

GOD HELP ME: TOWARD A THEORETICAL FRAMEWORK OF COPING FOR THE PSYCHOLOGY OF RELIGION

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ABSTRACT

This paper presents a theoretical framework of coping for the psychology of religion. Coping is defined as a highly interactive process through which individuals try to understand and deal with significant personal or situational demands in their lives. A model of the coping process is presented. Three roles of religion in the coping process are described. Religion can serve as a part of the elements of coping, as a contributor to coping, and as a product of coping. The implications of the theoretical framework of coping for the psychology of religion are considered. These include the need for greater sensitivity to the power of the situation and the power of the context in religious study; the identification of variables which moderate the relationship between religion and important criteria; the importance of integration in the function of coping; and the need for studies which examine change and tradeoffs in coping. The framework of coping helps to organize a wide body of empirical, theoretical, and applied work in the psychology of religion, provides a structure for more specific theoretical and empirical development, and suggests new questions and methods for study to capture the phenomena of deepest interest to both scientists and practitioners.

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In the tradition of William James, I would like to start this paper by sharing some of my experiences with you during my sabbatical leave. The sabbatical leave gave me the luxury of time—time to free associate, mull things over, and wonder about things. I was particularly intrigued by several events I had recently read about or experienced first-hand. They raised some questions which are central to the psychology of religion.

Kroll-Smith and Couch (1987) describe a 23-year old underground mine fire that essentially destroyed the communal life of Centralia, Pennsylvania. Carbon monoxide gas from the fire threatened the health and safety of many families and resulted in a government-sponsored relocation project. The researchers studied the community and its residents through surveys, interviews, field data and a self-report stress study. They found that "many Centralians suffered great emotional stress and psychological and social loss" (p. 34). They also note that by all indications, the residents were religious. What was surprising was that religion expressed through the churches and religion expressed more personally had little to do with the crisis. Church leaders defined the problem outside the realm of religion. One clergyman said "The church has no place in government. The government is doing the best job it knows how to do (to solve the problem). We just have to be patient" (p. 34). Further, the researchers found little evidence that religious explanations were used by community residents to understand or to respond to the event.

Yet there are well-documented descriptions of times when religion is centrally involved in helping people come to terms with a variety of tragic events and disasters (Ross 1980; Smith 1978). *Why then does religion at times seem irrelevant to the ways in which people try to understand and deal with the world?*

Another experience involves my relationship in psychotherapy with a 48-year-old woman, Donna, who came to see me several years ago as a result of severe anxiety.

She suffered from heart palpitations, anxiety attacks, shakiness, and fears that she was going to die. What appeared to bring these symptoms on was the serious illness of her daughter and her own mastectomy two years earlier. Up to that time, Donna had been getting along reasonably well. She was a mother, wife, and director of the Sunday School in her church. Her "upright" life was clearly a source of pride for her. She said she thought that her way of life was "pleasing in the eyes of God." And yet as we got to know each other, it became clear that she felt that her mastectomy and the illness of her daughter were punishments from God for her sins. What were her sins—romantic fantasies with other men, and her failure to stop her alcoholic parents from drinking? Donna was a sensitive woman, and with some support she was able to gain insight into herself and explore some alternate styles of life. What I found particularly intriguing was the *process* of change in her religious beliefs. Initially, she saw God as a powerful, controlling, at times punitive and at times rewarding Being. Toward the middle of therapy, she stopped talking about God at all. Instead she talked about me in religious terms—she felt my presence; she knew, I was looking out for her. Toward the end of therapy she began talking again about God, but in a different way—someone warm, supportive, and friendly—a confidante.

Throughout this case I found myself asking: *What purposes does religion serve in Donna's life, and how have the functions of religion developed and changed?*

Finally I would like to present one more experience.

Recently I attended a community meeting of human service professionals following the suicides of two young adolescents. The suicides were related. Concerns were raised about a number of issues: How the media should handle the suicides; how the school system should deal with the deaths; how other adolescents potentially at risk could be identified and brought into the helping system. I was particularly struck by the difficult task faced by the pastor to one of the families whose son had died. The pastor was very concerned about the funeral service, and asked what kind of service he should lead. On the one hand, he wanted to offer some comfort to the family and community. On the other hand, he did not want to glorify the death, talk about the pleasures of the after-life and, perhaps, encourage other adolescents to imitate their peers.

I certainly did not have an easy answer for the pastor. But the experience raised another question for me: *How can religion be helpful to people dealing with such significant problems in their lives?*

The questions raised by the community disaster, clinical case, and social problem are not very precise, very parsimonious, or in their form, very amenable to scientific testing. I have also committed the "sin" of failing to operationally define religion. But I would like to strongly suggest that these kinds of experiences and questions are "gut" issues for not only an applied psychology of religion, but a scientific study of religion as well. To echo Richard Kahoe, Newton Malony, and Merton Strommen, psychologists of religion have the opportunity to study issues of tremendous meaning and practical significance to people. The problem is that these questions, rooted in the real-world, are complex. They point to complicated roles of different situations and systems, to complicated transactions of people grappling with their situations as important objects for study, and to religion as something that is not necessarily static, but as something that can evolve and change.

How do we begin to understand and study these experiences, so central to a psychology of religion, systematically and scientifically without distorting the nature of the experiences beyond recognition? To quote Spilka, Hood, and Gorsuch (1985a, p. 320), what we need are some "grand, overriding theories that cross many areas" of psychology to generate, organize, evaluate, and guide our empirical study. In the last few years, we have seen exciting theoretical developments in the psychology of religion including Spilka's attribution theory (Spilka, Shaver, and Kirkpatrick 1985b), Gorsuch's decision-making theory (Gorsuch 1986), and Kahoe's efforts (1982) to link our work more closely to theological concerns. In this paper, I would like to present another potentially rich perspective for the psychology of religion—a theoretical framework of coping. Parts of the framework of coping are still sketchy. It does not have the precision or specificity of a theory, so I prefer to call it a

theoretical framework. But it integrates a significant and interesting body of literature within the psychology of religion with theoretical and empirical developments in other areas of psychology. It also suggests new questions and new methods for study which may come close to capturing the phenomena of deepest interest to us as both scientists and practitioners. In this sense, it bridges our applied and scientific concerns.

THEORETICAL FRAMEWORK OF COPING

Coping theories have their roots in ego psychology (White 1959), life span development (Erickson 1963), experimental psychology (Miller 1978), and community psychology (Dohrenwend and Dohrenwend 1974). These theories take issue with more passive, deterministic, and trait-oriented models of personality. They present an active view of people engaged in more dynamic interaction with their environment. My framework draws on the thinking and research of several clinical and social psychologists, most notably Richard Lazarus, Susan Folkman, and Forrest Tyler (Lazarus and Folkman 1984; Tyler 1978).

Coping is viewed as a continually changing process through which individuals try to understand and deal with significant personal or situational demands in their lives. There are three keys to this perspective: First, the focus of coping is on problems, situations, or events of significance for the person, rather than events people respond to more automatically; second, coping involves both cognitive and behavioral effort—individuals try to both *understand* and *deal* with events in their lives; and third, coping is vitally concerned with processes—processes of change and processes of interaction of individuals struggling to come to grips with specific life demands.

There are several important elements in the process of coping (see Figure 1). We start with the event, situation or problem faced by the individual. However, we start here only as a matter of convenience, for events do not just happen. People contribute to and construct their events (Tyler, Gatz, and Keenan 1979). These events may take the form of profound, dramatic life changes or of more daily irritants, hassles or “uplifts.” Major or minor in scope, they often have profound impact on us (DeLongis, Coyne, Dakof, Folkman, and Lazarus 1982). And different kinds of events—deaths, life transitions, illnesses, celebrations—pose different kinds of threats, challenges, demands, and opportunities for people (McRae 1984).

Yet most coping theorists agree that events of themselves are not very strong predictors of how an individual will behave. Descriptions of bereaved spouses (Glick, Weiss, and Parkes 1974), concentration camp survivors (Frankl 1963), and accident victims (Bulman and Wortman 1977) point to a great deal of diversity in how people respond to these events. Similarly, empirical studies

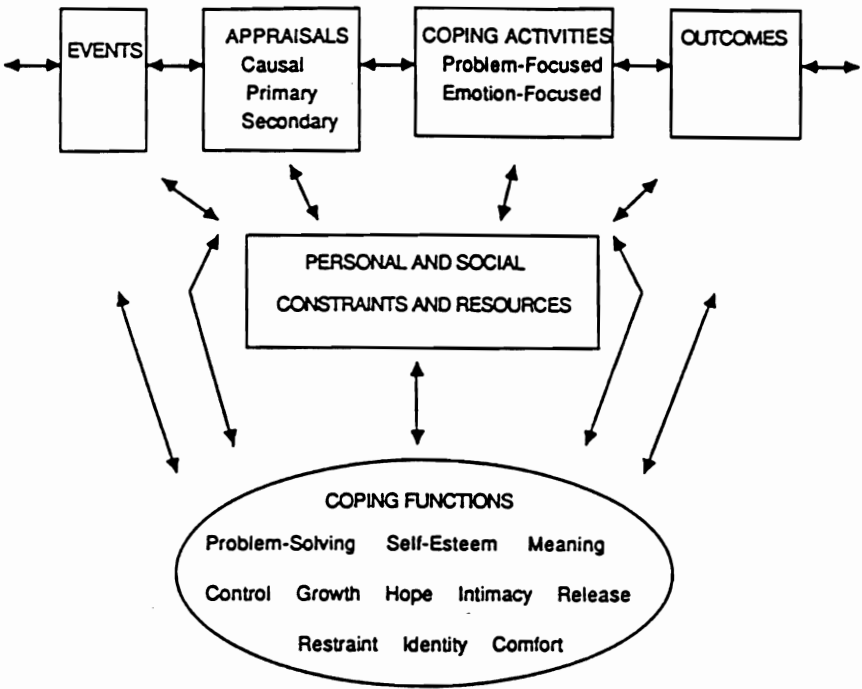


Figure 1. Illustrative Religious Coping Activities

have generally found only modest intercorrelations between the number of major life events experienced by people and their subsequent well-being (Rabkin and Struening 1976).

Theorists have generally stressed the importance of understanding the subjective meaning of the situation to the individual (Murray 1938; Rotter 1954). As Shakespeare wrote, "There is nothing either good or bad, but thinking makes it so." Maybe Shakespeare went a little overboard, but a large body of literature clearly indicates that appraisals of situations are central determinants of how we respond to them (Lazarus and Folkman 1984). Consider, for example, the variety of appraisals of a physician's remark that "something a bit unusual showed up on the stress test." It could be appraised as a threat to the individual, as a loss of peace of mind, as a challenge, as caused by any number of things, as a situation that the individual can handle, or as a situation that the individual must simply accept. Lazarus and Folkman (1984) make a useful distinction between two types of appraisal: Primary appraisals deal with evaluations of the situation itself; secondary appraisals deal with evaluations of the individual's ability and options to handle the situation.

In moving to the third element of the coping process, coping activities, we shift from a cognitive, attributional focus to an action focus. Depending, in part, on how the situation is appraised, the individual can handle it in a variety of ways. Several theorists distinguish between problem-focused coping aimed at resolving the situation itself and emotion-focused coping aimed at regulating feelings (Lazarus and Folkman 1984; Moos and Billings 1982; Tyler 1978). Others have defined more specific coping strategies: Different forms of personal and situational control; different problem solving activities; taking rational action; seeking help; positive thinking; withdrawal; self-blame; or comparing oneself to how well others are doing (e.g., McRae 1984; Taylor 1983; Weisz, Rothbaum, and Blackburn 1984).

These events, appraisals, and coping activities are associated with outcomes. The concept of outcome is multidimensional. We can distinguish between immediate or short-term outcomes and longer-term outcomes. We can speak of situational outcomes—how the situation turned out; psychological outcomes—the individual's self-esteem, satisfaction with life, and knowledge gained from the experience; social outcomes— interpersonal, familial, institutional, and political change; and physical outcomes, such as neurochemical reactions and health status. And we can consider positive outcomes, negative outcomes, and mixed outcomes involving both gains and losses.

This process of coping is shaped in part by personal and social resources and constraints, such as generalized psychosocial competence, attitudes and beliefs, physical health, financial status, social networks, and social norms which directly affect the likelihood of many events, appraisals, coping activities, and outcomes (Heller and Swindle 1983; Tyler 1978). A striking example comes from a recent prospective study by Reynolds and Kaplan (in press). They found that the number of social connections reported by a community sample of adult women predicted both lower cancer incidence and cancer mortality rates. Coping resources and constraints also channel people toward particular kinds of appraisals and forms of coping activities. For example, in coping with the results of the stress test, a wealthier person has the option to seek further medical advice. The person with less money may be more likely to rely on emotion-focused coping activities to manage his/her feelings.

But what drives this whole process? Coping is guided by functions. These functions are enclosed in a circle in Figure 1 rather than a square to indicate that they represent a different dimension. Here we shift from consideration of the "what's" of coping to the "why's" of coping. Coping theorists describe two important types of functions. First, coping efforts are pushed by the press to solve the problem itself. We want answers; we want to know what to do; we want to put the problem behind us and get on with our lives. But when coping, trying to solve the problem is only half the battle. We struggle to keep ourselves together psychologically as well (Lazarus and Folkman 1984; Tyler

1978). In coping, we are guided by a number of important psychological functions: Self-esteem, a sense of power or control in life, a sense of meaning in life, personal growth, a sense of hope in life, feelings of intimacy and belonging with other people, a release of feelings, a sense of personal identity, restraints on undesirable impulses and feelings, and feelings of comfort in life (Erikson 1963; Frankl 1963; Taylor 1983; Maslow 1970).

Two things are important to note about these functions. First, they are *multilevel constructs* reflecting the contributions of psychological, situational, and social dimensions. Functions are determined by the personal needs and motives of the individual, by the situation, different events in life raising different problem solving or psychological tasks and challenges, and by the response of the person and his/her social system to life events and personal needs. Appraisals, coping activities, and personal and social resources and constraints take on different shapes and sizes well-suited to serving some purposes, and ill-suited to serving others. In this sense, it is meaningful to speak of a function in terms of its coherence and level of integration.

Second, it is important to distinguish functions from outcomes. For example, the person whose coping is guided by a desire to get closer to others is not always successful. The way he/she tries to get close may push others further away. Or the options the social system offers for helping people get close may be ineffective. In this sense, we can distinguish the function of the coping process (i.e., the purpose it serves) from the outcome of coping (i.e., *how well* the purpose is served).

I have briefly reviewed the elements of the coping process. The pieces do not fit together in a nice neat package. The coping process is highly interactive. Situations both shape and are shaped by appraisals, coping activities, and personal and social resources and constraints. Appraisals affect coping activities. Coping activities can lead to re-appraisals of the situation. The personal and social resources of the individual both shape and are shaped by these elements. Coping serves different purposes for different people dealing with different events in different contexts. These functions, in turn, guide the coping process.

The outcomes of coping are no less multidetermined. The framework of coping alerts us to multiple routes to the prediction of coping outcomes. Certain kinds of events, appraisals, coping activities, and personal and social resources and constraints may have generally benign or malevolent consequences. For example, self-esteem is a personal resource which is helpful to people dealing with a variety of life situations. However, the model of coping also alerts us to an interactive set of determinants of outcome. For instance, how well-suited are the appraisals and coping activities chosen by the individual to the demands raised by the situation? To what degree is the social network of the person able to respond to his/her needs? Does the individual have the personal resources necessary to handle a challenging situation? These questions highlight

the importance of the integration or fit among the elements of coping as predictors of outcome. In short, coping is a complex continually evolving process. But what does this have to do with religion?

Religion and the Process of Coping

Religion can be an integral part of the coping process. I am not the first person to make this point. Pruyser (1968, pp. 8-9) noted that: "religion can be defined as a way of problem solving Within such a framework, the concept of religious experience as a state has to give way to the concept of religion as a process." There are three ways religion can fit into the process of coping: (1) it can be a part of each of the elements of the coping process; (2) it can be a contributor to the coping process, and; (3) it can be a product of the coping process.

Religion as a Part of the Coping Process

Many events are, in themselves, religious: Ceremonies marking key life transitions—baptisms, bar and bas mitzvahs, marriages, divorces, funerals; personal religious events, such as a conversion experience, a born-again experience or a mystical experience; or social religious events, such as joining or leaving a congregation. Relatively commonplace religious events can also be significant: A feeling of warmth during a prayer, an argument with a congregation member, a visit from the clergy, or an insight from reading the Bible. At times these events pose challenges to the person, stimulating efforts to understand and deal with them.

Appraisals, both primary and secondary, can also be religious in nature. Religion offers a number of ways of understanding life events (Pargament and Hahn 1986; Spilka et al. 1985b). Events can be evaluated as a reward from a loving God, as a lesson from a teaching God, as a punishment from an angry God, as unintended by a kind but non-intervening God, or as the will of a mysterious God. Explanations such as these are common, particularly in the wake of tragic events, when religion may seem the only way to make sense out of pain and suffering (Bulman and Wortman 1977; Cook and Wimberly 1983; Kushner 1981; Jenkins and Pargament 1988; Peteet 1985).

And religion may be a central part of an individual's secondary appraisal, what can be done about the situation. In my office, I have a picture of a surgeon walking along a hallway with a tiny woman in a hospital gown. The caption underneath reads "Shani Shanio, 105, takes an afternoon stroll along a corridor of the hospital with her osteopathic surgeon who inserted a cardiac pacemaker under her right collarbone last week. Of the pacemaker, Miss Shanio said: "I'm not dependin' on it, I'm dependin' on God" (*Cleveland Plain Dealer* 1979,

p. 8-A). Hence, what is to be done about this situation is defined in religious rather than medical terms.

Religion can contribute to the individual's repertoire of coping activities. On this, there is a significant gap in the psychology of religion literature. Our measures of religion focus more on general religious practices, orientations, and dispositions than on situations, but it is not difficult to generate situation-specific religious coping activities. One can find them wherever one hears accounts of people experiencing crisis and turmoil. From interviews, readings, and personal experiences, my students and I generated 30 situation-specific coping methods involving religion (see Figure 2) which we are currently examining in a longitudinal study of religion and the coping process (Pargament 1988). Religious coping activities can involve relationships with other members and the clergy of a congregation or relationships with God. They may involve cognitive change, such as deciding that there is a lesson from God in the event, emotional change, such as feeling angry with God, behavioral change such as trying to lead a more loving life, social change such as promoting justice in our institutions, or avoidance of the problem altogether by focusing on the world-to-come rather than on the problems of this world. They may be relatively passive, such as "let God solve my problems for me," or more collaborative, such as taking control over what is possible and giving the rest up to God.

We can talk about religious outcomes as well. Through the process of coping, changes may occur in any of the dimensions of religious life. An individual may feel closer to God, become less involved in a congregation, or become more convinced that there is life after death.

Religion can be viewed as both a resource and a constraint to coping. These resources and constraints take the form of different types of congregations with different theologies, missions, and organizations, and various religious beliefs, practices, and orientations (e.g., attendance practices, intrinsic-extrinsic emphases, doctrinal orthodoxy) which selectively encourage and discourage particular kinds of coping (Pargament and Maton, in press). Our research with churches and synagogues has yielded striking differences in their responses to members experiencing problems (Pargament, Silverman, Johnson, Echemendia, and Snyder 1983). Some congregations encourage members to bring their crises and raw feelings to the church; in others, members would be embarrassed at a display of deep feelings. Some encourage members to "put their problems in God's hands," others to "use the common sense God gave them" and deal directly with problems. Some encourage members to use formal helping systems, others to avoid the evils of secular society.

Finally, we can talk about religious functions of coping when it serves the purposes of spiritual growth or greater closeness to God. Individuals vary in their desire for spiritual growth, and congregations vary in the kind and degree of effort they make to influence their members spiritually. Of course, the

Figure 2. Illustrative Religious Coping Activities

INTERPERSONAL

- Received concrete help from the congregation (e.g., food, shelter)
- Provided help to other congregation members

SPIRITUAL

- Experienced God's love and care
- Felt God's presence in my life

COGNITIVE

- Realized God was trying to strengthen me
- Found the lesson from God in the event

EMOTIONAL

- Felt angry with or distant from God
- Felt guilty for my sins

BEHAVIORAL

- Led a more loving life
- Confessed my sins

SOCIAL

- Worked toward a more just society
- Promoted the social gospel

AVOIDANCE

- Focused on the world-to-come rather than the problems of this world
- Prayed or read the Bible to keep my mind off of my problems

PASSIVE

- Let God solve my problems for me
- Asked for a miracle

COLLABORATIVE

- Took control over what I could and gave the rest up to God
 - God showed me how to deal with the situation
-

religious functions of individual and system may be related to psychological or problem-solving functions. For example, the desire to know God may be associated with the psychological search for intimacy and with the desire for guidance and control in life. However, we should avoid the temptation of *reducing* religious functions to psychological functions. Religious functions may have a unique way of operating in the coping process.

Religion as a Contributor to the Coping Process

I have tried to illustrate how religion is a key part of the process of coping. Religion also has the potential to *shape* the coping process in a variety of ways. Religious resources and constraints can increase or decrease the likelihood of certain life events. For instance, personal and social involvement in religion

decreases the likelihood of drug abuse, alcohol abuse, and nonmarital sexual activity (e.g., Spilka et al. 1985a).

Religious resources can affect our appraisals of situations, such as the degree to which they are seen as threatening or harmful, as well as the individual's perceived ability to cope. For example, in a study of chronic dialysis patients, one patient described his three cardiac arrests and numerous surgeries in the following way: "Each time I knew everything would be all right because I asked God to carry me through—I know that He's got His arms around me" (O'Brien 1982, p. 76). Religion can also influence our understanding of the causes underlying situations. Several studies have shown that religious people are more likely to attribute the causes of key life events to God (Pargament and Sullivan 1981; Smith and Gorsuch 1989; Spilka et al. 1985b). Paradoxically, religion can contribute to the appraisal process by discouraging a focus on questions of causality. For example, living in occupied Holland in World War II, Corrie Ten Boom (1971, p. 161) was asked why God let her father die in prison. She responded that, "Some knowledge is too heavy ... you cannot bear it ... your Father will carry it until you are able."

Yancy (1977), in a book entitled *Where is God when it Hurts*, asserts that those who focus on the response to suffering fare better than those who focus on the cause of suffering. Clearly, religious resources can effect the kinds of coping activities and responses of the individual to significant problems (McIntosh and Shifflett 1984; Ebaugh, Richman, and Chafetz 1984). Ebaugh and her colleagues (1984) interviewed members of Catholic, Charismatic, Bahai, and Christian Scientist groups about their responses to crisis. Charismatics looked more toward their group for emotional support. Bahai's turned more toward an intellectual direction—the interpretations of writings. Christian Scientists were more involved in positive thinking, and less involved in prayer. Newman studied the ways in which religion was used to help college students cope with the most important problem they had experienced over the past three years (Newman and Pargament in press). He found that religion was most commonly used to help them redefine the problem once it had occurred and to maintain themselves emotionally as they were solving it. Similarly, in a study of 240 caregivers of Alzheimer's patients, caregivers who reported that they received spiritual support were more likely to cope with the demanding situation by reframing it more positively (Wright, Pratt, and Schmall 1985). One caregiver commented: "I would not have given up this period to care for my parents for anything. There has been ... lots of frustration. But I'm learning for the first time to take each day at a time. This illness is teaching me to gain strength from the Lord" (1985, p. 34). These studies suggest that religion may be particularly influential in helping people to redefine the problem and in keeping themselves together emotionally as they deal with it.

Religion can shape the outcomes of important situations. It is commonly reported as a major source of support to people in crisis (e.g., Castles and Keith

1979; Fichter 1981; O'Brien 1982). Among chronic dialysis patients, more frequent church attenders were more sociable, less alienated, and more compliant with their treatment regime (O'Brien 1982). In a study of 16 patients close to death, those with stronger religious faith reported less fear of death, and those who identified the church as a major source of support experienced less sleep disturbance (Gibbs and Achterberg-Lawlis 1978). Yates and collaborators (1981) studied 71 patients with advanced cancer and found that religious beliefs and activities were associated with lower levels of reported pain and greater life satisfaction and happiness. Jenkins and Pargament (1988) interviewed 62 cancer patients and obtained nurses' ratings of their adjustment. Patients who reported God to be in control of their illness were rated as significantly less upset, and indicated higher self-esteem. Grevengoed studied 149 college students who had recently experienced the death of a family member or close friend. Attributions of the death to God's will or God's love were associated with more favorable death perspectives and more favorable evaluations of how well they had coped with the death. Attributions of the death to a punishing God were associated with less favorable death perspectives and less favorable evaluations of coping (Grevengoed and Pargament 1987). Gruner (1984) evaluated Teen Challenge, a residential drug treatment program sponsored by the Assemblies of God that was designed to overcome feelings of meaninglessness and alienation through commitment and devotion to God. Although the study lacked a control group, considerably higher retention and success rates were reported by Teen Challenge than by other drug rehabilitation programs. There were also significant changes in Purpose-in-Life scores of residents over a 12-month period.

A larger body of literature relates various dimensions of religiousness to more general outcomes such as life satisfaction, health, and mental health (e.g., Batson and Ventis 1982; Bergin 1983; McIntosh and Spilka 1990; Maton and Rappaport 1984; Paloutzian and Ellison 1982; Pargament, Grevengoed, Hathaway, Kennell, Newman, and Jones 1988; Spilka et al. 1985a). For instance, we recently compared people who report that they solve their problems collaboratively with God to people who defer their problems to God. Collaborative religious problem solving was associated positively and deferring religious problem solving was associated negatively with psychological competence (Pargament et al. 1988). McIntosh and Spilka (1990) found that collaborative religious problem solving was associated with fewer symptoms of illness and better health in general.

What we have here is evidence from a variety of sources of the potential impact of religion on the outcomes of coping. These effects are not necessarily uniformly positive or negative. There may be advantages and disadvantages to various types of religious coping activities and resources (Batson and Ventis 1982; Pargament and Maton, in press).

Finally, religion can serve any of the psychological, problem solving, or spiritual functions. Spilka and colleagues (1985) have delineated three significant

roles of religious beliefs and practices: Offering *meaning in life*, enhancing the sense of *personal control*, and building *self-esteem*. Religion can serve other important purposes such as intimacy and identity, comfort and growth, release and restraint, problem solving and hope, and spiritual functions.

Intimacy and Identity

In our consultative work with many kinds of churches and synagogues, one consistent theme emerges—members are seeking a sense of community and family within the congregation. For many members who have moved away from their families, the congregation has become their primary reference group, one they turn to for feelings of intimacy and support. Greeley (1972) suggests that the search for belonging may be the basic function of religion, preceding even the search for meaning. Closely related to the sense of belonging is the sense of identity provided by religion. Religion offers a set of beliefs, traditions, symbols, and rituals which help define who the individual is and is not (Hammond 1988).

Comfort and Growth

Comfort has always been a central function of religion. Glock, Ringer, and Babbie (1967, p. 204) state that “the church is committed first of all to the belief that the Christian faith itself possesses the power to surmount the trials and tribulations of daily life.” Benson (1984) and Borysenko (1987) have, in fact, documented the role of religious faith in the reduction of psychophysiological arousal and in the promotion of a relaxation response. Yet religion may challenge as well as comfort people (Glock et al. 1967). Religious institutions have, at times, played a critical role in the transformation of social life, particularly among the disenfranchised and oppressed. They can also serve as a stimulus to powerful personal change (Maton and Rappaport 1984).

Release and Restraint

Religion offers many people opportunities to express their deepest feelings. For example, services in some black churches have been described as a catalyst for emotional release (Griffith, Young, and Smith 1984). Religion can help others restrain their feelings and actions. Clearly, many congregations and religiously-based groups like Alcoholics Anonymous help control the destructive impulses and behaviors of their members (Pargament and Maton in press).

Problem-Solving and Hope

Guidance in defining problems, in selecting and implementing solutions, and in learning from this process is another key function of religion. Newman and

Pargament (in press) describe the involvement of religious beliefs and practices in each of the phases of problem solving. Sustaining people through this process can be the sense of hope offered by religion. Kahoe (1982) defines two kinds of religiously-based hope: Revolutionary, which focuses on the hope that problems in this world are resolvable, and eschatological, which deals with the hope and promise of an afterlife.

Spiritual

Most central to religion is its spiritual function. A diverse array of religious systems have been designed to bring people closer to God. While these systems vary in their form and effectiveness, they represent responses to the need to transcend oneself and embrace a larger order in the universe.

The functions of religion are not exclusive of each other. For example, prayer can serve a variety of functions: A request for guidance, a desire for closeness with God, a search for peace of mind, a desire for growth, or a request for direct intervention from God to solve a problem (Clark 1958).

Religion can also serve different functions for different people. Following the death of his wife, C. S. Lewis looked to religion more for meaning than for comfort. He wrote (1961, p. 23): "Talk to me about the truth and religion and I'll listen gladly. Talk to me about the duty of religion and I'll listen submissively. But don't come talking to me about the consolations of religion or I shall suspect that you don't understand."

These functions can change over time. To digress back to Donna, the client described earlier, it seemed that when she came to therapy, religion was serving as a source of control for her. She felt that by living her "upright" life style, she could take vicarious control of her life through God. When she began to experience negative events, her system broke down. I helped her to find alternative ways of getting control in her life. The function of religion in her life then changed. She shifted from seeking control through God, to seeking control from me, to seeking intimacy with God. She began to look to God for the love and care she had not received from her family as a child. She joined a church which offered loving rather than punishing images of God.

Some of you may feel that, in talking about religious functions, I am presenting basically an extrinsic view of religion. I am suggesting that religion serves various purposes for people. But a functional view of religion is different from an extrinsic view of religion, for religion serves purposes for intrinsically- as well as extrinsically-oriented people. I hypothesize that the intrinsic person is likely to be guided more by spiritual functions of religion. In contrast, the extrinsic person is likely to be guided more by the problem-solving functions of religion. In this sense, religion serves important but different functions for both groups. We need to go beyond the basic distinction between "living and using religion," by considering the implications of different functions of religion

for people. Recent research efforts pointing to the multidimensionality of intrinsic and extrinsic religiousness are promising steps in this direction (Echemendia and Pargament 1982; Kirkpatrick 1990).

Religion as a Product of the Coping Process

It is important to note that our framework points to religion not only as a contributor to coping, but as a product of coping. Here we shift from religion as an independent variable to religion as a dependent variable. Although the evidence is a little thinner, it is still suggestive. Snook and Gorsuch (1985) dramatically illustrate the contextual nature of religious behavior. They assert that the meaning of intrinsic religiousness is, in part, tied to the norms of the social group. Lower levels of prejudice among the intrinsically religious in this culture, they suggest, are tied to the adherence of intrinsics to American norms of equality and fairness. In other cultures with different norms, a different set of relationships might emerge. They tested this possibility in South Africa among Dutch Afrikaaners embedded in a culture supportive of segregation. In this group, the more intrinsically religious were found to be *more* prejudiced than the less intrinsically religious.

Most of the study of religion as a product of coping focuses on the impact of events on an individual's religiousness. There is not much evidence that people invariably turn to God when caught in the foxholes of their lives (Argyle and Beit-Hallahmi 1975; Hall 1986). Stewart Alsop, in his struggle with leukemia, wrote: "I wish I could say that this strange experience with leukemia has given me profound spiritual insights. But it hasn't. The big bearded reality of my childhood is no longer a reality to me ... I have been an agnostic since I was about eighteen. I am an agnostic still" (cited in Fichter 1981, p. 56). Similarly, Newman and Pargament (in press) and Grevengoed and Pargament (1987) found that events which challenged an individual's sense of self-esteem, feelings of mastery and control, and beliefs in a just world were not associated with an increase in religious problem solving activities and religious attributions.

But, as Yancy (1977) has noted, painful experiences can, at times, drive a person toward God. In this vein, McRae (1984) studied a group of urban adults and found that faith was cited as a coping response more often in response to events involving threat than to events involving challenge or loss. A recent national study of adults (Princeton Religious Research Center 1987) compared those who said they had gained faith since the age of 16 with those who said they had lost faith. A deepening of faith reportedly followed a variety of life events: The birth of a child, being lonely, a promotion at work, and emotional difficulties.

Attribution research also points to the power of the situation to elicit various religious attributions (Pargament and Hahn 1986; Spilka and Schmidt 1983).

In a study of college students, we found that unjust world events, such as the careful walker who slips on the ice on the way to class, were more likely to trigger attributions to God's will than to other religious attributions. Positive outcome events were more likely to trigger attributions to God's love. Negative outcome events were more likely to trigger attributions to God's anger (Pargament and Hahn 1986). They may also trigger anger to God, even among atheists. As one widow stated shortly after the death of her husband, "I was thinking of why it happened to him. It was not fair. I'm very angry when people say, 'That's God's Will' . . . It's a good thing I don't believe in God, otherwise I'd be so mad at Him" (Glick et al. 1974, p. 132).

These illustrations of religion as a part of coping, a contributor to coping, and a product of coping are very basic. Yet, in staying basic, something is missing, for as several studies have indicated, there are times and places when religion does not appear to be involved in the coping process (Argyle and Beit-Hallahmi 1975; Barbarin and Chesler 1986; Folkman, Lazarus, Gruen, and DeLongis 1986; Reynolds and Kaplan in press). Recall the mining fire of Centralia in which religion seemed irrelevant.

WHEN IS RELIGION INVOLVED IN COPING?

Religion is simply one part of the coping process; other beliefs, practices, systems, and resources are also involved. How do we explain why religion sometimes seems so important and at others seems irrelevant? Spilka et al. (1985b) have suggested three kinds of variables which determine whether an individual uses religious or nonreligious attributions—person, contextual, and event variables. Their scheme also applies to understanding when religion is involved in coping.

People differ in their commitment to and involvement in religious approaches as opposed to naturalistic approaches to understanding and dealing with life. Certainly, religion should be a more integral part of coping for those who view religion as a salient part of their lives. More intrinsically-oriented people, who "live their religion," apply it to a broader spectrum of life situations than those who are less intrinsically-oriented (Grevengeod and Pargament 1987; Newman and Pargament in press). More extrinsically-oriented people may "use their religion" in a more limited range of life situations than those who are less extrinsically-oriented. Religious education and knowledge may also be essential backdrops to the involvement of religion in coping. What the individual has learned from previous involvements of religion in coping is another critical ingredient. Is religion perceived to be an efficacious response to the problem at hand?

Contextual factors influence the involvement of religion in the coping process. The degree to which the individual is embedded in a religious system

will affect the likelihood of religious involvement in coping. For example, if the church represents a focal point in the life of an individual, personal problems become church problems. Religious systems also differ in the extent to which they reach out to people dealing with problems in life. Congregations which incorporate an active outreach role into their mission and organization are more likely to play a key part in the coping processes of members (Pargament and Maton, in press). The degree to which an individual is embedded in non-religious systems and perceives them as effective is another factor influencing the likelihood that he/she will turn to religion for help in coping. Religious systems may be called on when all other systems have failed. Finally, social norms prescribe religious involvement in the process of coping with a variety of life events. Thus, a young man who has rarely gone to synagogue may turn to it for help in dealing with the death of his father.

Events also differ in their press for religious versus naturalistic approaches to coping. Significant life transactions like births, confirmations, and weddings, threats like illnesses or the possible loss of a job, and losses like an injury or a death generally trigger religious forms of coping more than day-to-day events (Pargament and Sullivan 1981; Spilka and Schmidt 1983). But if this is the case, why was religion irrelevant in Centralia? A fire raging underneath one's community certainly qualifies as a significant life event. Spilka et al. (1985) proposed that religion may be called on when the individual has little knowledge about the event or little ability to control it. This suggests that religion will be particularly involved in coping in situations of a mysterious or incomprehensible origin where direct action to solve the problem is impossible.

The Centralia disaster did not fit these criteria. The origins of the fire were clear. It was caused by a technological mining problem. Residents looked for a solution through the direct action of governmental authorities. Thus nonreligious systems were seen as the cause of the problem and as the route to its solution.

Yet religion was not completely irrelevant to the Centralia disaster. Many residents continued to pray during the crisis. While the researchers do not describe what they prayed for, we might guess that their prayers served important spiritual and psychological purposes (e.g., peace of mind, hope, and control) rather than problem-solving functions. In short, whether religion becomes a part of coping depends on a complex of personal, contextual, and situational factors.

IMPLICATIONS OF A THEORETICAL FRAMEWORK OF COPING FOR THE SCIENTIFIC STUDY OF RELIGION

This theoretical framework of coping has many implications for the scientific study of religion.

The Power of the Situation

First, it alerts us to the power of the situation. Different situations will elicit different religious responses, and these responses will have different effects on different people. For example, as Kushner (1981) notes, the belief in an all-powerful God is a source of comfort, meaning, and support in most situations. For him, however, that belief became a source of anxiety when his child died. It suggested that somehow God wanted this terrible tragedy to occur. Through his personal struggle, he "re-appraised" God as a loving but not all-powerful Being.

Psychological studies have typically operationalized religion in terms of general dispositions, beliefs, and practices—approaches to life which remain consistent from situation to situation. Much of our research energy has been directed to study of the relationships between various religious dispositions and orientations (e.g., intrinsic, extrinsic, quest, indiscriminate pro-religiousness) and such criteria as mental health, prejudice, and helping behavior (Batson and Ventis 1982; Gorsuch 1988; Spilka et al. 1985a). Viewed from the coping framework, the focus of this literature falls on the elements of "Personal and Social Resources and Constraints" and "Outcomes." While these are important parts of the coping process, the framework also underscores the contributions of situation-specific elements (i.e., event, appraisal, and coping activities) to coping. For example, while a man may express a general belief in a loving God, how is this belief articulated in dealing with a specific event such as a divorce? While he may pray, on average, twice a week, how often does he pray when dealing with the divorce, how does he pray, and what does he pray for? While he may involve himself in his congregation once a month on average, what form of support or response does the congregation offer him while he is going through the divorce? A coping framework raises these and other situationally-sensitive questions. It also underscores the need for situationally-sensitive measures of religious appraisal and religious coping to enhance our understanding of the coping process.

The Power of the Context

American psychology has been criticized for its neglect of social-contextual variables, and its focus on the "self-contained individual" (Sampson 1977). Religious research has also been criticized on these grounds. In his review, Barton (1971, p. 847) noted that "Research on religious development, like much other quantitative social research, suffers from methodological individualism . . . researchers have proceeded to take people out of their actual social contexts and to limit their analysis to individual variables . . . this is like a biologist putting his experimental animals through a meat grinder and taking every

hundredth cell to examine under a microscope; almost all information about anatomy and physiology, about structure and function get lost.”

The framework of coping helps to remedy the individualism of psychological study. It highlights the power of context for coping. It alerts us to the fact that religious coping is embedded within a broader social system which shapes the nature of the coping process (e.g., Snook and Gorsuch 1985). It underscores the potentially supportive or constraining roles of religious systems in the coping process. Consider, for example, the church-going woman who has contracted AIDS. The framework draws our attention to her appraisals of the disease, her coping activities, her personal resources, and her needs. However, it also highlights the importance of the response of her congregation to her situation. The theology, mission, and organization of the religious congregation will direct its response to this woman in one of many dramatically different directions.

Thus, individual, situational, and contextual forces are all essential ingredients of the coping process. Theories and empirical studies directed at these different levels of analysis hence are relevant to its study. The literatures on stress, social networks, social systems, natural helping, problem solving, person-environment fit, and attributions developed by social, clinical, community, environmental, and experimental psychologists can be gathered and examined beneath the umbrella of coping. Similarly, the study of coping offers one potential bridge joining the gap between our understanding of individual religiousness through the psychology of religion and of religious systems through the sociology of religion.

The Language of Coping

The relationships between religious variables in coping and other important psychological attitudes and behaviors are not necessarily simple or straightforward. Findings of low order correlations among measures of religiousness, mental health, prejudice, and criminal behavior are not particularly surprising (e.g., Bergin 1983; Batson and Ventis 1982; Spilka et al. 1985a). The language of coping points to the need for more conceptually-based studies involving multiple variables, moderating variables, curvilinear relationships among variables, dynamic change, integration among variables, and the concept of tradeoff.

The Importance of Moderators

Several potentially important moderating variables can be generated from the framework of coping,

Religious function. We would expect that the effect of religion on the coping process is moderated by religious function, the purpose religion serves. For

example, it would not be surprising to find little relationship between congregational involvement and measures of self-esteem or loneliness. People go to church or synagogue for all kinds of reasons, many of which have nothing to do with self-esteem or loneliness. Congregations also differ in the importance they attach to these needs. But congregational involvement should relate to lower levels of alienation and loneliness among those members who seek esteem and intimacy through a congregation which has developed ways to respond to members' personal and social concerns. Similarly, we should find stronger relationships between involvement in church life and rates of alcohol abuse in churches which serve a controlling or restraining purpose among members who turn to the church for this purpose. However, these hypotheses cannot be examined without progress in the measurement of religious function. It is important to reiterate that functions are multilevel constructs involving psychological, situational, and social variables. Comprehensive measurement of function then includes an assessment of individual needs and coping responses, situational opportunities and demands, and the shape the social system takes in response to its members, mission, and broader social context.

Stressful experiences. The impact of religion on the coping process may also be moderated by the power of the events the individual is facing. As Talcott Parsons wrote: "religion has its greatest relevance to the points of maximum strain and tension in human life as well as to positive affirmations of faith in life, often in the face of these strains" (quoted in Fichter 1981, p. 21). Some support for this stress-buffering view of religion has been reported. Zuckerman, Kasl, and Ostfeld (1984) examined predictors of mortality in a two-year longitudinal study of elderly men and women in poor health and in good health. For those faced with poor health, higher levels of religiousness lowered the risk of mortality, but this was not true for those in good health. Maton (1989) studied parents from a mutual help organization who had lost a child within the past two years (highly stressed) and whose child had died more than two years ago (less stressed). A measure of spiritual support was associated with lower levels of depression and greater self-esteem among the highly stressed. Spiritual support was not associated with these dimensions for the less stressed group. In a second longitudinal study of high school students in transition to college, a measure of spiritual support obtained in high school predicted the adjustment of students to college under conditions of high stress, but not for those experiencing less stress. Working with a sample of college students, Taitel (1988) found that an intrinsic religious orientation and creedal assent were associated with better health status among highly stressed students. These religious dimensions were not related to health status for less stressed students.

It is important to note that efforts to find stress buffering effects of religion have not always been successful (Ellison, Gay, and Glass in press). Further research in this area might focus on identifying and matching the kinds of stresses

to the qualities of religion which may be particularly ameliorative in these difficult situations. For example, certain religious beliefs and practices (e.g., the belief in a personal, just, and benevolent God) may be particularly helpful to people when they confront situations which lie outside of their control and beyond their problem-solving capacities (Jenkins and Pargament 1988; Pargament and Hahn 1986; Pargament and Maton, in press). Other religious beliefs and practices (e.g., the belief in an empowering God) may be more helpful in dealing with situations that can be confronted directly. A recent two-month prospective study of college students by Park and Cohen (1988) provides some support for this notion, as well as the need to consider denominational differences in the this process. They found that an intrinsic orientation predicted a decline in depression among Protestant students faced with uncontrollable negative events. For Catholics, a stress-buffering effect emerged for extrinsic religiousness for those confronting controllable negative events.

The importance of religion. There is also some evidence to suggest that the relationship between religion and coping is moderated by the importance of religion to the person. Bahr, Bartel, and Chadwick (1971) found that measures of religiousness were associated with religiously-related consequences only for those college students with the highest levels of religious salience. Gibbs, Mueller, and Wood (1973) report similar findings from a sample of church members. Working with a community sample, Hoge and DeZulueta (1985) found only mixed support for religious salience as a moderator between religious beliefs and identity, and personal, family, and social consequences. Differences in the conceptualization and measurement of religious salience may account for some of the "cloudiness" in this research.

Functions, the power of the situation, and salience illustrate the kinds of moderators which may affect the relationships between religiousness and other significant dimensions. The theoretical framework of coping indicates that appraisals, coping activities, personal and social resources and constraints can also serve as potentially powerful moderators of the relationships between religiousness and important attitudes, behaviors, and outcomes. The search for these moderators represents an important direction for further empirical study.

Change. Situations, their meaning, our responses to them, and the support we receive from others change over time. The shifting nature of coping makes our effort to understand this process particularly complicated. For instance, how do we systematically study the evolving role of religion in Donna's life or the process of grief which unfolded for C. S. Lewis (1961) following the death of his wife? Clearly, we need to examine people over time. Longitudinal studies are a start, but to capture the coping process, we need to get closer to our subjects, get to know them, and stay with them as they cope. In research terms, we are talking about the need to integrate quantitative studies and

measures of religion and coping with qualitative information gathered through interviews, diaries, and observation. We are also pointing to more naturalistic, intensive analyses of individuals moving through the process of coping. When compared with each other, these intra-individual studies can lead to hypotheses about coping which generalize across individuals. These hypotheses, in turn, can be examined through interindividual studies.

Function and fit. Much study in the psychology of religion has focused on the question of what kind of religion is healthy for a person. For example, Allport (1960) proposed that an intrinsic religious orientation is more mature than an extrinsic one. Fromm (1960) has asserted that humanistic religion is more compatible with mental health than authoritarian religion. The form of this question and responses to it suggest that one type of religion is efficacious and one type of religion is detrimental to people. The coping framework rests on a different assumption—that different forms of religion may have different advantages and disadvantages for people, depending on their situations, personal and social resources and constraints, and personal needs and preferences. This is not to say that one religious orientation, such as intrinsic or humanistic, may not be *generally* more valuable than another in dealing with a wide range of life situations. Neither does this framework imply that another religious approach, such as extrinsic or authoritarian, may not be *generally* less valuable. Rather, it suggests that the efficacy of coping does not lie *entirely* in a standard religious behavior, attitude, function, or orientation. Attention must also be given to the degree to which the elements of the coping process are well-integrated.

This was underscored for me through a study that colleagues and I conducted years ago (Pargament, Steele, and Tyler 1979a). Differences in the psychosocial competence of church and synagogue members were examined as a function of the level of participation in the congregation, the level of intrinsic religious motivation, and the interaction between religious participation and religious motivation. Both religious participation and religious motivation were directly related to the members' psychosocial competence. Not unexpectedly, the more intrinsic members presented a more favorable set of psychosocial competence characteristics than the less intrinsic members. However, the interaction between religious participation and religious motivation was also significant. We found (1979a, p. 417) that "of the less intrinsically motivated members, only those who participate in their congregation's activities frequently manifest less favorable competence attributes." Thus, the general difference between more intrinsic and less intrinsic members obscured a more complex but more accurate conclusion. Of all the members, only those who might be described as less well-integrated, who engaged in participation in their congregation without religious motivation, showed significantly poorer psychosocial competence.

This study illustrated a key implication of the theoretical framework of coping; problems can arise when the function of coping is poorly integrated. Consider the individual who attends his congregation primarily to sell insurance. The problem in this instance is not that the individual is attending his congregation, nor that he is trying to sell insurance. The problem is that the individual and the congregation are working at cross-purposes. Selling insurance is not a purpose well-suited to the mission of congregations. In this sense, the dysfunction lies in a mismatch between two elements of function: individual purpose (i.e., selling insurance) and involvement in a social resource not adapted to this purpose (congregation life).

Through their observational studies of skid row missions, Bibby and Mauss (1974) and Fagan (1987) provide additional compelling illustrations of the problems which can arise when function is not well-integrated. They found that, while the missions use material benefits to attract people, the primary purpose of the missions is spiritual—conversion of newcomers through sermons, songs, and testimony. The skid rowers themselves look to the missions primarily for food, clothing and shelter. The elements of function come together in the serving of material needs. Here the missions are effective. In the spiritual arena, where member and mission seek different ends, the missions are less effective. Fagan reports that the majority of skid rowers are not influenced by the services; and for a minority the experience has a negative effect. Bibby and Mauss (1974, p. 430) cite one who commented: "When we see that guy from the suburbs, dressed in his Sunday best and fat, telling us hungry guys how sinful we are, do you know what we think? We think he's a son-of-a-bitch." The researchers also point to feelings of resentment among missionaries towards the skid rowers who "use the mission" and "neglect the message." Thus, the problems of articulation in the function of coping cause problems for the mission as well as for the skid rower.

Other "functional" problems in the coping process can be imagined. There may be a lack of integration between the challenges and demands raised by an event and the appraisals and needs guiding the response to the event. A case in point is the individual who depletes the resources of her family in a search for the cure to an incurable disease. Here, the coping process is initiated by the inaccurate appraisal that the disease is curable. The search for a cure is then based on the psychological sense that the disease can be controlled and the hope that the disease will be cured. While this process of coping may provide short-term relief, it is ineffective in terms of its ultimate goal, a cure, and will likely result in needless costs for the individual and her family. Coping might be guided more effectively by a more accurate appraisal of the situation and by a different set of spiritual and psychological motives (e.g., comfort, meaning, intimacy).

We can also imagine coping activities unsuited to the nature of the event and its subsequent appraisal. This brings to mind the story of the man who was trapped on top of his house by a flood. When a rescuer came by in a

boat, he turned him away saying, "I'm waiting for the hands of God." When a helicopter flew overhead with an offer of relief, he again turned it away saying, "God will help me." Eventually the waters rose, and the man drowned and went to Heaven. When he saw God, he said, "What happened? I was waiting for you to help me." God said: "But I sent you a boat and a helicopter!"

Mismatches in coping may not be entirely dysfunctional. For example, we have compared members who fit well within their congregations with members who fit less well (Pargament, Tyler, and Steele 1979b). Those who fit well reported greater satisfaction with their congregations than those who fit less well, but the latter showed a more active approach to coping with problems in life than those who fit well. Thus, the lack of fit may provide a challenge or stimulus to active problem solving. It is also important to consider the nature of the fit. We have found that fitting within congregations that are more autonomous and open to change has more positive implications for the member than fitting within congregations less autonomous and open to change (Pargament, Johnson, Echemendia, and Silverman 1985).

In short, fit or the integration among the elements of the coping process represents another piece of the puzzle that calls for additional empirical study. Progress has been made in the conceptualization and measurement of person-environment fit (Caplan 1983; Harrison 1978; Kulka 1979; Pargament 1986). These advances should be integrated into theory and research in the scientific study of religion.

Tradeoffs. The preceding discussion leads to one final important concept in the language of coping—the notion of tradeoffs. The outcomes of the coping process are complex and multidimensional. Approaches to coping may have generally favorable or unfavorable consequences. However, the framework of coping also underscores the possibility of mixed consequences, both advantages and disadvantages to any method of coping. Denial of an illness may provide short-term relief and long-term problems. Involvement in a personally restrictive religious setting may enhance self-esteem and feelings of intimacy with others, while reducing personal competence and respect for individual differences. Batson and Ventis (1982) suggest that a quest orientation may facilitate creativity but provide less satisfactory responses to situations which arouse tension. Similarly, an intrinsic orientation may free the individual from fears and worry, yet limit his/her ability to solve problems creatively. The studies of fit cited above also illustrate the advantages and disadvantages of both fitting well and fitting less well within a congregation.

These findings suggest that unidimensional measures of outcome may produce misleading results in studies of the relationship between religious and other important criteria. If outcomes are indeed multidimensional and not necessarily uniform, then multidimensional measures of outcome are needed to examine the possibility of both gains and losses in coping.

The Practical Side

Finally, the theoretical framework of coping has some practical implications for people faced with problems in their lives. However, it does not provide cookbook answers. As a matter of fact, it suggests that pat answers and generalized approaches to specific problems will often be ineffective. People cope in highly individual ways, and different religious appraisals, coping activities, and resources appear to have different effects (Pargament et al. 1979a; Petersen and Roy 1985) on different people (Gibbs et al. 1973; Photiadis and Schnabel 1977) dealing with different events (Acklin, Brown, and Mauger 1983) at different times (Glick et al. 1974; Lewis 1961).

To answer the question of how religion can help people, we need to tease out the “therapeutic” elements of religion, but we may miss an important part of the story if we simply average the results of studies of large groups of people faced with different problems. Religious systems of people, practice, and belief may be most helpful when they have the capacity to respond flexibly and sensitively to the different needs and resources of people faced with problems which raise different tasks and challenges. This is the kind of flexibility embodied in the prayer: “God grant me the serenity to accept things I cannot change, courage to change things I can, and wisdom to know the difference.” To capture the helpful elements of religion, we must look more closely at the coping processes of distinct groups of people dealing with distinct problems.

But where does this leave the clergy faced with the task of giving a sermon to the grieving parents, friends, and community of adolescents who committed suicide? Our framework does not offer a recipe either. It suggests questions for research about coping with suicide, but these questions will not help to deal with the immediate problem. At this point in time, what our framework suggests are a few things for the clergy to think about. They might “think functionally,” trying to assess the most pressing needs of people at this time—are they seeking comfort, guidance, hope, meaning, or some combination of these? What kinds of personal, theological, and institutional resources can they draw on to respond to these needs? It is important to remember that any one solution may be accompanied by both advantages and disadvantages. In this case, a response to the need of the parents and community for comfort could lead to trouble for adolescents in need of guidance. Finding ways to maximize positive outcomes and minimize negative ones is the difficult but critical task for the clergy. For example, from the religious perspective, could they offer comfort without glorifying these deaths by acknowledging the value and meaning in the lives of the adolescents who died? Could they acknowledge the tremendous loss in these deaths, while also offering hope and guidance to them by noting that there are better ways of dealing with pain? Finally, could they think about the sermon as one piece of a broader attempt to respond to the needs of members and the community? With more research, we may be able to offer the clergy more help in responding to this situation.

But a framework of coping will not, and perhaps should not, provide easy answers to hard problems.

EVALUATING THE FRAMEWORK: STRENGTHS AND WEAKNESSES

And so our framework of religion and coping becomes complex, involving personal factors, situational factors, contextual factors, give-and-take, change, and definitions of good and bad. Complexity is probably the biggest weakness of the framework. It does not lead to neat and tidy questions for study. It does not offer sharp predictions about people and their behavior. And it does not offer clear, simple solutions to problems.

But the complexity of the framework is probably its greatest strength as well. It seems well-suited to a complicated world of people trying to make sense out of their lives and to deal with them as best they can. It offers a means of organizing a wide body of empirical, theoretical, and applied work in the psychology of religion, and a means of identifying gaps in our knowledge. It provides a structure for more specific theoretical and empirical development and by this direction suggests a number of questions and methods for scientific study. It underscores the interconnectedness of our scientific and applied concerns, as well as the essential contributions that both scientific and applied perspectives offer to a unified psychology of religion. It also links the psychology of religion to key theoretical and empirical developments in other areas of psychology and to the scientific study of religion more generally.

It is not easy to specialize in the psychology of religion. We deal with tough concepts, difficult measurement problems, and at times social stigma. But we also have the opportunity to study and address some of the most profound questions about people and their lives. The theoretical framework of coping raises and begins to deal with many of the vital questions that lie at the heart of our discipline.

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REFERENCES

- Acklin, M., E. Brown, and P. Mauger. 1983. "The Role of Religious Values in Coping with Cancer." *Journal of Religion and Health* 22:322-333.
- Allport, G. W. 1960. *The Individual and His Religion*. New York: Macmillan.

- Argyle, M., and B. Beit-Hallahmi. 1975. *Social Psychology of Religion*. London: Routledge and Kegan Paul.
- Bahr, H. M., L. R. Bartel, and B. A. Chadwick. 1971. "Orthodoxy, Activism, and the Salience of Religion." *Journal for the Scientific Study of Religion* 10:69-75.
- Barbarin, O. A. and M. Chesler. 1986. "The Medical Context of Parental Coping with Childhood Cancer." *American Journal of Community Psychology* 14:221-235.
- Barton, A. H. 1971. "Selected Problems in the Study of Religious Development." Pp. 836-855 in *Research on Religious Development*, edited by M. Strommen. New York: Hawthorn Books.
- Batson, C. and W. Ventis. 1982. *The Religious Experience: A Social Psychological Perspective*. New York: Oxford University Press.
- Benson, H. 1984. *Beyond the Relaxation Response*. New York: Berkley Books.
- Bergin, A. 1983. "Religiosity and Mental Health: A Critical Reevaluation and Meta-Analysis." *Professional Psychology* 14:170-184.
- Bibby, R. W. and A. L. Mauss. 1974. "Skidders and Their Servants: Variable Goals and Functions of the Skid Road Mission." *Journal for the Scientific Study of Religion* 13:421-436.
- Borysenko, J. 1987. *Minding the Body, Mending the Mind*. Reading, MA: Addison-Wesley.
- Bulman, R. J. and C. B. Wortman. 1977. "Attributions of Blame and Coping in the 'Real World': Severe Accident Victims React to their Lot." *Journal of Personality and Social Psychology* 35:351-363.
- Caplan, R. D. 1983. "Person-Environment Fit: Past, Present and Future." Pp. 35-78 in *Stress Research: Where Do We Go from Here?*, edited by C. Cooper. London: John Wiley.
- Castles, M. R. and P. M. Keith. 1979. "Patient Concerns, Emotional Resources, and Perceptions of Nurse and Patient Roles." *Omega* 10:27-33.
- Clark, W. 1958. *The Psychology of Religion*. New York: Macmillan.
- Cleveland Plain Dealer. 1979. August 8, p. 8-A.
- Cook, J. A. and D. Wimberly. 1983. "If I Should Die Before I Wake: Religious Commitment and Adjustment to the Death of a Child." *Journal for the Scientific Study of Religion* 22:222-238.
- DeLongis, A., J. Coyne, G. Dakof, S. Folkman, and R. Lazarus. 1982. "Relationship of Daily Hassles, Uplifts, and Major Life Events to Health Status." *Health Psychology* 1:119-136.
- Dohrenwend, B. S. and B. P. Dohrenwend, eds. 1974. *Stressful Life Events: Their Nature and Effects*. New York: John Wiley.
- Ebaugh, H., K. Richman, and J. Chafetz. 1984. "Life Crises Among the Religiously Committed: Do Sectarian Differences Matter?" *Journal for the Scientific Study of Religion* 23:19-31.
- Echemendia, R. and K. Pergament. 1982. "The Psychosocial Functions of Religion: Reconceptualization and Measurement." Paper presented at the meeting of the American Psychological Association, Washington, DC (August).
- Ellison, C., D. Gay, and T. Glass. In press. "Does Religious Commitment Contribute to Individual Life Satisfaction?" *Social Forces*.
- Erickson, E. H. 1963. *Childhood and Society*. New York: Norton.
- Fagan, R. W. 1987. "Skid-Row Rescue Missions: A Religious Approach to Alcoholism." *Journal of Religion and Health* 26:153-171.
- Fichter, J. H. 1981. *Religion and Pain: The Spiritual Dimensions of Health Care*. New York: Crossroad.
- Folkman, S., R. Lazarus, R. Gruen, and A. DeLongis. 1986. "Appraisal, Coping, Health Status and Psychological Symptoms." *Journal of Personality and Social Psychology* 50:571-579.
- Frankl, V. E. 1963. *Man's Search for Meaning*. New York: Washington Square.
- Fromm, E. 1960. *Psychoanalysis and Religion*. New York: Rinehart and Winston.
- Gibbs, H.W. and J. Achterberg-Lawlis. 1978. "Spiritual Values and Death Anxiety: Implications for Counseling with Terminal Cancer Patients." *Journal of Counseling Psychology* 25:563-569.

- Gibbs, D., S. Mueller, and J. Wood. 1973. "Doctrinal Orthodoxy, Salience and the Consequential Dimension." *Journal for the Scientific Study of Religion* 12:33-52.
- Glick, I.O., R.S. Weiss, and C.M. Parkes. 1974. *The First Year of Bereavement*. New York: Wiley.
- Glock, C., B. Ringer, and E. Babbie. 1967. *To Comfort and to Challenge*. Berkeley: University of California Press.
- Gorsuch, R. 1986. "A BAV Model for the Psychology of Religion." Paper presented at the meeting of the American Psychological Association, Washington, DC (August).
- _____. 1988. "Psychology of Religion." *Annual Review of Psychology* 39:201-221.
- Greeley, A. 1972. *The Denominational Society*. Glenview, IL: Scott, Foresman.
- Grevengoed, N. and K. Pargament. 1987. "Attributions for Death: An Examination of the Role of Religion and the Relationship Between Attributions and Mental Health." Paper presented at the Society for the Scientific Study of Religion, Louisville, KY (October).
- Griffith, E., J. Young, and D. Smith. 1984. "An Analysis of the Therapeutic Elements in a Black Church Service." *Hospital and Community Psychiatry* 35:464-469.
- Gruner, L. 1984. "Heroin, Hashish and Hallelujah: The Search for Meaning." *Review of Religious Research* 26:176-186.
- Hall, C. M. 1986. "Crisis as Opportunity for Spiritual Growth." *Journal of Religion and Health* 25:8-17.
- Hammond, P. 1988. "Religion and the Persistence of Identity." *Journal for the Scientific Study of Religion* 27:1-11.
- Harrison, R. V. 1978. "Person-Environment Fit and Job Stress." Pp. 175-200 in *Stress at Work*, edited by C. L. Cooper and R. Payne. New York: John Wiley.
- Heller, K. and R. Swindle. 1983. "Social Networks, Perceived Social Support, and Coping with Stress." Pp. 87-103 in *Preventive Psychology: Theory, Research and Practice*, edited by R. D. Felner, L. Jason, J. Moritsugu and S. Farber. Elmsford, NY: Pergamon.
- Hoge, D. R. and E. DeZuluetta. 1985. "Salience as a Condition for Various Social Consequences of Religious Commitment." *Journal for the Scientific Study of Religion* 24:21-38.
- Jenkins, R. and K. Pargament. 1988. "Cognitive Appraisals in Cancer Patients." *Social Science and Medicine* 26:625-633.
- Kahoe, R. D. 1982. "The Power of Religious Hope." Paper presented at the meeting of the American Psychological Association, Washington, DC (August).
- Kirkpatrick, L. A. 1990. "A Psychometric Analysis of the Allport-Ross and Feagin Measures of Intrinsic-Extrinsic Religious Orientation." Pp. 1-30 in *Research in the Social Scientific Study of Religion*, edited by M. L. Lynn and D. O. Moberg. Greenwich, CT: JAI Press.
- Kroll-Smith, J. and S. Couch. 1987. "A Chronic Technical Disaster and the Irrelevance of Religious Meaning: The Case of Centralia, Pennsylvania." *Journal for the Scientific Study of Religion* 26:25-37.
- Kulka, R. A. 1979. "Interaction as Person-Environment Fit." *New Directions for Methodology of Behavioral Sciences* 2:55-71.
- Kushner, H. S. 1981. *When Bad Things Happen to Good People*. New York: Schocken.
- Lazarus, R. S. and S. Folkman. 1984. *Stress, Appraisal and Coping*. New York: Springer.
- Lewis, C. S. 1961. *A Grief Observed*. London: Faber and Faber.
- McIntosh, W.A. and P.A. Shifflett. 1984. "Dietary Behavior, Dietary Adequacy, and Religious Social Support: An Explanatory Study." *Review of Religious Research* 26:158-175.
- McIntosh, D. and B. Spilka 1990. "Religion and Physical Health: The Role of Personal Faith and Control." Pp. 167-194 in *Research in the Social Scientific Study of Religion*, vol. 2, edited by M. L. Lynn and D. O. Moberg. Greenwich, CT: JAI Press.
- McRae, R. 1984. "Situational Determinants of Coping Responses: Loss, Threat and Challenge." *Journal of Personality and Social Psychology* 46:919-928.
- Maslow, A. H. 1970. *Motivation and Personality*, 2nd ed. New York: Harper and Row.

- Maton, K. I. 1989. "The Stress-Buffering Role of Spiritual Support: Cross-Sectional and Prospective Investigations." *Journal for the Scientific Study of Religion* 28:310-323.
- Maton, K. I. and J. Rappaport. 1984. "Empowerment in a Religious Setting: A Multivariate Investigation." *Prevention in Human Services* 3:37-72.
- Miller, N. 1978. "Biofeedback and Visceral Learning." *Annual Review of Psychology* 29:373-404.
- Moos, R. H. and A. G. Billings. 1982. "Conceptualizing and Measuring Coping Resources and Processes." Pp. 212-230 in *Handbook of Stress: Theoretical and Clinical Aspects*, edited by L. Goldberger and S. Breznitz. New York: The Free Press.
- Murray, H. A. 1938. *Explorations in Personality*. New York: Oxford University Press.
- Newman, J. and K. Pargament. In press. "The Role of Religion in the Problem Solving Process." *Review of Religious Research*.
- O'Brien, M. E. 1982. "Religious Faith and Adjustment to Long-Term Hemodialysis." *Journal of Religion and Health* 21:68-80.
- Paloutzian, R. F. and C. W. Ellison. 1982. "Loneliness, Spiritual Well-Being and the Quality of Life." Pp. 224-237 in *Loneliness: A Sourcebook of Current Theory, Research and Therapy*, edited by L. A. Peplau and D. Perlman. New York: John Wiley.
- Pargament, K. I. 1986. "Refining Fit: Conceptual and Methodological Challenges." *American Journal of Community Psychology* 14:677-684.
- Pargament, K. I. 1988. "Investigations of Religion and Coping: Theoretical and Empirical Advances." Symposium presented at the meeting of the American Psychological Association, Atlanta.
- Pargament, K. I., N. Grevengoed, W. Hathaway, J. Kennell, J. Newman, and W. Jones. 1988. "Religion and Problem Solving: Three Styles of Coping." *Journal for the Scientific Study of Religion* 27:90-104.
- Pargament, K. I. and J. Hahn. 1986. "God and the Just World: Causal and Coping Attributions to God in Health Situations." *Journal for the Scientific Study of Religion* 25:193-207.
- Pargament, K. I., S. M. Johnson, R. J. Echemendia, and W. H. Silverman. 1985. "The Limits of Fit: Examining the Implications of Person-Environment Congruence Within Different Religious Settings." *Journal of Community Psychology* 13:20-30.
- Pargament, K. I. and K. I. Maton. In press. "Religion in American Life: A Community Psychology Perspective." In *Handbook of Community Psychology*, edited by J. Rappaport and E. Seidman.
- Pargament, K. I., W. Silverman, S. Johnson, R. Echemendia, and S. Snyder. 1983. "The Psychosocial Climate of Religious Congregations." *American Journal of Community Psychology* 11:351-381.
- Pargament, K. I., and M. Sullivan. 1981. "Examining Attributions of Control Across Diverse Personal Situations: A Psychosocial Perspective." Paper presented at the meeting of the American Psychological Association, Los Angeles (August).
- Pargament, K. I., R. Steele, and F. Tyler. 1979a. "Religious Participation, Religious Motivation, and Individual Psychosocial Competence." *Journal for the Scientific Study of Religion* 18:412-419.
- Pargament, K., F. Tyler, and R. Steele. 1979. "Is Fit It: The Relationship Between Church/Synagogue-Member Fit and the Psychosocial Competence of the Member." *Journal of Community Psychology* 7:243-252.
- Park, C. and L. H. Cohen. 1988. "Religious Orientation as a Moderator of Life Stress Adjustment." Unpublished manuscript, University of Delaware, Newark, DE.
- Peteet, J. R. 1985. "Religious Issues Presented by Cancer Patients Seen in Psychiatric Consultation." *Journal of Psychosocial Oncology* 3:53-66.
- Petersen, L. R. and A. Roy. 1985. "Religiosity, Anxiety, and Meaning and Purpose: Religion's Consequences for Psychological Well-Being." *Review of Religious Research* 27:49-62.
- Princeton Religious Research Center (PRRC). 1986. *Faith Development and Your Ministry*. Princeton, NJ: PRRC.

- Photiadis, J. and J. Schnabel. 1977. "Religion: A Persistent Institution in a Changing Appalachia." *Review of Religious Research* 19:32-42.
- Pruyser, P. W. 1968. *A Dynamic Psychology of Religion*. New York: Harper and Row.
- Rabkin, J. and E. Struening. 1976. "Life Events, Stress and Illness." *Science* 194:1013-1020.
- Reynolds, P. and G. Kaplan. In press. "Social Connections and Risk for Cancer: Prospective Evidence from the Alameda County Study." *American Journal of Epidemiology*.
- Ross, G. A. 1980. "The Emergence of Organization Sets in Three Ecumenical Disaster Recovery Organizations: An Empirical and Theoretical Exploration." *Human Relations* 33:23-39.
- Rotter, J. B. 1954. *Social Learning and Clinical Psychology*. Englewood Cliffs, NJ: Prentice-Hall.
- Sampson, E. 1977. "Psychology and the American Ideal." *Journal of Personality and Social Psychology* 35:767-782.
- Smith, C. S. and R. Gorsuch. 1989. "Sanctioning and Causal Attributions to God: A Function of Theological Position and Actors' Characteristics. In *Research in the Social Scientific Study of Religion*, vol. 1., edited by M. L. Lynn and D. O. Moberg. Greenwich, CT: JAI Press.
- Smith, M. H. 1978. "American Religious Organizations in Disaster: A Study of Congregational Response to Disaster." *Mass Emergencies* 3:133-144.
- Snook, S. C. and R. Gorsuch. 1985. "Religious Orientation and Racial Prejudice in South Africa." Paper presented at the meeting of the American Psychological Association, Los Angeles (August).
- Spilka, B., R. Hood, Jr., and R. Gorsuch. 1985a. *The Psychology of Religion: An Empirical Approach*. Englewood Cliffs, NJ: Prentice-Hall.
- Spilka, B. and G. Schmidt. 1983. "General Attribution Theory for the Psychology of Religion: The Influence of Event-Character on Attributions to God." *Journal for the Scientific Study of Religion* 22:326-339.
- Spilka, B., P. Shaver, and L. Kirkpatrick. 1985b. "A General Attribution Theory for the Psychology of Religion." *Journal for the Scientific Study of Religion* 24:1-20.
- Taitel, M. 1988. "Religion, Stress, and Health: An Exploratory Analysis in a College Student Sample." Unpublished master's thesis, Bowling Green State University, Bowling Green, OH.
- Taylor, S. E. 1983. "Adjustment to Threatening Events: A Theory of Cognitive Adaptation." *American Psychologist* 38:1161-1173.
- Ten Boom, C. 1971. *The Hiding Place*. Toronto: Bantam Books.
- Tyler, F. B. 1978. "Individual Psychosocial Competence: A Personality Configuration." *Educational and Psychological Measurement* 38:309-323.
- Tyler, F. B., M. Gatz, and K. Keenan. 1979. "A Constructivist Analysis of the Rotter I-E Scale." *Journal of Personality* 47:11-35.
- Weisz, J. R., F. M. Rothbaum, and T. C. Blackburn. 1984. "Standing Out and Standing In: The Psychology of Control in America and Japan." *American Psychologist* 39:955-977.
- White, R. W. 1959. "Motivation Reconsidered: The Concept of Competence." *Psychological Review* 66:297-333.
- Wright, S., C. Pratt, and V. Schmall. 1985. "Spiritual Support for Caregivers of Dementia Patients." *Journal of Religion and Health* 24:31-38.
- Yancy, P. 1977. *Where is God When it Hurts*. Grand Rapids, MI: Zondervan.
- Yates, J., B. Chalmer, P. St. James, M. Follansbee, and F. McKegney. 1981. "Religion in Patients with Advanced Cancer." *Medical and Pediatric Oncology* 9:121-128.
- Zuckerman, D. M., S. V. Kasl, and A. M. Ostfeld. 1984. "Psychosocial Predictors of Mortality Among the Elderly Poor: The Role of Religion, Well-being, and Social Contacts." *American Journal of Epidemiology* 119:410-423.