This is true even for the individuals who do not have formal religious affiliation will resort to some kinds of help-seeking behaviors while encountering adversities (Larson & Larson, 1994; Sorenson et al., 1995).

Recent studies showed that religious involvement might enhance psychological adjustment, subjective well-being, and life satisfaction and purpose, as well as physical health (Ellison & Anderson, 2001; French & Joseph, 1999; Harrison et al, 2001; Jang & Johnson, 2003; Murphy, 1999). More specifically, previous research consistently tended to attest the beneficial effects of religious involvement on various mental health outcomes (Ai, et al., 2002; Jang & Johnson, 2003; Koenig, 2006, 2007; Levin et al., 1996; Ross, 1990; Sherkat & Ellison, 1999; Yeung & Chan, 2007; Yeung et al., 2007). Relevant research indicated that people with religious involvement would have higher optimism and less depressive symptoms even when facing traumatic and stressful life situations (Ai, Peterson, & Huang 2003; Thomas & Sherman, 2001).

It is anticipated that religious involvement could engender an assumptive world to individuals (Frank and Frank, 1991; Salsman et al., 2005), which would bring about a meaning system in life. Specifically, this meaning system in life may lead believers to have a higher purpose in life by a set of ideas, values and principles (Frankl, 1984; George et al., 2002; Park, 2007). In the same vein, parents of religious involvement, along with these ideas, values and principles, may propel them to live a more positive and optimistic life even in situations of adversities and difficulties, which in turn would result in more favorable family functioning (Coulthard & Fitzgerald, 1999; Mahoney et al., 2003). Both the belief-based theory (Maio et al., 2006) and social cognitive perspective (Howard & Renfrow, 2006; Sheehka et al., 1993) indicate that a person's belief system and framework of normative values learned from past experiences may form an interpretative schema for the person to

interpret and decipher things and events encountered in external environment. The interpretation and decipherment one is holding would be powerfully influential of his or her psychological conditions.

The possible mechanism in linking up the positive relationship between religious involvement and psychological health in parents is that religious involvement may provide a sense of coherence, life purpose in higher order, as well as goals and directions for living by a meaning system uniquely begotten by the religious worldview, which would in turn enhance psychological health (Donahue & Nielsen, 2005; Plante & Sherman, 2001). A pertinent study by Steger and Frazier (2005) pointed out that religiosity was positively predictive of psychological health in terms of higher life satisfaction, self-esteem, and optimism, as well as sense of well-being, in which meaning in life played as a crucial mediator.

On the other hand, religiousness is a multi-faceted concept, although it can generally refer to an individual's adherence to a system of spiritual beliefs (Breakey, 2001). Moreover, in order to comprehend the extent to which religious involvement may influence a parent's psychological functioning and attitudinal propensities, it is necessary to grip how sturdy and robust a parent would rely and engage in her/his relationship with God/ a higher power in daily encounters (Donahue & Nielsen, 2005; Gillespire, 1998). In the present study, two indicators are considered adequate to tap on parental religious involvement. They are namely intrinsic religiousness and positive religious coping. The adoption of these two indicators to constitute a common factor of parental religious involvement is due to their concrete impacts on human mental and behavioral outcomes (Bryd et al., 2007; Breakey, 2001; Salsman & Carlon,

2005). Research recently reported that employment of positive religious coping was predictive of more optimistic outlook (Ai, Peterson & Huang, 2003), and positive religious coping could also remit psychological distress and promote mental health (Ai et al., 1998). In a panel study conducted by Pargament et al., (2002), positive religious coping was predictive of better mental health and cognitive functioning at follow-up 2 years later among a sample of 268 medically ill hospitalized elderly. The results were significantly tenable even after adjusting for demographic characteristics.

For intrinsic religiousness, many studies have attested its positive effect on enhancing psychological well-being. Research found that intrinsically religious individuals were less likely to experience depressive symptoms even after adjusting for income levels, health conditions, as well as education attainment (Salsman & Carlon, 2005; Breakey, 2001). In comparing the public dimension of religiousness with that of private dimension, public religiousness was found to have no or even a negative effect on psychological health (Genia & Shaw, 1991; Tapanya et al., 1997; Thomas & Sherman, 2001). Salsman and his colleagues (2005) found that extrinsic religiousness was not related to any mental health variables, such as optimism, psychological distress and life satisfaction, but intrinsic religiousness and private prayer fulfillment significantly were. Interestingly, intrinsic religiousness and prayer fulfillment were religious variables substantially and positively interrelated ($r = .62$) in their study. Furthermore, Lawrencelle et al. (2002) pointed out that intrinsically religious college students, compared to their counterparts, were less likely to manifest pathological behaviors and possess pathological traits. In fact, these participants in the study appeared to have higher levels of ego and superego strength. As such, the two religious indicators, namely positive religious coping and intrinsic religiousness, are

thought to be adequate to form the measure of religiosity in predicting various emotional and behavioral outcomes in parents (Donahue & Nielsen, 2005; Salsman & Carlon, 2005).

Nonetheless, up to now there exists no “gold standard” within the literature regarding for how to appropriately define religious involvement or religiousness in a comprehensive fashion (Salsman & Carlon, 2005). In the present study, based on the implications of prior religious research reviewed, it is considered adequate to form a latent religious construct by adopting intrinsic religiousness and positive religious coping as the indicators to tap on parental religious involvement (Good, & Willoughby, 2006; Levin, et al., 1996; Plante & Boccascini, 1997; Salsman, et al., 2005).

2.4.1 Religious Involvement and Parental Optimism

Obviously, there have been inadequate studies on investigating how religious involvement contributes to parents’ optimism which is considered as an important psychological factor leading to positive family processes and effective parenting. Although we do know religiousness could enhance optimism in other populations, such as patients with chronic illnesses and the elderly, research regarding the association between religious involvement and parental optimism is limited. Nevertheless, it is generally accepted that religiousness may enhance people’s optimism and a sense of hopefulness, which can in turn contribute to lower psychological distress and anxiety while encountering adversities (Aranda, 2007; Lepore & Evans, 1996; Yeung & Chan, 2007). In fact, religiousness is a resource of mental strength that underpins optimism, which is regarded as an important element to

maintain positive attitudes, psychological adjustment, and perceived problem-solving capacity (Ai, Peterson & Huang, 2003; Group, 2006; Salsman et al., 2005). Individuals with higher religious commitment and reliance may be more likely to employ positive and active coping strategies to countervail stressful life circumstances and emotional disturbances. Apparently, reliance of religious coping could provide meaning and direction to human existence and values of life (Ai et al., 2003; Donahue & Nielsen, 2005; Mickley et al., 1998; Yeung et al., 2007). As such, optimism is thought to be concomitant with religious involvement (Salsman et al., 2005; Sethi & Seligman, 1993).

In addition, cross-cultural research has demonstrated the considerable role and difference of socio-cultural factors, such as religion, on manifestation of optimism and pessimism (Chang et al., 1998; Lee & Seligman, 1997). In the same vein, optimism can be cultivated to prevent emergence of depressive symptoms (Gillham et al., 1995; Vickers & Vogeltanz, 2000). This is because optimistic individuals may cope in more adaptive and proactive ways than do pessimists (Scheier & Carver, 1992). Optimists are more likely to take direct action to solve their problems and difficulties, and are more planful in dealing with adversities that they confront. Hence, optimists tend to accept reality of stressful situations, and they are also more likely to be intent on growing personally from negative experiences and trying to make the best of the bad situations (Segerstrom et al., 1998). As such, better social and psychological adjustments would be the consequence of people with a more optimistic outlook, in which better adjustments would beneficially countervail against the occurrence of depressive symptoms (Gillham et al., 1995; Jones et al., 2002).

Empirically, the above-mentioned proposition has been supported by the research of Jones et al. (2002), in which maternal optimism and depressive symptoms were the two variables that were substantially and negatively correlated. In the study, maternal optimism was also linked to effective parenting behaviors that, in turn, became the critical contributor to reduce children's internalizing and externalizing symptoms. The rationale behind is that religious thoughts and values of Christianity could nurture certain aspects of optimism, especially as nonspecific positive expectations (Tiger, 1999), and these optimistic expectations may enhance a general state of vigor and resilience. As a result, it is anticipated that optimistic parents would strive for desirable outcomes in encounter of difficult conditions and adopt more positive and constructive attitudes toward these difficulties. Similarly, Ai's et al. (2002) study found that religious involvement was an important agent to maintain optimistic outlook among a group of middle and old-aged patients who were waiting for cardiac surgery. In another study by Mattis and her colleagues (2003) investigating the relationships between everyday racism, religious involvement and optimism, it was uncovered that close relationship with God was the only positive predictor of optimism in the full regression model. The findings of this study could lend support to the robust predictive power of private dimension of religiosity rather than that of public religiosity in influencing human emotional and behavioral health. In addition, Ai et al. (2005) reported the beneficial effects of personal religious faith, private prayer and spiritual support on remitting post-9/11 emotional distress in a sample of university students. In the study, all these mentioned religious variables were directly predictive of optimism and hope, in which optimism and hope acted as mediators to mitigate post 9/11 distress in turn. In sum, it is anticipated that parental religious involvement would promote optimism among parents.

2.4.2 Religious Involvement and Parental Depression

With regard to the association between religious involvement and depression, literature to date has comparatively put concrete attention in this area of research than that of research in positive psychology, such as religious involvement and optimism, which has been reviewed before. Generally speaking, researchers commonly agree the beneficial effects of religious involvement on preventing or abating depressive symptoms. McCullough and Larson (1999) have reviewed a body of research and indicated that people with higher religious participation and faith tended to have reduced risk of depressive symptoms. Furthermore, a number of more recent studies have consistently reported that religiousness could effectively mitigate the severity of mentally maladaptive symptoms and prevent the recurrence of these symptoms among the mentally ill (Azhar et al., 1994; Baetz et al., 2002; Koenig et al. 1995).

It is apparent that religious involvement has significant effects to remit depressive symptoms among various populations (King & Schafer, 1992; Mickley et al., 1998; Murphy, 1999; Roesch & Ano, 2003; Woods et al., 1999). Murphy et al. (2000) attested that religious involvement in terms of beliefs and practices was inversely associated with depressive symptoms, in which a sense of hopelessness played as a partial mediator between the relationships. The results of this study, in coalescence with the one of Salsman et al. (2005), revealed that religious involvement might have direct effects on keeping people mentally healthy and those effects could not be fully explained by other secular psychosocial variables. Moreover, scholars proposed that beneficial effects of religious involvement on remitting mental distress

could be attributed to its ability to confer individuals with a cognitive framework for purpose, meaning finding and worldview interpretation that are all schematic propositions contributory to less depression and negative affectivity even in a difficult circumstance (Blaine & Crocker, 1995; James & Wells, 2003; Silberman, 2005). In addition, Pargament (1997) regarded that religious involvement could be beneficial to the cognitive process to reach significance in adverse states. Hence, it is plausible to assume that religious involvement may enhance parents' psychological strengths that are functional to countervail negative psychological impacts, such as depression.

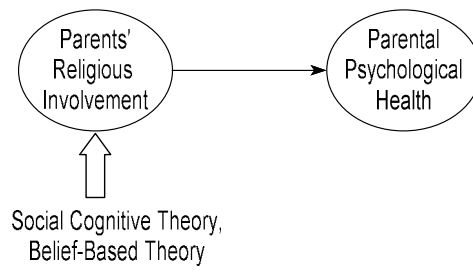
Despite that research exploring the relationships between religious involvement and parental depression have been limited, available extant studies apparently revealed the negative linkage between parental religious involvement and depression. Research reported that mothers who scored high in religiousness appeared to be low in depressive symptoms as well as high in self-esteem (Commerford & Reznikoff, 1996; Hammermeister et al., 2001). One plausible train of thought to explain for this negative linkage is that religious involvement may enhance parents' positive appraisal, self-worth and sense of hopefulness (Thomas & Sherman, 2001). In fact, a recent study by Carothers et al. (2005) proved that maternal religiousness was predictive of mother participants' higher levels of self-esteem and lower levels of depression and anxiety, which in turn became the direct predictors of their children's internalizing and externalizing problems. On the other hand, longitudinal research also evidenced the long-term effect of religious involvement on remission of depression. In a 10-year longitudinal study, Miller et al. (1997) found that maternal religiousness and maternal-offspring concordance of religiousness were protective agents against depressive symptoms in mothers. All in all, social scientists reckoned that

religiousness was an important source for consolation, hope, inner peace, and strength, as well as relatedness with others, which could offer a meaningful interpretative scheme for mitigating depressive symptoms and enhancing an optimistic outlook in parents (Ai, et al., 2002, 2003; McCullough & Larson, 1999; Pargament et al., 1998; Thomas & Sherman, 2001; Yeung & Chan, 2007).

2.4.3 Section Summary

Taken together, religious involvement would provide parents with a meaning system to place their life in a higher-order purpose and present value beliefs with universal implications, all of which would provide schematic interpretations in keeping people psychologically healthy. Consistent with the belief-based theory and social cognitive theory, parents' belief system and value orientation may influence how they interpret the challenges and difficulties which they encounter in their environment. This would in turn contribute to their psychological conditions. In this sense, if parents think that their parental role and parent-child relationship are with sanctification from God, they may see things, even difficulties, related to their family socialization tasks and parenting behaviors as God's blessings, which are wholesome to their psychological health. As such, it is expected that religious involvement would be predictive of both higher optimism and lower depressive symptoms among parents. Diagram 5 presents the graphical relationship between parents' religious involvement and their psychological health.

Diagram 5. The Relationship from Parents' Religious Involvement to Parental Psychological Health



Chapter 3. Hypotheses of the Study

In this chapter, a theoretical model is to be constructed according to the respective relationships that have been extensively reviewed in the previous chapter. In Section 3.1, I would first attempt to link up the relationships between parents' religious involvement and their psychological health and family functioning, and between family functioning and psychosocial maturity as well as developmental outcomes in children. The relevant hypotheses of the study would then be set in Section 3.2 accordingly. Finally, a causal model is built up according to the hypotheses set for the relationships, plus incorporating the most pertinent demographic variables as covariates in the model.

3.1 Relationships between Parents' Religious Involvement and Child Developmental Outcomes

In this study, structural equation modeling linking the relationships between parental religious involvement, parental psychological functioning, family functioning, child psychosocial maturity and developmental outcomes in children would be built in accordance with the causal linkages reviewed in the literatures with the support of relevant theories. According to the belief-based theory (Maio et al., 2006) and social cognitive theory (Howard & Renfrow, 2006; Sheehka et al., 1993), people's psychological responses and attitudinal as well behavioral choices are simply the consequences of what they believe and perceive to be. For this, religious involvement in parents, acted as an exogenous variable in the model, is considered to confer ideological expectations and cognitive experiences to parents, which may in turn

influence their psychological functioning and ways of carrying out family functioning tasks. Moreover, consistent with these aforementioned theories, parents' religious involvement would provide them with a frame of reference, norms, guidelines and theological stances for how to appropriately fulfill their parental roles and duties as well as raise their children in a conventional and prosocial way.

In addition, based on the family stress theory (McCubbin & Patterson, 1983) and the heuristic model of the socialization of emotion (Eisenberg et al., 1998) as well as stress-coping theory (Baumeister & Sher, 1988), it is thought that psychological functioning in parents would directly affect their responses to family processes and parenting practices. If parents reckon those demanding family tasks and their parental duties as something surmountable and meaningful, they would tend to adopt more positive and appropriate manners in response to family processes and parenting practices. Presumed on the proposition addressed above, parents who are with a more positive and optimistic personal outlook would be more capable of providing of positive family processes and competent-promoting parenting practices to their children. Furthermore, it is anticipated that, based on the 'carry-over' thesis discussed in the previous chapter, positive family processes would become an underlying soil to underpin competence-promoting parenting practices (Brody et al., 1994; Brody & Flor, 1997; Valiente et al., 2007).

On the other hand, consonant with the social learning theory (Akers, 1998), role modeling perspective (Bricheno & Thornton, 2007; Silberman, 2003), and expectancy-value model (Eccles et al., 1983), positive family processes and competence-promoting parenting practices are both important elements conducive to

enhance prosocial outcomes and reduce behavioral problems in children. Social learning theory and role modeling expect that children's self-identity, value orientations, behavioral choices, and future expectations as well as emotional expressivity may be socialized and cultivated to be in the ways that are commonly viewed as more prosocial, mature, responsible and planful, if they are raised in home environments with favorable family functioning.

In addition, expectancy-value model explicates that children who have been raised in family context with more positive developmental resources, parents' concern and engagement, as well as normative socialization opportunities would be more psychosocially mature and have less developmental problems internalizingly and externalizingly. In addition, the self-referent cognitions (Harter, 1989; Harter & Whitesell, 2003), the cognitive-affective processing system theory (Mischel, 2004; Simon et al., 2007), as well as short-term rationality thesis (Hirsch, 1994) commonly reckon that psychosocially immature children raised in the context of poor family functioning would be more likely to demonstrate higher levels of psychological and behavioral problems, the reverse would be true for those children who have been raised in a good home environment.

3.2 Constructing Hypotheses of the study

Based on the relevant literature and research reviewed, as well as pertinent theories and perspectives gone through, the following hypotheses are set for testing in this study.

H1: Parental religious involvement would be beneficial to psychological functioning in parents, in terms of higher optimism and lower depression.

H2: Religious involvement in parents would be beneficial to better family functioning in terms of positive family processes and competence-promoting parenting practices.

H3: Positive psychological functioning in parents would be beneficial to better family functioning in terms of positive family processes and competence-promoting parenting practices.

H4: Based on the ‘carry-over’ thesis, positive family processes would be beneficial to promotion of competence-promoting parenting practices.

H5: Positive family processes and competence-promoting parenting practices would be beneficial to the development of psychosocial maturity in children.

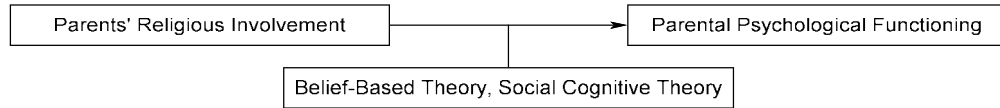
H6: Positive family processes and competent-promoting parenting practices would be beneficial to reduce developmental problems in terms of less internalizing and externalizing symptoms in children.

H7: Psychosocial maturity in children would be beneficial to reduce their developmental problems in terms of less internalizing and externalizing symptoms.

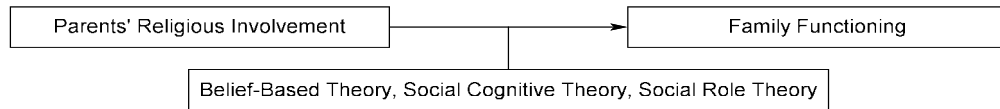
Diagram 6 portrays the graphical presentations of respective hypothesis in combination of its supporting theories and perspectives.

Diagram 6. Graphical Presentation of the Hypotheses of the Current Study

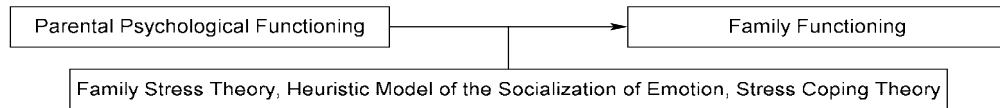
Hypothesis 1



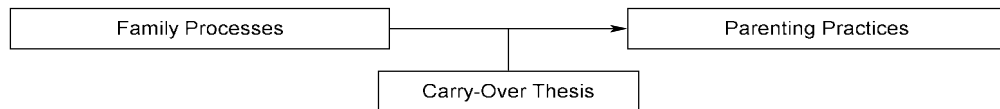
Hypothesis 2



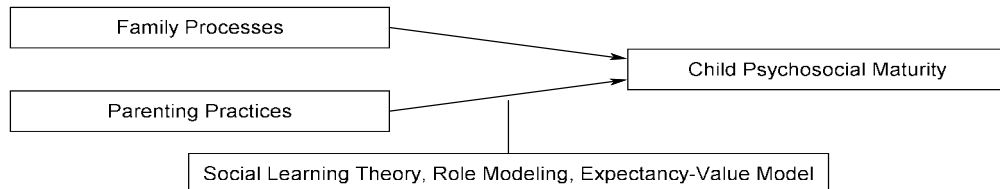
Hypothesis 3



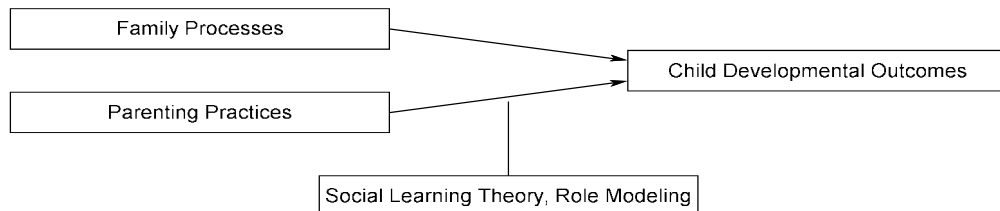
Hypothesis 4



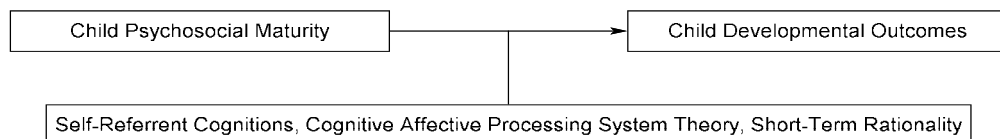
Hypothesis 5



Hypothesis 6



Hypothesis 7



3.3 The Causal Model to be Tested

In this part, a structural model is constructed to link the causal relationships between parents' religious involvement and children's developmental outcomes, with two socio-demographic covariates adding as exogenous variables in the model, which I reckon as important to the analysis. The two socio-demographic variables are family socioeconomic status (Family SES) and the age of the target child. Before explaining the reason for adding family SES and child age as exogenous variables in the model, I would like here to look at the contention of using causal modeling to portray relationships in the current SEM analysis.

Albeit some social scientists would not like the term of causal modeling in explaining relationships of investigation based on the analysis of cross-sectional dataset; however, the causality among the relationships in a structural model, regardless it is based on cross-sectional or longitudinal dataset, is aimed to instantiate the order of the relationships in a philosophical sense (Hoyle, 1995; Schumacker & Lomax, 2004; Streiner, 2006; Wood, 1995) For example, a good amount of crop harvest is made to happen from various preconditional factors, such as the quality of the soil, climate, agricultural skills and so on. As such, we can predict an approximate amount of crop harvest by constructing a causal model to treat soil quality, climate conditions and agricultural skills as prerequisite predictors. Manifestly, although existence of these factors may not necessarily bring about the happening of a good harvest, the absence of these factors must sufficiently cause the failure of a good harvest. Philosophically, or even in human logic, we can never reject good soil, good climate and good agricultural skills are the imperatively crucial "cause" of good crop

harvest. Furthermore, we cannot postulate that good harvest goes before good soil, good climate and good agricultural skills. For all these, causal modeling used in SEM is attempted to explicate those logical causal relationships, in which the structure of these relationships is based on theories, prior research or the both, with the buttress of philosophical and logical thinking. As a result, common SEM scholars to date would still think that causal modeling is adequate in portraying the relationships in order (Bollen & Davis, 2009; Byrne, 2006; Kaplan, 2009; Meyers et al., 2006). For this Meehl and Waller (2002) proposed:

“One hears the objection ‘Correlation does not prove causality.’ If prove means deduce, of course, it cannot in any empirical domain—courts of law, business, common life, or sciences. However, causal inference can be strongly corroborated—proved, in the usual sense of the term—by correlation (p.284).”

As such, causality in SEM can be denoted as causal inference, which is legitimate to portray the relationships in order through causal modeling established by theories, prior research or the both, and supported by philosophical and logical thinking.

For the two socio-demographic variables added in the SEM model, family SES is thought to be crucial in influencing child development. In a study by Perrone et al. (2004), it was found that despite the association between parenting behaviors and Black youths’ self-control was quite robust, which in turn affect delinquent acts in these children. However, family SES confounded the relationships by over-sampling middle- and upper-class Black participants who were generally salient in self-control.

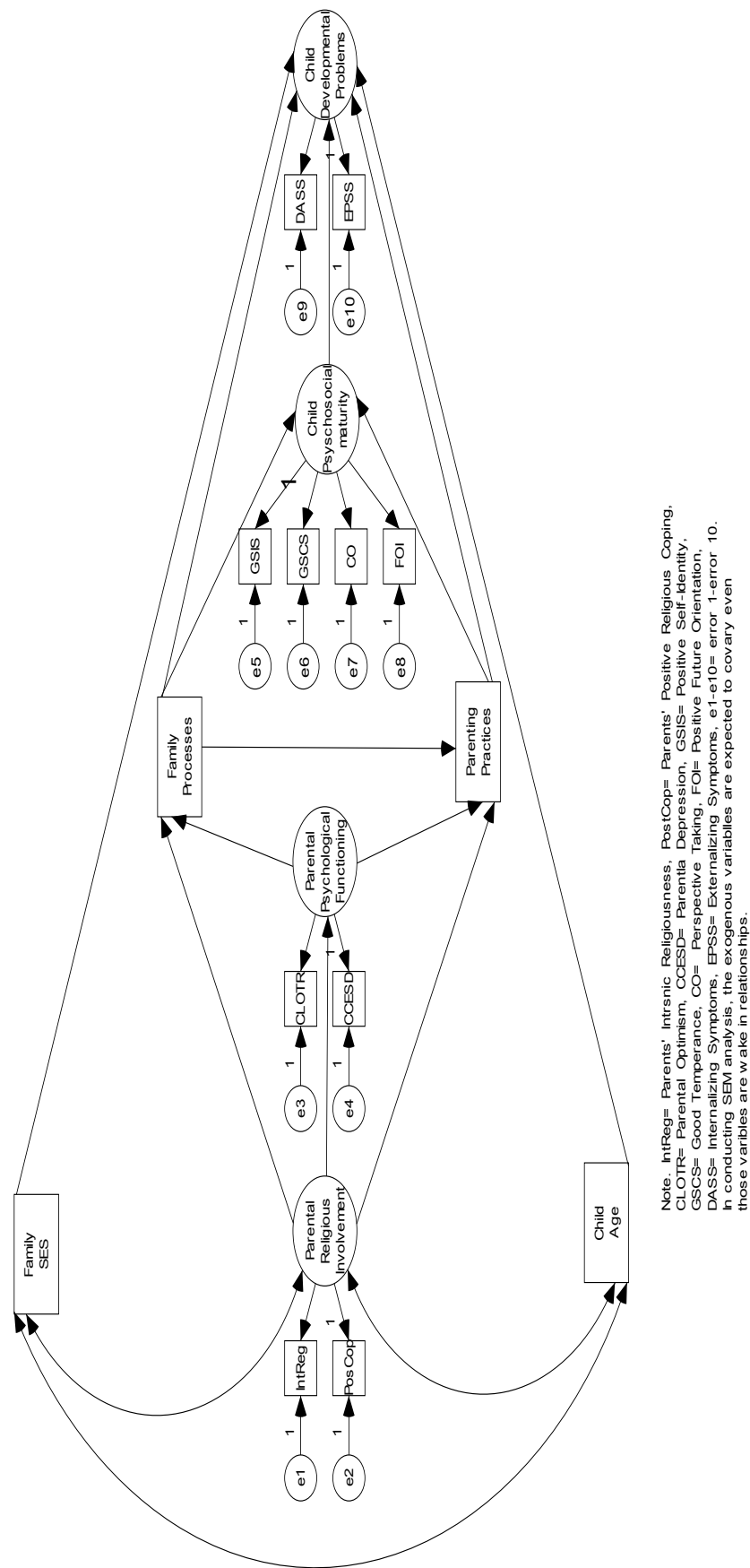
Literature consistently points out that families experiencing poverty may be detrimental to parents' psychological adjustment and children's well-being as a whole (Duncan et al., 1994; McLoyd, 1990; McLoyd, 1998). In addition, a certain number of past studies investigating the relationships between experiencing poverty and adolescent developmental outcomes indicated that children and adolescents who underwent poverty were more likely to show conduct problems and behavior disorders, initiate in substance use and have sexual relationships at earlier stages, and occur psychological maladjustment and problems more likely, as well as have lower cognitive and schooling performance as well (Conger et al., 1994; Conger et al., 1997; Duncan et al., 1994; Gutman et al., 2005; Smith et al., 1997; Velez et al., 1989). Therefore, it is thought that families with low SES may exert adverse effects on their children's developments, in which a part of the relationship is through its deleterious impacts on family processes and parental behaviors (McLoyd, 1990; Gutman et al., 2005; Smith et al., 1997).

On the other hand, children's psychological and behavioral problems would increase along with their growth in ages, especially during adolescence. Development of personal jurisdiction and increase in autonomy-seeking motives in the growing process of children and adolescents may underlie this relationship (Smetana, 1995; Rothbaum & Weisz, 1994). Research demonstrated that adolescents may increase in hedonistic reasoning and decrease in prosocial orientation and moral thinking from early adolescence to late adolescence (Eisenberg & Fabes, 1998; Etzioni, 1993), which is thought to be contributory to their mental health and behavioral difficulties subsequently (Chen et al., 2002; Ma et al., 2007). Recent research more consistently pointed out the positive relationship between various externalizing and internalizing

symptoms and growth in ages among children and youths (Benda, 2005; Burt et al., 2006; Cleveland et al., 2005; Perrone et al., 2004; Shrier et al., 2001; Simons et al., 2001; Youngblade et al., 2007), while age was taken as an independent predictor or a covariate in these studies.

However, extant research neither supported nor rejected the effect of gender on developmental outcomes in children (Benda, 2005; Burt et al., 2006; Gunnoe et al., 1999; Perrone et al., 2004; Smith, 2003; Walker, 1991; Youngblade et al., 2007). In fact, Rowe et al. (1994) concluded that, based on their reviewing an extensive body of empirical evidence, the effects of family, peer and contextual variables on children's developments and adjustment did not show significant differences by race and ethnicity; hence, it is expected that developmental issues among children and youths under specific family and environmental contexts are generally invariant across racial and ethnic groups. For example, compared to those better-off children, children who are growing up in poor and disorganized neighborhoods need to deal with more adversities and obstacles and would be at higher risk of developing delinquency. This "hard" reality of their growing environment may be across the gender and ethnicity of these children. Therefore, gender would not be a focus of demographic traits in the model, and the current model of this study is applied to a Hong Kong Chinese population. **Figure 1** presents the theoretical causal model of the present study linking the relationships between religious involvement and psychological functioning in parents, family processes and parenting behaviors in family, as well as psychosocial maturity and developmental outcomes in children.

Figure 1. The Theoretical Model Linking the Relationships between Parents' Religious Involvement and Developmental Problems in Children



Chapter 4. Measurement

This chapter present the measures that were used as indictors of the study variables in the current study. These measures include parental religious involvement, parental psychological health, family functioning, as well as psychosocial maturity and developmental outcomes in children.

Parental Religious involvement. Two indicators — intrinsic religiousness and positive religious coping —are used to form parental religious involvement as a latent construct. Parental intrinsic religiousness is assessed using the Intrinsic Religious Orientation subscale of the Religious Orientation Scale-Revised (Gorsuch & McPherson, 1989). The subscale consists of 8 items and is a 5-point Likert-type measure ranging from 1 (strongly disagree) to 5 (strongly agree). Example items include “I try hard to live all my life according to my religious beliefs” and “My whole approach to life is based on my religion”. The measure has been widely used in research for taping one’s intrinsic religiousness and it has showed good reliability and validity in pervious studies (Bryd et al., 2007; Galen & Rogers, 2004). For parental positive religious coping, it is measured by the Positive Religious Coping subscale from the Brief Measure of Religious Coping⁺ (Brief RCOPE) developed by Pargament et al. (1998). It is a 7-item measure rated on a 4-point Likert-type scale from 1 (not at all) to 4 (a great deal). Example items include “Looked for a stronger connection with God” and “Sought God’s love and care”, and its internal consistency has been demonstrated adequate in literature (Pargament et al, 1998; Pargament et al.,

⁺ Acquisition of the measure is through the direct and formal contracts of the author of this study with the measure owner. No direct adoption and use of the measure is permitted without approval of the original owner of the scale.

2000). For both measures, higher scores indicate more intrinsic religiousness and positive religious coping. In this study, the Cronbach alpha coefficients for the two measures of intrinsic religiousness and positive religious coping were .74 and .84 respectively. The results indicate good internal consistency for both measures.

Parental Psychological Functioning. Positive parental psychological functioning in this study is reflected in a parent who is good in mental health and with comparatively less mental difficulties. These are consonant with previous studies in measuring parental psychological resources (Brody et al., 2002; Goosby, 2007). Parental optimism was assessed by the Chinese Revised Life Orientation Test (CLOT-R)⁺. It is a 6-item measure with 3 positively worded and 3 negatively worded items. Research has shown that it has good factorial structure and internal consistency (Lai et al., 1998, 2005; Lai & Wong, 1998; Lai, & Yue, 2000). Example items include “In uncertain times, I always expect the best” and “Looking into the future, I do not see any positive scenario”. Parental depressive symptoms were evaluated by the Chinese Center for Epidemiologic Studies-Depressed Mood Scale⁺ (C-CES-D) (Cheung & Bagley, 1998), which was derived from the translation of the Center for Epidemiologic Studies-Depressed Mood Scale (CES-D) (Radloff, 1977). It has been used in a Chinese sample of married couples by Cheung and Bagley (1998). The scale consists of 20 items and has been widely adopted in social science and health research (for example: Carter & Chang, 2000; Phelan et al., 2007; Simmons et al., 2007). Example items include “I felt sad” and “I was bothered by things that usually don’t bother me”. In this study, parental optimism and depression are adopted to form a latent construct referring to parental psychological functioning. In this study, the internal reliability for The Chinese Revised Life Orientation Test (CLOT-R) is strong ($\alpha=.74$), and there is

an excellent level of internal reliability for the Chinese Center for Epidemiologic Studies-Depressed Mood Scale (C-CES-D) ($\alpha=.92$).

Family Processes. Positive family processes are indicated in family units with strength and capabilities in maintaining cohesiveness, constructive interaction, efficient communication, and mutual support as well as high commitment among family members (Anderson et al., 2007; Ferguson & Stegge, 1995; Gecas & Schwalbe, 1986; Kaslow et al., 1992; Valiente et al., 2007; Yabiku et al., 1999). Family Functioning Style Scale (FFSS) was employed to tap on positive family processes in this study (Deal et al., 1988). It is a 26-item scale and has an advantage to treat a number of specific sets of family strengths and resources as a unidimensional construct (Deal et al., 1988; Trivette & Dunst, 1990). Example items include “We take pride in even the smallest accomplishments of family members” and “We share our concerns and feelings in useful ways”. Higher scores indicate that the family has more positive and constructive characteristics mentioned above. Recent literature attested that employment of multi-informant/ multi-source assessment of family functioning could obtain a more comprehensive and accurate picture, which is able to avoid the problem of shared method variance (Burt et al., 2006; Fischer et al., 2007; Simons et al., 2004). Therefore, both the parent figure and the target child were required to answer the same measure to rate positive family processes. The parent-response and child-response scores were then averaged to form a composite measure of family processes. The measure has been recently used in a large sample of Chinese families in Hong Kong in a study by Chan et al. (2008), which showed adequate reliability and validity. In this study, the coefficient alphas for both parents’ and children’s scores are both .95, indicative of a very high reliability.

Parenting Practices. Competence-promoting parenting practices were measured by the 10-item Authoritative Parenting subscale of the parental Authority Questionnaire (PAQ) (Buri, 1991). This authoritative parenting measure has been used separately from the original 30-item PAQ in recent studies in order to tap in those parenting behaviors characteristic of competence-promoting and authoritative nature (Ang, 2006; Heaven & Ciarrochi, 2006). The original PAQ contains three subscales tapping three types of parenting styles, namely authoritative parenting, permissive parenting, and authoritarian parenting. Example items with respect to authoritative parenting behaviors are: “My mother tells us how we should act and explains to us the reasons why” and “When my mother does something to hurt me, she will say sorry if it is her fault”. Prior research showed good factorial structure of the three subscales of the PAQ respectively (Ang, 2006). Again the multi-informant approach in rating competence-promoting parenting was adopted in this study. Due to the original PAQ is designed for children and youth’s rating of parenting behaviors, the 10-item authoritative parenting measure was therefore reworded so that the parents could adopt the same measure to evaluate their parenting behaviors toward their children. In fact, modification of some original measures in order to accommodate the specific needs of a study has been employed in a number of prior research and is regarded as adequate (Ai et al., 2005; Burt et al., 2006; King & Furrow, 2004; Simons et al., 2007). Examples of modified items are “I tell my children how they should act and explain to them the reasons why” and “When I do something to hurt my children, I will say sorry if it is my fault”. Both the parent-response and child-response scores were averaged to form a composite measure of competent-promoting parenting practices. In this study, treating family processes and parenting practices as a uni-dimensional construct was under the consideration that specific components and traits of family processes and

parenting practices are internally coherent and consistent in nature; therefore, this approach is more parsimonious in model structure for multivariate analysis (Byrne, 2006; Millsap, 2002). This practice in fact has been employed in previous research (Anderson et al., 2007; Jones et al., 2007; Simons, Simons, & Conger, 2004; Simons, Simons et al., 2005). The coefficient alphas for the parent-response and child-response scores were both .89, demonstrating a good reliability.

Psychosocial Maturity. Four indicators—positive self-identity, good temperance, positive future orientation, and perspective taking—were adopted to form a latent construct of psychosocial maturity in children. These streaks are considered as interrelated to form individual good qualities (Fischer et al., 2007; Kogan et al., 2005; McLeod & Lively, 2006; Vohs, 2002). The 6-item Child’s Positive Self-image Scale was adopted to evaluate positive self-identity for the target children (Regnerus and Elder, 2003). The measure was created by Regnerus and Elder (2003) to assess the ‘positive self’ in a representative sample of youths from the National Longitudinal Study of Adolescent Health (NLSAH). Cronbach’s alpha was demonstrated highly adequate in the study by Regnerus and Elder (2003). An example item is “You have a lot good qualities”, which is rated before a statement “How much do you feel that...”, for every item. The reliability alpha in this study was .86 that is well adequate. Good temperance was measured by the 7-item Good Self-Control Scale (GSCS)⁺ developed by Wills et al. (2003). It showed good internal consistency and has an easy-to-use format. An example item is “I stick what I’m doing until I’m finished with it”. The reliability alpha was .75 in this study, which is at enough level. Perspective taking was measured by the Consideration of Others (CO)⁺ subscale of Weinberger Adjustment

⁺ Acquisition of the measure is through the direct and formal contracts of the author of this study with the measure owner. No direct adoption and use of the measure is permitted if without approval.

Inventory (WAI) (Weinberger & Schwartz, 1990). The CO measure contains 7 items and is rated by a 5-point Likert-type scale ranging from 1 (almost never) to 5 (almost always). The WAI has been widely used in previous social and behavioral research (Ando et al., 2007; Cauffman & Steinberg, 2000; Colwell et al., 2005; Steiner et al., 2007), and it has demonstrated good reliability (Colwell et al., 2005; Steiner et al., 2007). An example item is “I try very hard not to hurt other people’s feelings”. The current study had a good internal consistency of .86, indicative of a good level. The Future Outlook Inventory was employed to measure positive future orientation among the youth participants. It is an 8-item reliable measure and taps on youths’ tendency to think about the future consequences of their current behaviors by a 4-point Likert-type Scale ranging from 1 (never) to 4 (always) (Little & Steinberg, 2006). A sample item is “I think about how things might be in the future”. The alpha coefficient of this measure was .78, showing enough internal consistency.

Internalizing Symptoms. The 21-item version of the Depression Anxiety Stress Scale (DASS-21) was adopted to measure youth participants’ internalizing symptoms (Lovibond & Lovibond, 1995). The DASS-21 is the miniature of the 42-item version of the DASS (DASS-42). Recent research showed that the DASS-21, in comparison with the full-length DASS version, had higher superiority in terms of factorial structure, validity and reliability (Henry & Crawford, 2005; Ng et al., 2007). Both the DASS-21 and DASS-42 consist of 3 subscales measuring depressive, anxious and stressful symptoms. In the DASS-21, each subscale contains 7 item statements corresponding to its respective symptom component. Past studies either have used this measure separately to tap on depressive, anxious and stressful symptoms respectively (Antony et al., 1998; Nicholas & Asghari, 2006; Oxlad et al., 2006) or employed it as

an aggregate measure of general psychological distress and mental maladjustment (Henry & Crawford, 2005; Latner et al., 2007; Ng et al., 2007). In this study, the DASS-21 was adopted to evaluate general internalizing symptoms among youth children; therefore the averaged composite score of the DASS-21 was used to indicate the youth participants' general psychological and mental distress. In fact, recent reliability and validity analyses demonstrated that Cronbach alpha for the total score of DASS-21 was .93, which was obviously higher than the alpha scores of the three respective sub-components (Depression: $\alpha = .88$; Anxiety: $\alpha = .82$; Stress: $\alpha = .90$) (Henry & Crawford, 2005). Research also showed that these three subscales generally formed a psychological distress factor (Henry & Crawford, 2005; Clara et al., 2001; Ng et al., 2007). The measure is rated by 4-point Likert-type Scale ranging from 1 (did not apply to me at all) to 4 (applied to me very much, or most of the time). Example items are "I just couldn't seem to get going" and "I felt I was close to panic", and "I found it hard to wind down".

Externalizing Symptoms. After extensively reviewing existing instruments measuring externalizing behavioral problems for children and youths in literature, it is considered unruly to select measures directly for tapping externalizing behavioral problems among local youth participants in Hong Kong. Indubitably, due to socio-cultural difference, random selection of these measures at will may result in inaccuracy of measurement; because the externalizing symptoms of Hong Kong youths may not be as the same as those youngsters in the West (Cheung & Ngai, 2004; Ngai & Cheung, 2005; Shek, 2004). For example, marijuana and hard-drug use, graffiti painting, vehicle stealing and gun carrying are not prevalent in local youths who demonstrate externalizing problem symptoms (Chou, 2003; Lee, 2005; Shek,

2005). In addition, some items, for example, changing price tags on merchandise in a retail store, are thought to be obsolescent currently in Hong Kong; because almost all commercial commodities in local retail shops have now been employed bar codes rather than price tags for pricing. For this, an Externalizing Problem Symptoms Scale (EPSS) were created for the current study based on extensively reviewing extant literature (Benda, 1995, 1997; Marsiglia et al., 2005; Ngai & Cheung, 2005; Shek, 2005; Wallace & Forman, 1998). The scale contains 15 items that considered as typical among local youths. Example items include “In the past 12 months, how many times did you deliberately hurt yourself?”, and “In the past 12 months, how many times did you steal things from places other than home?” The measure is rated by 7-point Likert-type scale, higher scores imply more problem behaviors. The Cronbach alpha coefficient for EPSS was .77, showing an adequate level of internal consistency.

Demographics. For parsimony of the SEM model, this study mainly incorporated family SES and child age in the model as covariates. Family SES was measured by aggregating the monthly family income per capita and the average of father’s and mother’s education attainment. Family income per capita and the average of parents’ education attainment are then standardized and summed to generate a composite measure of family SES, which was a practice to create family SES in previous research (Johnson et al., 2001; Simons, Simons & Conger, 2004). Child age was a variable in exact years counting of the child’s ages. These two demographic variables were thought to be crucial to influence developmental outcomes of children, so they were incorporated in the causal modeling analyses (Allen et al., 2000; Teachman et al., 1999).

Chapter 5. Research Method

In this chapter, strategies and approaches used to collect data from pertinent family units as study sample are discussed. The procedure of sampling is reported in detail. After that, a brief introduction of the application of structural equation modeling is addressed, in which issues regarding model specification, model identification, model estimation and testing are discussed. Finally, the reasoning for selection of specific model fit indexes to be indicative of data-model fit is also underlined.

5.1 Sampling and Procedure

The main aim of this study is to investigate the relationships between parents' religious involvement and developments in children through exploring a set of mediating factors that were anticipated to link the relationships. Thus family units of religious involvement of Christianity in Hong Kong were the analysis sample. For this, the sampling procedure should be more noteworthy. Before moving further on, some definitions of sampling should be clarified again here. Religious involvement refers to engagement in Christianity. The reasons are: 1) over the past two decades relevant studies investigating the relationships between religious involvement and health and behavioral outcomes were mainly focused in Christianity (Gorge et al., 2002; Smith, 2003); 2) previous research showed that beneficial effects of religious involvement would more likely come from conventional religions that view the God/ a higher power as with unfailing and unconditional love, non-punitive, forgiving and caring always, omnipotent, and the belief system characteristic of ultimate concern and specific desirable afterlife beliefs, which are the recognized traits more tallying with

Christianity (Harrison et al., 2001; Jones, 2004; Pargament, 1997).

In this study, Chinese families with religious involvement and having at least a child aged between 14-21 were the target sample for analysis. The reason for the age range between 14-21 years old is that, as indicated by prior studies, children in middle and late adolescence may demonstrate more pronounced behavioral and psychological symptoms (Arnett, 2007; Flannery et al., 2005; Simons et al., 2004). For families having more than one child who were both within the appropriate age range between 14-21 years old, the one who had just passed his/ her birthday would be selected as the target child; furthermore, if there are more than one target child who were with the same date of birthday, a twin for example, the elder one would be selected. Moreover, parents from the prospective participating families should have had religious involvement indicated by their engagement in a local Christian church at least for a course of 5-year period. A 5-year period of parents' religious involvement could ensure that the selected family unit for analysis had the appropriate track of timeline to incorporate religious elements as due socialization processes toward their children (Baucom, 2001; Carothers et al., 2005).

For ensuring appropriate Chinese families to be selected and take part in this study as sample is difficult, because there is no easy way to identify families where parents have engaged in religious belief and attended church regularly for at least five years. For this reason, the purposive and large-scale solicitation sampling method was first used (Floyd & Fowler, 2002). Local Chinese churches of Christianity were contacted as the first-stage gateway for help in order to locate the necessary characteristics of families as study sample. During the period from August to October

2009, altogether 347 letters enclosed with the sample questionnaires were sent out to local Chinese churches to explicate the purpose and values of the present study for the purpose of soliciting their help to introduce appropriate families to participate in the present study (Appendix A). These churches were solicited to offer help in locating suitable families for the purpose of this study. However, due to the participation in this study was totally voluntary in nature, the responses from these 347 churches were so low that only two or three churches expressed interest in this study. For this, the researcher, in discussion with his supervisor in the study, employed another sampling strategy; it is a purposive and snowball sampling method (Singleton & Straits, 2010).

The employment of purposive and snowball sampling method connotes that albeit local Chinese churches were still thought as an appropriate gateway to locate appropriate families to take part in the study, the difference was to first invite four ministers with whom the student researcher had contacts, and then the student researcher requested these ministers to introduce ministers in other churches about the aim and values of these study. Due to many of these contacted churches had a direct personal relationship with the 4 ministers, the snowball sampling effect was so desirable and 52 churches verbally agreed to help to invite appropriate families in their congregations to take part in the study. After their verbal agreement, the student researcher formally sent the introductory letter to the parent and target child via the ministers of their church as a way of formal invitation. Finally, by mid December 2009, 43 churches (listed in Table 1) actually participated in the study and helped to invite prospective target families to take part in the study. A corresponding number of questionnaires sets were sent to the participatory churches after the responsible ministers in these churches had confirmed the number of eligible families in their

churches agreed to take part in the study. Each questionnaires set was sent to a participating family with two introductory letters, one for the participating parent and one for the participating child (Appendices B & C), and two questionnaires, again one for the participating parent and one for the participating child also (Appendices D & E), were enclosed with a Hong Kong Polytechnic University A4-size envelope.

For ensuring enough privacy of the information revealed by respective participants in the family, two A5-size envelop with the same code number of that A4-size envelop were also enclosed. The parent and child in the family were instructed by the above-mentioned letters to insert the completed questionnaires into the A5-size envelop respectively for privacy after having filled out their questionnaires, and handed in the envelop to the responsible minister in their church. Consequently, by February 2010, altogether 284 questionnaires sets were distributed to the churches in total; and, by the early May 2010, totally 223 completed and valid questionnaires sets were successively collected back in person by the researcher. The overall return rate is 78.52%. This return rate can be deemed as high in comparison with other survey research studies (Babbie, 2004; Chou & Chi, 2005), some of which only had a return rate as low as 50s% to 60s%.

Based on review from the previous research, the main parent caregiver in the family was requested to complete the parent questionnaire. The definition of the main caregiver in the family is usually that the parent figure who should live together with the family and take up the main responsibility and socialization duties for the target child (Jones et al., 2002; Natsuaki et al., 2007). In line with this understanding, mothers were therefore requested to fill the parent questionnaire. Selection of mothers

rather than fathers as parent participants has been justified in prior research. In fact, mothers are conventionally supposed to be the major caregivers of children at homes and they are more likely to share a salient part in socializing their children's growing and learning experiences (Goosby, 2007; Pearce & Axinn, 1998; Valiente et al., 2007). Apparently, this family division of labor has been demonstrated to be more salient in Chinese families (Ma et al., 2009; Shek, 1998). More than that, mothers rather than fathers were considered to be more aware of the needs and situations of their children and home environments as a whole (Goosby, 2007; Jones et al., 2002; McLeod & Shanahan, 1993; Natsuaki et al., 2007). Hence, mothers were assumed as the main caregivers in families and requested to complete the parent questionnaire. However, in cases where the fathers were the major caregivers, specification in the letter to parent was made to ensure that the main caregiver in home should be responsible to complete the parent questionnaire; thereby fathers rather than mothers in this case were requested to fill the questionnaires. As a result, all participating parents would be the main caregivers in homes responsible for main socialization and growth of their children.

Stated succinctly, although there is no precise and agreed-upon meaning to interpret the term 'representativeness' of the study sample to the population (Babbie, 2004; Floyd & Frank, 1991), a generally accepted criterion is that the selected sample should be characteristic of the population. In this study, the 43 participating churches were located in diverse geographical areas of Hong Kong. Of these, 16 churches were in the Hong Kong Island, 13 churches in Kowloon, and the remaining 14 churches in the New Territories. Table 1 presents the localities and the number of participating families from these churches. Due to the nature of total voluntary basis for the

Table 1. Participant Churches in Data Collection by Locations and Districts, Number of Questionnaires Distributed and Collected, as well as Response Rates

No	Church	Location	Region ^a	Questionnaires Distributed	Questionnaires Collected	Response Rate
1	Western District Evangelical Church 西區福音堂	3/F, Sun Court, 3 Belcher's Street, Kennedy Town	Hong Kong Island	7	5	71.43%
2	Kornhill Alliance Church 宣道會康怡堂	G/F, Tai Ming House, 9 Greig Road, Quarry Bay, Hong Kong	Hong Kong Island	12	12	100%
3	Stanley Baptist Chapel 香港浸信教會赤柱福音堂	22 Stanley Main Street, Stanley	Hong Kong Island	1	1	100%
4	Wah Kwai Alliance Church 宣道會華貴堂	1-2/F, Ever Secure Mansion, 21-25 Ka Wo Street, Tin Wan, Hong Kong	Hong Kong Island	10	7	70%
5	Church of Christ in China Siu Sai Wan Church 中華基督教會小西灣堂	Room 905, Eight Commercial Tower, Siu Sai Wan, Hong Kong	Hong Kong Island	1	1	100%
6	Hong Kong West Point Baptist Church 香港西區浸信會	Room 3913, 39F, Hong Kong Plaza, 188 Connaught Road West, Hong Kong	Hong Kong Island	2	2	100%
7	C & M Alliance Wah Kee Church 基督教宣道會華基堂	49 Shek Pai Wan Road, Tin Wan, Hong Kong	Hong Kong Island	9	9	100%
8	The Chinese Full Gospel Church (Stanley Church) 中華完備救恩會赤柱堂	28A Main Street, Stanley, Hong Kong South Island	Hong Kong Island	6	6	100%
9	ELCHK Faith Hope Lutheran Church 基督教香港信義會信望堂	4/F, Sai Wan Ho Building, 46-56 Sai Wan Ho Street, Shaukwan, Hong Kong	Hong Kong Island	3	3	100%

Table 1. (Cont'd)

19	E.F.C-Fook Chuen Church 播道會福泉堂	Room 801, Trade Square, 681 Cheung Sha Wan Road, Cheung Sha Wan	Kowloon	5	4	80%
20	Hing Wah Baptist Church 興華浸信會	1/F, 144-148 Woosung Street, Yaumatei	Kowloon	5	4	80%
21	C&MA Hebron Church 宣道會希伯崙堂	1/F, Austin Tower, 22-26A Austin Avenue, Tsim Sha Tsui	Kowloon	7	7	100%
22	Kwun Tong Baptist Church 觀塘浸信會	83 Kung Lok Road, Kwun Tong	Kowloon	3	3	100%
23	Whampoa Alliance Church 基督教宣道會黃埔堂	Room 704, Goldfield Tower, 53-59 Wuhu Street, Hung Hom	Kowloon	3	3	100%
24	Chinese Rhenish Church, Kowloon 中華基督教禮賢會九龍堂	12 Tat Chee Ave, Yau Yat Chuen, Kln.	Kowloon	2	2	100%
25	Shium Ay Alliance Church 基督教宣道會信愛堂	Unit 4-9,4/F, Telford House, 16 Wang Hoi Road, Kowloon Bay	Kowloon	20	18	90%
26	Sau Mau Ping Alliance Church 基督教宣道會秀茂坪堂	6B, 3/F, Fu Wah Court, 42-44 Hiu Kwong Street, Kwun Tong	Kowloon	2	2	100%
27	Christian and Missionary Alliance Kwun Tong Church 基督教宣道會觀塘堂	G/F, Flat 7-11, Park Mansion, 1-11 Ting Yue Square, Ngau Tau Kok	Kowloon	7	5	71.43%

Table 1. (Cont'd)

28	Yan O Alliance Church 基督教宣道會恩澳堂	10/F, Wai Lee Commercial Building, 128 Castle Peak Road, Cheung Sha Wan, Kln	Kowloon	9	7	77.77%
29	The Nathan Road (Sung En) Lutheran Church 香港路德會頌恩堂	1/F, 80 Nathan Road, Tsim Sha Tsui, Kowloon	Kowloon	12	10	83.33%
30	The Church of Christ in China Lung Mun Church 中華基督教會龍門堂	Rm 106, Hoh Fuk Tong Primary School, No. 41 Lung Mun Road, Tuen Mun, N.T.	New Territories	5	2	40%
31	CNEC Tsing Yi Church 中華傳道會青衣堂	CNEC Lui Ming Choi Primary School, Cheung Fat Estate, Tsing Yi, N.T.	New Territories	12	8	66.67%
32	Tai Po Methodist Church 循道衛理聯合教會大埔堂	G/F, Heng Tsui House, Fu Heng Estate, Tai Po	New Territories	18	18	100%
33	The Chinese Christian & M.A. Tuen Mun Yan Oi Chapel 中華宣道會友愛堂	Christian Alliance, S. C. Chan Memorial College, Yau Oi Est., Tuen Mun	New Territories	15	7	46.67%
34	C & MA Manifest Church 基督教宣道會顯恩堂	G/F, 20-21 Tin Ha Wan Resite Village, Tseung Kwan O	New Territories	1	1	100%
35	C & MA Tak Tsuen Church 基督教宣道會德荃堂	Shop 2-5, UG/F, Tsuen Wan Garden Phase 1, No. 15-23 Castle Peak Road, Tsuen Wan, N.T.	New Territories	2	2	100%
36	ELCHK Living Spirit Lutheran Church 基督教香港信義會活靈堂	1 Tung Lo Wan Village, Tai Wai, Shatin, N.T.	New Territories	5	4	80%

Table 1. (Cont'd)

37	King Lam Alliance Church 基督教宣道會景林堂	Flat B, 2/F, Block No.9, Hang Hau Village, Tseung Kwan O, N.T	New Territories	5	2	40%
38	Yuen Kei Alliance Church 基督教宣道會元基堂	2/F, Kar Ho Building, 31 Hong Lok Road, Yuen Long, N.T.	New Territories	2	1	50%
39	Junk Bay Alliance Church 基督教宣道會將軍澳堂	Room 311, Po Ling House, Po Lam Estate, Tseung Kwan O, N.T	New Territories	12	9	75%
40	Christian & Missionary Alliance Lai Yiu Alliance Church 基督教宣道會麗瑤堂	2/F, Kwai Chung Centre, 100-192 Kwai Hing Road, Kwai Chung, N.T.	New Territories	10	8	80%
41	Shek Yam Alliance Church 基督教宣道會石蔭堂	1/F, Cheong Fat Building, 21 Kwong Fai Circuit, Kwai Chung	New Territories	1	1	100%
42	Tsuen Wan Church of the Christian & Missionary Alliance 基督教宣道會荃灣堂	3/F, Phase 2, Tsuen Wan Garden, 12-18 Texaco Road, Tsuen Wan	New Territories	5	2	40%
43	St. Stephen's Church 聖斯德望堂	14 Wing Fong Road, Ha Kwai Chung, N.T.	New Territories	20	6	30%
Total				284	223	78.52%

^a Hong Kong is commonly divided into three main regions, namely, Hong Kong Island, Kowloon and the New Territories, although there are 18 administrative districts officially designated by the Government of the Hong Kong Special Administrative Region. Due to the total voluntary basis of participation by local churches, a purposive and snowball sampling strategy is necessarily used to locate prospective participation churches. In the end, the participating churches do not scatter in each of these 18 administrative districts. However, the locations of these churches cover Hong Kong Island, Kowloon and New Territories. In this study, there were 43 participation churches, of which 16 churches are located in Hong Kong Island, 13 churches in Kowloon, and 14 churches in the New Territories.

participation of local churches, the student researcher had tried his best to ensure the maximal possible number of participating churches and families to ensure families of diverse background were included and the return rate of the questionnaires were adequate. All the procedure regarding sampling in the current study had sought approved from the ethics review system of the university.

For sample size, it has long been a controversial issue about the number of adequate participants needed for running structural equation modeling analysis. Generally speaking, larger sample size is preferred due to the program requirements and the multiple observed variables used to define latent variables (Kaplan, 2000). Ding et al. (1995) concluded from various SEM studies and stated that a number of 100 to 150 subjects was the minimum satisfactory sample size. Some scholars suggested adopting the strategy of 10 participants per variable as the calculation of sample size (Kaplan, 2000), other researchers even suggested at least 15 participants per observed variable (Stevens, 2002). One rule of thumb is that sample size should be more 8 times the number of variables in the SEM model, plus 50 extra participants (Loehlin, 1992). No matter which standard is used to decide the sample size, the sample of 223 valid family units for the present study is considered adequate for the purpose of this study.

5.2 Analytical Techniques

In this study, structural equation modeling (SEM) was considered as the most appropriate analytical method to investigate the multiple and structural relationships between parents' religious involvement and psychological functioning, family

functioning, psychosocial maturity and developmental outcomes in youth children. SEM is an analytical technique to test various types of structural or causal models for the purpose of portraying and investigating relationships among observed and/ or latent variables in purpose of providing a quantitative test of a hypothesized model proposed by a researcher (Schumacker & Lomax, 2004; Kaplan, 2009). Of primary concern in SEM is how well the hypothesized model can be explained by the sample data analyzed. Expressed in technical term, it examines the extent to which the hypothesized model fits the sample dataset (Kline, 2005). Stated more succinctly, the hypothesized model can be investigated through SEM to posit how sets of variables define constructs and how these constructs are related to each other ((Fuller & Hester, 2001; Kline, 2005). Therefore, SEM must involve the use of a particular model fitting procedure, in which comparison of the model-implied covariance matrix Σ (sigma) to the sample covariance matrix S needs to be conducted (Byrne, 2006). In this sense, S represents the sample covariance matrix of the observed variable scores and Σ is the population covariance matrix, plus θ (theta) that is a vector comprising of the model parameters. Therefore, $\Sigma(\theta)$ means the restricted covariance matrix implied by the model, such as the specified structure of the hypothesized model.

In SEM, the null hypothesis (H_0) being tested is that the theoretical model is expected to hold in the population, such that $\Sigma = \Sigma(\theta)$. In contrast to traditional statistical procedures, the researcher hopes not to reject the H_0 . More apparently, if Σ and S are close enough in similarity, we can accept that the data fits the theoretical model and the hypotheses postulated by the model are supported as well (Byrne, 2006; Schumacker & Lomax, 2004). In conducting SEM analyses, it needs to undergo a set of specific steps, which include 1) model specification, 2) model identification, 3)

model estimation, 4) model testing, and lastly 5) model modification.

Model specification involves the process of reviewing all relevant research, literature as well as theories before developing a theoretical model (Kline, 2005). The reason behind is that the researcher needs prior research and theories as a rational base to explicate plausible explanations through specifying a theoretical model, like the first part of this study; and Figure 1 specifies the theoretical model of the current study. Afterwards, the researcher proceeds onto the next step of model identification.

In model identification, the crucial part is to resolve the identification problem prior to estimation of parameters. The aim in this step is to avoid the problem of indeterminacy, which is the possibility that the dataset fits more than one implied theoretical model equally well (Kline, 2005; Schumacker & Lomax, 2004). The cause of the problem is that there are insufficient constraints on the hypothesized model and data to obtain unique estimates. As such, it needs to impose necessary constraints on the model. Therefore, each potential parameter in the model must be specified to be either a free parameter, a fixed parameter, or a constrained parameter. A free parameter is a parameter that is unknown and needs to be estimated; a fixed parameter is a parameter that is not free, but is fixed to a specified value, such as 1; and a constrained parameter is a parameter that is unknown, but is constrained to equal to one or more other parameters. There are indeed three types of model identification: 1) a model is under-identified, 2) a model is just-identified, and 3) a model is over-identified.

If a model is either just- or over-identified, then the model is identified. If a

model is under-identified, the degrees of freedom for the model are zero or negative, which means that the model cannot be estimated. More specifically, in order to identify the theoretical model, the number of free parameters to be estimated must be less than or equal to the number of distinct values in the matrix S (Bollen, 1989; Kaplan, 2009). The calculation of the number of distinct values in the matrix S is based on the equation: $p(p+1)/2$, where p is the number of observed variables. Take Model 3 of the present study as example (refer to Figure 10 in page 163). In Model 3, we have fourteen observed variables; hence, there are 105 distinct values in this model $[14(14+1)/2= 105]$. Furthermore, in this model (Model 3 of the current study), we have a total of 40 unknown parameters:

Regression Paths:	13
Factor Loadings:	6
Error Terms:	10
Residual Terms:	5
Variances of Exogenous Variables:	3
Covariances:	<u>3</u>
Total:	40

Therefore, Model 3 may have 65 degrees of freedom $[105-40= 65]$, which connotes that our model is over-identified and can be estimated (Figure 10). From this, we would move to the step of model estimation.

The process of model estimation requires employment of a particular fitting function to minimize the difference between Σ and S . If the elements in the matrix S

minus the elements in the matrix Σ equals zero ($S - \Sigma = 0$), therefore X^2 would be zero also. In this sense, one may say that the theoretical model has a perfect model fit to the sample data (Bollen & Long, 1993; Kline, 2005). Several fitting functions are available. They are 1) unweighted or ordinary least squares (ULS or OLS), generalized least squares (GLS), and maximum likelihood (ML). However, ULS or OLS estimates have no distributional assumptions and are scale dependent, which imply that changes in observed variable scale may yield different sets of estimates. Both the GLS and ML methods are scale free estimates and have desirable asymptotic properties, which are large sample properties, such as minimum variance and unbiasedness (Shumacker & Lomax, 2004; Wood, 1995). Furthermore, GLS and ML estimation methods both assume multivariate normality of the observed variables, which is an important assumption in SEM. The advantage of ML estimation is its toleration of acceptable distributional non-normality, which is also a pragmatic phenomenon in social science research (Meyers et al., 2006). Hence, in this study, ML estimation was the fitting process used to assess the model fit.

Moved onto model testing, this procedure may involve employment of a series of model fit index criteria to determine how well the sample data fit the model. It is not like many other multivariate statistical models, in which there is a single powerful fit index to indicate the fit of that model, e.g. F statistic in ANOVA or Regression. In SEM, multiple model fit indexes are derived from a comparison of the model-implied covariance matrix Σ to the sample covariance matrix S (Mueller, 1996). Generally speaking, except the chi-square statistic(X^2), SEM may adopt a set of goodness-of-fit indexes, which include the family of comparative fit indexes, the family of absolute fit indexes, as well as the family of badness-of-fit indexes (or alternatively termed as

absolute misfit indexes), to indicate the model fit.

When a model has a good fit, its X^2 statistic may approximate to the degrees of freedom and appears to be non-significant ($p > .05$). However, chi-square statistic is more sensitive to sample size and can easily approach significance when sample size is large (e.g. $N > 200$). Therefore, it is unrealistic to take a non-significant X^2 statistic in most cases. It is more adequate to use a X^2/df ratio to determine the model fit (Bollen, 1989; Mueller, 1996). A rule of thumb is that if a cut-off value less than 5.00 in X^2/df ratio indicates a good data-model fit (Bollen, 1989; Mueller, 1996). In addition, the family of comparative fit indexes includes Normed Fit Index (*NFI*; Bentler & Bonett, 1980) and Comparative Fit Index (*CFI*; Bentler, 1990), which mainly measure the proportionate improvement in fit by comparing a hypothesized model with the independence model (Hu & Bentler, 1999; Rigdon, 1996). *NFI* has a tendency to underestimate fit in small samples; therefore, Bentler (1990) revised the *NFI* to consider sample size and put forward the *CFI*. Values for both the *NFI* and *CFI* can range from 0 to 1, in which a value $>.90$ is considered a well fitting between the hypothesized model and the sample data, and a value $>.95$ represents an excellent fitting (Hu & Bentler, 1999).

For the family of absolute fit indexes, they include McDonald Fit Index (*MFI*; McDonald, 1989) and Goodness-of-Fit Index (*GFI*; Jöreskog & Sörbom, 1984). These fit indexes do not rely on comparison with a baseline model (e.g. the independence model) to determine the model fit; rather they depend on how well the proportion between data-model fit (Brown et al., 2002). A value of $.90$ or greater represents a well-fitting model in these fit indexes.

On the other hand, the family of absolute misfit indexes consist of the Root Mean Square Residual (*RMR*; Hu & Bentler, 1995), Standardized Root Mean Square Residual (*SRMR*; Hu & Bentler, 1995) and the Root Mean Square Error of Approximation (*RMSEA*; Steiger & Lind, 1989), which are obviously different from the absolute fit indexes, where the formers decrease as goodness-of-fit of the model improves and the latter increase as goodness-of-fit of the model improves (Browne et al., 2002). For *RMR*, it represents the average residual value derived from the fitting of the variance-covariance matrix of the hypothesized model $\Sigma(\theta)$ compared to the variance-covariance matrix of the sample data (*S*); however, these residuals are relative to the sizes of the observed variances and covariances, thereby they are difficult to interpret (Hu & Bentler, 1995). *SRMR* can be interpreted as the standardized form of *RMR*, which represents the average value across all standardized residuals and ranges from 0 to 1. A model with good-fitting should have a value of *SRMR* equal to or less than .05 (Hu & Bentler, 1995).

RMSEA is one of the most useful and indicative criteria in covariance structure modeling. The *RMSEA* not only takes the error of approximation in the population into account, but also addresses the question “How well would the model, with unknown but optimally chosen parameter values, fit the population covariance matrix if it were available?” (Browne & Cudck, 1993, pp.137-8). Therefore, *RMSEA* makes itself sensitive to the number of estimated parameters in the models as the discrepancy is expressed per degree of freedom in the estimation. The values of *RMSEA* less than .05 represent excellent fit of the model, values between .05 and .08 connote good fit of the model, and values ranging from .08 to .10 indicate mediocre fit; however,

those values greater .10 imply poor fit (MacCallum et al., 1996). Because the *RMSEA* is more informative over other absolute misfit indexes, *RMSEA* was reported in this study.

One of the advantages of using SEM is that this analytical technique can allow the capacity of allowing multiple predictor and endogenous variables to explain the outcome variables in a path diagram simultaneously. SEM is similar to linear regression analysis with each equation representing the values of a criterion variable as a linear function of one or more predictor variables (Kline, 2005). In fact, the advancement of SEM can be seen as an extension of the general linear model (GLM), of which multiple regressions composing an essential part. In comparison of multiple regression or simple path analysis, SEM is more favorable because it does not require the assumption of perfect measurement error (Meyers, 2006; Millsap, 2002). In addition, this technique can model both random and nonrandom measurement errors. Interpreted simply, SEM combines both the path analysis (PA) and confirmatory factor analysis (CFA) approaches into a single integrated statistical procedure. As such, SEM can be conceptualized as the analysis of two hypothetically distinct models: the measurement model and the structural model. In carrying out the analysis, the measurement model and the structural model are estimated simultaneously, in which the estimation explores measured variables, establishes a measurement model linking latent variables to their indicators, and investigates the relations among these latent variables in the form of a structural model (Byrne, 2006; Kline, 2005)

Confirmatory factor analysis (CFA) is an essential component of SEM. It

assumes that the covariance between a set of variables in the diagram can be reduced to a smaller number of underlying latent factors (or called latent construct/ variable) (Hox & Bechger, 1998). The function of CFA in SEM analysis is to reduce a large number of variables into smaller and more manageable number of factors. The reason to adopt CFA, but not exploratory factor analysis (EFA), is that EFA proceeds with no pre-stated hypotheses about the number of latent factors and the relationships between the latent factors and the observed variables. However, CFA can show clear factor structure in the diagram based on theories and empirical findings in prior research. Therefore, confirmatory factor analysis method is used to identify the factors of parents' religious involvement and psychological functioning as well as psychosocial maturity and developmental outcomes in children in the current study. The confirmatory factor analysis would estimate loadings of items that were specified to identify the above mentioned factors. Therefore, the analyses focus on estimating loadings of parental intrinsic religiousness and positive religious coping on parents' religious involvement, loadings of parental optimism and depression on parental psychological functioning, loadings of positive self-identity, temperance, future orientation, perspective taking on children's psychosocial maturity, as well as externalizing and internalizing symptoms on developmental problems in children.

In addition, path analysis (PA) is a method to investigate the direct and indirect relationships among multiple variables. In conducting PA, the types of models can be broadly classified into recursive and non-recursive models respectively. In this study, recursive modeling approach is used to analyze data. Commonly known, the recursive approach has been prevalently adopted in social science research (Bollen, 1989; Byrne, 2006), which assumes that causal inferences can be ordered. For example, variable X_1 ,

being an exogenous variable in the modeling system, does not necessarily reply on any other remaining variables in the system, but may vary as result of exogenous causes. The second variable X_2 may be found to depend on the functioning of X_1 . And the PA modeling system can be built by adding variable X_3 in the modeling system, which may vary depending the functioning of both or either X_1 and/or X_2 , under the assumption that neither X_1 or X_2 would be influenced by X_3 (McClendon, 2002).

In sum, SEM was used to depict the relationships between parents' religious involvement and their children's developmental outcomes, in which, the first model (Model 1) was to investigate the effects of parents' religious involvement on children's internalized problem symptoms, and the second model (Model 2) was about the effects on children's externalized problem symptoms, and the last model (Model 3) was to combine children's internalized problem symptoms and externalized problem symptoms into a latent outcome construct, which was considered as children's general developmental problems and explore how parents' religious involvement influenced this construct. Prior research commonly pointed out the coexistence of both internalized problems and externalized problems among adolescents (Sherier et al., 2001; Valiente, et al., 2007), and this is consistent with the thesis of co-morbidity (Aschauer & Schlogelhofer, 2003; Benda; 2005; Simons et al., 2004; Yeung et al., 2010).

For assessing the data-model fit in the current study, as discussed above, I would like to report chi-square (X^2), degree of freedom (df), X^2/df ratio, *CFI*, *GFI*, and *RMSEA* as indexes of how well the hypothesized model represents the sample data; in fact, the use of these indexes to identify the extent of model fitting was manifestly

recommndated by SEM scholars (Brown et al., 2002; Byrne, 2006; Hu & Bentler, 1999; Kline, 2005; Meyers et al., 2006).

On the other hand, due to almost all the multivariate procedures necessary to be run in full dataset, ways in managing missing data appear to be noticeable (Bollen, 1989; Grimm & Yarnold, 2000). There are three common assumptions in social research about missing values. The first one is missing completely at random (MCAR), which implies that the missingness is independent of both the unobserved and observed values in the dataset. The second one is missing at random (MAR), which assumes that the missingness is independent only of the missing values and not of other observed values in the dataset. The last one is nonignorable missing at random (NMAR), which shows an exisintg dependency and relationship between those mssing values and the available data. However, in reality it is very hard to discern which type of missing values of a dataset belongs to if the total amount of missing values is trivial. By large, missing data that does not exceed 5% of the cases can be ignored (Field, A. 2009; Myers et al., 2006).

In additon, there are several methods to deal with missing values. The first one is listwise deletion, which is to remove all cases that have a missing value. This method, however, may reduce the sample size. The second one is pariwise, which means that no cases are ncessarily removed and only cases with missing values are excluded for analysis in certain analytical procdures. But pairwise deletion is not a reliable method in multivariate procdures as the sample size varies across analyses and the goodness-of-fit indexes can be biased by the result of interaction between the percentage of missing data and the sample size. The thrird mehtod is single imputation,

which is to replace missing data with some estimated values, such as mean imputation or regression imputation. However, this method has its limitation as it may restrict the variability of variables in the dataset and biases the results (Graham et al., 2003).

In SEM analyses, it is common to use expectation maximization (EM) estimation to tackle the issue of missing values, which surpasses the above-mentioned methods of missing values coping as EM can reduce biases in analyses. EM is a maximum likelihood approach for estimating missing values through using all the available variables as predictors to impute missing values (Allison, 2002). Nonetheless, all nowadays available missing data methods have their pros and cons, and the present study had two problematic questionnaires, in which the items related to the number of family members was erroneous as the total number of family members was one. Theoretically, the smallest participating family units, single-parent family for example, should have two members, for this the researcher had phoned the responsible parents of these participating families and clarified correct answers. As such, the analyses of the present study are based on a full dataset.

Another issue, I would like to address when using SEM in doing analytical procedures in the field of social science. Like most multivariate procedures, an important assumption about the scaling of observed variables in SEM should be continuous data (Kline, 2005; Kaplan, 2009; Muller, 1996). However, scholars have been querying about the existence of “true” continuous variables in social research, as a continuous variable means one that takes an infinite number of possible values. Manifestly, continuous variables are usually measurements, in which the range between two limit ends is infinite (Atkinson, 1988; Muthen, 1984). For examples,

there are endless possibilities of range between 1 and 10; it can be 1.01, 3.1022 or 9.00007, or whatever the number value you give to the variable within the range. In fact, the most common scaling method used in social science is categorical data with an ordinal scale, or to its most is data with an interval scale. However, use of Likert-scaled values as if they are continuous data for analysis in multivariate procedures “has been the norm for many years now and applies to traditional statistical techniques (e.g. ANOVA, MANOVA) as well as SEM analyses (Byrne, 2009, p. 143).”

Albeit treating Likert-scaled values as if continuous data in social research has been common, literature support that when the number of categories is large enough, e.g. \geq a 4-point scale, and the distribution of the data being analyzed appears to be normal, the effects of categorical data on accuracy of analysis is negligible (Muthen & Kaplan, 1985). For this, Bentler and Chou (1987) said that, under approximate normal distribution of categorical data, “continuous methods can be used with little worry when a variable has four or more categories (p. 88).” For this, the least scaling used to collect data in the present study is a 4-point Likert-scaled value, and the dataset I used to conduct SEM analyses are multivariately normal that is supported by the assessment of multivariate normality in the chapter of findings (Chapter 6), in which a dataset with the streak of multivariate normal distribution should not have any kurtosis values from the study variables which exceed a level of 7, and should be with the z-statistic of Mardia’s (1974) normalized estimate of multivariate kurtosis less than 5 (West et al., 1995)³.

³ The reporting of assessment of multivariate normality is more in detail in Chapter 6.

Chapter 6. Findings

In this study, I was first to report the demographic and background characteristics of the parent and child participants, and these are followed by the results of analyses of a structural model portraying the relationships between parents' religious involvement and children's internalizing problems that was measured by the 21-item Depression Anxiety Stress Scale (DASS-21) (Model 1). Then, a structural model depicting the relationships between parents' religious involvement and children's externalizing problems measured by the Externalizing Problem Symptoms Scale (EPSS) was also presented (Model 2). After that, there would be an attempt to combine both the internalizing and externalizing problems of children into a latent outcome construct, called the Developmental Problems in Children, and another structural model investigating the relationships between parents' religious involvement and children's developmental problems was conducted (Model 3).

6.1 Descriptives of the Participants

Of the 223 families taking part in this study, mothers who were the major caregivers responsible for rearing and socializing of their children in home comprise 80.7% (180 mothers) of the parent participants, and father who were major caregivers constitute 19.3% (43 fathers) of the parent participants in this study (Table 2.1). For family structure, there were 204 two-parent families (91.5%) and 19 single-parent families (8.5%). About 3.6% of the participatory families (8 families) were on welfare. The number of family members among the 223 participatory families was rather diverse. The majority of the families had four family members (62.8%), 21.5% families had

three members (48 families) and 10.8% families had five members (24 families). Seven families had two family members only (3.1%) and four families had six family members (1.8%). The average number of family members is 3.87 (SD=.71).

Table 2.1. Gender of Parent Participants, Family Structure, Whether on Welfare and Family Members of the Participatory Families

Background Variables	% [Freq.]	Mean (S.D.)
1. Gender		1.19 (.40)
1) Female	80.7% [180]	
2) Male	19.3% [43]	
2. Family Structure		1.08 (.28)
1) Two-Parent Family	91.5% [204]	
2) Single-parent Family	8.5% [19]	
3. Whether On Welfare		1.96 (.19)
1) No	96.4% [215]	
2) Yes	3.6% [8]	
4. No. of Family Members ^a		3.87 (.71)
1) Two Members	3.1% [7]	
2) Three Members	21.5% [48]	
3) Four Members	62.8% [140]	
4) Five Members	10.8% [24]	
5) Six Members	1.8% [4]	

^aThe participating families with the least family members should be two as those single-parent families at least had the parent himself/ herself and the single child.

For the educational attainment of parent participants, nearly half of the parent participants had completed secondary schooling (48%), 41.7% of the parents had attained higher education, in which 39 parents had received post-secondary education (17.5%) and 54 parents had obtained an undergraduate degree (24.2%). Seventeen parents were only at primary education level (7.6%) and, on the other hand, few parents had attained postgraduate level (2.7%). In addition, the education attainment

of spouses is similar to the parent participants, in which majority of spouses had completed secondary education (40.4%), and 22.4% spouses had attained post-secondary level (50 spouses), as well as 22.9% spouses had obtained an undergraduate degree (51 spouses). Besides, 11 spouses had attained postgraduate level (4.9%) and 21 spouses were only with primary education (9.4%).

The range of parent participants' income levels is wide, ranging from no income (17.0%) to an income level of more than seventy thousand Hong Kong Dollars per month (3.6%) (Table 2.2). In fact, many parents were with income levels from HKD 10,000 to HKD29,999 (38.6%). Seventy-four parents (33.2%) had income lower than HKD 10,000 per month; however, another forty-two parents (18.9%) had the monthly income levels equal to or more than HKD 40,000 per month. In the same vein, income levels of parents' spouses were also widely different. There were 8.1% of the spouses who were without any income and 6.3% of the spouses with the income level equal to or more than HKD 70,000 per month. Besides, 16.6% of the spouses had income levels lower than HKD10,000 per month, in comparison to those 18.8% spouses who were with a monthly income of HKD 40,000 or more, which shows an apparent gap between the income levels between parent participants and their spouses. Moreover, more than half of the spouses fell in-between the monthly income levels from HKD 10,000 to HKD 29,999 (52.9%).

As far as the characteristics of child participants are concerned, 44.4% child participants are males (99 children), and the remaining 55.6% are females (124 children) (Table 2.3). The mean age of the child participants is 16.7 (SD=2.16), in

Table 2.2. Income Levels of Parent Participants and their Spouses^a

	% [Freq.]	Mean (S.D.)
1 Income Levels of Parent Participants		4.86 (2.70)
1) No Income	17.0% [38]	
2) HKD 6,999 or below ^b	10.8% [24]	
3) HKD 7,000-9,999	5.4% [12]	
4) HKD 10,000-14,999	10.8% [24]	
5) HKD 15,000-19,999	9.0% [20]	
6) HKD 20,000-29,999	18.8% [42]	
7) HKD 30,000-39,999	9.4% [21]	
8) HKD 40,000-49,999	9.0% [20]	
9) HKD 50,000-69,999	6.3% [14]	
10) HKD 70,000 or above	3.6% [8]	
2. Income Levels of Parent Participants' Spouses ^b		5.52 (2.34)
1) No Income	8.1% [18]	
2) HKD 6,999 or below	1.3% [3]	
3) HKD 7,000-9,999	7.2% [16]	
4) HKD 10,000-14,999	17.5% [39]	
5) HKD 15,000-19,999	13.9% [31]	
6) HKD 20,000-29,999	21.5% [48]	
7) HKD 30,000-39,999	11.7% [26]	
8) HKD 40,000-49,999	5.8% [13]	
9) HKD 50,000-69,999	6.7% [15]	
10) HKD 70,000 or above	6.3% [14]	

^a Income levels to be checked rather than reporting exact incomes may encourage parents to answer this sensitive question item and give more precise answer (Sapsford, 2007).

^b Income levels of spouses of those 19 single-parent families were reported as it is considered that the financial capacity of the departed spouses may still have functions in the availability of resources in those single-parent families.

Table 2.3. Descriptives of Gender, Age, Identity Status, and Education Background of the Child Participants

	% [Freq.]	Mean (S.D.)
1. Gender		1.56 (.58)
1) Male	44.4% [99]	
2) Female	55.6% [124]	
2. Age ^a		16.70 (2.16)
1) 14 Years old	21.5% [48]	
2) 15 years old	11.2% [25]	
3) 16 years old	21.5% [48]	
4) 17 years old	9.4% [21]	
5) 18 years old	12.6% [28]	
6) 19 years old	10.3% [23]	
7) 20 years old	8.1% [18]	
8) 21 years old	5.4% [12]	
3. Identity Status		1.04 (.20)
1) Student	96.0% [214]	
2) On Work	4.0% [9]	
4. Education Attainment		5.08 (1.67)
1) Secondary One	0% [0]	
2) Secondary Two	4.0% [9]	
3) Secondary Three	18.8% [42]	
4) Secondary Four	14.8% [33]	
5) Secondary Five	21.1% [47]	
6) Sixth Form	18.4% [41]	
7) Post-Secondary Education	14.3% [32]	
8) Undergraduate or Above	8.5% [19]	

^aBased on previous research, adolescents are generally classified as early adolescence (aged 12-13), young adolescence (aged 14-15), middle adolescence (aged 16-17), and late adolescence (aged 18-21) (Snider, 2007; Swanson, 2010; Walker, 2007). In this study, only children in-between young and late adolescence were selected to take part in the survey as their psychological and behavioral problems would be more pronounced during this period, and these children are better to understand the contents of the question items in the questionnaires (Arnett, 2007; Flannery et al., 2005; Simons et al., 2004).

which 32.7% of the child participants were at young adolescence (73 children)⁴, and 30.9% were at middle adolescence (69 children). Child participants of late adolescence constituted 36.4% (81 children) of the child participants. For their educational status, 22.8% of the child participants were at junior secondary education⁵ (51 children), and 35.9% of the child participants were at senior secondary education (80 children). In addition, 18.4% of the children were sixth formers and 14.3% received post-secondary education (41 and 32 children respectively). The remaining 19 children had received undergraduate education or above (8.5%).

Table 3 shows the correlation coefficients, the mean levels, as well as the standard deviations of the study variables. As can be seen from the table, the mean levels of the two parents' religious involvement variables, intrinsic religiosity and religious coping, showed that parents tended to have a higher level of religiousness (means = 4.05 and 3.50). For the psychological health variables, the parent participants demonstrated a moderate level of optimism and a low level of depressive symptoms (means = 3.39 and 1.74). For family functioning variables, the mean levels of family processes and parenting practices were above average (means = 3.71 and 3.82 respectively). The variables for children's psychosocial maturity are indicative of higher scores in positive self-identity (mean = 3.50), good temperance (mean = 3.50), and perspective talking (3.71), but not in positive future orientation (mean = 3.00).

⁴ Based on previous research, children who were aged between 12 and 13 were classified as early adolescence. Those who were in the ages of 14 and 15 were classified as young adolescence and children who were aged between 16 and 17 were classified in middle adolescence (Snider; 2007; Swanson; 2010; Walker, 2007). For children aged between 18 and 21, they were classified as late adolescence. However, in this study, only children aged between 14 and 21 had been recruited as participants as behavioral problems were assumed to be more prominent during this period.

⁵ In Hong Kong, secondary one, two and three are commonly categorized as junior secondary school, secondary 4 and 5 are considered as senior secondary school. And secondary 6 and 7 were regarded as sixth form. Moreover, post-secondary study is counted as doing a non-undergraduate qualification, e.g. associate degree or higher diploma, in higher education.

Table 3. Correlation And Descriptive Statistics Of The Study Variables (N=223)

Study Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Parents' Intrinsic Religiosity	--													
2 Parents' Religious Coping	.43**	--												
3 Parental Optimism	.31**	.31**	--											
4 Parental Depression	-.40**	-.35**	-.49**	--										
5 Family Processes	.29**	.39**	.32**	-.40**	--									
6 Parenting Practices	.38**	.41**	.21**	-.35**	.72**	--								
7 Positive Self-Identity	.13*	.15*	.02	-.09	.35**	.27**	--							
8 Good Temperance	.09	.13*	.06	-.01	.30**	.32**	.50**	--						
9 Positive Future Orientation	.14*	.09	-.01	.03	.27**	.33**	.35**	.60**	--					
10 Perspective Taking	.12*	.13*	-.01	.03	.30**	.35**	.43**	.47**	.49**	--				
11 Internalizing Problems	-.07	-.13*	-.11 ^a *	.16	-.34**	-.24**	-.46**	-.19**	-.10	-.21**	--			
12 Externalizing Problems	-.05	-.001	-.10	.08	-.25**	-.24**	-.26**	-.33**	-.35**	-.17**	.26**	--		
13 Family SES	.21**	.12*	.09	-.11 _a	.24**	.20**	.14*	-.01	.03	.03	-.08	.00	--	
14 Child Age	-.02	-.01	-.06	-.03	.04	-.05	.04	.015	.03	.07	-.12*	.04	-.15*	--
Mean (SD)	4.05 (.45)	3.50 (2.45)	3.39 (.49)	1.74 (.46)	3.71 (.46)	3.82 (.44)	3.50 (.66)	3.50 (.58)	3.00 (.44)	3.71 (.59)	1.86 (.58)	1.98 (.51)	.00 (1.74)	2.17 (1.03)
Range	1-5	1-4	1-5	1-4	1-5	1-5	1-5	1-5	1-4	1-5	1-4	1-7	--	14-21

^{a)} The correlation coefficient between parental optimism and internalizing problems is precisely $r = .111$ that is at a significance level of $p = .049$, and the correlation coefficient between parental depression and family SES is $r = -.110$ that is at a significance level of $p = .051$. Hence, to the nearest round 2, one correlation coefficient becomes insignificant at the level of $p < .05$, $p < .05$, $**p < .01$

Furthermore, child participants had no prominent internalizing problems (mean = 1.86) and externalizing problems (mean = 1.98).

For the parents' religious variables, intrinsic religiosity was substantially correlated with positive religious coping ($r=.43$, $p<.01$). For these two religious variables, they were significantly correlated with parental optimism positively and parental depressive symptoms negatively, in which the correlation coefficients between parent's intrinsic religiosity and parental optimism as well as between parent's religious coping and parental optimism were all the same, both were $r= .31$, $p< .01$. And compared to the correlation coefficient between parent's religious coping and parental depressive symptoms ($r= -.35$, $p< .01$), the correlation coefficient between parent's intrinsic religiosity and parental depressive symptoms ($r= -.40$, $p<.01$) was larger in effect size, in which the later accounted for 16% of the variance for the relationship and the former only accounted for 12.25% of the variance for the relationship. Moreover, parental optimism and depression were significantly and negatively correlated ($r= -.49$, $p< .01$). Besides, parental optimism was significantly related to better family processes ($r= .32$, $p<.01$) and parenting practices ($r= .21$, $p<.01$), and parental depression was in turn significantly associated with poor family processes ($r= -.40$, $p<.01$) and parenting practices ($r= -.35$, $p<.01$). For the two family functioning variables, family processes and parenting practices were significantly and considerably correlated with each other in a positive way ($r= .72$, $p<.01$). According to Meyers et al. (2006), this magnitude of correlation does not exhibit the problem of common variance. More than that, the two family functioning variables were both positively related to all indicators of children's psychosocial maturity at a significant level with the coefficients ranging from $r= .27$ ($p<.01$) to $r= .35$ ($p<.01$).

On the other hand, except the relationship between positive future orientation and internalizing problems, the four indicators of psychosocial maturity were all significantly and inversely related to both internalizing problems and externalizing problems in children, in which positive self-identity was the most robust variable inversely associated with children's internalizing problems ($r = -.46, p < .01$), and, in addition, positive future orientation was, on the other hand, the strongest variable negatively related to externalizing problems ($r = -.35, p < .01$). Last but not least, internalizing and externalizing problems, the two outcome variables of children's developmental problems in this study, were coherently correlated with each other at a significance level ($r = .26, p < .01$).

The correlation patterns among the study variables were explicitly coherent with the theoretical discussion in the literature review of this study, which augment the justification to carry out SEM analyses subsequently (Byrne, 2006; Schumacker & Lomax, 2004). Something need mentioning here is that some scholars would like to conduct hierarchical linear regression before carrying out SEM analyses in order to first find out which predictor variables are significantly related to the outcome variables for purpose of increasing the good fit of the structural model being investigated (Kline, 2005; Mueller, 1996). However, this practice may not preclude a sense of 'trial and error', which utterly budes the theoretical assumption of structural and causal modeling analyses. Apparently, SEM technique is a confirmatory analysis, which is generally with a sound theoretical basis and logical inferences arisen from extensively reviewing prior literature and research; therefore, it should take a tentative way to conduct SEM investigation (Kaplan, 2009; Kline, 2005).

6.2 Analyses of the Structural Model from Parental Religious Involvement to Children's Internalizing Problems

In this study, the first structural model was attempted to investigate the relationships between parents' religious involvement and internalizing problems in children (Model 1). Figure 2 depicts the structure of the model, in which the outcome variable, internalizing problems in children measured by the Depression Anxiety Stress Scale (DASS-21), was treated as a manifest construct. Table 4.1 shows the syntax for Model 1 in AMOS. Before moving to investigate the significance of the path coefficients as well as factor loadings in the model, it needs to assess the model fit through a set of fit measures. In this model, the chi-square (X^2) was 101.36, with a p value $< .001$; and the degrees of freedom (df) were 54 (Table 4.2). Since the X^2 statistic in SEM is highly sensitive to sample size, it is easy to obtain a significant value. Therefore, the adoption of a X^2/df ratio to determine the model fit would be more legitimate (Bollen, 1989; Mueller, 1996). A rule of thumb is that a cut-off value less than 5.00 in the X^2/df ratio indicates a good data-model fit (Bollen, 1989; Mueller, 1996). The X^2/df ratio was 1.88 in Model 1, and this is indicative a good fit of the model. Furthermore, the GFI and CFI were .937 and .938 respectively, both of which were indicative of an acceptable good fit between the hypothesized model and the sample data (Hu & Bentler, 1999). For the absolute misfit index, $RMSEA$, it was .063, this also suggests a moderately good fit of the model (MacCallum et al., 1996).

There is a critical assumption in conducting SEM analyses that the data being investigated should be multivariate normal, which is based on the large sample theory that is the footing of structural and causal modeling analyses (Bollen, 1989;

Figure 2. The Structural Model Linking the Relationships between Parents' Religious Involvement and Internalizing Problems in Children (Model 1)

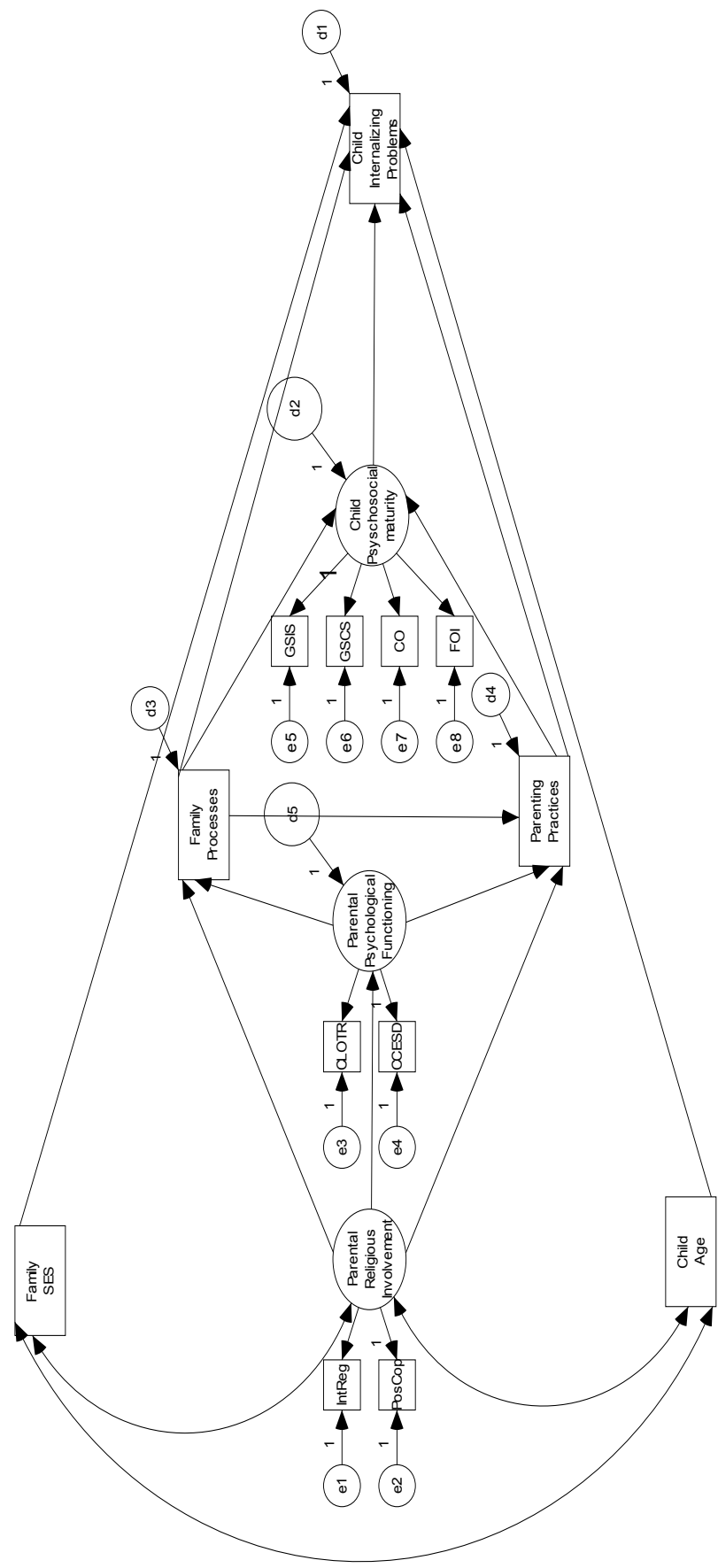


Table 4.1. The Syntax Of Model 1 in AMOS

```
Module MainModule

Public Sub Main()

    Dim Sem As AmosEngine
    Sem = New AmosEngine
    Sem.TextOutput
    AnalysisProperties(Sem)
    ModelSpecification(Sem)
    Sem.FitAllModels()
    Sem.Dispose()

End Sub

Sub ModelSpecification(Sem As AmosEngine)
    Sem.GenerateDefaultCovariances(False)

    Sem.BeginGroup("D:\Work & Days\jerf days\doc study\religion and family\Parnetal
Religion Dataset & Analysis\Analysis\..\Dataset\relig&fam.sav", "relig&fam")

        Sem.GroupName("Group number 1")
        Sem.AStructure("PosCop = (1) PRI + (1) e2")
        Sem.AStructure("IntReg = PRI + (1) e1")
        Sem.AStructure("PPF = PRI + (1) d5")
        Sem.AStructure("CCESD = (1) PPF + (1) e4")
        Sem.AStructure("CLOTR = PPF + (1) e3")
        Sem.AStructure("CPM = FFSS + APS + (1) d2")
        Sem.AStructure("GSCS = (1) CPM + (1) e6")
        Sem.AStructure("GSIS = CPM + (1) e5")
        Sem.AStructure("CO = CPM + (1) e7")
        Sem.AStructure("FOI = CPM + (1) e8")
        Sem.AStructure("FFSS = PPF + PRI + (1) d3")
        Sem.AStructure("APS = FFSS + PPF + PRI + (1) d4")
        Sem.AStructure("DASS = FamSES + AgeC + CPM + FFSS + APS + (1) d1")

        Sem.AStructure("PRI <--> AgeC")
        Sem.AStructure("FamSES <--> PRI")
        Sem.AStructure("FamSES <--> AgeC")
        Sem.Model("Default model", "")

End Sub
```

Table 4.2. Model Fit Indexes and Model Comparison Measures for Model Modifications

1) Model 1 on the relationships between parents' religious involvement and children's internalizing problems

Model	χ^2	<i>df</i>	<i>p</i>	χ^2/df	<i>GFI</i>	<i>CFI</i>	<i>RMSEA</i>	<i>AIC</i>	<i>BCC</i>	$\Delta \chi^2(df)$
Model 1 (Reference)	101.36	54	<.001	1.88	.937	.938	.063	175.36	180.34	--
Model 1a	87.36	53	=.002	1.65	.946	.955	.054	163.36	168.47	14.00(1)**
Model 1b	74.89	38	<.001	1.97	.944	.951	.066	130.89	134.09	26.47(16)*

2) Model 2 on relationships between parents' religious involvement and children's externalizing problems

Model	χ^2	<i>df</i>	<i>p</i>	χ^2/df	<i>GFI</i>	<i>CFI</i>	<i>RMSEA</i>	<i>AIC</i>	<i>BCC</i>	$\Delta \chi^2(df)$
Model 2 (Reference)	77.86	54	=.018	1.44	.952	.968	.045	151.86	156.84	--
Model 2a	64.69	53	=.13	1.22	.959	.984	.032	140.69	145.81	13.17(1)**
Model 2b	54.24	39	=.053	1.39	.959	.979	.042	108.24	111.33	23.62(15)

3) Model 3 on the relationships between parents' religious involvement and children's developmental problems

Model	χ^2	<i>df</i>	<i>p</i>	χ^2/df	<i>GFI</i>	<i>CFI</i>	<i>RMSEA</i>	<i>AIC</i>	<i>BCC</i>	$\Delta \chi^2(df)$
Model 3 (Reference)	123.94	65	>.001	1.91	.926	.927	.064	203.94	209.74	--
Model 3a	90.98	64	=.015	1.42	.947	.966	.044	172.98	178.92	32.96(1)**
Model 3b	73.58	47	=.008	1.57	.950	.966	.050	135.58	139.44	53.36(18)**

p*< .05, *p*< .01

Kline, 2005). One of the methods to check whether this assumption has been met or not is to see whether there exists a multivariate kurtotic problem in the modeling, which is a situation where the multivariate distribution of the observed variables commonly has both tails and peaks that deviate from the streaks of a multivariate normal distribution. The evidence for the dataset being analyzed with a multivariate normal distribution is that, based on the assessment of multivariate normality, there are not any kurtosis values from the study variables which exceed a level of ± 7 and the z-statistic of Mardia's (1974) normalized estimate of multivariate kurtosis that is not greater than a value of 5. Table 4.3 displays that the kurtosis values range from -1.285 to 2.402 and the z-statistic is 1.425, which means that the data being modeled are multivariate normal. The reason to test whether the study variables are multivariately normal rather than univariately normal is that albeit the distribution of observed variables are with univariate normality, which is not necessary to ensure the attestation of the later (West et al., 1995). Stated succinctly, the multivariate distribution can be still multivariately non-normal, even the observed variables appear to be univariate normal. And corroboration of multivariately normal distribution is the theoretical footing for accuracy of SEM analyses (Bollen, 1993; Mueller, 1996).

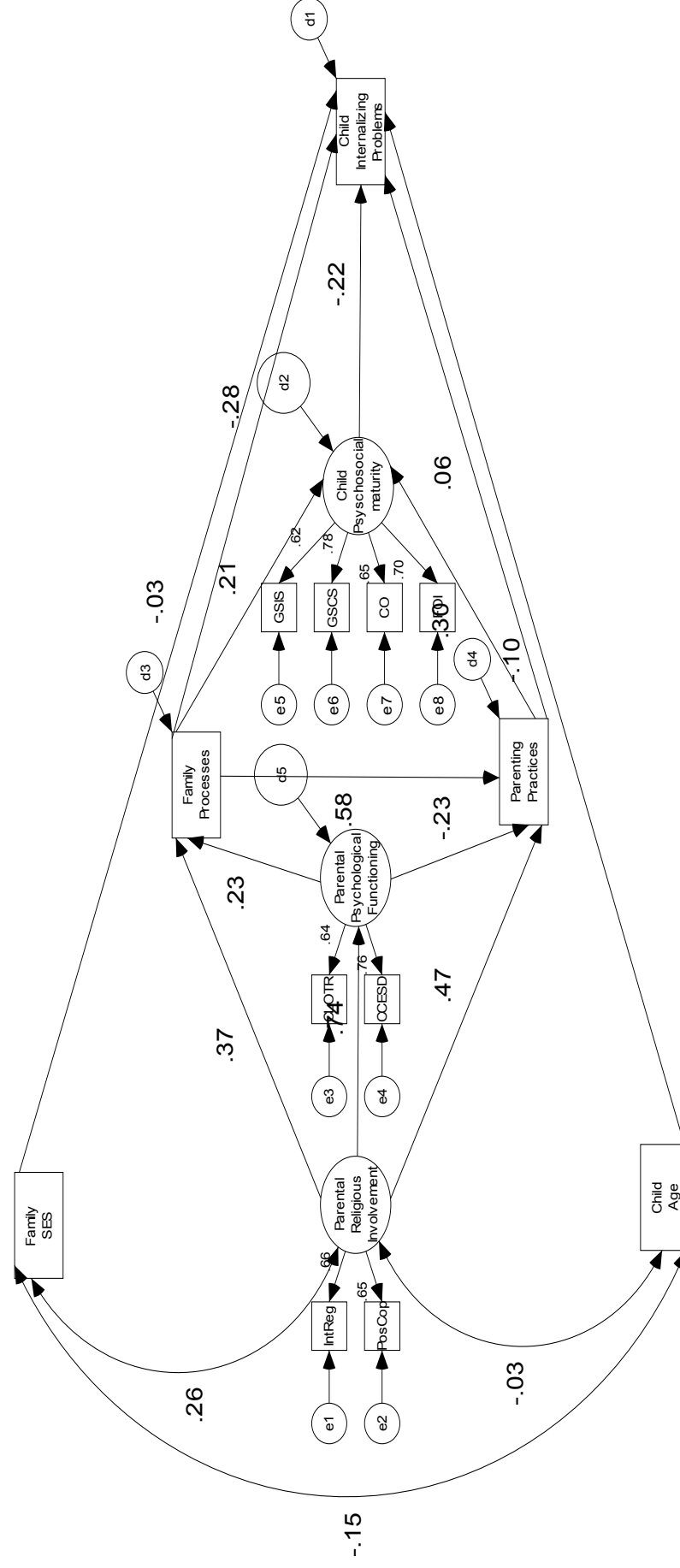
The factor loadings of Model 1 all had attained an acceptable level, i.e. all are above .3 (Byrne, 2001; Kline, 2005). The two religious indicators, namely, intrinsic religiosity and positive religious coping, loaded so well on the latent religious construct of parental religious involvement that the path coefficients reached .66 and .65 respectively (Figure 3). In addition, the factor loadings of parental psychological functioning were .64 for parental optimism and .76 for parental depression, in which the scores of parental depression had been reversely coded for

Table 4.3. Assessment of Multivariate Normality for Model 1

Study Variables	Min	Max	Skew	C.R.	Kurtosis	z-statistic (C.R.)
FamSES	-3.443	4.797	.434	2.649	-.271	-.826
AgeC	1.000	4.000	.389	2.374	-1.034	-3.152
FFSS	2.135	4.827	-.426	-2.598	.364	1.109
APS	2.650	4.900	-.235	-1.431	-.031	-.094
DASS	1.000	3.714	.548	3.342	-.365	-1.112
FOI	1.625	4.000	-.117	-.712	.075	.228
CO	1.714	5.000	-.108	-.658	-.126	-.383
GSIS	1.167	5.000	-.421	-2.567	.690	2.103
GSCS	1.857	5.000	-.155	-.945	-.167	-.510
CLOTR	2.167	4.833	.023	.141	-.435	-1.326
CCESD	1.700	4.000	-.560	-3.414	-.077	-.233
IntReg	1.750	5.000	-.816	-4.975	2.402	7.323
PosCop	.000	7.000	-.031	-.186	-1.285	-3.916
Multivariate					3.768	1.425

Note. FamSES= Family SES, AgeC= Child Age, FFSS= Family Functioning Style Scale, APS= Authoritative Parenting Subscale of PAQ, DASS= Depression Anxiety Stress Scale, FOI= Future Outlook Inventory, CO=Consideration of Others, GSIS= Child's Positive Self-Image Scale, GSCS= Good Self-Control Scale, CLOTR= Chinese Revised Life Orientation Test, CCESD= Chinese Center for Epidemiologic Studies- Depressed Mood Scale, IntReg= Intrinsic Religious Orientation Subscale of ROSR, PosCop= Positive Religious Coping Subscale of Brief RCOPE.

Figure 3. The Structural Model Linking the Relationships between Parents' Religious Involvement and Internalizing Problems in Children (Model 1), Standardized Coefficients Displayed



the purpose of same approach variance. Therefore, higher scores of parental depression were indicative of less depressive symptoms. As such, the latent construct of parental psychological functioning connotes better psychological health of parent participants. For the loadings of psychosocial maturity, the coefficients ranged from .62 to .78, all of which were indicative that the loadings were representative of the latent construct quite well.

Looking at the structural part of the model, parental religious involvement had positive direct effects on parental psychological health ($\beta = .74$), family processes ($\beta = .37$), and parenting practices ($\beta = .47$); therefore hypothesis 1 and 2 are supported (Table 4.4). Besides, family processes had a significant and positive path to parenting practices ($\beta = .58$), which is consistent with ‘carry-over’ thesis that better home atmosphere and climate in terms of cohesive relationships, higher mutual support and effective communications among family members, particularly between spouses themselves, could be salutary to parents’ capacity in carrying out good parenting behaviors (hypothesis 4 is supported). However, psychological health in parents was not significantly predictive of more positive family processes and competence-promoting parenting practices as well. Therefore, hypothesis 3 is not supported.

On the other hand, coherent with hypothesis 5, both positive family processes and competence-promoting parenting practices were positively predictive of better development of psychosocial maturity in children ($\beta = .21$ and $\beta = .30$ respectively), in which the former (positive family processes) had a direct negative effect on children’s internalizing problems ($\beta = -.28, p < .01$), but the later (competence-promoting

Table 4.4. Path Coefficients of Model 1

Structural Paths		<i>b</i>	β	<i>S. E.</i>	<i>C. R.</i>
1	Parental Religious Involvement → Parental psychological functioning	.17	.74	.03	5.71**
2	Parental psychological functioning → Family Processes	.30	.23	.21	1.47
3	Parental Religious Involvement → Family Processes	.11	.37	.05	2.20*
4	Family Processes → Parenting Practices	.57	.58	.07	8.58**
5	Parental psychological functioning → Parenting Practices	-.28	-.23	.18	-1.54
6	Parental Religious Involvement → Parenting Practices	.13	.47	.05	2.80**
7	Family Processes → Children's Psychosocial Maturity	.21	.21	.10	2.11*
8	Parenting Practices → Children's Psychosocial Maturity	.31	.30	.10	3.04**
9	Family Socio-Economic Status → Children's Internalizing Problems	-.01	-.03	.20	-.50
10	Child Age → Children's Internalizing Problems	-.06	-.10	.04	-1.62
11	Children's Psychosocial Maturity → Children's Internalizing Problems	-.27	-.22	.11	-2.61**
12	Family Processes → Children's Internalizing Problems	-.36	-.28	.12	-3.06**
13	Parenting Practices → Children's Internalizing Problems	.08	.06	.12	.65

Note. *b*= Unstandardized Coefficients, β = Standardized Coefficients, *S. E.*= Standard Error, *C.R.*= Critical Ratio

p*< .05, *p*< .01

parenting practices) did not. As such, hypothesis 6 is only partially supported. Besides, hypothesis 7 is supported because the findings show that psychosocial maturity significantly abated internalizing symptoms in children significantly ($\beta = -.22$). However, the two exogenous variables, family socio-economic status and child age, acted as covariates in the model did not have any significant effects on children's internalizing problems.

As depicted in figure 3, two of the three covariances between the three exogenous variables were significantly correlated; in which family socio-economic status and parental religious involvement were significantly correlated positively ($r = .26$), and family socio-economic status and child age were significantly correlated negatively ($r = -.15$). This is not implausible that parents who were better off in terms of financial and tangible resources would be more religiously involved. The reasons behind are that financially- and materialistically-available parents could have more time and room to seek those higher-order and abstract things, such as meaning and purpose in life, and these better-off parents are also a 'smart class' in society who might be more alert of other helpful and useful social institutions and capitals, such as churches, around their living environment that would be conducive to the development of their families and their children as well (Bartkowski et al., 2008; Brody et al., 1996; Coulthard, & Fitzgerald, 1999; Pearce & Axinn, 1998). In fact, to a certain extent, churches are the premise of social gathering for the middle class in most societies (Ellison & Hummer 2010). As such, it is not surprising that family socio-economic status was positively correlated with religious involvement among parents.

Moreover, family socio-economic status was inversely correlated with children's growth in ages. It is believed that children's growth in ages may occasion greater financial burden to the family as whole because, in comparison with younger child participants, those older child participants would need to require more substantial financial expenses from their parents, such as tuition fees for post-secondary or higher education. It may also be that some siblings of these older child participants were in the course of studying abroad, which would put more demand on extra economic expenses on the family. In addition, parents of better family socio-economic status tend to have higher educational attainment, in which better educated couples may have married in older ages and had their offspring later than those couples of lower family SES. Therefore, it is no odd that family SES was negatively related to children's age. On the other hand, it is anticipated that children's growth in ages may make parents to seek other social resources, such as religious involvement, to help to have better development of their children as parents might think religious institutions would be more helpful in socializing their children in a conventional and prosocial way, albeit the correlation between parental religious involvement and children's ages was not significant.

Table 4.5 shows the indirect and total effects of parental psychological functioning, family processes, parenting practices, and psychosocial maturity on the internalizing problems in children in Model 1. As we can see from Table 4.5, parental religious involvement had a robust indirect effect on children's psychosocial maturity (.30), which was through the mediators of parental psychological functioning, family processes and parenting practices. In addition, parents' religious involvement had a negative indirect effect on children's internalizing problems (-.18), which was via the

Table 4.5. Indirect and Total Effects on Parental Psychosocial Functioning, Family Processes, Parenting Practices, Children's Psychosocial Maturity, and Children's Internalizing Problems in Model 1

<div> <div>Predictors</div> <div>Outcomes</div> </div>		Indirect Effect					Total Effect		
		Parental Religious Involvement	Parental Psychosocial Functioning	Family Processes	Parenting Practices	Children's Psychosocial Maturity	Parental Religious Involvement	Parental Psychosocial Functioning	Family Processes
Parental Psychosocial Functioning	--						.74		
Family Processes	.17						.54	.24	
Parenting Practices	.15		.14				.61	-.09	.59
Children's Psychosocial Maturity	.30		.02	.18			.30	.02	.39
Children's Internalizing Problems	-.18	-.18	-.08	-.05	-.07	--	-.18	-.08	-.33
									-.01
									-.22

above-mentioned mediators and psychosocial maturity. For the total effects in Model 1, which are the combination of the direct effect and indirect effect in the model (Meyers et al., 2006), parental religious involvement had strong total effects on family processes and parenting practices (.54 and .61). Moreover, family processes had a robust total effect on children's psychosocial maturity (.39), which was mainly through its direct effect and indirect effect via parenting practices. Furthermore, the total negative effect of family processes on children's internalizing problems was noticeable (-.33), which was through its direct effect as well as the indirect effect of children's psychosocial maturity.

Having regarded to the modification indexes (MI) of Model 1, it was suggested to let error term 5 and 8 be correlated as it was with the largest MI value in covariances between the error terms (MI= 8.52). Looking back to the structural part of model, error term 5 specifies the residual variance in the indicator of positive self-identity and error term 8 was the residual variance of positive future orientation among the child participants. Therefore, it is rational to make these two residuals to be correlated as a child who demonstrates more characteristics of a positive concept of himself/ herself would also be more likely to display more optimism and confidence about his/ her future. This is consistent with the perspective of self-referent cognitions (Harter, 1989; Harter et al., 2003; Ryan et al., 1987) and the theory of the cognitive-affective processing system (Mischel, 2004; Simon et al., 2007), in which a positive self identity may influence the ways an individual to interpret and respond to social events and relationships in an environmental context. In fact, positive interpretation may enable someone to feel more confident about the future (Valiente et al., 2007; Simons et al., 2007). The practice to set error terms free to be correlated is

common in conducting SEM analyses when there is theoretical justification and rationale of some unknown variance that would commonly explain the relationship between the residuals of two variables in the model (Bollen, 1989; Kline, 2005; Mueller, 1996).

For Model 1, I would like to first set free for the correlation between error term 5 and 8 to see whether the new model (Model 1a) had a significantly better fit than Model 1. Then, the insignificant parameters in Model 1a would be subsequently deleted in order to further find out the best-fitting model possible (Model 1b). Deletion of insignificant parameters is a usual method to find out the best-fitting model as those insignificant pathways convey less important meaning in the model (Byrne, 2001, 2006; Kline, 2005). Figure 4 shows the standardized estimates of Model 1a, which were very slightly different from the measurement and structural coefficients of Model 1 and all significant paths remained intact. Changes in chi-square statistic and degrees of freedom ($\Delta X^2(df)$) indicated that Model 1a was significantly better fitting than Model 1, $\Delta X^2(df) = 27.17(1)$, $p < .01$ (Table 4.2). In viewing of other model-fit criterion indexes, there were also evidence that we should reject Model 1 in favor of Model 1a. The X^2/df ratio was 1.65, *GFI* and *CFI* were .946 and .955, with *RMSEA* at .054 for Model 1a. All these criterion indexes showed evidence of a better fit for Model 1a, in comparison with Model 1. In addition, the values of the Akaike's (1987) Information Criterion (*AIC*) and Browne-Cudeck Criterion (*BCC*, Browne & Cudeck, 1989) in Model 1a were also smaller than those in Model 1, in which a smaller value of *AIC* and *BCC* indicates a model with a better fit as these two statistics address the issue of parsimony in the assessment of model fit (Byrne, 2001)

Figure 4. The Structural Model Linking the Relationships between Parents' Religious Involvement and Internalizing Problems in Children with Correlation between Error Term 5 and 8 (Model 1a), Standardized Coefficients Displayed

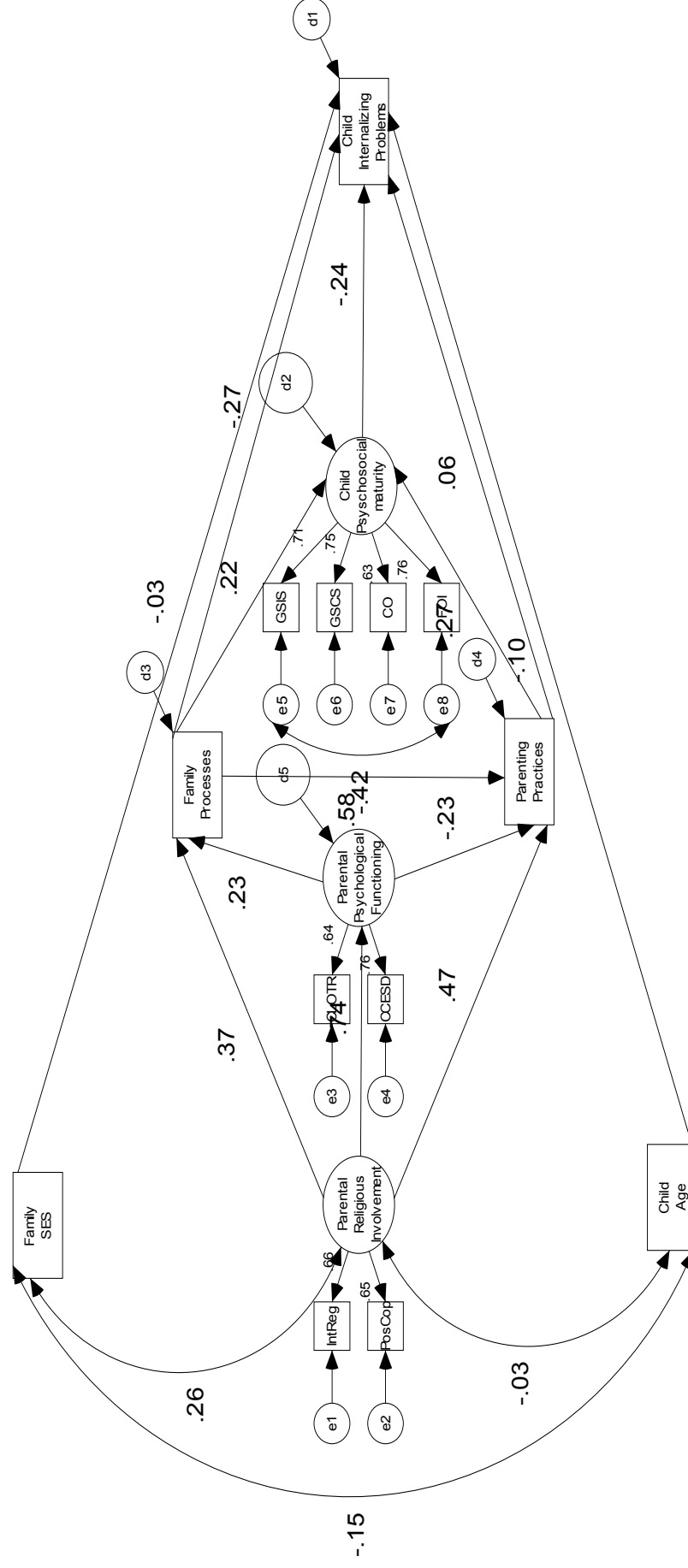
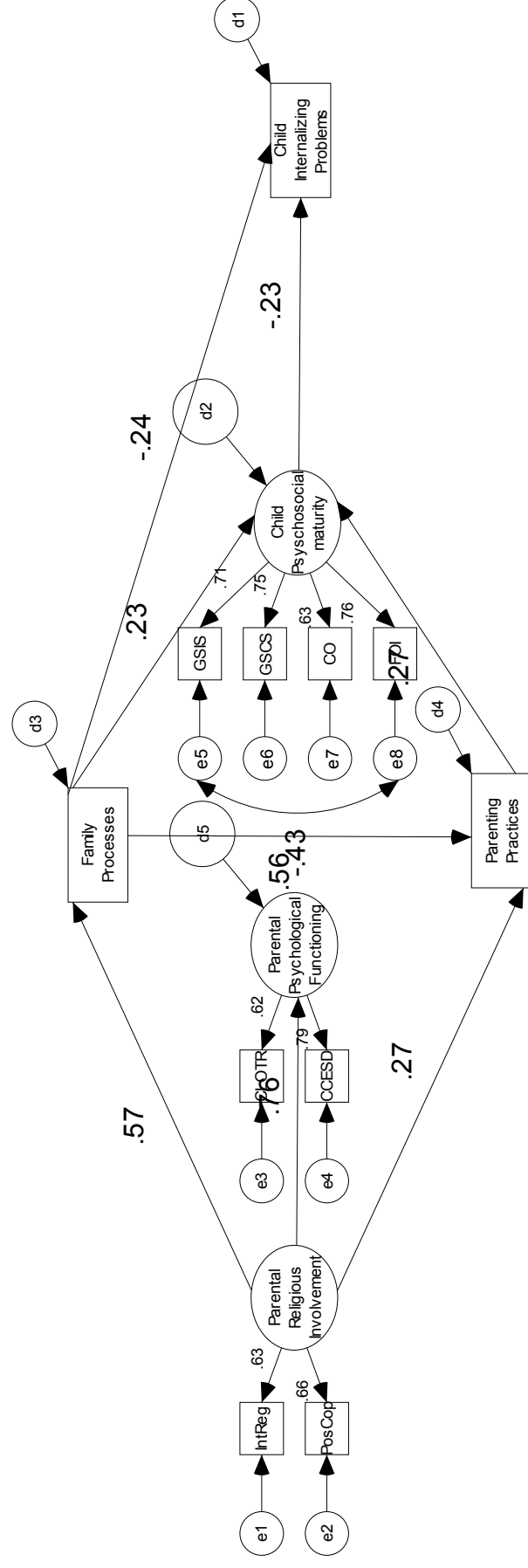


Figure 5 displays the standardized coefficients of Model 1b, which was the structural model based on Model 1a with those insignificant paths deleted. Looking at the structural part of the model, both measurement and path coefficients were significant and the magnitude of the coefficients was similar to those in Model 1, except the path from parental religious involvement to family processes, in which the strength of the path coefficient had risen from $\beta = .37$ to $\beta = .57$. In fact, changes in chi-square and degrees of freedom testified that Model 1b was with a better fit than Model 1, $\Delta X^2(df) = 26.47(16)$, $p < .05$. However, comparing Model 1b with Model 1a, there was no evidence against Model 1a in favor of Model 1b, $\Delta X^2(df) = 12.47(15)$, $p > .05$. Other good-fit indexes also pointed to the superiority of Model 1a over Model 1b, X^2/df ratio = 1.65 vs 1.97, $CFI = .955$ vs $.951$, $RMSEA = .054$ vs $.066$.

Although the *AIC* and *BCC* values of Model 1b were substantially smaller than Model 1a, the free parameters being estimated in Model 1b were apparently fewer. Therefore, the values of *AIC* and *BCC* were less referential in this case. As such it is illegitimate to directly compare these two values of *AIC* and *BCC* solely. For these considerations, Model 1a was the best-fitting model for the relationships between parental religious involvement and children's internalizing problems in this study. Modification work should stop here for avoidance of an over-fitting model that may come out feeble in theoretical assumptions, but strong in statistical robustness only (Byrne, 2006; Kline, 2005).

Albeit Model 1a was the best-fitting structural model in investigating children's internalizing symptoms, I would like here to conduct power test to further confirm the significant findings of Model 1a that are genuinely applicable to the study population

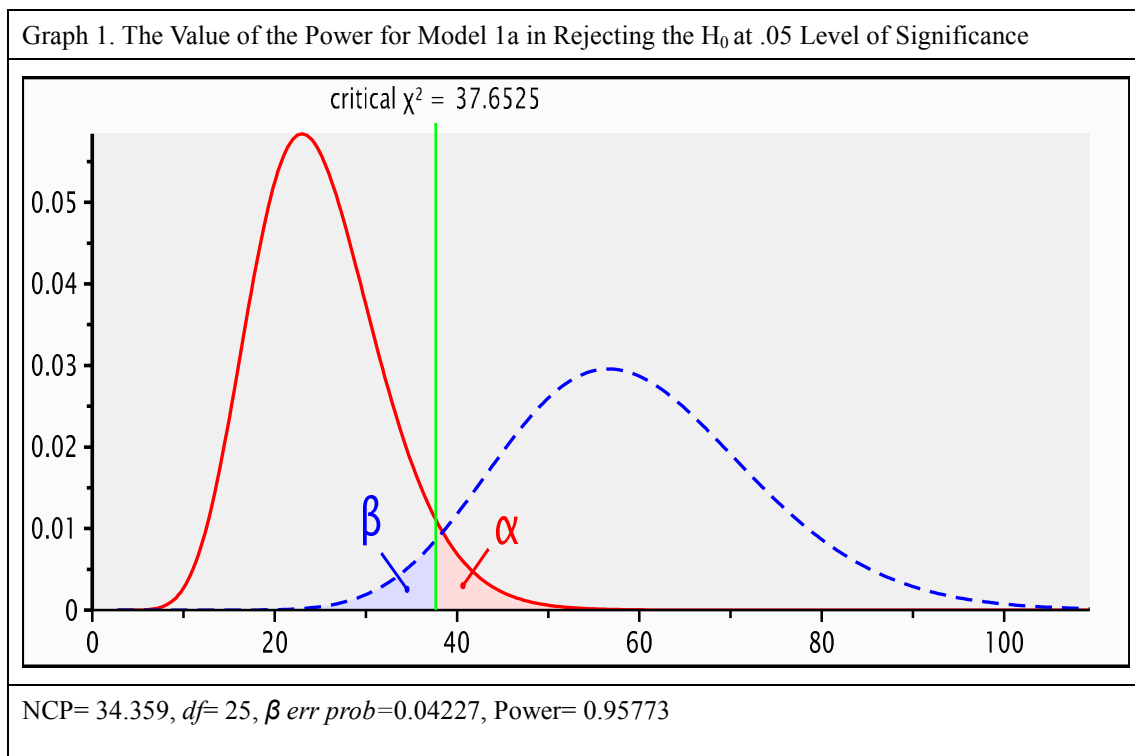
Figure 5. The Structural Model Linking the Relationships between Parents' Religious Involvement and Internalizing Problems in Children with Correlation between Error Term 5 and 8 and Insignificant Paths Deleted (Model 1b), Standardized Coefficients Displayed



without committing either Type I error or Type II error. In fact, power test is useful to determine whether a significant difference for a statistical procedure, e.g. SEM analysis in this study, with the probability that such statistical procedure finds a statistically difference when the difference actually exists (Saris & Satorra, 1993). In most inferential statistics procedures, we are often comparing the H_0 and H_a hypotheses. In common, we hope for rejecting the H_0 and accepting the H_a , and concluding that our results are statistically significant. However, there is likely the possibility that we will find a difference between groups when this difference does not actually exist, which is called a Type I error. Likewise, it is possible that when a difference does exist, the test will not be able to identify it, which means we commit a mistake of Type II error. More concrete, power test is the probability that a given test will have an effect in assuming that such an effect manifestly exists in the population. Cohen (1992) suggested that it should at least have .20 probability of failing to detect a genuine effect, and therefore the corresponding level of power should be 1-.20, or .80, which means that we should have a 80% or greater chance of finding a statistically significant difference when there genuinely exists.

However, to determine power in SEM analysis is a highly complicated issue. This is due to multiple variables, both manifest and latent ones, simultaneously interacting with each others and having different standard errors in a structural model. A more straightforward way to calculate the power for a model proposed by Saris and Satorra (1993) is to use the estimate of the non-centrality parameter (*NCP*) in the SEM model, which can be obtained by the product of Normal Theory Weighted Least Squares $X^2 - df_{\text{model}}$. In fact, many SEM programs may automatically provide the value of *NCP*. In Model 1a, the best fitting model for children's internalizing

problems, the NCP was 34.359, and I took this NCP value through the help the G*Power 3.1.2, which is a free power test statistical program⁶, to calculate the power of Model 1a. In this analysis, I took the independence model as the H_0 and Model 1a as the H_a (McQuitty, 2004). As a result, I obtained a power of .95773, which is well beyond the threshold of .80. In other words, Model 1a had a 95.773% chance to reject the null hypothesis at the .05 level of significance (Graph 1), and the significant findings of Model 1a are confidently applicable to the study population.



6.3 Analyses of the Structural Model from Parental Religious Involvement to Children's Externalizing Problems

In this part, the aim of the structural model was mainly to investigate the effects of

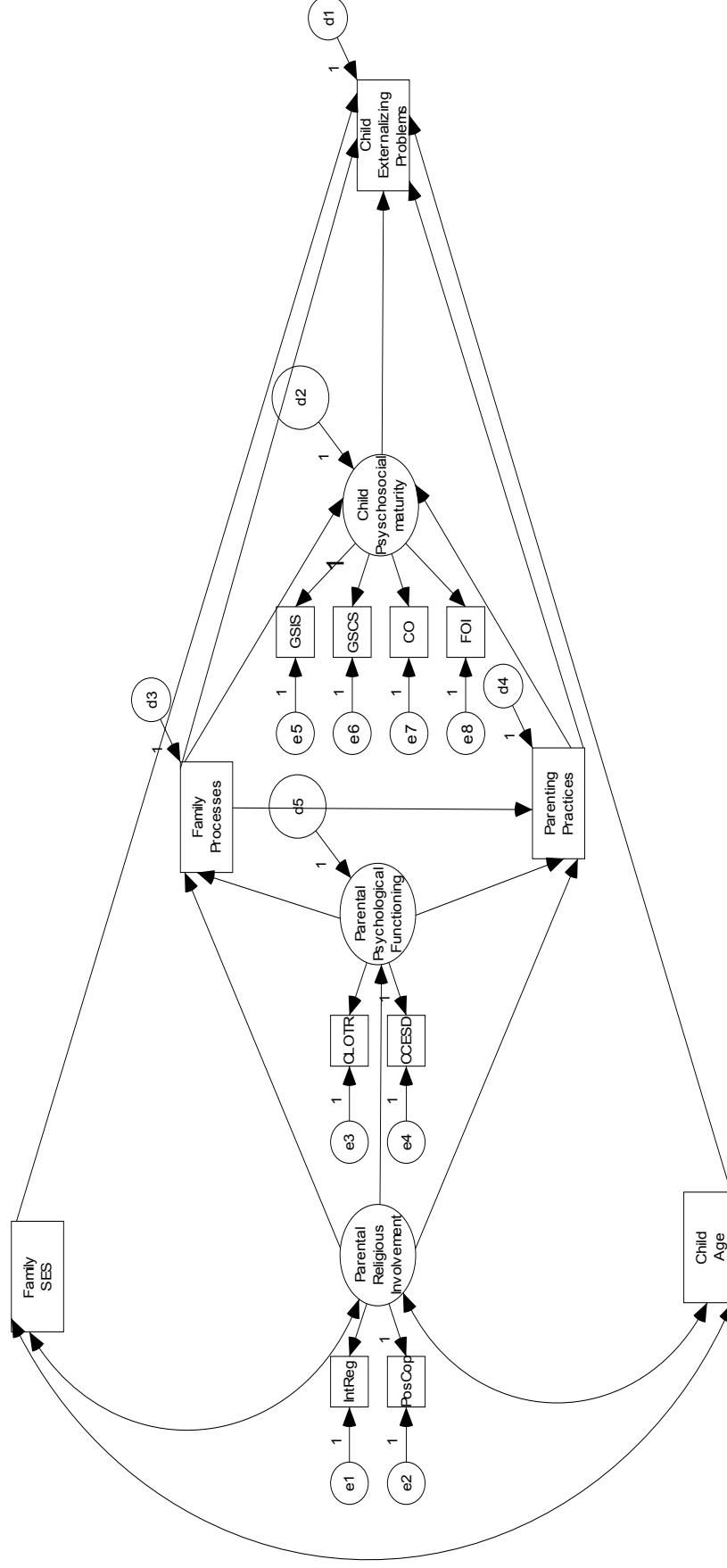
⁶ Interested parties can find more information about G*Power 3.1.2 and download it at <http://www.psych.uni-duesseldorf.de/abteilungen/aap/gpower3>.

parents' religiousness involvement on development of externalizing problems in children (Model 2). Figure 6 shows the structural relations of Model 2, which is the same as Model 1, except the outcome variable changed as children's externalizing problems measured by the Externalizing Problem Symptoms Scale (EPSS). The theoretical model fitted the data rather well than that of Model 1, in which the values of X^2/df ratio, *GFI*, *CFI*, and *RMSEA* consistently indicated that Model 2 attained an excellent fit (Table 4.2). The X^2/df ratio was 1.44, with both *GFI* and *CFI* over .95 and *RMSEA* under .05, which commonly connoted an excellent-fitting model in the relationships between parents' religious involvement and children's externalizing problems.

The respective indicators loaded their pertinent latent constructs very well (Figure 7). The two loadings for parents' religiosity were .65 and .66 and for parental psychological functioning were .76 and .64 respectively, which are the same as the loadings of parents' religiosity and parental psychological functioning in Model 1. A little difference was observed in the loadings of child psychosocial maturity, in which the loading for positive self-identity was .60, for good temperance was .80, for positive future orientation was .73, and for perspective taking was .64. All these loadings attained a satisfactory level of $> .30$.

To check whether there accommodated the assumption of multivariate normality was tenable in Model 2, the assessment of multivariate normality pointed out that the kurtosis values of the respective study variables ranged from -1.29 to 2.59 and the z-statistic of Mardia's (1974) normalized estimate of multivariate kurtosis was 2.90 (Table 5.1). All these commonly indicated that there is not a multivariate kurtotic

Figure 6. The Structural Model Linking the Relationships between Parents' Religious Involvement and Externalizing Problems in Children (Model 2)



problem in the modeling and the Maximum Likelihood Estimation was an appropriate fitting method in this model.

Figure 7 shows the standardized path coefficients of Model 2, in which some of the significant path coefficients were with the same strength of estimates to Model 1. The significant paths that were with the same strength included the paths from parents' religious involvement to both family processes ($\beta = .37$) and parenting practices ($\beta = .47$), as well as parental psychological functioning ($\beta = .74$) (Table 5.2). Similar to Model 1, results of Model 2 testified that religious involvement had salutary effects on more positive family processes and competence-promoting parenting practices as well as better psychological functioning in parents. Therefore, hypothesis 1 and 2 are supported. Moreover, consistent with the 'carry-over thesis', positive family processes had a significant and robust effect on competence-promoting parenting practices ($\beta = .58$), which supports hypothesis 4. However, hypothesis 3 cannot be held as better psychological functioning in parents did not contribute to positive family processes and competence-promoting parenting practices.

On the other hand, both positive family processes and competence-promoting parenting practices significantly and salubriously contributed to more desirable development of psychosocial maturity in children ($\beta_s = .20$ and $.30$ respectively), which is supportive of hypothesis 5. Furthermore, psychosocial maturity in children became the sole significant predictor of children's externalizing problems ($\beta = -.37$), which stated that a child who was more psychosocially mature would demonstrate

Figure 7. The Structural Model Linking the Relationships between Parents' Religious Involvement and Externalizing Problems in Children (Model 2), Standardized Coefficients Displayed

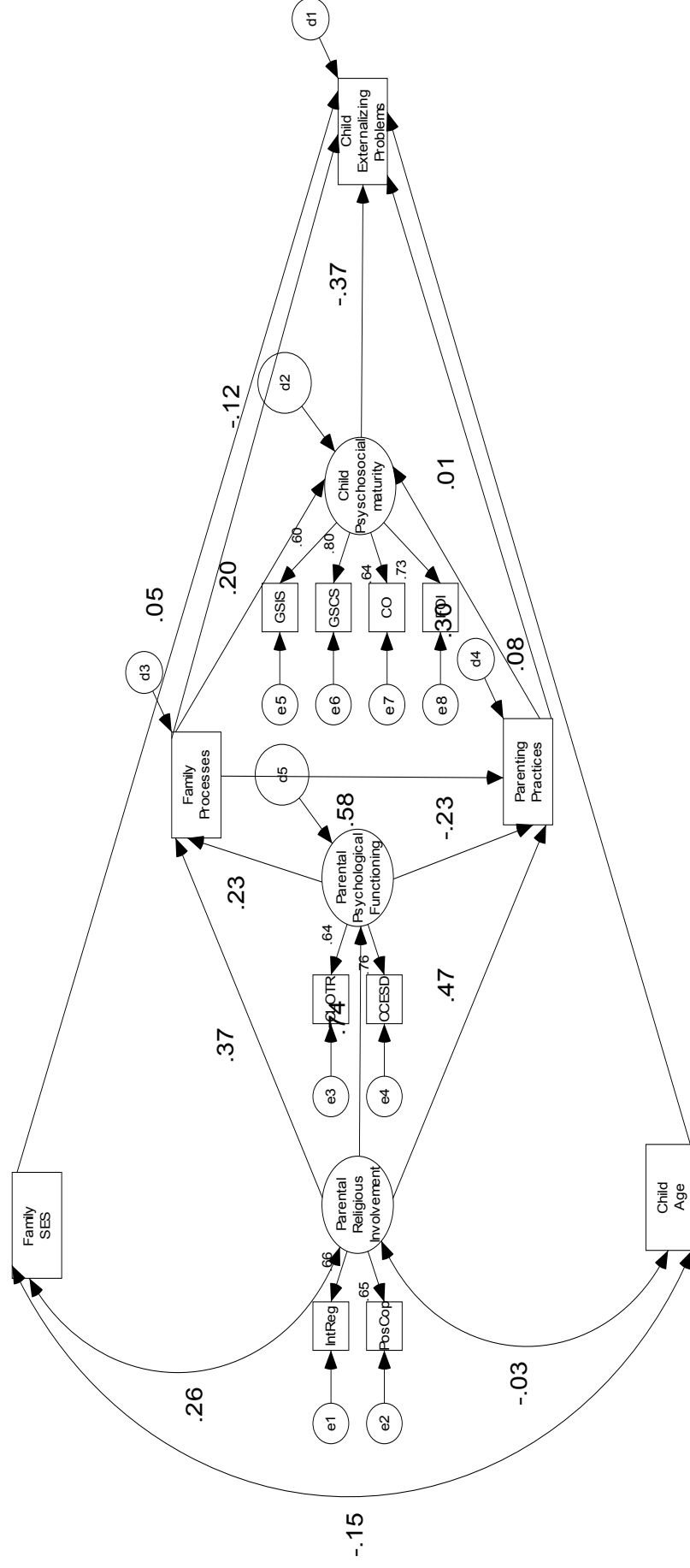


Table 5.1. Assessment of Multivariate Normality for Model 2

Study Variables	Min	Max	Skew	C.R.	Kurtosis	z-statistic (C.R.)
FamSES	-3.443	4.797	.434	2.649	-.271	-.826
AgeC	1.000	4.000	.389	2.374	-1.034	-3.152
FFSS	2.135	4.827	-.426	-2.598	.364	1.109
APS	2.650	4.900	-.235	-1.431	-.031	-.094
EPSS	1.067	4.000	1.260	7.682	2.589	7.893
FOI	1.625	4.000	-.117	-.712	.075	.228
CO	1.714	5.000	-.108	-.658	-.126	-.383
GSIS	1.167	5.000	-.421	-2.567	.690	2.103
GSCS	1.857	5.000	-.155	-.945	-.167	-.510
CLOTR	2.167	4.833	.023	.141	-.435	-1.326
CCESD	1.700	4.000	-.560	-3.414	-.077	-.233
IntReg	1.750	5.000	-.816	-4.975	2.402	7.323
PosCop	.000	7.000	-.031	-.186	-1.285	-3.916
Multivariate					7.664	2.898

Note. FamSES= Family SES, AgeC= Child Age, FFSS= Family Functioning Style Scale, APS= Authoritative Parenting Subscale of PAQ, DASS= Depression Anxiety Stress Scale, FOI= Future Outlook Inventory, CO=Consideration of Others, GSIS= Child's Positive Self-Image Scale, GSCS= Good Self-Control Scale, CLOTR= Chinese Revised Life Orientation Test, CCESD= Chinese Center for Epidemiologic Studies- Depressed Mood Scale, IntReg= Intrinsic Religious Orientation Subscale of ROSR, PosCop= Positive Religious Coping Subscale of Brief RCOPE.

Table 5.2. Path Coefficients of Model 2

Structural Paths	b	β	S. E.	C. R.
1 Parental Religious Involvement → Parental psychological functioning	.17	.74	.03	5.71**
2 Parental psychological functioning → Family Processes	.30	.24	.21	1.47
3 Parental Religious Involvement → Family Processes	.11	.37	.05	2.19*
4 Family Processes → Parenting Practices	.57	.58	.07	8.58**
5 Parental psychological functioning → Parenting Practices	-.28	-.23	.18	-1.54
6 Parental Religious Involvement → Parenting Practices	.13	.47	.05	2.80**
7 Family Processes → Children's Psychosocial Maturity	.20	.20	.10	2.03*
8 Parenting Practices → Children's Psychosocial Maturity	.32	.30	.10	3.07**
9 Family Socio-Economic Status → Children's Externalizing Problems	.02	.05	.02	.850
10 Child Age → Children's Externalizing Problems	.04	.08	.03	1.24
11 Children's Psychosocial Maturity → Children's Externalizing Problems	-.41	-.37	.09	-4.46**
12 Family Processes → Children's Externalizing Problems	-.13	-.12	.10	-1.28
13 Parenting Practices → Children's Externalizing Problems	.01	.01	.11	.08

Note. b = Unstandardized Coefficients, β = Standardized Coefficients, $S. E.$ = Standard Error,
 $C.R.$ = Critical Ratio

* $p < .05$, ** $p < .01$

less behavioral problems. In the light of these results, hypothesis 7 is supported. On the other hand, hypothesis 6 is not tenable, as both positive family processes and competence-promoting parenting practices did not contribute to less externalizing problems in children, and all of their effects were through better development of child psychosocial maturity that was a significant mediator in the model for the relationship between family functioning and children's externalizing symptoms. More than that, the correlations between family socio-economic status and parents' religious involvement as well as family socio-economic status and children's ages were significant positively and negatively ($r = .26$ and $r = -.15$), which are consistent with the results of Model 1.

As shown in Table 5.3, like Model 1, parental religious involvement had a robust indirect effect on children's psychosocial maturity (.30) which was through the mediators of parental psychological functioning, family processes and parenting practices, and it also had a substantial negative indirect effect on children's internalizing problems (-.17), which was mainly through the above-mentioned mediators, plus psychosocial maturity. It is also noticeable that family processes had a substantial indirect effect on children's psychosocial maturity (.18) mediated by competence-promoting parenting behaviors. On the other hand, same as Model 1, parental religious involvement had strong total effects on family processes and parenting practices (.54 and .61). It is noted that the total positive effect of family processes on children's psychosocial maturity was concrete (.38), which was the combination of the direct effect from family processes to children's psychosocial maturity and the indirect effect through parenting practices. However, the total negative effect of family processes on children's externalizing problems was not

Table 5.3. Indirect and Total Effects on Parental Psychosocial Functioning, Family Processes, Parenting Practices, Children's Psychosocial Maturity, and Children's Externalizing Problems in Model 2

		<u>Indirect Effect</u>					<u>Total Effect</u>			
Predictors Outcomes		Parental Religious Involvement	Parental Psychosocial Functioning	Family Processes	Parenting Practices	Children's Psychosocial Maturity	Parental Religious Involvement	Parental Psychosocial Functioning	Family Processes	Parenting Practices
Parental Psychosocial Functioning	--						.74			
Family Processes	.17						.54	.24		
Parenting Practices	.15		.14				.61	-.09	.58	
Children's Psychosocial Maturity	.30		.02	.18			.30	.02	.38	.30
Children's Externalizing Problems	-.17	-.17	-.04	-.14	-.11	--	-.17	-.04	-.25	-.11
										-.37

robust as its effect on children's internalizing problems in Model 1 (-.25 vs. -.33), albeit the magnitude of this total effect is still noteworthy.

In regard to re-specification of Model 2, the modification index connoted that the correlation between the error term 5 and 8 should be set free. Figure 8 displays the standardized measurement and path coefficients of this re-specified model (Model 2a), which were similar to the estimates in Model 2 and did not change any significant levels of parameters. Changes in chi-square and degrees of freedom testified that Model 2a was better-fitting than Model 2, $\Delta X^2(df) = 13.17(1)$, $p < .01$ (Table 4.2). In addition, Figure 9 displays the further re-specified model (Model 2b), in which both the insignificant pathways were deleted and the correlation between error term 5 and 8 was set to be free. However, in comparison with Model 2, Model 2b did not show a significant better fit, $\Delta X^2(df) = 23.62(15)$, $p > .05$, nor did it for model 2a, $\Delta X^2(df) = 10.45(14)$, $p > .05$ (Table 4.2).

The results seem legitimate. Because the original model (Model 2) had already attained an excellent fit as its *GFI* and *CFI* were both over .95 and its *RMSEA* was below .05. Therefore, I would like to claim that Model 2 was the most favorable structural model to explain the relationships between parents' religious involvement and children's externalizing problems in this study. Though Model 2a appeared to be better-fitting, it actually did not add significant contributory meaning for the re-specification. In this light, a researcher ought to know when to quit re-specification of a model for avoiding the problem of over-fitting pursuit only (Byrne, 2001; Kline, 2005).

Figure 8. The Structural Model Linking the Relationships between Parents' Religious Involvement and Externalizing Problems in Children with Correlation between Error Term 5 and 8 (Model 2a), Standardized Coefficients Displayed

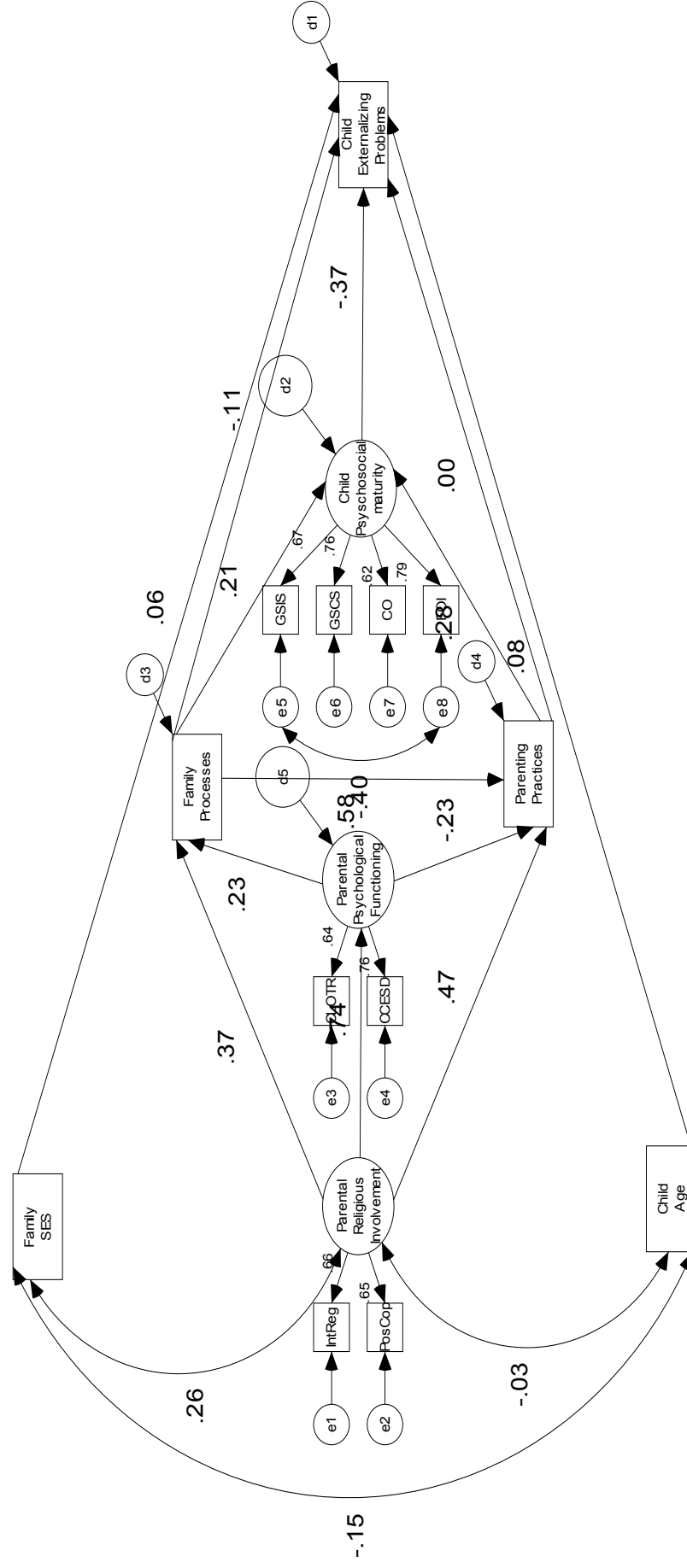
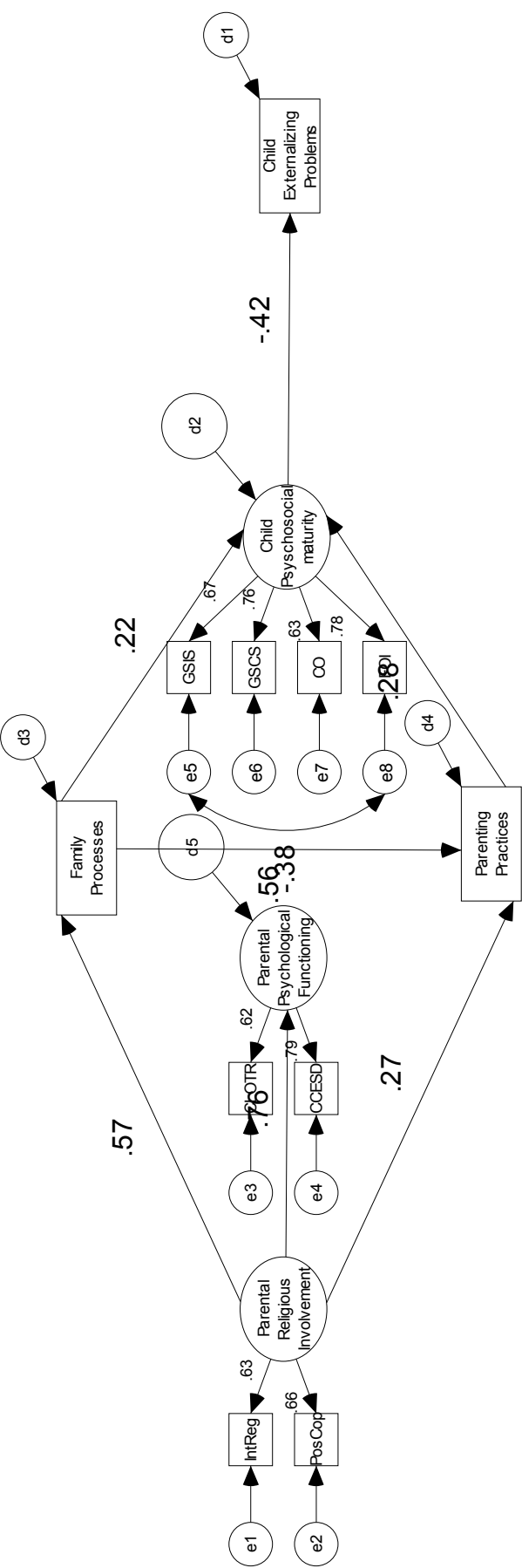
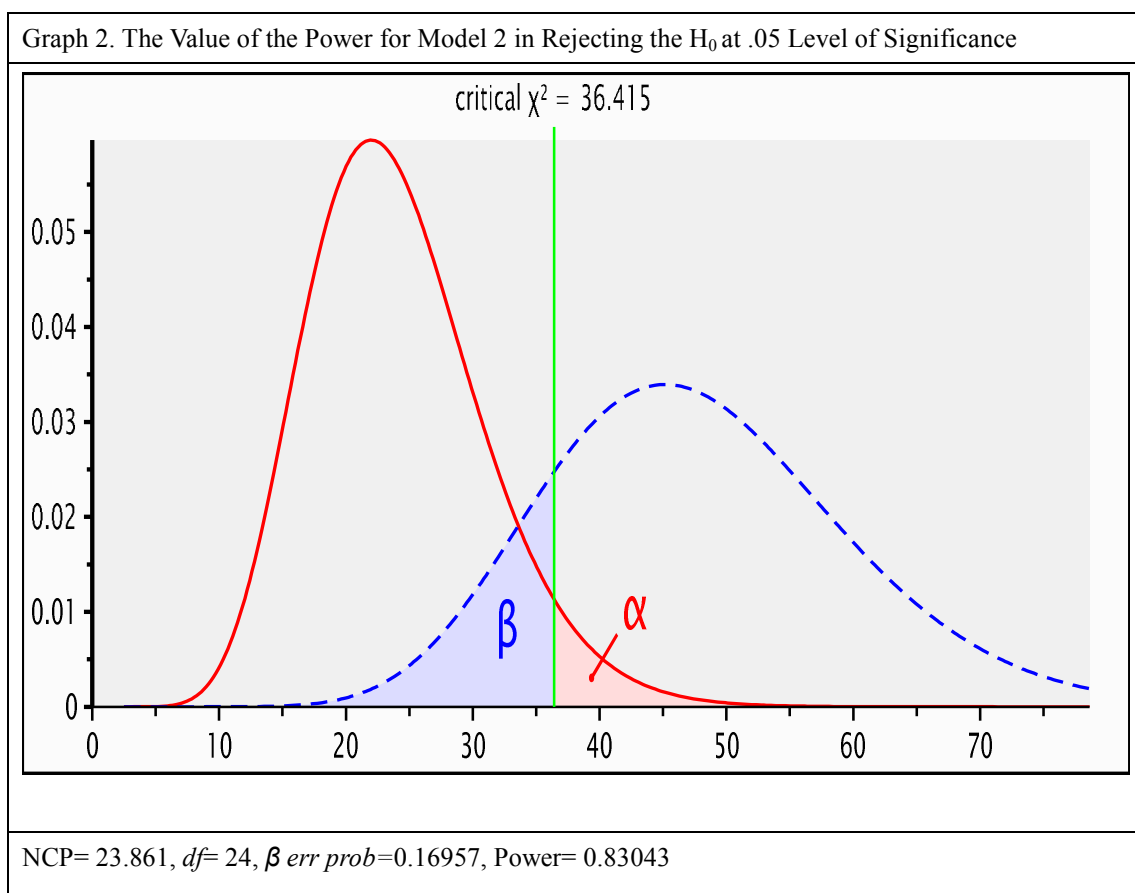


Figure 9. The Structural Model Linking the Relationships between Parents' Religious Involvement and Externalizing Problems in Children with Correlation between Error Term 5 and 8 and Insignificant Paths Deleted (Model 2b), Standardized Coefficients Displayed



For power analysis, Model 2 of the current study was considered to be the best-fitting model for Children's externalizing problems, which had the *NCP* value of 58.941. And I obtained .83043 as a value of power that is also higher than the threshold of .80. For this, the null hypothesis was rejected at .05 level of significance and the findings of statistically significant difference found in Model 2 do exist in the study population (Graph 2).



6.4 Analyses of the Structural Model from Parental Religious Involvement to Children's Developmental Outcomes

Finally, I would attempt to combine the manifest outcome variables, children's

internalizing and externalizing problems, into a latent construct called Children's Developmental Problems. As previous studies have consistently pointed out that both psychological and behavioral problems might coexist in children and adolescents, in which one could augment the severity of the other or both would be mutually reinforced (Aschauer & Schlogelhofer, 2003; Aseltine et al., 1998; Benda, 2005; Goodman & Gotlib, 1999; Kim et al. 2003; Simons et al., 2004; Yeung et al., 2007). This coexistence of both internalizing and externalizing symptoms is consonant to the thesis of co-morbidity. For example, substance-abused youths would be more likely to have psychiatric and depressive symptoms, and depressive children would be in turn more likely to have suicidal and destructive behaviors (Galaif, et al., 1998; Shrier et al., 2001; Simons et al., 2004; Walker et al., 2007). In our correlation analysis of the study variables, the correlation coefficient between children's internalizing and externalizing problems was $r = .26$, $p < .01$ (Table 3), which denotes a substantial relationship between each other but no evidence for a problem of shared common variance (Costner, 2000; Field, 2009).

Model 3 displays the structural relationships between parents' religious involvement and children's developmental problems (Figure 10), in which the two loadings of children's internalizing and externalizing problems were .51 and .52 respectively. These two loading coefficients did not demonstrate as high as the factor loadings of other latent constructs in the model, nonetheless their values were well beyond the acceptable level ($> .30$). The factor loadings of other latent constructs were all around or above .65, which were similar to the values of loadings of respective latent constructs in the previous models. The fit indexes showed that Model 3 attained a good fit, in which the X^2/df ratio = 1.91, $GFI = .926$, $CFI = .927$, and

$RMSEA = .064$. On the other hand, the assumption of multivariate normality was met as the assessment of multivariate normality corroborated no problem of multivariate kurtosis (Table 6.1). The values of respective kurtosis scores ranged from -1.285 to 2.589, which were within the acceptable range of $< \pm 7$, and the z-statistic of Mardia's (1974) normalized estimate of multivariate kurtosis was 2.776, which was much lower than the threshold of < 5 .

Now turn to the structural part of model 3, parents' religious involvement had significant positive effects on parental psychological health ($\beta = .74$), family processes ($\beta = .37$), and parenting practices ($\beta = .47$) (Table 6.2), which were the same to the previous two model in magnitude (Model 1 and 2). Thereby, hypothesis 1 and 2 are supported in model 3. Moreover, family processes did have a significant positive effect on parenting practices, which is consonant with the 'carry-over thesis'; hence hypothesis 4 is supported. However, like the previous two models, parental psychological health did not have significant effects on family processes and parenting practices respectively. For this, hypothesis 3 does not hold.

On the other side, both family processes and parenting practices were significantly contributory to better psychosocial maturity in children ($\beta = .21$ and $\beta = .30$), in which child psychosocial maturity in turn became a significant mediator significantly and inversely predicative of less developmental problems in children ($\beta = -.57$). As a result, hypothesis 5 and 7 are supported. In fact, the negative impact of child psychosocial maturity on children's developmental problems was apparently robust, which is 2.5 times over the effect of child psychosocial maturity on children's

Figure 10. The Structural Model Linking the Relationships between Parents' Religious Involvement and Developmental Problems in Children (Model 3), Standardized Coefficients Displayed

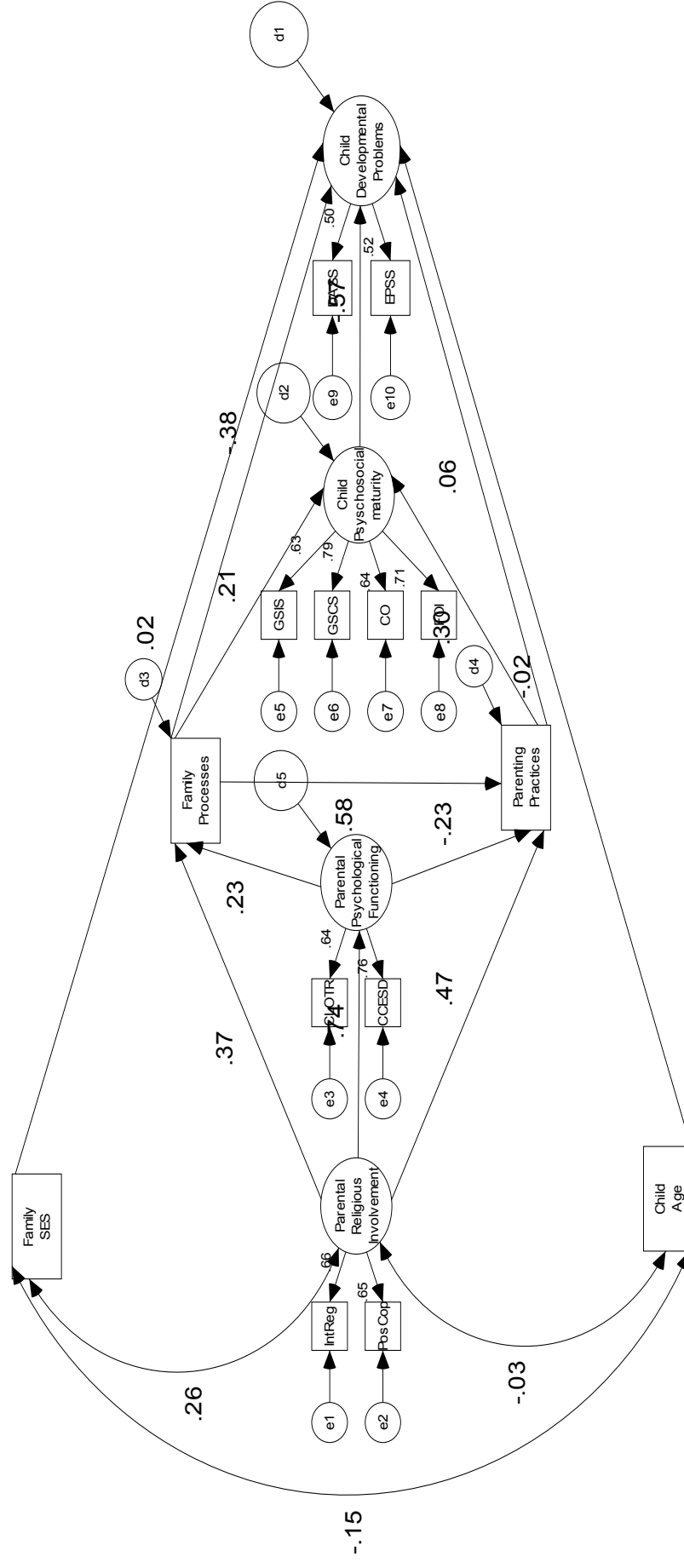


Table 6.1 Assessment of Multivariate Normality for Model 3

Study Variables	Min	Max	Skew	C.R.	Kurtosis	z-statistic (C.R.)
FamSES	-3.443	4.797	.434	2.649	-.271	-.826
AgeC	1.000	4.000	.389	2.374	-1.034	-3.152
FFSS	2.135	4.827	-.426	-2.598	.364	1.109
APS	2.650	4.900	-.235	-1.431	-.031	-.094
DASS	1.000	3.714	.548	3.342	-.365	-1.112
EPSS	1.067	4.000	1.260	7.682	2.589	7.893
FOI	1.625	4.000	-.117	-.712	.075	.228
CO	1.714	5.000	-.108	-.658	-.126	-.383
GSIS	1.167	5.000	-.421	-2.567	.690	2.103
GSCS	1.857	5.000	-.155	-.945	-.167	-.510
CLOTR	2.167	4.833	.023	.141	-.435	-1.326
CCESD	1.700	4.000	-.560	-3.414	-.077	-.233
IntReg	1.750	5.000	-.816	-4.975	2.402	7.323
PosCop	.000	7.000	-.031	-.186	-1.285	-3.916
Multivariate					7.870	2.776

Note. FamSES= Family SES, AgeC= Child Age, FFSS= Family Functioning Style Scale, APS= Authoritative Parenting Subscale of PAQ, DASS= Depression Anxiety Stress Scale, EPSS=Externalizing Problem Symptoms, FOI= Future Outlook Inventory, CO=Consideration of Others, GSIS= Child's Positive Self-Image Scale, GSCS= Good Self-Control Scale, CLOTR= Chinese Revised Life Orientation Test, CCESD= Chinese Center for Epidemiologic Studies- Depressed Mood Scale, IntReg= Intrinsic Religious Orientation Subscale of ROSR, PosCop= Positive Religious Coping Subscale of Brief RCOPE.

Table 6.2. Path Coefficients of Model 3

Structural Paths	b	β	S. E.	C. R.
1 Parental Religious Involvement → Parental psychological functioning	.17	.74	.03	5.71**
2 Parental psychological functioning → Family Processes	.30	.24	.21	1.47
3 Parental Religious Involvement → Family Processes	.11	.37	.05	2.19*
4 Family Processes → Parenting Practices	.57	.58	.07	8.58**
5 Parental psychological functioning → Parenting Practices	-.28	-.23	.18	-1.54
6 Parental Religious Involvement → Parenting Practices	.13	.47	.05	2.80**
7 Family Processes → Children's Psychosocial Maturity	.21	.21	.10	2.11*
8 Parenting Practices → Children's Psychosocial Maturity	.31	.30	.10	3.03**
9 Family Socio-Economic Status → Children's Developmental Problems	.004	.02	.01	.26
10 Child Age → Children's Developmental Problems	-.005	-.02	.02	-.21
11 Children's Psychosocial Maturity → Children's Developmental Problems	-.33	-.57	.08	-4.10**
12 Family Processes → Children's Developmental Problems	-.22	-.38	.08	-2.68**
13 Parenting Practices → Children's Developmental Problems	.04	.06	.08	.45

Note. b= Unstandardized Coefficients, β = Standardized Coefficients, S. E.= Standard Error,

C.R.= Critical Ratio

*p< .05, **p< .01

internalizing problems in Model 1 ($\beta = -.57$ vs. $\beta = -.22$) and 1.5 times over the effect of child psychosocial maturity on children's externalizing problems in model 2 ($\beta = -.57$ vs. $\beta = -.37$). In addition, like Model 1, family processes in this model also had a significant and positive direct effect on children's developmental problems ($\beta = -.38$). therefore, hypothesis 6 is partially supported.

A quite difference in the strength of the indirect and total effects on children's developmental problems in Model 3 was observed compared with those effects on internalizing and externalizing problems in Model 1 and 2 respectively. Stated succinctly, the indirect and total effects on children's developmental problems In model 3 were comparatively more substantial, compared to the outcome variables in Model 1 and 2, which the indirect effect of parents' religious involvement on children's developmental problems via the mediators of parental psychological health, family functioning and child psychosocial maturity was $-.34$ (Table 6.3). However, in comparison, the indirect effect of parents' religious involvement on children's internalizing and externalizing problems through the same mediating pathway was just $-.18$ in Model 1 and $-.17$ in Model 2 respectively. Coarsely, it is twice in size to those indirect effects on the outcome variable in Model 1 and 2. In addition, the indirect effects of family processes and parenting practices on children's developmental problems were also more pronounced, in opposite to the same indirect effects in Model 1 and 2. The indirect effects of family processes and parenting practices through child psychosocial maturity were $-.18$ and $-.17$ respectively.

More than that, the total effect of parents' religious involvement on children's developmental problems, that was the product of combining a pathway through family

processes and a pathway through parenting practices, was -.34. Also the total effect of family processes on children's developmental problems was -.56, which was the product of its direct effect on the outcome variable and its indirect effect through child psychosocial maturity. The magnitude of this total effect on children's developmental problems was approximately twice in size compared with the same effect in Model 2 (-.56 vs. -.25) and more than 1.5 times in size with that in Model 1 (-.56 vs -.33).

On the other side, the magnitudes of other indirect and total effects in Model 3 were similar to those in Model 1 and 2. Therefore, the modification indexes suggest that correlating the error term 5 and 9 would reduce an anticipated X^2 statistic of 29.55. Looking at the structural model (Figure 10), the error term 5 explicates something unknown in explaining the remaining variance of the positive self-identity in the child participant, and the error term 9 was something unobserved in explaining the variance of internalizing problems in children. Therefore, it is not unusual that the error terms of these two indicators would be related as a positive sense of self is crucial for children's psychological and behavioral health subsequently (Jacobs et al., 2004; Kogan et al., 2005; Mantzicopoulos & Oh-Hwang, 1998). This is consonant with the cognitive-affective processing system theory (Mischel, 2004; Simon et al., 2007) and short-term rationality thesis (Hirsch, 1994), which consistently posit that children with more positive concept about themselves would be less emotionally and psychologically distressed. And children of better self-image would take a more positive outlook toward themselves and people as well as things around them (Harter & Whitesell, 2003; Youngblade et al., 2007).

As such, I would like first to set the error term 5 and 9 free for correlation and

see whether there would be significantly improve in model fit. Figure 11 displays the standardized measurement and path coefficients of Model 3a, in which the magnitudes of coefficients were similar to those in Model 3. However, the model fit indexes reflected a better fit of Model 3a over Model 3 (Table 4.2), in which the $X^2/df= 1.42$, $GFI= .947$, $CFI= .966$, $RMSEA= .044$, $AIC= 172.98$, and $BCC= 178.92$. In fact, the changes in X^2 and df indicated that Model 3a was significantly better fitting to the data than Model 3, $\Delta X^2(df)=32.96(1)$, $p< .01$. In Figure 12, I attempted to delete those insignificant parameters in Model 3a to further see whether the new model (Model 3b) re-specified would have a better fit. Both X^2 and df changes pointed out that Model 3b had a better fit than Model 3, $\Delta X^2(df)= 53.36(18)$, $p< .01$; however, this newly re-specified model did not appear to be better-fitting than Model 3a, $\Delta X^2(df)= 17.40(17)$, $p> .05$. For this, Model 3a was regarded as the best-fitting structural model in predicting the relationships between parents' religious involvement and children's developmental problems.

For Model 3a was the the best-fitting structural model for children's developmental problems, thereby I took it to perform power analysis for its tenability of significant effects in the study population. The NCP for Model 3a was 26.978, and I obtained .86712 as a value of power (Graph 3), which is beyond the acceptable level of .80. For this, it is confident that the significant difference of the findings of Model 3a does exist in the study population.

6.5 Conclusive Remarks of the Findings

Results based on the data collected from 223 Chinese families scattering in diverse

Figure 11. The Structural Model Linking the Relationships between Parents' Religious Involvement and Developmental Problems in Children with Correlation between Error Term 5 and 9 (Model 3a). Standardized Coefficients Displayed

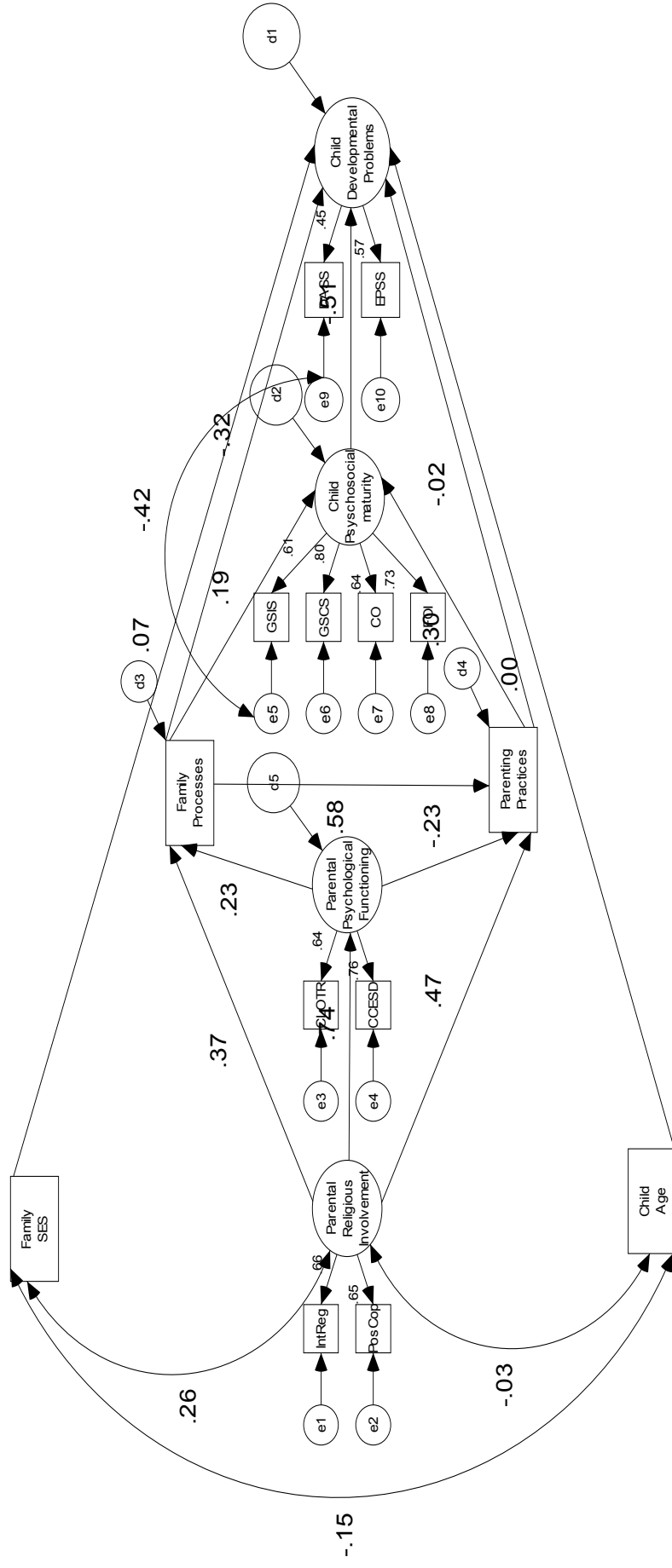
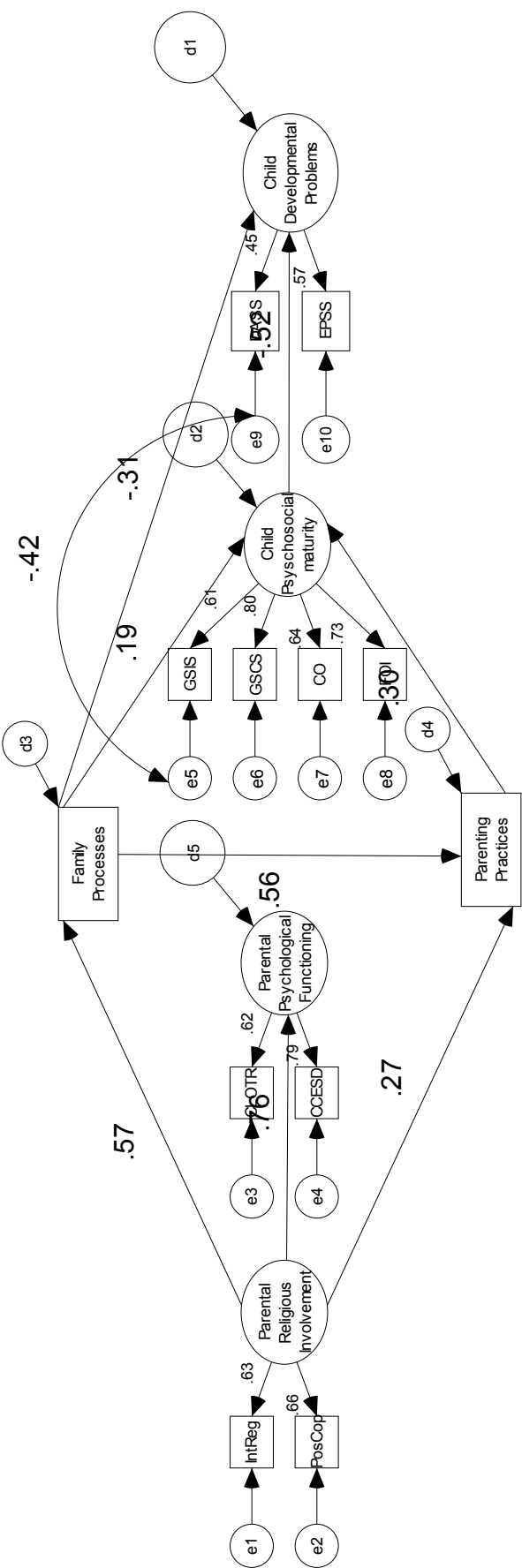
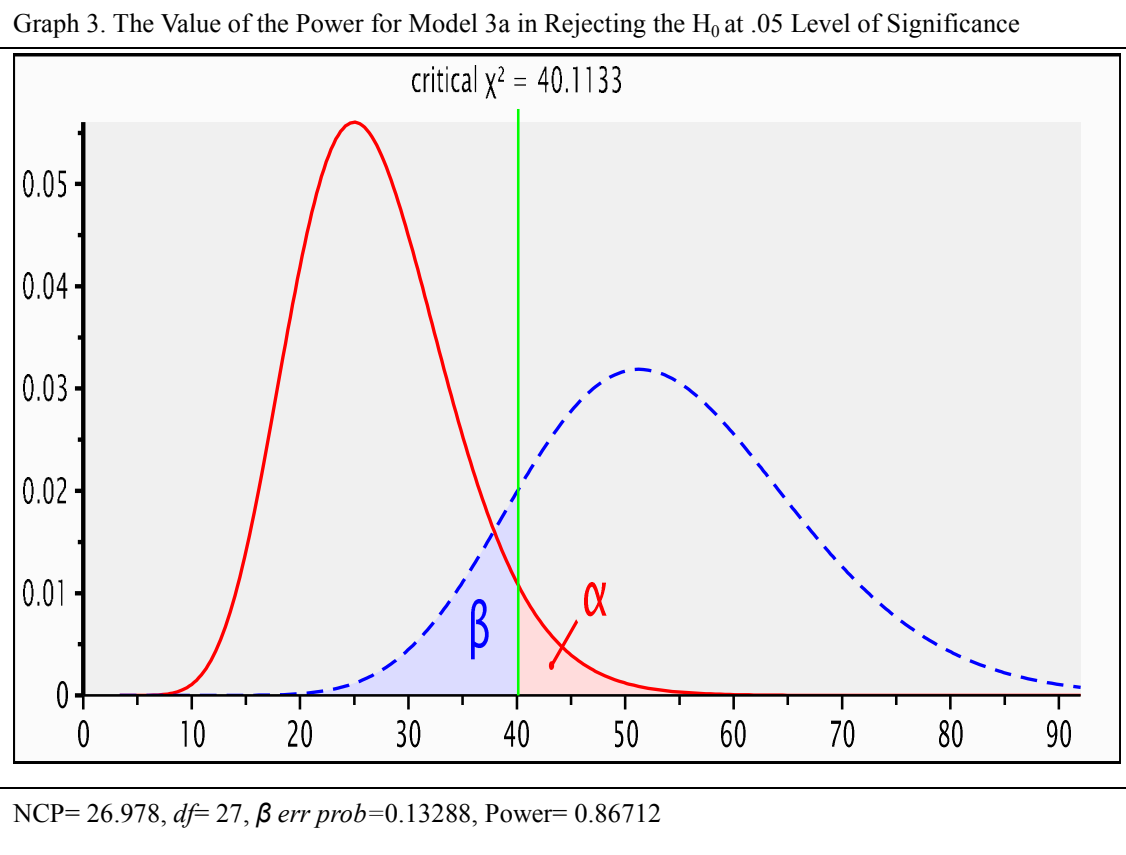


Figure 12. The Structural Model Linking the Relationships between Parents' Religious Involvement and Developmental Problems in Children with Correlation between Error Term 5 and 9 and Insignificant Paths Deleted (Model 3b), Standardized Coefficients Displayed





geographical localities in Hong Kong generally showed that parent's religious involvement did have significant beneficial effects on abating developments of internalizing and externalizing problem symptoms among their offspring, in which these children were in their young to late adolescence. Evidence from the findings of the three models (Model 1, 2, and 3) supported that parent's religious involvement might indirectly contribute to less developmental problems in children through a set mediators, namely family processes, parenting behaviors, and psychosocial maturity in children.

The three models consistently indicated that parent's religious involvement had positive effects to enhance parental psychological health and family functioning.

Thereby, Hypotheses 1 and 2 are supported. However, there was no evidence to corroborate Hypothesis 3, in which it was anticipated that parental psychological health might have salutary effects on family functioning. On the other side, the thesis of “carry-over” effect was found as better family processes might beget more competence-parenting practices, which supports Hypothesis 4.

The findings also revealed that positive family functioning in terms of positive family processes and competence-parenting practices was crucial to the development of psychosocial maturity in children. The evidence for these beneficial effects of family functioning on children’s psychosocial maturity was tenable across the three models, which make Hypothesis 5 supportive. However, Hypothesis 6 is only partially supported as positive family processes showed direct negative effects on children’s internalizing and developmental problem symptoms in Model 1 and 3, but competence-parenting practices did not have any of these direct effects on children’s developmental outcomes.

On the other hand, psychosocial maturity appeared to be an important factor contributory to fewer developments of internalizing, externalizing and developmental problem symptoms in children, in which psychosocial maturity in children was corroborated as the result of positive and nurturant family functioning in the analyses of respective models. For this, Hypothesis 7 is supported. For all these findings, Chapter 7 will discuss them in detail.

Chapter 7. Discussion

During a couple of recent decades scholars in the western societies have been beginning to be aware of the powerful influential effects of religion on human behavioral and health outcomes (Levin et al., 1996; Pargament, 1997; Smith, 2003a; Walker et al., 2007). Albeit the emergence of this concern on religious research, its effects on parental psychological health, family well-being as well as behavioral outcomes of their children have not yet received substantial attention in literature (Carothers, 2005; Marks, 2006). For this, Brody and his colleagues (1996) stated

“Little empirical work has been undertaken to examine the links among religiosity, family processes and the development of children and adolescents (p.696).”

In the West, religious influences, particularly Christianity, are apparently prominent in most spheres of a society. Albeit such a monotheistic belief has not yet been as prevalent and pronounced in Chinese societies as it is in the West, a masterpiece study entitled “Lost in the Market, Saved in McDonald’s: Conversion To Christianity in Urban China” by Yang (2005), nevertheless, pointed out that Christian belief has been growing swiftly in contemporary China as the result of economic reforms, which has occasioned a serious problem of wealth disparity and dominance of material and social resources by few better-off social groups. Those Chinese people who converted to Christianity might view this belief as way of salvation and consolation for their loss and adversity in the relentless market economy of modern China. For this, Yang (2005) wrote:

“The ‘Golden Arches’ of the McDonald’s restaurants have become common scenes in major Chinese cities, often conspicuously dotting the rapidly changing skylines. Walking through the arches are many young people seeking a sense of modernity and a new meaning of life in the globalizing market. It might appear incongruous to associate the icon of American capitalist culture with religious salvation. However, I have observed a close connection between the two in China that is fascinating and intriguing (p. 423).”

As far as I know, the current study may be the first one in Chinese societies to investigate religious effects, mainly involvement in Christianity, on family functioning and children’s developmental outcomes. In line with what Brody et al. (1996) mentioned above, to investigate religious effects on family functioning and their children’s developments has received little attention in the West; in the same vein, this kind of research is almost absent in Chinese societies (Yeung et al., 2007; Yeung et al., 2009, 2010). Therefore, the current study can be seen as an attempt to fill this gap in literature.

7.1 Notable Results Found in the Study

1) Substantial positive effects of parents’ religious involvement on parental psychological health and family functioning

The present study attempted to investigate how parents’ religious involvement in

Christianity is influential of their children's development through exploring a set of distal and proximal mediators in a sample of Hong Kong Chinese parent-child pairs. As expected, religious involvement in parents had significant and pronounced impacts on parental psychological health and positive family functioning across the three structural models, which are consonant with the belief-based theory (Maio et al., 2006) and social cognitive theory (Howard & Renfrow, 2006). Manifestly, religious beliefs may have powerful effects on human behaviors and psychological statuses. Christianity is a kind of monotheistic organized world religion with the salvation means of other-transcendence. In this sense, parents may think their parental role as the direct calling and assignment from God (Coulthard & Fitzgerald, 1999). As such, they must treasure their "job" in carrying out those family socialization tasks and grasp the chance of being a responsible and caring parents (Donahue & Nielsen, 2005; Mahoney et al., 2003). This is why religious involvement may be directly related to the concept of family resilience and strengths.

Manifestly, use of competence-promoting parenting practices and maintaining of mutually supportive and caring family relationships are indicative of family resilience and strengths (Hanline & Daley, 1992). Some elements of religious beliefs of these parents that are directly contributory to family resilience and strengths include marriage as a sacred encounter for couples, promotion of unconditional love, acceptance and concern of the needs of others among family members, children as the holy gifts from God, and God acting as a protector for the family. All these elements may occasion family members a sense of "togetherness" and enhance family cohesion, which are important for family resilience and strengths. In fact, espousal of these important elements for family well-being is not only restricted to the "sacred circle",

it is also promoted in secular societies (Mahoney & Tarakeshwar, 2005).

Moreover, religious involvement is predictive of psychological health in parents. This result is consonant with other religious studies in exploring the positive effects of religiosity on mental health outcomes. One powerful function of religious beliefs is to put those seemingly disorderly secular things into sequence via an interpretative schema generated from a specific religious worldview (Yeung & Chan, 2007), which is wholesome to a sense of psychological security and stability. Also for the Christians, keeping a pleasant and joyful emotional status is prescribed by the Bible. For example, in Galatians chapter 5 verse 22-23 writes:

“But the fruit of the Spirit is love, joy, peace, longsuffering,
gentleness, goodness, faith, gentle behavior, control over desires:
against such there is no law.”

In addition, parents of religious involvement may think God as a protector and consoler when they are in times of difficulties, and may help to overcome hardships they encounter. As such, emotional distress and feelings of instability would be mitigated through a hopeful thought generated from their trust and faith in God (Marks, 2006; Yeung et al., 2010). Research commonly reported that the assurance of help, consolation, protection and hope from God through religious belief, which was helpful in keeping parents psychologically healthy (Ellison et al., 2010; Salsman et al., 2005). Furthermore, social support and resources provided by religious institutions, such as church, may be helpful to prevent occurrence of psychological symptoms in time of difficulties (Ai et al., 2005; Aranda, 2007; Butler et al., 2002). Taken together,

these elements may not only enhance the positive outlook of parents, but also indirectly contribute to family resilience and strengths.

2) Parental psychological health did not mediate the relationship between parents' religious involvement and family functioning

Not consistent with the family stress theory, heuristic model of the socialization of emotion, as well as stress coping theory, the current study does not support that parental psychological health is significantly predictive of either family processes or competence-promoting practices. An explanation for this insignificant relationship is that parents' religious involvement shared the variance of parental psychological health in predicting family functioning. For this, I took Model 3 as an example to constrain the paths from parents' religious involvement to both positive family processes and competence-promoting parenting practices. The model comparison test showed that the constrained model was significantly different to model, $\Delta X^2(df) = 16.84 (2), p < .01$, in which the path coefficients were found significant from parental psychological health to family processes ($\beta = .58, p < .01$) and competence-promoting parenting practices ($\beta = .18, p < .05$). In fact, this constrained model has attained a good fit, in which $X^2 = 140.78, df = 67, X^2/df = 2.10, GFI = .920, CFI = .908$, and $RMSEA = .070$.

Another possible explication of the insignificant relationship between parental psychological health and family functioning may be due to the employment of indicators in forming the latent construct of parental psychological health. In the present study, parental psychological health is composed of the indicators of optimism

and depressive symptoms, which may not grip the comprehensive nature of psychological health. Some recent studies regarded that indicators of self-efficacy, sense of competence, as well as life satisfaction were relevant to the concept of parental psychological health (Mistry et al., 2008; Morris et al., 2007; Perrone et al., 2004). However, although the latent construct of parental psychological health in this study is not a prefect one, it is possible that, compared to psychological status that is more undulating to influence behavioral outcomes, religious involvement in parents may appear to be more directive and firm, as certain teachings and doctrines in Bible vividly highlighting the importance of being a responsible and caring parent, which is believed to be powerfully influential of parenting behaviors. Future research should consider the use of more sophisticate indicators in forming psychological health in parents.

3) Positive family processes spill over to enhance competence-promoting parenting practices

On the other hand, findings of the present study confirmed the “carry-over” effect of the family processes on parenting behaviors. Past studies generally overlooked the subtle disparate nature of these two family factors without considering of their cause-and-effect relationship. Our results corroborate that ‘a good home atmosphere generates good parenting behaviors.’ This is consonant with the views of Matheny et al. who proposed (1995) that chaotic and disorderly home environment and climate would contribute to higher levels of stress, which is identified as a correlate of poor parenting behaviors and children’s social functioning, taking into account their respective effects on children’s developmental outcomes.

In fact, as suggested by Murry and Brody (1999) that desirable family climate and atmosphere are important family social capital to ensure competence-promoting parenting practices carried out by parents, the present study did find a positive relationship from family processes to parenting practices in all models, in which positive family processes in the form of high interpersonal cohesiveness, constructive interaction, efficient communication, and mutual support as well as high commitment among family members spilled over to significantly occasion effective parenting behaviors. Future research should note this subtle difference in factors of family functioning.

4) Family socialization is imperative to the development of psychosocial maturity in children

Furthermore, the current study corroborated that positive family functioning was important to the development of psychosocial maturity in children, which is consonant to the social learning theory (Akers, 1998), role modeling perspective (Bricheno & Thornton, 2007; Silberman, 2003), and expectancy-value model (Eccles et al., 1983), suggesting that their offspring learned from the model of their parents in being a responsible, perspective-taking and planful child, which are the characteristics of psychosocial maturity. Therefore, hypothesis 5 is supported. In fact, past research has indicated that a general atmosphere of family harmony, mutual support and low chronic interpersonal conflict in home may provide a buffer against stress, allowing the family to be more efficient and collaborative in their negotiations of daily hassles (Brody et al., 1996; Jacobs et al., 2004; Yabiku et al., 1999). Youths whose families

encourage their active engagement in supportive family relationships display higher self-esteem, impulse control, consideration of others' feelings, responsible behaviors, as well as show more optimistic outlook and achieve academically (Cauffman & Steinberg, 2000; Kogan et al., 2005; Simons et al., 2007; Steinberg et al., 1995). In addition, Hirschi (2004) has described the "child-rearing model" in which he stated that

"This model coincides beautifully with the results of delinquency research, in which a lack of parental supervision, discipline, and affection are found to be major predictors of offending. This idea is that the child is taught 'self-control' by parents or other responsible adults at an early age, and that these traits are subsequently highly resistant to extinction (p.541)."

For this, family socialization - the particular family climate and atmosphere in association with specific parenting behaviors - is crucial to the growth of cognitive and psychosocial maturity in children. In the absence of positive family processes and effective socialization effects by parents in the lives of children, individuals would never learn how to delay gratification, to be sensitive to others, to plan for tomorrow and so forth (Simons et al., 2007). In a study by Mantzicopoulos & Oh-Hwang (1998), they also reported that authoritative parenting behaviors were significantly predictive of psychosocial maturity in the form of higher self-reliance, work-orientation, and self-identity. Recently, Natsuaki and her colleagues (2007) stated that

"Parental behaviors such as providing explanations and inducing

children's ability to think, would nurture children's skill to evaluate the situation, which may help restore a sense of control and overcome feeling of powerlessness and uncertainty. Parental engagement in inductive reasoning may be particularly important for adolescents whose cognitive maturity allows them to logically follow and understand parents' explanations (p. 164)."

It is believed that the positive effects of family processes and parenting practices on psychosocial maturity in children were through role modeling (Bricheno & Thornton, 2007) and social learning (Akers, 1998), in which the former would be more pronounced in family processes and the latter would be more salient in parenting practices. Stated succinctly, favorable family functioning in combination of positive family processes and effective parenting practices is indispensable to development of psychosocial maturity in children that is thought to be an important factor for successful growth in children in long run.

5) Child psychosocial maturity noticeably mediating the relationship between family functioning and developmental outcomes in children

Results from the three structural models testing children's internalizing, externalizing and developmental problems as the outcomes commonly showed that child psychosocial maturity is a manifest mediator linking the relationship from family functioning to these mentioned outcomes. Testing of the mediating role of children's psychosocial maturity, to the best of my knowledge, was the first of its sort in Chinese societies to probe into this subtle mediating relationship between family functioning

and child development. In fact, it is well illustrated by the findings of the present study and some limited prior research in the West that cognitively and psychologically mature children would be more thoughtful, planful, responsible and considerate about their behavioral choices and emotional expressivity. This view happens to coincide with that of Murry and Brody's (1999) :

“Children's ability to control their attention, emotions and behaviors, also termed self-regulation, has been linked to concepts of resiliency and control. Inability to regulate attention, organize behavior in a planful manner, and becoming angry and aggressive have been associated with less social competence in children. In addition, having a positive sense of self may act as protective factor by providing children with a sense of self-worth, control and efficacy in managing difficult life circumstances and unstable environment (p. 461).”

More recently, Simons and his colleagues (2007) have proposed the interpretative schema of social situation in order to explicate the relationship between psychosocial maturity and behavioral symptoms among youth. They held that the interpretation of a social situation would be influenced and shaped by one's psychosocial traits and states. According to this perspective, psychosocially mature youth might interpret situations of themselves, others and “outside” events in a more responsible, comprehensive and mindful as well as considerate manner (Fischer et al., 2007; Mischel, 2004). In the similar vein, this perspective is manifestly consonant with the self-referent cognitions theory (Harter, 1989; Harter & Whitesell, 2003), the

cognitive-affective processing system model (Mischel, 2004; Simon et al., 2007), as well as short-term rationality thesis (Hirsch, 1994). Accordingly, cognitively and psychologically mature children would exhibit more thoughtful, planful, considerate and prudent characters, which are psychosocial resources to reduce their mental and behavioral symptoms.

To further testify the tenability of the mediating role of psychosocial maturity in the relationship between family functioning and children's developmental outcomes, I again took Model 3 as the baseline model and constrained the path between psychosocial maturity to children's developmental problems to zero (the comparison model). The X^2 and df of the comparison model was 143.57 and 66, with a X^2/df ratio= 2.17. The fit indexes of the model were: $GFI=.919$, $CFI=.904$, $RMSEA=.073$, $AIC= 221.57$ and $BCC= 227.22$. As such, assuming the baseline model to be correct, the chi-square change was significant, $\Delta X^2(df)= 19.63(1)$, $p< .01$. Hence, it is evidenced that psychosocial maturity was a significant mediator influencing the effects of family functioning on child development.

6) Effects of family functioning on developmental problems in children are partially supported

In the current study, the hypothesis that both positive family processes and competence-promoting parenting practices would have direct negative effects on children's developmental problems is just partially supported. While positive family processes is negatively predictive of children's internalizing symptoms in Model 1 and developmental problems in model 3, competence-promoting parenting

practices did not appear to have direct effects on children's developmental problems across the three models. One point should be highlighted for the insignificance of parenting practices on child development in comparison to the significant effects of positive family processes. In this study, the majority of child participants were between middle and late adolescence, meaning that their direct contact times with their parents might be less and they might appear to be more outward and away from family life. Along with this way of thinking, parents' direct control and discipline would become less potent, which may cause parents to shrink their direct parenting instead of use of other indirect family socialization methods (Regnerus, 2003; Robertson & Simons, 1989).

In fact, family processes are a continuing and reciprocal socialization procedure; therefore, a family with positive family processes means higher interpersonal cohesiveness, constructive interaction, efficient communication, and mutual support as well as high commitment to each other. Children could more effectively learn these constructive and prosocial values and norms through this reciprocal and indirect interaction process. Furthermore, as family processes are a general family atmosphere and culture, children would be sowed positive value beliefs, life orientation, interpersonal relationships, attitudinal and behavioral choices in a continuing process, which would be more impressive and deep-rooted than directly learning through parenting practices, which only happen on and off when necessary (Ellison & Hummer, 2010).

Stated succinctly, parents could not be the "all-time-available" companions when their children are growing older. Most of the times, children need to deal with their

personal tasks independently and have their own choices toward influences of their peers outside the family realm after entering middle and late adolescence. Thereby, family environment would become the forefront and a laboratory for these children for learning how to tackle their own affairs and get along with their peers outside the family. As such, family processes may have a stronger effect on children's developmental outcomes when accompanying and disciplining opportunities of parents have begun to shrink. For this, Simons et al. (2007) remarked that

“As children grow older, parental influence changes from the consequences of direct control to the indirect effects of parental socialization. Whether deliberately or inadvertently, parents foster attitudes, beliefs, and emotions that influence the actions of their offspring while away from home.

As such, in comparison with the on and off nature of parenting behaviors in middle and late adolescence, the continuing socialization of family processes would appear to be more salient, as it is happening in a reciprocal and ubiquitous course when the child is getting older (Ferguson & Stegge, 1995; Valiente et al., 2007; Yabiku et al., 1999). In fact, both social learning and role modeling regarded that acquired attitudes, behavioral choices and patterns are more fortified in a way of vicarious observing rather than direct learning through instruction when children grow older (Silberman, 2003).

For testing both positive family processes and children's psychosocial maturity that might share effects of parenting practices on developmental outcomes in children,

I took Model 3 as an example also, in which I attempted to constrain the paths from family processes to children's developmental problems and from psychosocial maturity to children's developmental problems to be zero. The X^2 and df of the newly constrained model was 156.99 and 67, with a X^2/df ratio= 2.34. Other fit indexes were $GFI=.910$, $CFI=.89$, $RMSEA=.078$, $AIC= 232.99$ and $BCC= 238.50$, for the constrained model (the comparison model). Assuming the baseline model (Model 3) to be correct, the chi-square change was significant for the comparison model, $\Delta X^2(df)= 33.05(2)$, $p<.01$. The more crucial thing in this comparison model was that the direct path from effective parenting practices to children's developmental problems was significant after constraining the paths from family process to children's developmental problems and from psychosocial maturity to children's developmental problems, where the standardized beta for the path from effective parenting practices to children's developmental problems was $\beta= -.45$, with unstandardized coefficient, $b= -.241$, standard error, $SE=.047$, and critical ratio, $CR= -3.24$, at a significant p-value, $p<.01$.

7.2 Contributions of the Current Study to Literature

1) The applicability of socially scientific methods to investigate religious research in Hong Kong Chinese population

Religious research with socially scientific methods has still not yet received substantial emphasis in Chinese societies, although during the past two decades relevant studies have been vividly buoying in the West. More than that, findings of these religious research in the Western societies, albeit not consistent all the time in all

ways, commonly pointed out the beneficial effects of religious involvement on human behavior and health outcomes in a generally positive direction. This current study is in its rudimentary attempt to investigate effects of parents' religious involvement on their children's development, through exploring a set of mediators that have been overlooked in previous research and literature. Both model fits among three kinds of the structural models, and their pertinent power test values for the best-fitting models consistently corroborated that employment of socially scientific methods to conduct religious research is applicable in a Chinese context, at least in this Hong Kong Chinese sample of parent-child pairs.

The three initial testing models (Model 1, 2, and 3) commonly attained a good-fitting to excellent-fitting levels. The *GFI* and *CFI* were .937 and .938 for Model 1 and .926 and .927 for Model 3, and their *RMSEAs* were .063 and .064 respectively, which were commonly indicative of a good fit of the models in explaining the relationships between parents' religious involvement and their children's internalizing behavioral symptoms as well as general developmental problems in this Chinese sample of parent and child participants. The re-specified models based on Model 1 and 3 (Model 1a and 3a) further corroborated an excellent fit, in which the X^2 and *df* of Model 1a and Model 3a had decreased significantly, $\Delta X^2(df) = 14.00(1)$, $p < .05$ for Model 1a and $\Delta X^2(df) = 32.96(1)$, $p < .01$ for Model 3a respectively (see Table 4.2).

For Model 2 on the relationship between parents' religious involvement and children's externalizing symptoms, it exhibited an excellent fit at the initial analysis, in which *GFI* = .952, *CFI* = .968, and *RMSEA* = .045. Although the MI suggested to set

free for the error term 5 and 8 to be correlated and changes in X^2 and df demonstrated a better fit of Model 2a over Model 2, a researcher should know when to stop re-specifying a model in order to avoid the problem of over-fitting pursuit only. Hence, I regarded Model 2, the initial model, was the best fitting model in this study to investigate the relationship between parents' religious involvement and children's externalizing symptoms. More than that, the factor loadings of intrinsic religiosity and positive religious coping of parents on the latent religious factor, parental religious involvement were all over .60 in all testing models. Furthermore, the purpose of power test is to assure the significant findings of respective models genuinely and significantly exist in the study population, without committing either type I or type II errors. In fact, the power test values for Model 1a, Model 2 and Model 3a are .957, .830, and .867, which are well beyond the threshold of .80, indicative that the results of the current study are not an artifact.

2) Investigation of a set of mediators linking up the relationship between parents' religious involvement and child development

Unlike extant prior studies that directly looked into the relationship between religious involvement in parents and their children's developmental outcomes, the present one attempted to probe into those overlooked but important mediators linking up the association. One of these mediators is parental psychological health that is supposed to mediate the relationship between parents' religious involvement and child development, through its effects on family functioning. Obviously, the most pronounced and direct salutary function of religiosity is to maintain one's mental health or abate psychological distress (Koenig, 2006, 2007; Donahue & Nielsen, 2005,

Yeung & Chan, 2007). A substantial amount of research corroborated the beneficial effects of religious involvement on psychological and emotional health (Ai et al., 2002; Ellison & Hummer, 2010; Salsman & Carlon, 2005).

More specifically, religious studies showed that people with more religious involvement might have lower levels of depressive symptoms and higher levels of optimism (Ai, Peterson, & Huang, 2003; Thomas & Sherman, 2001). On the otherhand , literature also supported that psychological characteristics and outlook of parents were crucial resources for them to provide effective parenting behaviors and maintain a healthy home environment for the growth and socialization of their children (Jones et al., 2002; Kochanska et al., 2007; Goodman & Gotlib, 1999). However, few past studies have attempted to investigate the mediating effects of parental psychological health on the relationship between religious involvement and family functioning (Ellison & Hummer, 2010; Kim & Brody, 2005; Murry et al., 2001); particularly, there is a lack of study on the mediating effects in Chinese societies.

More than two decades ago, Belsky (1984) proposed the possible mediating role of parents' psychological and dispositional characteristics in influencing family functioning. Research in the fields of social science, public health and medicine has gradually supported this proposition. A recent study by Kim and Brody (2005) reported that maternal psychological functioning would mediate the negative association between family stressors and parenting behaviors. For this, they mentioned,

“Both contextual family risks and maternal psychological functioning were defined as distal variables that would be indirectly associated with youth developmental outcomes through parenting practices. Parenting practices were defined as proximal variables that would be linked directly to variations in youth self-regulation, which in turn forecast youth psychological adjustment (p.307).”

This research is in fact consistently resonant with the results of other studies (Brody et al., 2002; Goosby, 2007; Jackson et al., 2000; Kim et al., 2003).

However, the findings of the current study only half supported the postulation that parental psychological health mediating the relationship. Parents’ religiosity did have a strong effect on parental psychological health in all models, but parental psychological health did not function significantly to influence family processes and parenting practices. The reasons for the insignificant relationship between parental psychological health and family functioning have been addressed in Section 7.1.2. What need to further elaborate is that we should augment the sample size and use more sophisticated latent measure of parental psychological health in the future to tap on its effects on family functioning.

In addition, both family functioning and child psychosocial maturity were anticipated as proximal mediators for the relationship between parents’ religious involvement and child development. Albeit existing studies have looked on the direct relationship between family functioning and child development, few have probed into

the role of psychosocial maturity and few studies attempted to discern the distinguishable nature of family processes and parenting behaviors. In this study, results showed that both positive family processes and psychosocial maturity appeared to be significantly and proximally mediate the relationship between parents' religious involvement and child development.

3) Family processes and parenting practices commonly contribute to child psychosocial maturity that in turn crucially influences developmental outcomes in children

As mentioned above, the present study treated family functioning as comprising of positive family processes and competence-promoting parenting practices, in which, consistent with the carry-over effect, family processes spill over to enhance competence-promoting parenting. In this study, a family with positive family processes is characteristic of higher interpersonal cohesiveness, constructive interaction, efficient communication, and mutual support as well as high commitment to each other (Anderson et al., 2007; Ferguson & Stegge, 1995; Gecas & Schwalbe, 1986; Kaslow et al., 1992; Valiente et al., 2007; Yabiku et al., 1999). On the other hand, competence-promoting parenting practices, or termed authoritative parenting practices, connote parents both exhibit high warmth and demandingness to the growth and development of their children (Brody et al., 2002; Burt et al., 2006; Steinberg, 1990). Apparently, family processes and parenting practices are disparate in nature but mutually related in order.

Findings of this study supported that both positive family processes and

competence-promoting parenting practices had beneficial effects on development of psychosocial maturity in children across the three structural models, which became a crucial mediator for the relationship between family functioning and child development. In fact, there are a bountiful number of studies showing a direct effect of family socialization processes on children's developmental outcomes (Brody et al., 2005; Burt et al., 2006; Chung & Steinberg, 2006; Hughs & Luke, 1998; Simons et al., 1995; Valiente et al., 2007), albeit sparse research has addressed the separate relations of family processes and parenting practices to psychosocial maturity and developmental outcomes in children (Burt et al., 2006; Jacobs et al., 2004; Simons et al., 2007). As such, the present study investigated separately the direct effects of family processes and parenting practices on children's psychosocial maturity and developmental problems.

The three structural models for the outcomes of children's internalizing problems, externalizing problems and developmental problems respectively showed the significant direct effects of child psychosocial maturity and its mediating role. In model 2, child psychosocial maturity appeared to be the sole significant predictor of children's externalizing problems. As mentioned in part 7.1.5, model 3 with constrained path from child psychosocial maturity was significantly better than baseline model, which attests the significant mediating role for the relationship between family functioning and child development. Available limited studies have reported the enhancing role of favorable family socialization environment in development of cognitive and psychological maturity in children, which was in turn predictive of less behavioral problems and affective symptoms (Cauffman & Steinberg, 2000; Fischer et al., 2007). This is resonant with the social learning theory (Akers, 1998), role

modeling perspective (Bricheno & Thornton, 2007; Silberman, 2003), as well as expectancy-value model (Eccles et al., 1983), in which home environment and interactions are crucial socialization process for children to model those prosocial and normative values and beliefs.

Furthermore, the negative relationship from psychosocial maturity to children's developmental problems also tallies with the perspectives of self-referent cognitions (Harter, 1989; Harter & Whitesell, 2003), the cognitive-affective processing system model (Mischel, 2004; Simon et al., 2007) as well as short-term rationality thesis (Hirsch, 1994). These three perspectives consonantly anticipate that cognitive and psychological mature children would be more thoughtful, planful and considerate about their behavioral choices and emotional expressivity. Future study should put more emphasis on the role of children's psychosocial maturity to investigate how it influence their behaviors in other settings.

4) Family processes rather than parenting practices are substantially influential of child development in middle and late adolescence

Results of the study found that it was positive family processes but not competence-promoting parenting behaviors showing direct deterring effects on children's developmental problems when children were in their middle and late adolescence. Youth in middle and later adolescence may become more independent in terms of mentality and behaviors, and they would have more time away from home (Markstorm, 1999; Regnerus, 2003). In this sense, their attachment to parents would be more attenuated. As such, parents' direct control and discipline through parenting

behaviors become less potent. Inversely, the continuing and reciprocal socialization effects of family processes would be more long-lasting, as it is a general home atmosphere and relational dynamics that may vicariously edify children value orientations, norms and self-concept in long run (Marks, 2006; Simons et al., 2006).

This is consistent with both social learning theory (Akers, 1998) and role modeling (Silberman, 2003), when youth grow older, their behavioral formations and changes are generally cultivated through vicarious observing and modeling processes rather than direct teaching. As such, in comparison with the on and off nature of parenting behaviors in middle and late adolescence, the continuing socialization of family processes would appear to be more salient, as it is happening in a reciprocal and ubiquitous course when the child is getting older (Ferguson & Stegge, 1995; Valiente et al., 2007; Yabiku et al., 1999). In future, research efforts should put on the different roles of general home atmosphere and relational patterns compared to certain types of parenting behaviors in influencing children's developmental outcomes.

5) The latent constructs of parents' religious involvement, psychosocial maturity and developmental problems in children of the SEM analyses may increase accuracy of the results

The advantage of SEM analysis is not only able to deal with multiple predictors, mediators, as well as outcomes simultaneously, but also can incorporate latent constructs to tap on some rather abstract concepts, e.g. religious involvement. Manifestly, latent constructs in SEM analysis is accounted as measurement model, which defines the relations between the observed and unobserved variables, meaning

that it provides the link between scores on measuring observed indicators and the underlying constructs they are designed to measure (Duncan et al., 2006). In conducting SEM analysis, the assumption of latent constructs, unlike those conventional statistical procedures, not being based on perfect measurement, means that this technique can take measurement errors into account, which will turn out to increase accuracy of the results as in reality no existing measures are able to be fully comprehensive of the concept that are being measured.

In this study, parents' religious involvement was composed of both intrinsic religiosity and positive religious coping, which is considered to capture an important dimension of religious effects. In fact, available religious studies in Western societies tend to treat religious involvement as a manifest variable without considering its multifaceted nature. The factor loadings of respective indicators for the religious construct were ranging from .63 to .66, implying their adequacy in forming this abstract religious concept. Moreover, psychosocial maturity is another concept not directly observed. The present study employed positive self-image, good self-control, consideration of others, and positive future orientation as indicators to form this abstract concept. Its respective factor loadings were ranging from .61 to .80, which are well beyond the threshold level of $>.30$ (Byrne, 2001; Kline, 2005), thus showing a good construction of this latent factor.

In addition, the outcome of child developmental problems in Model 3 was treated as another latent construct by combining both internalizing and externalizing symptoms of children's development into account. Albeit the factor loadings of this unobserved factor are not as high when compared to the previous two, its levels were

also ranging from .45 to .57, which were also substantially beyond the threshold level. In practical, it is improbable to dichotomize internalizing symptoms, such as emotional and psychiatric distress, from externalizing problems, such as self-hurting behaviors and substance misuse, because they are always reciprocally interwoven. According to the co-morbidity thesis, both psychological and behavioral problems may coexist in children and youths, in which one may amplify the severity of the other or they may mutually reinforced each other (Aschauer & Schlogelhofer, 2003; Aseltine et al., 1998; Benda; 2005; Goodman & Gotlib, 1999; Kim et al. 2003; Simons et al., 2004; Yeung et al., 2007, 2010).

In fact, the correlation coefficient of children's internalizing and externalizing symptoms was $r=.26$, $p<.01$, which indicate that they were substantially related to each other, but in a distinguishable manner (Field, 2009). Taken together, these results can corroborate the thesis of co-morbidity for children's psychological and behavioral problems that may coexist and mutually related (Aseltine et al., 1998; Benda; 2005; Kim et al. 2003; Simons et al., 2004; Yeung et al., 2010). As such, Shrier and her colleagues stated that

“Substance use frequently co-occurs with affective disorders. Adolescents with depression, dysthymia, or other psychiatric disorders may attempt to self-medication by engaging in frequent and heavy use of substances (p. 180).”

Although some prior research has both treated children's internalizing and externalizing symptoms in a single study, they were prone to take these two kinds of

symptoms as independent of each other and treated them as separate outcome variables (Bynum & Brody, 2005; Chen, 2005; Simons et al., 2004). In this study, children's developmental problems were analyzed as a multi-faceted latent outcome construct, which has been less emphasized before.

7.3 The Covariates of Family SES and Child Age in the Models

Last but not least, the two covariates, family SES and child's age, were insignificant in prediction of children's internalizing and externalizing problems. One of possible explanations for the insignificant effect of family SES on children's outcomes is that parents' human capital and financial resources are not as salient when compared to religious involvement of the families, because getting involved in a church which, as a helpful social institution, is able to provide emotional and tangible resources for parents when need (Ellison & Hummer, 2010). In fact, religious congregation emphasizes mutual support, love and interpersonal caring, which could be useful resources to offset the unfavorable status of families with low SES (Hill et al., 2008; Roccas, 2005).

In addition, spiritual resources drawn from their religious belief would always strengthen parents' capacity and efforts in maintaining a good home climate and effective parenting (Dollahite, et al. 2004; Hill et al., 2008; Regnerus, 2003). As such, family SES may be less prominent in influencing family functioning and children's developmental outcomes for families with religious involvement. The most impending needs for those families with low SES are tangible daily necessities and emotional support, which are due to their insufficiency in economic income and

weakness of social network. In this regard, some churches could relieve the burdens of these families by providing them with resources that meet their tangible and emotional needs when necessary. All in all, it is anticipated that family SES is a less salient exogenous variable to influence children's developmental outcomes in those religious families with low SES.

On the other hand, it is found that children's age, which is another covariate in the analysis, did not show any significant effect on children's developmental outcomes. The possibility of this insignificance could be due to the limited variation of children's ages, because the present study only recruited children aged between 14 to 21 years old. Another explication for the insignificance of children's ages is that the mean levels of children's internalizing and externalizing problems are so low. The average score for children's internalizing problems was 1.86, with a $SD=.58$, in a 1-4 range, and for children's externalizing problems was 1.98, with a $SD=.51$, in a 1-7 range. The value of SD tells the spread of the individual scores in a variable, which means a greater SD value connotes a wider spread of the scores and a smaller SD value implies a more concentration of the scores for a variable (Field, 2005). All of these shows that the variation in both children's internalizing and externalizing problems is limited and most child participants were generally with few psychological and behavioral symptoms in the present study.

As previously mentioned, participation in the current study was completely on a voluntary basis. The participating families, including the parents and their children, totally had the jurisdiction to determine whether they should take part in the study or not. This probably suggests, according to the self-selection theory, that those 'good'

and “well-adjusted” families with fewer family problems and children’s developmental symptoms would be more likely to take part in the current study (Ellison & Hummer, 2010). This self-selecting behavior may be more pronounced in Chinese societies, where attitude toward “saving face” would be more pronounced (Sung, 2010; Yeung & Chan, in press). Therefore, a proneness of “less deviant children” as the majority of the child sample in this study would cause those direct demographic variables, such as child age in this case, less sensitive in prediction of child outcomes (Tabachnick & Fidell, 2007). As such, it is important to think more about a sound recruitment mechanism in the future to include those participants with more diverse background.

Chapter 8. Conclusion

Compared to the West, religious research is relatively a new topic in Chinese societies, most of which are dominated by philosophical ethics for thousands of years, particularly by Confucianism (Pohl & Müller, 2002). However, along with the demoralization in traditional Chinese ethical bonds among interpersonal relationships during the rapid development and growth of market-orientated economy and materialism in the past thirties years, traditional ethical beliefs are no longer able to function as life and philosophical bases to stabilize social orders and provide spiritual roots for people in contemporary China (Bian, 1996; Cao, 2004). For this, apparent tides of conversion to religious beliefs, like Christianity, have emerged continually in China nowadays. As Yang (2005) mentioned that

“(S)ince 1979 China has been moving toward a market economy, more importantly, the dramatic social and cultural changes in the process of coerced modernization are shared experiences of both Chinese emigrants and non-emigrants..... the rapid growth of Christianity in China today certainly has important institutional factors: Christian organizations have been proselytizing. Individual psychology and interpersonal bonds are at work as well. However, the micro- and meso-level factors have to be situated in the macro-level, broader contexts. Reform-era China has been moving toward a market economy that is increasingly integrated in a rapidly globalizing world, yet the authorities maintain political repression. The merging market is exiting and perilous, accompanied by widespread moral corruption, which prompts

many individuals to seek a theodicy, or a religious worldview, to put the seemingly chaotic universe into order (p. 425)”

In fact, statistics show that there are, for the most conservative figure, approximately 53 million Christians in China, including 39 million Protestants and 14 million Roman Catholics (Central Intelligence Agency, 2010; Ellis, 2007). The figure is expanding fast and assumed to continue manifestly. As such, the current study has its merit in studying parents’ religious involvement in relation to their family functioning and offspring’s developments in a Hong Kong Chinese sample of parent-child pairs. A good data-model fit appeared in the analyses demonstrated that topics of religious research could be applicable in Chinese societies. Conspicuously, Chinese people had conceived a kind of belief regarding a supreme God in their philosophy in the ancient time (Kung & Ching, 1993). In addition to the dominance of Confucianism over the history of Chinese people, Chinese culture, in fact, has been mingled with multiple other religious concepts from the outside. Further study should be conducted to investigate how different forms of religion shape different dimensions of other people’s lives in contemporary China, as the current study only restricts to a group of Hong Kong Chinese. In this Chapter, I will first discuss how the current study could shed light on implications for social services, then this will be followed by a discussion on the limitations of this study, and finally I will go to suggest some directions for future religious research.

8.1 Implications for Service Practices

Based on the findings of this study, and noting the deterioration of family problems

and developmental difficulties among children and adolescents in Hong Kong nowadays, some implications related to the interventions for frontline services and policy levels are revealed from the results of the current study. In Hong Kong, there are many social services organizations, such as Integrated Family Service Centres (IFSCs) and Integrated Children and Youth Service Centres (ICYSCs), many of which are originated from different Christian religious denominations and are subsidized by the government. Manifestly, these services centers could develop some services programs in direct relation to their religious denominations in a joint effort to serve their target and potential clients. As such, many helpful and useful resources could be drawn from these religious denominations for the purpose of directly serving those people in need of the better development of their family and children.

Social and human service professions in the West have begun to note the importance and indispensableness of spiritual dimension of service practices (Koenig, 2007). In the past, social services mainly emphasized on the behavioral and psychological dimensions of therapy and intervention, clients' spiritual needs have been rarely addressed. In fact, when clients come to seek help from social services professionals, they should be heedful of whether these clients are with religious backgrounds and spiritual needs. If so, the professional should learn how to dig into his/ her spiritual dimension of life in order to locate available resources or other alternatives imbedded that will help to cope with the client's problems. For example, a therapist could seek to identify if resources and network related to the church could be helpful for his her family problems where the client is attending.

More than that, youth and family groups in religious organizations could be

ready and fruitful human resources for social services and community centers to recruit as voluntary services helpers to provide help and visits to those disadvantaged and marginalized families in society, e.g. single-parent families and families with new immigrants or chronical ill. These religious groups are willing to share their resources and care to those underprivileged families or social groups as their obligations to fulfill their religious philosophies and teachings. In fact, we could think more about how the role of those salutary world religions, like Christianity, could contribute more to meeting the needs of people in difficulty, which are also consonant with the teachings of these religions. For example, Christian believers would think it is God's calling and assignment for them to help those in adverse conditions, and they should have the responsibilities to enrich the lives of those underprivileged.

Furthermore, many valuable and insightful Bible verses and religious scriptures are helpful to transform one's values orientation of life and paradigm of experiencing difficulties in a more constructive way. For example, some biblical remarks are beneficial to healthy development of one's mental status as well as his/ her relationships with others, like Romans 12: 15-16 writes:

“Rejoice with those who rejoice; mourn with those who mourn. Live in harmony with one another. Do not be proud, but be willing to associate with people of low position. Do not be conceited.”

In addition, Philippians 2: 3-4 also writes about the importance of attitudes of being humble and humane in oneself and for interpersonal relationships:

“Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you should look not only to your own interests, but also to the interest of others.”

Publicity of these religious sayings may be salubrious in preventing people from adopting destructive means to solve the problems they face. Recently, there is a public advertisement by the government on suicide prevention. The publicity used its catchwords from the Bible -- “As your days, so may your work be (你的日子如何、你的力量也必如何).” This is directly cited from Deuteronomy chapter 33 verse 25 in the Bible.

Therefore, social services organizations could consider taking these religious sayings as mottos in propaganda of some of their social services programs to encourage spiritual needs of their potential clients to promote certain positive attitudes and competence in parenting, to foster family resilience, and to develop positive mental health of the parents. As shown in this study, these are areas that are contributory to positive development outcomes in children. However, it should keep in mind that the selection these statements should try avoid those ones with too much religiously proselytizing. In fact, I think the most lacking in contemporary materialistic-driven and market-economy-led societies is true love, like a kind of unselfish and unconditional love embodied in the Bible:

“Love is patient; love is kind; love is not envious or boastful or arrogant or rude. It does not insist on its own way; it is not irritable or resentful; it does not rejoice in wrongdoing, but rejoices in the truth. It bears all things, believes all things, hopes all things,

endures all things. Love never ends.”

1Corinthians 13: 4-8

8.2 Limitations of the Study

Stated succinctly, the current study is just a rudimentary attempt in the study of the relationships between religion, family functioning and child development in a Chinese context. By no means is the current study an all-inclusive research that has addressed all the issues mentioned above. Apparently, there are many limitations and restrictions in the current study. First, as the result of the voluntary basis of participation, we could not deny the possibility of acquiring those parent-child pairs coming families only with good functioning, which would restrict the variance of the sample data. Second, the sample size in the current study is comparatively small ($N=223$), which is also due to the basis of voluntary participation. Increase in number of participants may enhance representativeness and obtain more precise findings of the study. In this regard, token may be used to encourage participations and more cohesive bond be built with local churches in order to augment the participating incentives of potential samples. This, of course, will take time and more resources.

Third, the results of the current study are based in the cross-sectional data, which cannot provide inference of temporary causal relationships. For this, the use of a longitudinal design could trace the transition changes of children's developmental outcomes and explicate the cause and effect relationship. In discussing new issues of Chinese family research, Shek (2006) argued that

“There are very few longitudinal family studies in the Chinese culture, it is obvious that more longitudinal studies should be carried out. There are at least two reasons why longitudinal family studies should be conducted. First longitudinal studies can help researchers to understand changes in Chinese family phenomena. This is particularly important in view of the fast-changing societal and economic conditions in China. Second longitudinal studies can enable researchers to assess the predictors of family processes in Chinese families (p. 281).”

Fourth, children’s internalizing and externalizing problems may involve different levels, some are more severe and intensive and some are relatively minor and light. This study only used general measures of children’s internalizing and externalizing symptoms. Further studies should address religious effects on different levels of children’s problem symptoms in the extents of severity and intensity. More than that, the majority of parent participants was mother caregivers (80.7%), rather than fathers, which may incur the possible bias from a single sight of mothers as they would tend to see their families in a more desirable way (Ellison & Hummer, 2010).

Besides, qualitative research methodologies could be adopted in the future to explore the formative process of how and why parents take their religious beliefs and teachings into their family socialization tasks through the participants’ personal points of view. According to Miles & Huberman (1994), qualitative analyses can look into the “the ways people in particular settings come to understand, account for, take action, and otherwise manage their day-to-day situations (p. 7).” For tracking and

capturing changes occurring over times for participants' experiences of their religious involvement in relation to their family lives and children's developments, qualitative longitudinal study would be an appropriate way to fulfill this function as it is possible to manifest transitions and trajectories of individual experiences temporally and longitudinally (Elliott et al., 2005). What distinguishes qualitative longitudinal research from common qualitative analyses is that qualitative longitudinal research adopts a deliberate way in which temporality is designed into the research process to make change a central focus of analytical attention.

8.3 Suggestions for Future Study

This study has stretched a rudimentary step to research religious effects among a Hong Kong Chinese sample of parent-child pairs. It is noteworthy for us to further see how about the impacts of religious involvement on other different populations, such as middle-aged men, elders, the chronically ill, as well as the general public. In addition, future religious research should put efforts on that of comparative study, as China is a country with immense and diverse geographic places and it consists of multi-cultural societies, some are more westernized and industrialized and some are still apparently collective and conventional in thoughts and attitudes. Thereby, comparative study should be attempted to see if there are different effects of religion on different Chinese societies.

Furthermore, as religious research has been comparatively fruitful in the West, to conduct cross-national study would be an approach to let people comprehend the role and influence of a same religion or different religions in lives of people in different

countries. As Smith (2003a) reported

“In the lives of American youths’ religion is often a factor influencing their attitudes and behaviors in ways that are commonly viewed as positive and constructive. Various measures of religiosities are associated with a variety of healthy, desirable outcomes across a diversity of areas of concern, including juvenile drug, alcohol and tobacco use and delinquency, suicide, depression and hopelessness, adolescent health-enhancing behaviors, life satisfaction, effective coping with problems, risky sexual behaviors, pro-family attitudes and values, academic achievement, political and civic involvement, and commitment to and involvement in community service (p. 414).”

If a study directly investigates the effects of adolescent religious involvement in relation to their behavioral outcomes in a Chinese context, will its results be similar to the findings of the studies conducted by scholars in the West? If so, are there any different mediating processes linking the relationships among youths in Western societies, compared those in Chinese societies? If not so, will cultural and historical factors play a role in it? In fact, there is a long way for Chinese scholars to look into the effects of religious involvement on influencing the ways that Chinese people to shape their lives and behaviors (Yeung & Chan, 2007; Yeung et al., 2007). Answers to these questions are beyond the capacity of this study. They apparently need common efforts from multiple parties. In the ending of this dissertation, I would like to conclude it with a piece of poem coming from Qu Yuan (屈原) as a way to impel us to

think more about how is commitment to what is truly genuine under the way of knowledge seeking.

“Albeit there is a long way far from reaching veracity, regardless of ups and downs, I will resolutely go for it with a reflective will.”

(「路漫漫其修遠兮，吾將上下而求索。」)

LiSao (<<離騷>>)

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尊敬的教會負責人：

「家長宗教參與與子女心理行為發展研究」

本人楊偉強乃香港理工大學應用社會科學系之博士研究生。現正進行一項「家長宗教參與和子女心理行為發展研究」。研究目的是希望透過社會科學取向和方法來探討以下課題：

- (一) 在華人社會中基督宗教對於華人家庭及其子女在心理及行為方面之作用；
- (二) 基督宗教信仰如何影響家長之心理健康、家庭功能，以及子女管教行為；
- (三) 家庭功能及子女管教行為如何透家長之基督宗教信仰影響其子女之心理和行為發展；
- (四) 基督宗教對於華人家長及其子女的影響作用與西方有關之研究結果是否相符。

我們相信透過社會科學的取向和方法，是項研究能作為一個先導，增加我們科學化地認識基督宗教在個人、家庭、以及社會層面上發揮的作用。現懇請 貴堂會協助轉介符合以下條件之華人家庭作為研究對象：

- (一) 家長必須為已決志之基督徒，並參與教會恆常活動（如主日崇拜）至少有五年時間。
- (二) 參與家庭中至少有一位年齡介乎 14-21 歲之間的子女^{註一}。
- (三) 家長必須與該名參與研究之子女在過去五年內同住。

所有合適之研究對象將會被邀請填寫一份約 20 分鐘之問卷。我們將會對所有研究對象的個人及家庭資料作嚴謹保密^{註二}。是項研究乃根據香港理工大學研究辦公室的嚴格要求下進行，閣下如對是項研究有任何意見或查詢，請聯絡本人之研究導師陳沃聰博士（電話：2766 5726；電郵：[ssycchan](mailto:ssycchan@polyu.edu.hk)），或本人（電話：9042 ；電郵：[ssjerf](mailto:ssjerf@polyu.edu.hk)）。

香港理工大學應用社會科學系
博士研究生 楊偉強
2009 年 月 日

註一：填寫問卷的子女必須介乎 14-21 歲之間。若該家庭中有超過兩名或以上的子女年齡在 14-21 歲之間，則以剛剛過了生日的那位為填寫對象；若該家庭有兩名或以上的合適子女是具有相同的生日日期，則以較年長的那位作為填寫對象。

註二：所有家長及其子女的填寫資料將作嚴格保密，並只會作本研究之用途。而填寫之問卷分為家長和子女部分，並分別會以不同的信封封存，是對家長及子女各人私隱/資料作保密所採取的措施。

親愛的家長：

「家長宗教參與和子女心理行為發展研究」

多謝 貴家庭參與本研究。是項研究旨在探討華人家長的基督宗教參與對其家庭功能、子女管教行為，以及子女的心理行為發展之作用。貴家庭參與填寫有關問卷，將會有助我們了解華人社群中基督宗教在對於家庭功能，以及子女心理行為發展之作用。我們相信透過社會科學的取向和方法，是項研究能作為一個先導，讓我們更科學化地認識基督宗教在個人、家庭、以及社會層面上發揮的作用。

參與本研究之家庭須符合以下條件：

- (一) 家長必須為**已決志之基督徒**，並參與教會恆常活動（如主日崇拜）至少有**五年**時間。
- (二) 參與家庭中至少有一位年齡介乎**14-21**歲間的子女^{註一}。
- (三) 家長必須與該名參與本研究之子女在過去**五年內同住**。

每個參與家庭所填寫的問卷會分成兩部分（甲組為家長部分，而乙組則為子女部分）。兩部分問卷會由一個信封包裹。家長部分由家中母親填寫（本研究假設母親為家庭中主要的親職照顧者；若家庭中是由父親作為主要親職照顧者，則由父親填寫；家長能自行決定由誰填寫最為合適）。而子女部分則由家中年齡介乎**14-21**歲之間的子女填寫。

當問卷填寫完畢後，請把家長部分的問卷放入印有「家長部分（甲組）」的小信封中，以及把子女部分的問卷放入印有「子女部分（乙組）」的小信封中，然後封口，一同放回大信封中；並請把該大信封在**2010年2月21日或之前**交回 貴堂會的聯絡人。所有填寫的資料將作嚴格保密，並只會作研究用途；而填寫之問卷分為家長和子女部分，並以不同的信封存放，是要對家長及子女各人的私隱/資料作個別保密。如果 您對本研究有任何查詢，請聯絡本人（電話：9042；電郵：[ssjerf](mailto:ssjerf@hkust.edu.hk)）或本人之研究導師陳沃聰博士（電話：2766 5726；電郵：[ssycchan](mailto:ssycchan@hkust.edu.hk)）。

再一次多謝 貴家庭是次慷慨參與。

香港理工大學應用社會科學系
博士研究生 楊偉強
2009年 月 日

註一：填寫問卷的子女必須介乎**14-21**歲之間。若該家庭中有超過兩名或以上的子女年齡在**14-21**歲之間，則以剛剛過了生日的那位為填寫對象；若該家庭有兩名或以上的合適子女是具有相同的生日日期，則以較年長的那位作為填寫對象。

各位青年朋友：

「家長宗教參與與子女心理行為發展研究」

首多謝 您參與本研究。是項研究旨在探討華人家長的基督宗教參與對其家庭功能、子女管教行為，以及子女的心理行為發展之作用。每個參與家庭所填寫的問卷會分成兩部分（家長部分（甲組）及子女部分（乙組））。而 您所需要填寫的問卷是子女部分（乙組），但在填寫前請您了解清楚一下是否符合以下條件：

- （一）您必須與 您的父母在過去**五年內同住**。
- （二）您的年齡須介乎 **14-21** 歲間（如果家中有兩位或以上的兄弟姊妹，年齡介乎 14-21 歲間，則以剛剛過了生日的那位為填寫對象；若果您家中有兩名或以上年齡介乎 14-21 歲間兄弟姊妹具有相同的生日日期，則以較年長的那位作為填寫對象）。

當問卷填寫完畢後，請把子女部分的問卷放入印有「子女部分（乙組）」的小信封中，然後封口，一同放回大信封中；並請把該大信封在 2010 年 2 月 21 日或之前交回 您家長（填寫家長部分（甲組）那位）所屬的堂會。所有填寫的資料將作嚴格保密，並只會作研究用途；而填寫之問卷分為家長和子女部分，並以不同的信封存放，是要對家長及子女各人的私隱/資料作個別的保密。如果 您對本研究有任何查詢，請聯絡本人（電話：9042 ；電郵：ssjerf ）或本人之研究導師陳沃聰博士（電話：2766 5726；電郵：ssycchan ）。

再一次多謝 您參與是次研究。

香港理工大學應用社會科學系
博士研究生 楊偉強
2009 年 月 日

香港理工大學
應用社會科學系

「家長宗教參與與子女心理行為發展研究」

家長部分 (甲組)問卷

第一部分

以下的句子是描述你的宗教信仰生活及態度。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1= 非常不同意, 2= 不同意, 3= 不肯定, 4= 同意, 5= 非常同意

- | | | | | | |
|------------------------------|---|---|---|---|---|
| 1. 在尋求明瞭我的宗教信仰過程裡，我是十分享受。 | 1 | 2 | 3 | 4 | 5 |
| 2. 只要我感覺好的，我就不太理會我所追求的信仰是甚麼。 | 1 | 2 | 3 | 4 | 5 |
| 3. 對我來說，花時間在個人宗教性的思考與祈禱是重要的。 | 1 | 2 | 3 | 4 | 5 |
| 4. 我常強烈感到上帝/神的存在。 | 1 | 2 | 3 | 4 | 5 |
| 5. 我努力嘗試在我的生活上實踐我的宗教信仰。 | 1 | 2 | 3 | 4 | 5 |
| 6. 雖然我有信教信仰，但我不會讓它影響我的日常生活。 | 1 | 2 | 3 | 4 | 5 |
| 7. 我整個生活態度的取向都是建基於我的宗教信仰。 | 1 | 2 | 3 | 4 | 5 |
| 8. 雖然我有宗教信仰，但是生活上的其他事情是更為重要。 | 1 | 2 | 3 | 4 | 5 |
-

以下句子指出當你遇上生活問題和困難時的處理方式。每句句子分別指出不同的處理方式。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1= 不會, 2= 有時會, 3= 多數會, 4= 一定會

- | | | | | |
|------------------------------------|---|---|---|---|
| 1. 我盼望尋求與上帝/ 神有更緊密的聯繫。 | 1 | 2 | 3 | 4 |
| 2. 我盼望尋找上帝/ 神的愛與關顧。 | 1 | 2 | 3 | 4 |
| 3. 我盼望尋求上帝/ 神的幫助，以致我的憤怒可以消除。 | 1 | 2 | 3 | 4 |
| 4. 我盼望嘗試與上帝/ 神一起來實踐我的解決方案。 | 1 | 2 | 3 | 4 |
| 5. 我盼望嘗試仰望上帝/ 神，看祂怎樣在這困難的情況中，使我得力。 | 1 | 2 | 3 | 4 |

- | | | | | |
|----------------------------------|---|---|---|---|
| 6. 我盼望請求上帝/ 神赦免我的過犯。 | 1 | 2 | 3 | 4 |
| 7. 我盼望依靠我的宗教信仰，來止息所遇到的問題對我造成的困擾。 | 1 | 2 | 3 | 4 |

第二部分

以下句子描述你在**過去一星期**所經歷的一些感受和期望。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1= 非常不同意, 2= 不同意, 3= 普通, 4= 同意, 5= 非常同意

- | | | | | | |
|----------------------------|---|---|---|---|---|
| 1. 當前途未定的時候，我通常會預想好的結果。 | 1 | 2 | 3 | 4 | 5 |
| 2. 展望將來，我看不到有令我開懷的境況。 | 1 | 2 | 3 | 4 | 5 |
| 3. 我對前景常感樂觀。 | 1 | 2 | 3 | 4 | 5 |
| 4. 我很少想過事情會盡如我意。 | 1 | 2 | 3 | 4 | 5 |
| 5. 我很少預計好事會發生在我身上。 | 1 | 2 | 3 | 4 | 5 |
| 6. 總的來說，我預期發生在我身上的好事會多過壞事。 | 1 | 2 | 3 | 4 | 5 |

以下的句子描述**過去一星期**你的感受與行為。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1= 極少或沒有, 2= 很少, 3= 有時, 4= 時常

在**最近一星期**，你有多少天有以下的情況呢？

- | | | | | |
|------------------------|---|---|---|---|
| 1. 就算家人或朋友幫忙，我也不能擺脫憂愁。 | 1 | 2 | 3 | 4 |
| 2. 我情緒低落。 | 1 | 2 | 3 | 4 |
| 3. 我的人生是失敗的。 | 1 | 2 | 3 | 4 |
| 4. 我感到害怕。 | 1 | 2 | 3 | 4 |
| 5. 我感到孤獨。 | 1 | 2 | 3 | 4 |
| 6. 我感到傷心。 | 1 | 2 | 3 | 4 |
| 7. 我曾哭過。 | 1 | 2 | 3 | 4 |
| 8. 我的胃口欠佳。 | 1 | 2 | 3 | 4 |
| 9. 我難於集中精神做事。 | 1 | 2 | 3 | 4 |
| 10. 我做每件事都很費力。 | 1 | 2 | 3 | 4 |
| 11. 我不能安睡。 | 1 | 2 | 3 | 4 |

12. 我難以生活下去。	1	2	3	4
13. 我比以前少說話。	1	2	3	4
14. 我受到事情所困擾。	1	2	3	4
15. 我與別人一樣心情好。	1	2	3	4
16. 我對將來有信心。	1	2	3	4
17. 我開心。	1	2	3	4
18. 我生活得快樂。	1	2	3	4
19. 別人並不友善。	1	2	3	4
20. 別人不喜歡我。	1	2	3	4

第三部分

以下的句子描述家庭中不同的特質，請根據以下提供的量表作答，並選取出最能代表你家庭情況的答案。

1= 完全不像我的家庭, 2= 很少像我的家庭, 3= 有時像我的家庭,
4= 通常像我的家庭, 5= 非常像我的家庭

1. 如果對家庭有利，我們會原意作個人犧牲。	1	2	3	4	5
2. 我們對家人應有的行為有一致的看法。	1	2	3	4	5
3. 我們相信在最壞的處境也會看到解決問題的曙光	1	2	3	4	5
4. 我們對家人彼此的成就引以為榮，即使這些成就是微不足道。	1	2	3	4	5
5. 我們以有用的方式訴說彼此關心的事情和感受。	1	2	3	4	5
6. 無論遇到什麼困難，我的家人總會團結面對。	1	2	3	4	5
7. 如果我們不能自己解決問題，我們通常會向家庭以外的人求助。	1	2	3	4	5
8. 我們常常在那些對家庭重要的事情上看法一致。	1	2	3	4	5
9. 我們會盡力互相幫忙。	1	2	3	4	5
10. 對一些困擾著我們但又不能控制的事情，我們會找些會令我們暫時忘卻煩惱的事情去做。	1	2	3	4	5
11. 無論我們家庭發生什麼情況，我們會盡量看事情好的一面。	1	2	3	4	5
12. 即使是很忙，我們也會爭取一起相處的時間。	1	2	3	4	5
13. 我和我的家人都清楚明白行事為人的準則。	1	2	3	4	5
14. 但我們出現問題或遇到危機時，親戚和朋友都會願意幫忙。	1	2	3	4	5

15. 在遇到問題時，我的家庭能夠做出如何應付問題的決定。	1	2	3	4	5
16. 即使是在做家務，我和家人也會享受彼此相處的時間。	1	2	3	4	5
17. 就算天大的事情，我和家人也可以暫時放下。	1	2	3	4	5
18. 在有不同意見的時候，家人會聆聽兩方面的觀點。	1	2	3	4	5
19. 我們會預留時間處理我們都認為是家庭中的重要事情。	1	2	3	4	5
20. 每當出現問題時，我們家人之間可以互相依靠。	1	2	3	4	5
21. 我們會討論不同的方法去處理問題。	1	2	3	4	5
22. 我和家人看彼此的關係比物質享受更重要。	1	2	3	4	5
23. 我們對事情所作的決定，如搬家或找新工作等，都會以整個家庭的利益作為依歸。	1	2	3	4	5
24. 當出現預期不到的困難時，我的家人可以互相依靠。	1	2	3	4	5
25. 我和家人不會互相輕視和忽略。	1	2	3	4	5
26. 我和家人會先嘗試自己解決問題，然後再找其他人幫忙。	1	2	3	4	5

第四部分

以下的句子描述關於在你孩子的成長過程中你與他/他們的交往和溝通經驗。請根據以下提供的量表作答，並以✓號選取出最能代表你個人情況的答案。

1= 非常不同意, 2= 不同意, 3= 一般, 4= 同意, 5=非常同意

1. 當我們的家庭選擇去做某些事情，我會與孩子講解背後的原因。	1	2	3	4	5
2. 無論何時我會常常提醒自己，有必要與孩子討論是否家規對他們過份嚴謹。	1	2	3	4	5
3. 我會與孩子講解他們應有的待人處事態度。	1	2	3	4	5
4. 我的孩子知道他們應該做什麼，但當這些規則過份嚴謹時，他們亦可表達出來。	1	2	3	4	5
5. 我會對我的孩子講解他們應該做什麼，並解釋背後的原因。	1	2	3	4	5
6. 我會聆聽孩子的意見，但不會不假思索地跟他們的意見來做事。	1	2	3	4	5
7. 雖然我們的家庭有清晰的家規，但在管教孩子時，	1	2	3	4	5

我亦願意去調節這些家規。因為我知道每個孩子是獨特的。

- | | | | | | |
|--|---|---|---|---|---|
| 8. 雖然我會要求我的孩子緊守家規和教導，但在管教孩子時，我亦願意去聽取他們的心聲及討論有關的管教方式。 | 1 | 2 | 3 | 4 | 5 |
| 9. 我的孩子知道應該做什麼，但當他們對我的管教方法有異議時，我亦能體諒。 | 1 | 2 | 3 | 4 | 5 |
| 10. 當我做了某些事情傷害了我的孩子，如果是我的錯失時，我會向他/他們道歉。 | 1 | 2 | 3 | 4 | 5 |
-

第五部分

以下是關於你和你配偶的個人資料。請選擇最能代表你和你配偶的答案作答（**如屬單親家庭，只須填寫家長自己的個人資料**）。所有獲得的資料只會作本研究用途，並會加以保密。當研究完成後，所有資料將會根據香港理工大學研究辦公室的嚴格要求下進行銷毀處理。

1. 我是家中的...

- 1 ☐ 母親 2 ☐ 父親

2. 我的家庭為...

- 1 ☐ 雙親家長 2 ☐ 單親家庭

3. 我的教育水平為...

- | | | |
|------------------------------------|----------------------------------|---------------------------------|
| 1 <input type="checkbox"/> = 小學或以下 | 2 <input type="checkbox"/> = 中學 | 3 <input type="checkbox"/> = 大專 |
| 4 <input type="checkbox"/> = 大學 | 5 <input type="checkbox"/> = 研究院 | |

4. 我配偶的教育水平為...

- | | | |
|------------------------------------|----------------------------------|---------------------------------|
| 1 <input type="checkbox"/> = 小學或以下 | 2 <input type="checkbox"/> = 中學 | 3 <input type="checkbox"/> = 大專 |
| 4 <input type="checkbox"/> = 大學 | 5 <input type="checkbox"/> = 研究院 | |

5. 我的每月薪金為...

- 1 ☐ = 沒有收入 2 ☐ = \$6,999 或以下 3 ☐ = \$7,000 至 \$9,999
4 ☐ = \$10,000 至 \$14,999 5 ☐ = \$15,000 至 \$19,999
6 ☐ = \$20,000 至 \$29,999 7 ☐ = \$30,000 至 \$39,999
8 ☐ = \$40,000 至 \$49,999 9 ☐ = \$50,000 至 \$69,999
10 ☐ = \$70,000 或 above

6. 我配偶的每月薪金爲...

- 1 ☐ = 沒有收入 2 ☐ = \$6,999 或以下 3 ☐ = \$7,000 至 \$9,999
4 ☐ = \$10,000 至 \$14,999 5 ☐ = \$15,000 至 \$19,999
6 ☐ = \$20,000 至 \$29,999 7 ☐ = \$30,000 至 \$39,999
8 ☐ = \$40,000 至 \$49,999 9 ☐ = \$50,000 至 \$69,999
10 ☐ = \$70,000 或 above

7. 有否領取綜援？

- 1 ☐ 有 2 ☐ 否

8. 我家中共有家庭成員爲 ____位。

9. 聯絡電話號碼： _____

-問卷完成-

香港理工大學
應用社會科學系

「家長宗教參與與子女心理行為發展研究」

子女部分 (乙組)問卷

第一部分

以下的句子描述家庭中不同的特質，請根據以下提供的量表作答，並選取出最能代表你家庭情況的答案。

1= 完全不像我的家庭, 2= 很少像我的家庭, 3= 有時像我的家庭,
4= 通常像我的家庭, 5= 非常像我的家庭

- | | | | | | |
|---|---|---|---|---|---|
| 1. 如果對家庭有利，我們會原意作個人犧牲。 | 1 | 2 | 3 | 4 | 5 |
| 2. 我們對家人應有的行為有一致的看法。 | 1 | 2 | 3 | 4 | 5 |
| 3. 我們相信在最壞的處境也會看到解決問題的曙光 | 1 | 2 | 3 | 4 | 5 |
| 4. 我們對家人彼此的成就引以為榮，即使這些成就是微不足道。 | 1 | 2 | 3 | 4 | 5 |
| 5. 我們以有用的方式訴說彼此關心的事情和感受。 | 1 | 2 | 3 | 4 | 5 |
| 6. 無論遇到什麼困難，我的家人總會團結面對。 | 1 | 2 | 3 | 4 | 5 |
| 7. 如果我們不能自己解決問題，我們通常會向家庭以外的人求助。 | 1 | 2 | 3 | 4 | 5 |
| 8. 我們常常在那些對家庭重要的事情上看法一致。 | 1 | 2 | 3 | 4 | 5 |
| 9. 我們會盡力互相幫忙。 | 1 | 2 | 3 | 4 | 5 |
| 10. 對一些困擾著我們但又不能控制的事情，我們會找些會令我們暫時忘卻煩惱的事情去做。 | 1 | 2 | 3 | 4 | 5 |
| 11. 無論我們家庭發生什麼情況，我們會盡量看事情好的一面。 | 1 | 2 | 3 | 4 | 5 |
| 12. 即使是很忙，我們也會爭取一起相處的時間。 | 1 | 2 | 3 | 4 | 5 |
| 13. 我和我的家人都清楚明白行事為人的準則。 | 1 | 2 | 3 | 4 | 5 |
| 14. 但我們出現問題或遇到危機時，親戚和朋友都會願意幫忙。 | 1 | 2 | 3 | 4 | 5 |
| 15. 在遇到問題時，我的家庭能夠做出如何應付問題的決定。 | 1 | 2 | 3 | 4 | 5 |
| 16. 即使是在做家務，我和家人也會享受彼此相處的時間。 | 1 | 2 | 3 | 4 | 5 |
| 17. 就算天大的事情，我和家人也可以暫時放下。 | 1 | 2 | 3 | 4 | 5 |
| 18. 在有不同意見的時候，家人會聆聽兩方面的觀點。 | 1 | 2 | 3 | 4 | 5 |
| 19. 我們會預留時間處理我們都認為是家庭中的重要事情。 | 1 | 2 | 3 | 4 | 5 |

20. 每當出現問題時，我們家人之間可以互相依靠。	1	2	3	4	5
21. 我們會討論不同的方法去處理問題。	1	2	3	4	5
22. 我和家人看彼此的關係比物質享受更重要。	1	2	3	4	5
23. 我們對事情所作的決定，如搬家或找新工作等，都會以整個家庭的利益作為依歸。	1	2	3	4	5
24. 當出現預期不到的困難時，我的家人可以互相依靠。	1	2	3	4	5
25. 我和家人不會互相輕視和忽略。	1	2	3	4	5
26. 我和家人會先嘗試自己解決問題，然後再找其他人幫忙。	1	2	3	4	5

第二部分

以下的句子描述關於在你成長過程中你與你的母親/父親的交往和溝通經驗。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案（在個別家庭中，父母親有時可能會表現稍為不同的交往和溝通態度，如答項有此情況出現，請以平均的印象來作答）。

1= 非常不同意, 2= 不同意, 3= 一般, 4= 同意, 5=非常同意

1. 當我們的家庭選擇去做某些事情，我的母親/父親會與我講解背後的原因。	1	2	3	4	5
2. 我的母親/父親會時常鼓勵我與她/他討論家規是否過份嚴謹。	1	2	3	4	5
3. 我的母親/父親會與我講解我應有的待人處事態度。	1	2	3	4	5
4. 我知道我應該做什麼，但當這些規則過份嚴謹時，我亦可表達出來。	1	2	3	4	5
5. 我的母親/父親會對我/我們講解我/我們什麼是應該做的，並解釋背後的原因。	1	2	3	4	5
6. 我的母親/父親會聆聽我/我們的意見，但不會完全地跟從我/我們的意見來做事。	1	2	3	4	5
7. 雖然我們的家庭有清晰的家規，但我的母親/父親在管教我/我們時，亦願意去調節這些家規。因為我的母親/父親知道每個孩子是獨特的。	1	2	3	4	5
8. 雖然我的母親/父親會要求我/我們緊守家規和教導，但在管教我/我們時，亦願意去聽取我/我們的心聲及討論有關的管教方式。	1	2	3	4	5
9. 我/我們知道應該做什麼，但當我/我們對母親/父親	1	2	3	4	5

的管教方法有異議時，她/他亦能體諒我/我們的立場。

10. 當我的母親/父親做了某些事情傷害了我/我們，如果是她/他的錯失時，她/他會向我/我們道歉。
- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

第三部分

以下句子陳述一些你對你自己的觀感與概念。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1= 非常不同意, 2= 不同意, 3= 一般, 4= 同意, 5= 非常同意

- | | | | | | |
|-------------------------|---|---|---|---|---|
| 1. 我有很多良好的個人特質。 | 1 | 2 | 3 | 4 | 5 |
| 2. 我對自己在很多方面都感到驕傲。 | 1 | 2 | 3 | 4 | 5 |
| 3. 我對自己很多方面都感到滿意。 | 1 | 2 | 3 | 4 | 5 |
| 4. 我覺得我能妥當地處理很多事情。 | 1 | 2 | 3 | 4 | 5 |
| 5. 我在社會人際交往上受到朋友或他人的接納。 | 1 | 2 | 3 | 4 | 5 |
| 6. 我感覺到被愛和受他人歡迎。 | 1 | 2 | 3 | 4 | 5 |

以下是一些人們用來形容自己的句子。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1= 不正確, 2= 少許正確, 3= 有些正確, 4= 多數正確, 5= 常常正確

- | | | | | | |
|--------------------------|---|---|---|---|---|
| 1. 當我答應作某些事情後，別人通常會信賴我。 | 1 | 2 | 3 | 4 | 5 |
| 2. 當興奮過後，我能不慌不忙地冷靜下來。 | 1 | 2 | 3 | 4 | 5 |
| 3. 我能夠堅持我正在進行的事情，直至完成為止。 | 1 | 2 | 3 | 4 | 5 |
| 4. 在排隊時，我通常都能夠有耐性地等候。 | 1 | 2 | 3 | 4 | 5 |
| 5. 在課堂裡，我通常都能靜靜地上課。 | 1 | 2 | 3 | 4 | 5 |
| 6. 我通常是三思而後行。 | 1 | 2 | 3 | 4 | 5 |
| 7. 我喜愛專心一致地處理一件事情。 | 1 | 2 | 3 | 4 | 5 |

以下句子描述一些你會面對和考慮前景的態度。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1= 從不, 2= 甚少, 3= 有時, 4= 時常

1. 如果我知道有些事情對我將來發展是有益處的，即使是一些困難和沈悶的事情，我都會堅持。	1	2	3	4
2. 我會仔細考慮事情的將來會如何發展。	1	2	3	4
3. 我會記下要處理的事情，然後跟著去做。	1	2	3	4
4. 當作出一個決定時，我會衡量好與壞方面的因素。	1	2	3	4
5. 爲了能達到將來的目的，我是願意放下即時的快樂。	1	2	3	4
6. 我寧願把金錢儲蓄起來，作未雨綢繆，多於把它花費在快樂的事情上。	1	2	3	4
7. 對未來的十年，我有一定的計劃。	1	2	3	4
8. 在行動之前，我通常會清楚考慮事情的結果。	1	2	3	4

以下句子描述在過去一年關於你的感受與行爲。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1= 不正確, 2= 少許正確, 3= 有時正確, 4= 多數正確, 5= 時常正確

1. 做事來幫助其他人對我來說比其他許多的事情還重要。	1	2	3	4	5
2. 我通常會走出個人的層面去做事幫助他人。	1	2	3	4	5
3. 做事情前，我通常會考慮別人的感受，衡量是否會引起他們的不悅。	1	2	3	4	5
4. 我喜愛做幫助別人的事，即使不能從中收取回報。	1	2	3	4	5
5. 當我做我喜愛的事情時，我會考慮到這些事情不會對其他人造成不便。	1	2	3	4	5
6. 在我做事之前，我會考慮到這些事情如何影響我周遭的人。	1	2	3	4	5
7. 我盡量嘗試避免去傷害他人的感受。	1	2	3	4	5

第四部分

以下句子描述你在過去一星期所經歷的情緒和感受。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1= 不正確, 2= 少許正確, 3= 有時正確, 4= 時常正確

1. 我常感覺到口腔乾涸。	1	2	3	4
2. 我經驗過呼吸喘速。 (例如:過度急速的呼吸、要費勁來呼吸。)	1	2	3	4
3. 我會有時無故感到驚慌。	1	2	3	4
4. 如果我不用勁呼吸，我就會感覺到心臟的強烈跳動。(例如: 感受到心跳的加速或不規律地跳動。)	1	2	3	4
5. 我常有一種驚恐逼近的感覺。	1	2	3	4
6. 我常感到懼怕。	1	2	3	4
7. 我常擔憂會令我感到驚恐和尷尬的情況出現。	1	2	3	4
8. 我像是不能去經驗任何正面和快樂的感受。	1	2	3	4
9. 對於前面的日子，我像是缺乏生活的動力。	1	2	3	4
10. 我感到做人沒有什麼價值。	1	2	3	4
11. 我感到沮喪和情緒低落。	1	2	3	4
12. 我對任何事物都缺乏熱忱。	1	2	3	4
13. 我覺得人生沒有意義。	1	2	3	4
14. 對我而言，主動去做某些事情是困難的。	1	2	3	4
15. 我對很多事情都反應過大。	1	2	3	4
16. 對我而言，放鬆下來是有點困難。	1	2	3	4
17. 我常處於緊張狀態來處事。	1	2	3	4
18. 我是相當容易煩惱和發怒的。	1	2	3	4
19. 對我而言，停下腳步來喘息一下是困難的。	1	2	3	4
20. 當我正在做事時，我是不能容忍任何妨礙我工作的事情。	1	2	3	4
21. 我感到我愈來愈容易焦慮和激動。	1	2	3	4

第五部分

以下句子描述一些在過去你所經歷的行為和事情。請根據以下提供的量表作答，並選取出最能代表你個人情況的答案。

1. 你有多少次隱瞞你的父母關於你曾去了哪裡和與什麼人一起？

2. 你與家人發生了多少之口頭爭執？

3. 你曾吸煙多少日？

4. 你曾喝酒多少日（例如一杯或以上的酒精飲品）？

5. 你曾對人說謊多少次？

6. 你平均每日運用多少小時來玩電視/電腦遊戲，又或運用電腦(如上網)來消磨時間？

在過去的十二個月裡，

7. 你有多少次濫用藥物（如在沒有醫生處方或非治療用途下運用藥物）？

1 □ = 0 次 2 □ = 1 次 3 □ = 2 至 3 次 4 □ = 4 至 6 次
5 □ = 7 至 9 次 6 □ = 10 至 19 7 □ = 20 次或以上
次

8. 你有多少次考慮或嘗試自殺？

1 □ = 0 次 2 □ = 1 次 3 □ = 2 次 4 □ = 3 次
5 □ = 4 次 6 □ = 5 次 7 □ = 6 次或以上

9. 你有多少次在沒有父母的同意下拿取他們的金錢？

1 □ = 0 次 2 □ = 1 次 3 □ = 2 至 3 次 4 □ = 4 至 5 次
5 □ = 6 至 7 次 6 □ = 8 至 9 次 7 □ = 10 次或以上

10. 你曾破壞公物多少次？

1 □ = 0 次 2 □ = 1 次 3 □ = 2 至 3 次 4 □ = 4 至 5 次
5 □ = 6 至 7 次 6 □ = 8 至 9 次 7 □ = 10 次或以上

11. 你曾偷取他人物品多少次（指在家庭以外的地方）？

1 □ = 0 次 2 □ = 1 次 3 □ = 2 至 3 次 4 □ = 4 至 5 次
5 □ = 6 至 7 次 6 □ = 8 至 9 次 7 □ = 10 次或以上

12. 你曾在考試中作弊多少次？

1 □ = 0 次 2 □ = 1 次 3 □ = 2 次 4 □ = 3 次
5 □ = 4 次 6 □ = 5 次 7 □ = 6 次或以上

13. 在沒有理由下，你曾多少次曠課或逃學？

1 □ = 0 次 2 □ = 1 次 3 □ = 2 至 3 次 4 □ = 4 至 5 次
5 □ = 6 至 7 次 6 □ = 8 至 9 次 7 □ = 10 次或以上

我認為...

14. 節制性活動直至...是重要的。

- 1 ☐ = 結了婚
- 2 ☐ = 訂了婚
- 3 ☐ = 已是成年人及在長久的穩定關係下
- 4 ☐ = 已是成年人及在熱戀中
- 5 ☐ = 完成高中及在熱戀中
- 6 ☐ = 在熱戀的關係中
- 7 ☐ = 對我而言節制性行為是不重要的

15. 在付款時，退回過多的找贖有多重要?

- 1 ☐ = 非常不重要 2 ☐ = 頗不重要 3 ☐ = 少許不重要 4 ☐ = 普通
- 5 ☐ = 少許重要 6 ☐ = 頗重要 7 ☐ = 非常重要

第六部分

以下是關於你的個人資料。請選擇最能代表你的答案作答。所有獲得的資料只會作本研究用途，並會加以保密。當研究完成後，所有資料將會透過正確的途徑銷毀。

1. 性別

- 1 ☐ 男 2 ☐ 女

2. 我的年齡是_____歲

3. 我現時為...

- 1 ☐ 學生 2 ☐ 在職人士

4. 我的最高教育水平 是...

- 1 ☐ 中一 2 ☐ 中二 3 ☐ 中三 4 ☐ 中四 5 ☐ 中五
- 6 ☐ 預科 7 ☐ 大專 8 ☐ 大學或以上

5. 聯絡電話號碼： _____

-問卷完成-