

# Cultural psychology research proposal examples

[Experience](#), [Belief](#)



## **Introduction**

People living in community possess diverse needs and willing to get access to multiple resources. This accompanied with certain restriction or limitations at facilities in their daily schedule could disturb them. Very often this trend could also lead to emotional or psychological distress. All people have equal rights and receiving an unbiased response from the other side is of paramount importance. For instance in public amenities, educational institution, work place or at hospital, certain individuals representing a specific ethnic background or race are more likely to receive an unpleasant reaction. In more adverse cases, there could be a violence or a spread of infectious diseases to other healthy communities

This leaves the susceptible or sudden people prone to stress. They may need certain coping strategies, psychosocial support or even spiritual help to overcome their mental distress and restore to normal life. This topic is important because it helps the people to become familiar about the potential of religious support in overcoming an unpleasant, emotionally disturbed stressful life events resulting from disparities. It is important because people could learn enough coping skills to better manage their violent attitudes that predispose them to commit offenses. It is also important as it provides a best example to highlight that racism in the society continues to exist and one needs appropriate measures or interventions to overcome such practices and maintain equity.

The questions still needs to be asked are what would be the motive behind the religion based support. Why some people think that this approach could be more supportive than others

Does this approach requires financial assistance? Does this approach could be run by federal agencies or private groups who take the sole responsibility? These questions could be answered by carrying out questionnaire based surveys across the nation. This is better accomplished by carrying out campaigns to gather information at every public center, retail stores, work place, educational institutions and hospitals. People representing African- American community will be approached and relevant answers corresponding to questions would be sought.

On these grounds, researchers have began exploring the efficacy of spiritual, say church-based social support on Black people who had anxiety symptoms due to racism effect (Graham & Roemer, 2012).

Here, racism-related stressors like cultural, institutional and individual were being taken into consideration to determine whether they would help in predicting coping strategies in African American men (Lewis-Coles & Constantine, 2006).

With such approaches, disparities in certain instances like low access to mental health-care services is contributing to risky sexual behavior in African American women who are living with mental dysfunctions and HIV .

Researchers intend to mention that religiosity could help in overcoming such risky behavior (Udell, Donenberg & Emerson, 2011). So, it seems that racism driven disparities is contributing to psychological distress in African American individuals. This is in need of spiritual/religiosity based cultural interventions.

## **Spirituality could be referred to subjective and personal aspects of religion such as perceptions.**

Religiosity could be referred to as organizational and institutional aspect of religion such as church attendance . The terms that could be defined here are religion. It refers to spirituality or religiosity and was being recognized as a factor that facilitates development and prevents young people from negative outcome effects.

## **Spirituality could be referred to subjective and personal aspects of religion such as perceptions.**

Religiosity could be referred to as organizational and institutional aspect of religion such as church attendance . The article that appears more information giving and seminal is that of Udell, Donenberg and Emerson, 2011. This is because it has better provided the information on the importance of religion in overcoming abnormal behavior that could even improve coping skills and confidence. Especially, it served as a guide for suggesting religion in facilitating safe sexual practices among African American girls.

there is an inconsistent focus on the precise assessment of disparities in health status of African Americans. This in turn made researchers un-address disparity driven stress in the racism context. Especially, the effect of religion/spiritual support in lessening disparity driven mental distress, risky behavior were not studied properly.

Studies on psychiatric care focusing on risks of negative health outcomes appear inadequate in association with disparities. Religion was recognized as a promoter of positive health outcome.

The purpose of this study is to describe religion as significant promoter of positive health outcome in African-American women who were prone to racism induced disparities and mental distress.

In this section, firstly, I would discuss briefly about what the present description intends to highlight and convey the message to the readers.

### **Then, I would carry out a review of the sources being collected from the databases**

Next, I would conclude what each article is suggesting about the significance of certain measures/approaches in promoting a positive health outcome in African -American women.

### **Then I would introduce my hypotheses basing on the available evidence and existing gaps with likely future implications.**

I would describe the methodology with regard to sample size, recruitment of participants, criteria of selection, ethical consent etc. Lastly, I would interpret my results and provide valuable concluding remarks.

## **Literature Review**

- Background on study 1

Lewis-Coles and Constantine (2006) have chosen the study on racism related stress because stresses could help in determining which type of coping strategy would work for African- American women. They expect to find that a specific racism related stress would play instrumental role in choosing a spiritual centered option as the best coping strategy. Because, they believe that religion or a spiritual centered option would be more likely to be

required for stress that is driven from a high level places. The authors actually found that higher institutional racism-related stress was linked with increased usage of spiritual-centered coping accompanied with cognitive debriefing in African American women.

The importance of these findings is the significance of collective coping strategies consisting of spirituality as on the essential component and their application for alleviating stress. The limitations of this study are that the information is inadequate in focusing on indicators that made the authors to connect the link between higher institutional racism-related stress and coping in the population.

- Background on study 2

Donna et al. (2013) have chosen the study on how spiritual beliefs could modulate psychological well-being of urban African-American adolescents. This is because spiritual beliefs have emerged as the most indispensable tools in correcting the psycho social disturbances. As such, their application was not totally utilised enough to produce a significant outcome so as to improve the quality of life (QOL) in African-American youth. The authors expect to find spirituality as means to promote a positive health outcome in this population. They found that daily life satisfying spiritual experiences were able to lessen violence effects in African-American adolescents. They also found that that religious coping had also facilitated a positive perception among family members and satisfaction in life at an incremental rate.

The importance of findings is that it is essential to consider spirituality as contributor of psychological outcomes in violence expose communities. So, its utility appears very promising for the present study. The limitations are

that there is no adequate information on how religious variables contributed to positive psychological outcomes. Additional psychosocial parameters could have been considered for correlation with the variables.

#### - Background on study 3

Graham and Roemer (2012) have chosen the study on determining the effect of church-based social support on racism. This is because the role of spirituality in overcoming the racism led anxiety symptoms still needs further confirmation with thorough data. So, the authors expect to find the role of church-based social support to be significant in moderating both racism driven and general anxiety symptoms in sample of Black population.

They found that the racism and general anxiety symptoms were commonly moderated by church-based social support indicating that both are linked.

The importance is that church based support works well for racism driven and general anxiety symptoms. This suggested the potential of church base support for racism disparities and related conditions that are equivalent with general mental distress in black people. The limitations of this study are that the authors did not provide adequate information on the precise duration of church-based social support and its effect for a prolonged period by follow ups.

#### - Background on study 4

Udell, Donenberg and Emerson (2011) have chosen a study on dissecting the association between religiosity, mental health abnormalities and risky sexual behavior. This is because People with sexual risky behavior were not been properly assessed with the goal of controlling the risk. In addition, it was susedted that mental health problems in this group could make them

more psychologically ill if they continue to face disparities. The authors feel that religiosity could overcome these defects in African American girls. They found that there was low usage of condoms on every occasion among girls who had sex in the previous 6 months. Remaining were found to use condoms half of the time, occasionally and never. Further, those who had sex in the previous 6 months, 46.6% were found to have one partner and 31% had four partners on average. The importance of findings is that as the risky sexual behavior had an association with parents' religiosity, it was of the opinion that religiosity could lessen the risky sexual behavior in these individuals who are also mentally ill and untreated due to health-related disparities. The study appears adequate in its research and has no limitations.

#### - Background on study 5

Nunn et al. (2012) have chosen a study to highlight the importance of religious faith in promoting HIV prevention in African Americans. This is because HIV-infected people have poor awareness of faith-based interventions that could leave them in high risk. So, the authors' view is that faith-based religious leaders could have potential to address racial disparities in HIV infection for the African American community. They expect to find that religious faith leaders are properly addressing the racial disparities in HIV campaigns. The authors found that the faith leaders are deficient in becoming knowledgeable about racial disparities that contributed to a non-involvement in HIV programs. They also found certain barriers are interfering in including African American Faith Community in HIV/AIDS prevention campaign programs. The faith leaders indicated that clergy has a



potential role in HIV prevention.

The findings are important as they shed much light a) on the barriers that prevent in implementing religiosity for overcoming HIV b) on the involvement of religious faith leaders who have potential to carry out educational and preventive campaigns c) on the need for houses of worship.

The limitations are that the study the sample represented churches and mosques do not truly represent national African American faith community. There was poor participation from leaders of Philadelphia's largest African American religious body. The barriers noted in the study may not represent African American faith leaders' opinions completely (Nunn et al., 2012).

- Hypotheses

The hypothesis was chosen because there appears certain inadequacy in the area of research that establishes a firm link between the worship places, religiosity or spirituality and reduction of health disparities induced stress or mental abnormalities and risky sexual behavior in African American population. The hypothesis is that it is not known whether religiosity/spirituality could lessen the racism driven mental distress and abnormal risky sexual behavior African American population.

## **Methods**

Sample

The number of expected participants were 1400. But we were able to find 800 that consisted of 400 men and 400 women and 300 mothers

Their age ranged from 20-35. They were recruited from educational institution, hospitals, - general wards, psychiatry units and banks. They

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represented African –American community and their socioeconomic status was found to vary from low to moderate. The participants were approached and detailed about the benefits of the study. An informed consent as obtained from the participants and all of them readily expressed willingness for voluntary participation. 10 Pastors were also being recruited from faith institutions 10 others well recognized for their potential in outreach programs in carrying out vital informant interviews. All the participants were provided with breakfast and \$100 gift card for participating. The participants were assured that their decision to participate in the study would not affect their any health treatment plans.

Especially, at baseline mothers received \$50 for participating and an additional \$20 for travel and parking. The participant data was kept confidential.

### **The experimental design is randomized design.**

#### Religiosity

Both men and women religious beliefs and practices were assessed using automated classification of medical entry (Acme) scale.

For additional confirmation, they were also using a 6-item scale of religiosity and spirituality provided by National Longitudinal Study of Adolescent Health (ADD Health). Mothers' religious practices and beliefs were also measured by a 5-item religiosity scale adapted from ADD Health. Further, to rate on 4-point Likert scale The items queried included anxiety, stress religious beliefs about sex, religious beliefs about sex, religious guidance, importance of religion, frequency of religious attendance (Udell, Donenberg & Emerson, 2011).

Mental Health: For obtaining reporting on girls' psychopathology, mothers and women, were assessed on CBCL. Her the values used 3-point Likert during rating included 0 = not true, 2 = very true Alphas for rule-breaking behavior, aggression and anxiety/depression were 90, 92 and 86 respectively (Udell, Donenberg & Emerson, 2011)..

Sexual Behavior of youth : To measure sexual risk taking, three items were used that are connected with HIV-transmission from the AIDS Risk Behavior Assessment (ARBA). These are 1) "How many sexual partners you had in the past 6 months?" 2) "In the past 6 months, how frequently did you and your partner use condoms during anal sex?" 3) "In the past 6 months, how frequently did you and your partner use condoms during vaginal sex?" (Udell, Donenberg & Emerson, 2011). Here, 1 represents never used a condom to 5 -used a condom every time, or 6- did not have sex in the previous six months (Udell, Donenberg & Emerson, 2011).

- Procedure

### **Once the participants enter they will be detailed about the study.**

Once agreed, their names and contact information will be released to study personnel who will follow up with a letter and telephone call. They will be made to approach regularly a research site where interview will be carried out. They will be made to understand the study question with the help of pastors. The participants will told not to disclose any study based information to the outsiders. The data thus obtained is entered in computers, data analysis will be made by statisticians and inference will be made. The participants will be informed about the outcomes obtained and given

appropriate suggestions, advices that could improve their psychological wellbeing.

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