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RELIGIOUS METHODS OF COPING: RESOURCES FOR THE CONSERVATION AND TRANSFORMATION OF SIGNIFICANCE

KENNETH I. PARGAMENT

Long before the rise of clinical psychology, religious thinkers and practitioners pondered the human condition, the nature of suffering, and the coming to terms with the human's lot in life. It seems strange then that psychologists have largely overlooked the answers of the religious world to these fundamental existential questions. Perhaps psychologists' peculiar neglect of religion reflects the belief that it is in some sense a competitor to psychology, vying with it for the hearts and minds of those they serve. Perhaps psychologists simply underestimate the power of religion in the lives of many people; after all, psychologists as a group tend to be far less religious than those that they study and with whom they work (Beit-Hallahmi, 1977; Shafranske, Chapter 5, this volume). Whatever the cause, psychological and religious communities have had, for the most part, little to do with each other, in spite of what they share—a commitment to personal well-being.

This chapter takes a different position: Psychologists have much to gain by learning about, learning from, and working with the religious world in the effort to promote mental health (Pargament & Maton, in press). This is not to say that religion cannot at times threaten, disrupt, or even

The material in this chapter will be presented in more extensive form in the forthcoming book *The Psychology of Religion and Coping* (Guilford Press).

destroy the things people care about most. Certainly it can. But much has already been written about the negative side of religious life. Here, I will shift focus from the negative to some of the positive psychological contributions that religion can make to coping with life's most stressful moments. To begin with, it is important to consider a few of the assumptions and key terms that will guide this discussion.

THE SEARCH FOR SIGNIFICANCE

In this chapter I assume that people are goal-directed beings, engaged in an effort to find and hold on to whatever they may define as significant in living. The capacity to envision goals and take the steps to realize them, many have argued, is one of the most distinctively human attributes (Rotter, 1954; Rychlak, 1981). However, the significance people reach toward is by no means uniform. It changes with time and circumstance, and it varies across people. Much of the richness and complexity of behavior follows from the human propensity to seek out different types of significance. That significance may be material (e.g., a house), physical (e.g., health), social (e.g., intimate relationships), psychological (e.g., meaning), or spiritual (e.g., closeness with God). Although this discussion will focus mostly on prosocial forms of significance, significance is not necessarily good; people may pursue destructive ends (e.g., drugs) as well as constructive ones.

Religion as a Search for Significance

I also assume that religion is involved in the search for significance; in fact, religion has been defined as a search for significance in ways related to the sacred (Pargament, 1992). Implicit in this definition is religion's dual role: (a) It prescribes what people should strive for, and (b) it prescribes the path people should take to reach these goals. In short, religion is concerned with both the ends and the means of significance. What makes religion unique, however, is its focus on the sacred. Unlike other personal and social institutions, the religious world wraps its search for significance in higher powers; deities; ultimacy; and the beliefs, experiences, rituals, and institutions associated with these transcendent forces. People are called religious when the sacred is a part of their deepest values and when the sacred is involved in the way they build, maintain, and change these values (Pargament, 1992). From the religious perspective, then, objects of significance are not simply "goals," and the methods to attain significance are not simply "instruments" or "tools." For example, if people are told to seek a more just world, it is not because social justice is a value in and of itself but because God has asked humankind to remake

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icant hem, (Rotward nd it avior. gnifi-(e.g., the world in the divine image of fairness and benevolence. By their association with the sacred, many seemingly secular means and ends can take on a sacred power of their own.

Conservation and Transformation: Methods of Coping for Significance

Significance is occasionally threatened by external or internal crisis and transition. These are the times that call for coping. Coping refers to the search for significance in the face of stressful life situations. In an effort to attain and maximize significance, the individual draws on one of two types of coping mechanisms: conservational or transformational.

Conservational coping involves attempts to preserve or protect significance in the face of threat, challenge, or loss. The Amish who maintain a distinctive dress, language, and way of life, the Christians who reinterpret life's trials and tribulations as opportunities to grow closer to Jesus in his suffering, or the Jewish concentration camp inmates who persisted in practicing their faith despite the imminent danger to their lives all have tried to conserve something of significance, be it a culture, a feeling of comfort and intimacy with God, or the religion itself. Conservation appears to be the first and perhaps strongest tendency in coping. Even children, Piaget (1954) once observed, "resist every new accommodation" (p. 353).

There are times, however, when people can no longer preserve or protect what they care about most deeply. It may be a bereaved parent stripped of what is most precious in his or her life; a soldier who went to war to protect freedom and democracy only to find himself or herself totally disillusioned by war's end; or an accident victim forced to abandon his or her plans for a career, marriage, and children. In each of these instances, the task of coping shifts from conservation to transformation; difficult as it may be, new sources of significance must be found to replace lost or inadequate significant objects. After a transformation of significance has taken place, the focus of coping returns once again to conservation and the protection of newfound significance. In this sense conservation and transformation are complementary, interdependent processes that help guide and sustain the person throughout the life span.

The Religion and Coping Connection

Following the tragic bombing of a federal office building in Oklahoma City in May 1995, the nation came together to mourn the victims. Religion was a central part of the process, as is shown by this newspaper account: "Lines two miles long began forming some six hours before yesterday's prayer service honoring the victims of Wednesday's blast. . . . People from throughout the region traveled to the fairgrounds arena to pay their respects. Nearby buildings and several churches with large-screen television

opened their doors as 'overflow' praying sites" (Jacobs, 1995, 3A). One woman who had come to the service has this to say: "This just isn't for the people here, it's for the people of Oklahoma. That's why I am here. It brings everyone back to God. Prayer is the answer" (Jacobs, 1995, 3A). Now, the old saying that there are no atheists in foxholes is not totally accurate. There are people who doubt or disbelieve in a higher power before and after crisis. One survivor of a concentration camp commented, "I never believed in God. Not before the Holocaust, not during my stay in the camps and not afterwards. I didn't need the Holocaust as proof of God's nonexistence. I was never in doubt that He didn't exist" (Brenner, 1980, p. 96). However, empirical evidence does indicate that religion is often intimately involved in life's most stressful moments (e.g., Bulman & Wortman, 1977; Koenig, George & Siegler, 1988; Lindenthal, Myers, Pepper, & Stein, 1970; McRae, 1984; Segall & Wykle, 1988–1989).

Several empirical studies have also shown a clear relationship between general indicators of religiousness and religious coping, and adjustment to crisis (e.g., Koenig et al., 1992; McIntosh, Silver, & Wortman, 1993; Park, Cohen, & Herb, 1990). Less clear, however, is what it is about religion that makes a difference. Measures of average church attendance, frequency of prayer, or religious commitment do not speak to the functions of religion. They also do not specify the mechanisms that affect adjustment. In times of crisis, general religious beliefs and practices have to be translated into more specific ways of coping, and it is these specific forms of religious coping that may have the most important implications for the resolution of the crisis.

Recently, investigators have begun to take a closer look at various methods of religious coping. The results have been promising. Consistent with coping theory, measures of religious coping have emerged as stronger predicators of adjustment to life crisis than general indicators of religiousness (see Pargament, 1995, for review). Moreover, as I will note later, measures of religious coping methods have been found to predict adjustment over and above the effects of nonreligious coping. In this chapter, I take a functional look at some of these religious coping methods. Specifically, I focus on a few of the many roles religion can play in the conservation and transformation of significance. Although it is important to recognize that religion can, at times, impede the coping process (in essence, making bad matters worse), my emphasis here will be on the helpful roles of religion in understanding and dealing with stressful situations.

Religious Methods of Coping for the Conservation of Significance

Philosopher Harald Höffding (1914) once wrote that "the innermost tendency of all religion, is the axiom of the conservation of value" (p. 209). Social scientists have echoed this view; religion has typically been

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nermost lue" (p. lly been described as a source of psychological and social stability. And on close inspection, religion can be found to indeed provide its members with a variety of mechanisms to help them conserve whatever is of significance in times of trouble.

Religious Prevention

One way to conserve significance is by preventing those events that pose a threat to it. Religious institutions and systems of belief and practice often serve important preventive functions. The behaviors to be avoided are clearly and unmistakably marked by religious signs that read "taboo," "profane," or "sinful." Labelled in this fashion, the problems of today—drug abuse, promiscuity, violence, and injustice—become more than misbehaviors or psychosocial disorders. They represent transgressions against the holy and carry with them heavy spiritual penalties, as the New Testament states: "For the wrath of God is revealed from heaven against all ungodliness and unrighteousness of men who hold the truth in righteousness" (Romans 1: 18).

Injunctions against these types of behaviours may be expressed through religious institutions as well as through religious beliefs. Through their clergy, leaders, and special programs, many churches and synagogues discourage their members (and, in some cases the larger community) from taking a wrong turn and encourage them to stay on the right path. For example, one survey of a congregation in a large Western city revealed that half of the churches had provided drug or alcohol education programs to their youth within the past three years (Lorch, 1987). Other congregations have been involved in preventive programming for problems ranging from homelessness, cancer, and hypertension to unemployment, divorce, and racism (see Pargament, Maton, & Hess, 1992, for a review).

Empirical evidence suggests that religious beliefs, practices, and institutions can be effective in their preventive role. For example, Seventh Day Adventists, a group that discourages the consumption of coffee and meat, have lower mortality rates from bowel, prostate, and breast cancer than the general population. In a similar vein, the Amish, who have strong sanctions against sex outside of marriage, have lower rates of cervical cancer (see Jenkins, 1992). Furthermore, religious involvement, defined and measured in a variety of ways, has been tied to a reduced risk of suicide, drug and alcohol abuse, and family breakup (see Payne, Bergin, Bielema, & Jenkins, 1992, for a review).

Religious Support

The Bible says, "They confronted me in the day of my calamity: but the Lord was my stay" (Psalms 18: 19). Not all negative events can be prevented or avoided, but religion tries to assist in the conservation of

significance after calamity strikes as well as before. Spiritual support resents one important religious conservational mechanism. The individual may look for support most directly from God (see Maton, 1989). In fact, many people report that they turn to the divine for help in crisis For example, 60% of one adult sample faced with a recent negative life event reportedly coped by putting their faith in God (McRae, 1984). In an interview study of African-American caregivers to relatives with dementia, 65% spontaneously mentioned faith and prayer as ways in which they coped with their situation (Segall & Wykle, 1988-1989). Anothe study by Shrimali and Broota (1987) illustrates how stress may activate a search for religious support and comfort. These researchers compared a group of patients in India who were about to undergo major surgery with a group about to have minor surgery and a control group. Prior to surgery the major surgery patients reported more anxiety and beliefs in God than the other two groups. Afterward, anxiety levels and beliefs in God among the major surgery patients decreased to the same level as that of the other groups.

Although other family members, friends, and associates may come and go, God can be seen as an everpresent partner, continually available for emotional assistance and guidance in times of trouble. This collaborative type of spiritual coping must be distinguished from the deferral of personal responsibility to religious authority, the style of religious coping so criticized by mental health professionals. Research indicates that people who involve God more as a partner in coping with stress have lower levels of anxiety (Schaefer & Gorsuch, 1991), better physical and mental health (McIntosh & Spilka, 1990), and greater psychosocial competence (Hatha way & Pargament, 1991; Pargament et al., 1988).

Religious support may be sought only from God but al c from the multitude of individuals and institutions associated with the divine. In 1991, there were over 545,000 clergy in the United Stat s and over 350,000 religious congregations (Jacquet & Jones, 1991). Note so than human and health service systems, religious organizations have a widely recognized right to reach out to people in times of transition and trouble. In turn, many people in distress prefer to seek help from their clergy or religious congregation than from mental health profession: Is, and many feel less social stigma in the process (Chalfant et al., 1990). Although the deepest of angers is often reserved for clergy and congregat onal members who fail to live up to the expectations of the individual in crisis (e.g., Horton, Wilkins, & Wright, 1988), there is evidence that members can derive support from clergy, fellow members, and institutional involvement as well. For example, in a study of 16 terminally ill cancer patients, Gibbs and Achterberg-Lawlis (1978) found that those who repor ed greater emotional support from their church also reported less difficulty in sleeping. In another study of members of Christian mainline churches coping with a major negative life event, reports of support from the clargy and church

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were associated with better psychological status and outcomes of the event (Pargament, et al., 1990). O'Brien (1982) investigated a sample of mostly African-American chronic dialysis patients and found that frequency of church attendance was tied to less alienation, more and better-quality interactions with others, and greater compliance with treatment. In short, religious institutions and their members appear to be significant sources of support for many people. As "vehicles for the knowledge and service of God" (Carroll, Dudley, & McKinney, 1986, p. 7), religious institutions extend the scope of religious assistance from a vertical-spiritual plane to a horizontal—interpersonal dimension.

Ritual Purification

That people occasionally transgress comes as no surprise to the religions of the world. Virtually every tradition provides mechanisms to help people find their way back to a more faithful life. Through rituals of purification, it is believed, the impurity and sinfulness associated with acts of transgression are removed and the breach between the individual and the sacred is repaired. The rituals may involve punishment, sacrifice, isolation, or repentance as well as the use of water, ashes, oil, blood, or fire. Rituals occur throughout the life cycle—from the baptismal immersion of Christian newborns, to the annual liturgy of atonement of Jews on Yom Kippur, to the final cleansing offered to unconfessed Roman Catholics in purgatory before they can enter heaven (Paden, 1988). In fact, few people go through life without participation in a purification ritual of some kind or another.

In spite of their embeddedness in the lives of many people, relatively little attention has been paid to religious rituals by psychologists and mental health professionals. However, rituals may offer one way of coping with difficult life situations. In this vein, Lilliston and Klein (1989) found that college students who reported a discrepancy between their actual selves and the selves they felt they ought to be were more likely to use religion in coping than students with less of an "actual—ought" discrepancy. They conclude that, for these people, crisis elicits an attempt "to live more fully in accord with the religion they have chosen" (pp. 8–9).

Purification rituals may serve important psychological as well as spiritual functions. The ritual of reconciliation, for instance, is nicely designed to produce feelings of relief and comfort. Tension is momentarily increased by admissions of personal shortcomings and flaws. However, when the confession is greeted with acceptance and forgiveness rather than criticism and condemnation, the individual may feel a lifting of burdens and respite from distress. Pennebaker and his colleagues have conducted a series of studies that points to the beneficial effects of confession, although not of the

specifically religious kind. In one study, they asked one group of students to write about the most traumatic event they had ever experienced and another group to write about a set of unimportant topics (Pennebaker & Beall, 1986). Those who wrote about the traumatic event were further subgrouped into those asked to describe only the facts associated with the trauma (trauma–factual), those told to describe only the emotions associated with the trauma (trauma–emotional), and those asked to write about both the facts and emotions tied to the trauma (trauma–combination). Immediately after writing about the trauma, students in the trauma-emotional and trauma-combination groups reported themselves to be the most upset. However, the same two groups also reported fewer illnesses, less illness-related restriction in activity, and fewer visits to a health center over the following six months. Confession appeared to lead to short-term upset but better physical health over the long term.

How well these findings apply to religious confession is another question. It could be argued, however, that the forgiveness offered by a religious authority would only add to the relief effect accompanying such intimate self-disclosure. Two studies of religious coping with significant negative events among church members (Pargament et al., 1990) and with the death of a close friend among college students (Park & Cohen, 1993) suggest this may be the case. Confession, participation in religious rituals, and efforts to live a better life in response to the crises were assessed in these studies through a subscale titled Religious Good Deeds. Among church members, good deeds were associated with more positive adjustment on the three measures of outcome. Among the college students, good deeds were associated with greater event-related distress but more personal growth. Preliminary as these results are, they suggest that rituals of purification may assist an individual in coming to terms with critical life experiences.

Religious Reframing

Any religion, anthropologist Clifford Geertz (1966) wrote, must provide some way to cope with "crises of interpretability," those events that profoundly shake the sense that life is meaningful or comprehensible. In fact, virtually every religious system offers its members a set of cognitive reframing mechanisms to help individuals conserve a sense of meaning in life in the face of what may seem to be senseless, unbearable, or unjust (e.g., Capps, 1990). Religious reframing may focus on the negative event, the individual, or the sacred.

Reframing the Situation. Looking back on the process of helping her parents with Alzheimer's disease, one caregiver commented: "I would not have given up this period to care for my parents for anything. There has been . . . lots of frustration. But I'm learning for the first time to take each

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her not has each day at a time. This illness is teaching me to gain strength from the Lord" (Wright, Pratt, & Schmall, 1985, p. 34). From a religious perspective, negative events may take on a new dimension and a different meaning. Painful as the situation may be, it is not senseless; rather it is part of God's plan for the individual. Perhaps the event is God's way of preventing a more terrible situation from occurring. Perhaps it is God's way of encouraging self-examination on the individual's part. Perhaps it is an opportunity for the person to grow spiritually. And surely, it is believed, God will not push the person beyond endurance. These types of religious reappraisals of the situation are not uncommon. Among groups faced with serious medical problems, attributions of the event to God's will are more common than any other explanation (Bulman & Wortman, 1977; Pargament & Sullivan, 1981). Other studies have found that those who are more religiously committed are more likely to reframe negative events as challenges and opportunities to grow than their less committed counterparts (Pargament, et al., 1992; Wright et al., 1985).

Armed with the knowledge that the event is a part of a larger divine plan and that God will not give the person more than can be handled, the individual may be more able to reaffirm and sustain the belief that life has meaning and that suffering is indeed "sufferable" (Geertz, 1966). Several studies have found this type of religious reframing of the situation to be associated with better adjustment. More specifically, attributions of negative events to God's will, God's love, or God's purpose have been related to more positive outcomes for cancer patients (Jenkins & Pargament, 1988), college students coping with the death of a loved one (Grevengoed & Pargament, 1987; Park & Cohen, 1993), and church members faced with a significant negative event (Pargament et al., 1990).

Reframing the Individual. A second form of religious reframing focuses on the person rather than on the situation. In this type of reframing, calamity and misfortune are accepted as tragedies; however, they are attributed to human forces rather than to divine ones. Consider the following explanation that a chaplain in Vietnam arrives at for the war and its suffering: "One cannot be immersed in sin and at the same time expect to feel the loving presence of God. ... God indeed checked out of our lives in Vietnam because we 'checked out' on Him" (Mahedy, 1986, p. 131). By reframing Vietnam as a spiritual problem, one brought on by people themselves, the chaplain is able to preserve his belief in a loving, caring God. The concept of Karma within Hinduism illustrates a similar reframing mechanism. According to this tradition, negative events in life are reflections of past deeds from earlier incarnations rather than punishments from God. If pain and sorrow are encountered, Hindus should look to themselves, not God, as the responsible party. At first glance, this may appear to be a particularly harsh form of coping, a process of "blaming the victims" for their woes. However, implicit in this type of reappraisal is

opportunity—chance to atone for one's sins, to purify oneself, and to achieve some kind of redemption in this life or subsequent ones. Thus, explanations of negative events in terms of human sinfulness may not necessarily be maladaptive. A few studies have been conducted on this topic (see Watson, Hood, Morris, & Hall, 1985; Watson, Morris, & Hood, 1987). For example, Dalal and Pande (1988) studied patients from India who had been hospitalized with major injuries following an accident. Most of these patients were Hindu, male, and lower middle class. Causal attributions of the accident to Karma, they found, were related to greater psychological recovery at one and three weeks after the accident.

Reframing the Sacred. The third and least common type of religious reframing involves the reappraisal of the sacred. Ordinarily, people implicate the divine in negative situations only as a last resort. And when the divine is tied to a negative event it is usually in tandem with a reframing of the person. If the event is a punishment from God, the punishment is one that is deserved rather than random or malicious. We hear this type of reframing in the advice of one woman to a friend who had recently been diagnosed with cancer: "Surely, there's something in your life which is displeasing to God. . . . You must have stepped out of His will somewhere. These things don't just happen" (Yancey, 1977, p. 13). The cost of this form of appraisal—a personal sense of sinfulness and a punitive image of God—would seem to be high. In fact, a few studies indicate that attributions of negative events to an angry or punishing God are associated with poorer outcomes (Grevengoed & Pargament, 1987; Pargament et al., 1990). The steep costs of these appraisals may account for the relatively small number of people who hold God responsible for crises in life (Bearon & Koenig, 1990; Croog & Levine, 1972; Pargament et al., 1990). For instance, one sample of heart-attack victims was less likely to attribute the illness to a punishment from God than to any other causal factor (Croog & Levine, 1972). It is important to note that the feeling of being punished by God may pass fairly quickly in the process of coping with crisis. In this regard, among those heart-attack patients who initially saw their illness as a punishment from God, only one third held a similar view 1 year later (Croog & Levine, 1972). Nevertheless, one might still wonder why people (even though few in number) would turn to such a harsh interpretation of themselves and God (even if short-lived). Negative though it may be, the notion of a punitive God allows for the possibility of some security and control in life. By living within God's laws, penalties can be avoided. Only when people transgress by stepping outside of the moral boundary will they be subject to punishment. Finally, I should note, the belief in a punitive God may be preferable to an even bleaker alternative—the idea of a world without God, one in which there is no explanation for the bad things that d to topic 987). had these

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happen and one in which life has no meaning at all. Whether it is by a reframing of the situation, the person, or the sacred, much of the power of religion is located in its capability to find meaning in those situations that confound, baffle, and shake people's most basic assumptions about the world.

Religious Methods of Coping for the Transformation of Significance

Although psychologists have generally viewed religion more as a defender of the status quo than as a force for change, if one looks carefully, one can find that religion is often a part of those times when people make the most dramatic transformation of their lives. Virtually every religious tradition provides its adherents with exemplars—from Siddhartha Gautama to Moses to Jesus Christ—who were stripped of their senses of direction only to find a new purpose in living. Accounts of religious transformation can be found today as well. Below I consider two of the ways religion is involved in this process of fundamental change: religious rites of passage and religious conversion.

Religious Rites of Passage

The human life span is punctuated by important turning points: transitions from womb to birth, from childhood to adolescence, from single to married status, and from life to death. As many writers have noted, these transitions often take on a transcendent character, eliciting feelings of uneasiness, awe, and fear as they remind people of the powerful but unseen forces moving inexorably beneath the surface of day-to-day experience. These turning points are disorienting and disconcerting, for in the shift from one status to another, old roles, expectations, and values must be given up and replaced with new ones. The religions of the world have developed a number of rites of passage that mark these critical periods, acknowledge their transcendental nature, and ease their members through the transition.

Although their content varies dramatically (from fasting and ceremonial dance to special meals and immersion in liquid), rites of passage share a basic structure, one made up of three phases: preparation and sep-

A few other religious reframing mechanisms deserve brief mention. Another form of personcentered reframing focuses on the inability of the individual to understand negative situations rather than human responsibility for these situations. Religious reframing of the sacred may also be accomplished by first splitting the sacred into the forces of good and the forces of evil and then attributing misfortune to the latter (e.g., the devil, Satan). In addition, the sacred may be reframed by redefining God's powers to intervene directly in the world. From this perspective, the divine is unable to prevent pain or erase it. Nevertheless, God feels compassion for human suffering and offers solace and hope to people in the midst of their trials.

aration, transition, and incorporation (van Gennep, 1960). Perhaps no turning point is more enveloped in religion than death, so let's briefly consider how religious rites of passage unfold for this final transition.

Even before a death occurs, many religious groups prepare the dying and their survivors for the event. Prior to a death, it is customary for the Amish to make, wash, and clean the funeral clothing for their loved ones (Bryer, 1979). Proper meditation in the last moments of life, popular Buddhist belief holds, facilitates the passage of the dying from this world to the next (Long, 1975). Final confession among Roman Catholics is said to serve a similar function. Death itself is marked through religious rituals that underscore the separation of the living from the dead and the bereaved from the rest of the community. In some traditions, the bodies of the dead are quickly removed from the home; mention of the dead is taboo; and those in grief cut their hair, wear special dress, and go into seclusion to signify their changed status (Rosenblatt, Walsh & Jackson, 1976).

Religious rites are also prominent immediately after the death, which is a period of transition—according to many faiths—between death and the afterlife. Religious funeral services commonly include prayers and rituals designed to speed the passage of the deceased into the hereafter. For example, the Islamic faith speaks of a "trial of the grave" that determines whether the dead will go to hell or paradise; to "tip the scales" of judgment in this momentous decision, Muslims traditionally whisper to the dead answers to the questions the angels may pose about their lives (Chidester, 1990). Although this type of practice may seem odd by Judeo-Christian standards, it should be noted that 71% of people in the United States believe in an afterlife (Gallup & Castelli, 1989).

Funeral ceremonies facilitate transitions for the living as well as the dead. In contrast to stereotypic views about religion as a way to deny negative events, most religious traditions encourage the bereaved to face the fact that a death has occurred. Many funeral rites—the viewing of the body, procession to the gravesite and shoveling of dirt onto the casket in the grave—force the mourner to behave publicly in ways that acknowledge rather than deny the power and weight of the moment. However, funeral ceremonies also offer solace, support, and solidarity to the bereaved as they are being confronted with the reality of death. Loved ones gather around those in mourning to soothe them and shield them from excesses of anger or despair. Clergy provide a similar function in their funeral eulogies and personal ministrations to survivors. And in the coming together of a larger group of witnesses at the funeral, the community reasserts its own solidarity in the face of the loss of one of its members (Durkheim, 1915).

The involvement of religion in death does not end with the funeral ceremony. Many religious groups provide their members with final bereavement ceremonies that symbolize the incorporation of the deceased into the afterlife (van Gennep, 1960). Memorial candles, special anniversary

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Masses, prayers for the dead, and anniversary graveside services are some of the rites offering reassurance that the loved one is now safely and securely at rest. These final ceremonies serve other purposes as well: They symbolize the end of the period of mourning, the reintegration of the bereaved into the community, and the incorporation of the spiritual essence of the departed into the lives of the survivors. It is unfortunate that within Western culture, final ceremonies have become a less common part of the mourning process. The support and sympathy, so plentiful immediately after the death, may come to an end with the funeral service; ironically, the mourners may be left to fend for themselves during the subsequent period of bereavement, a time potentially more stressful than the time of initial shock and loss. A study by Rosenblatt et al. (1976) suggests that the loss of final ceremonies may come at some cost to our culture. They studied ethnographic descriptions of 78 cultures and found that those cultures with final ceremonies reported fewer grief-related problems including physical illness, suicidal behavior, nightmares, and work-related troubles.

The involvement of religion in death illustrates the dual character of all religious rites of passage: confrontative and supportive. These rites encourage people to face the fact that an important change has taken place. Old sources of significance that gave meaning and purpose to life must be given up, and new sources of identity and value must be found. But rites of passage are not simply confrontative, they are supportive as well. The members of a religious tradition come together to remind one another than their lives are part of a greater continuity and to offer spiritual, psychological, and social reassurance and guidance at a time when significance is being transformed.

Religious Conversion

Theologians, psychologists, and sociologists have been fascinated by accounts of religious conversion for many years. In their review of the social scientific literature on this topic, Snow and Machalek (1984) noted that, although any number of definitions have been offered, "the notion of radical change remains at the core of all conceptions of conversion" (p. 169). People speak of religious conversion when fundamental change is called for, when small changes seem insufficient for the problems of living because the problem seems to be life itself. Instead, the individual seeks a transformation, or in religious language "rebirth or new life."

What precipitates a religious conversion? A history of uneasiness and stress seems to be one important factor. Several studies have shown higher levels of emotional distress (Galanter, 1980), the encounter with more major negative life events (Kox, Meeus, & Hart, 1991), and lengthier histories of tension and conflict (Deutsch, 1975; Schwartz & Kaslow, 1979) among religious converts than various nonconvert control groups. As im-

portant as stress may be, however, it is not a sufficient condition for conversion. Significant numbers of people who do not convert also report high levels of distress (e.g., Kox et al., 1991). Religious converts not only experience stress but also experience a sense of personal futility in dealing with stress. The usual attempts at coping have failed, often dramatically, and demonstrate to individuals the limits of their personal power and their own self-centered strivings. Consider, for example, the conversion account of Asa Candler, Jr. (1951), son of the founder of Coca-Cola:

One afternoon my chauffeur was driving me home. I was about three quarters drunk at the time. I was unusually troubled in my soul. Suddenly I heard a voice, just as clearly as I have ever heard anyone. . . . The voice said to me, You must get rid of your self; you must renounce your self; you must reject your self. (p. 55)

Giving up and self-surrender are terms commonly found in the narratives of religious conversion. The terms should not be confused with total helplessness or fatalism, for in the case of religious conversion, the individual has someone to surrender to—namely, the sacred. What makes a religious conversion religious is the incorporation of the sacred into the individual's identity. As a result, the convert reports a new sense of self. Listen to the words of one convert as reported by Edward Starbuck (1899), a pioneer in the study of religious conversion: "All at once light and peace came into my soul as gently as the sun coming up on a June morning. Heaven and earth seemed to meet. All was love. . . . I laughed that now I was the child of God, and the equal of any other creature. The best things in the world were for me as well as for anyone else" (p. 119)

Of course, people may come to identify with different types of sacred objects. In the case of a spiritual conversion, the self becomes identified with a higher power or spiritual force. In the case of a religious group conversion, the self attaches sacred power to a religious leader, group, or mission. Personal identity is then organized around devotion to the leader or the activities of the group. In the case of a universal conversion, the whole of humanity takes on a sacred quality, and the self becomes identified with the larger world as well as with the desire to move the world closer to an ideal transcendent vision. Leo Tolstoy, Mahatma Gandhi, and Martin Luther King, Jr. illustrate this latter type of religious conversion.

Be it a spiritual force, a religious group, or humanity, the conversion to the sacred represents a radical transformation, a response to a profound sense of uneasiness with the world, with one's own capacity to deal with the world, and with one's direction for living. Through the incorporation of the sacred into the self, these tensions may be alleviated. With self-centeredness replaced by a new source of significance and personal futility replaced by a new source of power, the religious convert feels radically

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transformed, now able to pursue newfound goals with newfound vigor (see Zinnbauer & Pargament, 1995).

Some psychologists may find this description of religious conversion overly positive, particularly in light of vivid accounts of forcible conversion of psychologically vulnerable people to cults and its negative aftereffects. In fact, some groups have been involved in misleading and coercive practices. For example, the Family of the Unification Church was widely criticized in the 1970s for its deceptive recruiting practices. Potential converts were invited to participate in seemingly nonreligious programs with titles such as "Creative Community Workshop" that served as a forum to present the principles of the Church. Furthermore, unbeknownst to the potential converts, other participants in the workshops were, in fact, members of the Church instructed to respond to any doubts or fears with affection and support. Only after the potential converts had become more committed to the group was the identity of the Church revealed (Galanter, 1989). Even stronger concerns about coercion and manipulation arise from the dramatically violent endings to the lives of members of some nonconventional religious groups (e.g., the People's Temple at Jonestown, the Branch Davidians at Waco, and the Order of the Solar Temple in Switzerland).

Alarming as these examples are, they may be the exception rather than the rule. J. Gordon Melton (1986), author of the Encyclopedia Handbook of Cults in America, argues against the notion that most religious group converts are unsuspecting victims of nonconventional groups. By virtue of their unusual appearance and practices, he notes, many groups cannot cloak their identities. Furthermore, some nonconventional groups put their potential members through several tests before they are invited to join the group, a few groups ask new recruits to sign an "informed consent" in which they acknowledge that they are participating in a church-related activity, and a few avoid efforts to recruit new members entirely. In addition, of those who attend a church-sponsored recruitment program, only a small percentage actually join. Melton points out that far from being unsuspecting, many new converts experiment with a variety of religious practices and groups before they select one to join. And most who do join a nonconventional religious group will return to their religion of origin within two years.

This is not to say that the convert does not experience personal, as well as social pressures. However, there is a difference between pressure, and coercion and deception. The perception of the convert-as-victim ignores the active dimension of coping, the fact that even within a larger field of personal and social forces, the individual continues to make choices and decisions. Rather than victims, many converts might be described as "seekers" (cf. Richardson, 1985)—people willing to experiment with radical transformation in the search for significance.

Not all psychologists share this view. Conversion has been likened to an addiction (Simmonds, 1977), a symptom of family dysfunction (Schwartz & Kaslow, 1979), and a schizophrenic decompensation (Wooten & Allen, 1983). Although there is some evidence that at least some converts show more signs of psychopathology (e.g., Witztum, Greenberg, & Buchbinder, 1990) and authoritarian tendencies (Shaver, Lenauer, & Sadd, 1980) than others, empirical studies are not entirely consistent with this negative portrait.

For example, Levine and Salter (1976) interviewed 106 converts to nine nontraditional religious groups (e.g., Hare Krishna, Divine Light, and Scientology). Asked why they remained in the group, the converts spoke of psychological and interpersonal benefits, including a sense of selfconfidence, greater calm, closer friendships, and a higher sense of purpose in living. After interviewing a random subsample of 11 members in more detail, the authors concluded: "While it could be said that many were unhappy before they joined, and a disproportionate number were manifesting psychiatric symptoms, psychiatric diagnoses could not be applied to the majority of cases" (p. 414). Galanter, R. Rabkin, J. Rabkin, and Deutsch (1979) followed a group of potential converts through a series of workshops to introduce them to the Unification Church. Those who joined reported less neurotic distress after they became affiliated than before their membership. Galanter noted that these findings could be partially attributable to the desire of converts to present their religious transformation in a positive light. However, because the distress scores of new affiliates were still greater than those of established members, Galanter suggested that long-term membership may actually be associated with a reduction in distress levels. These positive results are tempered by the finding that both long-term members and those who continued with the workshops scored lower on a measure of psychological well-being than a nonmember comparison group. On the other hand, Latkin, Hagan, Littman, and Sundberg (1987) found that members of the Rajneeshpuram community in Oregon showed less depression and greater self-esteem than the general population. Paloutzian (1981) was able to collect some psychological measures in a group of nonconverts and in samples of people who had converted to Christianity within the previous five days, the previous month, one to six months, and six months or longer. As a group, the converts reported significantly greater purpose in life than nonconverts. Moreover, fears of death sharply declined among the convert groups over the six-month period following conversion. Finally, a number of studies point to sharp declines in drug and alcohol abuse following religious group conversion (e.g., Galanter & Buckley, 1978; Robbins, 1969).

When and why religious conversion takes a dramatically dysfunctional turn are critical questions for psychological study. Nevertheless, the current literature warns against equating religious conversion with psyikened nction white conerg, & Sadd, th this

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chotic breakdown or self-destruction. Though religious conversion may not be a panacea, it is often accompanied by emotional relief, greater selfconfidence and self-control, less estrangement from others, and a clearer sense of direction in living.

THE EXTRAORDINARY POWER OF RELIGION

I hope the illustrations of these conservational and transformational coping mechanisms convey some sense of the rich and varied resources religion brings to the search for significance. However, an important question remains. Does religion add anything in the way of coping beyond what the secular world already provides its members? It could be argued that religious methods of coping are functionally redundant. After all, numerous groups apart from religious communities care deeply about prevention. Support can be gained from many sources other than spiritual and congregational ones. Religions are not the only groups that offer rites of passage, as every psychologist who has survived the trials and tribulations of graduate school can attest. Even conversion is not restricted to the religious world; people can convert to other objects as well, from political movements to psychotherapeutic orientations.

A few investigators have tested whether religious methods of coping add anything above and beyond secular approaches to coping with life stresses. For example, one study of 586 members of mainline Christian churches dealing with serious negative life events found that both religious and nonreligious forms of coping accounted for unique proportions of variance in several measures of adjustment to the events (Pargament et al., 1990). Similar results have been found in studies of high school students making the transition to college (Maton, 1989) and college students coping with the stresses of the Persian Gulf War (Pargament et al., 1994). Religion, these results suggest, adds another dimension to the coping process. But what? What's so special about religion anyway?

Part of the unique power of religion may lie in its capability to respond to so many needs in so many different ways. The abstract, symbolic, and mysterious character of most religious traditions may frustrate its adherents at times. However, it is just these qualities that allow religions to bend and flex with changing times, circumstances, and needs. In their writings, social scientists may have underestimated the diversity and flexibility of religious life. For Sigmund Freud, religion offered a shelter from destructive human impulse and a precarious world. For anthropologist Clifford Geertz, religion is largely a system that provides meaning in life. Sociologist Emile Durkheim spoke of religion as a source of social integration. Others have viewed religion primarily in terms of self-esteem, self-actualization, and personal growth. Although arguments have gone back

and forth about the most essential functions of religion, they may only obscure the more critical point: Religion serves diverse purposes in life. These purposes are not simply conservational. At times, religion is involved in transforming the character of significance. Religion offers mechanisms with the potential not only to sustain the world but also to destroy it and re-create it.

Important as the versatility of religion is, I may be sidestepping the most unique characteristic of religion. It is the sacred that makes the religious search for significance so distinctive and so potentially powerful. Seemingly secular goals can take on special significance, positive or negative, when cloaked in sacred garb; Creativity and growth become ways to fan the divine spark within, fostering social justice is said to advance God's kingdom on earth, internecine conflicts intensify when redefined as holy wars. From the religious perspective, the sacred is a goal in itself, one that cannot be reduced to other psychological or social ends. "It is the ultimate Thou whom the religious person seeks most of all" (Johnson, 1955, p. 70). Measures of spiritual motivation have been tied to distinctive attitudes and behavior (Pargament et al., 1990; Welch & Barrish, 1982).

Means as well as ends can be wrapped in the sacred as I have shown in the illustrations of religious conservation and transformation. Although these mechanisms are diverse, they offer a counterpoint to traditional secular approaches to coping. Much of everyday life is taken up with attempts to master big and little problems. Efficacy, agency, and control are guiding principles in coping, particularly in Western culture, which stresses the value of individualism and achievement. Unfortunately, however, not all problems are controllable. Faced with the insurmountable, Western culture has less to say or offer. The language of the sacred—forbearance, mystery, suffering, hope, finitude, surrender, divine purpose, and redemption—and the mechanisms of religion become more relevant here. At the risk of overexaggerating, it might be said that Western culture (and along with it psychology) helps people gain control of their lives, whereas religion helps people come to grips with the limits of their control.

In fact, several studies indicate that religious forms of coping are especially helpful to people in uncontrollable, unmanageable, or otherwise difficult situations (Bickel, 1992; Maton, 1989; Park et al., 1990; Siegel & Kuykendall, 1990; Williams, Larson, Buckler, Heckmann, & Pyle, 1991). For instance, in a 2-year longitudinal study of a community sample, Williams et al. (1991) found that attendance at religious services buffered the effects of increased numbers of undesirable life events on subsequent psychological distress. Maton (1989) reported that spiritual support was tied to less depression and greater self-esteem among those who had suffered the death of a child in the past two years. Similar relationships were not found for those whose child had died more than two years prior to the

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study. Bickel (1992), working with a sample of Presbyterian church members, found that a collaborative religious coping style buffered the effects of perceived uncontrollable stress on depression; a more self-directed coping style, alternatively, exacerbated these same effects as the perception of uncontrollable stress increased. These studies suggest that the sacred is particularly helpful in the worst of times. Vested with unlimited strength and compassion, the sacred offers a source of solace, hope, and power when other resources have been exhausted and people must look beyond themselves for help.

What's so special about religion? The extraordinary power of religion lies in the melding of the sacred with the human in the search for significance. Psychologist Paul Johnson (1955) put it more eloquently:

It is because man is a finite person with infinite possibilities that he ventures upon the religious quest. He is naturally finite, yet he learns of infinite possibilities which he cannot reach alone. . . . Religious learning is the discovery of ultimate resources to meet infinite longings of the finite spirit. (pp. 64–65)

PSYCHOLOGY AND THE RESOURCES OF RELIGION: SOME IMPLICATIONS

Underlying this chapter has been the assumption that psychologists have much to gain from looking beyond their own borders to the broader world around them. When they do, they find that religious beliefs, practices, and institutions are more alive and well than they might have guessed on the basis of their own religious commitments. Furthermore, they find that religion has the capacity to build, sustain, and rebuild human lives, individually and collectively, in many ways. And, finally, they discover a number of new opportunities for interaction between psychological and religious communities. One opportunity is to work within the religious world helping clients access their religious resources or strengthen them (e.g., Bergin, 1988; Pargament et al., 1991). Methods of religious coping could be judiciously incorporated into the process of psychotherapy. Another opportunity is to work with the religious world as partners assisting people in their search for significance. For example, mental health and religious communities have pooled their resources in collaborative attempts to solve problems of homelessness, physical illness, or mental illness (e.g., Cohen, Mowbray, Gillette, & Thompson, 1991; Eng & Hatch, 1991). A third opportunity is to draw from the religious world, creating new psychoreligious resources to help people who may or may not be involved in traditional religious life. Recent uses of ritual, forgiveness, and meditation in psychotherapy and 12-step programs illustrate some of the approaches

that draw on religious methods of coping and extend them to a larger population (e.g., Hebl & Enright, 1993; Imber-Black, Roberts & Whiting, 1988).

Interaction between psychology and religion must rest on a respect for the differences as well as the similarities between the two disciplines. Clergy should not be mistaken for psychologists. And churches and synagogues should not be mistaken for mental health centers. The missions and values of the two systems are, in important ways, distinctive. However, psychological and religious communities are joined by their commitment to the well-being of those they serve. Clearly, both groups must wrestle with the points of commonality and divergence in their visions of the world before they can work together effectively. But there may be much to gain in this process. I hope it is clear from this chapter than psychologists do not have a monopoly on helpful methods of coping, be they conservational or transformational. The same is true of the religious world. By recognizing the strengths and limitations of each tradition, both communities may multiply their own resources and enhance their value to people searching for significance.

REFERENCES

- Bearon, L. B., & Koenig, H. G. (1990). Religious cognitions and use of prayer in health and illness. Gerontologist, 30, 249-253.
- Beit-Hallahmi, B. (1977). Curiosity, doubt, and devotion: The beliefs of psychologists and the psychology of religion. In H. Malony (Ed.), Current perspectives in the psychology of religion (pp. 381–391). Grand Rapids, MI: Eerdsman.
- Bergin, A. E. (1988). Three contributions of a spiritual perspective to counseling psychotherapy, and behavior change. Counseling and Values, 33, 21–31.
- Bickel, C. (1992), Perceived stress, religious coping styles, and depressive affect. Unpublished doctoral dissertation. Loyola College, Columbia, Maryland.
- Brenner, R. R. (1980). The faith and doubt of Holocaust survivors. New York: Free Press.
- Bryer, K. B. (1979). The Amish way of death: A study of family support systems. American Psychologist, 34, 255–261.
- Bulman, R. J., & Wortman, C. B. (1977). Attributions of blame and coping in the "real world": Severe accident victims react to their lot. *Journal of Personality and Social Psychology*, 35, 353–363.
- Candler, A. G., Jr. (1951). Self-surrender. In D. W. Soper (Ed.), These found the way: Thirteen converts to Protestant Christianity (pp. 51–62). Philadelphia: Westminster.
- Capps, D. (1990). Reframing: A new method in pastoral care. Minneapolis, MN: Fortress Press.

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- Carroll, J., Dudley, C., & McKinney, W. (1986). Handbook for congregational studies. Nashville, TN: Abingdon Press.
- Chalfant, H. P., Heller, P. L., Roberts, A., Briones, D., Aguirre-Hochbaum, S., & Farr, W. (1990). The clergy as a resource for those encountering psychological distress. Review of religious Research, 31, 305–313.
- Chidester, D. (1990). Patterns of transcendence: Religion, death and dying. Belmont, CA: Wadsworth.
- Cohen, E., Mowbray, C. T., Gillette, V., & Thompson, E. (1991). Preventing homelessness: Religious organizations and housing development. *Prevention in Human Services*, 11, 169–186.
- Croog, S. H., & Levine, S. (1972). Religious identity and response to serious illness: A report on heart patients. Social Science and Medicine, 6, 17–32.
- Dalal, A. K., & Pande, N. (1988). Psychological recovery of accident victims with temporary and permanent disability. *International Journal of Psychology*, 23, 25–40.
- Deutsch, A. (1975). Observations of a sidewalk Ashram. Archives of General Psychiatry, 32, 166–175.
- Durkheim, E. (1915). The elementary forms of the religious life. New York: Free Press.
- Eng, E., & Hatch, J. W. (1991). Networking between agencies and Black churches: The lay health advisor model. *Prevention in Human Services*, 11, 123–146.
- Galanter, M. (1989). Cults: Faith healing and coercion. Oxford, England: Oxford University Press.
- Galanter, M. (1980). Psychological induction into the large-group: Findings from a modern religious sect. American Journal of Psychiatry, 137, 1574–1579.
- Galanter, M., & Buckley, P. (1978). Evangelical religion and meditation: Psychotherapeutic effects. *Journal of Nervous and Mental Disease*, 166, 685–691.
- Galanter, M., Rabkin, R., Rabkin, J., & Deutsch, A (1979). The "Moonies": A psychological study of conversion and membership in a contemporary religious sect. American Journal of Psychiatry, 136, 165–170.
- Gallup, G., Jr., & Castelli, J. (1989). The people's religion: American faith in the 90's. New York: Macmillan.
- 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.
- 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 Society for the Scientific Study of Religion, Louisville, KY.
- Hathaway, W. L., & Pargament, K. I. (1990). Intrinsic religiousness, religious coping, and psychosocial competence: A covariance structure analysis. *Journal for the Scientific Study of Religion*, 29, 423–441.

- Hebl, J. H., & Enright, R. O. (1993). Forgiveness as a psychotherapeutic goal with elderly females. *Psychotherapy*, 30, 658–667.
- Höffding, H. (1914). The philosopy of religion. London: Macmillan.
- Horton, A. L., Wilkins, M. M., & Wright, W. (1988). Women who ended abuse: What religious leaders and religion did for these victims. In A. L. Horton & J. A. Williamson (Eds.), Abuse and religion: When praying isn't enough (pp. 235–246). Lexington, MA: Lexington Books.
- Imber-Black, E., Roberts, J., & Whiting, R. (Eds.). (1988). Rituals in families and family therapy. New York: Norton and Co.
- Jacobs, D. (April 24, 1995). Service attracts overflow crowds. Toledo Blade, p. A3.
- Jacquet, C., Jr., & Jones, A. M. (1991). Yearbook of American and Canadian churches 1991. Nashville, TN: Abingdon Press.
- Jenkins, R. (1992). Toward a psychosocial conceptualization of religion as a resource in cancer care and prevention. In K. Pargament, K. Maton, & R. E. Hess (Eds.), Religion and prevention in mental health: Research, vision, and action (pp. 179–194). New York: Haworth Press.
- Jenkins, R. & Pargament, K. (1988). Cognitive appraisals in cancer patients. Social Science and Medicine, 26, 625–633.
- Johnson, P. E. (1955). Psychology of religion. Nashville, TN: Abingdon Press.
- Koenig, H. G., Cohen, H. J., Blazer, D. G., Pieper, C., Meador, K. G., Shelp, F., Goli, V., & DiPasquale, B. (1992). Religious coping and depression among elderly, hospitalized medically ill men. American Journal of Psychiatry, 149, 1693–1700.
- Koenig, H. G., George, L. K., & Siegler, I. C. (1988). The use of religion and other emotion-regulating coping strategies among older adults. *Gerontologist*, 28, 303–310.
- Kox, W., Meeus, W., & Hart, H. (1991). Religious conversion of adolescents: Testing the Lofland and Stark model of religious conversion. *Sociological Analysis*, 52, 227–240.
- Latkin, C. A., Hagan, R. A., Littman, R. A., & Sundberg, N. D. (1987). Who lives in Utopia? A brief report on the Rajneeshpuram research project. Sociological Analysis, 48, 73–81.
- Levine, S. V., & Salter, N. E. (1976). Youth and contemporary religious movements: Psychosocial findings. Canadian Psychiatric Association Journal, 21, 411–420.
- Lindenthal, J. J., Myers, J. K., Pepper, M. P., & Stein, M. S. (1970). Mental status and religious behavior. *Journal for the Scientific Study of Religion*, 9, 143-149.
- Lilliston, L., & Klein, D. G. (1989). A self-discrepancy reduction model of religious coping. Paper presented at the American Psychological Association. Boston, MA
- Long, J. B. (1975). The death that ends death in Hinduism and Buddhism. In E. Kubler-Ross (Ed.), *Death: The final stage of growth* (pp. 52–72). Englewoods Cliffs, NJ: Prentice Hall.

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- Lorch, B. R. (1987). Church youth alcohol and education programs. Journal of Religion and Health, 26(2), 106–114.
- Mahedy, W. P. (1986). Out of the night: The spiritual journey of Vietnam vets. New York: Ballantine Books.
- Maton, K. I. (1989). The stress-buffering role of spiritual support: Cross-sectional and prospective investigations. *Journal for the Scientific Study of Religion*, 28, 310–323.
- McIntosh, D. N., Silver, R. C., & Wortman, C. B. (1993). Religion's role in adjustment to a negative life event: Coping with the loss of a child. *Journal of Personality and Social Psychology*, 65, 812–821.
- McIntosh, D. N., & Spilka, B. (1990). Religion and physical health: The role of personal faith and control. In M. L. Lynn & D. O. Moberg (Eds.), Research in the social scientific study of religion (Vol. 2; pp. 167–194). Greenwich, CT: Jai Press.
- McRae, R. R. (1984). Situational determinants of coping response: Loss, threat, and challenge. *Journal of Personality and Social Psychology*, 46, 919–928.
- Melton, J. G. (1986). Encyclopedic handbook of cults in America. New York: Guilford.
- O'Brien, M. E. (1982). Religious faith and adjustment to long-term hemodialysis. Journal of Religion and Health, 21, 68-80.
- Paden, W. E. (1988). Religious worlds: The comparative study of religion. Boston: Beacon Press.
- Paloutzian, R. F. (1981). Purpose in life and value changes following conversion. Journal of Personality and Social Psychology, 11, 1153-1160.
- Pargament, K. I. (1992). Of means and ends: Religion and the search for significance. International Journal for the Psychology of Religion, 2, 201–229.
- Pargament, K. I. (1995). In the dust of our trials: Methods of religious coping with major life stressors. Paper presented at the American Psychosomatic Society, New Orleans, LA.
- Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., Van Haitsma, K. & Warren, R. (1990). God help me (I): Religious coping efforts as predicators of the outcomes to significant negative life events. American Journal of Community Psychology, 18, 793–824.
- Pargament, K. I., Falgout, K., Ensing, D. S., Reilly, B., Silverman, M., Van Haitsma, K., Olsen, H., & Warren, R. (1991). The congregation development program: Data-based consultation with churches and synagogues. *Professional Psychology: Research and Practice*, 22, 393–404.
- Pargament, K. I., Ishler, K., Dubow, E., Stanik, P., Rouiller, R., Crowe, P., Cullman, E., Albert, M., & Royster, B. J. (1994). Methods of religious coping with the Gulf War: Cross-sectional and longitudinal analyses. Journal for the Scientific Study of Religion, 33, 347–361.
- Pargament, K. I., Kennell, J., Hathaway, W., Grevengoed, 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., & Maton, K. I. (in press). Religion in American life: A community psychology perspective. In J. Rappaport & E. Seidman (Eds.), Handbook of community psychology. New York: Plenum Press.
- Pargament, K. I., Maton, K. I., & Hess, R. E. (Eds.). (1992). Religion and prevention in mental health: Research, vision and action. New York: Haworth.
- Pargament, K. I., Olsen, H., Reilly, B., Falgout, K., Ensing, D. S., & Van Haitsma, K. (1992). God help me (II): The relationship of religious orientations to religious coping with negative life events. *Journal for the Scientific Study of Religion*, 31, 504–513.
- Pargament, K. I., & Sullivan, M. (1981). Examining attributions of control across diverse personal situations: A psychosocial perspective. Paper presented at the American Psychological Association, Los Angeles.
- Park, C. L., & Cohen, L. C. (1993). Religious and nonreligious coping with the death of a friend. Cognitive Therapy and Research, 17, 561-577.
- Park, C. L., Cohen, L. C., & Herb, L. (1990). Intrinsic religiousness and religious coping as life stress moderators for Catholics versus Protestants. *Journal of Personality and Social Psychology*, 59, 562–574.
- Payne, I. R., Bergin, A. E., Bielema, K. A., & Jenkins, P. H. (1992). Review of religion and mental health: Prevention and the enhancement of psychosocial functioning. In K. I. Pargament, K. I. Maton, & R. E. Hess (Eds.), Religion and prevention in mental health: Research, vision and action (pp. 57–82). New York: Haworth.
- Pennebaker, J. W., & Beall, S. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, 95, 274–281.
- Piaget, J. (1954). The construction of reality in the child. New York: Basic Books.
- Richardson, J. (1985). The active vs. passive convert: Paradigm conflict in conversion/recruitment research. *Journal for the Scientific Study of Religion*, 24, 163–179.
- Robbins, T. (1969). Eastern mysticism and the resocialization of drug users: The Meher Baba cult. *Journal for the Scientific Study of Religion*, 8, 308–317.
- Rosenblatt, P. C., Walsh, H. P., & Jackson, D. A. (1976). Grief and mourning in cross-cultural perspective. New Haven, CT: HFAR.
- Rotter, J. B. (1954). Social learning and clinical psychology. Englewood Cliffs, NJ: Prentice Hall.
- Rychlak, J. E. (1981). Introduction to personality and psychotherapy. Boston: Houghton-Mifflin.
- Schaefer, C. A., & Gorsuch, R. L. (1991). Psychological adjustment and religiousness: The multivariate belief-motivation theory of religiousness. Journal for the Scientific Study of Religion, 20, 448–467.
- Schwartz, L. L., & Kaslow, F. W. (1979). Religious cults, the individual and the family. Journal of Marital and Family Therapy, 5, 15-26.

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- Segall, M., & Wykle, M. (1988–1989). The Black family's experience with dementia. The Journal of Applied Social Sciences, 13(1), 170–191.
- Shaver, P., Lenauer, M., & Sadd, S. (1980). Religiousness, conversion, and subjective well-being: The "healthy-minded" religion of modern American women. American Journal of Psychiatry, 137, 1563–1568.
- Shrimali, S., & Broota, K. A. (1987). Effect of surgical stress on belief in God and superstition: An in situ investigation. *Journal of Personality and Clinical Studies*, 3, 135–138.
- Siegel, J. M., & Kuykendall, D. H. (1990). Loss, widowhood, and psychological distress among the elderly. *Journal of Consulting and Clinical Psychology*, 58, 519–524.
- Simmonds, R. B. (1977). Conversion or addiction: Consequences of joining a Jesus Movement group. *American Behavioral Scientist*, 20, 909–924.
- Snow, D. A., & Machalek, R. (1984). The sociology of conversion. Annual Review of Sociology, 10, 167–190.
- Starbuck, E. D. (1899). The psychology of religion. New York: Scribner.
- van Gennep, A. (1960). The rites of passage M. B. Vizedom and G. L. Caffee, Trans. Chicago: University of Chicago Press.
- Watson, P. J., Hood, R. W., Jr., Morris, R. J., & Hall, J. R. (1985). Religiosity, sin, and self-esteem. *Journal of Psychology and Theology*, 13, 116-128.
- Watson, P. J., Morris, R. J., & Hood, R. W., Jr. (1987). Antireligious humanistic values, guilt, and self esteem. *Journal for the Scientific Study of Religion*, 26, 535–546.
- Welch, M. R., & Barrish, J. (1982). Bringing religious motivation back in: A multivariate analysis of motivational predicators of student religiosity. *Review of Religious Research*, 23, 357–369.
- Williams, D. R., Larson, D. B., Buckler, R. E., Heckmann, R. C. & Pyle, C. M. (1991). Religion and psychological distress in a community sample. *Social Science and Medicine*, 32, 1257–1262.
- Witztum, E., Greenberg, D., & Buchbinder, J. T. (1990). "A very narrow bridge": Diagnosis and management of mental illness among Bratslav Hasidim. Psychotherapy, 27, 124–131.
- Wootton, R. J., & Allen, D. F. (1983). Dramatic religious conversion and schizophrenic decompensation. Journal of Religion and Health, 22, 212-220.
- Wright, S., Pratt, C., & Schmall, V. (1985). Spiritual support for caregivers of dementia patients. *Journal of Religion and Health*, 24, 31–38.
- Yancey, P. (1977). Where is God when it hurts. Grand Rapids, MI: Zondervan.
- Zinnbauer, B., & Pargament, K. I. (1995). Spiritual Conversion: A study of religious change among college students. Paper presented at the Society for the Scientific Study of Religion in St. Louis, MO.