

HANDBOOK  
OF  
POSTTRAUMATIC GROWTH  
RESEARCH AND PRACTICE

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2006

LAWRENCE ERLBAUM ASSOCIATES, PUBLISHERS  
MAHWAH, NEW JERSEY LONDON

## SPIRITUALITY: A PATHWAY TO POSTTRAUMATIC GROWTH OR DECLINE?

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### INTRODUCTION

While the psychological, social, and physical dimensions of a traumatic experience are well recognized, the spiritual dimension is often overlooked. Yet, spirituality can play a critical role in the way traumas are understood, how they are managed, and how they are ultimately resolved. Spirituality can be potentially helpful or harmful. In this chapter, we will see that spirituality can be a positive resource for posttraumatic growth (PTG) or a source of struggle that may lead to growth or decline. We will consider some of the factors that may determine whether spirituality leads ultimately to growth or decline. Finally, we will conclude by discussing some of the practical implications of this body of theory and research for our efforts to help people coping with major trauma. We begin by discussing the meaning of spirituality and religion and their place in the context of coping with life traumas.

### BACKGROUND AND DEFINITIONS

The old saying that there are no atheists in foxholes is an exaggeration. There are people who are nonbelievers before, during, and after they experience major life traumas. Nevertheless, there may be a grain of truth to this old saying, for researchers have identified a link between spirituality and moments of greatest stress. For example, following the September 11 terrorist attacks, 90% of a random sample of Americans reportedly coped by turning to religion (Schuster et al., 2001). Similarly, in a study of people who had

been paralyzed as the result of an accident, the most common explanation offered for their situation was "God had a reason" (Bulman & Wortman, 1977).

Despite the evidence of its salience to people facing major life traumas, psychologists, with some exceptions (e.g., Shaw, Joseph, & Linley, 2005), have generally overlooked or oversimplified the roles of religion and spirituality in stressful times. Religion and spirituality have been described as defenses against anxiety, passive forms of coping, or sources of denial of the painful reality (see Pargament & Park, 1995). These stereotypes do not stand up well to empirical scrutiny. Though religion can be a source of comfort and anxiety reduction to many people, it also serves other functions, such as providing meaning in life, a sense of intimacy with others, self-development, and, most importantly, a connection with the sacred. Empirical studies also indicate that religiousness and spirituality are more often linked to active rather than passive forms of coping and are rarely sources of blanket denials of the realities of loss (Pargament & Park, 1995).

In contrast to the stereotypes of religion and spirituality, these phenomena are rich and complex rather than simple and straightforward. *Spirituality* can be defined as a search for the sacred (Pargament & Mahoney, 2002). There are two key terms in this definition: the *sacred* and *search*. The sacred refers to those things that are holy, set apart from ordinary aspects of living, and worthy of veneration and respect. The sacred encompasses not only God, divine beings, or a transcendent reality, but also other aspects of life that take on divine character and significance by virtue of their association with a higher power. The search for the sacred refers to the processes of discovery of the sacred, efforts to conserve or hold on to the sacred once it has been discovered, and attempts to transform the sacred when internal or external pressures insist on change. Although religion can be viewed as a personal as well as a social expression (see Zinnbauer, Pargament, & Scott, 1999), in this chapter we use *religion* to refer to the larger social and institutional context in which the search for the sacred takes place. From our perspective, spirituality always unfolds in a religious context, even if it is a religious context that people may reject. Simple conclusions about the roles of spirituality and religion in peoples' lives are not warranted, given the diversity of sacred "objects," the myriad pathways people can take in their efforts to discover, conserve, and transform the sacred, and the wide range of religious contexts in which spirituality unfolds. It is particularly important to recognize that spirituality can serve both as a resource for coping and as a source of struggle in itself.

### SPIRITUALITY AS A RESOURCE FOR COPING WITH TRAUMA

Many people report anecdotally that their spirituality is a source of positive change and growth, even in the face of major life crises, pain, and suffering. One woman facing breast cancer said: "Cancer has, in many ways, been a gift . . . I have come to a place where I feel peaceful and strong. I have developed an abiding faith that no matter what happens I can cope and it will be alright (all this despite having Stage IV incurable cancer)" (Gall & Cornblatt, 2002, p. 530). A caregiver to parents with Alzheimer's said:

It is the most rewarding and devastating experience of my life; I would not have given up this period to care for my parents for anything. There has been combativeness, wandering—lots of frustrations. 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. (Wright, Pratt, & Schmall, 1985, p. 34)

These anecdotal reports are not unusual. Empirical studies have demonstrated that spirituality is significantly tied to measures of PTG. For example, in a study of 174

bereaved HIV/AIDS caregivers involving structural equation modeling, Cadell, Regehr, and Hemsworth (2003) found that a general measure of spirituality was associated with higher levels of PTG. In a series of studies of college students, Park, Cohen, and Murch (1996) developed a measure of stress-related growth and found that measures of intrinsic religious commitment and religious coping were significantly associated with reports of greater growth. Working with people in a hospital awaiting the outcome of cardiac surgery of loved ones, VandeCreek et al. (1999) found that more frequent prayer and higher levels of self-rated religiousness were correlated with reports of more growth as a result of the stressor.

### **The Critical Ingredients of Spirituality**

While these studies point to a significant connection between spirituality and PTG, they do not address what it is about spirituality that may facilitate growth. Additional empirical studies point to three potentially critical "growth-related" spiritual ingredients. First, spirituality may provide people with an important source of support and empowerment in stressful times. One woman described the spiritual strength she derived from God in caring for her mother with dementia: "Sometimes, I think of something mother used to say or do—and, the tears won't stop coming. But you know, I bow my head for a minute—and ask the Lord for the strength to go on. And, girl, I tell you—He just lifts those old burdens from me right away" (Dungee-Anderson & Beckett, 1992, p. 164). Another African American man dealing with HIV/AIDS noted how prayer helped him develop a sense of mastery and control: "My life is enriched. Enriched and empowered. I don't feel helpless anymore . . . I have spiritual resources that can help me achieve [my] ends" (Siegel & Schrimshaw, 2002, p. 95). In addition, measures of spiritual coping that capture perceptions of support from God have been consistently associated with reports of greater PTG (e.g., Hettler & Cohen, 1994; Pargament, Ensing et al., 1990; Pargament, Smith, & Koenig, 1996; Park & Cohen, 1993).

Second, as Tedeschi, Park, and Calhoun (1998) note, life trauma is a "time when meaning may be created and found" (p. 4). Spirituality may play a critical role in the meaning-making process (see Park & Folkman, 1997). For example, one Hindu woman with a disability that left her unable to have children was able to reframe her situation through her religious tradition: "My solace is Vedanta [philosophy of Hinduism]. . . The other day I gained a flash of insight. I suddenly saw myself as having been a wife and a husband hundreds of times, with thousands of children. That is a path I have already traveled, I am on a new one now" (Nosek, 1995, p. 8). Spiritually based forms of meaning-making have been tied to PTG in empirical research. For example, Park and Cohen (1993) studied a group of college students who had suffered the death of a close friend and found that attributions of the death to a purposeful God were correlated with reports of more personal growth. In a five-year prospective investigation that bears at least indirectly on this point, Murphy, Johnson, and Lohan (2003) studied 138 parents of an adolescent or young child who had died as a result of accident, suicide, or homicide. Parents who engaged in more religious coping reported that they were able to find significantly greater meaning five years after their child's violent death.

Third, in response to critical stressors, spirituality may foster life-changing transformations of goals and priorities. Decker (1993) illustrates the potential for this kind of transformation by recounting a vignette from the movie "Gandhi." In the movie, Gandhi meets a Hindu who confesses "I am going to Hell. I murdered two Muslim children after the Muslims murdered my family." Gandhi replies, "You may indeed go to Hell. But there may be a way out. Find two orphaned Hindu children and raise them as Muslims" (Decker,

1993, p. 43). The changes in goals and priorities embodied in spiritual conversion and the performance of good deeds have been associated with PTG. In a study of college students facing major life stressors, Pargament et al. (2000) found that students who scored higher on a measure of religious conversion reported higher levels of stress-related growth. Efforts to perform religious good deeds following life crises have also been correlated with higher levels of PTG (e.g., Park & Cohen, 1993).

It is important to add that growth following trauma may be especially prominent in the spiritual sphere of life. Many people describe feelings of greater closeness to God as the result of critical life events. For example, in one report, "A 14-year-old Maryland boy who was shot and nearly killed by a sniper last fall told a packed courtroom that the terrifying experience 'brought me closer to God,' " (CNN, Wednesday, October 29, 2003). Another 52-year-old African-American man living with HIV/AIDS said, "It [HIV/AIDS] has drawn me more closer, more closer to a God. It has drawn me closer to recognize there's been a force working in my life" (Siegel & Schrimshaw, 2002, p. 97). Consistent with these reports, researchers have found that a significant number of people who have experienced trauma feel they have grown spiritually or become more religious. For instance, Richards, Acree, and Folkman (1999) interviewed 70 bereaved caregivers of male partners who had died of AIDS. Seventy-seven percent reported that their spirituality increased or deepened through their caregiving and bereavement. Higher levels of religious coping with major traumas have also been associated with increased closeness to God, increases in self-rated spirituality, and greater closeness to one's church (Pargament, Ensing et al., 1990; Smith, Pargament, Brant, & Oliver, 2000).

### **SPIRITUALITY AS A SOURCE OF STRUGGLE WITH TRAUMA**

Although traumatic events can lead to spiritual growth, they can also lead to spiritual decline. For example, Falsetti, Resick, and Davis (2003) identified a sample of people with posttraumatic stress disorder (PTSD) through interviews with individuals from the community and mental health treatment sites. They found that 30% of those with PTSD reportedly became less religious after their trauma, while only 20% indicated that they became more religious following the trauma. Similarly, Brenner (1980) surveyed 708 survivors of the Holocaust and found that, of those who reported changes in their beliefs in God during or immediately after the Holocaust, more described a weakening than a strengthening of their faith. How do we account for the loss of spirituality that can accompany critical life events?

Spiritual frameworks of belief, practice, and value are not exempt from the questions that can be raised by crises. Consider, for example, the spiritual turmoil expressed by this 14-year-old adolescent from Nicaragua:

Many times I wonder how there can be a God—a loving God and where He is... I don't understand why he lets little children in Third World countries die of starvation or diseases that could have been cured if they would have had the right medicines or doctors. I believe in God and I love Him, but sometimes I just don't see the connection between a loving God and a suffering hurting world. Why doesn't He help us—if He truly loves us? It seems like He just doesn't care. Does He? (Kooistra, 1990, pp. 91–2)

### **Three Types of Spiritual Struggle**

In the midst of crisis, many people struggle with their spirituality. These struggles are a sign of spirituality in tension and in flux. Spiritual struggles can be viewed as efforts

to conserve or transform a spirituality that has been threatened or harmed (Pargament, Murray-Swank, Magyar, & Ano, 2005). We can distinguish among three types of spiritual struggles: interpersonal, intrapersonal, and divine. Interpersonal spiritual struggles involve religious tensions and conflicts with family, friends, congregations, and communities. Krause, Chatters, Meltzer, and Morgan (2000) conducted focus groups of older church members and identified several forms of negative interactions within the church, such as gossiping, cliquishness, hypocrisy, and disagreements with church doctrine. Interpersonal spiritual struggles are commonplace. Nielsen (1998), for example, found that 65% of an adult sample reportedly experienced some type of religious conflict, most of which were interpersonal. Failures of presumably "spiritual" or "religious" people may be especially painful because such people are expected to enact their spiritual values. One older woman voices the interpersonal spiritual struggle she experiences with others in her church:

They get off in a corner and talk about you and you're the one that's there on Sunday working with their children and ironing the priest's vestments and doing all that kind of thing and washing the dishes on Sunday afternoon after church. But they don't have the Christian spirit. (Krause et al., 2000, p. 519)

Intrapersonal spiritual struggles refer to questions, doubts, and uncertainties about spiritual matters. These struggles may focus on questions about one's ultimate purpose in life. They may involve conflicts between desires to gratify human appetites and desires to be virtuous (Exline, 2002). The struggles may center around conflicts about spiritual motivation. Along these lines, Ryan, Rigby, and King (1993) distinguish between a religion that is personally chosen and valued (identification) from a conflictual religion that develops out of social pressure or anxiety and guilt (introjection). Intrapersonal struggles may also focus on religious systems of belief and practice, as we hear in questions one adolescent raises about Christianity: "Is Christianity a big sham, a cult? If an organization were to evolve in society, it would have to excite people emotionally, it would have to be self-perpetuating, it would need a source of income, etc. Christianity fits all of these. How do I know that I haven't been sucked into a giant perpetual motion machine" (Kooistra, 1990, p. 95)? Questions and doubts such as these are not unusual. In a study of a national sample of Presbyterians, only 35% reported that they never had any religious doubts (Krause, Ingersoll-Dayton, Ellison, & Wulff, 1999).

Finally, people can experience struggles with the divine. Traumatic events can pose a threat to views of God as an all-loving, omnipotent being who ensures that good things will happen to good people. In response to crisis, the individual may feel abandoned by God, anger toward God, or feelings of punishment by God. And because they touch on the deepest dimension of life, these struggles may be especially painful. Listen to the bitter words of one victim of incest:

How could you in all your greatness have abandoned me, a little girl, to the merciless hands of my father? How could you let this happen to me? I demand to know why this happened? Why didn't you protect me? I have been faithful, and for what, to be raped and abused by my own father? I hate and despise you. I regret the first time I ever laid eyes on you; your name is like salt on my tongue. I vomit it from my being. I wish death upon you. You are no more. You are dead. (Flaherty, 1992, p. 101)

Painful as they are, struggles with the divine are not uncommon. For example, in a study of homeless men, 50% reported that their social condition elicited some negative feelings

toward God (Smith & Exline, 2002). Similarly, in a study of three groups of medical patients, approximately 20% described moderate to high levels of negative religious coping, defined by feelings of alienation, abandonment, anger, or punishment in relationship to God (Fitchett, Murphy, Gibbons, & Cameron, 2001).

### **Empirical Links Between Spiritual Struggle and Distress**

Empirical studies have shown clear and consistent links between the three types of spiritual struggles and indicators of distress. With respect to interpersonal spiritual struggles, Krause, Ellison, and Wulff (1998) conducted a study of a national sample of clergy, elders, and members of the Presbyterian Church and found that negative church interactions were associated with higher levels of psychological distress. Working with a sample of church members and college students, Pargament, Zinnbauer et al. (1998) also found that higher levels of interpersonal religious conflict and conflicts with the clergy and church dogma were predictive of lower self-esteem, more negative mood, and greater anxiety. In a longitudinal study of medically ill elders, people who reported more interpersonal religious discontent at baseline manifested significant increases in depression over a two-year period (Pargament, Koenig, Tarakeshwar, & Hahn, in press).

Intrapersonal spiritual struggles have also been correlated with more distress. For instance, in a study of Dutch Reformed and Roman Catholic high school students, more religious doubts were associated with greater anxiety and more negative affect (Kooistra & Pargament, 1999). Similarly, religious doubts have been tied to more depression and less positive affect among Presbyterian church leaders and members (Krause, et al., 1999) and less happiness and life satisfaction in a national sample of adults (Ellison, 1991). Religious fears and guilt have also been related to higher risk of suicide in samples of college students and adults seeking outpatient psychotherapy (Exline, Yali, & Sanderson, 2000).

Some of the strongest findings have emerged from studies of struggles with the divine. Ano and Vasconcelles (2005) conducted a meta-analysis of 49 studies of religious coping and reported that divine spiritual struggles were consistently associated with greater psychological maladjustment. Specific indicators of divine struggle (e.g., feeling punished by God, feeling abandoned by God, questioning God's powers, attributing problems to the devil) have been associated with more anxiety and depression among college students (Pargament, Koenig, & Perez, 2000; Pargament, Zinnbauer et al., 1998), more psychological distress among victims of the 1993 Midwest floods (Smith, et al., 2000), more depression among adult psychotherapy outpatients (Exline, Yali, & Lobel, 1999), and more symptoms of PTSD and callousness toward others among members of churches near the Oklahoma City bombing (Pargament, Smith, Koenig, & Perez, 1998).

Two longitudinal studies are particularly noteworthy. In one study of patients in medical rehabilitation, patients who reported more anger at God showed lower levels of independent functioning four months later, even after controlling for other variables including demographic factors, depression, social support, general anger, and level of independent functioning at admission (Fitchett, Rybarczyk, DeMarco, & Nicholas, 1999). In another study of medically ill elderly patients, those who reported more struggles with the divine at baseline experienced significantly greater declines in physical functional status and quality of life, and increases in depression over two years (Pargament, Koenig et al., in press). Moreover, spiritual struggles at baseline resulted in a 22% to 33% increase in risk of dying after controlling for demographic, physical health, and mental health variables (Pargament, Koenig, Tarakeshwar, & Hahn, 2001).

### Empirical Links Between Spiritual Struggle and Growth

The strength and consistency of these findings may seem somewhat surprising from a religious perspective. Most of the world's great religious traditions speak of spiritual struggle as a pathway to growth. Moses, Buddha, and Jesus are among the exemplary religious figures who experienced their own periods of spiritual turmoil, only to come through the process strengthened and revitalized. More recently, none other than Mother Teresa described times of spiritual struggle, as we hear in these words: "I am told that God lives in me—and yet the reality of darkness and coldness and emptiness is so great that nothing touches my soul" (*Newsweek*, 2001, p. 23).

In fact, there is evidence of a link between spiritual struggles and PTG. Profitt, Calhoun, Tedeschi, and Cann (2004) studied 30 clergypersons and found that more spiritual struggles, as assessed by a measure of negative religious coping, were associated with higher levels of PTG. Among church members close to the Oklahoma City bombing site, people who reported more spiritual struggle reported not only more symptoms of PTSD, but also more stress-related growth (Pargament, Smith et al., 1998). In a study of college students coping with major life stressors, indicators of struggles with the divine (e.g., greater spiritual discontent, reappraisals of God's powers, demonic appraisals) were associated with higher levels of stress-related growth (Pargament et al., 2000). Magyar, Pargament, and Mahoney (2000) found that college students who perceived violations in their romantic relationships as desecrations (i.e., violations of something sacred) reported higher levels of PTG.

Overall, the empirical literature paints a rich and complex picture of the relationship between spirituality, health, and well-being. Some forms of spirituality have proven to be valuable resources in coping with major life crises. Spiritual struggles, in contrast, have been clearly connected to higher levels of distress. And yet, with a few exceptions (Pargament, Ensing et al., 1990; Pargament, Zinnbauer et al., 1998), spiritual struggles have also been tied to PTG. How do we make sense of these disparate findings?

### SPIRITUAL DETERMINANTS OF GROWTH OR DECLINE

What determines whether spirituality becomes a resource in coping or a source of struggle? What determines ultimately whether spirituality leads to PTG or decline? Although these questions have not received much direct empirical attention, indirect evidence points to three potentially important factors: characteristics of the trauma, coping resources, and the individual's religious orienting system.

#### Characteristics of the Trauma

Research indicates that event severity is related to growth (e.g. Aldwin, Sutton, & Lachman, 1996; Brennan, 2002; Tedeschi & Calhoun, 1996). In the development and initial validation of the Posttraumatic Growth Inventory (PTGI), Tedeschi and Calhoun (1996) found that undergraduate students reporting a traumatic event experienced a "great" degree of PTG, whereas students who did not report a traumatic event experienced "small" to "moderate" degrees of growth (p. 467). Similarly, Park, Cohen, and Murch (1996) reported that the initial stressfulness of an event was a significant predictor of more stress-related growth. Moreover, Brennan (2002) studied an adult sample and found that individuals who had experienced higher levels of adversity reported greater psychosocial development as measured by an Inventory of Psychosocial Balance. Interestingly, the type of negative life



event experienced does not seem to impact growth (e.g., Aldwin et al., 1996; Park et al., 1996). Instead, event severity appears to be the key component related to growth.

These findings seem to support the sports adage, "No pain, no gain." How do we explain this seemingly counterintuitive relationship? Perhaps, the shattering of an individual's worldview creates more room for growth (Janoff-Bulman, 1992). Similarly, spiritual struggles that challenge the person's most basic assumptions about life may create more opportunities for fundamental spiritual transformation. Consistent with this interpretation, empirical studies have shown that the relationship between measures of religiousness/spirituality and health and well-being is moderated by the stressfulness of the situation. Specifically, higher levels of religiousness and spirituality are tied to more positive outcomes as the stressfulness of the situation increases (see Pargament, 1997 for a review).

The chronicity of the trauma may be another factor that determines whether spirituality leads to decline or growth. Spiritual struggles may be time-limited for many people. For example, Exline (2002) found that among those who experienced some anger toward God after a negative event, 80% indicated that their anger had decreased over time. But for others, spiritual struggles may be more chronic, increasing the risk for trouble. Relevant to this point is the longitudinal study of medically ill elderly patients by Pargament, Koenig, Tarakeshwar, and Hahn (2004). Based on interviews at baseline and at two-year follow-up, participants in the study were classified into four groups: transitory strugglers (those experiencing spiritual struggles only at baseline), acute strugglers (those experiencing spiritual struggles only at follow-up), chronic strugglers (those experiencing spiritual struggles at baseline and at follow-up), and nonstrugglers (those not experiencing spiritual struggles at baseline or follow-up). Among the four groups, only the chronic spiritual struggles experienced significant declines in physical and mental health over the two-year period of the study. The researchers note that this subgroup of medically ill patients appeared to "get stuck" in their struggles. They experienced their struggles as "less resolvable."

In this vein, Exline (2002) notes that the religious road is littered with "stumbling blocks," such as interpersonal strains, strains in the relationship with God, and internal strains between vice and virtue. When they fall over a stumbling block, people have two options, to stay down or to get up and keep moving down the road. Those who overcome their stumbling blocks may not only restore their faith, but enhance it as well.

### Coping Resources

Coping resources may also determine whether an individual encounters a spiritual struggle and grows or declines as a result of the struggle. In response to crisis, people can draw on a variety of internal and external resources. The individual's personal coping style and system of social support represent two potentially significant internal and external resources, respectively. Although researchers have not yet identified coping methods that decrease the likelihood or impact of spiritual struggles, several coping methods have been tied to higher levels of personal growth. These include secular coping methods, such as positive reinterpretation, acceptance, instrumental action, and problem focused coping (Park et al., 1996; Park & Cohen, 1993; Aldwin et al., 1996; Carver, 1998) and, as noted in the preceding text, spiritual coping methods including benevolent spiritual reappraisals of negative events, support from God, and spiritual connection. These latter coping methods may be particularly salient to the resolution of spiritual struggles because spiritual struggles are likely to elicit a search for spiritual solutions. For example, one

young woman described the spiritual struggles she experienced after she learned that she had been diagnosed HIV positive on her 16th birthday: "[I] blamed God [for the illness.] had so much anger and hatred towards myself. . . towards God, [and felt like] I must be nothing [to God]." Ultimately, however, she turned to God for support and now attributes her ability to live with her disease to her ongoing relationship with the divine: "If I didn't have this relationship with God, I'd probably be in jail or dead" (K. M. Desai, personal communication, April 4, 2004).

One empirical study illustrates the potential value of another spiritual coping resource—confession. Working with a sample of college students, Murray-Swank (2003) compared the effects of spiritual confession to secular confession and a control condition. In the spiritual condition, participants wrote a letter to God asking for forgiveness for something they had done wrong. In the nonspiritual confession condition, participants simply wrote an essay about something they had done wrong. The results were interesting and complex. In comparison to the other two conditions, spiritual confession was associated with greater reports of spiritual growth immediately after writing the letter to God and two weeks later. However, spiritual confession was also linked with higher levels of guilt in comparison to the nonspiritual confession condition. It is interesting to note that the impact of spiritual confession on positive affect was moderated by the participants' images of God, such that those who perceived God in loving terms experienced increases in positive affect from baseline to the two-week follow-up, and those with less loving images of God showed a decrease in positive affect.

Yet, another coping resource, social support, may also influence the likelihood of a spiritual struggle and the resolution of a spiritual struggle when it occurs. Researchers have not examined relationships among social support, spiritual struggle, and growth and decline following a major stressor. However, social support has been associated with physical health and psychological benefits in a number of contexts. For instance, in a study of HIV-positive asymptomatic men, a one-point increase in cumulative average social support satisfaction was associated with a 62% decrease in the risk of developing AIDS (Leserman et al., 2000). In their study of undergraduates coping with stressful life events, Park et al. (1996) found that people who perceived greater availability of social support and satisfaction with social support reported significantly greater stress-related growth six months later. Based on these results, the researchers concluded that, "individuals confronting stressful circumstances may be more likely to experience stress-related growth . . . if they possess relatively strong social resources . . ." (Park, 1998, p. 270). Spousal support has also proven to be a significant factor affecting outcomes of stressful events. For instance, among cardiac patients, the long-term emotional support provided by the marital relationship significantly predicts recovery and quality of life (e.g., Kulik & Mahler, 1993; Waltz & Badura, 1988).

Support from religious sources may take on greater importance in response to spiritual struggles. Again, there is no direct evidence relevant to this issue. However, empirical studies have shown that support from clergy and congregation members plays a key role in the lives of many people, particularly those who are more religiously involved (Chalfant et al., 1990; Ellison & George, 1994; Taylor & Chatters, 1988). Moreover, people can gain support from various scriptures. For example, following the loss of his home, his flocks, and his family, Job of the Bible wrestles with profound spiritual questions. Although the advice of his friends only makes matters worse, ultimately, he receives the blessings of the Lord: "So the Lord blessed the latter end of Job more than his beginning" (Job 41:12). Christians can also turn to the New Testament for spiritual support when their spirits are troubled: "Come unto me, all ye that labour and are heavy laden, and I will give you rest.

Take my yoke upon you, and learn of me; for I am meek and lowly in heart: and ye shall find rest unto your souls. For my yoke is easy, and my burden is light" (Matthew 12:28-30). Empirical studies have also shown clear connections between religious support and positive outcomes to stressful life events (e.g., Carey, 1974; Pargament, Ensing et al., 1990).

Receiving support from religious groups may be particularly problematic for those facing spiritual struggles. The experience of spiritual struggles may elicit feelings of shame and guilt among many people. Smith and Exline (2002) illustrated this point in their study of African American men in homeless shelters. They found that 46% felt it was not acceptable to have negative feelings toward God. The guilt and shame associated with spiritual struggles may deter individuals from expressing their feelings to others for fear of condemnation or reproach. Members of religious groups may be especially feared.

In fact, religious groups vary in the degree to which they encourage and support the expression of feelings (Pargament, Silverman, Johnson, Echemendia, & Snyder, 1983). Some religious communities may view spiritual struggles as signs of a weak faith and, as a result, condemn those who voice spiritual questions and doubts. For example, one mother expressed her condemnation of spiritual struggles in a letter she wrote to the university where her daughter was a student. The letter was written in response to the university's recent introduction of evolution into the curriculum. "If her [daughter's] faith is shattered or shaken, I'd rather see her dead" (Nesson, 2001). Whether spiritual struggles lead to religious support or religious condemnation may be critical to their ultimate resolution.

### **Spiritual Orienting System**

The probability of experiencing a spiritual struggle and its outcome may also be determined by the religious orienting system of the individual. An orienting system is "a general way of viewing and dealing with the world . . . a frame of reference, a blueprint of oneself and the world that is used to anticipate and come to terms with life's events" (Pargament, 1997, p. 99). This orienting system consists of habits, values, relationships, beliefs, and personality. An orienting system contains both helpful and unhelpful attributes, resources, and burdens, respectively. Resources may include material objects, such as money and transportation, physical and psychological characteristics, such as health and competence, and spiritual attributes, such as a close relationship with God. Burdens include attributes such as financial debt, personality problems, and dysfunctional beliefs about the self and others.

Spirituality is one aspect of the general orienting system. The spiritual orienting system contributes to the individual's framework for understanding and dealing with the world. People with stronger spiritual orienting systems are better equipped to deal with a wider range of stressful life experiences. What contributes to the strength of a spiritual orienting system? Four factors are relevant—the degree to which the spiritual system is well-integrated, flexible, differentiated, and benevolent (see Pargament, 1997 for extended review).

Spiritual integration refers to the extent to which spiritual beliefs, practices, and experiences are organized into a coherent whole. We can conceptualize spiritual integration within several domains: integration of spirituality in daily life, integration of spiritual beliefs and practices, and integration of spiritual motivation and practices. Empirical studies suggest that higher levels of spiritual integration are tied to higher levels of physical and emotional well-being. For example, one study compared four groups of church members: frequent attenders with high religious commitment, infrequent attenders with low religious commitment, infrequent attenders with high religious commitment, and frequent attenders with low religious commitment (Pargament, Steele, & Tyler, 1979). Among the

four groups, the less-committed frequent attenders appeared to be the least well integrated and this group reported significantly lower self-esteem, less trust in others, less personal control, and less active coping skills than the other groups. Other studies have shown that individuals whose spirituality grows out of extrinsic motivations (e.g., security, status, sociability) report higher levels of psychological distress than those who are intrinsically motivated by faith (e.g., Bergin, Masters, & Richards, 1987; Genia, 1996). These findings suggest that spiritual orienting systems characterized by greater integration have important psychological benefits. Extrapolating from this literature, we might predict that people with higher levels of spiritual integration may come to terms more successfully with spiritual struggles.

The flexibility of an individual's spiritual orienting system may also influence the ability of that system to deal with stressful events. Flexibility involves the ability to change spiritual beliefs, behaviors, attitudes, and coping strategies in response to changes in the environment (Weinborn, 1999). A few studies have shown that, among religiously committed people, spiritual flexibility is associated with fewer physical symptoms, greater well-being, and better life adjustment (McIntosh & Spilka, 1990; McIntosh, Inglehart, & Pacini, 1990). Spiritual flexibility in the face of spiritual struggles may hold similar advantages.

Spiritual differentiation is defined by a "tolerance of complexity, avoidance of simplification, openness to new ideas and information, and the ability to synthesize and incorporate disparate ideas" in the spiritual realm (Weinborn, 1999, p. 29). People with more differentiated spiritual orientations are less likely to "get stuck" in potentially inappropriate solutions to problem. Rather they are capable of generating a variety of solutions to problems. Although there is little if any research on spiritual differentiation, William James (1902) spoke to the importance of this dimension. He noted that, even though "healthy-minded" religious people (i.e., those who see life in purely positive terms) are able to minimize and even deny the problems of pain and suffering in the world, their undifferentiated religious perspective leaves them vulnerable to problems when they encounter the darker side of life. Ultimately, he wrote, healthy-minded religion is incomplete "because the evil facts which it refuses positively to account for are a genuine portion of reality; and they may after all be the best key to life's significance, and possibly the only openers of our eyes to the deepest levels of truth" (p. 160). A differentiated spiritual orientation may also be a key to determining whether spiritual struggles lead to growth or decline.

Finally, the strength of a spiritual orienting system may be defined in part by its degree of benevolence. Among theistically oriented people, it is important to consider the degree to which God is viewed and related to in benevolent ways. Drawing on parental attachment theory, Kirkpatrick and Shaver (1992) identified three styles of attachment to God: secure, avoidant, and anxious/ambivalent attachment. Secure attachment to God is characterized by feelings of warmth, support, and protection. Individuals with a secure attachment to God feel that God responds to them but allows them to make their own mistakes. Individuals with an avoidant attachment to God see God as impersonal, distant, and uninterested in their problems. They often feel that God does not care about or like them. For individuals with an anxious/ambivalent attachment to God, God appears inconsistent, sometimes exhibiting love and care and sometimes seeming distant and uninterested. Secure attachment, the more benevolent spiritual style, has been associated with greater psychosocial competence, life satisfaction, and religious well-being (Weinborn, 1999). In contrast, the less benevolent styles have less favorable implications. An avoidant attachment to God has been correlated with lower levels of competence, life satisfaction, and religious well-being (Weinborn, 1999). In a community sample, avoidant and anxious/ambivalent attachments to God have

been associated with more anxiety and depression, poorer physical health, and lower life satisfaction than secure attachments (Kirkpatrick & Shaver, 1992). Therefore, research suggests that benevolence in the form of a secure attachment to God may help people deal more successfully with stressful experiences. Secure attachments to God may also facilitate the resolution of spiritual struggles. In contrast to those who see God as distant and disinterested, people who feel that God is supporting and protecting them during their struggle may be more likely to grow through their struggles.

In this section, we have suggested a number of factors that may shape the likelihood of spiritual struggles and their ultimate outcome. Whether spiritual struggles lead to growth or decline may well depend on the characteristics of the trauma, the coping style of the individual, and the strength of the individual's spiritual orienting system. However, further research is needed to shed greater light on these important questions.

## PRACTICAL IMPLICATIONS AND CONCLUSIONS

The empirical literature points to a clear conclusion: spirituality is part and parcel of the human response to trauma and its resolution. Research indicates that spirituality can facilitate or impede PTG. What determines whether spirituality is a force for growth or decline is less clear. As scientific study in this field advances, we should learn more about the rich and complex ways spirituality shapes the process of coping. Nevertheless, in spite of the questions that remain, practitioners have begun to develop and evaluate interventions that address spiritual struggles and draw upon spiritual resources (see Pargament, Murray-Swank, et al., 2005).

Some of the work in this area attempts to help people deal with specific types of spiritual struggle. For example, Zornow (2001), a pastor, developed a program to help people address their feelings of abandonment, anger, and isolation in their relationships with God. Entitled "Crying Out to God" and based on the psalms of lament, the program encourages people to restore their connection with God by voicing all of their emotions to the divine. Zornow explains: "This spirituality of crying out to God takes seriously the spiritual struggles of the sufferer and their prayer life. Its goal is to encounter God in the midst of fear, pain, distress, and turmoil" (p. 2). The lamentation process involves five steps: the address, the complaint, petitioning, vow to praise, and waiting. Although it has not been evaluated systematically, Zornow's program may help to normalize and support expressions of negative emotion to the divine among people who may be experiencing considerable shame and guilt over their feelings.

Dubow, Pargament, Boxer, and Tarakeshwar (2000) created a program that focuses more on intrapersonal struggles. This program was designed to help Jewish adolescents draw on Jewish values as resources in dealing with their internal questions and conflicts. "Mi Atah" (Hebrew for Who are You?) is a 12-week program in which adolescents are encouraged to integrate the values of learning, honesty, forgiveness, and Tikkun Olam (being a good person and repairing the world) as they cope with the major psychological, social, and spiritual stressors of adolescence. Initial empirical findings indicated that the participants in this program experienced significant increases in Jewish identity and were more likely to integrate Jewish values and resources in the problem-solving process.

With respect to interpersonal spiritual struggles, Kehoe (1998) has led Spiritual Beliefs and Values groups for people diagnosed with schizophrenia, bi-polar disorder, and major depression. Noting that people with serious mental illness often experience a lack of love and acceptance from their religious communities, Kehoe created spiritually supportive group contexts. In these unstructured, interdenominational groups, participants can raise

their religious and spiritual concerns and struggles in a more caring milieu. Even though she has not systematically evaluated the groups, Kehoe believes the groups provide an all-too-rare forum for people with serious mental illness to voice and resolve their spiritual concerns.

Other interventions address a wider range of spiritual struggles and resources. For example, Cole and Pargament (1999) compared the effectiveness of a spiritually focused group therapy ("Re-creating Your Life") to a cognitive-behavioral group therapy for adults coping with cancer. Both interventions addressed four existential themes that were relevant to this population: control, meaning, identity, and relationships. In the spiritually focused group, participants were encouraged to draw on their relationship with whatever they defined as transcendent to achieve the therapeutic goals. The results of the study showed that participants in the spiritually focused group maintained their level of mental health before and after treatment, while those in the secular cognitive-behavioral treatment group deteriorated in their mental health.

Murray-Swank (2003) developed and evaluated an eight-session, individual, manualized, psycho-spiritual intervention for female survivors of sexual abuse. Recognizing that sexual abuse can impact spirituality in a variety of ways, her program ("Solace for the Soul") addressed several topics: the survivor's image of God, feelings of divine abandonment and anger toward God, ways to restore a spiritual connection, letting go of shame, restoring a healthy connection to the body, and facilitating more sexual wholeness. Four of the five clients in the treatment program demonstrated significant reductions in psychological distress over the intervention and at follow-up.

Burke and Cullen (1995) created a group intervention for women struggling with several spiritually related issues, including post-abortion guilt and spiritual isolation. Tailored to Christians, the program makes use of ritual, spiritual imagery, group discussion, prayer, and "Living Scripture" to facilitate spiritual healing following an abortion. Through Living Scripture, participants imagine themselves as characters in different Biblical stories. For instance, one story attempts to promote spiritual intimacy. Participants are asked to visualize themselves as the woman at the well in Samaria (John 4: 4-30):

You are the woman carrying the water jug up to the well. You're feeling burdened. The weight of the earthen jug presses down on your shoulders. Your back and neck ache under the pressure . . . Jesus looks deep into your eyes. He tells you about your life, where you've come from, who you've been with, what you're like. Jesus knows everything about you. (pp. 63-64)

Interventions that build upon spiritual resources and address spiritual struggles are still in their very early stages of development. Only a few of these programs have been formally evaluated and, although the results are promising, additional studies are needed to determine the efficacy of these treatments.

Finally, moving beyond a focus on psychological treatment, it is important to consider how people might be better equipped to anticipate spiritual struggles and draw on their spiritual resources before they encounter serious problems. Religious education may be particularly valuable in this respect. Unfortunately, religious education often ends at the onset of adolescence, just the age when boys and girls could begin to comprehend the deeper meanings of their faith, human complexity and inconsistency, and the paradoxes of life. As a result of this premature end to education, many people move into adulthood carrying only child-like, concrete religious solutions to the major problems they are likely to encounter. Through improvements in religious education, children and adolescents could

be taught how to understand and cope with major problems in their lives in ways that are consistent with their religious traditions. Adults too could profit from programs that focus on spiritual resources for dealing with pain and suffering, the nature of spiritual doubt, and interpersonal conflict. Spiritual educators and leaders could provide an important service to their larger community by acknowledging spiritual struggles, and normalizing these struggles as a commonplace and potentially valuable dimension of spiritual experience. By strengthening spiritual resources, recognizing the reality of spiritual struggles, and assisting people in the process of resolving these struggles, practitioners may be able to help people grow rather than decline through encounters with trauma.

## REFERENCES

- Aldwin, C. M., Sutton, K. J., & Lachman M. (1996). The development of coping resources in adulthood. *Journal of Personality*, 6, 837-871.
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61, 461-480.
- Bergin, A. E., Masters, K. S., & Richards, P. S. (1987). Religiousness and mental health reconsidered: A study of an intrinsically religious sample. *Journal of Counseling Psychology*, 35, 197-204.
- Brennan, M. (2002). Spirituality and psychosocial development in middle-age and older adults with vision loss. *Journal of Adult Development*, 9, 31-46.
- Brenner, R. R. (1980). *The faith and doubt of holocaust survivors*. New York: Free Press.
- Bulman, R. J., & Wortman, C. B. (1977). Attributions of blame and coping in the "real world": Severe victims react to their lot. *Journal of Personality and Social Psychology*, 35, 351-363.
- Burke, T. K., & Cullen, B. (1995). *Rachel's vineyard: A psychological and spiritual journey of post-abortion healing*. New York: Alba House.
- Cadell, S., Regehr, C., & Hemsworth, D. (2003). Factors contributing to posttraumatic growth: A proposed structural equation model. *American Journal of Orthopsychiatry*, 73, 279-287.
- Carey, R. G. (1974). Emotional adjustment in terminal patients: A quantitative approach. *Journal of Counseling Psychology*, 21, 433-439.
- Carver, C. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues*, 54, 245-266.
- Chalfant, H. P., Heller, P. L., Roberts, A., Briones, D., Aquirre-Hochbaum, S., & Farr, W. (1990). The clergy as a resource for those encountering psychological distress. *Review of Religious Research*, 31, 306-313.
- CNN, Wednesday, October 29, 2003.
- Cole, B., & Pargament, K. I. (1999). Re-creating your life: A spiritual/psychotherapeutic intervention for people diagnosed with cancer. *Psycho-oncology*, 8, 395-407.
- Decker, L.R. (1993). The role of trauma in spiritual development. *Journal of Humanistic Psychology*, 33, 33-46.
- Dubow, E. F., Pargament, K. I., Boxer, P., & Tarakeshwar, N. (2000). Initial investigation of Jewish early adolescents' ethnic identity, stress, and coping. *Journal of Early Adolescence*, 20, 418-441.
- Dungee-Anderson, D., & Beckett, J. O. (1992). Alzheimer's disease in African-American and white families: A clinical analysis. *Smith College Studies in Social Work*, 62, 155-168.
- Ellison, C. G. (1991). Religious involvement and subjective well-being. *Journal of Health and Social Behavior*, 32, 80-89.
- Ellison, C. G., & George, L. K. (1994). Religious involvement, social ties, and social support in a southeastern community. *Journal for the Scientific Study of Religion*, 33, 46-61.
- Exline, J. J. (2002). Stumbling blocks on the religious road: Fractured relationships, nagging vices, and the inner struggle to believe. *Psychological Inquiry*, 13, 182-9.
- Exline, J. J. (2005). Religious and spiritual struggles. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality*. New York: Guilford.
- Exline, J. J., Yali, A. M., & Lobel, M. (1999). When God disappoints: Difficulty forgiving God and its role in negative emotion. *Journal of Health Psychology*, 4, 365-379.

- Exline, J. J., Yali, A. M., & Sanderson, W. C. (2000). Guilt, discord, and alienation: The role of religious strain in depression and suicidality. *Journal of Clinical Psychology*, 56, 1481-1496.
- Falsetti, S. A., Resick, P. A., & Davis, J. L. (2003). Changes in religious beliefs following trauma. *Journal of Traumatic Stress*, 16, 391-98.
- Fitchett, G., Murphy, P., Gibbons, J. L., & Cameron, J. (2001, October). *Spiritual risk: Prevalence and correlates in three patient groups*. Paper presented at the annual meeting of the Society for the Scientific Study of Religion, Columbus, Ohio.
- Fitchett, G., Rybarczyk, B. D., DeMarco, G. A., & Nicholas, J. J. (1999). The role of religion in medical rehabilitation outcomes: A longitudinal study. *Rehabilitation Psychology*, 44, 1-22.
- Flaherty, S. M. (1993). *Women, why do you weep?: Spirituality for survivors of childhood sexual abuse*. New York: Paulist Press.
- Gall, T. L., & Cornblat, M. W. (2002). Breast cancer survivors give voice: A qualitative analysis of spiritual factors in long-term adjustment. *Psycho-oncology*, 11, 524-35.
- Genia, V. (1996). I. E. quest, fundamentalism as predictors of psychological and spiritual well-being. *Journal for the Scientific Study of Religion*, 35, 56-64.
- Hettler, T. R., & Cohen, L. H. (1994). *Religious coping strategies as predictors of stress-related growth in adult Protestant churchgoers*. Unpublished manuscript.
- James, W. (1902). *The varieties of religious experience: A study in human nature*. New York: Modern Library.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.
- Kehoe, N. C. (1998). Religious-issues group therapy. *New Directions for Mental Health Services*, 80, 45-55.
- Kirkpatrick, L. A., & Shaver, H. (1992). An attachment-theoretical approach to the psychology of religion. *International Journal for the Psychology of Religion*, 2, 336-51.
- Kooistra, W. P. (1990). The process of religious doubting in adolescents raised in religious environments. Unpublished doctoral dissertation, Bowling Green State University.
- Kooistra, W. P., & Pargament, K. I. (1999). Predictors of religious doubting among Roman Catholic and Dutch Reformed high school students. *Journal of Psychology and Theology*, 27, 33-42.
- Krause, N., Chatters, L. M., Meltzer, T., & Morgan, D. L. (2000). Negative interaction in the church: Insight from focus groups with older adults. *Review of Religious Research*, 41, 510-33.
- Krause, N., Ellison, C. G., & Wulff, K. M. (1998). Church-based support, negative interaction, and psychological well-being: Findings from a national sample of Presbyterians. *Journal for the Scientific Study of Religion*, 37, 725-41.
- Krause, N., Ingersoll-Dayton, B., Ellison, C. G., & Wulff, K. M. (1999). Aging, religious doubt, and psychological well-being. *The Gerontologist*, 39, 525-33.
- Kulik, J. A., & Mahler, H. I. (1993). Emotional support as a moderator of adjustment and compliance after coronary artery bypass surgery: A longitudinal study. *Journal of Behavioral Medicine*, 16, 45-63.
- Leserman, J., Petitto, J. M., Golden, R. N., Gaynes, B. N., Gu, H., Perkins, D. O., et al. (2000). Impact of stressful life events, depression, social support, coping, and cortisol of progression to AIDS. *American Journal of Psychiatry*, 157, 1221-8.
- Magyar, G. M., Pargament, K. I., & Mahoney, A. (2000, August). *Violating the sacred: A study of desecration among college students*. Paper presented at the annual meeting of the American Psychological Association, Washington DC.
- McIntosh, D., Ingelhart, M., & Pacini, R. (1990). *Flexible and central religious belief systems and adjustment to college*. Paper presented at the meeting of the Midwestern Psychological Association, Chicago.
- McIntosh, D., & Spilka, B. (1990). Religion and physical health: The role of personal faith and control. In M. Lynn & D. Moberg (Eds.), *Research in the social scientific study of religion* (Vol. 2, pp. 167-194). Greenwich, CT: JAI Press.
- Murphy, S. A., Johnson, L. C., & Lohan, J. (2003). Finding meaning in a child's violent death: A five-year prospective analysis of parents' personal narratives and empirical data. *Death Studies*, 27, 381-404.
- Murray-Swank, A. (2003). *Exploring spiritual confession: A theoretical synthesis and experimental study*. Unpublished doctoral dissertation, Bowling Green State University.
- Murray-Swank, N. (2003). *Solace for the soul: An evaluation of a psycho-spiritual intervention for female survivors of sexual abuse*. Unpublished doctoral dissertation, Bowling Green State University.



- Nesson, L. (Narrator). (2001). *What about God?* [Television series]. Boston: WGBH Video.
- Newsweek*. Perspectives, September 17, 2001, p. 23.
- Nielsen, M. E. (1998). An assessment of religious conflicts and their resolutions. *Journal for the Scientific Study of Religion*, 37, 181-90.
- Nosek, M. A. (1995). *The defining light of Vedanta: Personal reflections on spirituality and disability*. Unpublished manuscript.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, and Practice*. New York, NY: Guilford Press.
- Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., & Van Hartsma, K. et al. (1990). God help me (I): Religious coping efforts as predictors of the outcomes to significant negative life events. *American Journal of Community Psychology*, 18, 793-822.
- Pargament, K. I., Koenig, H. G., & Perez, L. (2000). The many methods of religious coping: Initial development and validation of the RCOPE. *Journal of Clinical Psychology*, 56, 193-207.
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A two-year longitudinal study. *Archives of Internal Medicine*, 161, 1881-5.
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical, and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of Health Psychology*, 9, 713-730.
- Pargament, K. I., & Mahoney, A. (2002). Spirituality: The discovery and conservation of the sacred. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 646-59). New York: Oxford University Press.
- Pargament, K. I., Murray-Swank, N., Magyar, G. M., & Ano, G. (2005). Spiritual struggle: A phenomenon of interest to psychology and religion. In W. Miller & H. Delaney (Eds.), *Religion and human nature*. Washington, DC: APA Press.
- Pargament, K. I., & Park, C. L. (1995). Merely a defense? The variety of religious means and ends. *Journal of Social Issues*, 51, 13-32.
- Pargament, K. I., Silverman, W., Johnson, S., Echemendia, R., & Snyder, S. (1983). The psychosocial climate of religious coping. *American Journal of Community Psychology*, 11, 351-81.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37, 710-24.
- Pargament, K., Steele, R., & Tyler, F. B. (1979). Religious participation, religious motivation, and individual psychological competence. *Journal for the Scientific Study of Religion*, 18, 412-19.
- Pargament, K. I., Zinnbauer, B. J., Scott, A. B., Butter, E. M., Zerowin, J., & Stanik, P. (1998). Red flags and religious coping: Identifying some religious warning signs among people in crisis. *Journal of Clinical Psychology*, 54, 77-89.
- Park, C. L. (1998). Stress-related growth and thriving through coping: The roles of personality and cognitive processes. *Journal of Social Issues*, 54, 267-77.
- Park, C. L., & Cohen, L. H. (1993). Religious and nonreligious coping with the death of a friend. *Cognitive Therapy and Research*, 17, 561-77.
- Park, C. L., Cohen, L. H., & Herb, L. (1990). Intrinsic religiousness and religious coping as life stress moderators for Catholics versus Protestants. *Journal of Personality and Social Psychology*, 59, 562-74.
- Park, C. L., Cohen, L. H., & Murch, L. R. (1996). Assessment and prediction of stress-related growth. *Journal of Personality*, 64, 71-105.
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology*, 1, 115-44.
- Proffitt, D. H., Calhoun, L. G., Tedeschi, R. G., & Cann, A. (2003). *Clergy and crisis: Correlates of posttraumatic growth and well-being*. Unpublished manuscript.
- Richards, T. A., Acree, M., & Folkman, S. (1999). Spiritual aspects of loss among partners of men with AIDS: Postbereavement follow-up. *Death Studies*, 23, 105-27.
- Ryan, R. M., Rigby, S., & King, K. (1993). Two types of religious internalization and their relations to religious orientation and mental health. *Journal of Personality and Social Psychology*, 65, 586-96.

- Saucer, P. R. (1991). Evangelical renewal therapy: A proposal for integration of religious values into psychotherapy. *Psychological Reports*, 69, 1099-1106.
- Schuster, M. A., Stein, B. D., Jaycox, L. H., Collins, R. L., Marshall, G. N., Elliott, M. N. et al. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine*, 345, 1507-1512.
- Shaw, R., Joseph, J., & Linley, P. A. (2005). Religion spirituality, and posttraumatic growth: A systematic review. *Mental Health, Religion, and Culture*, 8, 1-12.
- Siegel, K., & Schrimshaw, E. W. (2002). The perceived benefits of religious and spiritual coping among older adults living with HIV/AIDS. *Journal for the Scientific Study of Religion*, 41, 91-102.
- Smith, B. W., Pargament, K. I., Brant, C., & Oliver, J. M. (2000). Noah revisited: Religious coping by church members and the impact of the 1993 midwest flood. *Journal of Community Psychology*, 28, 169-186.
- Smith, C., & Exline, J. J. (August, 2002). *Effects of homelessness on a person's perceived relationship with God*. Paper presented at the annual meeting of the American Psychological Association, Chicago.
- Taylor, R. J., & Chatters, L. M. (1988). Church members as a source of informal social support. *Review of Religious Research*, 30, 193-203.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9, 455-471.
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). Posttraumatic growth: Conceptual issues. In R. G. Tedeschi, C. L. Park, & L. G. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 1-22). Mahwah, NJ: Lawrence Erlbaum Associates.
- VandeCreek, L., Pargament, K. I., Belavich, T., Cowell, B., & Friedel, L. (1999). The unique benefits of religious support during cardiac bypass surgery. *Journal of Pastoral Care*, 53, 19-29.
- Waltz, M., & Badura, B. (1988). Subjective health, intimacy, and perceived self-efficacy after heart attack: Predicting life quality five years afterwards. *Social Indicators Research*, 20, 303-332.
- Weinborn, M. (1999). *A theoretical approach to the religion-mental health connection: Initial exploration of a religious orienting system*. Unpublished doctoral dissertation, Bowling Green State University.
- Wright, S., Pratt, C., & Schmall, V. (1985). Spiritual support for caregivers of dementia patients. *Journal of Religion and Health*, 24, 31-38.
- Zinnbauer, B. J., Pargament, K. I., & Scott, A. B. (1999). The emerging meanings of religiousness and spirituality: Problems and prospects. *Journal of Personality*, 67, 889-919.
- Zornow, G. B. (2001). *Crying out to God: Uncovering prayer in the midst of suffering*. Unpublished manuscript.