

Spiritual/Religious Resources in Coping

- Background on Spiritual/Religious Resources in Coping
 - According to the old saying, “there are no atheists in foxholes.” Like many old sayings, this one is only partly true. There are in fact people who were and continue to be atheists, even in the foxholes of their lives. But it is also true that spirituality and religion tend to come to the foreground in more stressful times. Why is that the case? What purposes do spirituality and religion serve in coping? How helpful are spirituality and religion when people confront major life crises? Psychologists have been interested in these questions for many years.
 - Historically, psychologists tended to view spirituality and religion as an impediment to health and well-being. Religion was seen as a defense mechanism, a form of denial, or a passive approach to life which encouraged avoidance rather than the head-on confrontation with reality.
 - Over the past 30 years, however, research has shown that this view of spirituality and religion is stereotypic and inaccurate. More often than not, spirituality and religion are associated with active forms of coping that are frequently helpful to people in their most difficult times (Pargament & Park, 1995).
 - In 1997, Pargament published *The Psychology of Religion and Coping: Theory, Research, and Practice* which documented the power and prevalence of religious and spiritual involvement in the coping process. Since that time, hundreds of studies have examined the rich and complex roles of spirituality and religion when people are faced with major life traumas and transitions.

- What do We Mean by Spiritual/Religious Coping Resources?
 - Spiritual/religious coping resources refer to concrete and specific ways people express their spirituality and religion to understand and deal with major life crises.
 - Spiritual/religious coping resources are multidimensional. They can involve thoughts (e.g., religious beliefs), behaviors (e.g., rituals, practices), emotions and experiences (e.g., mysticism, spiritual connectedness), and relationships (e.g., congregational involvement, dialogue with family and friends).
 - Spiritual/religious coping resources are designed to assist in the search for significance. First and foremost, spiritual and religious coping is aimed at facilitating the relationship with whatever may be held sacred. In addition, spiritual/religious coping resources can aid in the search for other significant goals which may be closely tied to spirituality. These include the quest for meaning, intimacy with others, control, anxiety-reduction, and life transformation.

- How do We Measure Spiritual/Religious Coping Resources?
 - The RCOPE is an instrument that has been developed to measure the broad range of spiritual/religious coping resources, serving multiple functions (for more information, see Table 1 in Measuring S/R Coping).
 - Spiritual/religious coping resources can be measured more briefly by the 7-item Positive Religious Coping subscale from the Brief RCOPE (Pargament, Feuille, & Burdzy, 2011). People respond to the following items in terms of how they coped with a recent stressor or set of stressors:
 - Looked for a stronger connection with God.

- Sought God's love and care.
 - Sought help from God in letting go of my anger.
 - Tried to put my plans into action together with God.
 - Tried to see how God might be trying to strengthen me in this situation.
 - Asked forgiveness for my sins.
 - Focused on my religion to stop worrying about my problem.

- When do People Turn to Their Spiritual/Religious Coping Resources? (for a review see Pargament, 1997, 2011)
 - Spirituality and religion are among the most common coping resources people turn to in times of stress.
 - People are more likely to draw on their spiritual/religious coping resources when these resources are more available and compelling to them as a solution to life problems.
 - People with a stronger and deeper spiritual and religious background and orienting frame of reference make more use of their faith in difficult times.
 - Minority group members, the elderly, socially and economically disadvantaged groups rely more on their faith in coping, perhaps because it is relatively more compelling to them as a solution to major life problems than other resources.
 - People are more likely to draw on their spiritual/religious coping resources when they encounter more difficult, uncontrollable life crises, perhaps because these events underscore the limits of their everyday coping resources and spiritual/religious coping resources are particularly well-suited to helping people come to terms with human limitations and finitude.

- What are the Relationships between Spiritual/Religious Coping Resources and Health and Well-Being?
 - Over 50 studies have shown significant associations between spiritual/religious coping resources and greater psychological and spiritual well-being (Ano & Vasconcelles, 2005). Spiritual/coping resources have also been linked with lower levels of depression and psychological distress, although the results are not as consistent.
 - Some cross-sectional studies have shown that spiritual/religious coping resources are associated with higher levels of psychological and physical distress. These findings may be explained by a religious coping mobilization effect in which higher levels of distress mobilize or trigger higher levels of spiritual and religious coping (see Pargament, 2011).
 - Several longitudinal studies which control for religious coping mobilization effects have found that spiritual/religious coping resources are associated with improvements in psychological and physical health functioning (e.g., Ai, Peterson, Bolling, & Rodgers, 2006; Tix & Frazier, 1998).
 - A few studies have found that spiritual/religious coping resources are more helpful to people who have fewer resources and are more religious (e.g., African Americans, elderly). A few studies have also reported that spiritual/religious coping resources are more helpful to people dealing with more stressful than less stressful life situations. These findings are consistent with the idea that spiritual/religious coping resources are especially well-designed to help people facing the limitations of their personal control (Pargament, 1997).
 - Studies have shown that spiritual/religious coping resources mediate the relationship between general spiritual and religious variables and well-being (e.g., Nooney &

Woodrum, 2002). People appear to translate their general spiritual and religious framework of beliefs and practices into specific methods of spiritual/religious coping which are most directly related to the outcomes of critical life events (Pargament, 1997).

- The links between spiritual/religious resources and physical and mental health have not been fully reducible to other psychological and social processes (Pargament, Magyar, & Murray, 2005). It seems that spiritual/religious coping resources play a distinctive role in the coping process.

- What are the Practical and Clinical Implications of Spiritual/Religious Coping Resources?
 - The research on spiritual/religious coping resources suggests that these assets can be more fully integrated into programs designed to help people facing major life trauma and transitions.
 - Practitioners could and should routinely assess spiritual/religious coping resources in their initial intake evaluations (see Pargament, 2007).
 - Practitioners could and should also encourage their clients to access their spiritual/religious coping resources in treatment.
 - A few programs have been designed to help people draw more fully on their spiritual/religious coping resources. These include programs for people dealing with cancer (Cole, 2005), women with eating disorders (Richards et al., 2006), and drug-dependent clients (Avants, Beitel, & Margolin, 2005). Results have been promising.

- References

- Ai, A. L., Peterson, C., Bolling, S. F., & Rodgers, W. (2006). Depression, faith-based coping, and short-term postoperative global functioning in adult and older patients undergoing cardiac surgery. *Journal of Psychosomatic Research, 60*, 21-28.
- Ano, G. A., & Vasconcelles, E. B. (2005). R/s coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology, 61*, 1-20.
- Avants, S. K., Beitel, M., & Margolin, A. (2005). Making the shift from “addict self” to “spiritual self”: Results from a Stage I study of Spiritual Self-Schema (3-S) therapy for the treatment of addiction and HIV risk behavior. *Mental Health, Religion, and Culture, 8*, 167-178.
- Cole, B. S. (2005). Spiritually-focused psychotherapy for people diagnosed with cancer: A pilot outcome study. *Mental Health, Religion, and Culture, 8*, 217-226.
- Nooney, J., & Woodrum, E. (2002). Religious coping and church-based social support as predictors of mental health outcomes: Testing a conceptual model. *Journal for the Scientific Study of Religion, 4*, 359-368.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Pargament, K. I., (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford Press.
- Pargament, K. I. (2011). Religion and coping: The current state of knowledge. S. Folkman (Ed.), *Oxford Handbook of stress, health, and coping* (pp. 269-288) New York: Oxford University Press.
- Pargament, K. I., Magyar, G., & Murray, N. (2005). The sacred and the search for significance: Religion as a unique process. *Journal of Social Issues, 61*, 665-687.
- Pargament, K. I., & Park, C. (1995). Merely a defense? : The variety of religious means and ends. *Journal of Social Issues, 51*, 13-32.
- Richards, P. S., Berrett, M. E., Hardman, R. K., & Eggett, D. L. (2006). Comparative efficacy of spirituality, cognitive, and emotional support groups for treating eating disorder inpatients. *Eating Disorders: Journal of Treatment and Prevention, 41*, 401-415.
- Tix, A. P., & Frazier, P. A. (1998). The use of religious coping during stressful life events: Main effects, moderation, and mediation. *Journal of Consulting and Clinical Psychology, 66*, 411-422.