

# Religious Coping Among the Religious: The Relationships Between Religious Coping and Well-Being in a National Sample of Presbyterian Clergy, Elders, and Members

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*This study examined whether the relationships between religious coping and well-being are moderated by the salience of religion to the individual's identity and social roles. As part of a national survey of Presbyterians, 1,260 clergy, 823 elders, and 735 members completed measures of demographic variables, global religiousness, life stressors, positive and negative religious coping, and well-being (positive affect, depressive affect, religious satisfaction). Our predictions were largely confirmed. First, clergy reported higher levels of positive religious coping than elders, who, in turn, indicated more positive religious coping than members. Second, positive and negative religious coping were associated with higher and lower levels of well-being respectively. Finally, positive and negative religious coping were more strongly related to well-being for clergy than for members. Furthermore, the drawbacks of negative religious coping for the clergy were not offset completely by the benefits of positive religious coping. Longitudinal studies of the longer term implications of positive and negative religious coping are clearly warranted. The results also suggest the need for supportive and educational services to help clergy draw on their religious coping resources and come to terms with their spiritual struggles.*

## INTRODUCTION

A number of empirical studies have shown a link between religiousness and psychological well-being (Bergin 1983; Gartner, Larson, and Allen 1991; Larson et al. 1992). However, the size of these effects has been modest and the effects themselves have not been found consistently across groups and contexts. The relatively small size of the relationships between religiousness and well-being may be tied, in part, to the tendency to measure religion as a global variable, one that is only distally related to the phenomenon of interest, namely, well-being. Commonly used indices of religion, such as frequency of church attendance, frequency of prayer, and self-rated religious salience, may serve any number of purposes and may relate to well-being in a number of ways.

Reviewing this literature, Pargament (1997) has called for more proximal religious measures, those that are more closely tied theoretically to well-being. In this direction, he has developed a number of measures of religious coping methods, studied religious coping in a variety of samples facing serious life stressors, and found that these indices are stronger predictors of well-being than traditionally used global religious measures.

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In their review of the literature, Ellison and Levin (1998) have noted that the relationships between religion and well-being are not equivalent across subgroups. For example, they point out that religion appears to be more closely connected to well-being among older, less educated, southern, and African-American groups. Other evidence suggests that religion may be particularly facilitative of well-being among people faced with more serious life stressors (Park, Cohen, and Herb 1990; Zuckerman, Kasl, and Ostfeld 1984). Ellison and Levin point to the need for more fine-grained studies of groups and contexts that may moderate the association between religion and well-being. This study examines the relationship between religious coping and well-being as a function of one potentially important, but relatively neglected moderating variable—the salience of religion to the individual's social role and identity.

### **Religion as a Resource for Coping**

People do not simply react in knee-jerk fashion to problems in their lives. They bring a number of resources that assist them in understanding and dealing with their life situations. From the perspective of stress and coping theory, these ways of coping are critical to understanding adjustment to life crises and well-being (e.g., Lazarus and Folkman 1984; Aldwin 1994).

In times of stress, many people look to their religion for help in coping (e.g., Ellison and Taylor 1996; Koenig, George, and Siegler 1988; Mattlin, Wethington, and Kessler 1990). In the effort to conserve what people find significant in life or transform significance when conservation is no longer possible, religion offers a variety of methods of coping (Pargament 1997). Contrary to stereotypes, these coping methods are not merely defensive, passive, emotion-focused, or forms of denial (Pargament and Park 1995). As illustrated in Table 1, they cover a full range of behaviors, emotions, cognitions, and relationships.

Empirical studies of diverse groups facing a variety of major life stressors indicate that religious coping methods have significant implications for well-being (see Pargament 1997, for a review). Not only are religious coping methods stronger predictors of the outcomes of stressful experiences than global religious measures, religious coping methods also add unique variance to the prediction of outcomes above and beyond the effects of nonreligious coping methods. In short, religious coping appears to be a dimension that holds significant implications for well-being.

Many of the studies in this area of research suggest that religion can be a positive force for physical and mental health. However, religion also has its "seamy side" (cf. Pruyser 1977), and may, potentially, exacerbate problems. For example, Pargament, Smith, Koenig, and Perez (1998) hypothesized two higher-order patterns of religious coping: one pattern made up of positive religious coping methods and the other made up of negative religious coping methods. The positive religious coping methods reflect a secure relationship with God, a belief that there is a greater meaning to be found in life, and a sense of spiritual connectedness with others. In contrast, the negative religious coping pattern involves expressions of a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle to find and conserve significance in life.

To measure these two patterns of religious coping, 14 items were taken from the RCOPE, a lengthier, comprehensive, multidimensional measure of religious coping that was designed to assess different religious functions in coping, including meaning, spirituality, comfort, intimacy, self-development, and personal transformation (Koenig, Pargament, and Nielsen 1998; Pargament, Koenig, and Perez 2000). Breadth rather than depth was the focus in the development of this brief measure of religious coping (Brief RCOPE). Each of the 14 items tapped into a different positive religious coping method (e.g., benevolent religious reappraisal, collaborative religious coping, seeking spiritual support, religious forgiveness, religious purification) or a different negative religious coping method (e.g., spiritual discontent, punishing God reappraisal, interpersonal religious discontent, reappraisal of God's powers, demonic reappraisal).

**TABLE 1**  
**ILLUSTRATIVE METHODS OF RELIGIOUS COPING**

Benevolent Religious Reappraisal:	Redefining the stressor through religion as benevolent and potentially beneficial
Punishing God Reappraisal:	Redefining the stressor as a punishment from God for the individual's sins
Demonic Reappraisal:	Redefining the stressor as the act of the Devil
Reappraisal of God's Powers:	Redefining God's powers to influence the stressful situation
Collaborative Religious Coping:	Seeking control through a partnership with God in problem solving
Deferring Religious Coping:	Passively waiting for God to control the situation
Self-Directing Religious Coping:	Seeking control through individual initiative rather than help from God
Pleading:	Pleading to God for a miracle or divine intercession
Seeking Spiritual Support:	Searching for comfort and reassurance through God's love and care
Religious Purification:	Searching for spiritual cleansing through religious actions
Spiritual Connection:	Seeking a sense of connectedness with transcendent forces
Spiritual Discontent:	Expressions of confusion and dissatisfaction with God
Seeking Support from Clergy or Members:	Searching for comfort and reassurance through the love and care of congregation members and clergy
Religious Helping:	Attempting to provide spiritual support and comfort to others
Interpersonal Religious Discontent:	Expressions of confusion and dissatisfaction with clergy or members
Religious Forgiving:	Looking to religion for help in letting go of anger, hurt, and fear associated with an offense

The Brief RCOPE was tested in three samples dealing with different life stressors: recent survivors of the Oklahoma City bombing, hospitalized medically ill, older patients coping with major illnesses, and college students dealing with major life stressors (e.g., death in the family, health-related problems) (Pargament et al. 1998). Factor analyses in each of the three samples yielded two factor solutions consistent with the hypothesized patterns of positive and negative religious coping. The two patterns were also associated with different mental health outcomes. Positive religious coping was correlated with lower levels of psychological distress, greater self-reported growth, and more positive interviewer ratings. Negative religious coping was tied to higher levels of depression, lower quality of life, more psychological symptoms, and greater callousness toward others. These findings and other studies (e.g., Pargament et al. 1998) suggest that it is important to examine the full range of religious possibilities in studies of coping; that is, the capacity of religion to ameliorate problems and the capacity of religion to make matters worse.

### **Religion as a Resource for Coping Among Clergy, Leaders, and Church Members**

Of course not everyone involves religion in the coping process. Reviewing the literature on the prevalence of religious coping, Pargament (1997) proposes that people are more likely to draw

on religious coping methods when religious beliefs and practices are a larger part of their general orientation to the world and when they perceive religion to be a compelling source of solutions to problems in living. Conversely, religious coping is unlikely when people are unfamiliar with or unable to access religious beliefs and practices and when they do not believe that religious coping methods will solve particular problems. To the degree that people integrate religion into their definition of themselves and their social roles, we would expect them to draw more fully on their religious resources in times of stress.

Clergy represent one group that should find religion especially available and compelling as a coping resource. Because of the centrality of religion to their identity, their extensive religious education, and their high levels of religious participation, clergy as a group are intimately acquainted with religious resources for problem solving. Moreover, a critical part of their role is to teach others that religion does indeed offer compelling solutions to life's problems. Some of the problems clergy face may also be at least indirectly tied to their occupation (e.g., conflict with members, social isolation) and call for religious solutions. Thus, clergy should be particularly likely to draw upon religious resources for coping with major life events. Although it would seem to be intuitively obvious that religion represents a core resource for clergy who face problems in their lives, the religious dimension has been curiously absent in studies of clergy. In a recent review of the literature on the personal functioning of pastors, Hall (1997) points to the lack of research on the spirituality of clergy. He writes: "It is critical that pastors' spiritual maturity be specifically examined since it is intricately related to their psychopathology and psychological maturity, as well as to their vocational function as spiritual leaders" (p. 250).

Clergy, however, is not the only group that defines itself in terms of a religious identity. Leaders in the church often invest a great deal of time and energy into a variety of religious tasks, from assistance in religious services and program planning to membership recruitment and building maintenance. In return, they receive honorific titles (e.g., deacon, elder, lay minister) that attest to their special position in the congregation. In contrast to clergy, church leaders are likely to define themselves by other occupational roles as well as their positions in the church. Nevertheless, religion may be central to the identity of many religious leaders, although to a lesser extent than clergy. Thus, leaders, like clergy, may draw on religious resources in coping with major stressors more often than congregation members.

Religion can be a key part of the self-definition of rank-and-file congregation members. Some congregation members can look to religion for assistance in the coping process. In this vein, one empirical study of church members found that more than 70 percent of congregation members called upon religion to cope with a stressful life event and that religious coping was a significant predictor of adjustment (e.g., Pargament et al. 1990). In short, significant numbers of clergy, leaders, and members may access religion as a resource for coping. However, we would expect higher levels of religious coping among those groups that view religion as more central to their social roles and identity.

Religious coping may have particularly important implications for the well-being of those groups that have integrated religion more fully into their self-definitions and social roles. In comparison to the average congregation member, the religious orienting systems or schemas of the clergy and, to a lesser extent, leaders are likely to be more frequently tested, more comprehensive (i.e., applied to a wider range of situations), better differentiated, and more flexible. As a result, clergy may be able to apply their religious beliefs and practices to a broader range of life events more quickly and more effectively than the general population. Relevant here is a study by McIntosh, Silver, and Wortman (1993) of parents who had lost a child to sudden infant's death syndrome. Parents who reported that religion was more important to them also engaged in more cognitive processing about the death of the child. Cognitive processing was, in turn, associated with less psychological distress and greater well-being 18 months later. Only one study has directly examined religious coping among clergy. Working with a sample of American Baptist clergy, Rodgers and Piedmont (1998) found small but significant relationships between collaborative,

deferring, and self-directing religious problem solving and measures of burnout. They did not, however, have a comparative sample from the general population.

On the other hand, spiritual struggle of the kind reflected in the negative pattern of religious coping methods may be particularly distressing to clergy. Major life events can pose threats and challenges not only to important psychological values (e.g., the sense of meaning, control, intimacy, self-esteem), but religious values as well (e.g., faith in an all-loving, all-powerful God). At times, then, the coping process involves a spiritual struggle, that is, an attempt to integrate life experiences within a religious frame of reference that seems less than adequate to the task. For clergy whose identity is so intertwined with their religious orientation, spiritual doubt and discontent are likely to be particularly distressing because they raise questions about precisely those resources and values that are most central to their lives. The same point may hold true to a lesser degree for church leaders. As Thoits (1991) has noted, beliefs, attitudes, or behaviors that are incompatible with roles that are key to personal identity can cause strain. Consistent with this argument, Krause (1994) has found that life events that impact on highly valued roles are more harmful than life events that affect less important roles. Ultimately, the process of spiritual struggle may be growthful for clergy, leading to a more mature religious perspective, but for at least the short term, it could prove to be quite painful.

### **The Present Study**

This study represents an attempt to take a more fine-grained look at the connection between religion and well-being. Rather than focus on global, distal religious variables, we consider proximal religious coping variables that are more closely related to well-being. We also consider one variable that may moderate the relationships between religious coping and well-being—the salience of religion to the individual’s social role and identity. More specifically, we compare levels of religious coping and the relationships between religious coping and well-being among three groups: clergy, church leaders, and church members. Drawing on the theoretical literature and available empirical evidence, we expect that clergy will report higher levels of positive religious coping and lower levels of negative religious coping than church leaders who will, in turn, report higher levels of positive religious coping and lower levels of negative religious coping than members. Furthermore, we predict that positive religious coping will relate most strongly and positively to the well-being of clergy, less strongly to the well-being of church leaders, and least strongly to the well-being of members. Conversely, negative religious coping should be most strongly and negatively related to the well-being of clergy, less strongly to the well-being of church leaders, and least strongly to the well-being of members.

## **METHODS**

### **Participants**

The participants in the study were three nationally representative samples of groups affiliated with the Presbyterian Church, USA: (1)  $N = 735$  rank-and-file members, (2)  $N = 823$  lay leaders of the congregation also known as “elders,”<sup>1</sup> and (3)  $N = 1,260$  clergy, who are ordained ministers of Word and Sacrament. Table 2 indicates that the respondents were largely male among clergy (80 percent); there were more female participants among members (63.2 percent); and the elders were equally divided between the sexes. The respondents were mostly Caucasian across all three samples (approximately 92 percent for members, 94 percent for clergy, and 98 percent for elders). The mean age (in years) of members, elders, and clergy was 55.62, 56.65, and 50.24, respectively. The majority of the members, elders, and clergy were married (77.5 percent for members, about 86 percent for elders, and 87 percent for clergy). The mean income range was between \$50,000–59,999 for members and clergy, and \$60,000–69,999 for elders.

**TABLE 2**  
**DESCRIPTIVE STATISTICS**

Personal Variables	Clergy (a)		Elders (b)		Members (c)		Entire Sample		Statistical Comparison
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	
Family income (range)	7.47	2.58	8.31	3.41	7.39	3.52	7.76	3.17	b > c; b > a <sup>1</sup>
Married	87.30%		86.3%		77.5%		84%		b > c; a > c <sup>1</sup>
Male	80%		50.0%		36.8%		58.4%		a > b > c <sup>1</sup>
Age (in years)	50.24	10.2	56.65	12.7	55.62	17.81	53.71	13.87	b > a; c > a <sup>1</sup>
Caucasian	94.4%		98.0%		91.8%		93.8%		b > a > c <sup>1</sup>
<b>Global Religious Variables</b>									
Bible study and Bible reading	22.68	5.18	17.65	6.38	14.74	6.72	18.95	6.89	a > b > c <sup>2</sup>
Frequency of prayer	5.6	0.73	5.09	0.96	4.92	1.18	5.25	1.0	a > b > c <sup>2</sup>
<b>Situational Variables</b>									
Number of stressful events (>1)	54.7%		45.4%		47.3%		37.8%		a > b; a > c <sup>2</sup>
Problem with children	1.5%		2.0%		1.4%		1.6%		
Problem with marriage	4.7%		5.2%		9.4%		6.2%		c > b; c > a <sup>1</sup>
Problem with own health	14.0%		19.6%		17.9%		15.2%		b > a; c > a <sup>1</sup>
Problem at work	15.0%		8.8%		11.2%		9.1%		a > b; a > c <sup>1</sup>
<b>Religious Coping</b>									
Positive religious coping	14.75	3.43	13.80	3.56	12.98	3.76	13.96	3.64	a > b > c <sup>2</sup>
Negative religious coping	4.68	1.14	4.41	1.03	4.63	1.27	4.59	1.16	a > b; c > b <sup>2</sup>
<b>Dependent Variables</b>									
Positive affect	16.63	3.38	16.81	3.34	16.38	3.75	16.61	3.48	b > c <sup>2</sup>
Depressive affect	10.77	3.41	10.12	3.32	10.57	3.74	10.52	3.49	a > b; c > b <sup>2</sup>
Religious satisfaction	3.5	0.92	3.48	0.83	3.5	0.85	3.49	0.87	

<sup>1</sup> Chi-square test was significant at 0.01 level.

<sup>2</sup> F-test was significant at 0.01 level.

## Procedure

The procedure for selecting members and elders was different from that used to select the clergy sample. The samples of members and elders were drawn in a two-stage process in 1996. Four hundred twenty five congregations were selected from the population of 11,361 congregations, based on size of congregation, through a procedure known as proportional sampling. First, the individual congregations were asked to compile a numbered alphabetical list of names of members. Then, seven random numbers for each congregation were generated and the names of members that corresponded with these random numbers were identified. The congregations were then asked to send the names and addresses of those identified members. Seventy-three percent of the congregations sent in names, yielding a total of 2,163 names. Sixty-three percent of the selected participants (members and elders) returned the first survey, which contained their background information, and were chosen as potential participants for this study.

Similarly, the sample of elders was drawn from the list of elders that was constructed for each of the sampled churches. These lists were obtained from the national offices. Using an algorithm, four or five elders currently serving on session (the congregation's governing board) were drawn from each congregation. This resulted in a list of 1,759 elders, of which 75 percent returned the first survey and became potential participants.

Two thousand five hundred thirty clergy were randomly selected from the list of active clergy kept by the national office. Of these, 74 percent returned the first survey and became potential participants. All the potential participants from the three samples were sent a second survey on "Spirituality and Health." Of these individuals, 75 percent of the 1,360 members, 79 percent of the 1,314 elders, and 76 percent of the 1,870 ministers returned the questionnaire.

After using list-wise deletion of missing values to deal with the problem of item nonresponse, the sample size in this study for the various analyses ranged from 713 to 735 cases for members, 808 to 823 cases for elders, and 1,234 to 1,260 cases for clergy.

## Measures<sup>2</sup>

The descriptive statistics of the variables involved in the analyses and further details pertaining to the sample are presented in Table 2. For a copy of the measures used in the study, please contact the first author.

### *Religious Coping*

Items from Pargament, Koenig, and Perez (2000) religious coping scale (RCOPE) were used to assess the degree to which various types of religious coping methods were involved in dealing with the most recent problem that participants had faced. Nine items were chosen from the original RCOPE scale; five items represented positive methods of religious coping and four items were chosen from the negative methods of religious coping. Participants responded to the items of the Brief RCOPE on a four-point Likert scale ranging from 0 (not at all) to 3 (a great deal). Evidence for reliability and validity of the scale is presented in the results section.

### *Well-Being*

Well-being was assessed by three measures: depressive affect, positive affect, and religious satisfaction. Depressive affect and positive affect were measured by nine items from the widely used SF-36 Health Survey (Ware and Sherbourne 1992). The SF-36 has demonstrated evidence of reliability and validity in several studies (e.g., McHorney, Ware, Rachel Lu, and Sherbourne 1994). Five items that were keyed in a negative direction (e.g., feeling downhearted and blue) were used to assess depressive affect (responses ranged from 1 (none of the time) to 6 (all of the time)). Thus, a high score on the depressed affect scale is indicative of greater psychological distress (alpha for members = 0.82, alpha for elders = 0.80, and alpha for clergy = 0.80). Four of the remaining items (e.g., feeling full of pep) were used to measure positive affect (again, responses ranged from 1 (none of the time) to 6 (all of the time)). Thus, a high score on this scale reflects greater psychological well-being (alpha for members = 0.84, alpha for elders = 0.81, and alpha for clergy = 0.85).

Prayer, intimate communication with God, lies at the core of most religious traditions (Poloma and Gallup 1991). Summary evaluations of prayer life, then, provide one indicator of religious satisfaction. In this study, participants assessed their "satisfaction with prayer life" by one item: "How satisfied are you with your prayer life?" They responded on a five-point Likert scale that ranged from 1 (very dissatisfied) to 5 (very satisfied).

### *Sociodemographic Variables*

Participants in the study provided information regarding the following demographic variables: income (coded into 14 ordinal categories, with a minimum category of “under \$10,000” and a maximum category of “over \$150,000”); marital status at the second wave of interviews (1 = “presently married” and 0 = “otherwise”); gender (1 = “men” and 0 = “women”); age (scored continuously in years); and race (1 = “white” and 0 = “otherwise”).

### *Global Religious Measures*

Two items were used to assess involvement in religious activities. Participants indicated frequency of prayer (responses ranged from 1 (never) to 6 (two or more times a day)), and responded to four questions that asked about frequency of Bible reading and Bible study (responses ranged from 1 (never) to 8 (daily/almost daily)), such as “How frequently do you engage in reading the Bible privately?” and “How frequently do you attend Bible study groups with other than family or friends?”

### *Stressor Measures*

Participants were asked to indicate whether they had faced any stressful event during the past year (responses were either 1 (yes) or 0 (no)). They were given the option of selecting five stressors (death of close family member, major financial loss, close family member suffering from a serious illness or accident, major disagreement with a close family member, and major disagreement with a close friend) that were listed in the questionnaire, as well as indicate whether they had experienced any other major problem or challenge. The total number of stressful events corresponded to the sum of these five stressors. Hence, the participants’ scores on this scale could range from 0 to 5. The respondents in the study were also asked to indicate whether the most recent problem that they had faced involved children, marriage, health, or work. Again, responses were either 1 (yes) or 0 (no).

### *Church Leadership Roles*

Clergy, elders (lay leaders), and rank-and-file church members responded to the questionnaire. Respondents were dummy coded according to their roles in the church with members serving as the comparison group.

## **RESULTS**

### **Preliminary Analyses**

#### *Confirmatory Factor Analyses*

A confirmatory factor analysis (CFA) was conducted with all nine items of the Brief RCOPE for surveys using the structural equation-modeling package, AMOS. As shown in Table 3, we specified a two-factor solution in a model in which the first five items loaded on Factor 1, which reflected positive religious coping strategies (e.g., “Thought about how my life is part of a spiritual force”), and the remaining four items loaded on Factor 2, which reflected negative religious coping methods (e.g., “Felt God was punishing me for my sins or lack of spirituality”).

The CFA model yielded a solution with an acceptable fit for all three groups ( $X^2 = 248.19$ ,  $df = 26$ ,  $p < 0.05$  for members;  $X^2 = 155.43$ ,  $df = 26$ ,  $p < 0.05$  for elders; and  $X^2 = 149.26$ ,  $df = 26$ ,  $p < 0.05$  for clergy). Typically, when fitting a model, the chi-square value should be



**TABLE 3**  
**CONFIRMATORY FACTOR ANALYSES OF THE RELIGIOUS COPING SCALES**  
**ACROSS MEMBERS, ELDERS, AND CLERGY**

Item	Members		Elders		Clergy	
	Factor 1	Factor 2	Factor 1	Factor 2	Factor 1	Factor 2
Thought about how my life is part of a spiritual force.	0.56		0.58		0.60	
Worked together with God as partners to get through this problem.	0.89		0.87		0.89	
Looked to God for strength, support, and guidance.	0.84		0.81		0.81	
Tried to find the lesson from God in this problem.	0.66		0.60		0.59	
Tried to give spiritual strength to other people.	0.60		0.53		0.49	
Felt God was punishing me for my sins or lack of spirituality.		0.49		0.47		0.40
Wondered whether God had abandoned me.		0.79		0.76		0.81
Expressed anger at God for letting this problem happen.		0.51		0.58		0.46
Questioned whether God really exists.	-0.20	0.36	-0.11	0.51		0.42

Note: Values listed are only those that had loadings greater than 0.10.

nonsignificant; however, chi-square values are very sensitive to large samples and tend to yield significant results even when the model fits the data well. Hence, we considered other goodness-of-fit modification indices. RMSEA for the solution was 0.09 for members, 0.07 for elders, and 0.05 for clergy; GFI (goodness-of-fit index) was 0.95 for members, 0.97 for elders, and 0.98 for clergy; and TLI (Tucker Lewis Index) was 0.89 for members, 0.93 for elders, and 0.94 for clergy. RMSEA values exceeding 0.10 are considered unacceptable, values of 0.05 or less are considered to be very good, and values between 0.05 and 0.10 are considered acceptable. For an acceptable fit between the model and the data, GFI and TLI values should be as close to 1 as possible. Overall, the results of the CFA were supportive of the use of this scale across all three subgroups. Confirmatory factor analyses were also performed for the entire sample with similar results. RMSEA for the entire sample was 0.07 ( $X^2 = 528.94$ ,  $df = 26$ ,  $p < 0.05$ ); GFI and TLI were 0.97 and 0.92 respectively.

Positive and negative religious coping scales for each of the three groups were created by summing the items within each factor. The alphas for the positive religious coping scale were good (alpha for members = 0.84, alpha for elders = 0.81, and alpha for clergy = 0.81). However, they were marginal for the negative religious coping scale (alpha for members = 0.61, alpha for elders = 0.66, and alpha for clergy = 0.58), perhaps reflecting the skewedness of the distribution of scores.

#### *Evidence of Incremental Validity for Religious Coping Scales*

To establish support for the incremental validity of the Brief RCOPE for surveys, hierarchical regression analyses were conducted to determine the unique variance in well-being

that was accounted for by the religious coping methods beyond the effects of demographic, global religious, and stressor measures for each of the three groups, members, elders, and clergy.

The analyses reveal that religious coping methods predicted significant amounts of variance in positive affect of members, elders, and clergy after statistically controlling for the effects of demographic, global religious, and stressor variables ( $R^2 = 0.050$  for members,  $R^2 = 0.050$  for elders,  $R^2 = 0.070$  for clergy). Religious coping methods predicted small but significant amounts of variance in depressive affect of members, elders, and clergy after statistically controlling for the effects of demographic, global religious, and stressor variables ( $R^2 = 0.030$  for members,  $R^2 = 0.050$  for elders,  $R^2 = 0.090$  for clergy). Religious coping methods also predicted significant amounts of variance in religious satisfaction of members, elders, and clergy after statistically controlling for the effects of demographic, global religious, and stressor variables ( $R^2 = 0.060$  for members,  $R^2 = 0.060$  for elders,  $R^2 = 0.060$  for clergy). Even though the amounts of variance accounted for in well-being were small, the findings were statistically significant and consistent across the groups of members, elders, and clergy. Additional analyses performed to test interactions between religious coping methods and demographic, global religious, and stressor variables were nonsignificant.

### **Descriptive Statistics and Analysis of Variance**

Descriptive statistics and statistical comparisons between clergy, elders, and members for the major study variables are presented in Table 2. As expected, clergy scored significantly higher than elders on global religiousness (Bible study, Bible reading, frequency of prayer) who, in turn, scored higher on the same measures than members. The clergy also reportedly faced a larger number of stressful events compared to members and elders. Specifically, clergy reported significantly greater problems at work than the other two groups. Members reported facing more problems related to their marriages, while elders and members indicated more health-related problems in comparison to clergy.

With respect to the dependent variables, elders reported significantly more positive affect than members. Both clergy and members reported more depressive affect than elders.

As predicted, the clergy in the study reported using significantly greater positive religious coping than elders who, in turn, reported greater positive religious coping than members. The clergy also reported significantly greater use of negative religious coping than elders. There was no statistically significant difference in the use of negative religious coping between clergy and members. Members, however, made more use of negative religious coping than elders. It should be noted that all three groups reported very low levels of use of negative religious coping methods.

### **The Relationship Between Religious Coping and Well-Being as a Function of Role**

Moderated multiple regression analyses were performed to examine whether the relationship between positive and negative religious coping methods and well-being differed across the three groups. The results of these analyses are shown in Table 4. In the first step demographic, global religious, stressor, role, and religious coping variables were entered. In the next step, the interaction terms of religious coping methods and role were added to the variables in the first equation. For all these analyses, members were used as the base/reference group. It must be noted that problems with power are a major limitation of moderated regression analyses (Aquinis 1995; Aquinis, Pierce, and Stone-Romero 1994).

The data in the second column of Table 4 indicate that, overall, the interaction of religious coping and role did not account for a statistically significant amount of variance in positive affect ( $R^2 = 0.001$ ,  $p < 0.05$ ). The data in the third and fourth columns of Table 4

**TABLE 4**  
**ESTIMATED EFFECTS OF PERSONAL, GLOBAL RELIGIOUS, STRESSOR,**  
**RELIGIOUS COPING VARIABLES, AND ROLE ON WELL-BEING OF CLERGY**  
**AND ELDERS COMPARED TO MEMBERS**

Predictors	Positive Affect	Depressive Affect	Religious Satisfaction
Total family income	0.117**	-0.090**	0.009
Present marital status	-0.050**	0.035	-0.058**
Gender	0.095**	-0.085**	0.065**
Age	0.103**	-0.202**	0.093**
Race	0.054**	-0.045**	0.038*
Frequency of prayer	0.005	0.001	0.167**
Bible reading	0.106**	-0.079**	-0.017
Number of stressful events	-0.130**	0.157**	-0.022
Positive religious coping	0.131**	-0.020	0.119**
Negative religious coping	-0.097**	0.154**	-0.037
Clergy	-0.045	0.051	-0.226
Elders	0.142	-0.099	-0.091
<b>Adjusted R square</b>	<b>0.123**</b>	<b>0.182**</b>	<b>0.093**</b>
Clergy × Positive Coping	—	—	—
	(-0.065)	(-0.099)*	(0.030)**
Elders × Positive Coping	—	—	—
	(0.053)	(-0.034)	(0.012)
Clergy × Negative Coping	—	—	—
	(-0.251)*	(0.356)**	(-0.045)
Elders × Negative Coping	—	—	—
	(-0.313)*	(0.313)*	(-0.024)
<b>Adjusted R square</b>	<b>0.124**</b>	<b>0.185**</b>	<b>0.095**</b>
<b>R square change</b>	<b>0.001</b>	<b>0.003**</b>	<b>0.002**</b>

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

Note: All values listed are standardized regression coefficients obtained at the final step. Values in parentheses are unstandardized regression coefficients obtained at the final step.

For positive affect: Nmembers = 713, Nelders = 809, Nclergy = 1,234.

For depressive affect: Nmembers = 717, Nelders = 808, Nclergy = 1,238.

For satisfaction with prayer: Nmembers = 735, Nelders = 823, Nclergy = 1,260.

indicates that the interaction of religious coping and role accounted for small but significant amounts of variance in depressive affect ( $R^2$  change = 0.003,  $p < 0.01$ ) and religious satisfaction ( $R^2$  change = 0.002,  $p < 0.01$ ). More specifically, as predicted, positive religious coping had a greater impact on reducing the depressive affect of clergy ( $b = -0.099$ ,  $p < 0.05$ ) than that of members. Furthermore, as predicted, the use of negative religious coping appeared to have a more deleterious effect on the depressive affect of clergy ( $b = 0.356$ ,  $p < 0.01$ ) as well as elders ( $b = 0.313$ ,  $p < 0.05$ ) when compared to the effect of negative religious coping on depressive affect of members. The last column in Table 4 reveals that use of positive coping had a greater impact on the religious satisfaction of clergy ( $b = 0.030$ ,  $p < 0.01$ ) than that of members.

The data presented so far indicate the magnitude of the differences in the impact of positive and negative religious coping methods on well-being across subgroups. However, it is also important to determine the absolute size of these effects within each subgroup. To arrive at these estimates,

**TABLE 5**  
**DIFFERENTIAL EFFECTS OF RELIGIOUS COPING VARIABLES**  
**ON WELL-BEING WITHIN CLERGY, ELDERS, AND MEMBERS**

	Positive Affect	Depressive Affect	Religious Satisfaction
<b>Impact of positive religious coping</b>			
Clergy	0.171**	-0.111**	0.058**
Elders	0.122**	-0.051	0.040**
Members	0.121**	-0.011	0.028**
<b>Impact of negative religious coping</b>			
Clergy	-0.588**	0.885**	-0.075**
Elders	-0.679**	0.879**	-0.056*
Members	-0.328**	0.520**	-0.029

\* $p < 0.05$ , \*\* $p < 0.01$ .

Note: All values listed are unstandardized regression coefficients.

we used the formula provided by Aiken and West (1991:124). The results of these calculations are presented in Table 5.

The first column in Table 5 shows that greater use of positive religious coping methods was associated with greater positive affect across all three subgroups ( $b = 0.171$ ,  $p < 0.01$  for clergy,  $b = 0.122$ ,  $p < 0.01$  for elders, and  $b = 0.121$ ,  $p < 0.01$  for members). The data in the second column of this table reveal that use of positive religious coping was associated with less depressive affect among clergy ( $b = -0.111$ ,  $p < 0.01$ ) whereas this relationship was nonsignificant for elders and members. The results in the third column indicate that greater use of positive religious coping was associated with higher religious satisfaction for all three groups, but particularly for clergy ( $b = 0.058$ ,  $p < 0.01$  for clergy,  $b = 0.040$ ,  $p < 0.01$  for elders, and  $b = 0.028$ ,  $p < 0.01$  for members).

In contrast, use of negative religious coping methods was associated with a decrease in positive affect in all three groups, especially for clergy and elders ( $b = -0.588$ ,  $p < 0.01$  for clergy,  $b = -0.679$ ,  $p < 0.01$  for elders, and  $b = -0.328$ ,  $p < 0.01$  members). Also, use of negative religious coping methods was related to an increase in depressive affect across all three subgroups ( $b = 0.885$ ,  $p < 0.01$  for clergy,  $b = 0.879$ ,  $p < 0.01$  for elders, and  $b = 0.520$ ,  $p < 0.01$  for members), and again, particularly for clergy and elders. Furthermore, the use of negative methods of religious coping was related to a decrease in religious satisfaction for clergy ( $b = -0.075$ ,  $p < 0.01$ ) and elders ( $b = -0.056$ ,  $p < 0.05$ ) only. This relationship was not significant for members ( $b = -0.029$ ,  $p > 0.05$ ). However, as shown in Table 4, the difference in the effect of negative religious coping on religious satisfaction between clergy and members, and between elders and members was not significant.

Viewed broadly, the results in Tables 4 and 5 indicate that use of positive religious coping methods was related to greater positive affect as well as greater religious satisfaction for all three groups, clergy, elders, and members. Moreover, positive religious coping methods appeared to be more beneficial to clergy than members in increasing their religious satisfaction. Similarly, positive religious coping methods seemed to benefit the clergy most in decreasing their depressive affect. These methods did not have a statistically significant relationship with depressive affect for elders and members. Overall, when compared with members, positive religious coping methods were more beneficial to clergy in decreasing their depressive affect and increasing their religious satisfaction.

In reviewing the results in Tables 4 and 5 with negative religious coping methods, these methods were associated with lower positive affect and greater depressive affect within each

subgroup. However, negative religious coping methods had a more deleterious effect on the depressive affect of clergy and elders than that of members. Further, the use of negative religious coping methods had a negative impact on the religious satisfaction of clergy and elders. This relationship was not significant within the subgroup of members.

Additional calculations not shown in the analyses revealed that the impact of negative religious coping methods on depressive affect and religious satisfaction did not differ between clergy and elders. Overall, negative religious coping methods were associated with increased depressive affect for all three subgroups, with the association being stronger for elders and clergy than members. It also appears that the use of negative methods of religious coping had a greater impact on the religious satisfaction of clergy and elders than members.

## DISCUSSION

Much of the research on religion and well-being has examined global aspects of religious involvement, such as frequency of prayer or religious salience, as they relate to well-being. This study took a more fine-grained look at the religion and well-being connection by focusing on one dimension of religiousness more proximal to well-being, religious coping. Religious coping was significantly associated with positive affect, depressive affect, and religious satisfaction for each of the three groups in this study, after controlling for the effects of demographic, global religious, and stressor variables. These findings are consistent with those of other studies that have shown robust connections between religious coping and indices of well-being (Pargament 1997). The findings lend further support to the value of empirical studies that focus on religious dimensions that are linked theoretically to well-being (see Mahoney et al. 1999). And the findings point to the need for research that identifies aspects of religious life that are potentially harmful as well as helpful to well-being.

This study also examined whether the relationships between religious coping and well-being are moderated by the salience of religion to the individual's identity and social roles. The results were largely supportive of the hypotheses and underscore the particular importance of religious coping for the well-being of those who define themselves by their religious roles. As predicted, clergy reported more use of positive religious coping than members. They also reported higher levels of positive religious coping than elders who, in turn, indicated more positive religious coping than members. These findings are consistent with Pargament's (1997) notion that religious coping is more common for those whose religion is a larger part of their orienting system, a more available resource for coping, and a more compelling source of solutions to life's major problems.

Interestingly, however, clergy did not differ from members in levels of negative religious coping, and, in fact, ministers indicated higher levels of negative religious coping than elders. We are not sure how to interpret this finding. It is important to keep in mind that the absolute frequency of negative religious coping was quite low in each of the three groups. Spiritual struggle was, as a rule, very uncommon in these subsamples. Other studies have also shown low levels of negative religious expressions in the face of stressful events (e.g., Croog and Levine 1972; Pargament et al. 1998). The low levels of negative religious coping may speak both to the robustness of the positive methods of religious coping as well as to the reluctance of many people to raise a critical eye toward matters as deeply valued and central to their identity as faith.

As predicted, positive and negative forms of religious coping had greater implications for the well-being of clergy than they did for the well-being of members. Apparently, those who invest more in their religion are likely to derive greater benefits from it. Positive religious coping was more strongly associated with lower depression and greater religious satisfaction for clergy than it was for members. On the other hand, those who invest more of themselves in their religion may also suffer more from it when they experience spiritual struggles. The relationships between negative religious coping and depressive affect were considerably stronger for clergy than for

members. Unfortunately, the drawbacks of negative religious coping for the clergy did not appear to be offset completely by the benefits of positive religious coping. Although the relationships between positive religious coping with depression and religious satisfaction were stronger for clergy than members, the absolute size of these relationships was smaller than that between negative religious coping and depression. These results are similar to those of Krause, Ellison, and Wulff (1998) who found that (1) reports of negative social support were more strongly related to depressive affect among clergy than church members, and (2) the effects of negative social support among clergy were not mitigated by reports of positive social support. It is also important to note that a similar but somewhat weaker pattern of results was found in our study when we compared elders to members; like clergy, but to a lesser extent, the religious coping of elders had greater implications for their well-being than did the religious coping of members. For better or worse then, it appears that religion has more significant effects for those whose roles and identities are more closely tied to religion.

Why should this be the case? Drawing on coping theory (Pargament 1997) and identity theory (Burke 1991; Thoits 1991), we suggest that clergy and, to some extent, elders may be able to apply their system of religious beliefs and practices more efficiently and effectively than church members. Clergy, in particular, typically devote considerable time and energy to religious education, reflection, and spiritual growth. Indeed, many pastors and ministers report feeling called by God into their vocation (Hood et al. 1996). Thus, professional and personal identities become inextricably linked with spiritual leadership, with being a "man or woman of God." Satisfactory role performance requires that clergy (1) offer spiritual advice and solace to persons confronting problems, (2) preach and teach religious doctrine to church members, and (3) live exemplary spiritual and personal lives (Krause et al. 1998).

Because of their investments in, and close identification with, their religious roles and religious resources, clergy and, to a lesser degree, elders may derive particular solace and comfort from religious coping efforts, especially when such coping involves the sense of a close partnership with God. On the other hand, those who encounter spiritual struggles in times of difficulty (e.g., feeling that God has abandoned them, anger at God, religious doubts) may find the coping process particularly devastating. Religious professionals and leaders might well experience such painful struggles to be fundamentally incompatible with their training and career and, thus, threatening to core aspects of their personal identity.

### **Limitations and Implications**

Several limitations should be considered in evaluating the results of this study. First, the generalizability of these findings is limited to one particular denomination. Additional research is needed to determine whether these results apply to other denominations that are characterized by different theologies, missions, organizational structures, and demographics.

Second, the magnitude of the statistical interaction effects in this study was small. Clearly, there are many factors that affect the well-being of clergy, elders, and members in addition to the interplay between religious coping and role status. However, it is important to remember that the main effects of religious coping on well-being, after controlling for other variables, were not insubstantial ( $R^2$  from 3 to 9 percent). Furthermore, the present study provided a conservative test of the hypotheses. Large effect sizes were not expected for several reasons: the fact that religious coping with one particular life stressor is likely to be only one of several factors that affects well-being; the conservative nature of the statistical analyses for testing the moderating effects of role status on the relationship between religious coping and well-being (Aquinis 1995; Aquinis, Pierce, and Stone-Romero 1994); and the Brief RCOPE provides a glimpse rather than a full picture of the roles of religion in coping. Given these constraining factors, we believe that the small but significant, theoretically meaningful interaction effects do indeed shed further light on the nature of religious coping among various religious groups. Future studies, however, might examine

religious coping with a larger sample of major life situations. Use of a more comprehensive measure of religious coping (see Koenig, Pargament, and Nielsen 1998; Pargament, Koenig, and Perez 2000) could enhance the reliability of the negative religious coping scale and help answer another important question: Does a wider range of positive religious coping methods (e.g., forgiveness, support from congregation members), in fact offset the distress associated with negative religious coping across religious groups?

Third, this study is limited by its cross-sectional design. Conceptually, it may be easy to think of religious coping enhancing or diminishing well-being. However, the design allows for other interpretations. It is possible that higher levels of positive affect, depressive affect, and religious satisfaction elicit different levels of positive and negative religious coping. Ultimately, longitudinal designs are needed to determine whether religious coping is predictive of *changes* in levels of well-being. In this vein, a few studies have found religious coping to be tied to changes in psychological adjustment (e.g., Alferi et al. 1999; Koenig et al. 1992; Pargament et al. 1994; Tix and Frazier 1998) and mortality rates (Pargament, Koenig, Tarakeshwar, and Hahn, in press).

Longitudinal studies would help answer critical questions about the longer term implications of negative religious coping. Is the spiritual struggle of the kind reported in this study a brief-lived phenomena, a temporary venting of religious confusion, frustration, and anger with few, if any, long-term implications? Or does spiritual struggle bode poorly for the individual over time as well as more immediately? Does negative religious coping represent a sign of spiritual growth, an attempt to confront and enrich one's religious world view? If so, then negative religious coping may be associated with immediate distress but longer term gains in well-being.

Even if negative religious coping is associated with only short-term distress, these results suggest that clergy may need an avenue for talking about their spiritual struggles. Ministers may feel quite uncomfortable raising doubts about their own personal faith within their congregation. They may have similar qualms about raising questions such as these with their denominational superiors. Informal clergy groups, supportive, confidential services from denominations, or spiritually sensitive psychological services may be needed to help clergy who are going through their own religious trials. Exposure to models of exemplary religious figures who have gone through spiritual struggles (e.g., Casey 1982) and education about this process within the seminary may help clergy anticipate these struggles, normalize them, and come to terms with them in the context of their evolving religious identities (see Hall 1997).

It is surprising that researchers, in their studies of the lives of clergy, have overlooked the dimension that makes this group unique—their religious and spiritual resources. The role of the clergy is indeed demanding and challenging. But ministers bring a variety of resources to their jobs, not the least of which are religious in nature. These resources play an especially important role in ameliorating or exacerbating the impact of stressful life experiences on the well-being of the clergy. The results of this study underscore the need to bring religious and spiritual resources to the center of attention in empirical studies of the clergy.

## NOTES

This paper is based on a presentation at the Society for the Scientific Study of Religion, Montreal, Canada, November 1998.

1. Church elders are elected to leadership positions by their fellow members. Although elders normally serve actively for a period of only a few years, they retain the designation of "elder" for a lifetime. This position is one of high honor and responsibility; during their period of service, elders are given extensive authority over the affairs and future direction of the local congregation (Krause et al. 1998). Consequently, laypersons choose persons they respect and admire for these positions and, while in active service, elders often invest considerable time and energy in fulfilling their duties.
2. For a copy of the measures used in the study, please contact the first author.

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