

## **God Help Me: (I): Religious Coping Efforts as Predictors of the Outcomes to Significant Negative Life Events<sup>1</sup>**

**Kenneth I. Pargament,<sup>2</sup> David S. Ensing, Kathryn Falgout, Hannah Olsen, Barbara Reilly, Kimberly Van Haitma, and Richard Warren**

*Bowling Green State University*

*Examined the role various religious coping efforts serve in dealing with negative events among a sample of 586 members of Christian churches who turn to religion in coping. Participants described the most serious negative event they had experienced in the past year and then indicated how they coped with it through both religious and nonreligious means. The religious variables were significant predictors of three measures of the outcome of the event. Beliefs in a just benevolent God, the experience of God as a supportive partner in coping, involvement in religious rituals, and the search for support through religion were associated with more positive outcomes. The religious coping variables predicted outcomes beyond the effects of traditional dispositional religious variables and nonreligious coping variables. These findings underscore the need for an integration of the religious dimension into the coping literature.*

How helpful are religious coping efforts in response to negative events? This paper focuses on the relationship between several forms of religious coping efforts and the outcomes of negative events among those who involve religion in the coping process. Although personal narratives and anecdotal reports have provided dramatic and immediate accounts of helpful and detrimental

<sup>1</sup>This research was supported by a grant awarded to the first author by the Ohio Board of Regents Research Challenge program. After the first and second authorship, the order of authorship was determined alphabetically. We thank the participants in our study and June Hahn for her statistical assistance.

<sup>2</sup>All correspondence should be addressed to Kenneth I. Pargament, Department of Psychology, Bowling Green State University, Bowling Green, Ohio 43403.

religious involvement in the process of coping, relatively few systematic studies of religion and coping have been conducted. However, the results of this small body of work indicate that religious beliefs and practices are commonly involved in coping. Bulman and Wortman (1977) studied 29 victims of accidents resulting in paraplegia. The most common responses to the question "Why me?" were religious, with the accident viewed as part of God's will for the individual. Koenig, George, and Siegler (1988) asked a random sample of 100 older adults living in the community to describe the coping behaviors they used to deal with three stressful events. Religious coping behaviors were most popular, cited by 45% of the sample. The most frequently mentioned of these activities were trust and faith in God, prayer, and help and strength from God. Social church-related activities were less commonly noted. McRae (1984) asked a community sample of 255 men and women to check the coping mechanisms they used to deal with a previously reported stressful event. The use of faith was one of the most common coping mechanisms, reported by 75% of the sample dealing with a loss and 72% of the sample facing a threatening event. O'Brien (1982) interviewed 126 chronic dialysis patients; 74% reported that their religious or ethical beliefs affected their coping with the disease and the treatment regime.

These studies highlight the frequent use of religion in coping with negative events. They also highlight the need for a more comprehensive assessment of religiousness and greater specification of its role in coping. For example, the finding that many people cope through prayer raises questions about the nature of prayer. Clark (1958) distinguished among several kinds of prayer, including prayers of petition, confession, communion, intercession, and thanksgiving. He suggested that different kinds of prayer serve different functions for the individual. Similarly, the finding that many people turn to their faith as a means of coping (McRae, 1984) raises questions about the nature of that faith. While McRae categorized faith as a passive form of coping, others have defined more active and interactive forms of faith (Pargament et al., 1988).

Unfortunately, within the general coping literature, religion has not been examined at close range or in much detail. Typically, it is defined as a generic dispositional variable and measured within a general population by a few indicators (e.g., frequency of prayer, frequency of church attendance, faith in God). Furthermore, these indicators are often combined into measures of more general coping dimensions making it impossible to sort out specific religious effects (e.g., Cleary & Houts, 1984; Folkman & Lazarus, 1988; Gil, Abrams, Phillips, & Keefe, 1989). This approach is inconsistent with a large body of literature suggesting that religiousness is a multidimensional construct involving ideological, intellectual, ritualistic, experiential, and consequential dimensions (for review see Spilka, Hood, & Gorsuch, 1985). In short,

a more comprehensive assessment, sensitive to the complex nature of religiousness, is needed to clarify and specify the role of religion in coping. However, this assessment must be conceptually based.

## A CONCEPTUAL FRAMEWORK OF RELIGION AND COPING

### *A Framework of Coping*

Coping is generally viewed as a process through which individuals try to understand and deal with significant personal or situational demands in their lives (Lazarus & Folkman, 1984; Moos, 1986; Tyler, 1978). While theorists describe the coping process as highly interactive and dynamic, several key elements of the process have been articulated:

*Life situations or events* may take a variety of forms: singular, multiple, or cumulative, positive or negative, novel or familiar, predictable or unpredictable, personal or interpersonal, and major or minor (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Eckenrode, 1984). But research indicates that life events are not strong predictors of physical and mental health (Rabkin & Streuning, 1978; Thoits, 1983).

*Appraisals* of the situation in terms of its cause (causal), the degree to which it is seen as harmful, threatening, or challenging (primary), and the individual's ability and options to handle it (secondary) have been examined as important cognitions mediating the relationship between the situation and the response (Folkman, Schaefer, & Lazarus, 1979).

*Coping activities* aimed at dealing with the problem represent another key element affecting the response to life events. Researchers have distinguished among a variety of coping activities (e.g., problem-focused, emotion-focused, rational action, seeking help, positive thinking, withdrawal, self-blame, social comparison) (Billings & Moos, 1984; McRae, 1984; Taylor, 1983).

The *outcomes* of the coping process are multidimensional: immediate, short-term, and long-term; situational, interpersonal, psychological, and physical; positive, negative, and mixed (Lazarus & Folkman, 1984).

The process of coping is affected by the *personal and social resources and constraints* of the individual. These resources and constraints include the individual's level of competence, personality characteristics, attitudes and beliefs, financial status, physical health status, and social networks (Heller & Swindle, 1983; Tyler, 1978).

Guiding the coping process are several kinds of *purpose*. Within the psychological domain, theorists have articulated a number of important purposes served by religion: self-esteem, control, meaning, growth, hope, in-

timacy and belonging, emotional release, personal identity, emotional restraint, and comfort (Erikson, 1963; Frankl, 1963; Maslow, 1970; Taylor, 1983).

### *Religion and Coping*

Pargament (1990) described three ways in which religion can be involved in coping. First, it can be a part of each of the elements of the coping process. Many life events are, at least in part, religious in nature (e.g., baptism, Bar Mitzvah, marriage, divorce, funeral, mystical experience, joining/leaving a congregation). Religious appraisals are also available as a source of explanation for life events. For example, tragedies can be evaluated as part of God's plan, a punishment from God, or unintended by God (Cook & Wimberly, 1983; Jenkins & Pargament, 1988; Kushner, 1981). Religious coping activities can also be articulated such as confession, support from clergy and congregation members, anger towards God, a focus on the world-to-come, praying for a miracle, or looking to God for emotional strength. The outcomes of the coping process may be religious (e.g., increased religious commitment or congregational involvement). Various religious orientations and belief systems, norms, and congregation types can serve as either resources or constraints in coping. Finally, coping may be guided by a spiritual function, the desire for a closer relationship with God.

Second, religion can *contribute* to the coping process. For example, researchers have found that religious involvement decreases the likelihood of some important life events including drug abuse, alcohol abuse, and non-marital sexual activity (Spilka, Hood, & Gorsuch, 1985). Wright, Pratt, and Schmall (1985) studied 240 caregivers of Alzheimer's patients and found that spiritually oriented caregivers reframed their situation more positively than less spiritually oriented caregivers.

Finally, religion can be a *product* of the coping process. For instance, Pargament and Hahn (1986) examined the religious responses of college students to four types of imagined life events: positive, negative, just world, and unjust world. They found that unjust world events were more likely to trigger attributions to God's will. Positive outcome events were attributed most often to God's love. Negative outcome events triggered attributions to God's anger. A national survey of adults examined the kinds of life events associated with reports of increased faith (Princeton Religion Research Center, 1987). Increased faith reportedly followed the birth of a child, loneliness, emotional difficulties, and work promotions.

### **THE PRESENT STUDY**

The framework of religion and coping raises a number of questions for empirical study. Perhaps the most basic of these questions concerns the

relationship between religious forms of coping and the outcome of the coping process.

Theoretical literature suggests that religious coping can affect the outcomes of negative events. Talcott Parsons wrote "religion has its greatest relevance to the points of maximum strain and tension in human life as well as to positive affirmations of faith in life, often in the face of these strains" (in Fichter, 1981, p. 21). Religious appraisals, coping activities, and resources and constraints may serve a number of functions important to the resolution of problems (Pargament, 1990). For example, Spilka, Shaver, and Kirpatrick (1985) illustrated how prayer, religious rituals, and faith can affect feelings of control and self-esteem. They also noted that religious beliefs offer a variety of meaningful explanations for key events. Others have described religion as a source of hope in the face of stress (Kahoe, 1982), a source of comfort and/or challenge (Glock, Ringer & Babbie, 1967), a basis for defining and resolving problems (Newman & Pargament, 1990), and a means of promoting personal identity and intimacy with others (Greeley, 1972; Hammond, 1988). Religious systems can also contribute to the regulations of emotions. They may stimulate emotional release as illustrated by black fundamentalist congregations in which emotional expression is encouraged (Griffith, Young, & Smith, 1984), or aid emotional/behavioral restraint as illustrated by groups such as Alcoholics Anonymous that integrate religious themes into their work.

Empirical evidence of the efficacy of religion is sparse. There are, however, a few exceptions. Gibbs and Achterberg-Lawlis (1978) interviewed 16 patients close to death. They found that fear of death was negatively associated with reported religious faith, and that sleep disturbance was negatively associated with identification of the church as a major source of support. Jenkins and Pargament (1988) found that cancer patients who reported God to be in control of their lives were rated by their nurses as significantly less upset, and reported greater self-esteem. In an interview study of patients with advanced cancer, reports of religious beliefs and activities were associated with lower levels of reported pain and greater happiness (Yates, Chalmer, St. James, Follansbee, & McKegney, 1981). Grevengeod and Pargament (1987) studied college students who had recently experienced the death of a family member or close friend. Students who attributed the death to God's will or God's love reported more favorable evaluations of their coping with the death. In a national survey of a black adult population, prayer was reported most frequently (44% of the sample) as the coping response of greatest efficacy in dealing with serious personal problems (Neighbors, Jackson, Bowman, & Gurin, 1983). Maton and Rappaport (1984) conducted an intensive prospective analysis of a nondenominational Christian fellowship. Interpersonal change toward the ideals of the fellowship was predicted by the experience of a life crisis, commitment to an intimate relationship with God and the congregation, and a belief in God's primary role in affecting the outcomes of events. Working with

members of three different mutual support groups, Maton (1989) found that a measure of spiritual support related negatively to depression and positively to self-esteem above and beyond the effects of general social support. Gilbert (1989) interviewed 27 couples following the death of their children regarding the relationship between religion and bereavement: 56% reported that their religion had been a source of support throughout their trauma, 22% felt their religion has not been helpful to them, and 22% reported that their religion was irrelevant to their ordeal.

In sum, there is theoretical support and limited empirical evidence to suggest a relationship between religious coping and the outcomes of negative life events. This study, the first in a series of empirical investigations on religion and coping, takes a closer look at the helpfulness of various religious coping efforts among those who turn to religion in dealing with negative life events. More specifically, it focuses on several unanswered questions.

*What kinds of religious coping efforts are helpful, harmful, or irrelevant to people dealing with significant negative events?* When religion has been examined in studies of coping, it has generally been measured by a few items. A more comprehensive assessment of religiousness is needed to identify elements that may be helpful, harmful, or irrelevant to the coping process.

*Do the concepts and measures of religious coping increase our ability to understand and predict outcomes of coping over and above the contributions of traditional dispositional religious constructs and measures?* Gorsuch (1984) noted that new measures and constructs in the psychology of religion must demonstrate their contributions beyond those of existing methods. Traditionally, researchers have defined and measured religiousness dispositionally in terms of generalized beliefs (e.g., doctrinal orthodoxy, concepts of God), orientations (e.g., intrinsic, extrinsic, and quest), or generalized behaviors (e.g., average frequency of church attendance) rather than as a response to specific events (Batson & Ventis, 1982; Spilka, Hood, & Gorsuch, 1985). Most commonly, these constructs have been related to personological measures of mental health or adaptation rather than to measures of the outcome to a specific event. In contrast, several key elements of the religious coping process (e.g., appraisals, coping activities, purposes, and outcomes) are situationally based. Because the religious coping constructs have been developed within a conceptual framework purposefully linked to outcome and because they operate at the same event-specific level of analysis as the concept of outcome, we would expect religious coping to predict outcomes above and beyond the effects of traditional measures of religiousness.

*Do concepts and measures of religious coping increase our ability to understand and predict outcomes of coping over and above the contributions of traditional nonreligious coping constructs and measures?* While religious coping measures may be predictive of the outcomes of coping, they

may be redundant functionally to traditional nonreligious coping measures. For example, prayer as a coping strategy may be functionally equivalent to passive avoidant coping strategies such as daydreaming, accepting fate, or wishful thinking. If this were the case, there would be no need to identify and measure prayer as a special form of coping. However, several theorists suggest that religion may offer unique contributions to coping with negative events. For example, Spilka, Shaver, and Kirkpatrick (1985) assert that religious concepts with a focus on orderliness, benevolence, and justice in the universe offer particularly compelling ways of coming to grips with negative events. Further, Pargament (1990) suggests that religious beliefs may be especially efficacious in dealing with aspects of situations that cannot be personally controlled and are not amenable to problem solving.

It is important to stress that this study does not consider the question, what is more effective religious or nonreligious coping? A study pitting those who use religion in coping against those who use nonreligious coping strategies exclusively may overstate a religious-secular dichotomy, for both forms of coping appear to be commonly involved in dealing with negative events. Perhaps more importantly, the question of "which is better" overlooks the diversity within religious and nonreligious coping approaches. This study takes a closer look into the religious world. It focuses on the more basic questions of the additive contributions of religious coping efforts over traditional approaches and of the kinds of religious coping efforts more and less helpful to people. To examine these questions, we sought a population in the religious world; one involved in a variety of forms of religious coping.

## METHOD

### Sample

The sample was selected from 10 Midwestern churches representing a range of denominations: Lutheran (Missouri Synod and ELCA), Presbyterian, Episcopalian, American Baptist, Roman Catholic, and nondenominational groups. These congregations were drawn from rural, urban, and suburban areas, and varied in size, age, and stability. Within each church, the membership was stratified into groups of more and less frequent attenders of religious services. Those who attended services on the average of once a month or more were designated more active and those who attended services less than once a month were designated less active. Participants were drawn systematically and proportionately from each group. Since this study was part of a larger evaluation of congregation life, the number of members selected from each congregation varied according to the size of the church,

from approximately 75 to 150. Those selected were asked to complete a survey anonymously in their respective church as part of a broad examination of congregational and religious life. Approximately 65% of those who agreed to come to their church to complete the survey did so. Schedule conflicts and illness were most frequently cited as reasons for not participating in the study.

The sample in this study consisted of 586 members. It represents a subset of the larger sample of 792 participants who completed their surveys. Participants who indicated that religion was not involved in dealing with the most serious negative event they had experienced in the past year were dropped ( $n = 174$ ). Further, the 32 members who endorsed more than two items on the MMPI Lie scale were excluded.

The sample was 66% female, 96% white, 38% college educated, and 64% married. Thirty percent of the sample had an average family income of less than \$24,999 a year, 38% had an income between \$25,000 and \$49,999, and 32% had an income of \$50,000 or more. The average age in the sample was 46. The sample generally endorsed mainline Christian beliefs; 87% reported a belief in the existence of a just and merciful personal God and 84% strongly endorsed a belief in life after death.

The characteristics of the sample were compared with the characteristics of the church population as estimated by the clergy and/or leaders. The sample was representative of the church population with respect to the age of the members and the number of years they had belonged to the congregation. However, the sample consisted of a smaller proportion of males (34%) than the estimated church population (45%). In addition, a smaller proportion of the sample reportedly attended religious services less than once a month (16%) than the congregation population (38%). The underrepresentation of the less active member (and males who tend to be less active) is a common problem in religious research (Roozen & Carroll, 1989), reflective of the difficulty in gathering the responses of those who are less involved in the life of the organization as well as the possible overreporting of church attendance in survey research (Pargament et al., 1987).

Although the sample was more representative of the participating churchgoer and mainline Christian beliefs, it was, by no means, completely homogenous in religious beliefs and practices. For example, 15% of the sample reported reading the Bible one or more times a day; another 14% reported never reading the Bible. Twenty-two percent of the sample strongly disagreed that "There is a physical Hell where people are punished after death for the sins of their lives"; 28% of the sample strongly agreed with this statement. While 21% of the sample was involved in three or more church programs, 19% had no involvement in church activities. Thirty-eight percent spent 1 hour or less a week in church; 14% spent 5 hours or more in the congregation.

## Measures

The participants completed a lengthy battery of measures to assess negative events, religious involvement in coping, nonreligious coping activities, and outcomes. These scales are described briefly below. With the exception of the newly developed scales of religious involvement in coping, these measures have demonstrated evidence of reliability and validity in other studies.

### *Negative Events*

The most serious negative events reported in the past year were sorted into categories. The most commonly reported negative events were serious problems of friend or family members such as illness or injury (25%), death of a family member or close friend (18%), interpersonal conflicts such as a separation or divorce (14%), work-related problems such as being laid off or fired (8%), or personal illness or injury (8%).

### *Appraisals*

The participants were then asked to report their reaction to the event at the time it had occurred. Using a 5-point Likert scale ranging from *not at all a reaction* (1) to *a strong reaction* (5), they responded to several items dealing with religious appraisals and nonreligious appraisals adapted from Pargament and Hahn (1986) and Stone and Neale (1984). Appraisals that the negative event reflected God's Will ( $M = 2.52$ ) were endorsed more strongly than appraisals involving the other loci of responsibility—God's Punishment ( $M = 1.14$ ), Self ( $M = 1.69$ ), or Chance ( $M = 2.03$ ). The sample reported greater Threat to the Well-Being of Others ( $M = 2.73$ ) than Threat to Personal Health ( $M = 1.99$ ) or Threat to Spiritual Well-Being ( $M = 1.85$ ). Most strongly endorsed were appraisals that the individual had to Accept the Situation ( $M = 4.07$ ), that the situation was a Challenge to Face ( $M = 4.03$ ), and that the event offered an Opportunity to Grow as a person ( $M = 3.40$ ). Mean scores for the other appraisals were Harm/Loss ( $M = 2.41$ ), Can Change the situation ( $M = 2.55$ ), and Cannot Handle the situation ( $M = 2.44$ ).

### *Coping Activities (Religious)*

A list of 31 religious coping activities was generated through interviews with clergy and other adults on their uses of religion in coping, the empirical literature, and the written personal accounts of those who turned to religion in times of stress. Our intent was to tap into the diverse array of religious

coping activities as efficiently as possible. Thus items dealt with several dimensions of religious coping: interpersonal, spiritual, cognitive, emotional, behavioral, social, avoidance, passive, and collaborative.

The sample responded to this list of items in terms of the degree to which each was involved in coping with their events on a 4-point Likert scale (ranging from *not at all* to *a great deal*). Their responses to the 31 items were entered into a principal factors analysis with SMCs in the diagonal and a Varimax rotation. Using a scree plot in conjunction with interpretability to select the solution, a five-factor solution was chosen which accounted for almost 100% of the common variance in the sample.<sup>3</sup> Final communality estimates for this solution ranged from .05 to .70 with a median of .47. The solution is presented in Table I. As can be seen, the first factor, labeled Spiritually Based, stresses the individual's personal loving relationship with God throughout the coping process. Spiritually based coping takes the form of emotional reassurance, positive framing of problems, acceptance of the limits of personal control, and guidance in problem solving. What these cognitive, emotional, and behavioral activities share is an emphasis on the intimate partnership between the individual and God in coping. In the second factor, Good Deeds, the response to the negative event shifts from the event itself to a focus on living a better, more religiously integrated life. Discontent, the third factor, incorporates items that express anger or distance from God and the church, and questions about one's faith. The fourth factor, Interpersonal Religious Support, involves support from the clergy and other members of the church. Plead, the fifth factor, includes pleas for a miracle, bargaining with God, and questions to God about why the event happened. Items loading most highly on their respective factors and with loadings of greater than .40 were summed to create scales of religious coping.

Two items involving religious avoidance of problems did not enter into these factors. However, the concept of religious avoidance is theoretically interesting. To explore this concept, a sixth scale was developed from three items. They include coping activities that divert the individual's attention from problem through reading the Bible or focusing on the afterlife. The absolute values of the Pearson correlations among the six scales ranged from .01 to .70 with a median of .27.

Table I also presents the scale means and standard deviations, item means, and internal consistency estimates for each of the six religious coping scales. The scale and items means indicate that Spiritually Based activities were most involved in coping and Discontent was least involved. Many of the other religious coping activities were commonly used by our sample. The alphas for the religious coping scales are moderately high-to-low. Lower alphas are likely due to the smaller numbers of items and diverse nature of

<sup>3</sup>Complete statistical results of the factor analyses, a complete correlation matrix of the variables in the study, and a copy of these instruments are available from the first author upon request.

Table I. Psychometric Characteristics of Religious Coping Activities Scales

	$\alpha$	<i>M</i>	SD	Factor loading
Spiritually based	.92	2.64	0.70	
Trusted that God would not let anything terrible happen to me		2.65	1.09	.45
Experienced God's love and care		2.97	0.92	.70
Realized that God was trying to strengthen me		2.62	1.05	.57
In dealing with the problem I was guided by God		2.78	0.96	.72
Realized that I didn't have to suffer since Jesus suffered for me		2.07	1.09	.51
Used Christ as an example of how I should live		2.44	0.99	.61
Took control over what I could, and gave the rest up to God		2.93	0.98	.63
My faith showed me different ways to handle the problem		2.53	0.85	.59
Accepted that the situation was not in my hands but in the hands of God		2.85	1.07	.55
Found the lesson from God in the event		2.34	1.00	.64
God showed me how to deal with the situation		2.65	0.94	.80
Used my faith to help me decide how to cope with the situation		2.99	0.89	.75
Good deeds	.82	2.22	0.72	
Tried to be less sinful		2.22	1.01	.69
Confessed my sins		2.33	1.09	.64
Led a more loving life		2.44	0.96	.47
Attended religious services or participated in religious rituals		2.69	1.09	.52
Participated in church groups (support groups, prayer groups, Bible)		1.85	1.08	.48
Provided help to other church members		1.80	0.84	.54
Discontent	.68	1.37	0.60	
Felt angry with or distant from God		1.38	0.72	.48
Felt angry with or distant from the members of the church		1.36	0.80	.62
Questioned my religious beliefs and faith		1.44	0.80	.66
Religious support	.78	2.02	1.01	
Received support from clergy		1.89	1.08	.71
Received support from other members of the church		2.31	1.18	.68
Plead	.61	1.75	0.74	
Asked for a miracle		1.96	1.18	.50
Bargained with God to make things better		1.33	0.68	.50
Asked God why it happened		2.09	1.10	.48
Religious avoidance	.61	2.01	0.74	
Focused on the world-to-come rather than the problems of this world		1.81	0.99	
I let God solve my problems for me		2.09	1.00	
Prayed or read the Bible to keep my mind off of my problems		2.15	1.03	

the items in the coping scales. If the scales generally yield meaningful results, a revision of the shorter scales would be in order.

*Coping Activities (Nonreligious)*

Nonreligious coping activities were measured by 19 items adapted from Moos, Cronkite, Billings, and Finney (1984) and McRae (1984). Participants responded to the items on a 4-point Likert scale *not at all to a great deal*. Once again, items were selected to measure diverse nonreligious coping activities (e.g., passive, active, avoidant, cognitive, emotional, behavioral, interpersonal) as efficiently as possible.

The sample responded to these items using the same response format as the religious coping activities items. The items were entered into a principal factors analysis with SMCs in the diagonal and a Varimax rotation. Using the same criteria as in the previous analysis, a four-factor solution emerged accounting for almost 100% of the common variance in the sample. Final communality estimates ranged from .08 to .64 with a median of .25. Shown in Table II, the factors are labeled Focus Positive, Problem Solving, Avoidance, and Interpersonal Support. Scales were created from these analyses with the items which loaded most highly on their respective factors and with loadings of greater than .30. These scales show moderate-to-low internal consistency. The lower reliabilities likely reflect the diversity of items as well as some restriction of range on items in the Avoidance and Interpersonal Support scales. The absolute values of the Pearson correlations ranged from .01 to .60 with a median of .13.

**Table II.** Psychometric Characteristics of Nonreligious Coping Scales

	$\alpha$	<i>M</i>	<i>SD</i>	Factor loading
Focus positive	.78	2.73	0.80	
Thought about the good side of the situation		2.65	1.10	.65
Tried to look on the bright side of things		2.86	0.98	.69
Realized in looking at the situation that things could be worse		2.84	1.02	.49
Tried to get something positive from the situation		2.64	0.97	.47
Problem solving	.70	2.48	0.73	
Considered several ways to handle the event		2.76	0.97	.50
Made a plan of action and followed it		2.31	1.02	.59
Tried to see the event as having something to teach me		2.62	1.01	.56
Tried to step back from the situation and be more objective		2.26	0.91	.53
Avoidance	.49	2.04	0.60	
Tried not to think about it		2.03	0.90	.41
Kept my feelings to myself		2.10	0.93	.33
Avoided being with other people		1.46	0.75	.43
Wished the situation would go away		2.60	1.22	.48
Support	.42	2.15	0.87	
Received support from friends or co-workers (not members of church)		2.54	1.08	.50
Received support from professionals (not clergy)		1.77	1.13	.43

### *Purposes of Religion in Coping*

Participants were asked to indicate what they were seeking or aiming for through their religion as they dealt with their events. They responded to 11 items representing 11 purposes on a 4-point Likert scale ranging from *not at all* to *a great deal*. These items were then entered into a principal components analysis with a Varimax rotation.<sup>4</sup> A scree plot pointed to a five-factor solution. The five factors accounted for 78% of the total variance in the sample. Final communality estimates ranged from .71 to .86 with a median of .77. The factors are shown in Table III: Self-development made up of self-esteem, control, and self-actualization purposes; Spiritual incorporating meaning and hope purposes with the spiritual desire for personal closeness with God; Resolve in which religion is looked to for a resolution to the problem and emotional resolution; Sharing involving desires for help in expressing feelings to others and for intimacy with others; and Restraint focusing on religious help in restraining emotions and behaviors.

Items loading most highly on their respective factors and with loadings of greater than .50 were summed to create scales. The internal consistencies of these scales are shown in Table III. The correlations among these scales were moderately high, ranging from .40 to .60 with a median of .55.

### *Outcomes*

We distinguished among three kinds of outcomes of the event: the recent mental health status of the individual, the general outcome of the event, and the religious outcome of the event. Recent mental health status was assessed by the General Health Questionnaire (GHQ; Goldberg, 1978). This 12-item instrument focuses on recent increases or decreases in mood, self-confidence, sleeping, tension, and concentration. In this sample, the GHQ evidenced moderate internal consistency ( $\alpha = .79$ ). To be consistent with the scoring of the other outcome measures, higher scores on the GHQ indicate better recent mental health status. The General Outcome of the event was measured by five items adapted from Aldwin and Revenson (1987) and Grevengoed and Pargament (1987). The sample was asked to evaluate how

<sup>4</sup>Following the recommendation of Snook and Gorsuch (1989), principal factors analyses were conducted on the religious coping activities, nonreligious coping activities, and religious purposes scales. However, in the case of the purposes of religion items, the principal factors analysis yielded a somewhat less interpretable solution than the principal component analysis. In particular, the "personal closeness with God" item loaded more cleanly on the Spiritual factor in the principal components analysis. We chose to use the principal component analysis finding, emphasizing interpretability here at some cost of consistency among analyses and statistical preferability.

**Table III.** Psychometric Characteristics of Purposes of Religion Scales

	$\alpha$	$M$	$SD$	Factor loading
Self-development	.85	2.54	0.93	
Help in feeling good about myself		2.45	1.07	.81
Feeling more in control of my life		2.61	1.06	.81
Help in improving myself as a person		2.59	1.07	.63
Spiritual	.73	2.85	0.80	
Personal closeness with God		2.77	1.01	.72
A sense of meaning and purpose in life		2.69	1.08	.62
Feeling of hope about the future		3.09	0.95	.69
Resolve	.71	2.94	0.87	
Help in solving my problems		2.80	1.09	.72
A sense of peace and comfort		3.10	0.91	.73
Sharing	.68	2.65	0.88	
Help in expressing my feelings		2.71	0.97	.79
A sense of closeness and belonging with other people		2.61	1.05	.77
Restraint	—	2.74	0.98	
Help in keeping my emotions or actions under control		2.74	0.98	.83

much they learned from the event, how well they handled their feelings, how well they handled the event itself, and whether they felt stronger and better about themselves. The five items formed a scale with moderately high internal consistency ( $\alpha = .79$ ). Religious Outcome was measured by three items focusing on perceived changes in closeness to God, closeness to the church, and spiritual growth in response to the event ( $\alpha = .87$ ).

### *Resources and Constraints*

We conceptualized the dispositional religious variables as resources and constraints that shape the coping process. Factor analytic studies of religiousness have pointed to the multidimensional nature of religious beliefs, practices, and orientations (King & Hunt, 1975). These diverse dimensions of the individual's approach to religion were assessed by the following scales: Loving Images of God (Benson & Spilka, 1973); Intrinsic (Hoge, 1972), Extrinsic (Feagin, 1964), and Quest (Batson and Ventis, 1982) orientations; Doctrinal Orthodoxy made up of items from Batson (1976), King and Hunt (1975), and Putney and Middleton (1961); Collaborative, Deferring, and Self-Directed coping styles (Pargament et al., 1988); and Religious Experience made up of items from Benson and Williams (1982) and King and Hunt (1975). In addition, the sample reported its frequency of church attendance, prayer, and Bible reading. Each of these scales demon-

strated acceptable internal consistency ( $\alpha > .70$ ) in this sample, with the exception of the measure of Quest ( $\alpha = .60$ ).

To control, at least in part, for response bias in this self-report study, the participants completed a measure of Indiscriminate Proreligiousness (Pro-P) that taps into evaluations of religious beliefs and practices in an undifferentiated uncritical manner ( $\alpha = .74$ ) (Pargament et al., 1987). As noted earlier, individuals who endorsed more than two items on the MMPI Lie scale were dropped from further analyses.

Finally, demographic variables of age, gender, marital status, education level, and income were assessed.

## RESULTS

### *Religious Variables and the Prediction of Outcomes*

The measure of Indiscriminate Proreligiousness (Pro-P) and demographic variables were entered into multiple regression equations as predictors of each of the three outcome measures in order to partial out their effects. Pro-P emerged as the only significant predictor of the GHQ ( $R^2 = .03$ ,  $p < .001$ ). General Outcome was predicted by Pro-P, gender, and age ( $R^2 = .10$ ,  $p < .001$ ). Religious Outcome was predicted by Pro-P, gender, age, and income ( $R^2 = .20$ ,  $p < .001$ ). More favorable outcomes were reported by more indiscriminately proreligious, women, poorer, and older members. To standardize the subsequent analyses, the same four significant predictors, Pro-P, gender, age, and income, were entered first into the hierarchical regressions for each of the outcome variables.

In order to determine how well the religious variables predict outcomes of the coping process, multiple regression equations were developed for each of the three outcomes measures with all of the religious variables (religious dispositional variables, religious appraisals, religious coping activities, and religious purposes) serving as predictors (and the effects of the four control variables removed). The religious variables were significant predictors of each of the three outcomes measures: GHQ ( $R^2 = .12$ ,  $p < .001$ ), General Outcome ( $R^2 = .30$ ,  $p < .001$ ), and Religious Outcome ( $R^2 = .37$ ,  $p < .001$ ). Thus, the religious variables account for modest to moderately large amounts of variance in the outcomes of coping. The religious variables predict religious and general outcome most strongly and recent mental health status least strongly.

Pearson correlations were calculated on the relationship between the religious dimensions and outcome measures. These correlations are presented in Table IV. Separate multiple regression analyses were also conducted for the four classes of religious predictors: religious appraisals, religious pur-

Table IV. Correlations and Regression Analyses of Religious Variables and Outcome Measures

	Outcome measures <sup>a</sup>		
	General health questionnaire ( <i>n</i> = 568)	General outcome ( <i>n</i> = 537)	Religious outcome ( <i>n</i> = 547)
Religious appraisals			
God's will	ns	.19 <sup>e</sup>	.16 <sup>e</sup>
God's punishment	-.17 <sup>e</sup>	-.16 <sup>e</sup>	ns
Threat to spiritual well-being	-.17 <sup>e</sup>	-.17 <sup>e</sup>	-.09 <sup>e</sup>
Incremental <i>R</i> <sup>b</sup>	.02 <sup>d</sup>	.05 <sup>e</sup>	.02 <sup>d</sup>
Religious coping activities			
Spiritually-based	.25 <sup>e</sup>	.51 <sup>e</sup>	.65 <sup>e</sup>
Good deeds	.13 <sup>c</sup>	.32 <sup>e</sup>	.55 <sup>e</sup>
Religious support	.10 <sup>c</sup>	.23 <sup>e</sup>	.51 <sup>e</sup>
Discontent	-.22 <sup>e</sup>	-.13 <sup>d</sup>	-.12 <sup>d</sup>
Plead	-.11 <sup>c</sup>	ns	.17 <sup>e</sup>
Religious avoidance	.10 <sup>c</sup>	.28 <sup>e</sup>	.48 <sup>e</sup>
Incremental <i>R</i> <sup>2</sup>	.08 <sup>e</sup>	.17 <sup>e</sup>	.32 <sup>e</sup>
Religious purposes			
Self development	ns	.32 <sup>e</sup>	.30 <sup>e</sup>
Spiritual	.08 <sup>c</sup>	.30 <sup>e</sup>	.48 <sup>e</sup>
Sharing	ns	.14 <sup>e</sup>	.35 <sup>e</sup>
Restraint	ns	.15 <sup>e</sup>	.24 <sup>e</sup>
Resolve	ns	.21 <sup>e</sup>	.41 <sup>e</sup>
Incremental <i>R</i> <sup>2</sup>	ns	.10 <sup>e</sup>	.16 <sup>e</sup>
Religious dispositional variables			
Deferring	.12 <sup>d</sup>	.25 <sup>e</sup>	.42 <sup>e</sup>
Collaborative	.14 <sup>d</sup>	.25 <sup>e</sup>	.46 <sup>e</sup>
Self directed	-.10 <sup>c</sup>	-.16 <sup>d</sup>	-.30 <sup>e</sup>
Intrinsic	.11 <sup>c</sup>	.19 <sup>e</sup>	.41 <sup>e</sup>
Extrinsic	ns	.15 <sup>d</sup>	.22 <sup>d</sup>
DOS	ns	.18 <sup>e</sup>	.31 <sup>e</sup>
Quest	ns	ns	ns
Loving image of God	.10 <sup>c</sup>	.11 <sup>e</sup>	.13 <sup>d</sup>
Religious experience	.18 <sup>e</sup>	.28 <sup>e</sup>	.43 <sup>e</sup>
Attendance	ns	.12 <sup>d</sup>	.36 <sup>e</sup>
Frequency of prayer	ns	.14 <sup>d</sup>	.30 <sup>e</sup>
Incremental <i>R</i> <sup>2</sup>	.03 <sup>e</sup>	.04 <sup>e</sup>	.16 <sup>e</sup>

<sup>a</sup>Underlined correlations indicate variables which are significant predictors when entered last into the regression equation for that class of variables. Sample size varies slightly across the regression analyses for the three outcome measures due to missing values.

<sup>b</sup>The incremental *R*<sup>2</sup> reflect the effects of the predictors above and beyond those of the control variables: Pro-P, age, gender, and income.

<sup>c</sup>*p* < .05.

<sup>d</sup>*p* < .001.

<sup>e</sup>*p* < .0001.

poses, religious coping activities, and religious dispositional variables. Each of the three outcome measures was regressed on to each of the four classes of religious predictors, yielding a total of 12 regression equations. The resulting  $R^2$  reflect the incremental contributions of the religious predictors beyond the effects of the four control variables. These results are shown in Table IV. We also examined the unique contributions of each religious variable by looking at the significance of the beta weight in a fully simultaneous model containing all the variables in that class. Significant unique contributors to the prediction of outcome are underlined in Table IV.

Religious coping activities predicted the outcomes more strongly than the other classes of religious predictors. Within the class of religious coping activities, Spiritually based coping activities related most strongly and consistently to positive outcomes, contributing unique variance to the prediction of each of the outcome scales. Good Deeds, Religious Support, and Religious Avoidance were also associated with positive outcomes. Discontent related to poorer outcomes, adding unique variance to the prediction of the GHQ and Religious Outcome. While Plead was associated with a positive Religious Outcome, it also related to a more negative GHQ.

Religious appraisals to God's Will were associated with positive General Outcome and Religious Outcome. Appraisals that the events represented God's Punishment and a Threat to Spiritual Well-Being added independent variance to the prediction of poorer GHQ and General Outcome.

The five religious purpose variables were positively associated with General Outcome and Religious Outcome. The Spiritual purpose contributed independently to the prediction of these two outcomes and was the only religious purpose associated with the GHQ.

Within the class of religious dispositional variables, five scales were associated consistently with positive outcomes: Deferring, Collaborative, Intrinsic, Loving Image of God, and Religious Experience. The Self-directing religious coping style related consistently to poorer outcomes. General Outcome and Religious Outcome were also correlated positively with Extrinsic, Doctrinal Orthodoxy, Church Attendance, and Frequency of Prayer.

### *Religious Coping and Religious Dispositions*

To compare the contributions of the religious coping measures to those of the religious dispositional measures, we conducted hierarchical multiple regression analyses for each outcome variable. First, the control variables (Pro-P, gender, age, and income) were entered into the analysis. Second, the religious dispositional measures were entered. The religious coping meas-

**Table V.** Hierarchical Regression Analyses Predicting Outcomes from Control Variables, Religious Dispositional Variables and Religious Coping Variables

	$R^2$ control variables	Incremental $R^2$ with religious dispositional variables added	Incremental $R^2$ with religious coping variables added	$R^2$ cumulative <sup>d</sup>
GHQ	.03	.03	.09	.15
General outcome	.10	.04	.26	.40
Religious outcome	.20	.16	.21	.57

<sup>a</sup> $R^2 \geq .02, p < .01$ .

ures were then entered into the equation. Incremental  $R^2$  were calculated and tested for statistical significance. The results of these analyses are presented in Table V. In support of our prediction we find that the religious coping measures add unique variance to the prediction of the three outcome measures: GHQ ( $R^2 = .09, p < .001$ ), General Outcome ( $R^2 = .26, p < .001$ ), and Religious Outcome ( $R^2 = .21, p < .001$ ).<sup>5</sup>

#### *Religious Coping and Nonreligious Coping*

Pearson correlations and multiple regression analyses were conducted on the relationship between nonreligious appraisals, nonreligious coping activities, and the outcome measures. Once again, the control variables were entered first into the analysis and the incremental  $R^2$  associated with the added contributions of the nonreligious variables were calculated. The results of these analyses are presented in Table VI.

The class of nonreligious appraisals and coping activities accounted for small to modest amounts of variance in the prediction of outcomes (incremental  $R^2$  from .06 to .20). Appraisals of the event as an Opportunity to Grow were consistently associated with positive outcomes. The appraisal of Challenge to Face was related to positive General Outcome and Religious Outcome. The appraisal of Cannot Handle was the strongest predictor of poorer GHQ, and was associated with poorer General Outcome.

Within the nonreligious coping activities, Focus on Positive was a consistent unique contributor to the prediction of positive outcomes. Problem

<sup>5</sup>To assess the independent contribution of the religious dispositional variables to the prediction of outcome, we conducted a similar set of hierarchical regression analyses in which the religious dispositional measures were added last into the equation after the control and religious coping variables. The incremental  $R^2$  for the religious dispositional measures were smaller than those associated with the religious coping measures: GHQ (.01, ns), General Outcome (.03,  $p < .001$ ), and Religious Outcome (.03,  $p < .001$ ).

**Table VI.** Correlations and Regression Analyses of Nonreligious Variables and Outcome Measures

	Outcome measures <sup>a</sup>		
	General health questionnaire ( <i>n</i> = 568)	General outcome ( <i>n</i> = 537)	Religious outcome ( <i>n</i> = 547)
Nonreligious appraisals			
Caused by self	− .11 <sup>c</sup>	ns	ns
Caused by chance	ns	ns	ns
Threat to personal health	− .13 <sup>d</sup>	.10 <sup>c</sup>	.11 <sup>c</sup>
Threat to others	ns	− .10 <sup>c</sup>	ns
Harm/loss	− .11 <sup>d</sup>	ns	ns
Opportunity to grow	<u>.12<sup>d</sup></u>	<u>.36<sup>e</sup></u>	<u>.32<sup>e</sup></u>
Challenge to face	ns	<u>.27<sup>e</sup></u>	<u>.16<sup>e</sup></u>
Accept the situation	ns	.10 <sup>c</sup>	ns
Can change	ns	<u>.23<sup>e</sup></u>	ns
Cannot handle	− <u>.23<sup>e</sup></u>	− <u>.08<sup>c</sup></u>	ns
Incremental <i>R</i> <sup>2b</sup>	.07 <sup>e</sup>	.16 <sup>e</sup>	.12 <sup>e</sup>
Nonreligious coping activities			
Focus on positive	<u>.22<sup>e</sup></u>	<u>.41<sup>e</sup></u>	<u>.28<sup>e</sup></u>
Problem solving	<u>.20<sup>e</sup></u>	<u>.44<sup>e</sup></u>	<u>.24<sup>e</sup></u>
Avoidance	− <u>.22<sup>e</sup></u>	− .12 <sup>d</sup>	ns
Interpersonal support	ns	<u>.21<sup>e</sup></u>	<u>.19<sup>e</sup></u>
Incremental <i>R</i> <sup>2</sup>	.09 <sup>e</sup>	.20 <sup>e</sup>	.06 <sup>e</sup>

<sup>a</sup>Underlined correlations indicate those variables which are significant predictors when entered last into the regression equation for that class of variables. Sample size varies slightly across the regression analyses for the three outcome measures due to missing values.

<sup>b</sup>The incremental *R*<sup>2</sup> reflect the effects of the predictors above and beyond those of the control variables: Pro-P, age, gender, and income.

<sup>c</sup>*p* < .01.

<sup>d</sup>*p* < .001.

<sup>e</sup>*p* < .0001.

Solving was consistently related to better outcomes, and Interpersonal Support related positively and uniquely to General Outcome and Religious Outcome. Avoidance was tied to poorer General Outcome and GHQ.

To test the contributions of religious coping measures over those of nonreligious coping measures, we focused on the coping activities dimension, since this class of variables had greater predictive power than other classes. Paralleling the analyses above, we conducted hierarchical multiple regression analyses for each of the outcome measures. The control variables were entered into the analysis, followed by the nonreligious coping activities scales, and then followed by the religious coping activities scales. Once again, incremental *R*<sup>2</sup> were calculated and tested for statistical significance. The results are shown in Table VII. The religious coping activities scales added modest amounts of unique variance to the prediction of General Outcome (*R*<sup>2</sup> = .07, *p* < .001) and the GHQ (*R*<sup>2</sup> = .03, *p* < .001) and larger in-

**Table VII.** Hierarchical Regression Analyses Predicting Outcomes from Control Variables, Nonreligious Coping Variables, and Religious Coping Variables

	$R^2$ Control variables	Incremental $R^2$ with non- religious coping variables added	Incremental $R^2$ with religious coping activities variables added	$R^2$ cumulative <sup>a</sup>
GHQ	.03	.09	.03	.15
General outcome	.10	.20	.07	.37
Religious outcome	.20	.06	.26	.52

<sup>a</sup> $R^2 \geq .02, p < .01$ .

dependent variance to the prediction of Religious Outcome ( $R^2 = .26, p < .001$ ).

Finally, correlations were conducted to assess the relationship among religious and nonreligious coping activities scales. As can be seen in Table VIII, Focus on Positive was tied to religious coping activities involving Spiritually Based coping, Good Deeds, Religious Avoidance, Religious Support, and lower levels of Discontent and Pleading. Problem Solving was correlated with Spiritually Based, Good Deeds, Religious Avoidance, and Religious Support. Nonreligious Avoidance related to Religious Avoidance, Good Deeds, Discontent, Pleading, and lower levels of Religious Support. Nonreligious Interpersonal Support was associated with Spiritually Based coping, Good Deeds, Religious Avoidance, Religious Support, and Pleading.

## DISCUSSION AND CONCLUSIONS

These findings highlight the important role religious beliefs, practices, and motivations play among church members who turn to religion in coping

**Table VIII.** Pearson Correlations of Religious and Nonreligious Coping Activities

Religious coping activities	Nonreligious coping activities			
	Focus on positive	Problem solving	Avoidance	Support
Spiritually based	.45 <sup>c</sup>	.39 <sup>c</sup>	ns	.21 <sup>c</sup>
Good deeds	.29 <sup>c</sup>	.31 <sup>c</sup>	.14 <sup>b</sup>	.18
Religious avoidance	.22 <sup>c</sup>	.19 <sup>c</sup>	.08 <sup>a</sup>	.13 <sup>b</sup>
Discontent	-.13 <sup>c</sup>	ns	.35 <sup>c</sup>	ns
Religious support	.18 <sup>c</sup>	.08 <sup>a</sup>	-.10 <sup>b</sup>	.30 <sup>c</sup>
Plead	-.11 <sup>b</sup>	ns	.28 <sup>c</sup>	.14 <sup>b</sup>

<sup>a</sup> $p < .05$ .

<sup>b</sup> $p < .001$ .

<sup>c</sup> $p < .0001$ .

with significant negative events ranging from death, illness, and injury to divorce, separation, and work-related problems. Consistent with the results of studies of community members (McRae, 1984), the elderly (Koenig et al., 1988), accident victims (Bulman & Wortman, 1977), and the ill (O'Brien, 1982), a large proportion of the sample (78%) reported that their religion was involved in some way in understanding or dealing with their significant negative event. It appears that religious involvement in coping with significant negative events is commonplace rather than unusual.

Whether this involvement is predictive of the *outcomes* of the coping process is less clear. Our findings indicate that, at least in some groups, religious practices and beliefs are significantly associated with outcomes. After controlling for the effects of demographic variables and indiscriminate pro-religiousness, religious appraisals, religious coping activities, religious functions, and the religious dispositions accounted for 37% of the explained variance of Religious Outcome. The religious variables were also significant predictors of the nonreligious outcome measures, accounting for 30% of the variance of the General Outcome measure and 12% of the variance of the GHQ. Thus, it seems that religious involvement in coping has implications for outcomes that are not limited to the religious realm; rather, the implications extend to the resolution of the problem and the mental health status of the individual.

### *What Kinds of Religiousness Are More and Less Helpful in Coping*

In this study we attempted to go beyond the basic question of whether religion is helpful to examine more comprehensively the kinds of religiousness that are more and less helpful in coping. Toward this end, we included a number of measures of religious dispositions in the study, and developed measures of religiousness tied to the coping framework: religious appraisals, religious coping activities, religious purposes, and religious outcomes. The factor analyses of the religious coping activities and religious purposes dimensions reveal that religious involvement in coping can take a variety of forms: interactional: interpersonal relations with others (Religious Support) or with God (Spiritually Based coping activities); behavioral: changes in life-style, requests for divine intercession, or participation in religious services and rites (Good Deeds, Plead, Religious Avoidance); emotional: feelings of love or anger (Discontent) to God; or motivational: a religiously based search for spiritual development (Spiritual purpose), personal growth (Self-Development), the resolution of problems (Resolve), closeness with others (Sharing), and emotional/behavioral control (Restraint). Thus, religious coping efforts, like more general religious dispositions, appear to be multidimensional.

In reviewing the efficacy of these diverse religious approaches as predictors of outcomes of negative events, four key themes emerge.

1. A belief in a just, loving God appears to be predictive of more positive outcomes to negative events. Appraisals of events as reflective of God's will, images of a loving God, and orthodox beliefs in a just and merciful personal God were generally associated with positive outcomes. In contrast, appraisals of the event as a punishment from God or as a threat were related to poorer outcomes, as were feelings of anger and distance from God and church members (Discontent).

Why should beliefs in a just, benevolent God be more helpful in coping than beliefs in a punitive or distant God? As noted earlier, religious beliefs and practices may serve a number of psychological functions. Spilka, Shaver, and Kirkpatrick (1985) assert that to the extent religious concepts are well-integrated, emphasize the orderliness of the universe, and view the world as fair, they offer a source of meaning and answers to seemingly unanswerable questions. To the extent that God is viewed as a benevolent Being, religious beliefs also offer a basis for self-esteem (e.g., God loves me and He doesn't make dirt) (Benson & Spilka, 1973). And to the extent that God is just and benevolent, religion offers an external framework of control more benign than other external frameworks such as beliefs in powerful others or chance (Pargament, Sullivan, Tyler, & Steele, 1982). In contrast, beliefs in an angry unfair God can pose a threat to the sense of meaning, self-esteem, and control in life.

2. The experience of God as a supportive partner in the coping process appears to be another important correlate of positive outcomes. The most potent predictor of outcomes in this study was Spiritually Based coping activities. Central to these activities is the individual's relationship with God. As the items on the scale indicate, this relationship is not abstract or impersonal, but intimate (e.g., "experienced God's love and care"), emotion-focused (e.g., "realized that I didn't have to suffer since Jesus suffered for me"), and problem-focused (e.g., "My faith showed me different ways to handle the problem"). For the individual this relationship involves both personal effort (e.g., "Used my faith to help me decide how to cope with the situation") and a recognition of the limits of personal agency (e.g., "Took control over what I could and gave the rest up to God"). The positive correlations between Religious Experience, Collaborative, and Deferring religious coping styles, and outcomes were consistent with the effects of spiritually based coping, for each of these measures reflects a facet of the spiritual coping construct.

In this sample of church members who turn to religion in coping, some form of supportive relationship with God seems more helpful than a more autonomous stance in coping. Self-directed coping efforts in which God's role is consciously minimized and the individual alone takes the responsibil-

ity for problem solving were inconsistent both with the experience of God as a partner in coping and with positive outcomes.

Many psychologists have contrasted God-centered with person-centered views of the world (Ellis, 1960; Freud, 1949; Fromm, 1960). These results highlight the importance of a third perspective—the relational—in which the interaction between individual and God is the crucial theme (Maton, 1989; Pargament et al., 1988; Pollner, 1989), and the individual's role in the relationship is neither simply active nor simply passive. From this perspective, God can be viewed as another member of a social network who, like other network members, can at times offer help in the coping process (Cohen & Willis, 1985; Coyne & DeLongis, 1986). As a "member" of the network, God can serve functions similar to other members including emotional, instrumental, and informational support (Tardy, 1985). God may also play special roles in the network. For example, the relationship with God may be particularly supportive to the individual faced with the limits of personal control through the knowledge that the deity will be there to make events endurable. Further studies are needed to specify the qualities of the individual's relationship with God of greatest significance to the coping process.

3. Involvement in religious rituals was also associated with more positive outcomes. These rituals were of several different forms: attendance at religious services, prayer, efforts to avoid the negative event through rituals such as reading the Bible or a focus on the afterlife, attempts to live a less sinful, more loving life, and support from the clergy and other church members. Religious rituals have long been a focus of study for social scientists, particularly anthropologists and sociologists. They suggest that rituals serve a variety of functions: emotional release and maintenance (Malinowski, 1925), a basis for meaning (Geertz, 1966), and social integration and personal identity (Durkheim, 1915). Religious rituals can also contribute to the sense of controllability and predictability in life (Frazer, 1925). For example, the individual may attempt to influence the outcomes of events indirectly through prayer to God or through efforts to live a more decent life. By underscoring God's benevolence and justice, rituals can also encourage a suspension of the need for personal control through the knowledge that the problem is in the hands of God (Spilka, Shaver, & Kirkpatrick, 1985).

4. Among these churchgoers, the search for spiritual and personal support through religion was, in itself, associated with more positive outcomes in coping. This finding underscores the significance of religious motivations in the coping process. Individuals did not perceive their approach to religion in their times of trouble as simply a response to psychological need. Many reported that they looked to God for closeness and to their religion as a guiding force in dealing with problems; for them religion represents, what Allport (1950) has described as "a master motive" (p. 81). And consistent with

Allport's perspective, this intrinsic spiritually oriented approach was, in itself, associated with positive outcomes. Our findings are also consistent with empirical studies in which intrinsic religiousness has been associated with some related personological constructs—an internal locus of control, purpose in life, lower trait anxiety, and lower death anxiety (see Donahue, 1985, for review).

But our findings depart from the general theory and literature on *extrinsic* religiousness. Allport (1950) contrasted intrinsic religious motivation in which the individual "lives his religion" with extrinsic religious motivation in which the person "uses his religion . . . an interest held because it serves other more ultimate interests" (Allport & Ross, 1967, p. 434). Extrinsic religiousness has been positively associated with prejudice, dogmatism, and fear of death; reviewing this literature Donahue (1985) commented: "Extrinsic religiousness . . . does a good job of measuring the sort of religion that gives religion a bad name" (p. 416).

Here, however, extrinsic religiousness and utilitarian approaches to religion (Self-Development, Sharing, Restraint, and Resolve) were associated with more positive general and religious outcomes. Perhaps the simplest explanation of this apparent discrepancy is that while extrinsically oriented individuals may be more prejudiced, dogmatic, and anxious, their "use" of religion can still be helpful to them in dealing with negative events. Alternatively, our results may point to the need to distinguish more sharply among *kinds* of uses of religion as Kirkpatrick (1989) has done in factor analytic studies of extrinsic religiousness. For example, the search for self-development, intimacy, and emotional sustenance may have very different implications from the search for social status or instrumental gain through religion (Pargament, 1990). Some of these uses of religion may not necessarily be inconsistent with a spiritual motivation. In fact, in this study the Spiritual purpose scale was significantly related to each of the other purpose scales ( $r$ s from .33 to .60). Thus, for many people religion may be both lived and used (Echemendia & Pargament, 1982). *How* religion is used and the implications of these different uses for the coping process represent important questions for further research.

These findings then begin to specify more clearly the kinds of religious beliefs, behaviors, and motivations more and less helpful to those who involve religion in the coping process. They suggest the need to move beyond single-item measures of religiousness in studies of coping to a more complete and differentiated approach.

### *The Additive Contributions of the Religious Coping Constructs*

We turn now to the question of what additional contributions, if any, the religious coping constructs make to our understanding of the coping

process. We examined whether measures of religious coping predict outcomes above and beyond the contributions of standard religious dispositional measures. Clearly they do. In fact, the religious coping measures were considerably stronger independent predictors of outcome than the traditional measures of religiousness. It is likely that this finding reflects the development of our religious coping constructs and measures within a more general coping framework, one purposefully linked to outcome. From the perspective of this framework, general religious dispositions translate into specific coping efforts in the face of critical life situations. These concrete efforts can be conceptualized as intervening variables, bridging the relationship between the general resources of religion and the outcomes of specific events. If this is true then the measures of outcome should relate more strongly to the measures of religious coping than to the dispositional measures (as we have found). Furthermore, the dispositional measures should relate more strongly to the measures of religious coping than to the measures of outcome. Analyses of the relationship between religious dispositional and religious coping variables will be the focus of another paper.

The measures of religious coping and outcome operate at a similar event-specific level. In contrast, the religious dispositional measures deal with generalized beliefs, motivations, and practice; not their applications to specific events. Here as in other studies, the constructs operationalized at more commensurate levels were more predictive of each other (Fishbein & Ajzen, 1975). It follows that in studies of particular situations, religious measures tailored to the situation will have greater predictive power than generalized dispositional measures. For example, the specific religious responses of victims to tragedy should relate to outcomes more strongly than their general image of God or average annual church attendance.

We also examined whether the concepts and measures of religious coping add to our understanding above and beyond the contributions of general concepts and measures of coping. Looking at the relationship between religious coping activities and nonreligious coping activities, we found that the two kinds of coping activities were modestly to moderately associated with each other. For example, the nonreligious coping activity of focusing on the positive was significantly associated with spiritually based coping, good deeds, religious avoidance, religious support, and lower levels of discontent and pleading. But while they were related, religious and nonreligious coping activities were not redundant.

Had we focused only on the nonreligious coping activities here, the coping process of this sample would have looked similar to that of other samples. As with other groups, appraisals of the negative event as an opportunity to grow and a challenge rather than as a threat, a loss, or beyond one's ability to cope were associated with better outcomes. Coping activities involving a focus on the positive, problem solving, and interpersonal support also had more positive implications than those involving avoidance. But for these

church-affiliated members, the religious coping activities offer something to the coping process that goes beyond the contributions of nonreligious activities.

What is that something? Theorists have suggested that religion provides a unique framework for coming to grips with the *limits* of personal knowledge, control, and resources in coping (Bakan, 1968; Pruyser, 1968; Tillich, 1952), limits that may be more apparent in the face of serious negative events. A comparison of religious avoidance and nonreligious avoidance provides an interesting case in point. The two types of avoidance are related to each other in a small but statistically significant fashion. However, religious avoidance relates to better outcomes, whereas nonreligious avoidance relates to poorer outcomes. In comparing the items in the scales, both involve efforts to avoid painful feelings and thoughts. However, the religious avoidance items offer an external support to the individual in this process (e.g., God, the Bible, the world-to-come). The nonreligious avoidance items do not (e.g., "tried not to think about it," "wished the situation would go away"). Thus, unlike generally avoidant activities, the external support associated with religious avoidance may provide stability, meaning, and comfort to the individual in coping.

In sum, religious coping activities represent an important element of the coping process, at least among the religiously involved. These findings underscore the need for an *integration* of the religious dimension into the coping literature. The word *integration* is crucial, for these findings also point to the dangers of drawing too sharp a line between religious and nonreligious coping activities. Both religious and nonreligious processes appear to be commonly involved and interrelated in coping. While comparisons could be drawn between those who make use of religion in coping with those who do not, these "competitive" studies might overlook the variety of forms both religious and nonreligious coping efforts can take and the diverse implications of these forms for outcome. Perhaps the more important question has to do with the comparative efficacy of different patterns of religious/nonreligious coping.

### *Limitations*

This study attempts to provide some correction to a bias in the general coping literature. When it has been studied at all, religion has been examined from an "outside" perspective (Dittes, 1969); a generic background variable measured by a few simple indicators within a general population. In this study, we move religion more to the foreground, taking a closer "inside" look by differentiating more finely among religious phenomena within different religiously oriented groups. It is important to note that neither inside nor out-

side perspective can offer a complete picture of religion and coping. From each vantage point some features are apparent and some are hidden. Thus, the outside views of religion from the general coping literature cannot be generalized to the inside (i.e., the members of particular religious groups). Similarly, the inside perspectives of religious participants cannot be generalized to the outside (e.g., the generic role of religion within the larger society).

These findings, in particular, are most representative of the perspectives of mainstream, church-affiliated, and participating Christians. Of course these groups represent a large proportion of Americans (*Gallup Report*, 1985; Jacquet, 1988). Furthermore, these church members are not homogeneous. They report a range of religious views and practices. Nevertheless, other groups are not represented in this study including those who define themselves as religious but are not affiliated with a church, those who define themselves as nonreligious, and members of other religious institutions (e.g., Jews, Muslims, and sects). We might expect different religious groups to use different kinds of religious coping efforts. For example, Ebaugh, Richman, and Chafetz (1984) interviewed members of Catholic Charismatic, Bahai, and Christian Scientist groups about their ways of responding to crisis. Charismatics looked to their group for emotional support; Christian Scientists focused more on positive thinking; and Bahais coped more intellectually through reading of religious materials. These coping approaches may also vary in their effectiveness for different groups. For example, within Judaism, a religion that emphasizes the importance of efforts to live by a moral code, good deeds may play a more important role in the resolution of negative events than within mainstream Christianity. Similarly, in a recent study of women who had experienced pregnancy loss, Lasker, Lohmann, and Toedter (1989) found stronger correlations between religious coping variables and perinatal grief among those who considered themselves "religious" or "very religious." With their limitations in mind, other "inside" studies are needed to examine the coping process within other religious groups.

This study is also limited by its cross-sectional design. While the measures of coping with the stressful event direct the participants to consider their efforts prior to the outcomes, both classes of measures were obtained at the same point in time. Thus, it is possible that the perceptions of the outcome influenced the individual's reconstruction of his/her coping efforts (e.g., the event turned out well so God must have helped me). The concurrent reports of these variables could have also been affected by other variables that preceded these reports. For example, both religious coping efforts and outcomes may grow out of a more general set of personal and social resources (e.g., mental health, personality, social networks) brought to the coping process. Although efforts were made to control for some potentially confounding factors—social desirability, indiscriminate proreligiousness, and demographic variables—longitudinal studies are clearly needed to delineate more sharply

the impact of religious coping on the outcomes of serious events. Two recent investigations represent promising steps in this direction, and suggest that our results are not simply attributable to the cross-sectional design. In a study of high school students in transition to college, a measure of spiritual support obtained in high school predicted the adjustment of students to college under conditions of high stress, but not for those experiencing less stress (Maton, 1989). In a set of 2-month prospective studies of college students, a higher intrinsic orientation predicted a decline in depression while a lower intrinsic orientation predicted an increase in depression among Protestant but not Catholic students faced with uncontrollable negative events (Parks, Cohen, & Herb, *in press*).

The reliability of three of the shorter scales derived through factor analyses (Plead, Avoidance, and Interpersonal Support) and a fourth developed for exploratory purposes (Religious Avoidance) was limited, possibly reducing the magnitude of some of our findings. However, each of these scales was significantly tied to the outcome measures. Although these findings offer some support for the validity of these scales, further development of these instruments is needed. The religious purpose scales also require additional work. Made up of a modest number of items, these scales yielded somewhat different dimensions across factor analytic methods.

Several important questions have not been addressed in this study. One set of questions deals with the ecology of religious coping. What personal, situational, and contextual factors are associated with religious involvement in the coping process? How stable are religious coping activities over time and situations? Other questions focus more on the complexities of the relationships among religious coping and outcome variables. For example, there is some literature to suggest that these relationships may be moderated by the nature of the event (Maton, 1989), demographic characteristics of the individual such as gender or age, or the salience of religion to the person (see Pargament, 1990, for review). Questions also arise about the definition and measurement of outcome in this study. Can these self-reports of outcome be buttressed by behavioral measurement or reports from significant others? Are these outcomes sustained over time? Do some of the religious coping methods (e.g., pleading, religious avoidance) offer short-term relief but longer term problems (e.g., reduced competence) in dealing with negative events? Do other religious coping methods (e.g., discontent) lead to short-term distress but longer term well-being? These represent important questions for further study; the ecology of religious coping and the impact of religious coping over a 2-year period in this sample will be examined in subsequent papers in this "God Help Me" series.

In spite of these limitations, it seems clear that, at least among some groups, the constructs of religious coping enhance our ability to understand

the process of coping with significant negative events. These findings highlight the important role the religious component can play in coping and the need for a more complete integration of religious constructs into the general coping literature. With a clearer understanding of the role of religion in coping, the psychologist should be better equipped to approach the religious community as a site for prevention, promotion, and collaboration.

## REFERENCES

- Aldwin, C. M., & Revenson, T. A. (1987). Does coping help? A reexamination of the relation between coping and mental health. *Journal of Personality and Social Psychology, 53*, 337-348.
- Allport, G. (1950). *The individual and his religion: A psychological interpretation*. New York: MacMillan.
- Allport, G. W. & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology, 5*, 432-443.
- Bakan, D. (1968). *Disease, pain, and sacrifice: Toward a psychology of suffering*. Chicago: University of Chicago Press.
- Batson, C. D. (1976). Religion as prosocial: Agent or double agent. *Journal for the Scientific Study of Religion, 15*, 29-45.
- Batson, C., & Ventis, W. (1982). *The religious experience: A social-psychological perspective*. New York: Oxford University Press.
- Benson, P., & Spilka, B. (1973). God image as a function of self-esteem and locus of control. *Journal for the Scientific Study of Religion, 12*, 297-310.
- Benson, P. L., & Williams, D. L. (1982). *Religion on Capitol Hill: Myths and realities*. New York: Harper and Row.
- Billings, A. G., & Moos, R. H. (1984). Coping, stress and social resources among adults with unipolar depression. *Journal of Personality and Social Psychology, 46*, 877-891.
- Bulman, J., & Wortman, C. (1977). Attributions of blame and coping in the "real world": Severe accident victims react to their lot. *Journal of Personality and Social Psychology, 35*, 351-363.
- Clark, W. (1958). *The psychology of religion*. New York: MacMillan.
- Cleary, P. D., & Houts, P. S. (1984). The psychological impact of the Three Mile Incident. *Journal of Human Stress, Spring*, 28-34.
- Cohen, S., & Willis, T. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*, 310-357.
- Cook, J. A., & Wimberly, D. (1983). If I should die before I wake: Religious commitment and adjustment to the death of a child. *Journal for the Scientific Study of Religion, 22*, 222-238.
- Coyne, J. C., & DeLongis, A. (1986). Going beyond social support: The role of social relationships in adaptation. *Journal of Consulting and Clinical Psychology, 54*, 454-460.
- DeLongis, A., Coyne, J., Dakof, G., Folkman, S., & Lazarus, R. (1982). Relationship of daily hassles, uplifts, and major life events to health status. *Health Psychology, 1*, 119-136.
- Dittes, J. E. (1969). Psychology of religion. In G. Lindzey & E. Aronson (Eds.), *The handbook of social psychology* (2nd ed., Vol. 5, pp. 602-659). Reading, MA: Addison-Wesley.
- Donahue, M. J. (1985). Intrinsic and extrinsic religiousness: Review and meta-analysis. *Journal of Personality and Social Psychology, 48*, 400-419.
- Durkheim, E. (1915). *The elementary forms of the religious life*. New York: Free Press.
- Ebaugh, H., Richman, K., & Chafetz, J. (1984). Life crises among the religiously committed: Do sectarian differences matter? *Journal for the Scientific Study of Religion, 23*, 19-31.

- Echemendia, R. & Pargament, K. I. (1982). The psychosocial functions of religion: Reconceptualization and measurement. Paper presented at the meeting of the American Psychological Association, Washington, D.C.
- Ellis, A. (1960). There is no place for the concept of sin in psychotherapy. *Journal of Counseling Psychology, 7*, 188-192.
- Eckenrode, J. (1984). Impact of chronic and acute stressors on daily reports of mood. *Journal of Personality and Social Psychology, 46*, 907-918.
- Erikson, E. (1963). *Childhood and society*. New York: Norton.
- Feagin, J. (1964). Prejudice and religious types: A focused study of Southern Fundamentalists. *Journal for the Scientific Study of Religion, 4*, 3-13.
- Fichter, J. H. (1981). *Religion and pain: The spiritual dimensions of health care*. New York: Crossroad.
- Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Reading MA: Addison-Wesley.
- Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology, 54*, 466-475.
- Folkman, S., Schaefer, C., & Lazarus, R. S. (1979). Cognitive processes as mediators of stress and coping. In V. Hamilton & D. M. Warburton (Eds.), *Human stress and cognition: An information-processing approach*. London: Wiley.
- Frankl, V. E. (1963). *Man's search for meaning*. New York: Washington Square Press.
- Frazer, J. G. (1925). *The golden bough*. New York: MacMillan.
- Freud, S. (1949). *The future of an illusion*. New York: Liveright Publishing Corporation.
- Fromm, E. (1960). *Psychoanalysis and religion*. New York: Rinehart and Winston.
- Gallup Report*. (1985, May). No. 236. Princeton, NJ: Author.
- Geertz, C. (1966). Religion as a cultural system. In M. Banton (Ed.), *Anthropological approaches to the study of religion* (pp. 1-46) London: Tavistock.
- Gibbs, H. W., & Achterberg-Lawlis, J. (1978). Spiritual values and death anxiety: Implications for counseling with terminal cancer patients. *Journal of Counseling Psychology, 25*, 563-569.
- Gil, K. M., Abrams, M. R., Phillips, G., & Keefe, F. J. (1989). Sickle cell disease pain: Relation of coping strategies to adjustment. *Journal of Consulting and Clinical Psychology, 57*, 725-731.
- Gilbert, K. R. (1989). *Religion as a resource for bereaved parents as they cope with the death of their child*. Paper presented at the annual meeting of the National Council on Family Relations, New Orleans.
- Glock, C. Y., Ringer, B. B., & Babbie, R. (1967). *To comfort and to challenge: A dilemma of the contemporary church*. Berkeley: University of California Press.
- Goldberg, D. (1978). *Manual of the General Health Questionnaire*. Windsor, Ontario: National Foundation for Educational Research.
- Gorsuch, R. (1984). Measurement: The boon and bane of investigating religion. *American Psychologist, 39*, 228-236.
- Grevengoed, N., & Pargament, K. (1987). *Attributions for death: An examination of the role of religion and the relationship between attributions and mental health*. Paper presented at the annual meeting of the Society for the Scientific Study of Religion, Louisville, KY.
- Greeley, A. M. (1972). *The denominational society*. Glenview, IL: Scott, Foresman.
- Griffith, E., Young, J., & Smith, D. (1984). An analysis of the therapeutic elements in a black church service. *Hospital and Community Psychiatry, 35*, 464-469.
- Hammond, P. (1988). Religion and the persistence of identity. *Journal for the Scientific Study of Religion, 27*, 1-11.
- Heller, K., & Swindle, R. (1983). Social networks, perceived social support, and coping with stress. In R. D. Felner, L. Jason, J. Moritsugu, & S. Farber (Eds.), *Preventive psychology: Theory, research, and practice* (pp. 87-103). New York: Pergamon.
- Hoge, D. (1972). A validated intrinsic religious motivation scale. *Journal for the Scientific Study of Religion, 11*, 396-497.

- Jenkins, R., & Pargament, K. (1988). Cognitive appraisals in cancer patients. *Social Science and Medicine*, 26, 625-633.
- Kahoe, R. D. (1982). *The power of religious hope*. Paper presented at the annual meeting of the American Psychological Association, Washington, DC.
- King, M., & Hunt, R. (1975). Measuring the religious variable: National replication. *Journal for the Scientific Study of Religion*, 14, 13-22.
- Kirpatrick, L. A. (1989). A psychometric analysis of the Allport-Ross and Feagin measures of intrinsic-extrinsic religious orientation. In *Research in the Social Scientific Study of Religion*, 1, 1-30.
- Koenig, H., George, L., & Siegler, J. (1988). The use of religion and other emotion-regulating coping strategies among older adults. *Gerontologist*, 28, 303-310.
- Kushner, H. S. (1981). *When bad things happen to good people*. New York: Schocken.
- Lasker, J. N., Lohmann, J., & Toedter, L. (1989). *The role of religion in bereavement: The case of pregnancy loss*. Paper presented at the Society for the Scientific Study of Religion, Salt Lake City, UT.
- Lazarus, R., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.
- Malinowski, B. (1925). Magic, science and religion. In J. Needham (Ed.), *Science, religion and reality*. New York: Macmillan.
- Maslow, A. H. (1970). *Motivation and personality*. New York: Harper and Row.
- Maton, K. (1989). The stress-buffering role of spiritual support: Cross-sectional and prospective investigations. *Journal for the Scientific Study of Religion*, 28, 310-323.
- Maton, K., & Rappaport, J. (1984). Empowerment in a religious setting: A multivariate investigation. *Prevention in Human Services*, 3, 37-72.
- McCrae, R. R. (1984). Situational determinants of coping responses: Loss, threat and challenge. *Journal of Personality and Social Psychology*, 46, 919-928.
- Moos, R. H. (1986). *Coping with life crises: An integrated approach*. New York: Plenum Press.
- Moos, R., Cronkite, R., Billings, A., & Finney, J. (1984). *Health and daily living form manual*. Palo Alto, CA: Social Ecology Laboratory.
- Neighbors, H. W., Jackson, J. S., Bowman, P. J., & Gurin, G. (1983). Stress, coping, and black mental health: Preliminary findings from a national study. *Prevention in Human Services*, 5-29.
- Newman, J., & Pargament, K. (1990). The role of religion in problem solving. *Review of Religious Research*, 31, 390-404.
- O'Brien, M. E. (1982). Religious faith and adjustment to long-term dialysis. *Journal of Religion and Health*, 21(1), 68-80.
- Pargament, K. (1990). God help me. Toward a theoretical framework of coping for the psychology of religion. *Research in the Social Scientific Study of Religion*, 2, 195-224.
- Pargament, K., Brannick, M., Adamakos, H., Ensing, D., Keleman, M., Warren, R., Falgout, K., Cook, P., & Myers, J. (1987). Indiscriminate proreligiousness: Conceptualization and measurement. *Journal for the Scientific Study of Religion*, 26, 182-200.
- Pargament, K. I., & Hahn, J. (1986). God and the just world: Causal and coping attributions in health situations. *Journal for the Scientific Study of Religion*, 25, 193-207.
- Pargament, K., Kennell, J., Hathaway, W., Grevenoged, N., Newman, J., & Jones, W. (1988). Religion and the problem solving process: Three styles of coping. *Journal for the Scientific Study of Religion*, 27, 90-104.
- Pargament, K. I., Sullivan, M. S., Tyler, F. B., & Steele, R. E. (1982). Patterns of attribution of control and individual psychosocial competence. *Psychological Reports*, 51, 1243-1252.
- Park, C., Cohen, L. H., & Herb, L. (in press). Intrinsic religiousness and religious coping as life stress moderators for Catholics versus Protestants. *Journal of Personality and Social Psychology*.
- Pollner, M. (1989). Divine relations, social relations, and well-being. *Journal of Health and Social Behavior*, 30, 92-104.
- Princeton Religion Research Center. (1987). Faith development and your ministry. Princeton, NJ: Author.
- Pruyser, P. W. (1968). *A dynamic psychology of religion*. New York: Harper and Row.

- Putney, S., & Middleton, R. (1961). Dimensions and correlates of religious ideologies. *Social Forces, 39*, 285-290.
- Rabkin, J., & Struening, E. (1976). Life events, stress and illness. *Science, 194*, 1013-1020.
- Roozen, D. A., & Carroll, J. W. (1989). Methodological issues in denominational surveys of congregations. *Review of Religious Research, 31*(2), 115-131.
- Snook, S., & Gorsuch, R. L. (1989). Component analysis versus common factor analysis: A Monte Carlo study. *Psychological Bulletin, 106*, 148-154.
- Spilka, B., Hood, R., & Gorsuch, L. (1985). *The psychology of religion: An empirical approach*. Englewood Cliffs, NJ: Prentice-Hall.
- Spilka, B., Shaver, P., & Kirkpatrick, L. (1985). A general attribution theory for the psychology of religion. *Journal for the Scientific Study of Religion, 24*, 1-20.
- Stone, A. A., & Neale, J. M. (1984). New measures of daily coping: Development and preliminary results. *Journal of Personality and Social Psychology, 46*, 892-906.
- Tardy, C. H. (1985). Social support measurement. *American Journal of Community Psychology, 13*, 187-202.
- Taylor, S. E. (1983). Adjustment to threatening events: A theory of cognitive adaptation. *American Psychologist, 38*, 1161-1174.
- Thoits, P. A. (1983). Dimensions of life events that influence psychological distress: An evaluation and synthesis of the literature. In H. B. Kaplan (Ed.), *Psychosocial stress: Trends in theory and research* (pp. 33-103). New York: Academic Press.
- Tillich, P. (1952). *The courage to be*. New Haven, Conn: Yale University Press.
- Tyler, F. (1978). Individual psychosocial competence: A personality configuration. *Education and Psychological Measurement, 38*, 309-323.
- Wright, S., Pratt, C., & Schmall, V. (1985). Spiritual support for caregivers of dementia patients. *Journal of Religion and Health, 24*(1), 31-38.
- Yates, J., Chalmer, B., St. James, P., Follensbee, M., & McKegney, F. (1981). Religion in patients with advanced cancer. *Medical and Pediatric Oncology, 9*, 121-128.