
Red Flags and Religious Coping: Identifying Some Religious Warning Signs Among People in Crisis



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This study attempts to identify some of the signs of ineffective religious involvement in coping. Drawing from a process/integration model of efficacious coping, three broad types of religious warning signs were defined and 11 subscales were developed. These subscales were administered to a group of Roman Catholic church members and two groups of college undergraduates who had experienced different types of negative life events in the past two years. Statistical analyses were conducted to determine the relationship between these subscales and measures of general mental health and event specific outcome. The theoretical and practical implications of these results are considered. © 1998 John Wiley & Sons, Inc. *J Clin Psychol* **54**: 77–89, 1998.

The relationship between religion and coping is the subject of a growing body of psychological research. For many people, religion appears to be an important resource in coping. A number of studies have found that religious beliefs, practices, and relationships are commonly involved in the process of dealing with stressful life experiences (e.g., Conway, 1985–1986; Koenig, George, & Siegler, 1988; McRae, 1984). Furthermore, different kinds of religious coping efforts have been tied to the resolution of these critical experiences (e.g., Pargament et al., 1990; Park, Cohen, & Herb, 1990; Park & Cohen, 1993). The relationship between religion and coping has been described by Pargament (1990) in three ways: religion can be part of every element of coping (e.g., appraisals, coping activities, outcomes); religion can shape the coping process; and religion can be shaped in turn by the coping process. What is less clearly understood,

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however, is the part religion plays when problems arise in coping. It is often difficult to discern whether religion is a help or hindrance to coping. For psychologists, an important question is a practical one: how do we evaluate the efficacy of religion in coping? To put it another way, how do we know whether religion is part of the problem or part of the solution when people encounter life crises? The purpose of this article is to identify warning signs of problematic religious coping.

Typically, psychologists and religionists have evaluated religious coping according to three different types of criteria: content criteria, pragmatic criteria, or process/integration criteria. The content criteria approach assumes that certain beliefs, practices, or personality traits are inherently better than others. Effective coping is assumed to be consistent across situations and time for an individual. This approach to religious coping (e.g., Fowler, 1981; Malony, 1993) has its limitations, however. It is generally better suited to identifying features of effective and ineffective religious coping only within specific religious traditions, and it is not generally sensitive to situational and social factors that affect the coping process (Folkman, 1992). To identify warning signs of problematic religious coping that are relevant across different faiths, denominations, and situations, another approach must be taken.

The pragmatic criteria approach takes the position that whatever "works" is best. The focus of this approach is on outcomes; coping activities that lead to positive outcomes are considered useful and effective, and coping activities that lead to negative outcomes are considered maladaptive (Folkman, 1992). While simple, this approach has its own limitations and may not fully capture the process of coping. It is possible to cope in meaningful ways yet still experience negative outcomes, or conversely, to happen upon good fortune and experience positive outcomes despite poor coping activities. In each case, the outcome does not necessarily reflect how well the individual has coped.

The process/integration criteria approach evaluates the efficacy of coping in terms of the degree of integration among a person's beliefs, emotions, behavior, values, his or her social system, and the demands raised by specific stressors (Folkman, 1984; Pargament, 1992). In contrast to the content criteria approach, this approach views coping as contextually specific, with each new stressful event possibly calling for a different coping response (Lazarus & Folkman, 1984). The key to effective coping has to do with how well all of these elements of the coping process are coordinated and integrated in a person's response to stressful situations (Folkman, 1992; Pargament, 1997). The limitation of this approach lies in the difficulty measuring and evaluating the complex interplay among these variables of interest.

For psychologists, the process/integration approach to evaluating coping parallels the process of psychological assessment. In forming clinical judgments, a psychologist weighs and balances a number of interrelated factors. Instead of focusing on a single trait or isolated element, the psychologist is interested in the powerful interplay among interpersonal, intrapersonal, and situational variables as they relate to adjustment and psychological health (Shea, 1988). Thus, this approach to assessing the religious coping of clients is compatible with clinical practice.

In order to capitalize on the values of the pragmatic and process/integration approaches, this study combined the two methodologies. As presented below, attention to process variables was incorporated in the conceptualization and measurement of religious coping in terms of its "means" and "ends." To capitalize on the simplicity of the pragmatic approach, these process variables were related to several outcome measures of mental health.

RELIGION AND INTEGRATION IN COPING

As discussed by Pargament (1992; 1997) coping efficacy can be viewed in terms of means and ends. People strive toward various configurations of significant ends in life such as intimacy with others, emotional comfort, closeness with God, or personal growth. They seek these

ends through a variety of means; beliefs, practices, emotions, and relationships are all part of the pathways to significant destinations. Stressful life events, however, threaten or damage the objects of greatest significance. Moreover, they create obstacles on the pathways people take to conserve significance or transform it. From the process/integration perspective, problems in coping arise not as the results of any specific means or end, but because the means and ends become uncoordinated and unbalanced. Religion can be involved in this loss of integration in coping.

Working from this process/integration perspective, three broad types or dimensions of hypothetically ineffective religious coping, defined in terms of means and ends, were used to organize and articulate specific religious warning signs. The first dimension concerns problematic ends and is labeled Wrong Direction. The second dimension, Wrong Road, involves problematic means. The third dimension, Against the Wind, describes conflict between individuals and their interpersonal and ideological systems.

Wrong Direction refers to religious involvement in goals or values that reflect an imbalance of self-concerns and concerns that go beyond oneself. Strict devotion to a particular end at the exclusion or devaluation of other values is problematic. As Pargament (1992) notes, “The search for meaning divorced from other values becomes obsessive. The desire for intimacy unmitigated by broader concerns turns into dependency and enmeshment. The commitment to a better world disconnected from other purposes in living becomes misguided and destructive” (p. 220).

The Wrong Direction dimension consists of items from three domains (See Table 1). The first domain, Self Neglect, involves an overemphasis on religious, congregational, or spiritual values to the neglect of other needs. The second domain, Self Worship, involves an overemphasis on personal goals and values to the neglect of religious and spiritual ends. The third domain, Religious Apathy, involves a religiously based de-valuation of self and others. In each case, the individual using these forms of religious coping can be seen as heading towards potential trouble.

The Wrong Road dimension (see Table 2) refers to religious coping strategies that are inappropriate to the demands of critical life events or to the specific ends sought through coping. People can take wrong turns on their quest for significance by forming faulty appraisals

Table 1. *Wrong Direction Items*

Self Neglect
<ol style="list-style-type: none"> 1. Decided to devote all of my time to my religion. 2. Realized that my own desires were trivial and that the only thing that counts is getting to heaven. 3. Decided to sacrifice my own interests and live only for God. 4. Decided to stop taking care of myself and focus only on what God wants for me. 5. Realized the world is not important to me and decided to spend all of my energies serving God.
Self Worship
<ol style="list-style-type: none"> 1. Decided to turn away from God and live life for myself alone. 2. Realized that nothing counts in the world but me, not even God. 3. Decided to look out for myself alone and no longer worry about morality. 4. Decided to start caring about me and stop caring about God. 5. Decided to reject my religious beliefs and focus only on my own pleasures.
Religious Apathy
<ol style="list-style-type: none"> 1. Lost interest in God, other people, myself, and everything else. 2. God showed me that life is pointless so I decided to give up trying. 3. Became fed up with God and the world and stopped caring about what happens. 4. Stopped caring after God showed me how futile life is. 5. Stopped caring about the things that were important to me—God, the church, and myself.

Table 2. *Wrong Road Items*

God's Punishment

1. Felt my lack of spirituality was responsible for the event.
2. Felt that I deserved to be punished by God for my bad thoughts or actions.
3. Felt the event was God's way of telling me that I had failed Him.
4. Believed that God would not have let this happen unless I created or caused it.
5. Believed God was punishing me for my sins.

Religious Passivity

1. Surrendered to God's will since nothing I could do would make a difference anyway.
2. Waited for a sign from God about what to do.
3. Let the church handle the situation for me.
4. Knew God would make the situation better if I just waited long enough.
5. Felt that without God I was totally helpless.

Religious Vengeance

1. Realized that God will punish the true sinners.
2. Asked God to make others hurt so they would know how I feel.
3. Prayed that God would punish the real sinners.
4. Believed that God will have his vengeance on those who sin.

Religious Denial

1. Wasn't upset because I believed this would bring me closer to God.
 2. Refused to feel bad because my faith teaches that there is good in everything.
 3. Wasn't bothered at all because it was God's will.
 4. Wasn't bothered at all because God has His own plan for things.
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of situations based on their religious beliefs and practices. Wrong road appraisals are not faulty because they are religious, but because they neglect other potentially appropriate explanations. An example is a man who makes an error of explanation by attributing negative life events exclusively to punitive deities, other people, or to himself (e.g., a husband believes his wife's cancer is due to his own sins) while ignoring other explanations. Another Wrong Road may involve an error of religious control, such as the mother of a child suffering from a treatable illness who refuses medical attention and relinquishes "control" of the situation exclusively to God. Still another Wrong Road may involve errors of religious moderation. Here religion is taken to excess, as in the case of fanaticism in the name of reasonable goals (Pargament, 1992; Pargament, 1997).

Items were developed to measure four types of Wrong Roads (See Table 2). It is important to recognize that these items are shorthand indicators and do not fully capture these problems. Instead, they are intended as "red flags" to warn of potentially ineffective coping. God's Punishment refers to the use of religion to punish oneself for a stressful situation. Religious Passivity describes the use of religious coping efforts that defer or externalize all of the responsibility for coping to God or the congregation. Religious Vengeance involves the use of religion to inflict pain or punishment on others. Finally, Religious Denial refers to the use of religion to deny that the stressful event had any negative consequences for oneself.

The Against the Wind dimension (see Table 3) focuses on religious conflicts with others in an individual's religious system, with God, or within the individual him/herself. Means and ends are not just personal, private constructs. They are expressed by a variety of social systems—families, congregations, and cultures. These various contexts can profoundly affect the individual's coping options and ability to cope. For example, a young woman who has been alienated from her congregation because of a recent divorce may find it difficult to turn to the church for support. It is thus important to assess religious means and ends within the various social contexts in which an individual is involved. When one's beliefs and practices do not cohere with these social systems, one could be said to be going against the wind.

Table 3. *Against the Wind Items*

Interpersonal Religious Conflict	
1.	Family or friends spoke to me about religion in a way I didn't agree with.
2.	Argued with family or friends about faith, God, and religion.
3.	Felt that the church did not support me in my time of need.
4.	Felt angry that no church members comforted me.
Conflict with Church Dogma	
1.	Disagreed with my clergy about faith, God and religion.
2.	Disagreed with the way the church wanted me to handle my situation.
3.	Disagreed with the church's view that I should accept this suffering as part of my faith.
4.	Disagreed with the way my clergy thought I should handle this situation.
5.	Disagreed with the church's view about why this event happened to me.
Anger at God	
1.	Became angry with God who let bad things happen to good people.
2.	Felt angry that God did not hear my prayers.
3.	Felt surprised that the God I loved could be so cruel.
4.	Felt God was not being fair to me.
5.	Could not forgive God for letting this event happen.
Religious Doubts	
1.	Questioned whether God really exists.
2.	Had doubts about my faith.
3.	Felt that my whole religious approach to life was thrown into confusion.
4.	Had difficulty gaining comfort from my religious beliefs.
5.	Had doubts about my religious beliefs.

Items were developed to assess four domains of the Against the Wind dimension. The first domain, Interpersonal Religious Conflict, describes the experience of religious conflict with family, friends, or fellow congregation members. The second domain, Conflict with Church Dogma, involves the experience of conflict with religious dogma as expressed by the church or the clergy. The third domain, Anger at God, refers to anger at God for the role of the deity in the negative event. The final domain, Religious Doubts, describes the experience of personal religious doubts and confusion in coping with the event.

This study attempts to identify several different kinds of religious warning signs among people in crisis. Such warning signs are not definitive indicators of problems in coping. Instead, to clergy, psychologists, and other mental health professionals who work with people under stress they might serve as "red flags;" indicates that there may be problems in the involvements of religion in coping, and that the religious dimension should be explored in greater depth. Specifically, this study was designed to develop an instrument to assess these "red flags" and to provide some initial validation for it. It was hypothesized that "red flags" would be related to negative coping outcomes such as poorer mental health (i.e., greater trait anxiety, lower self-esteem, difficulty problem solving) and negative event-specific outcomes (i.e., negative affect, poorer resolution of the event, poorer religious outcomes).

METHOD

Recruitment of Sample

A sample of 245 participants was recruited from a midwestern Roman Catholic church ($n = 49$) and from the student body of a large midwestern state university ($n = 196$). To recruit church members, a written announcement was placed in the church bulletin and a verbal announce-

ment was made during a weekend mass. The announcements included a description of the study and a statement about the confidentiality of the participants' responses to the questionnaire. Church members who had experienced a major negative life event within the past few years (i.e., an illness or injury, the death of a close family member or friend, or relationship difficulties) and who were interested in participating in the study picked up a questionnaire after the mass and returned their completed questionnaires at a weekend mass 2 weeks later.

This initial attempt at recruiting church members yielded a low response rate. Therefore, another announcement was made during a subsequent mass asking church members who had experienced a major negative life event to participate in the study. Respondents returned their questionnaires the following week at mass. Approximately 175 questionnaires were distributed to the church members during the recruitment period; a total of 49 completed questionnaires were returned.

The student subsample consisted of 196 students enrolled in introductory psychology classes at a large midwestern university. Participation was voluntary. Only students who had experienced a major negative life event within the past 2 years were invited to participate. One college student group had experienced the death of a family member or friend (CSD), and the other had experienced a personal injustice (CSU).

Description of Sample

Church Sample. Participation in the study was dependent on the church members' experience with some negative life event within the past few years. In the questionnaire, church members were asked to describe the most negative life event that had happened to them in the past 2 years. Among the negative life events described by this sample were death of a family member or friend, financial difficulties, car accident, illness, and injustice. Because of the small sample size, no specific groupings by type of negative life event were made within this sample.

The church sample was 76% female and 96% Caucasian. The mean age was 50, with ages ranging from 22 to 81. Sixty-five percent of these church respondents were married. The education level of these church respondents ranged from completion of high school (33%) to completion of a graduate degree or professional training (16%). Nearly 25% had completed some college, and nearly 27% had obtained college degrees.

Predictably, 96% of this sample were Catholic; the remaining 4% were Protestant. The reported church attendance of these respondents was fairly high: 63% reported attending church once a week, and 20% reported attending church two or more times per week. Only 16% reported attending church less than 3 times per month. The majority (76%) of these church respondents also reported that they pray in places other than the church one or more times per day. When asked to rate how religious they considered themselves to be, 55% rated themselves as more religious than average; 43% rated themselves as moderately religious; and 2% rated themselves as less religious than average. None of these respondents rated themselves as not religious at all.

Student Sample. Only students who had experienced one of two major negative life events within the past two years were recruited to participate in this study. Of the 196 respondents, 98 (50%) had experienced the death of a family member or friend, and 98 (50%) had experienced a personal injustice (e.g., an undeserved traffic ticket or exam grade). The student sample was 68% female, 89% Caucasian, and 91% single. Eighty-five percent of this group were in either their first or second year of college. The average age in this subsample was 20 with ages ranging from 18 to 54.

The reported religious affiliation of the student subsample was 44% Catholic, 43% Protestant, and 2% Jewish. The remaining 13% classified themselves as belonging either to an

“other” group or to no religious group at all. The majority of student respondents (55%) reported attending church at least two to three times per month, with a small percentage of these (8%) attending two or more times per week. The remaining student respondents reported attending church fewer than six times per year. Although the church attendance of the student sample was lower than that of the church sample, 75% of student respondents reported that they pray privately at least two times per month in places other than a church, with approximately half of these reporting prayer as often as one or more times per day outside of church. When asked to rate how religious they considered themselves to be, 34% rated themselves as more religious than average (only 4% rated themselves as very religious), 48% rated themselves as moderately religious, 13% rated themselves as less religious than average, and 5% rated themselves as not religious at all.

Measures

The respondents completed a questionnaire about how they had coped with their particular stressors. The questionnaire included the Religious Red Flags scales and other measures that were classified as either mental health measures or event-related outcome instruments (measures particularly related to the individual’s adjustment to the negative life event).

Mental health measures. Three mental health measures were used in this study. The first was Rosenberg’s (1965) 10-item measure of self-esteem. Rosenberg (1965) reported that the reliability of this scale was 92%. Also, Rosenberg reported that the scale was associated with measures of gloominess or disappointment, and depressive affect.

The second mental health measure was the trait anxiety inventory (TAI) of Spielberger, Gorsuch, and Lushene (1970). This widely used mental health measure assesses respondent’s general life anxiety. Information on its reliability, validity, and normative samples is presented in Spielberger et al. (1970).

The third mental health measure, the Behavioral Attributes of Psychosocial Competence scale (BAPC), was designed to assess the degree to which an individual has active, purposeful problem solving skills (Tyler, 1978). Data reported on the BAPC suggest that it has adequate reliability ($r = .92$) and item internal consistency, and that it is able to differentiate between exemplary and marginal groups. It has also been associated with other measures of competence.

Event-Related Outcome Instruments. Three event-related outcome instruments were used in this study. The first, Negative Affect, consists of 10-factor analytically derived items (Watson, Clark, & Tellegen, 1988). Reliability and validity data reported on this scale suggest that it is a stable, internally consistent and reliable measure which correlates highly with lengthier measures of the underlying negative mood factors (Watson, Clark, & Tellegen, 1988).

The second event-related measure, Religious Outcome, was included to assess the religious resolution of the event. This measure consists of three items that focus on “perceived changes in closeness to God, closeness to the church, and spiritual growth in response to the event” (Pargament et al., 1990, p. 806). These items were found by Pargament et al. (1990) to have high internal consistency ($\alpha = .87$). In their study, religious appraisals, religious coping activities, religious functions, and religious dispositions accounted for 37% of the variance on Religious Outcome.

The third event-related measure, General Outcome, was included to evaluate the favorableness of the specific event’s resolution (Lazarus & Folkman, 1984). This 5-item measure asked respondents to evaluate the degree to which they learned from the negative event, how well they handled their feelings, how well they handled the event itself, and how they felt about themselves after the event. These items were found by Pargament et al. (1990) to have good internal consistency ($\alpha = .79$).

RESULTS

Given that the red flag scales assess problematic coping, low item endorsements were expected. As can be seen in Table 4, the average item means on the four point Likert scales were near the low end of the possible ranges. The restriction in range of the scales could have resulted in lower estimates of internal consistency, but the scales showed satisfactory internal consistency. Cronbach's alphas for the scales ranged from .61 to .92 with most scales falling between .70 and .90. A single scale, Interpersonal Religious Conflict, was found to have a Cronbach's α of .39 for the church sample, but the alphas for the other two college samples were .76 and .61. To test the validity of these signs of ineffective religious coping, responses to the Red Flag scales were correlated with the measures of mental health and event-related outcome.

For the Wrong Direction subscales, the strongest and most consistent relationships emerged between Religious Apathy and measures of mental health and outcome. These results can be seen in Table 5. Across the three samples, greater Religious Apathy was associated with significantly lower levels of self-esteem, poorer problem solving skills, and poorer outcomes of the event. Self Worship was significantly related to poorer mental health and poorer outcomes for the college sample dealing with the death of a family member or friend (CSD). Interestingly, and contrary to our expectations, Self Neglect was generally unassociated with the mental health and outcome measures. In fact, it was significantly related to positive Religious Outcomes for all three groups and significantly related to positive Event Outcome for the CSD sample.

Results of the correlations between the Wrong Road subscales and the measures of mental health and outcome can also be found in Table 5. These data indicate that coping methods involving attributions of the event to a punishing God were generally tied to lower Self-Esteem scores and greater trait anxiety for both the church members who experienced a negative life event (church sample) and college students who experienced an unjust life events (CSU). God's Punishment was significantly associated with negative general outcome for church members and with greater negative mood for all three groups.

Table 4. *Religious Coping Scales Item Means and Standard Deviations*

	Church Sample ¹ (<i>n</i> = 49)		CSD Sample ¹ (<i>n</i> = 98)		CSU Sample ¹ (<i>n</i> = 98)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Red Flag						
Wrong Direction						
Self Neglect	1.60	.30	1.51	.28	1.30	.16
Self Worship	1.04	.02	1.17	.02	1.22	.10
Religious Apathy	1.16	.13	1.17	.06	1.20	.13
Wrong Road						
God's Punishment	1.23	.08	1.20	.08	1.31	.04
Religious Passivity	2.19	.56	2.05	.44	1.69	.39
Religious Vengeance ²	1.29	.23	1.42	.26	1.45	.20
Religious Denial ²	1.92	.19	1.86	.12	1.53	.14
Against the Wind						
Interpersonal Religious Conflict ²	1.20	.11	1.32	.16	1.31	.16
Conflict with Church Dogma	1.15	.15	1.47	.14	1.37	.06
Anger at God	1.30	.15	1.57	.19	1.41	.19
Religious Doubts	1.35	.02	1.62	.08	1.50	.07

¹*n*s vary by scale.

²Only 4 scorable items.

Table 5. Correlations of Red Flags with Mental Health and Outcome Measures

Red Flag	Sample	Mental Health Measures			Outcome Measures		
		Self-Esteem	BAPC	TAI	General Outcome	Religious Outcome	Negative Mood
Wrong Direction							
Self Neglect	Church	.11	-.01	-.23	.16	.47**	-.09
	CSD	.07	.17	-.10	.27**	.56**	-.01
	CSU	—	.12	-.01	.08	.53**	.12
Self Worship	Church	-.02	.01	.09	-.13	-.14	.13
	CSD	-.24*	-.34**	—	-.27**	-.51**	.36**
	CSU	-.07	-.20	.08	.05	-.32	.17
Religious Apathy	Church	-.46**	-.31*	.34*	-.57**	-.37**	.24
	CSD	-.25*	-.32**	-.01	-.34**	-.43**	-.43**
	CSU	-.31**	-.37**	.19	-.12	-.17	.21*
Wrong Road							
God's Punishment	Church	-.40**	-.27	.33*	-.35*	.11	.39**
	CSD	-.18	-.15	.15	-.06	-.01	.28**
	CSU	-.34**	-.27**	.32**	-.15	.03	.42**
Religious Passivity	Church	.10	-.04	-.12	-.17	.34*	.04
	CSD	.15	.22*	-.05	-.20*	.53**	-.03
	CSU	-.13	.03	.13	.05	.59**	.18
Religious Vengeance	Church	-.06	.08	-.03	.07	.28	.30*
	CSD	-.19	-.01	.07	.06	.06	.30**
	CSU	-.11	—	.03	.08	.12	.18
Religious Denial	Church	.51**	.38*	-.47**	.39**	.40**	-.39**
	CSD	.27**	.24*	-.10	.28**	.33**	-.26
	CSU	.09	.18	-.04	.21**	.47**	.02
Against the Wind							
Interpersonal							
Religious Conflict	Church	-.22	-.23	.37*	-.28	-.19	.03
	CSD	-.19	-.21*	.16	-.13	-.33**	.51**
	CSU	-.18	-.15	.10	.05	.07	.27**
Conflict with							
Church Dogma	Church	-.31*	-.17	.28	-.20	-.34*	.08
	CSD	-.20	-.21	.08	-.14	-.37**	.42**
	CSU	-.07	-.04	.04	.05	.14	.13
Anger at God	Church	-.48**	-.42*	.62**	-.46**	-.22	.46**
	CSD	-.38	-.42**	.22*	-.40**	-.32**	.57**
	CSU	-.17	-.14	.14	.05	.05	.26
Religious Doubts	Church	-.65**	-.51**	.68**	-.49**	-.25	.42**
	CSD	-.18	-.28**	.08	-.29**	-.43**	.47**
	CSU	-.19	-.23**	.16	.03	-.09	.27**

* $p < .05$; ** $p < .01$.

Religious Passivity had a mixed set of correlates; for the CSD sample it was associated with negative outcome of the event, but it was also significantly related to better problem solving skills. Interestingly this dimension was also significantly related to positive religious outcomes for all three participant samples.

Religious Vengeance was significantly correlated with negative mood for the church and CSD samples but was not related to the other mental health or outcome measures. Contrary to

our expectations, Religious Denial was generally positively associated with the mental health measures for the church and CSD samples, and was significantly associated with positive event and religious outcomes for all three samples. For church members, Religious Denial was also significantly associated with less negative mood.

Finally, with respect to the Against the Wind scales, the general pattern of results was consistent with expectations (see Table 5). The strongest and most consistent relationships emerged between Anger at God and measures of mental health and outcome. Specifically, Anger at God was significantly associated with poorer mental health and poorer outcomes for the church and CSD samples. For the church sample, Religious Doubts was significantly related to higher anxiety, and negative General Outcome. For the CSD sample, this subscale was significantly correlated with negative event and religious outcomes. And finally, all three groups showed a significant relationship between Religious Doubts and poorer problem solving skills and negative mood.

The Interpersonal Religious Conflict dimension of the Against the Wind scale was significantly associated with greater anxiety for the church members and more negative mood for the CSU sample. In addition, this subscale was significantly correlated with poorer problem solving skills, negative religious outcome, and negative mood for the CSD sample. Conflict with Church Dogma was likewise significantly associated with poorer problem solving skills, negative religious outcome, and negative mood for the CSD sample and was associated with lower self-esteem and negative religious outcome for the church members.

DISCUSSION

This study attempted to develop an instrument to assess religious warning signs of people in crisis by relating specific dimensions of problematic coping to measures of mental health and negative outcome. In general, the findings provided support for the proposed "red flag" warning signs. Interestingly though, while a number of the proposed red flag dimensions were related to negative outcomes, two dimensions were actually related to positive outcomes.

Those dimensions most clearly related to poorer mental health and event-related outcomes were Religious Apathy, God's Punishment, Anger at God, Religious Doubts, Interpersonal Religious Conflict, and Conflict with Church Dogma. Collectively, these scales appeared to capture a tension between individuals and their religious worlds. Religiously based apathy and inappropriate self-condemnation, doubts about one's religious beliefs, and feeling at odds with God and one's religious system were correlated with problems in the resolution of negative life experiences.

The process/integration model of coping may explain these results. As indicated before, the efficacy of coping is related to the degree to which a person's beliefs, emotions, relationships and values are integrated in their response to specific stressors. The red flag dimensions that were related to negative outcomes were precisely those which indicated a lack of such integration; individuals reported a religiously based loss of values, conflicts in relationships with others and with God, doubts and confusion about their belief systems, and strong feelings of anger at God. In response to specific stressors, these respondents had their religious worlds shaken, and their attempts at efficacious coping were compromised.

In contrast, two dimensions were unexpectedly related to positive outcomes. The Self Neglect and Religious Denial dimensions were in several instances associated with better mental health and event outcomes. In the theoretical conceptualization of these red flags, it was hypothesized that they would represent problematic overcommitment to religious life at the expense of personal needs. There are a few possible explanations for the unexpected results.

The first explanation is that these scales were incorrectly conceptualized as problematic. Perhaps it is the psychologist's misconception to characterize sacrificing oneself in favor of

religion and deferring individual responsibility to God or the church as a problem. When investigated empirically, these domains appear to correlate with positive outcomes. Psychologists' universal insistence on individuality, personal autonomy, and active coping may therefore be mistakenly narrow and restrictive.

A second explanation is that respondents attributed a different and more benign meaning to the items on these two dimensions than was intended by the researchers. It is possible that the red flag items may have been interpreted differently by different people. For example, it may be the case that those who endorsed the Self-Neglect item that "the world is not important to me and I decided to spend all of my energies serving God" were attempting to convey a feeling that God is now more important to them than their worldly concerns. This is a much different meaning than a rejection of the world altogether, or a schizoid withdrawal from one's environment. A potential problem of meaning is also apparent in the Religious Denial scale. The items on this scale were intended to assess a defensive denial of distress, but upon closer examination it appears that many of the items may be seen as religious reappraisals of the event. The item "I wasn't upset because I believed this would bring me closer to God" may have been endorsed by those who were able to reframe their experiences positively and feel closer to God. Again, this is a different meaning than a neurotic denial of pain or a complete denial of the event itself. In fact, the single item that indicated denial of the event was endorsed so infrequently that it dropped out of the item analysis of the scale.

This explanation points to the benefit of using multiple methodologies in the validation of new scales. Qualitative or hermeneutic approaches (e.g., Guba & Lincoln, 1989; Mishler, 1986) may be helpful in future investigations with this instrument in that they are sensitive to issues of meaning and interpretation. In much the same way that clinicians can investigate the client's meaning for a particular word and clarify the way a client uses a particular word or phrase in the course of a psychological assessment, qualitative methods may allow the researcher to assess the meanings attributed to scale items by research participants.

A third and final explanation refers again to the process/integration model of effective coping. Unlike those scales that were related to negative outcomes, the Self Neglect and Religious Denial scales indicate that one's beliefs, emotions, values, and relationships are intact and unshaken by the stressful experience. Also, the believer's religious world is reinforced by the experience—more energy is put into serving God, and the negative event is viewed as an example of the workings of divine purposes. Denial and Self Neglect in this model are related to positive outcomes because they resolve specific stressful events without challenging those things which are fundamentally significant to individual religious believers.

Clearly, most psychologists would be concerned if they heard religious expressions and convictions that seemed to be purchased at the price of personal efficacy and involvement in the world. However, the results of this study suggest that the clinician should be careful about over-reacting. While our initial clinical reaction may be one of concern, we may need to look more closely at the meaning of these religious phrases before we raise our religious red flags.

A final point of note is the different results seen in the different samples. While the church members and the students who were coping with the death of a family member or friend showed a number of significant correlations between the red flags and other measures, the college students who experienced an unjust life event showed fewer correlations. As one potential explanation, the different groups may have experienced different levels of stress, with the CSU group experiencing the least stress. If this is the case, then perhaps red flags have more significant implications for those experiencing greater amounts of stress. Therefore, mental health professionals working with very distressed religious clients may need to be particularly sensitive to the presence of red flags in coping. The relationship between red flags and level of stress was not examined in this study, but it is an area that should be explored in future research.

Future Directions

This study is a first step toward understanding the role of religion in problematic coping with stressful life events, and as such, the results are encouraging. Although religion is oftentimes a source of help and integration (Emmons: in press; Pargament, 1997), certain religious expressions appear to be part of the problem in coping rather than part of the solution. These red flags are not, however, diagnostic indicators of pathology. These results are correlational, and we cannot assume a causal relation between these warning signs and psychological problems. What they do represent to clinicians are red flags which suggest that further investigation into religious coping is warranted.

To examine the relationship of religion to problematic coping further, it would be helpful to relate these red flags more closely to the process of psychological assessment in treatment. One way to do this would be to assess the reactions of mental health professionals and pastoral counselors to clients' expression of these religious phrases. This would shed some light on the concerns of clinicians about religious themes in coping, allow a comparison with pastoral counselors who may have a different perspective of these red flags, and set the stage for a potentially fruitful dialogue between the religious and mental health communities.

Additional research is needed to examine the long-term implications of the religious red flags. Are the red flags indicators of only short-term distress, or do they also warn of trouble down the road? Alternatively, could the red flags be, at least for some people, indicators of a religious struggle that leads to development and growth rather than distress and decline? After all, the religious literature is filled with the stories of individuals who grew from their spiritual conflicts. Clearly, longitudinal studies are needed to answer these important questions.

In sum, religious methods of coping are neither always positive nor always negative; when they arise in the course of psychological treatment it is incumbent upon clinicians to be discriminating and sensitive to the potentially helpful and harmful sides of religion in ways that are open to diverse expressions of faith. One approach suited to this need is the process/integration approach which does not judge an individual on the basis of what he or she holds as religious truth, but rather assesses how that person is able to integrate his or her religion with the demands of life. Some expressions of religion may be red flags warning of trouble, others may be yellow flags calling for caution and further assessment, still others may be green flags indicating that religion is facilitating the process of coping.

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