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Anchored by Faith

Religion as a Resilience Factor

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In spite of the fact that the founding figures in psychology viewed religion as central to an understanding of human behavior, the field of psychology largely neglected religious issues for much of the 20th century. When religion was considered, it was often (1) viewed as a source of pathology, (2) measured by a few global religious items, and (3) explained in terms of purportedly more basic phenomena. The past 20 years have witnessed an important shift in this trend. The number of studies on religion has grown, and it has become clear through this research that religiousness can play a significant role in response to major life stressors.

This chapter begins with a conceptual background on religion and coping. We examine recent theoretical, empirical, and practical advances in studies of religion and adjustment to major life stressors. In so doing, we challenge stereotypes of religiousness as a defense or source of pathology. We assert instead that religiousness is a significant resilience factor for many people. We identify what it is about religiousness that helps many people withstand the effects of life crises. Rather than taking a reductionistic approach to religion, we suggest that religion has unique effects on resilience. In addition, we point to evidence that indicates religiousness itself is resilient to major life stressors; that is, in difficult times, religion is effective in helping people sustain their relationship with the sacred. It is also necessary to make a few cautionary comments about the complex nature of the links between religion and resilience. First, there is evidence that religiousness can help people move beyond prior levels of adjustment to achieve fundamental positive transformation. Second, some forms of religiousness may exacerbate rather than mitigate the effects of major life stressors. Finally, we conclude with an illustration of some promising approaches that integrate religious resources into interventions designed to enhance individual resilience to life stressors.

Conceptual Background

Defining religion has proven problematic for the social sciences. Definitions abound, but consensus is lacking. However, Pargament (1997) has developed a framework for understanding religion that is broad enough to account for a variety of phenomena, while retaining that which is distinctive about religion. According to this approach, *religion* is a "search for significance in ways related to the sacred" (Pargament, 1997, p. 32). This definition rests on the assumption that individuals are goal-directed beings, actively pursuing objects of importance to them (see Emmons, 1999). Although there are many types of significant objects, objects of religious significance are distinct from secular objects in that the former are sacred. *The sacred* is a term that encompasses concepts of God or some other higher power, as well as aspects of life that take on elevated attributes (e.g., transcendence, ultimacy, boundlessness) by virtue of their association with the divine. It is important to stress that this definition broadens the boundaries of religious study beyond traditional views of God to incorporate other, seemingly secular parts of life that are imbued with sacred meaning, from science and the self to marriage and parenting (Pargament & Mahoney, 2005). For instance, when parenthood is viewed as a commission received from God, this role takes on a sacred quality. What makes someone religious from the perspective of this definition is the individual's involvement in the search for either a sacred end or sacred pathways to attain another significant object.

With this definition in hand, Pargament (1997) goes on to explicate the connections between religion and the process of coping. He notes that although people tend to turn to their faith for help in times of greatest stress, the old adage that "there are no atheists in foxholes" is not accurate. In fact, some people are nonbelievers before they encounter crisis and remain nonbelievers during and after the crisis. The critical question, then, is what determines whether someone will involve religion in the process of coping. Pargament posits two key factors here: the degree to which religion is available to the individual, and the degree to which it is perceived as offering compelling solutions to the problems raised by the critical life event. Citing abundant empirical evidence that more religious people are more likely to make use of religious coping methods, he suggests that individuals with a deeper, more developed set of religious beliefs, practices, and relationships find their "religious orienting system" more available to them as a coping resource in difficult times. Not only that, individuals with a stronger religious orienting system are likely to find religious solutions to problems more compelling than alternative solutions. This is also the case for individuals who have more limited social and personal resources, such as older adults and disenfranchised groups in our society. Finally, religious solutions are particularly compelling when people face life's most serious problems, problems that point to the limits of human agency and control. Empirical evidence supports each of these assertions (Pargament, 1997).

There is a rich variety of religious resources, ranging from involvement in church institutional life (e.g., church attendance) and religious practices (e.g., prayer, meditation) to religious beliefs (e.g., life after death, God) and religious experiences (e.g., mysticism). Moreover, religion provides its adherents with a number of coping methods designed to deal with major life stressors, including religious support, support from God, benevolent religious reappraisals, purification rituals, rites of passage, and religious forgiveness. According to Pargament (1997), the choice of religious coping methods is shaped by multiple influences—the demands raised by a particular situation, the individual's religious orienting system, and the individual's goals or objects of significance in life.

With respect to this latter point, Pargament (1997) maintains that part of religion's power lies in its ability to serve several func-

tions; that is, it can help people attain a variety of significant objects. In this chapter, we address four of these major religious functions. First, religion is commonly linked functionally to the search for meaning, the sense that there is an underlying reason for the universe in general or one's experiences in particular. Geertz (1966) described religion as a source of beliefs about the "general order of existence" that produce deep emotions and motivations within the individual. When successful, the pursuit of ultimate meaning can protect against the despair that may result from living in what is perceived to be an otherwise cold, arbitrary expanse of space. Not only that, a sense of religious meaning can provide the hope that unpleasant circumstances serve a greater purpose. Second, religion has been tied to the quest for emotional comfort or anxiety reduction. According to Freud (1927/1961), humans turn to religion because they are aware of their frailty and are easily overcome by worry in the face of uncontrollable forces in the universe. The perceived presence of a benevolent deity can allay the fears of the troubled and dry the tears of those who mourn. A third often-described function of religion is to promote a sense of social interconnectedness. For Durkheim (1912), religion's ability to unify a group of individuals into an organized social institution, with a common set of beliefs, values, and practices, was one of its key distinguishing characteristics. Involvement in a religious community can afford the member of the congregation and denomination interpersonal intimacy and social identity. Finally, and perhaps most importantly, people turn to religion for reasons that are spiritual in character; they seek a relationship with the sacred itself. Indeed, many religions teach that the greatest possible good is to commune with and know the true nature of the divine. Johnson (1959) expressed this sentiment eloquently: "It is the ultimate Thou whom the religious person seeks most of all" (p. 70).

It should be stressed that these functions of religion are not mutually exclusive. An individual can seek any or all of these ends. Furthermore, individuals can seek each of these destinations through a variety of spiritual pathways that involve diverse beliefs, practices, relationships, and emotions.

Before turning to religion's role in promoting resilience with respect to each of these four major religious functions, it is important to address a general stereotype about religion and coping that has run through much of the literature in psychology.

Religion as a Source of Strength Rather Than Weakness

Traditionally, psychologists have viewed religion in stereotypical terms. Freud (1927/1961) saw religion as a childish response to the need for safety and protection from the overpowering forces of nature. Through religion, he said, "we can breathe freely, can feel at home in the uncanny and can deal by psychical means with our senseless anxiety" (p. 20). Make no mistake about it, though, Freud argued the comfort achieved through religion was purchased at the price of competence and maturity. "Surely infantilism is destined to be surmounted," he wrote (p. 63). Similarly, B. F. Skinner (1971) maintained that "God is the archetype pattern of an explanatory fiction," one that, he believed, "becomes irrelevant when the fears which nourish it are allayed and the hopes fulfilled—here on earth" (pp. 165, 201).

In 1995, Pargament and Park confronted the view that religion is "merely a defense," an essentially immature, maladaptive attempt to reduce personal turmoil. In their review of the empirical and clinical literature, they acknowledged cases of religiously based denial of problems and religiously based passivity in the face of serious problems. However, they asserted that these examples may be the exception rather than the rule. Pargament and Park identified other, more constructive and more prevalent forms of religiousness. For example, they cited empirical studies indi-

cating that rather than denying their difficulties, religious people often reappraise these situations in more benign spiritual terms, so that they are less threatening. Furthermore, they noted research that suggests religiousness is often tied to greater self-efficacy and active problem-solving approaches, instead of helpless dependence and passivity.

More recent studies confirm the role of religion in facing rather than denying painful life situations. For example, research suggests that religiousness is not a barrier to acknowledging troubling information. In a study of women seeking medical consultation for symptoms of breast cancer, self-rated religiousness/spirituality was negatively associated with the length of time the participants waited to visit the doctor after noticing breast symptoms (Friedman et al., 2006). Those women who perceived themselves as religious or spiritual did not deny threatening signs, but confronted their suspicions directly. Similarly, Prado and colleagues (2004) found that HIV-seropositive African American women who engaged in religious behaviors (e.g., attending religious services, praying, reading religious materials) were less likely to rely on avoidant coping methods, such as denial and suppression of thoughts.

Furthermore, claims that religiousness universally undermines one's sense of competence are unfounded. Yangarber-Hicks's (2004) study of individuals diagnosed with serious mental illness revealed those who lent more importance to religion also reported greater feelings of empowerment. As for specific religious approaches to problem solving, different approaches had different outcomes. Not surprisingly, waiting for God to solve problems and asking God for a miracle were generally accompanied by a lower sense of self-efficacy in the recovery process. However, working together *with* God toward recovery was associated with greater empowerment.

Research also suggests that religiousness may be especially conducive to personal agency in more stressful life situations. Shortly after terrorist attacks in Istanbul, Fischer, Greitemeyer, Kastenmüller, Jonas, and Frey (2006) assessed levels of intrinsic religiousness (i.e., religious commitment) and self-efficacy among customers in a German café who had been informed of the attacks. Fischer and colleagues repeated the process in the same café 2 months later with different participants. In the first condition, those who reported higher levels of intrinsic religiousness also reported greater self-efficacy. In contrast, no such relationship was found in the second condition (2 months later). The researchers concluded that when issues of mortality were most salient, religion was most promotive of self-efficacy.

Apparently, then, religious people are no less, and perhaps even more, inclined to face their troubles and feel capable of dealing with them. Not only that, they appear to take more direct measures to solve problems. For instance, Canada and colleagues (2006) found a positive relationship between the endorsement of religious/spiritual beliefs and practices, and actively attempting to resolve problems among women with ovarian cancer. Similarly, a study of caregivers of family members with mental illness demonstrated that those who were highly personally religious tended to take better care of themselves (Murray-Swank et al., 2006). Finally, Yoshimoto and colleagues (2006) studied problem-solving skills in female partners of men with prostate cancer over a period of 10 weeks. Compared to women in couples in which only the female partner used religious coping, women in couples in which both partners used religious coping grew less impulsive and careless over time with respect to problem solving.

Taken as a whole, these studies make clear that religious people do not generally bury their heads in the sand or wait helplessly for someone else to solve their problems. In contrast to these stereotypes, the empirical evidence suggests that religious people are generally actively engaged in dealing with their personal tribulations. Moreover, their religiousness may enhance such efforts.

Beyond demonstrating that general religiousness is not characterized by defensiveness, passivity, or denial, research has shown that religiousness can be a source of strength, helping people adjust in the midst of crisis (e.g., Contrada et al., 2004; Cotton et al., 2006; Koenig, 2007). Heart surgery patients with strong religious beliefs tend to have less hostility prior to surgery and to experience fewer complications after the operation (Contrada et al., 2004). Koenig (2007) studied a sample of depressed cardiac patients and compared the most religious participants (in terms of religious attendance, prayer, Bible reading, and intrinsic religiousness) to the rest of the sample. After statistically accounting for numerous covariates, the most religious patients remitted from depression 53% faster than the other patients. Along similar lines, a meta-analysis of studies on religiousness and depressive symptoms indicated that religiousness is associated with less symptomatology; this relationship was stronger in samples experiencing greater stress (Smith, McCullough, & Poll, 2003). Thus, religiousness appeared to buffer the effects of stressors on symptomatology.

Higher levels of religiousness have also been linked directly to positive outcomes among samples dealing with life traumas. In the previously described study of heart surgery patients by Contrada and colleagues (2004), religious belief was associated with greater optimism. Similarly, Cotton and colleagues (2006) discovered that organizational religiousness, nonorganizational religiousness, and intrinsic religiousness were positively correlated with optimism in a sample of patients with HIV/AIDS. For victims of domestic violence, attendance at religious services was related to better quality of life (Gillum, Sullivan, & Bybee, 2006).

In light of these studies, it is clear that there is a connection between religion and resilience. However, these studies have made use of measures of global religiousness, which do not point clearly to the actual mechanisms by which religion produces its effects. More specific theoretical frameworks and measures are needed to shed light on religion's relationship to resilience. Below, we consider some of the progress in this direction with respect to four religious functions.

Religion and Meaning-Related Resilience

Park and Folkman (1997) proposed a model delineating how issues of meaning come into play in times of distress. Their model has particular implications for religion. They note that people are motivated to seek out meaning in life generally, and in stressful life situations in particular. In their model, Park and Folkman make a key distinction between global and situational meaning. *Global meaning* involves people's general beliefs, assumptions, and expectancies about the world and themselves. It also provides a set of goals that direct behavior. *Situational meaning* grows out of the experience of a life event and subsequent determination of the significance of the event—whether it is threatening or not—and the individual's ability to deal with it. According to Park and Folkman, incongruity between situational meaning and global meaning creates a pressure to reconcile the two by altering either the former or the latter; this process is known as *reappraisal*.

One facet of global meaning that is particularly relevant to religion is the belief that one's life has an ultimate purpose (Park & Folkman, 1997). Such a belief has important implications for how well one functions in life. Indeed, Krupski and his colleagues (2006) found that among low-income men with prostate cancer, those who indicated higher levels of belief in their life's meaning also tended to have a better quality of life in terms of both physical and mental outcomes. Religion is one possible source of global meaning, Park and Folkman noted. Many religions posit that a deity or other supernatural force guides the course of history and individual lives according to a greater plan. If secular meaning is associated with positive outcomes, as Krupski and colleagues found,

one might expect religious meaning to be related to similar outcomes. Some research supports this hypothesis.

For example, researchers have looked into the ways people cope with the stresses of growing old. Krause (2003) set out to discover factors that might be tied to subjective well-being in what may be an otherwise daunting phase of life. To this end, Krause asked a nationwide sample of older adult Americans about how strongly they felt that God had a plan for their lives, and that their faith gave them a sense of direction. Endorsing a religiously based global meaning system was positively correlated with life satisfaction, self-esteem, and optimism. In other words, simply perceiving a spiritual significance to life may be a resource in the midst of trying times.

Park and Folkman (1997) do not limit religion's impact on meaning strictly to global systems; rather, they acknowledge that people can draw on religion as they interpret the meaning of specific situations in life. This process is particularly salient when stressors challenge the individual's sense of meaning. Nonreligious people might question their belief in a just world when it appears that innocent people suffer. The same problem is pertinent for individuals who believe in a loving, all-powerful God. Park and Folkman suggest that one solution to this dilemma is to reappraise the negative event positively, so that it fits with global meaning structures. In the religious context, this might be achieved by concluding that God has a purpose for allowing the suffering to occur.

There is evidence that religiousness may help individuals find meaning in tragedy. Murphy, Johnson, and Lohan (2003) followed a group of parents who each had lost a child to a violent death. Shortly after each child's death, Murphy and colleagues assessed these parents' reported levels of seeking God's help, putting trust in God, praying more than usual, and trying to find comfort in religion. They found that these means of religious coping predicted a greater ability to find meaning in the child's passing 5 years after the death. Additional support for the relationship between religious meaning and well-being was found in a sample of Indian patients who had been in serious accidents (Dalal & Pande, 1988). Among those who were permanently disabled, attributing the accident to karma or to God's will was positively correlated with a scale assessing positive attitude, the expectation that they would recover, the belief that they must make efforts to recover, and plans for resuming their lives after the recovery process. This correlation held true both at the initial assessment and at a subsequent assessment 2 weeks later. One possible explanation for these results is that having a religiously based reason for one's suffering makes it easier to respond adaptively to that suffering.

A study of HIV-positive individuals is suggestive of the power of spirituality to facilitate the reconciliation of situational and global meaning through benefit finding, a concept closely related to reappraisal (Carrico et al., 2006). *Benefit finding* can be defined as identifying positive outcomes of an otherwise negative experience. Scores on a measure tapping faith in God, a sense of peace, religious behavior, and a compassionate view of others were associated with both positive reappraisal and agreement that having HIV brought benefits, such as discovering a sense of purpose, feeling closer to others, and learning to accept life's imperfections. Benefit finding and positive reappraisal in turn correlated negatively with depressive affective symptoms. Moreover, the negative relationship between spirituality and depressed mood was mediated by benefit finding and positive reappraisal. Hence, religiousness/spirituality is linked to global meaning and meaning making in specific life situations, which are in turn tied to lower levels of negative affect.

Whereas Carrico and colleagues (2006) demonstrated that religiousness/spirituality is consistent with secular forms of benefit finding and positive reappraisal, religion also provides a basis for the explicitly religious reframing of negative life events. In a study

of hospice care providers, Mickley, Pargament, Brant, and Hipp (1998) identified several beneficial forms of positive religious reframing, including reappraising the stressor as an opportunity for spiritual growth or as the will of God. Of course, it is also possible to use one's religion to appraise a stressor negatively as evidence of an apathetic or unfair God; however, such undesirable appraisals are far less common (Mickley et al.). Some participants in Krause and colleagues' (2002) study of Japanese elders appear to have utilized benevolent religious reframing. Those who lost a loved one and believed in an afterlife were less likely to have hypertension 3 years after their loss than others who were bereaved and had no such belief. Afterlife belief may have protected its adherents from the injurious effects of their loss. As Krause and colleagues noted, the death of a loved one may be less damaging to those who expect to see their loved ones again on the other side of the grave.

Thus, it appears that religion plays a role in multiple levels of the meaning system. It may establish a foundational meaning system that orders the individual's understanding of the universe and particular events. When a situation does not fit the global meaning system, religion can also help put a positive spin on the stressor. Park and Folkman's (1997) framework provides a fruitful way to grasp the cognitive aspect of religion's contribution to resilience.

Religion and Emotional Resilience

Religious injunctions to cultivate positive emotions and overcome negative emotions are plentiful. For instance, the apostle Paul counseled early Christians, "Do not be anxious about anything" (Philippians 4:6, *New International Version* Bible [NIV]) and to "rejoice in the Lord always" (Philippians 4:4, NIV). Psychological theories have long echoed the belief that religion serves to stabilize individuals' emotional lives (e.g., Freud, 1927/1961). Indeed, many studies support the notion that religion is linked to desirable emotional outcomes and suggest that religion may play a key role in promoting emotional resilience (e.g., Acklin, Brown, & Mauger, 1983; Koenig, 2007; Pargament et al., 1994).

One particularly productive line of research has focused on religion's relationship with depression and related negative affect. Hebert, Dang, and Schulz (2007) conducted a longitudinal study of depression and complicated grief in family caregivers of patients with dementia. Higher levels of attendance at religious services, prayer frequency, and importance of spirituality/religious faith when the caregivers were first assessed predicted lower levels of depression at follow-up; among bereaved participants, religious service attendance predicted less depression and complicated grief. In Koenig's (2007) longitudinal study of patients with congestive heart failure or chronic obstructive pulmonary disorder, both public and private forms of religiousness were associated with decreased time to remission of depression. Koenig noted that this effect was strongest for the most highly religious patients. Similarly, another study indicated that bereaved individuals with low levels of spiritual belief tended to resolve their grief more slowly than those with higher spiritual belief (Walsh, King, Jones, Tookman, & Blizard, 2002). In addition to global religiousness, positive religious coping appears to have salutary effects on depression. Positive religious coping was associated with less depression, both cross-sectionally and longitudinally, in a geriatric sample (Bosworth, Park, McQuoid, Hays, & Steffens, 2003).

Religiousness appears to be negatively related to other forms of negative affect as well. Kendler and colleagues (2003) found that social religiousness (e.g., church attendance and interaction with religious individuals) was associated with a reduced likelihood of receiving a diagnosis of generalized anxiety disorder. Attendance at religious services has also been tied to lower levels of anger and hostility in both cancer patients and patients

receiving treatment for a nonthreatening condition (Acklin et al., 1983). Pargament and colleagues (1994) conducted a longitudinal study of the effects of various religious coping methods on emotions concerning the Gulf War in a college student sample. Spiritually based coping predicted lower scores on a scale assessing a range of negative emotions approximately 3 weeks after the initial questionnaire administration.

Of course, reduction in negative affect is not the only form of emotional resilience. Researchers are interested in factors that lead to increased positive affect, and religion is one such factor. One study of elderly widows revealed that more frequent attendance at religious services contributed significantly to a mixture of positive emotions, including excitement, pride, and pleasure, even after researchers controlled for sociodemographic variables and emotional support provided by family members (McGloshen & O'Bryant, 1988). Along with organizational religiousness, the way in which religious individuals hold their beliefs may have implications for emotional well-being. McIntosh, Inglehart, and Pacini (1990) assessed the degree to which Christian college students adjusting to the transition to college viewed their religious beliefs as central and open to questioning. Centrality and flexibility of beliefs were linked to greater esteem and happiness in college. Religious coping is yet another source of emotional uplift in trying times. In the previously described study of college students' emotional reactions to the Gulf War, religious support was related to higher positive affect cross-sectionally, and pleading for divine intervention was predictive of positive affect longitudinally (Pargament et al., 1994).

It should be noted that cross-sectional research occasionally finds positive correlations between religion and undesirable emotional outcomes. The *stress mobilization theory* (Pargament, 1997) is a potential explanation for such puzzling inconsistency. According to the theory, cross-sectional studies catch participants in the midst of their distress when the more distressed participants are more likely to turn to religion as a coping resource, creating a temporary positive correlation between religiousness and distress. However, the theory predicts that if these participants were studied longitudinally, greater religiousness would be followed by reduced distress. As a matter of fact, longitudinal studies, such as those conducted by Hebert and colleagues (2007), Koenig (2007), and Pargament and colleagues (1994), confirm that religion is, in the long run, often beneficial emotionally.

Religion and Relational Resilience

It is often said that humans are social creatures. Implicit in this statement is the notion that people need relationships. The social psychology literature is replete with studies affirming that perceived social isolation is frequently accompanied by mental and physical illness, and shorter life length (see Hawthorne, 2008). Hence, it appears that involvement with other people is integral to quality of life. One place to which people often turn for social interaction is the religious community. In the best cases, a church can represent a strong network of caring persons who respond swiftly and appropriately to the needs of others throughout the lifespan.

Quite a few investigators have put this ideal to the test, empirically assessing the link between religiousness and relational resilience. For instance, Wink, Dillon, and Larsen (2005) looked at well-being in a sample of adults in their late 60s to mid-70s. They found that religiousness (as assessed by belief in God and an afterlife, prayer, and frequent attendance at a traditional place of worship) was positively correlated with social support (as indicated by number of people in one's social network, frequency of social contact, presence of a confidant, and whether one lives alone or with someone else). A study of battered women revealed that nonwhite women who attended church frequently and

reported that their place of worship was a source of strength and comfort to them also reported higher levels of social support; no such relationship was found for white women (Gillum et al., 2006). Likewise, Watlington and Murphy (2006) found that being involved in public and private religious activities, as well as having spiritual experiences, was associated with greater social support. A longitudinal study following participants for 30 years appears to confirm the role of religious service attendance on relationships (Strawbridge, Shema, Cohen, & Kaplan, 2001). Participants who attended weekly and saw fewer than three family members or friends per month in 1965 were 62% more likely to have increased their number of social relationships in 1995; weekly attenders with three or more social relationships in 1965 were 37% less likely to have dropped below three relationships by 1995.

Research on attendance suggests at least one fairly obvious explanation for the link between religiousness and social support. It is only intuitive to presume that meeting regularly with fellow congregants will facilitate relationships, especially in a context where leaders and doctrines officially promote interpersonal connectedness and "bearing one another's burdens." This effect would not be unique to religion; any social club or activity could create similar bonds. But does this theory fully account for the religion–social support relationship? Prado and colleagues (2004) reported that although religiously involved individuals appear to use more social support in the coping process because they have more people available to support them, this indirect relationship does not exhaust the association between religious involvement and support in coping. Perhaps some aspect of religiousness, in addition to regular proximity to fellow congregants, contributes to relational resilience.

As a matter of fact, there are intrapsychic religious variables that also predict relational resilience. In a study of dialysis patients, O'Brien (1982) found that those who rated their faith as more important to them reported higher levels of social interaction and lower levels of alienation. Not only was there more social contact for patients who valued their faith, but also the quality of their interactions was higher. General religious coping is another intrapsychic religious variable that predicts social support longitudinally in distressed populations (Koenig et al., 1992). In a cross-sectional study of patients with advanced cancer, higher levels of positive religious coping were associated with greater perceived support (Tarakeshwar et al., 2006). These findings suggest that there is more to religion's link to social support than meets the eye.

The relationships among religion, social support, and outcomes are somewhat complicated. The amount of support from clergy and church members has been tied to lower levels of depression and greater reports of secular and religious benefit finding among family members during the cardiac surgery of a loved one (VandeCreek, Pargament, Belavich, Cowell, & Friedel, 1999). However, whereas church-based emotional support has been found to buffer the effects of financial strain on self-rated health for black older adult participants, this relationship did not hold for white older adult participants (Krause, 2006a, 2006b). In the same study, those who reported attending church infrequently also reported receiving less emotional support, and support was a weaker buffer for infrequent (as opposed to frequent) attenders. These findings indicate that the social benefits of church attendance do not extend to all elderly attenders (i.e., those who are white or attend infrequently).

Interestingly, it appears that relational resilience may influence religious coping. Schottenbauer and colleagues (2006) found that secure attachment is associated with positive religious coping. Because the attachment relationship is presumed to precede coping with a life crisis, Schottenbauer and colleagues' findings suggest that establishing an adaptive attachment may set the foundation for beneficial religious coping methods. Apparently, those who enjoy a good relation-

ship with human attachment figures often expect the same benevolence and protection from their divine attachment figure.

Religion and Religious Resilience

Society commonly values having a sense of meaning in life, positive affect, and social connectedness, and various facets of religiousness appear related to each of these types of resilience. Even so, it would be inappropriate to reduce religion solely to the pursuit of these goals. Pargament, Magyar-Russell, and Murray-Swank (2005) have argued that many religious individuals seek religious ends in themselves. These ends include, but are not limited to, closeness to God, closeness to a religious community, and fidelity to a religious way of life. Stressors often present a very real threat to religiousness, drawing the affected individual into a battle for what may be the most precious parts of life. The threatened or actual loss of such sacred objects may be highly distressing for the religious person.

There is, however, abundant evidence that religion itself tends to be resilient to stress. For instance, the death of a loved one can be particularly difficult for those who survive him or her. A prospective study by Hebert and colleagues (2007) addressed religious outcomes in caregivers of dementia patients who passed away during the course of the study. Caregivers reported that frequency of prayer and self-rated importance of spirituality/religious faith remained the same after their loss; in fact, caregivers attended religious services more frequently following the loss. Still, the ability to weather one storm with one's faith intact is not particularly surprising.

It could be argued that exposure to multiple stressors may lead to more of a drain on a person's religious reservoir. Falsetti, Resick, and Davis's (2003) findings contradict this notion: For individuals who had encountered traumatic events, experiencing more than one trauma was related to higher, not lower, levels of intrinsic religiousness. In this sample, 70% of the participants reported no change in religious beliefs following their first (or only) trauma; 16% reported becoming less religious, whereas 13% reported becoming more religious. Of those who experienced multiple traumas, 73% reported no change in religiousness after the second event.

But perhaps prolonged suffering poses the greatest challenge to the resilience of religion. In contrast to this argument, Cotton and colleagues' (2006) longitudinal study of patients with HIV/AIDS revealed no significant changes in organized religious activities, nonorganized religious activities, overall spirituality, positive religious coping, or negative religious coping over a period of 12–18 months. Only intrinsic religiousness decreased, whereas feelings of meaning and peace increased. In short, there is evidence that acute, multiple, and persistent stressors do not necessarily lead to declines in religiousness.

It is also important to note that people who are more religious prior to stressful events appear to demonstrate greater religious resilience. Several studies by Ai and her colleagues illustrate this point (Ai, Park, Huang, Rodgers, & Tice, 2007; Ai, Peterson, Tice, & Koenig, 2004; Ai, Tice, Peterson, & Huang, 2005). Participants waiting to undergo cardiac surgery reported greater use of prayer as a coping method (i.e., indicated that prayer was important and helpful to them, and that they intended to use prayer to cope with the surgery) if they also reported having a strong religious faith (i.e., said that religion was important to them and described themselves as highly religious) (Ai et al., 2004). After the 9/11 terrorist attacks, graduate and undergraduate students in mental health classes were asked about the effects the attacks had on them and how they were coping (Ai et al., 2005). Stronger religious faith and greater use of prayer in coping were associated with *spiritual support*, which refers to feeling close to a higher power and experiencing love, peace, guid-

ance, and strength through this relationship. Last, in another sample of preoperative cardiac surgery patients, general religiousness correlated moderately to very positively with positive religious coping (Ai et al., 2007).

It is perhaps intuitive that religious individuals use religious coping and experience positive religious outcomes. They have more invested in religion, so they should hold more tightly to it. Furthermore, their investment in religion pays dividends in the form of familiarity with adaptive religious coping methods. Thus, they are able to maintain that which is of utmost importance to them through the most trying times of life. Religion, then, appears to be able to help people in crisis conserve not only a sense of meaning, emotional comfort, and relationships but also religion itself.

Spiritual Transformation

Resilience is complex, and the term itself can be applied to different types of phenomena. Masten, Best, and Garmezy (1990) have described three classes of resilience: desirable outcomes in individuals who are at elevated risk for certain undesirable outcomes; continued positive functioning in spite of stressors; and a return to normal following a decline in functioning due to a traumatic event. Thus far, this chapter has presented religion as a resilience factor, stabilizing the afflicted and restoring homeostasis. Nevertheless, religion is a force for not only conservation but also transformation in stressful times (Pargament, 1997). To put it another way, religion can contribute to fundamental change in what the individual holds to be significant and the pathways the individual takes to significance.

Religiousness may contribute to perceptions of positive and profound change following major life stressors. In a study of people with HIV/AIDS, nonorganizational religious activities, intrinsic religiousness, and positive and negative religious coping were predictive of beliefs that one's life had improved (Szaflarski et al., 2006). This relationship was stronger for participants with lower functioning in terms of health status and health concerns, suggesting that the stress associated with illness actually increased religion's positive effects on perceived improvement in quality of life. Among female sexual assault victims, religious coping has been associated with reports of positive life changes with respect to self, relationships, life philosophy or spirituality, and empathy (Frazier, Tashiro, Berman, Steger, & Long, 2004). Additionally, increases in religious coping over time have been accompanied by reports of more positive life changes (Frazier et al., 2004). Phillips and Stein (2007) investigated predictors of *stress-related growth*, which refers to perceived personal improvements resulting from a stressful experience. In their sample of people with schizophrenia or bipolar disorder, benevolent religious reappraisal (e.g., viewing one's mental illness as a part of God's plan) was positively correlated with stress-related growth.

In the previous section we described how individuals generally preserve their religiousness in the face of crisis. However, traumatic events can stimulate increases in religiousness as well. Forty-five percent of the participants in a study of people with HIV stated that their religiousness and spirituality increased after their diagnosis (Ironson, Stuetzle, & Fletcher, 2006). As noted earlier, Falsetti and colleagues (2003) discovered that people who experienced multiple traumas indicated higher levels of greater intrinsic religiousness. Nineteen percent of respondents who had multiple traumas reported growing more religious after the second event, whereas only 8% reported declines in religiousness. Thus, it seems that personal trials can serve as opportunities for religious growth. This may be especially true if the individual draws on religion as a source of strength. In studies of people facing a variety of major life stressors, a number of predictors, including traditional measures of religiousness, collaborative coping, and positive religious coping, have shown positive relationships

with desirable religious outcomes (i.e., self-reported spiritual growth, increased closeness to God, and increased closeness to one's faith community) (Pargament et al., 1999; Smith, Pargament, Brant, & Oliver, 2000). One longitudinal study of people dealing with the trauma of a flood in the Midwest found that positive religious coping at the time of the initial survey was predictive of positive religious outcomes 4 months later (Smith et al., 2000). Perhaps those who find that their religious resources sustain them in dark times grow in the conviction that their faith is valuable and learn to integrate it better into their lives.

Spiritual Struggles

Although religion is largely a source of strength and resilience, there are occasions in which distress overwhelms the individual's religious orienting system, jeopardizing one's grasp on the sacred. Of course, those with a weaker religious orientation may be particularly vulnerable to the effects of major life stressors, but the most traumatic of life's events may cause religious turmoil and struggle for many people. During these times of spiritual struggle, the individual may take drastic, even harmful measures to prevent the sacred from slipping away or to restructure his or her relationship with the sacred. *Spiritual struggles* have been defined as "efforts to transform or conserve a spirituality that has been threatened or harmed (Pargament, Murray-Swank, Magyar, & Ano, 2005, p. 247). According to Pargament, Murray-Swank, and colleagues (2005), there are three main types of spiritual struggle: interpersonal, intrapsychic, and divine. *Interpersonal* spiritual struggles may take the form of doctrinal disputes between church members or of a person feeling rejected by a religious community, to name two examples. In *intrapsychic* struggle, the individual may wrestle with religious doubts, questioning the truth of core beliefs. This type of struggle may also manifest as opposition between religiously sanctioned and religiously proscribed desires (Exline & Rose, 2005). The last type of struggle is characterized by a troubled relationship with the *divine*. People may become angry with God due to perceived injustice, or they may feel as though God has abandoned them or is punishing them (Pargament, Murray-Swank, et al., 2005). In each case, apart from the stressors that elicit it, spiritual struggle can be a source of trouble in and of itself. Struggles of these kinds may be particularly contentious when people perceive that others fail to respect, honor, or protect a spiritual bond.

The Negative Religious Coping Scale, developed by Pargament, has been used to assess spiritual struggles in numerous studies and focuses primarily on divine struggles (McConnell, Pargament, Ellison, & Flannelly, 2006). High scores on this measure are often accompanied by negative psychosocial outcomes. Advanced cancer patients who make greater use of negative religious coping have reported lower overall, existential, and psychological quality of life (Tarakeshwar et al., 2006). For caregivers of terminally ill cancer patients, negative religious coping is predictive of greater caregiver burden, less satisfaction with the caregiver role, lower quality of life, and higher risk for major depressive disorder or an anxiety disorder; these relationships remained significant after researchers controlled for demographic variables (Pearce, Singer, & Prigerson, 2006). Negative religious coping has also been associated with more severe depression in a sample of depressed geriatric patients (Bosworth et al., 2003).

Just as religious resources may be especially helpful to people going through major life stressors, spiritual struggles may be especially problematic to people dealing with critical situations, in essence, making bad matters worse. For example, McConnell and colleagues (2006) examined the correlates of negative religious coping in a national sample that included both participants who had experienced an injury or serious illness in the preceding year and those who had not expe-

rienced such an event. For the entire sample, negative religious coping was associated with anxiety, phobic anxiety, depression, paranoid ideation, obsessive–compulsiveness, and somatization. However, the relationship between negative religious coping and anxiety, as well as phobic anxiety, was especially marked for those who had had an injury or illness. In a similar vein, Lonczak, Clifasefi, Marlatt, Blume, and Donovan (2006) studied correlates of religious coping in a correctional population. They found an interaction between experiencing stressful life events and pleading for divine intervention (a negative religious coping method), such that pleading exacerbated the ties between stressful life events and depression; the same interaction effect was found when predicting hostility from pleading and stress. The results of these two studies are consistent with the notion that spiritual struggles "make bad matters worse," increasing the negative outcomes of negative life stressors. It is therefore important to recognize that although religion is generally a resilience factor for people dealing with difficulties, it can also be a hindrance to recovery from stressful events.

Psychospiritual Interventions to Enhance Religious Contributions to Resilience

In recent years, a number of people have begun to move from research to practice in this domain of study (for a review, see Pargament, 2007). Considering the potential contributions of religion to resilience, incorporating religious resources into psychotherapy is an obvious next step. Several authors have demonstrated how these resources may be integrated into the process of change to enhance personal resilience. The findings are promising.

One approach to helping individuals struggling with a variety of life problems has attempted to integrate religion and spirituality into rational-emotive therapy (RET; Warnock, 1989; Johnson & Ridley, 1992). Traditional RET presents the following model of distress. An activating event, such as a stressor, arises in a person's life. The individual responds with certain cognitive interpretations or beliefs, which in turn produce emotional and behavioral consequences in the individual. Irrational beliefs (i.e., those that are false) tend to produce negative consequences, such as anxiety, depression, and isolation. RET provides a framework for challenging irrational beliefs to replace maladaptive emotions and behaviors with adaptive ones.

Warnock (1989) has noted that religious beliefs, which are often very central to clients, can be both helpful and harmful. When a client highly values irrational religious beliefs, it may be necessary to confront those beliefs. Furthermore, religious traditions themselves often present logical and rational teachings that can be used to counteract irrational beliefs. Warnock demonstrates how Christian beliefs may be applied to RET for work with Christian clients.

One basic irrational belief, which has been named *demandingness*, entails the expectation that the individual must succeed at everything he or she does, that everyone must approve of the individual, and that life must always go the way one wants it to go. For Christian clients, a therapist might point out that Jesus was willing to provoke the wrath of contemporary religious authorities and proceeded to do so by contradicting them and breaking their traditions (Warnock, 1989). In addition, Jesus accepted the fact that suffering was a part of life, refusing to resist those who planned to take his life and telling his disciples that they would also be persecuted (Warnock, 1989). Such examples can normalize the struggles of a therapy client. In theory, if the client accepts suffering, he or she will find it less upsetting.

Another form of irrational belief occurs when clients exaggerate how bad their circumstances are. The more they tell themselves that the situation is awful or could not be worse, the worse they feel. Christian clients may benefit from being reminded

that crucifixion is a particularly terrible fate (Warnock, 1989). Nevertheless, Jesus reacted relatively calmly in the face of death, submitting to the authorities. If Jesus had believed that crucifixion was the worst situation possible, he probably would have attempted to escape it. This account may encourage clients to view their problems as bearable by putting them into perspective.

Low frustration tolerance is also a common irrational response. People tell themselves that they cannot stand to have their desires thwarted. Perseverance becomes increasingly difficult when one's efforts seem to be of no avail. In this case, the therapist can direct the client's attention to Jesus's response to the apparent failure of his mission (Warnock, 1989). Most of those who heard Jesus's teachings did not understand or accept his true message, and many ridiculed him. In spite of this opposition, Jesus remained true to his convictions. Likewise, clients can learn to persevere despite frustration.

The fourth basic irrational response is *condemnation*, the tendency to blame oneself or others. Clients caught in the trap of condemnation make little progress; if they consider themselves irredeemably wicked, they have no hope of changing, and if they blame others, they may perceive themselves as having no responsibility for change. However, clients can be reminded that Jesus did not preach condemnation (Warnock, 1989). Although he acknowledged the sins of the adulteress and the woman at the well, he offered them the hope that they could indeed be free from their past failures. Therapists can use this principle to help clients release feelings of guilt and blame to move toward desired ends.

Johnson and Ridley (1992) conducted an exploratory study comparing RET with an explicitly Christian version of RET in a sample of participants who responded to an add for short-term counseling for depression. The Christian version utilized Biblical examples to challenge clients' irrational beliefs and also integrated other Christian content and prayer into the treatment. After six weekly, 50-minute sessions, both treatment groups exhibited significant declines in depressive symptoms, automatic negative self-statements, and irrational values. Although these results must be interpreted cautiously due to the exploratory nature of the study, they do suggest that conducting RET from a Christian perspective may not reduce the efficacy of the treatment. Because the effects were equivalent for the treatment groups, it may be preferable to work with clients within a framework that fits their religious beliefs.

Another example of an intervention that incorporates religious resources was developed by Siwy and Smith (1988). This group therapy targets individuals with interpersonal issues and is advertised as a Christian therapy, although non-Christians are also welcome. Prospective group members are typically referred by other therapists. Pretreatment screening comprises a review of the client with the referring therapist, psychological testing of the client, and an interview with the client conducted by the group cotherapists. The intervention is not designed for clients with severe psychotic or mood disorders that have not been stabilized. Group sizes range from five to eight clients, and each group meets weekly for 1.5-hour sessions.

The inner faith of the therapists and clients forms the basis for psychospiritual interventions (Siwy & Smith, 1988). Therapists mobilize religious resources, such as prayer and scripture reading, during sessions. In addition, clients may choose to discuss their thoughts about and relationship with God. Each individual is valued as a unique image of God and members are expected to treat each other with respect. Scapegoating is not permitted, whereas accurate empathy is cultivated for the sake of creating a sense of safety in the clients. Siwy and Smith explain that this therapeutic environment is necessary if clients are to relax their defenses and reveal their personal problems. The group members confront and challenge each other,

but they also explore and affirm each individual's gifts. The goal of this process is to restore each client's ability to relate to others in a healthy manner.

The reviewed psychospiritual interventions are just two examples of a growing approach to the application of religion to individual suffering. Yet they suggest that religion can be effectively woven into psychotherapy. In fact, one recent meta-analysis indicated that participants in spiritually integrated treatments showed somewhat greater benefits than those in comparative interventions (Smith, Bartz, & Richards, 2007). More research certainly remains to be done on the outcomes of this integrative movement.

Summary

Religion represents a potent resilience factor. Far from encouraging defensiveness, denial, passivity, and pathology, religion is often associated with self-efficacy and the active confrontation of problems, along with a host of positive outcomes. However, the links between religion and resilience are neither simple nor straightforward.

Our review of the literature demonstrates that these two constructs have a complex, multifaceted relationship. Religion may provide people with a belief in the meaningfulness of life and life's stressors, which may, in turn, preserve psychological well-being. People experiencing stressful events also appear to benefit emotionally from religion; those who are more religious tend to have lower levels of negative affect and higher levels of positive affect. Furthermore, various forms of religiousness are associated with receiving more social support, and support of this kind can buffer the effects of stressors. Finally, in the face of adversity, people of faith show a remarkable ability to preserve their sense of connection with the sacred and their religious way of life.

However, religion is not simply a typical resilience factor. Whereas resilience is often conceived of as the maintenance of or return to normal functioning following a trauma, religiousness can be a catalyst for positive life changes and stress-related growth. Many religious individuals feel that their faith helps them use crisis as an opportunity to achieve highly valued outcomes, both secular and spiritual. However, religion's power for positive transformation is balanced by its potential for serious harm. Spiritual struggle can worsen the negative effects of stressful life events, decreasing quality of life and increasing negative affect.

It is surprising that researchers and practitioners have neglected or diminished the role of religion in stressful times for so many years. As the findings in this chapter indicate, religion can be a powerful force for resilience among people grappling with the most traumatic experiences in life. Yet there is a great deal more to be learned about the connections between religion and resilience. This knowledge will be essential in our efforts both to understand more fully the nature of resilience and to facilitate greater resilience among people in critical life situations.

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