

SLEEP, PRAY, AND STATUS: RELIGIOSITY AS A MODERATOR IN THE ASSOCIATION BETWEEN SUBJECTIVE SOCIAL STATUS AND SLEEP IN AFRICAN AMERICAN YOUNG ADULTS

Elissa Kim, HS, Elizabeth A. Brown, HS, Alison Kwan, HS, Amara Craig, HS, Nataria T. Joseph, PhD, Psychology, Pepperdine University, Malibu, CA, Laurel M. Peterson, PhD, Psychology, Bryn Mawr, Bryn Mawr, PA

Background: With growing importance being placed on biopsychosocial health, researchers have raised awareness about the role that subjective social status (SSS) plays in sleep. This is particularly important when examining African Americans given that they are at higher risk for experiencing poor sleep quality. However, religiosity has shown to impart lasting health benefits and behaviors that may be protective for sleep health. For example, the theory of religious coping proposes that religious behaviors can lead to adaptive stress responses that protect biopsychosocial health from the stressors of perceived low social status. Interactions between SSS and religiosity in predicting sleep quality are understudied.

Objective: We aimed to examine whether SSS is associated with sleep quality and whether religiosity measured at global and momentary levels moderates this association in African American young adults. **Methods:** A sample of 129 healthy African American young adults completed 2 or 4 days of hourly ecological momentary assessment (EMA) surveys and a baseline survey. SSS was measured using the MacArthur Scale of Subjective Social Status, sleep quality was measured using the Pittsburgh Sleep Quality Index (PSQI), and religious behaviors were measured using recommended items from the Fetzer Institute (2003). A subsample of participants also wore an ActiGraph watch to assess objective sleep quality.

Results: Lower SSS with respect to ones' community (but not with respect to the United States population) was associated with worse sleep quality, $b = -.28$, $p = .032$, $\eta^2 = .04$. Further, there was a significant interaction between SSS (with respect to the US population) and religiosity, $p = .049$, $\eta^2 = .06$. Specifically, among those exhibiting higher SSS with respect to the US population, religious behaviors were protective, i.e., associated with better sleep quality. Results regarding momentary level religious behaviors and objective sleep will be presented. **Conclusions:** Results extend previous literature and suggest refinements to the theory of religious coping given that religiosity was shown to have a stronger positive effect on sleep quality among African Americans who reported having a higher perceived social status. Future research should

continue to explore these factors at the momentary level to illuminate mechanisms by which these interactions unfold.