

INITIAL DEVELOPMENT OF A MEASURE OF RELIGIOUS COPING AMONG HINDUS

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We developed and validated a measure that would comprehensively capture religious coping strategies used by Hindus in the United States (U.S.). Based on qualitative interviews with Hindus (N = 15) and existing religious coping measures, a Hindu religious coping scale was constructed. After a pilot test of this scale among Hindus in the Midwest (N = 42), a sample of Hindus across the U.S. (N = 164) completed the Hindu religious coping scale along with measures of mental health. Results indicated that religious coping was a salient construct for Hindus and related to better mental health. Empirical data revealed specific forms of religious coping that are characteristic of Hindu theology. Further, results of the factor analyses of the Hindu religious coping scale yielded three factors, "God-focused" religious coping, "Spirituality-focused" religious coping, and "Religious guilt, anger, and passivity." Findings provided support for the reliability and validity of the Hindu religious coping scale. Implications for theory and practice were discussed.

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In recent years, researchers have noted significant links between religious and spiritual variables and mental health (Bergin, Masters, & Richards, 1987; Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001; Koenig, 1998). In particular, religion's role in the coping process has received increased attention (see Pargament, 1997, for a review). Sensitivity to religious resources (e.g., support from clergy) and recognition of an individual's religious struggles (e.g., spiritual discontent) are now considered to be

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prerequisites to effective work with those in stressful situations (Pargament, Koenig, Tarakeshwar, & Hahn, 2001a; P.S. Richards & Bergin, 2000), especially when they belong to ethnic and racial minority groups (Sue, Bingham, Porche-Burke, & Vasquez, 1999). However, the majority of existing studies on religion have been conducted among Christians (Ano, Vasconcelles, & Agrawal, 2002).¹ The religious lives of minority groups, particularly religious minorities, have been relatively understudied.

This study examined the significance of religion for the followers of one Eastern religion, Hinduism, as they coped with stressful events in their lives. Hinduism is an ancient religion that originated in India (Hiriyanna, 1996; Smart, 1998). Notably, Hindus form a part of the increasing religious diversity in the United States (U.S.) (P.S. Richards & Bergin, 2000), a trend that is likely to continue (T.W. Smith, 2002). In this study, we focused on Asian Indian Hindus living in the U.S.² Overall, the two primary aims of this study were: (1) to develop a reliable and valid measure of religious coping that would comprehensively capture the different religious coping strategies used by Hindus, using qualitative and quantitative research strategies; and (2) to determine whether religious coping is associated with the mental health of Hindus, as has been found in prior research with other religious traditions (e.g., Harrison et al., 2001; Koenig, 1998). In addition, we were interested in similarities and differences between Hindus' use of religious coping with what prior research has uncovered about members of other religious traditions. Scholars of comparative religions have emphasized that, although there are commonalities across major world religions, it is important to recognize the distinctive elements of different major religious traditions (Smart, 1998, pp. 581–582).

According to several sources (Census 2000 Briefs, 2002; T.W. Smith, 2002), there are over 1.7 million Asian Indians in the U.S. today; this population has doubled, and demonstrated the largest growth among Asian subgroups in the last 10 years (other Asian subgroups include Chinese, Filipino, Vietnamese, Korean, and Japanese; the Chinese constitute the largest Asian subgroup). The 1990 Census recorded an Asian-Indian population of 815,447 (Rao, 1995). Based on estimates of Asian Indian Hindus in the U.S. (Hofrenning & Chiswick; Kurien, 2001), the number of Asian Indian Hindus falls between 773,000 and 1,117,000.

FRAMEWORK OF RELIGIOUS COPING

Religion can mean very different things to different people. According to Pargament (1997), religion can be defined as, "a search for significance in ways related to the sacred" (p. 32). Religion provides individuals with diverse means (e.g., prayer, ritual, religious/philosophical literature, religious services) to attain multiple ends (e.g., meaning, comfort, intimacy, self-actualization, psychological well-being, and spiritual fulfillment). What distinguishes religion from other phenomena is the involvement of the sacred in these means and ends.

Research has shown that religion can be a particularly compelling resource for individuals faced with stressful situations, such as the death of a loved one (Park &

¹We acknowledge that the term "Christian" does not do justice to the diversity in religious beliefs, practices, theologies, and institutional structures prevalent among Christian denominations. Unfortunately, much of current research has neglected this aspect of Christianity.

²Although some Hindus in the U.S. come from countries other than India (e.g., Sri Lanka), all participants in this study are Asian Indian Hindus. Hence, the term "Hindus" in the rest of this article refers only to Hindus from India.

Cohen, 1993), parenting a child with a disability (Tarakeshwar & Pargament, 2001), physical disability (Salisbury, Ciulla & McSherry, 1989), medical conditions such as cancer (Cole & Pargament, 1999), and HIV (T.A. Richards, Acree, & Folkman, 1999), caring for ill significant others (Tix & Frazier, 1998), and uncontrollable life situations, such as poverty and old age (Barusch, 1999; Zuckerman, Kasl, & Ostfeld, 1984). In these situations, individuals have reported using a wide variety of religious coping methods, such as benevolent religious appraisals, seeking support from clergy or church members, seeking spiritual support, discontent with congregation and God, negative religious reframing, and expressing interpersonal religious discontent. One parsimonious way of clustering or distinguishing these various religious coping methods is to define strategies of turning *to* religion as “positive religious coping” (e.g., seeking God’s love and care, asking for forgiveness) and strategies of turning *away* from religion as “negative religious coping” (e.g., expressing anger at God, feeling punished by God) (Pargament, Smith, Koenig, & Perez, 1998).

RELIGIOUS COPING AND MENTAL HEALTH

In cross-sectional and longitudinal studies, the use of religious coping has been associated with a variety of indicators of mental health (i.e., depression, positive affect, life satisfaction). Further, the relationship between religious coping and mental health status remains significant after controlling for the effects of sociodemographic variables, global religious measures (e.g., frequency of prayer and church attendance, and self-rated importance of religion), and nonreligious coping measures (Koenig, Cohen, Blazer, Kudler, Krishnan, & Sibert, 1995; Pargament, 1997; Park & Cohen, 1993). Importantly, the relationship between religious coping and mental health is shaped by the kinds of religious coping methods used by individuals. For example, cross-sectional research has found that more use of “positive religious coping” strategies, such as benevolent religious appraisals of negative situations and spiritual support, has been associated with greater well-being, such as improved mental health status (Pargament et al., 1994), reduced rates of mortality (Zuckerman, Kasl, & Ostfeld, 1984), stress-related growth, and spiritual growth (Pargament et al., 1990; Tarakeshwar & Pargament, 2001). Conversely, greater use of “negative religious coping” strategies (alternatively called “religious struggles”) is reportedly tied to more distress. Specifically, attributions of situations to a punishing God have been related to more negative mood and negative assessments of how well the events were resolved (Pargament et al., 1998). Further, those who report greater dissatisfaction with clergy, congregation members, and the deity also report poorer mental health status, more negative mood, and poorer resolution of the negative life event (Exline, Yali, & Lobel, 1999; Jenkins, 1995; Pargament et al., 1998; Thompson & Vardaman, 1997).

Longitudinally, a few studies have shown that the relationship between religious coping and health persists over time (e.g., Fitchett, Rybarczyk, DeMarco & Nicholas, 1999; King, Speck, & Thomas, 1999; Tix & Frazier, 1998). A longitudinal study by Fitchett et al. (1999) revealed the positive association between anger at God and poor recovery in activities of daily living (ADL). In a recent 2-year longitudinal study conducted by Pargament et al. (2001a), greater religious struggle (e.g., demonic reappraisal, spiritual discontent) among elderly ill men and women was associated with increased risk of mortality. These studies underscore the significance of examining the use of both positive *and* negative religious coping strategies in the coping process.

RELIGIOUS COPING AMONG HINDUS

Much of what is known about religious coping and the related measures have evolved from studies based largely on Christian samples. Very few studies have empirically examined the significance of religion in the coping process of Hindus, both in the U.S. and in India, or have taken into account specific theological principles emphasized within Hinduism that do not correspond to major Judeo-Christian themes (e.g., doctrine of karma, emphasis on "duty"). Many of the Hindu religious texts, such as the *Bhagavadgita*, focus on the idea of achieving a state of well-being through control of the mind and performance of one's duties without being attached to its effects.³ A few empirical studies offer some support for this idea. Naidu and Pande (1990) studied 465 Hindu adults in India and found that individuals who scored low in the Hindu spiritual concept of nonattachment obtained higher scores on indices of stress and strain. Another study by Krishna Mohan (1999) investigated the spiritual experiences reported by 200 Hindus in India. After their spiritual experiences, participants reported greater positive affect (i.e., happiness, peace) and lower depressed mood. Although data are scarce, it would be reasonable to hypothesize that principles found within the Hindu religion could influence the psychological well-being of Hindus as they cope with major stressors.

The doctrine of karma illustrates another relatively unique dimension of Hinduism that may have important implications for psychological well-being and coping. This doctrine has been studied by very few researchers from the perspective of a coping framework (Pargament, Poloma, & Tarakeshwar, 2001b), despite its centrality to Hindus. For instance, among a sample of Hindus in South Africa ($N = 331$), 87% males and 82% females acknowledged belief in karma and rebirth (Kumar, 2000, p. 220). The karmic doctrine implies that the individual's present condition is the result of the cumulation of his/her own actions in the past, and that his/her future can be shaped by righteous deeds in the present life. Dalal and Pande (1988) examined the role of karmic beliefs in the psychological recovery of temporarily and permanently disabled accident victims in India, 1 week and 3 weeks after the accident. Results indicated that psychological recovery of both groups of disabled Hindu patients was significantly correlated with greater causal attribution to karma. Reportedly, the karmic doctrine offered these victims a sense of control, i.e., attributing their injury to events in their past lessened their sense of immediate personal burden but provided them with the motivation to gain control of their current lives by seeking treatment.

However, the karmic doctrine has also been linked with a feeling of helplessness or fatalism. In a study comparing Tibetan priests with native Hindu priests residing in North India, Fazel, and Young (1988) reported that the Tibetans displayed greater life satisfaction than the Hindus. The differences between the two groups were explained by their varying interpretations of karma. The Hindus reportedly viewed karma as rigidly unalterable, while the Buddhists adopted a more flexible perspective. Further, some sociologists argue that karmic beliefs have helped perpetuate the caste system in India. In interviews with 60 members of the lower caste in India, Omprakash (1989) concluded that, for these members of the poorer class, belief in the karmic doctrine promotes an acceptance of their own exploitation and, in turn, other negative attributes

³From a philosophical perspective, Hindu philosophy (which, unlike Western philosophy, shares the same text as the Hindu religious scriptures) is intimately concerned with the psychological well-being of its followers (Sinha, 1965; Wig, 1990).

(e.g., low self-esteem), which only further their plight. In sum, available research evidence does not explicate the links between Hinduism and mental health outcomes. It would be inappropriate to reach conclusions about these links from prior research, because the coping dimensions that have emerged in prior research with predominantly Judeo-Christian samples may or may not apply to Hindu samples given some of the theological principles specific to Hinduism.

THE PRESENT STUDY

As stated earlier, the two major aims of this study were: (1) to develop a reliable and valid measure of religious coping that would comprehensively capture the different religious coping strategies used by Hindus, using qualitative and quantitative research strategies; and (2) to determine whether religious coping is associated with the mental health of Hindus, as has been found in prior research with other religious traditions. To accomplish these two goals, we developed a new religious coping assessment tool for Hindus that took into account positive and negative religious coping constructs previously developed in predominantly Christian samples. However, we were also careful to incorporate new items that would theoretically reflect types of religious coping specific to the Hindu philosophical/theological tenets (e.g., doctrine of karma) and practices (e.g., yoga). Thus, instead of automatically imposing an assessment measure that has been based on a theoretical model of religious coping validated mainly among Christians in the U.S. and therefore may fail to capture key Hindu religious principles, we chose to start from the “ground up.” Specifically, we gathered data through preliminary qualitative interviews with Hindus, developed a religious coping scale based on these interviews and pilot-tested the scale on a small Hindu sample, and then mailed surveys that included this scale to a larger Hindu sample in the U.S. In the development of the scale, we used data from the qualitative interviews and also examined existing religious coping scales (e.g., RCOPE developed by Pargament, Koenig, & Perez, 2000). We hypothesized that Hindus in the U.S. would endorse a wide range of religious coping strategies when faced with stressful life events, including coping methods not previously found with predominantly Christian samples. As has been found for religious coping with Christian samples, we anticipated that both adaptive and maladaptive dimensions/forms of religious coping could emerge for Hindus; at the same time, we expected to uncover forms of religious coping that are relatively specific to the Hindu theological worldview (e.g., yoga, karma, detachment).

Consistent with prior research with Christian samples, we also validated our Hindu religious coping measure by assessing mental health along three dimensions: psychological distress (measured by a self-report of depression), personal well-being (measured by a self-report of life satisfaction), and relationship well-being (through a self-report of marital satisfaction). It should be noted that all three dimensions are rarely examined in the same study; the first two personological dimensions often take precedence over indicators of social/relational functioning (Tremblay, Sabourin, Lessard, & Normandin, 2002). Based on prior research on religious coping, we anticipated that some aspects of Hindu religious coping would be related to better mental health, such as greater life satisfaction, whereas other forms of religious coping would be tied to greater psychological impairment, such as greater depression. Prior research has not directly assessed such linkages in Hindu samples nor taken into account theological principles or practices that are specific to this philosophical/theological worldview as well as those that overlap with other world religions such as Christianity.

METHOD

Preliminary Qualitative Interviews with Hindus

The main purpose of the qualitative interviews was to obtain an in-depth understanding of various religious coping strategies used by Hindus. By using this approach, we were sensitive to religious coping strategies that overlapped with prior research as well as strategies that may be distinctive to Hindus.

Participants and Procedures

Fifteen Hindus from Northwest Ohio ($N = 8$ females and $N = 7$ males) were interviewed about their use of religious coping. These questions were part of an extensive qualitative interview that explored their religious beliefs and practices in everyday life. The participants were randomly selected from a member list of a Hindu temple provided to us by the temple board members. From each household, only one individual (depending on their availability) participated in the interview. All 15 individuals who were contacted agreed to participate in the study. Of these 15 participants, 13 (86.7%) were married. The average age of the interviewees was about 42 years, and average of length of participants' stay in the U.S. was about 24 years. Eighty percent had graduate degrees and the combined household income ranged from \$64,000 to \$85,000.

The first and second authors and another graduate student independently identified the key religious coping methods that emerged across each interview and then collaboratively developed a list of the most common religious coping strategies employed. This list was mailed to all 15 participants who were then contacted by the first author and asked for additional feedback about their religious coping strategies. A summary of the participants' comments is provided below; readers are welcome to request more information from the first author.

Results from Interviews

Similar to results obtained with other religious traditions (Pargament et al., 2000), mainly Christians, religious coping for Hindus served five main functions: finding meaning, gaining control, gaining comfort and closeness to God, gaining intimacy with others, and achieving a life transformation.

Religious Coping to Finding Meaning. Many interviewees reframed the challenges in their life by seeing them as being potentially benevolent and beneficial. One woman remarked, "There has been a lot of tragedy in my life but God has given this for a reason; it is going to change, and things are going to get better." Occasionally, interviewees viewed their situation as a punishment for sins they had committed in the past (the notion of *karma*) and felt that even their religious texts could not provide them with the answers. For one Hindu woman, encountering "three deaths in my family (father and both in-laws) within a span of 6 months" was very difficult. As she struggled emotionally to understand her situation, she realized that visits to the temple or reading the *Gita* would not provide her with the answers she was looking for. As such, she questioned whether God or her religion could provide her with all the solutions.

Religious Coping to Gain Control. For many Hindus, working with God to achieve a sense of control of their situation was a prominent coping strategy. One Hindu businessman who had suffered heavy financial losses turned to the lessons in the *Bhagavadgita* to gain emotional control over the situation. He stated, “I kept thinking, you have to do what you have to do and not care whether you get rewards or not.” When faced with uncontrollable situations, belief in the limits of personal control over one’s fate helped place things in perspective for some Hindus. “I do what I can and God will do the rest,” said one interviewee. For some Hindus, religious rituals provided a mechanism for pleading to God for a divine intervention when faced with emotional challenges such as poor health of their spouse or children. Occasionally, turning over all control to God or coping with the situation on their own were also mentioned as coping methods used by the interviewees. Unique to Hinduism was the *religious* practice of yoga/meditation to gain control over one’s emotions. As one interviewee stated, “Meditation at least helped me gain control over my emotions so that I would not get mad at the people around me.”

Religious Coping to Gain Comfort and Closeness to God. Throughout the interviews, seeking God’s love and care through rituals, prayer, and reading of religious scriptures seemed to be an integral part of the coping process for Hindus. When things did not happen as expected, praying and observing religious rituals tied to Hinduism (e.g., performing *puja*, cleaning the religious idols) provided interviewees with a sense of religious focus and distracted the individual from “earthly desires.” Occasionally, interviewees also mentioned asking for God’s forgiveness for wrongdoings in their past. Experiencing a sense of spiritual connection was also indicated as a coping strategy. One woman explained, “During my residency, I was going through a lot of depression. I was away from my family. I had no other output—the temple was too big, it was not very friendly. It was very, very important for me to feel grounded. As I began reading the hymns, I felt the flow, the emotion.” Focusing on the teachings of their religion (e.g., doing your duty towards others, being a vegetarian) was important to many Hindus. A few Hindus also expressed feeling disappointed with God at some points in their life.

Religious Coping to Gain Intimacy with Others. Occasionally, Hindu interviewees also mentioned asking for help from their family or friends to pray for their well-being. One Hindu woman recalled the stress she experienced when her husband had bypass surgery several years ago. She stated, “At that time my in-laws performed the *mrityunjaijap* ritual that is supposed to help you with longevity for my husband. It was nothing serious but it helps. And he came through it and everything went well and we say that it helped us overcome the situation.” Similarly, many Hindu interviewees also mentioned praying for the well-being of their family and friends.

Religious Coping to Achieve a Life Transformation. Through several religious practices (prayer, reading religious scriptures), many Hindus reported looking to religion to discern their purpose in life, particularly as they struggled with the demands of functioning in a different culture. One Hindu mother whose son married a Christian woman reported that through intense spiritual reflection, she came to the realization that by performing her duty towards her children she could prevent a family breakdown. At different stages in their lives, many Hindus expressed turning to different Hindu practices to gain a spiritual awakening. According to one Hindu male, years of

meditation enabled him to achieve a sense of contentment that cannot be easily disturbed.

Notably, although belief in the doctrine of karma was not explicitly mentioned, many of the participants' comments, such as performing their duty, acknowledging limited control over one's fate, and not focusing on earthly desires, are tied to this notion. In addition, a few religious coping methods previously reported in Christian samples were *not* mentioned in the interviews with Hindus. These include demonic reappraisal (defining the stressful event as tied to the Devil), religious forgiving (asking God to help let go of one's anger and resentment), and interpersonal religious discontent (dissatisfaction with members in the religious community).

Initial Development and Pilot Study of the Hindu Religious Coping Scale

Based on results from the qualitative interviews and on relevant items from existing questionnaire measures of religious coping [e.g., Religious Problem-Solving Scales developed by Pargament, Kennell, Hathaway, Grevengoed, Newman, & Jones (1988), and RCOPE developed by Pargament et al. (2000)], a 23-item pilot paper-and-pencil survey was developed. Appendix 1 provides a list of religious coping strategies included in this pilot survey. The main purpose of the pilot study was to examine item-wise descriptive statistics of the newly developed religious coping scale and make appropriate revisions wherever necessary.

Participants and Procedures

The participants ($N = 42$; 24 males) in the pilot study were Hindus in the local community and students in surrounding Universities. Of these 42 participants, 38% were married; the average length of their marriage was 8.5 years ($SD = 13.8$). Their average age was 29.6 years ($SD = 10.45$) and their average length of stay in the U.S. was 6.7 years ($SD = 8.7$). Eighty-three percent of the participants either had a graduate degree or were enrolled in graduate school, 14% had a college degree, and 3% had attended few college courses. The names of the participants were obtained through local telephone directories, Indian Student Associations of local universities available on the internet, and through personal contacts at local Hindu temples. After obtaining their names, the first author informed potential participants about the nature and purpose of the study on the phone or via e-mail and obtained informed consent. Further, to increase responsiveness, if no responses were obtained three weeks after mailing the survey (participants were requested to return the surveys within two weeks), the first author sent reminders via email and mail. In addition, a note of thanks was sent to participants who returned the survey, who were also encouraged to refer potentially interested Hindus for participation in the study. A total of 105 surveys were mailed and 42 Hindus (40%) returned their surveys.

Results from Pilot Survey

Based on descriptive and standard reliability analyses, revisions were made to the Hindu religious coping measure. In addition to revising the wordings of some of the items, three items were deleted due to very low frequency of practice (seek help from God in letting go of my anger, disagree with what my temple wants me to believe/

practice, and read books and/or attend talks to learn more about my religion). Specifically, care was taken to avoid items that were exceptionally lengthy, double-barreled, or had ambiguous pronoun references (Clark & Watson, 1995). The items that were modified and/or retained had good face validity, and reflected the purpose of the scale. The revised measure was then mailed to Hindus across the U.S., along with mental health indices and questions pertaining to demographic information.

The Reliability and Validity of the Hindu Religious Coping Scale

The main purpose of this phase was to gather more empirical data on the descriptive norms of the religious coping methods of Hindus, and evaluate the reliability and validity of the religious coping scale, including the association between religious coping and mental health of Hindus in the U.S.

Participants

The participants were 164 Hindus per household (59% men) living in different regions of the U.S. Of these, 87 were married; the average length of their marriage was 11.75 years ($SD = 12.78$). No divorcees or widowed Hindus reported participation in the study. It is important to note that, of all Asian Indians (including those from other religions) in the 1990 Census, widowed and divorced Asian Indians constituted less than 2% of the total population (Rao, 1995). Participants ranged in age from 18 to 71 years ($M = 32.54$, $SD = 11.74$) and had lived in the U.S. for about 11 years ($SD = 10.75$ years). The majority had completed graduate education (70%). Income was bimodally distributed, with about 20% of sample reporting a combined household income of less than \$20,000 and about 35% of more than \$85,000. Further, 30% of the respondents were retired and 28% were full-time employees. Students (17.9%), housewives (10.5%), and self-employed individuals (11.7%) also participated in the study. Comparison with available demographic data on the Indian American population suggests that the study sample is fairly representative. According to statistics provided by the India Abroad Center for Political Awareness (1999), there are roughly 8% more Indian American men than women, the median household income is \$60,093 (highest for any Asian group), more than 67% hold advanced degrees, and 30% are employed in professional specialty occupations.

Procedures

The names of participants were located through sources of public information, such as the telephone directory and lists of Indian Association members available on the Internet. Recruitment attempts also included talking to Hindus at Indian organizations and cultural events at Hindu temples. When contacted by phone or e-mail, the participants were informed about the nature and purpose of the study. If they expressed an interest in participating, they were mailed a copy of the informed consent form and the survey. Out of 367 surveys mailed to Hindus across the U.S., responses were obtained from 182 individuals (response rate about 50%). Similar to the strategy in the pilot study, reminders were sent if no responses were obtained within three weeks of mailing the survey. In addition, a note of thanks was sent to participants who returned the survey, also encouraging them to refer interested Hindus for participation in the

study. Due to missing data on key variables of interest (i.e., religious coping and mental health), only responses from 164 participants were used for analyses.

Measures

Mental Health. This was measured through three indices that have evidenced reliability and validity: (1) depressed mood—psychological adjustment was assessed through the Center for Epidemiological Research–Depressed Mood Scale (CES-D, Radloff, 1977). The CES-D is a 20-item scale that assesses depressive symptomatology in both psychiatric as well as general populations (responses for the items ranged from 1 = “Rarely or none of the time” to 4 = “Most or all of the time”). Total scores were obtained by summing responses to the 20 items ($\alpha = .85$); (2) life satisfaction—life satisfaction was assessed using the five-item “Satisfaction With Life Scale” (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985). Participants’ responses on each item were scored on a scale from 1 (strongly disagree) to 7 (strongly agree). Total scores were obtained by adding responses to the five items ($\alpha = .88$); and (3) marital satisfaction—the Kansas Marital Satisfaction Scale (KMSS) (Schumm, Jurich, & Ballman, 1986) was used to measure the participant’s satisfaction with his/her married life. The KMSS is a three-item brief measure of marital satisfaction robustly linked to longer indices of marital adjustment. The responses are on a scale of “1” extremely dissatisfied to “7” extremely satisfied. Total scores were obtained by summing the three items ($\alpha = .97$).

Religious Coping. The religious coping measure included 20 items scored on a Likert scale from 1 (haven’t been doing this at all) to 4 (been doing this a lot) (see Table 1). The scale comprised items developed from interviews with Hindus (e.g., try to see how God might be trying to strengthen me, stick to the teachings of my religion, practice yoga and meditation, perform rituals to get my mind off of my problems) and relevant items from the Religious Problem-Solving Scales (Pargament et al., 1988) and subscales of the RCOPE (Pargament et al., 2000). As indicated in Table 1, 16 items overlapped with existing measures previously developed with predominantly Christian samples, 2 items were revised, and 2 items were new. Participants were asked to indicate how often they used each of these coping strategies when dealing with major problems in their life.

Acculturation. The construct of acculturation was measured by a modified version of the Psychological Acculturation Scale (PAS) developed by Tropp, Erkut, Coll, Alarcon, & Garcia (1999). The 10-item scale was originally developed to assess an individual’s sense of psychological attachment to and belonging within the Anglo-American and Latino/Hispanic cultures. The responses were scored on a nine-point scale (1 “only Indian” to 9 “only Anglo/American”). Total scores were obtained by summing the 10 items ($\alpha = .90$).

Global Religious Measures. Participants responded to two items relating to their general religiousness. They indicated their self-rated religiousness and self-rated spirituality (coded on a continuum of 1 = “not religious/spiritual at all,” 3 = “moderately religious/spiritual,” and 5 = “very religious/spiritual.”

Demographic Variables. The participants provided information regarding their age, gender, marital status, educational background, annual household income, and employment

Table 1. Item-Level Descriptive Statistics for Religious Coping and Corresponding Factor Loadings^b

Variable	M (SD)	Range	Factor 1	Factor 2	Factor 3
1. I try to see how God might be trying to strengthen me in this situation (Benevolent Religious Appraisal)	2.48 (1.13)	1-4		.68	
2. I seek God's love and care (Seeking Spiritual Support)	2.78 (1.17)	1-4		.74	
3. I stick to the teachings and practices of my religion (e.g., doing my duty, remaining vegetarian) (Marking Religious Boundaries) ^a	2.66 (1.16)	1-4		.70	
4. I try to put my plans into action together with God (Collaborative Religious Coping)	2.39 (1.14)	1-4		.65	
5. I do what I can and put the rest in God's hands (Active Religious Surrender)	3.06 (1.14)	1-4		.79	
6. I look for a stronger connection with a higher power (Spiritual Connection)	2.39 (1.14)	1-4		.45	.62
7. I practice psychophysical exercises such as yoga/meditation. (NEW)	1.89 (1.01)	1-4			.74
8. I look for a total spiritual awakening (Religious Conversion)	2.16 (1.16)	1-4			.82
9. I pray to discover my purpose in living (Seeking Religious Direction)	2.30 (1.18)	1-4			.71
10. I offer spiritual support to family/friends (Religious Helping)	2.36 (1.08)	1-4			.69
11. I believe that I am being punished for bad actions in the past (e.g., karma) (NEW)	2.14 (1.16)	1-4			.62
12. I voice anger that God didn't answer my prayers (Spiritual Discontent)	1.51 (.79)	1-4			.68
13. I feel punished by God for my lack of devotion (Punishing God Reappraisal)	1.52 (.87)	1-4			.58
14. I look for love and concern from friends in the temple or in the Hindu community (Seeking Interpersonal Support) ^a	1.88 (.92)	1-4			.59
15. I don't do much; just expect God to solve my problems for me (Deferring Religious Coping)	1.31 (.63)	1-4			.66
16. I ask for forgiveness for my sins (Religious Purification) ^c	2.51 (1.13)	1-4		.56	.47
17. I pray and perform rituals to get my mind off of my problems (Religious Focus) ^c	2.26 (1.06)	1-4		.50	.44
18. I plead with God to make things turn out okay (Pleading for Direct Intercession) ^c	2.52 (1.14)	1-4		.59	.55
19. I try to make sense of the situation without relying on God (Self-Directing Religious Coping)	2.48 (1.10)	1-4		Not used in factor analyses	
20. I realize that God cannot answer all my prayers (Reappraisal of God's Powers)	2.53 (1.13)	1-4		Not used in factor analyses	

Note. ^aItems that were modified to reflect Hindu beliefs and/or practices. Corresponding subscales of the RCOPE are indicated in parentheses. "NEW" refers to items that were developed based on the interviews.

^bThese results were obtained using a principal components analysis with a varimax rotation ($N = 164$). Only loadings greater than .40 are included.

^cThese items were dropped due to moderate crossfactor loadings or loadings less than .40.

status. Data were also gathered about the participant's length of stay in the U.S. The survey included a short-form of the Marlowe-Crowne Social Desirability Scale. However, correlations among scores on this scale and that of participants' responses on the religious coping scale and mental health measures were not significant.

RESULTS

Descriptive Norms of the Hindu Religious Coping Scale

Participants reported moderate levels of self-rated religiosity ($M = 3.08$, $SD = 1.01$) and spirituality ($M = 3.35$, $SD = 1.07$). The mean level of participants' stay in the U.S. was 11 years ($SD = 10.75$) and mean level of acculturation was 37.18 ($SD = 12.70$; obtained range 10 to 68). On the average, participants reported relatively low depressed mood ($M = 29.52$, $SD = 7.72$; obtained range 20 to 55) and relatively high life satisfaction ($M = 24.53$, $SD = 6.33$; obtained range 8 to 35). Further, married individuals reported very high satisfaction with their married life ($M = 18.22$, $SD = 3.11$; obtained range 5 to 21).

The participants endorsed several methods of religious coping also acknowledged by Christian samples (see Table 1). Low scores occurred for some of the "negative religious coping" items. For example, Hindus reported relatively infrequent expressions of anger at God ($M = 1.51$, $SD = .79$), feeling punished by God for lack of devotion ($M = 1.52$, $SD = .87$), and passive deferral (i.e., don't do much; just expect God to solve my problems for me) ($M = 1.31$, $SD = .63$). On the other hand, they endorsed relatively greater use of active religious surrender (i.e., do what I can and put the rest in God's hands) when faced with problems ($M = 3.06$, $SD = 1.14$).

Factor Analyses

Exploratory factor analyses (EFA) were performed on 18 items of the Hindu religious coping scale. Two of the 20 items ("try to make sense of the situation without relying on God" and "realize that God cannot answer all my prayers") were dropped because they were negatively correlated with all of the other items on the scale and had a very low item-scale correlation. For the purposes of an EFA, the sample size in the current study that represented nine participants per variable was deemed to be adequate. Floyd and Widaman (1995) recommend between 5 and 10 participants per variable as a general guideline for EFA. Using a principal components analysis with a varimax rotation, the factor analyses of the 18 items yielded three factors, each with an eigenvalue greater than 1. Factor 1 had an eigenvalue of 6.97, accounting for 38.72% of the variance; Factors 2 and 3 had eigenvalues of 2.14 and 1.13, accounting for variances of 11.87% and 6.23% respectively. Table 1 includes the factor loadings of the 18 items. Of these 18 items, three items were dropped ("ask for forgiveness for my sins," "pray and perform rituals to get my mind off of my problems," and "plead with God to make things turn out okay") due to moderate cross factor loadings.

The five items that loaded on Factor 1 reflected a focus on God as the source and solution to their problems (e.g., try to see how God might be trying to strengthen me, seek God's love and care, do what I can and put the rest on God's hands). The five items that loaded on Factor 2 highlighted ways of coping that focused on spirituality without reference to a specific deity (e.g., look for a total spiritual awakening, offer spiritual support to family and friends). Finally, the third factor comprised five items

that reflected expressions of religious guilt, anger, and passivity in relation to God (e.g., feel punished by God for lack of devotion, voice anger that God did not answer my prayers, don't do much—just expect God to solve my problems). The item “look for love and concern from friends in the temple or the Hindu community” also loaded on this factor.

Thus, in subsequent analyses, the Hindu religious coping scale was split into three subscales: “God-focused” coping subscale ($\alpha = .85$) “Spirituality-focused” coping subscale ($\alpha = .83$), and “Religious guilt, anger, and passivity” coping subscale ($\alpha = .69$). Scores for each of the three subscales were calculated by adding the standardized scores for all the items comprising the scale; higher scores reflected greater use of the religious coping strategies of that subscale.

Validity Analyses

The validity of the Hindu religious coping scale was determined using the following analyses: (1) correlational analyses among the religious coping subscales and demographic variables. Modest intercorrelations were expected among the religious coping subscales that could point to some possible discriminant and convergent validity. In addition, correlational analyses among the religious coping subscales and demographic variables could provide evidence of convergent validity, based on previous research with other religious samples; and (2) hierarchical regression analyses that could provide evidence of construct validity and predictive validity. Further, the relationships between the religious coping subscales and outcomes could demonstrate discriminant validity among the subscales of the Hindu religious coping scale (i.e., if different coping subscales related differently to mental health outcomes).

Correlations Among Religious Coping Subscales and Demographic Measures

The three religious coping subscales were significantly correlated (r s ranged from .35 to .62). These modest intercorrelations suggest that although the subscales are not exclusive, they represent distinct and nonredundant ways of coping within Hinduism. The relatively significant amount of variance (12 to 38%) shared among the subscales could be attributed to shared method variance (all items administered through survey). Also, it is not unusual in EFA to obtain significantly correlated factor components despite the recommended use of varimax rotation (Cortina, 1993). As recommended by Clark and Watson (1995), in addition to performing EFA, we checked to ensure that the items in each of the subscales had greater intrascale correlations than interscale correlations.

Older Hindus reported more use of Spirituality-focused ($r = .23, p \leq .01$) coping strategies than younger Hindus. Also, greater self-rated religiosity was associated with greater use of all types of religious coping strategies (r s ranged from .33 to .51) while greater self-rated spirituality was tied to more use of God-focused ($r = .47, p \leq .01$) and spirituality-focused ($r = .57, p \leq .01$) coping strategies. Hindus who had been married for a longer time also indicated more use of God-focused ($r = .20, p \leq .05$) coping. Hindus who were more acculturated reported lower use of God-focused ($r = -.24, p \leq .05$) and Religious guilt-coping strategies ($r = -.17, p \leq .05$).

Hierarchical Regression Analyses

Correlational analyses were conducted between demographic variables and the criterion variables to determine if any demographic variables needed to be controlled in the regression analyses. These analyses revealed a few significant correlations. Specifically, older Hindus, married participants, individuals who were married for a longer time, and those who reported higher income, all reported lower depressed mood (r s ranged from $-.19$ to $-.33$). Married participants also indicated greater life satisfaction ($r = .26, p \leq .01$). Surprisingly, older Hindus and those who had been married for a longer time endorsed lower satisfaction with their marriage ($r = -.35, p \leq .01$ for age and $r = -.32, p \leq .01$ for length of marriage), possibly due to struggle in accommodating the “collectivist” values of their own culture with the need for individual fulfillment (encouraged by the dominant western culture) within the context of their marriage (Goodwin & Cramer, 2000). Based on these findings, age, household income, and marital status were controlled in all subsequent analyses.

Hierarchical regression analyses were conducted to examine the relationship between the religious coping methods and outcomes (see Table 2). In the first step, the demographic variables listed above were entered. Because length of marriage was related to marital satisfaction, this variable was also controlled when examining marital satisfaction among married Hindus. In the second step, the three religious coping subscales were entered as one block.

The religious coping subscales accounted for unique variance in two outcomes (R^2 change = $.06, p \leq .01$ for life satisfaction; R^2 change = $.15, p \leq .01$ for depressed mood). Specifically, greater use of God-focused religious coping was tied to greater life satisfaction ($\beta = .34, p \leq .01$) while more use of strategies based on Religious guilt, anger, and passivity was associated with lower life satisfaction ($\beta = -.27, p \leq .01$) and greater depressed mood ($\beta = .40, p \leq .01$). Although the incremental variance of the religious coping subscales was not significant for marital satisfaction, greater use of

Table 2. Regression Estimates of Psychological Outcomes on Demographic Variables and Religious Coping for Hindus

Variable	Life Satisfaction	Depressed Mood	Marital Satisfaction ^a
Demographics			
Age	.05	-.26***	-.46***
Marital Status	.24**	-.18	.15
Income	-.10	.04	-.05
R^2	.05**	.14***	.13***
Religious coping subscales			
God-focused	.34***	-.15	.12
Spirituality-focused	-.04	.14	-.12
Religious guilt, anger, & passivity	-.27***	.40***	-.23**
R^2	.11***	.29***	.18***
R^2 Change	.06***	.15***	.05
N	164	164	87

Note. The coefficients listed are standardized regression weights obtained at the final step of the analyses.

^aInstead of marital status, length of marriage was added to the control variables.

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

Religious guilt, anger, and passivity was tied to lower marital satisfaction ($\beta = -.23$, $p \leq .01$).

DISCUSSION

The main purposes of this study were to develop a reliable and valid measure of religious coping for Hindus, and examine the association between religious coping and mental health for this religious sample. We used an approach that incorporated the distinctive tenets of Hinduism as well as coping strategies uncovered in prior research with other religious traditions. Through in-depth, qualitative interviews with Hindus and an examination of existing religious coping scales, we developed a comprehensive religious coping scale that captured religious coping strategies that were unique to Hindus and those that overlapped with other religious traditions. Using two different Hindu samples in the U.S., we examined the reliability and validity of the religious coping scale.

Religious Coping Strategies Among Hindus

First, the results indicated that religious coping is a salient construct for Hindus in the U.S. Hindus in the study reported using diverse religious coping strategies in the face of stressful situations. They indicated relatively infrequent use of negative religious coping strategies (e.g., expressions of anger at God, feeling punished by God for lack of devotion) when compared to positive religious coping strategies (e.g., active religious surrender, asking for forgiveness when faced with problems). Interestingly, Hindus in this study reported relatively lower use of religious coping strategies that are highlighted in Hinduism, such as karmic attribution (i.e., view current stressors as a punishment for their actions in the past), use of yoga/meditation, and looking for support from friends in the temple or Hindu community. This may be because the sample consisted of Hindus who have spent a significant amount of time living in the U.S. where such strategies are not as salient in mainstream culture and media in comparison to other forms of religious coping. In contrast, Hindus living in India may be more likely to report greater use of religious coping strategies that are more uniquely tied to Hinduism since this world religion is more widespread and dominant in the Indian relative to American culture. More research is needed to verify this possibility.

These results underscored points of similarity among Hindus and other religious traditions as found in prior research on religious coping (which comprises predominantly Christian participants). Notably, the five functions of religious coping (i.e., to find meaning, to gain control, to gain comfort and closeness with God, to gain intimacy with others, and to achieve a life transformation) overlap among Hindus and Christians (e.g., Pargament et al., 2000). Further, the lower use of negative religious coping strategies relative to positive religious coping has been documented among Christian samples (e.g., Fitchett et al., 1999; Pargament et al., 2000). Other similarities include the greater use of religious coping by older and married individuals (e.g., Barusch, 1999; Ferraro & Koch, 1994; Gurin, Veroff & Feld, 1960) and the significant association between religious coping and mental health. Similar to the results obtained among Hindus, even among other religious traditions, more use of positive religious coping strategies are tied to better outcomes while more use of negative religious coping strategies are tied to poorer outcomes (e.g., Pargament et al., 2001a). However, a few

religious coping strategies noted in prior research (e.g., Pargament et al., 1998) were not reported in the interviews with Hindus. These were demonic reappraisal (defining the stressful event as tied to the Devil), religious forgiving (asking God to help let go of one's anger and resentment), and interpersonal religious discontent (dissatisfaction with members in the religious community).

Reliability and Validity of the Hindu Religious Coping Scale

Factor analyses of the religious coping strategies used by Hindus revealed three factors. The positive religious coping strategies in the Hindu sample were split into two types: one that was God-focused (e.g., try to see how God might be trying to strengthen me), and the other that was Spirituality-focused (e.g., looking for a spiritual awakening). These two factors arguably reflect the kinds of religious worship embedded within Hindu theology, namely, ritual-based idol-worship (God-focused coping) and reverence of the formless Universal Spirit, *Brahman* (Spirituality-focused coping) (Raju, 1985). Negative religious coping (or religious struggle) was made up of Religious guilt, anger, and passivity (e.g., believe that I am punished for my sins (*karma*), voice anger that God did not answer my prayers, don't do much—just expect God to solve my problems). Overall, these results differ from the two-factor structure (positive versus negative) obtained with other religious samples. Studies conducted among other religious samples in the U.S. indicate that items on the Brief RCOPE (Pargament et al., 1998) and RCOPE (Pargament et al., 2000) can be factored into two scales, namely, positive religious coping (e.g., see how God might be trying to strengthen me in this situation), and negative religious coping (e.g., voice anger that God didn't answer my prayers). Of course, it is possible that the differences observed in the factor-structure between Hindus and predominantly Christian samples stems from this study's sampling (e.g., education, income levels) and methodology (whether responses pertain to coping with stressful events in general or with a specific stressor, such as an illness or loss of a loved one).

Additionally, the results yielded support for the reliability and validity of the Hindu religious coping scale. The religious coping subscales possessed adequate reliability (alphas ranged from .69 to .85). The discriminant validity of the measure was supported by moderate correlations among the coping subscales (r s ranged from .35 to .62), indicating that though nonexclusive, they represent distinct and nonredundant ways of coping for Hindus in the U.S. Furthermore, the religious coping subscales were tied to specific mental health outcomes in distinctive ways, providing further support for their discriminant validity. For example, God-focused coping methods were tied to better outcomes while Religious guilt, anger, and passivity coping was linked to poorer outcomes. The scale's convergent validity was supported by significant correlations among some of the demographic variables and the religious coping subscales. For example, as might be expected, greater self-rated religiosity was associated with greater use of all types of religious coping strategies (r s ranged from .33 to .51). In addition, greater self-rated spirituality was tied to more use of God-focused and Spirituality-focused religious coping strategies. Further, religious coping was found to be more important for older and married Hindus, and for individuals who are less acculturated (i.e., identify less with the beliefs of the majority culture). Finally, the religious coping subscales were connected to the mental health of Hindus, demonstrating the scale's predictive validity.

Religious Coping and Mental Health of Hindus

As expected, religious coping was significantly associated with the mental health of Hindus in the U.S. Overall, greater use of God-focused coping methods was predictive of greater life satisfaction while greater use of Religious guilt, anger, and passivity coping strategies was tied to lower life satisfaction, greater depressed mood, and lower marital satisfaction. Interestingly, the Spirituality-focused coping subscale was not predictive of mental health outcomes. It is possible that the religious coping items that reflected this subscale (e.g., look for stronger connection with a higher power, practice psychophysical exercises) represent lifestyle practices that Hindus utilize everyday, not necessarily when faced with a stressor. As such, these practices may have less direct implications for mental health status while strategies of the other two factors (e.g., see how God might be trying to strengthen me in this situation, feel that I am being punished for bad sins in the past) may be more closely tied to the process of coping with major stressors, and in turn, the mental health of Hindus.

Limitations and Strengths

Given that this is probably the first attempt to assess religious coping among Hindus in the U.S., some cautions should be noted. More studies with Hindus are needed to verify these results. Because some of the indices of mental health used were very brief, future research could include more comprehensive outcome measures. In addition, the study's findings were based on self-report data; inclusion of observer ratings would be valuable. Finally, longitudinal studies with Hindus may provide a better understanding of the long-term implications of religious coping for the mental health of Hindus in the U.S.

Despite these limitations, the study has several strengths. Most importantly, we used an approach that was sensitive to Hindu theological principles instead of imposing a theoretical model validated mostly among Christian samples. Our approach was also sensitive to the similarities and differences between Hinduism and other major religious traditions, also noted by scholars of comparative religion (Padden, 1988; Smart, 1998; H. Smith, 1991). Furthermore, in using qualitative and quantitative research strategies (with two independent, Hindu samples) we were able to better capture the comprehensiveness of the religious coping methods used by Hindus.

FUTURE RESEARCH DIRECTIONS AND CLINICAL IMPLICATIONS

The results of the study have important implications for researchers and clinicians. For researchers, the study provides ample evidence that, similar to individuals from other religious traditions, Hindus in the U.S. also use religious resources for coping with life's challenges. However, it is likely that Hindus conceive of religious coping methods that are topographically similar to those used by predominantly Christian samples in a different way. This probably reflects underlying theological differences found within the religious worldview that dominates the western culture of the U.S. (i.e., Judeo-Christianity) and the eastern culture of Asian-Indians (i.e., Hinduism). Thus, for Hindus, "looking for a stronger connection with a higher power" may represent a search for the formless, *Brahman*, while for Christians this method may be a search for a greater personal connection with Jesus Christ. Similarly, "praying to

discover my purpose in living” for Hindus may represent a yearning for interior illumination, the highest Hindu ideal promoted by the Vedantic school of Hindu thought (Raju, 1985). In contrast, for Christians, the coping method may reflect an individual’s desire for acting consistently with the ideals of their faith. Overall, the study suggests that similar religious coping methods may hold different meaning for individuals of different faiths. Researchers may need to study the religious underpinnings of different faiths to better understand these differences. In addition, although Hindus who participated in the interviews did not explicitly mention karmic attribution, notably many of their comments reflected a duty-based approach to solving problems, a finding that has been noted in other research with Hindus (e.g., Miller, 1994). Thus, for Hindus, fulfilling their duty is possibly a central element in their coping behavior.

With respect to clinicians, given that religion is significant for the mental health of Hindus in the U.S., use of religious/spiritual resources should be considered and evaluated when working with Hindu clients. In their article on the mental health of Asian-Indians in the U.S., Durvasula and Mylvagatham (1994) noted that Asian Indians are likely to utilize resources, such as the family, medical help, or help from religious advisors, necessitating a multidisciplinary approach to treatment of their mental health problems. In addition, Juthani (1998) and Sharma (2000) highlight key religious issues that are likely to be important when working with Hindu clients in the U.S. These include respect for their observed religious beliefs (e.g., karma) and rituals (e.g., idol worship) in dealing with their health problems, identifying a sociocultural network to help clients, recognition of the importance of the client’s family for progress in therapy, and willingness to support the client and his/her family’s decision to consult with Hindu priests and religious leaders. Although particular forms of religious coping (God-focused coping) were associated with better outcomes in this study, clinicians need to be sensitive to the religious struggles (e.g., feeling punished by God) of Hindus. As with other religious traditions, these struggles appear to be linked to greater distress. In summary, the current study signifies the role of religion in the coping process of Hindus in the U.S. It is our hope that clinicians and researchers alike would give the religious dimension due attention as they study the mental health of all minorities, including religious minorities.

APPENDIX 1

Following are ways in which individuals cope with major problems in life. Please circle the choice that is most true for you.

1. I try to see how God might be trying to strengthen me in this situation.
2. I seek God’s love and care.
3. I stick to the teachings and practices of my religion (e.g., doing my duty, remaining vegetarian).
4. I ask for forgiveness for my sins.
5. I try to put my plans into action together with God.
6. I do what I can and put the rest in God’s hands.
7. I look for a stronger connection with a higher power.
8. I practice psychophysical exercises such as yoga and meditation.

9. I look for a total spiritual awakening.
10. I pray to discover my purpose in living.
11. I offer spiritual support to family or friends.
12. I believe that I am being punished for bad actions in the past.
13. I voice anger that God didn't answer my prayers.
14. I feel punished by God for my lack of devotion.
15. I look for love and concern from friends in the temple or in the Hindu community.
16. I don't do much; just expect God to solve my problems for me.
17. I pray and perform rituals to get my mind off of my problems.
18. I plead with God to make things turn out okay.
19. I try to make sense of the situation without relying on God.
20. I realize that God cannot answer all my prayers.
21. I seek help from God in letting go of my anger.
22. I disagree with what my temple wants me to believe/practice.
23. I read books and/or attend talks to learn more about my religion.

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