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Negative Life Events, Patterns of Positive and Negative Religious Coping, and Psychological Functioning

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Religious coping may or may not be adaptive depending upon whether such coping is positive or negative. We investigated the potential moderating effects of positive and negative religious coping patterns on the relationship between negative life events and psychological functioning. Questionnaires included measures of negative life events, positive and negative religious coping, and psychological functioning, and were completed by 336 adult, Protestant church members. Even after controlling for religious participation, negative events were related to increased use of positive and negative religious coping and decreased psychological functioning. Moreover, negative events and positive religious coping produced an interaction effect on depression, such that the high use of positive religious coping buffered the deleterious effects of negative events.

A growing body of research has examined how people use religious coping to deal with individual stressful events (Pargament 1997). These studies have emerged from the search for moderators of the well-known correlation between stressful negative life events and human functioning (e.g., Holmes and Rahe 1967; Cohen 1988). Whereas this correlation is consistently reported, negative events alone usually explain less than 10 percent of the variance in functioning and individuals vary widely in their response to the same event (Holahan, Moos, and Schaefer 1996).

To help explain this variance, general coping behavior has been widely investigated as a moderator of negative events' impact on functioning (e.g., Folkman and Moskowitz 2004). Religious coping in particular has also been examined, primarily by examining persons' responses to a specific event, such as the Oklahoma City bombing (Pargament et al. 1998), the death of a friend by homicide (Thompson and Vardaman 1997), medical illness (Koenig, Pargament, and Nielsen 1998), and different stressor types of threat, loss, and challenge (Bjorck and Cohen 1993; Bjorck and Klewicki 1997). Studying single events is clearly helpful but does not provide insight into religious coping's overall impact. As such, religious coping's relevance cannot readily be generalized beyond its relation to a discrete number of specific individual events investigated thus far in the literature. To address this limitation, and given the well-documented cumulative effect of stressful events over time (e.g., Rahe and Arthur 1987), we examined the role of religious coping regarding the aggregate impact of negative life events in general. In addition, we assessed both positive and negative patterns of religious coping.

Typically, religiousness has been assessed as a helpful stress buffer (Hood et al. 1996; Koenig 1998). More recently, however, the possibility that religion can also exacerbate stress has been considered. For example, in a meta-analysis of 46 empirical studies, religion, broadly defined, served as a significant stress buffer in 34 percent of the studies, but it was found to worsen stress in 4 percent (Pargament 1997). Given these findings, further research is needed to investigate how religion, and particularly religious coping, is actually used in stressful situations and why it is most often a positive factor but sometimes a negative one.

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Several recent studies (Koenig, Pargament, and Nielsen 1998; Pargament, Koenig, and Perez 2000; Pargament et al. 1998) have found that religious coping can be tied to both positive and negative outcomes. Pargament et al. (1998) distinguished between positive and negative patterns of religious coping based on the assumption that the former expresses spirituality, meaning in life, secure relationship with God, and spiritual connectedness. Such a strong religious foundation is then manifested in religious coping behaviors such as “benevolent religious reappraisals, collaborative religious coping, seeking spiritual support, spiritual connection, religious purification, seeking help from clergy or church members, religious helping, and religious forgiving” (1998:712). In contrast, negative religious coping expresses a tenuous relationship with God, a threatening view of the world, and a struggle to find meaning. This weak religious foundation is manifested in religious coping behaviors of “punitive religious reappraisals, demonic religious reappraisals, (negative) reappraisals of God’s power, spiritual discontent, self-directing religious coping, and interpersonal religious discontent” (1998:712). Pargament et al. assessed religious coping in three diverse samples: Oklahoma City church members following the Oklahoma City bombing, college students who experienced a serious negative event, and a hospital’s elderly patients. In each sample, positive religious coping showed greater prevalence over negative religious coping and the former was correlated with positive health and psychological functioning, whereas the latter was linked to negative outcomes.

Koenig, Pargament, and Nielsen (1998) also identified both positive and negative strategies in a sample of 577 medically ill, hospitalized, older adults. Negative religious coping (e.g., reappraisals of God as punishing, expressions of negative attitudes toward God, clergy, or church members, etc.) was related to poorer physical health, worse quality of life, and greater depression. Positive religious coping (e.g., collaboration with God, seeking connection with God, seeking support from clergy and church members, etc.) was related to increased mental health and life satisfaction.

As noted above, the majority of religious coping studies have focused on responses to a single stressful event (e.g., Koenig, Pargament, and Nielsen 1998; Pargament et al. 1998). Only Park, Cohen, and Herb (1990) considered religious coping in response to general stress as defined within a life events paradigm. However, their religious coping measure was only one item that did not differentiate between positive and negative patterns of religious coping, and their findings were mixed. Thus, the current study extended previous research in two ways. First, religious coping was examined with respect to the aggregate impact of negative life events rather than in response to one specific stressor. Second, both positive and negative religious coping patterns were assessed with summative scales.

No prior studies have examined how differing numbers of negative life events might interact with patterns of positive and negative religious coping. Lazarus and Folkman’s (1984) concept of reappraisal and Caplan’s (1964) classic crisis theory are both conceptually useful here. Lazarus and Folkman posited that after initially coping, persons reappraise their situation and modify their coping accordingly. Thus, as negative events increase significantly, religious persons might begin to reappraise their view of God in the face of continued stress without relief. This might involve increased negative religious coping, such as reappraising God’s love and support or reappraising an event as punishment from God. On a related note, Caplan (1964) argued that individuals encountering a stressor will first use habitual, normative coping responses. If stress continues increasing regardless, however, Caplan proposed that persons would resort to adding novel and/or trial-and-error strategies. Regarding religious coping with one event, positive strategies are common but negative strategies are not (e.g., Pargament et al. 1998), suggesting that the former are more habitual whereas the latter are more novel.

We thus hypothesized that religious coping in response to negative events would more often be positive than negative. As negative events increased, however, our second hypothesis was that negative religious coping (novel strategies such as negative reappraisals) would increase more than positive religious coping (habitual strategies); that is, we predicted that the number of negative

events would correlate more positively with negative than with positive religious coping. Third, we expected negative religious coping to be related to increased distress, while positive religious coping would be associated with decreased distress (Pargament et al. 1998; Koenig, Pargament, and Nielsen 1998). Fourth, we expected to replicate the traditional correlation between negative life events and psychological functioning. Finally, given the typically stress-buffering effects of religion in general (Hood et al. 1996), we also predicted an interaction of negative events and positive religious coping on psychological functioning. That is, we expected positive religious coping to buffer the effects of increased negative events.

METHOD

Procedure

This study was part of a larger project (e.g., Fiala, Bjorck, and Gorsuch 2002) that used a convenience sample. With permission of church leaders, 400 names were randomly culled from each of the three large ($N > 1,200$) Protestant church directories in southern California. One congregation (Missionary Baptist) was predominantly African American, and the other two churches (nondenominational and Conservative Congregational Christian Conference, respectively) were ethnically mixed. Church members were mailed questionnaire packets including a return-addressed, stamped envelope. Participation was voluntary and confidential. After two weeks, reminder postcards were mailed, and 337 responses were returned (27.1 percent return rate), with one discarded for incompleteness.

Participants

Respondents (197 women, 139 men; $M = 38.87$ years, $SD = 12.12$) were white (39.3 percent), African American (28.0 percent), Latino/a (13.7 percent), Asian American (11.0 percent), and others (8.0 percent). Family status included married (46.1 percent), single (35.1 percent), divorced (13.7 percent), widowed (3.9 percent), and others (1.2 percent). The highest level of education completed included post high school (67.9 percent), high school graduation or equivalent (26.2 percent), 10–12 years (5.7 percent), and 7–9 years (0.3 percent).

Measures

Measure presentation was counterbalanced (to control order effects) in the randomly distributed packets. Religious participation was assessed with two one-item scales: (a) participation in formal religious services; and (b) informal religious activities (e.g., Bible study, prayer, etc.). Each of these was scored on a five-point scale (1 = *once a month*, 5 = *four or more times a week*).

Life events were assessed using the 70-event Life Experience Survey (LES; Sarason, Johnson, and Siegel 1978). Participants indicated events experienced during the past year and rated each as positive, negative, or neutral. The total number of negative events served as the measure of negative events (Cohen 1988). This measure's alpha for the current sample was 0.88.

The 14-item Brief RCOPE (Pargament et al. 1998) includes two seven-item subscales assessing positive and negative religious coping, respectively. Positive items (e.g., "Sought God's love and care") include benevolent religious reappraisals, collaborative religious coping, seeking spiritual support, spiritual connection, religious purification, seeking help from clergy or members, religious helping, and religious forgiving. Negative items (e.g., "Questioned God's love for me") include punitive religious appraisals, demonic religious reappraisals, reappraisals of God's power, spiritual discontent, self-directing religious coping, and interpersonal religious discontent. Items are scored on a five-point scale (1 = *not at all*, 5 = *a great deal*), and the seven items of

each subscale are summed to produce a positive and negative religious coping score, respectively. In the current study, the Brief RCOPE immediately followed the LES, and RCOPE instructions were altered. Instead of referencing only one event, participants reported how they coped with all the negative events experienced during the past year. With this modification, alphas for Positive and Negative Religious Coping were 0.83 and 0.79, respectively.

Psychological functioning was assessed using the Satisfaction with Life Scale (SWLS; Diener et al. 1985) and the Center for Epidemiological Studies-Depressed Mood Scale (CES-D; Radloff 1977). The SWLS measures overall subjective well-being, but the CES-D measures depressive symptoms only during the past seven days. To maintain measure consistency, the CES-D time frame was changed to “the past year.” In addition, in order to achieve instructional clarity, items on all measures except the LES were transformed to a five-point response range. Alphas for the current sample for the SWLS and the CES-D were 0.82 and 0.90, respectively.

RESULTS

Means and standard deviations for variables of interest are presented in Table 1. To facilitate interpretation, all scale scores (except for negative life events on the LES) were divided by their respective number of items. This yielded total scores from 1 to 5, representing each scale’s respective anchors. In support of our first hypothesis, positive religious coping was used far more frequently than negative religious coping, $t(1,335) = 44.06, p < 0.001$.

Zero-order correlations were conducted next. As expected, negative life events were positively correlated with both negative and positive patterns of religious coping ($r_s = 0.32$ and 0.11 , respectively, both $p_s < 0.05$). Our second hypothesis that negative events would correlate more strongly with negative than with positive religious coping was assessed using Hotelling’s t test for correlated coefficients of correlation (Hotelling, as cited in Guilford 1965:190). As predicted, the former correlation ($r = 0.32$) was significantly stronger than the latter ($r = 0.11$), Hotelling’s $t(333) = 2.99, p < 0.01$. In support of our third hypothesis, negative religious coping was related to increased depression ($r = 0.51, p < 0.001$) and decreased life satisfaction ($r = -0.27, p < 0.001$), but, unexpectedly, positive religious coping was significantly related to neither. Our fourth hypothesis was supported by the significant correlations of negative events with both increased depression ($r = 0.41, p < 0.001$) and decreased life satisfaction ($r = -0.26, p < 0.001$).

Next, we conducted hierarchical canonical analyses, assessing only unique variance in order to: (a) examine the predicted interaction, and (b) to further test the above correlations while controlling for relevant covariates. First, however, depression and life satisfaction were orthogonalized (Gorsuch 1991) due to their significant intercorrelation ($r = -0.50$). As in previous studies (e.g., Bjorck et al. 2001; Fiala, Bjorck, and Gorsuch 2002; Maynard, Gorsuch, and Bjorck 2001),

TABLE 1
MEANS AND STANDARD DEVIATIONS

Variable	Means	Standard Deviations	Observed Range
Religious services participation	3.21	0.88	1.00–5.00
Religious activities participation	2.40	1.26	1.00–5.00
Negative life events	4.28	5.26	0.00–32.0
Positive religious coping	4.00	0.76	1.43–5.00
Negative religious coping	1.64	0.68	1.00–4.14
Depression	1.99	0.59	1.00–5.00
Satisfaction with life	3.18	0.86	1.00–5.00

this statistical technique produced strong positive correlations between the original variables (i.e., depression and life satisfaction) and their respective new factors (both $r_s = 0.97$).

The first omnibus hierarchical canonical analysis entered questionnaire order and religious participation (both services and activities) as covariates, followed by negative events as the predictor and positive and negative religious coping as the criteria set. This analysis was significant, $F(8,662) = 7.47, p < 0.001$. Univariate analyses revealed that, even after controlling for order, religious services and activities, and the alternate pattern of religious coping, negative events were still related to increases in both positive religious coping, $F(1,662) = 5.54, r = 0.13, p < 0.05$, and negative religious coping, $F(1,662) = 32.99, r = 0.30, p < 0.001$.

A second omnibus hierarchical analysis examined the effects of negative events, religious coping, and their interaction on psychological functioning.¹ Questionnaire order and religious participation (services and activities) were again covariates. Next, negative events were entered followed by the set of positive and negative religious coping. Then the set of two interactions between negative events and the two religious coping patterns was entered, with depression and life satisfaction as the criteria. The overall analysis was significant, $F(16,654) = 9.36, p < 0.001$. This same analysis (see Table 2) also revealed a significant main effect of negative events on both depression and life satisfaction. In addition, significant main effects for the set of two religious coping scores on both depression and life satisfaction were found. In support of our third hypothesis, univariate analyses of unique variance revealed that positive religious coping was related negatively to depression and positively to life satisfaction, $F(1,654) \geq 3.74$, both $p_s \leq 0.05$. Conversely, negative religious coping was related positively to depression and negatively to life satisfaction, $F(1,654) \geq 4.32$, both $p_s < 0.05$.

Finally, this same analysis (see Table 2) also revealed that the set of two religious coping \times negative events interactions were significant regarding depression but not life satisfaction. Univariate analyses of unique variance showed that this effect on depression was due to a significant interaction of positive religious coping and negative events, in support of our final hypothesis, $F(1,654) = 4.90, p < 0.05$. Figure 1 shows that for persons reporting high positive religious coping, the impact of negative events on depression was reduced, compared to those reporting low positive religious coping.

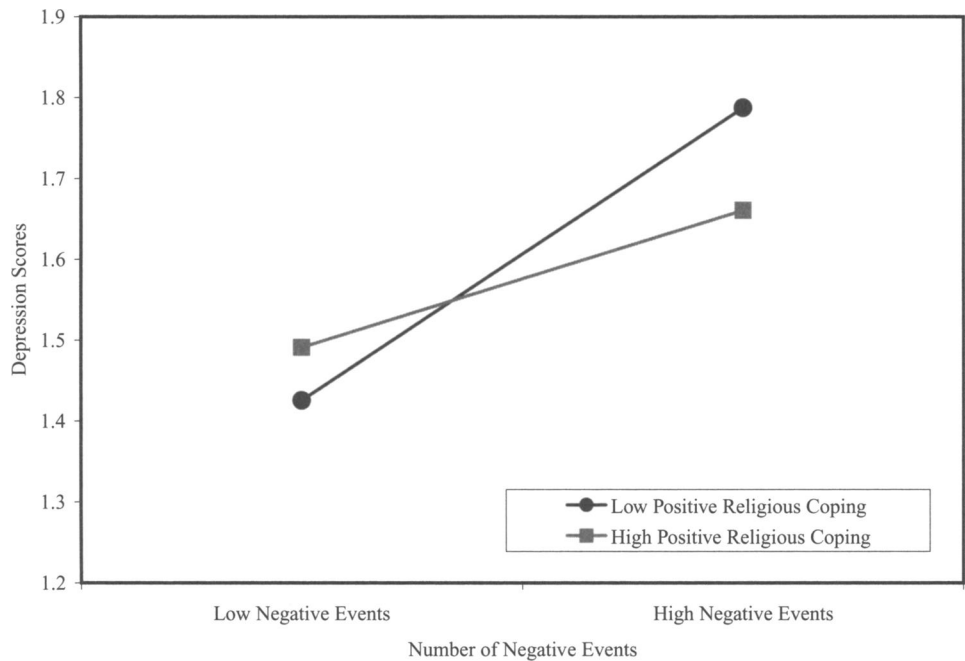
TABLE 2
HIERARCHICAL CANONICAL ANALYSIS OF NEGATIVE LIFE EVENTS,
RELIGIOUS COPING, AND THEIR INTERACTION ON DEPRESSION
AND LIFE SATISFACTION

Predictor Variable	Dependent Variables					
	Depression			Life Satisfaction		
	Beta-Weight	df1	F	Beta-Weight	df1	F
Negative life events	0.25	1	28.79***	-0.13	1	6.10**
Religious coping	0.39	2	37.14***	0.16	2	4.43**
NLE \times Religious coping	0.11	2	2.90*	0.07	2	0.75

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Notes: $df2 = 654$. Questionnaire order and religious participation (both services and activities) were entered before the predictor variables in each regression with respect to each dependent variable, thus these three variables accounted for six degrees of freedom in the omnibus analysis.

FIGURE 1
INTERACTION OF NEGATIVE LIFE EVENTS AND POSITIVE RELIGIOUS COPING ON DEPRESSION



DISCUSSION

Patterns of positive and negative religious coping have previously been identified and found to correlate with differential outcomes regarding several specific stressful events (e.g., Koenig, Pargament, and Nielsen 1998; Pargament et al. 1998). The current study shows that such differences apply to negative events in general and demonstrates the relevance of religious coping to the stressful life event paradigm (i.e., regarding all the negative stressors experienced during the past year). Several hypotheses were supported.

As predicted, participants used more positive than negative religious coping in response to general stress. Also as expected, increased negative events were related to increases in both positive and negative religious coping, and these findings remained robust even after controlling for religious participation. Prior research has shown how a single stressor such as a hospital visit, the Oklahoma City bombing, or any single event can elicit both positive and negative religious coping responses. Typically, however, stressors come not alone but in pairs or groups. The current findings suggest that as negative events accumulate, Protestant church members not only maintain, but also increase, their use of both positive and negative religious coping strategies.

Based on Caplan's (1964) crisis theory and Lazarus and Folkman's (1984) concept of reappraisal, we had also predicted that negative religious coping would increase more than positive religious coping in response to increased negative life events. This second hypothesis was supported and is similar to Koenig, Pargament, and Nielsen's (1998) report that among hospital patients, "significant relationships with poor health . . . were both more frequent and stronger for negative religious coping activities than for positive ones" (1998:517). Considering the accumulation of negative events, our results suggest that when Protestants experience more normative, lower numbers of events, they rely primarily on habitual positive religious coping strategies that they have typically found to be successful (Caplan). As negative events increase in spite of positive

religious coping, however, such persons might begin to reappraise their view of God in the face of continued stress without relief (Lazarus and Folkman). Such negative reappraisal, which is one form of negative religious coping itself, might prompt other novel trial-and-error coping strategies (Caplan), including a greater increase in negative religious coping.²

This increase in negative religious coping is likely counterproductive, given the link between such negative strategies and worse psychological functioning. Indeed, in accordance with our third hypothesis, negative religious coping in response to the past year's negative events was related to increased depression and decreased satisfaction with life, even after controlling for religious participation, negative events, and positive religious coping. Conversely, after entering religious participation, negative events, and negative religious coping as covariates, positive religious coping was negatively related to depression and positively related to life satisfaction, as expected.³ Together, these findings suggest that the differential impact of positive versus negative religious coping generalizes beyond single events (Koenig, Pargament, and Nielsen 1998; Pargament et al. 1998) and applies to the aggregate stress of negative events in general.

As our final hypothesis, we had expected positive religious coping to buffer the effects of negative events on functioning, in light of the general stress-buffering role of religion (Hood et al. 1996). This did occur specifically regarding depression. For persons reporting high positive religious coping, depression rose less in response to negative events than it did for persons reporting low positive religious coping. This suggests that positive religious coping helps to alleviate the impact of accumulating events on depression. This might be particularly true to the extent that such coping emphasizes a loving collaborative relationship with a personal God. It might also be that Protestant church members tend to view negative events as challenges, which God allows, to strengthen their faith (Park, Cohen, and Herb 1990). Indeed, one positive religious coping item described working to "see how God might be trying to strengthen me in this situation" (Pargament et al. 1998:718). Such perspective might, in turn, prompt Protestants to look for positive aspects of any stressor, resulting in greater hope and less depressive symptoms.

In contrast, negative religious coping did not interact with negative events regarding psychological functioning. Given the strong main effects for negative religious coping, however, this might imply that such negative coping strategies are linked to worse adjustment whether facing few or many life stressors. As such, our Protestant findings suggest that minimizing negative religious coping is at least as important, if not more so, than maximizing positive religious coping strategies.

The current findings should be interpreted in light of several methodological limitations. First, the study was cross-sectional, limiting causal inferences. Second, whereas examining only Protestants enables investigation of coping behaviors occurring within a particular religious tradition, this also likely reduces generalizability of findings to other traditions. Another limitation concerned the use of retrospective recall over the past year, particularly given that participants were asked to average their religious coping over multiple events. Clearly, such a tactic is subject to bias or errors in recall. Indeed, whereas some negative skew of reported collaborative positive religious coping is not uncommon (e.g., Bjorck and Cohen 1993; Pargament et al. 1998; Pargament, Koenig, and Perez. 2000), the current sample was highly negatively skewed, suggesting the possibility of some overreporting of positive religious coping.

In spite of these limitations, the current study provides further support for the importance of religious coping and the distinction between positive and negative strategies when considering accumulated stress over time (versus one specific event). Positive patterns of religious coping can be useful for buffering against the effects of increasing negative life events. Such stressful circumstances also bring with them an increased risk of more negative religious coping, which is consistently linked to poorer functioning. As such, refining the important distinction between positive and negative religious coping should be a valuable resource to psychology of religion researchers, community psychologists, pastoral counselors, and clinicians serving religious clients.

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NOTES

1. Both omnibus hierarchical analyses were repeated, adding demographic variables (gender, ethnicity, marital status, education, and age) to the existing covariates (measure order, religious service participation, and religious activities participation). All reported findings remained significant even after controlling for these eight covariates, with one exception. Whereas negative religious coping's positive relationship with depression remained significant, its negative relationship with life satisfaction was reduced to a trend ($p = 0.11$).
2. Given its inclusion of questioning items, some might suggest that Pargament et al.'s (1998) negative religious coping measure might actually be assessing religious quest orientation (Batson and Schoenrade 1991) rather than religious coping *per se*. It should be noted, however, that quest is not framed as discontent with one's held beliefs. Rather, it "involves honestly facing existential questions . . . while resisting . . . pat answers . . . [with an awareness that one] does not know, and probably never will know, the final truth . . ." (1991:417). In contrast, Pargament et al.'s (1998) negative religious coping scale items consistently reflect negative sentiments (e.g., abandonment, punishment, victimization by the Devil, etc.), consistent with the maladaptive nature of these coping reappraisals.
3. Positive religious coping was significantly related to both functioning variables after entering covariates, but the zero-order correlations were not significant. This suggests that the features of positive religious coping most salient regarding depression and life satisfaction are those aspects that are unrelated to the covariates. For example, it might be that positive religious coping behaviors focused on seeking God's care and help are more relevant to psychological functioning than coping behavior that can also simply represent religious participation (one of the covariates), such as attendance or prayer as worship.

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