Chapter 11

RELIGION, COPING, AND ADJUSTMENT

> They never sought in vain that sought the Lord aright![1]
>
> God loves to help him who strives to help himself.[2]
>
> A mighty fortress is our God,
> A bulwark never failing;
> Our helper He amid the flood
> Of mortal ills prevailing.[3]
>
> A little girl repeating the Twenty-Third Psalm said it this way: "The Lord is my shepherd, that's all I want."[4]
>
> Father expected a great deal of God. He didn't actually accuse God of inefficiency, but when he prayed his tone was loud and angry like that of a dissatisfied guest in a carelessly managed hotel.[5]
>
> The prayer does not change God, but it changes the one who offers it.[6]

In North American society, people are usually judged on their ability to cope with what is demanded of them. Life endlessly presents problems, and individuals often turn to their faith for help with these difficulties. As we will see, religion may be an especially important resource people have to deal with those "times that try men's souls"—when crisis strikes and options are limited.

THEORETICAL APPROACHES TO COPING AND RELIGION

The Process of Coping

In recent years, much effort has been directed toward understanding how people handle life's problems. Some researchers have emphasized coping styles or traits—relatively long-lasting, if not permanent, characteristics of individuals. Others have looked to the process of coping and to change in the way difficulties are handled.[7] Though it may be argued that personal religiosity is treated as if it were an attribute of personality, those who have examined the role of religion in coping are mostly concerned with it as a process variable, asking what it does for the person and how it operates when problems arise.

The foremost scholar in research on the role of faith in relation to coping behavior is Kenneth Pargament of Bowling Green State University. For a number of years, he has been meticulously defining and assessing the contributions of religion to the various facets of the coping process. He and colleagues have asserted:

> People do not face stressful situations without resources. They rely on a system of beliefs, practices, and relationships which affects how they deal with difficult situations. In the coping process, this orienting system is translated into concrete situation-specific appraisals, activities, and goals. Religion is part of this general orienting system. A person with a strong religious faith who suffers a disabling injury, must find a way to move from the generalities of belief to the specifics of dealing with the injury.[8]

Building upon the work of Lazarus and Folkman, Pargament first looks at the initial step in the coping process—namely, "appraisal."[9] When an event takes place, the person implicitly asks, "What does this mean to me?" In other words, is it irrelevant, positive, or negative? If the answer is that it is negative and stressful, the next question becomes "What can I do about it?" This brings to the fore additional judgments of "harm/loss," "threat," or "challenge." In the case of harm/loss, the individual has already suffered some adverse effects, such as illness or injury. Threat focuses on anticipated difficulties, whereas in challenge the person sees the likelihood of future growth and development. This form of appraisal has also been termed "primary appraisal." Pargament notes the differential role of religion in such appraisal, as a person can view what is happening as an intentional action of God to teach a lesson, or possibly to reward or punish via everyday success or failures.

Dealing with the problem is the second step in the coping process, and this has been labeled "secondary appraisal." A religious person may do a number of things, one of which is praying—a behavior that Holahan and Moos view as an active, cognitive coping strategy.[10] The praying person is doing something, making an appeal to the highest power possible for help in overcoming misfortune and suffering. This may be constructive, as in spurring the person to adopt new means to solve a problem. Prayer, however, may also be dysfunctional if it causes the person to avoid actively seeking to resolve the predicament.

When people attempt to handle various difficulties, they often find that they are confronted with two issues: the problem itself, and the emotions that have been aroused by the threat it poses for them. Chances are that both will be dealt with; however, more attention is commonly directed toward one of these concerns than toward the other, suggesting that the individual's style of coping may be primarily "problem-focused" or "emotion-focused."[11] A person may deal with a problem by using either "approach" or "avoidance" strategies, and the latter can be indicative of poor adjustment to the situation. Though emotion-focused coping may be beneficial and deal with anxiety constructively, the general tendency has often been to look at this concern as largely avoiding the problem.[12] We sometimes see this when life is especially difficult, as among the elderly who are ill.[13] Whether or not religion is distracting under such circumstances, it does seem to stress the reduction of unpleasant emotions first.

Religious activities, especially prayer, are usually regarded as positive coping devices directed toward both the problem and personal growth.[14] This is a controversial position, as some psychologists see religion as simply a means of controlling emotions.[15] Others see it as an effective mechanism of problem-focused coping, in that a person's faith may be the only practical way of dealing with many tragedies, such as the death of a loved one.[16] Apparently, it can perform functions of both problem- and emotion-focused coping.[17]

Evidence suggests that people are likely to use problem-focused cognitions and behaviors when the situation is considered changeable. If circumstances cannot be modified, the tendency is to resort to emotion-focused coping. Those who turn to prayer and religious methods apparently consider the problems toward which these means are directed as changeable. At the same time, particularly among younger people, religion may counter undesirable emotions (disgust and anger) while enhancing pleasure and happiness.[18] In other words, turning to faith in times of difficulty is helpful and constructive in dealing with both problems and emotions.

Religion and Human Survival

The role that religion may play in helping people understand and effectively handle their worlds has been put into a broader context by the sociobiologists. They maintain that religion probably has a biological basis—something we have discussed in Chapter 1. In terms of human evolution, it is claimed that this natural foundation has always been socially expressed. In the long run, such behaviors are said to have aided humanity in its struggle for survival.

The founder of sociobiology, E. O. Wilson, asserts that "if the brain evolved by natural selection . . . religious beliefs must have arisen by the same mechanistic process."[19] He further suggests that "beliefs are really enabling mechanisms for survival."[20] The hypothesized "enabling mechanism" for religion is altruism. Wilson suggests that religion motivates people "to subordinate their immediate self-interest to the interests of the group."[21] Batson supports this thesis by affirming the "possibility of an innate kin-specific altruistic impulse."[22] He also recognizes the potential universalizing of reciprocal altruism through such religious imagery as "we are all the children of God," "the family of God," and so forth. At the same time, Batson calls attention to the fact that many religious groups and people regard themselves as specially favored by the deity, while others are defined as pagans or heathens who should be rejected (if not punished or even killed) for their different views. The troubled history of Christian–Jewish–Muslim relations amply testifies to such behavior.

Though religion is paradoxical in both bringing people together and separating them, sociobiologists emphasize the former behavior, which benefits groups and individuals; hence they infer a biological substrate for both altruism and religion. The work of Waller and colleagues claims such a basis for religion, and similar research indicates that empathy and altruism may also have genetic roots.[23] In like manner, Alister Hardy ties religion to biology and organic evolution, along with a wide variety of behaviors such as submission and altruism.[24] D'Aquili goes a step further and postulates a neurobiological basis for God in actual structures in the nervous system, which he terms "neural operators."[25]

In all of these efforts to anchor religion in biology, the assertion is made that faith is a species-wide coping mechanism that has aided humans to cope successfully with life, and has enhanced their chances for physical survival.

The Coping Functions of Religion

In Chapter 1, the motivational foundations of attribution theory have been given as the needs for meaning, control, and self-esteem. In our view, stress, whether it involves loss, threat, or challenge, reflects a situation in which meaning, control, and self-esteem are in jeopardy. A person has difficulty making sense out of a situation, or is unable to master it, or evaluates

the self negatively in relation to the existing circumstances. Religion is one way these needs are met, and the worldwide prevalence of religion testifies in part to the success of faith in attaining these goals.

The Need for Meaning

The search for meaning has been called "the ultimate problem of motivational psychology."[26] This insight is by no means a modern discovery; over 2,000 years ago, Aristotle observed that "all men by nature desire to know."[27] In 1788, the Scottish philosopher Thomas Reid regarded the "desire of knowledge" to be a fundamental "animal principle of action," and hence innate and inherent in human biological nature.[28] Philosophers and psychologists from ancient to modern times have thus, in one form or another, claimed that people possess a primary need to understand what they experience.

In this search for meaning, religion occupies a central place. Michael Argyle maintains that "a major mechanism behind religious beliefs is a purely cognitive desire to understand."[29] Clark's key observation, cited in Chapter 1, bears repeating here: "religion more than any other human function satisfies the need for meaning in life."[30] Baumeister simply and directly tells us that religious meanings help people cope with life's problems.[31] Like Lazarus and Folkman, he views meaningful explanations as helping to solve problems and regulate emotions. Though Baumeister feels that religion is currently less significant than science in realizing this role, he perceives faith as much more important than science when it comes to "regulating one's emotional states, as in coping with misfortune."[32] Finally, Fichter asserts that "religious reality is the only way to make sense out of pain and suffering."[33] That this struggle to understand tragedy may last for a long time is evidenced by one extensive 7-year study.[34] Interviews of flood disaster survivors over this period led the researcher to conclude that "they became theologians by asking how God could have allowed such tragedies to occur to them and their loved ones. They became philosophers by asking the meaning of life when they knew how frail and ephemeral life could be. . . ."[35] Clearly, the need for meaning may never be satisfactorily resolved. In this work, questions still remained unanswered.

Without understanding, without knowledge, without some idea of what is happening—in other words, without meaning—a person is severely handicapped in coping with many of life's problems. Ambiguity, doubt, and uncertainty are the enemies of action. Simply put, being able to comprehend one's world, to make it meaningful, probably constitutes the core of successful coping and adjustment. For many people religion performs this role very well, especially in times of personal crisis.

The Need for Control

Philosophers, theologians, and psychologists have often considered the desire for mastery, power, or control a basic human need, like the search for meaning. From Hesiod and Homer through Aristotle and other Greek thinkers, the notion of active and passive powers and energies was invariably present in their writings.[36] The British philosophers, particularly Hobbes, Locke, and Hume, saw power as inherent in human life.[37] Thomas Reid considered "the desire of power" another of his "animal principles of action."[38] In speaking of Nietzsche's "will to power," Berndtson claims that "the aim of evolving life is not to secure self-preservation through relatively passive adjustment to the environment, but to secure in-

creased power involving mastery and transformation of the environment."[39] In essence, this is the basic view of contemporary psychologists, who see a central role for mastery and control in human motivation.[40] As we will see, religion is considered a source of empowerment for most people.

Faith often conveys the meaning that life's difficulties can be overcome. Whether or not a person can control objective conditions may be of less importance than the belief that even insurmountable obstacles can be mastered. In much of life, the sense of control is really an illusion; yet it is one that can be a powerful force supporting constructive coping behavior. Lefcourt suggests that it "may be the bedrock on which life flourishes."[41]

Locus of Control. Generally, the feeling that a person is in control of his or her own life is associated with successful adjustment, whereas the perception that external forces are in charge suggests unfavorable outlooks and outcomes.[42] This pattern holds, in part, when the external controlling agent is viewed as God. If a "deferring" mode of relationship is adopted (e.g., praying in order to put the problem totally in the hands of God), this does not appear to be as helpful as when a "collaborative" mode of relationship is manifested (e.g., prayer that keeps the individual working on the problem while seeking the support of the deity). A "self-directive" approach is more like collaboration than deference.[43] In self-direction, God is acknowledged, but the problem is regarded as requiring personal rather than godly solution; in both self-direction and collaboration, however, internal control is present. A deferring mode is akin to assigning all control to the external power of God. In collaboration, petitioning for aid from God is best for the individual, who still feels that responsibility for himself or herself cannot be totally surrendered.

Forms of Control. The idea of control is complex. Though it implies "being in charge," or having the ability to change the world (a concept termed "primary control"), very often the change is in oneself, and this is known as "secondary control." The famous writer Nikos Kazantzakis noted this potential when he quoted a mystic's prescription: "Since we cannot change reality, let us change the eyes which see reality."[44] Faith may play an important role in stimulating both primary and secondary forms of control.

People want to be in control of their destinies. Their goal is to have some degree of mastery, especially in dire situations; the greater the anxiety and threat, the more control is sought. Those in hopeless predicaments may be energized by their faith to seek new ways to obtain some measure of primary control. Failure to accomplish this may be countered by the development of beliefs and illusions that something truly substantive and effective has been achieved. The situation per se may not have changed, but people have changed when they come to feel that their faith can move mountains. A kind of "cognitive mediation" has taken place. Religion often provides a number of such possibilities. For instance, in various situations, physicians whose experience tells them that a certain outcome is inevitable may find themselves confounded by spontaneous remissions and unexpected developments that seem to be correlated with the beliefs and religious outlooks of their patients.[45]

We must recognize that primary and secondary forms of control are probably not independent of each other; both are likely to be employed at the same time by most people. Psychologically, the resort to religion falls largely under the realm of secondary control. It can be argued that the various forms of secondary control are a kind of emotion-focused coping. As part of the objective situation, the problem continues to exist, but the person is being altered.

Meaning and Control. In most cases, information gives people the feeling that they can do something about whatever is troubling them. As Sir Francis Bacon put it, "knowledge is power."[46] Baumeister adds that "meaning is used to predict and control the environment,"[47] and religious meaning can help people regulate their emotions. In other words, simply having information may reduce stress.[48] A wonderful anecdotal example of how religion can realize this role was provided by a breast cancer patient, who stated, "I had no idea that God could answer so many of my questions."[49] Though we may call this "informational control," it is intimately tied to three forms of secondary control that have been theorized by Rothbaum, Weisz, and Snyder.[50] These are termed "interpretive control," "predictive control," and "vicarious control," and are especially significant for understanding how religion helps people cope with the problems they confront in both everyday living and in troubled times.

Interpretive Control. When a situation looks grave, it is often natural to feel that there is no way out of the predicament. In seeking to understand such an event and gain some measure of control over what seems hopeless, people often reinterpret what is taking place. They exercise interpretive control and construe a distressing situation in less troubling or even positive terms; for instance, they may claim that "things could be worse" or that "I have it better than a lot of other people." In one study, some young paraplegics facing lifelong paralysis looked to a godly purpose for their plight.[51] In other work, a cancer patient concluded, "I looked upon cancer as a detour in the road, but not a roadblock."[52] People gain control over their emotions through such interpretations, and may be in a better position to handle their difficulties in a constructive way. In other words, emphasizing emotions may actually help a person become increasingly problem-focused.

Predictive Control. The perpetual human dream is to foretell the future. The idea of precognition fascinates people. If they could predict what would happen on future rolls of dice, who would win horse races, what the stock market might do, whether their efforts would result in success or failure, they feel that they would become the beneficiaries of unlimited wealth and happiness. The Bible has said that "the Lord himself shall give you a sign. . . ."[53] The dream holds, and people continue to hope that they will be the favored recipients of cues signifying that the future holds good things for them.

One kind of secondary control is predictive in nature: It assures a person that in the end, things will turn out all right. For example, another cancer patient stated that "Because of my relationship with God, I had faith that this cancer was not going to take my life."[54] There is a poignant example of predictive control in Eliach's *Chassidic Tales of the Holocaust.*[55] Eliach tells the story of a devout Jew who during World War II was brought by the Nazis into the death camp at Auschwitz. The number 145053 was tattooed on his arm. He looked at it and suddenly concluded that he would live. He reached this conclusion by adding the digits together and finding that they totaled 18; 18 is a number that within Judaism means life, and thus he felt assured of survival. Again, it was as if God had offered an omen signifying a secure future. Such predictive control gives a person confidence that tomorrow will be good. We must remember that the critical element here is *perception* of the future; what actually occurs is independent of this aspiration.

Vicarious Control. When people feel that they may not have the strength to cope with their troubles—particularly in cases of serious illness, where death is a possibility—they often

turn to their God, and, vicariously, the deity becomes a support or substitute for their own actions. The essence of such vicarious control was stated by one woman cancer patient, who declared, "I could talk to my God and ask for his help in healing."[56] She identified with her God, and derived the strength to face potential death through her perceived divine connection. She thus attained a measure of vicarious control over her circumstances.

The Need for Self-Esteem

It is a simple truism to say that people want to feel good about themselves. Self-regard, if not self-love, has often been considered one of the most basic of human motives. The ancient Greeks regarded the self as the core of identity; early Christianity, by contrast, felt that self-esteem opposed the humility that allowed a person to truly experience God.[57] Thomas Reid, however, included self-esteem among his fundamental animal action principles.[58] Kaplan captures the essence of the current psychological view when he claims, "The self-esteem motive is universally and characteristically a dominant motive."[59] In addition, self-esteem has often been cited as evidence of good adjustment and effective coping. Silver and Wortman concluded that "measures of self-esteem have comprised the central operational definition of coping in several studies."[60]

If there is one pattern of relationships that generally holds, it is that positive views of oneself correlate with favorable judgments about others and the world.[61] Even in difficult times this pattern is likely to be maintained, as high self-esteem moderates the effects of stress and counters feelings of hopelessness. Though it is most evident under conditions of low stress, the effect is still present when stress is high.[62] Clearly, the importance of self-esteem should not be overlooked.

RELIGION AND GENERAL ADJUSTMENT

The realm of coping and adjustment is immense. Most psychology departments give courses in the "psychology of adjustment," and the number of books with this same title or some slight variation of it must be legion. The content of this field varies greatly, from a person's own outlook on life to the way individuals relate to others at home, work, school, and play. Concern is also directed at every possible aspect of daily living, in addition to the most dire and tragic crisis situations that may be encountered. It is a realm bounded by birth and death. There is no sharp dividing line between coping and adjustment on the one hand, and the equally broad field of mental health and illness on the other; however, we will make an arbitrary and expedient distinction here by relegating the relationship of religion and abnormal behavior primarily to the next chapter.

Religion and the Self

A very noteworthy early U.S. psychologist, Mary Whiton Calkins, viewed religion as "the conscious relation of human self to divine self, that is, to a self regarded as greater than this human self."[63] Stressing the conscious relations of selves introduces the view that people make inferences regarding themselves and the nature of their deity. Benson and Spilka showed in one study that a positive outlook toward oneself corresponded to a similar perception of God.[64] Surveying almost 200 studies of relationships among religious orientations and vari-

ous conceptions of mental health, Batson, Schoenrade, and Ventis were unable to find consistent associations with self-acceptance and self-actualization.[65] When the seven indices these authors used are considered, it is obvious that self-judgments were being offered in a variety of domains, such as "personal competence and control." If all were to be somewhat loosely combined, the dominant tendency would be for positive outlooks on oneself and one's situation to correlate positively with an intrinsic orientation and negatively with an extrinsic perspective. Unhappily, considerable inconsistency would still be evident in these data, whether intrinsic, extrinsic, or quest forms of individual religion were being studied.

In a recent rather sophisticated study in which religious internalization was examined in relation to indices of self-esteem, a deep personal identification with religion was solidly correlated with global self-esteem. This finding also held for an intrinsic religious approach, but not for either an extrinsic or a quest orientation.[66] Foster and Keating conducted a rather ingenious investigation into the relationships between male and female God images for men and women, and observed greater self-esteem when women interacted with a female God, whereas males viewed themselves more favorably when their God was masculine.[67]

Overall, as Jones notes, "extensive studies have found the presence of religious beliefs and attitudes to be the best predictors of life satisfaction and a sense of well-being."[68] As a rule, we may conclude that a solid intrinsic religious commitment and favorable images of God are positively associated with self-esteem and good life adjustment. In general, the opposite is true of an extrinsic religious orientation. A common hypothesis is that a negative self-concept and low self-esteem should be associated with fundamentalist views because of their emphasis on personal sin and guilt; to date, no consistent support has been found for this view.[69]

As important as the above-described findings are, we need to look at the relationship between self-concept and faith in its social context. Rosenberg studied consonance and dissonance between the religious identification of people and the presence of religiously similar or different others in their surroundings.[70] For example, a dissonant context would exist if a person was Jewish but his or her neighborhood was predominantly Christian; consonance would, of course, mean that all shared the same faith. Studying Catholics, Protestants, and Jews, Rosenberg observed that a dissonant religious context meant that a person tended to feel isolated from coreligionists and therefore lacked support from them. Apparently discrimination also often occurred. The long-range effects of such contextual dissonance were likely to be low self-esteem, depressive feelings, and psychosomatic symptoms. A variation on this theme that merits study is dissonance in degree of religious commitment (i.e., a person's residence area is uniform in religious orientation, but the person is either more or less religiously involved than others).

Religion and Explanatory Style

Another factor that contributes to effective coping behavior is the broad perspective a person takes on life and its problems. Primarily viewed as an explanatory style and conceptualized largely in terms of optimism–pessimism, it relates, as we might expect, to self-esteem. Increasingly, this dimension is being treated as a very general trait or outlook that includes a person's overall attitude and approach toward the self and the world.[71] Its significance is well illustrated by a longitudinal study in which a pessimistic explanatory style manifested in early life predicted poor health in middle and old age.[72]

Faith has been shown to be a significant component of optimism. One large-scale study revealed that religious fundamentalists were more optimistic than their more religiously

moderate peers, and that the latter demonstrated more optimism than liberal religionists. The researchers claim that a conservative religious perspective engenders hope and long-term optimism.[73] In an earlier study relating religiosity and time perspective, it was found that religious people were more willing to look into the distant future and even to confront their eventual death than were their nonreligious peers.[74] Faith has been shown not only to foster long-range hope, but also to create optimism for the short-term future.[75] This is especially true for senior citizens, for whom religious involvement is a solid correlate of happiness.[76]

The association of religion with personal happiness goes beyond conservative religion to faith in general.[77] Extensive surveys of thousands of people in 14 countries have shown a positive association between being religious and feelings of well-being.[78] Utilizing a variety of religious measures in national samples in the United States, Pollner concluded that "relations with a divine other are a significant correlate of well-being."[79] He did not favor the view that faith works because it supports a relationship with the divine or because it has any special power to cope with problem situations. Among the possible reasons suggested by Pollner for religion's effectiveness are its (1) lending a quality of order and coherence to stressful situations, (2) countering feelings of shame or anger that are aroused by stress, (3) supporting positive feelings about oneself simply because of having a perceived relationship with the deity, and lastly (4) fostering a tendency to see the self and the world in positive terms. Further research to test these possibilities is certainly in order. We ought to add to these considerations the likelihood that religious people often develop a broad network of social support through churches and other religious institutions.

Myers and others feel that faith offers a "sense of meaning and purpose."[80] Krause and Van Tranh provide evidence that religion also helps people to develop and maintain self-esteem and control in stressful situations.[81] Carver and his associates have further shown that optimism and religion go together when the problem is breast cancer.[82]

In short, the evidence would appear to be quite strong that religion, through offering a sense of meaning, control, and self-esteem, does support an optimistic outlook. This in turn helps people deal constructively with life, and seems to have long-range beneficial effects.

RELIGION AND COPING WITH STRESS

It takes no special knowledge or insight to recognize the helpful role religion plays when people confront difficulty and crisis in life. In wartime, the old adage that "there are no atheists in foxholes" is not to be taken lightly. "When misery is the greatest, God is the closest" states this principle well.[83] Bjorck and Cohen point out that "religious coping represents a normative and adaptive coping strategy" for intrinsically religious persons.[84] Culturally, it appears to be normative and adaptive for most people who confront stress as a result of threats and losses.[85]

Surprisingly little research has been done on differences in the way people affiliated with different religious groups may handle stress. Park, Cohen, and Herb point out that various faiths may differentially emphasize the use of prayer, group support, reading of sacred texts, or positive thinking. They conducted a comparison of Catholics and Protestants and found some differences, suggesting that religion may both alleviate and exacerbate stress.[86] Given the over 200 Protestant bodies that exist in the United States, plus the strong ethnic variations found in Catholicism, there is a need for additional work in this area to examine more exactingly defined religious bodies and the relative success of their approaches.

Hypothesizing that entering a university constitutes a stressful experience for young people, Hunsberger, Pancer, Pratt, and Alisat attempted to get a very large group of incoming first-year students to take a broad range of psychological tests.[87] These were administered in blocks: prior to coming to the university, early in the first term, and late in the first year. Though a variety of religious measures (including one on fundamentalism) failed to relate to adjustment, indices of religious doubt were consistently and negatively linked to indices of adjustment, including poorer relationships with parents and increased stress. This work suggests that the usual measures of religious belief and behavior may not be enough in studying coping behavior; the issue of religious doubt per se may need to be considered. Rejection of religion and religious doubt may well be different phenomena, and research illustrating their differential significance would make a nice contribution to the literature.

Religion and Coping with Socioeconomic Stress

Stress may be a lifelong event, as in the case of those mired in poverty. Glock has posited economic deprivation as a major source of religious inspiration and activity.[88] One classical sociologist asserted that "the really creative, church-forming, religious movements are the work of the lower strata."[89] The situation is, however, more complex than a simple statement that poverty produces religion would suggest. Illustratively, Wood cites a number of scholars to the effect that "various Holiness churches arise . . . where there are . . . large numbers of dislocated, alienated persons without secure social contacts."[90] This description characterized the members of a Free Will Baptist group that Kaplan studied in Appalachia.[91] Severely economically deprived and socially isolated, these individuals viewed life as basically evil and full of pain and suffering. They looked forward to death as leading to rewards in heaven. Unable to believe that they could cope in this life with the stress of their existence, they retreated into a faith that promised success and happiness only in an afterlife. This is one way religion can be used to adapt to tragic circumstances (albeit arguably not the best way).

Demerath claims that "those of low status and those of high status discrepancy are likely to seek respites from the secular world that judges them."[92] "Status discrepancy" refers to situations in which, for example, a person has attained much education but has low income. The former suggests high status, the latter low status; hence high status discrepancy may exist. Discrepancies among occupations, incomes, and education are often examined in such research, and this has shown that status discrepancy is a major source of stress that can have long-range adverse behavioral and health effects.[93] The one tentative finding reported by Demerath is that a lack of such congruence is positively associated with church attendance, implying that religious activity may counter the stress produced by status discrepancy. Another study that examined the personal significance of church attendance found that it reduced anxiety, which is, of course, a likely correlate of stress.[94] Clearly, more work needs to be done on the role of status discrepancy in relation to religious behavior.

Religion and Coping with Crisis

As already noted and widely shown to be true, people turn to their gods in times of trouble and crisis. Whether this is simply an expression of a utilitarian or extrinsic religion, or just a general human propensity, there can be no doubt of its pervasiveness. Much research has been undertaken on a variety of psychological stressors. Some of these are illness, disability,

and other negative life events that can cause both mental and physical distress; the anticipated or actual death of friends and relatives; and dealing with an adverse life situation (e.g., among the elderly).

Coping with Disability, Illness, and Similar Negative Events

One of the earliest studies of this genre dealt with young paraplegics and quadriplegics who were primarily victims of accidents.[95] The 23 men and 6 women studied averaged 22.7 years of age. Though self-blame was related positively to religiosity, it seemed to be an element of successful coping. The most frequent explanation for the event and the disability involved reference to the deity. The general idea was that God caused the event to teach the person a lesson—not just punitively, but to orient him or her toward a different life direction. These attributions were interpreted by the authors as efforts to make this situation meaningful in as broad a sense as possible, and to allow self-esteem to be maintained. For both of these needs, religion was an effective coping aid.

Pargament and his colleagues have shown that when religion is used to deal with life's problems, it may be used in a number of ways:

Spiritually based coping	A generalized form emphasizing God and Christ as sources of strength and knowledge
Doing good deeds	Changing one's behavior by engaging in more positive social and religious activities
Religious discontent	Questioning and doubting God and church
Religious support	Getting support from clergy and church members
Religious pleading	Petitioning God for information and help
Religious avoidance	Trying to avoid the problem by turning it over to God; thinking about or engaging in other diverting religious activities[96]

These researchers looked at the contribution of forms of religious coping such as these to three possible outcomes of the coping process: effect on mental health status, the general outcome of the event, and its influence on the religious views of the person (see Research Box 11.1). In keeping with earlier work, these researchers observed that viewing God in a positive and benevolent light can buttress an individual's sense of meaning, self-esteem, and peronal control in life. They further noted the constructive role of religious ritual and prayer in enhancing feelings of mastery and predictability under stress.[97] The positive effects of spiritual coping on mental health status noted here were also found in another study, but the results were present only for females, not males.[98]

In a large-scale community investigation, these results were further supported, but it was noted that religion was of particular benefit when people were dealing with chronic illness or the death of loved ones.[99] In another study, resorting to one's faith was found to be the most useful coping device for dealing with various losses.[100] Bjorck and Cohen claim that different types of stress are differentially related to religious coping. Further threats, defined as the anticipation of damage, elicit greater use of religion than losses, which require acceptance. Since events that challenge people call upon personal effort and resources, they are seen as most controllable; resort to faith as a coping aid is *least* often employed in these situations.[101]

Research Box 11.1. Coping Efforts and Significant Negative Life Events (Pargament et al., 1990)

In this landmark research, a very basic question was addressed: "What kinds of religious coping are helpful, harmful, or irrelevant to people dealing with significant negative events?" (p. 798). The authors also attempted to find out whether measures of religious coping predicted outcomes of coping better than measures of nonreligious coping techniques.

A sample of 586 Christian church members responded to questionnaires assessing religious and nonreligious coping activities and outcomes in regard to negative events that they had experienced during the preceding year. Six kinds of religious coping and four kinds of nonreligious coping were identified. Three outcome measures were assessed: mental health status, general outcome of the negative event, and its religious outcome. The religious variables did, to varying degrees, predict all three of the outcomes. This was most evident for spiritually based activities plus faith and trust in God. Religious discontent and concern with punishment from God hindered coping and adjustment. Positive effects were specifically predictable from perceptions of a just, loving, and supportive deity; involvement in religious rituals, such as attendance at services; prayer; Bible reading; focusing on the afterlife; living a good life; and getting support from clergy and church members. It was also observed that an extrinsic, utilitarian faith was also helpful. The authors concluded that at least among church members, religious coping is an important and beneficial part of the overall process of coping with stress.

Hayden researched the potential utility of religion in coping with pain, and noted tendencies for a conservative religiosity and meaning in life to counter pain perceptions.[102] Other researchers have found that this works best with individuals who are not very depressed to begin with, and who believe that their faith can address their pain effectively, such as some arthritis patients.[103] That there is a significant psychological component in the perception of pain goes without saying. Physical and psychological pain often go together, and a strong faith combined with being religiously active seems to counter distress, depression, and anxiety.[104]

The stress-buffering role of faith seems to have very broad applications. Maton has shown that it relates positively to college adjustment among new students who have experienced high stress during the preceding 6 months.[105] Newman and Pargament observed that religion provides emotional support among college students and helps them redefine their problems.[106] The need for new and positive meanings may be met this way. This redefining or "reframing" is a coping strategy that should not be looked on negatively. Research on caregivers of dementia patients—whose role is an extremely trying one—indicates that they utilize their faith to make their situation more acceptable and manageable.[107]

When serious, potentially fatal illness strikes, religion is often invoked rapidly and with telling effect. This is especially true when the problem is cancer. There is apparently a pervasive tendency to avoid blaming God for the bad things that happen to people, and to credit God for positive possibilities and outcomes.[108] To the degree that God is viewed by cancer patients as being in control of things, the sense of threat to one's life decreases, and self-esteem improves.[109] An intrinsic religious orientation also counteracts feelings of anger, hostility,

and social isolation.[110] In fact, intrinsic individuals may well receive much social support from their coreligionists.

When people feel that they can be active (e.g., do something constructive) in coping with their disease, they appear to benefit. Prayer, as we have already noted, is an active, cognitive coping strategy,[111] and cancer patients who pray feel that it is helpful both in combating their pain and in aiding them to deal with their disease.[112] The objective evidence supports such a position.

Coping with Death

As indicated in Chapter 5, religious perspectives on death are multidimensional in character. The data indicate clearly that a strong religious commitment and an intrinsic faith are positively correlated with the acceptance of death; it is perceived in such cases as a test of life and courage. Such an approach counters interpretations of mortality as failure, pain, and the desertion of loved ones.[113] Most often, studies in this area are conducted on people who are young and for whom death is a distant, if not unreal, likelihood for some time to come. Unhappily, there are many situations in which death is a reality with immediate repercussions. Among these are cases in which parents are anticipating the death of a child, or coping with such a tragedy after it has occurred.

McIntosh and his colleagues have examined the role of faith in coping with the death of an infant from sudden infant death syndrome (SIDS) (see Research Box 11.2). They found that coping was positively related to faith in several ways. Religious participation facilitated social support and the enhancement of meaning for the bereaved parents. The importance of religion per se to the parents also contributed to making the SIDS loss more meaningful, while, at the same time, it helped the parents to cognitively process and come to grips with the death of their child.[114] This study revealed that religion may not directly affect postdeath adjustment and distress; rather, it may work indirectly by bolstering the perception of social support, aiding cognitive processing, and increasing the meaningfulness of the death, probably by putting it in the context of a positive religious framework. Research such as this, by clarifying some of the mechanisms that are operative when a person's faith is tested by crisis and tragedy, indicates the complexity of the role of religion in the coping process.

Research Box 11.2. Religion's Role in Adjustment to a Negative Life Event (McIntosh, Silver, & Wortman, 1993)

This significant study examined how religion helped parents who lost an infant to sudden infant death syndrome (SIDS) adjust to this tragedy. A sample of 124 parents was interviewed within 15 to 30 days after a child's death from SIDS, and reinterviewed 18 months later. Adjustment and coping were related to four factors: religion, social support, cognitive processing, and meaning. The researchers hypothesized that religious participation would promote perceptions of social support and adjustment. They also expected that when religion per se was important to the parents, it would help them find meaning in the loss and aid them in their cognitive processing of the event, and would enhance adjustment through these avenues. All these hypotheses were supported. In addition, religious participation helped the parents derive meaning from their loss.

These studies suggest the possibility that religion as a coping device may be especially important when death or other devastating, uncontrollable events occur. For most people, naturalistic explanations of death are unsatisfactory, for they imply no future, no hope—simply termination. In contrast, religious interpretations offer the potential of future life, reward, and other-worldly gratification for the deceased, and this-worldly answers that offer a measure of contentment for survivors. Whereas McIntosh and his coworkers have found this to be true for parents who lose an infant to SIDS, this has also been demonstrated for those who anticipate the death of a child from illness.[115] Similar findings hold when parents have to deal with the deaths of premature and newborn infants.[116]

Maton offers evidence that spiritual support is particularly effective in countering depression and bolstering the self-esteem of parents who have recently lost a child, as opposed to those whose offspring died more than 2 years previously.[117] Another study found that church attendance was associated with a reduction in death anxiety for both fathers and mothers who had lost a child, particularly for mothers, for whom it seemed to lessen grief "related to feelings of anger, guilt, loss of control, rumination, depersonalization, and optimism/despair."[118] In addition, there were indications that religious beliefs were strengthened by such a tragedy when the parents already had a religious commitment.

Three different theodicies have been observed among bereaved parents: "1) reunion with the deceased in an afterlife; 2) death as a purposive event; and 3) death as punishment for wrong-doing on the part of survivors."[119] These are regarded as attempts to make the death meaningful, and even to experience guilt feelings. Attributions to a purposeful God are also invoked when a friend dies, but intrinsic religionists may undergo much cognitive restructuring in order to understand what has occurred, possibly because of their positive image of the deity. There is also the possibility that it is cognitively easier to deal with one's own death than with that of another valued person.[120]

Religion, Stress, and the Elderly

The famous psychoanalyst Erik Erikson may have been the first modern thinker to develop a lifespan developmental psychology. Looking at the final period in life, he pictured it as a struggle between ego integrity and despair. The individual must confront the issue of loss—the loss of physical and often mental skills; the loss of personal significance through work as retirement takes place; the loss of friends through death; and finally the knowledge that one's own life will shortly conclude.[121] As a 90-year-old Papago woman said over 60 years ago to an anthropologist, "It is not good to be old. Not beautiful. When you come again, I will not be here."[122] In other words, to be elderly is itself stressful.

In reviewing his or her life, the elderly person is called upon to decide whether this life has been basically meaningful or meaningless. An ever-present awareness of and probable fear of death can be mitigated by emotional integration, which will in all probability involve religion. This is especially true for the oldest segment of the population, who, when they were young, were more strongly exposed to religious teachings than succeeding generations have been.[123]

Research on the elderly has consistently revealed that religious coping mechanisms are the ones this group most frequently employs when dealing with health-related stress. Prayer and turning to the deity for support are also often the most effective strategies available to seniors; this holds true for persons of different ethnic groups, socioeconomic statuses, and widely varying levels of education.[124] Among those over 65, when the problem is physical,

social, economic, or medical, prayer is the most commonly employed means of coping.[125] In like manner, the rural elderly employ religion in general for coping more than any other referent.[126] Whether the specific religious variable is attendance at services, beliefs, prayer, or church social support, many studies indicate that all of these possibilities are positively correlated with combating depression and loneliness among the elderly.[127]

Examining the use of faith in regard to loss, threat, and challenge situations, McRae observed that of 28 coping possibilities, religion was the first to be employed when loss occurred; it came in third when threat was present; and it ranked 15th in challenge situations.[128] One's own impending demise is obviously a threat, and thinking about personal death is positively related to the religious activities in which the elderly participate. Research on the latter suggests that spiritual involvement may reduce seniors' fears about physical pain and suffering during the dying process, concerns about what will happen to their possessions following death, and uncertainty about what they will experience after they die. These entail thoughts about rejection by God, the role of the devil, afterlife punishment, reincarnation, and the like.[129] Such findings may suggest that the motivation to utilize religion is wholly negative, but this is not so. Turning to one's faith increases with the number of positive life events a person has experienced, and among the benefits of such religious involvement is the great amount of social support that coreligionists often provide.[130] In addition, the salience of an individual's religion to self-image also increases with age.[131]

To sum up, the data show clearly that religion is a powerful buffer against stress among the elderly. As Myers puts it, "the happiest of senior citizens are those who are actively religious . . ."[132] The powerful effects of religious faith among the elderly go far beyond just feeling good. A study by Idler and Kasl speaks to the potential influence of faith on health and mortality (see Research Box 11.3).

Research Box 11.3. Religion, Disability, Depression, and the Timing of Death (Idler & Kasl, 1992)

In this interesting study, the authors examined the effects of public and private religiosity on health, the ways in which these varied for Christians and Jews, and mortality rates around religious holidays. Starting with a sample of 2,812 people over 65 in 1982, Idler and Kasl reinterviewed the members of this group in 1983, 1984, and 1985.

By means of sophisticated data analyses, public religious participation in 1982 was found to be related to low functional disability in the following 3 years. Things were more complex with private religiousness: This was associated with greater disability in 1984, but an examination of those who died and those who lived revealed that those engaging in private religiosity seemed to be protected against mortality.

Studying who lived and who died in the 30 days preceding and following religious holidays showed very strong effects relative to Easter for the Christian groups; the death rate was significantly lower prior to the holiday than after it. This did not occur for Jews relative to the Christian holiday, but was found for the Jewish holidays of Passover, Rosh Hashanah, and Yom Kippur. The pattern of reduced deaths prior to a Jewish holiday held for Jewish males but not for females; this variation was seen as a function of the greater role and investment of Jewish males than females in these holidays. This work shows a considerable potential for religious influence on both the health and mortality of the elderly.

RELIGION AND HEALTH

Over the past two decades, psychologists, physiologists, and physicians have increasingly recognized that personality and attitudes may play significant roles in health and illness. It was therefore just a matter of time before psychologists would probe possible relationships between faith and physical health. In sum, this literature indicates that optimistic explanatory styles and effective coping behavior go along with good health.[133]

Levin and Schiller reviewed over 200 studies that related faith and health, and concluded that the two tend to go together. They raised the interesting question whether "perhaps the nervous system represents the locus of a mechanism by which religious faith or religious beliefs . . . promote well-being."[134] The mechanism may well be the sense of control that is often associated with religion.[135] Perceptions that one is personally in control of life situations, along with similar views that God is in control, relate to good health.[136] Another possibility has been advanced by Benson—namely, that certain religious rituals, prayer, meditation, and so forth may stimulate a "relaxation response" that is broadly healthful.[137]

A different approach was taken by Hannay, who studied Indian and Irish immigrants to Scotland. Among these immigrants, again, better health was associated with greater religious activity. The suggestion was made that religion may act as a "stabilizing factor" for minorities who have left their home cultural base.[138] Such stabilization may reduce tension and, in Benson's terms, stimulate relaxation. In our framework, this would be tantamount to an increased sense of personal control.

One may argue that the final test of the relationship between religion and health may be found in longevity. Do religious people live longer than their less religious counterparts? At least one study claims that this is true for elderly people who are in poor health.[139] Idler and Kasl extended this to Christians and Jews, in general, for 1 month prior to significant religious holidays (see Research Box 11.3, above).[140] Obviously, findings like these merit much more research.

These relationships are not simple, for even though direct connections have been found between physical well-being and religion, the latter often seems to work indirectly by fostering good health habits. Among these, faith (particularly an intrinsic religious orientation) counters smoking, drinking, and the use of illicit drugs, and supports the use of seat belts, among other possibilities. Beliefs about prevention may also relate to religious commitment. A comparison of highly religious mothers with their less committed counterparts revealed that the former were significantly more likely to engage in active illness prevention behaviors than the latter group; still, the more religious mothers felt that they had less control over illness.[141] Since a major prevention category in this study was to "go to the doctor," there might be an inclination here for religion to sponsor a deference both to God and to medical authorities. This possibility merits further assessment. Finally, churches often actively sponsor a wide variety of healthful practices (e.g., dietary restrictions, prohibitions against alcohol and tobacco), and such ideas are often adopted by believers.[142]

Even though religious groups differ in vulnerability to many illnesses because of dietary and other cultural factors, faith is associated with a low incidence of a number of cardiovascular conditions, hypertension, stroke, and different forms of cancer.[143] Another possibility is that since religiosity is positively correlated with optimism, life satisfaction, and a sense of purpose in life, the more religious people are, the less inclined they may be to report symptoms of illness (and therefore the more likely they may be to downplay their possible significance).[144] This, of course, would work to their detriment, and does not appear to be generally true.

Despite much research in these areas, there remain many unanswered questions. The mechanisms through which faith may operate in maintaining health have yet to be identified. There is a definite need for more studies that control for religious affiliation, cultural differences, and health-promoting or health-damaging behaviors.[145] In addition, issues of response bias remain unaddressed. Clearly, here is a fertile topic for further study.

HOW RELIGION WORKS IN COPING

The Role of Belief

A central theme in this chapter, if not this book, is that religion is extremely significant in life because it offers people meaning, control, and self-esteem. We have also suggested that these factors work through religious beliefs, experiences, and practices. The question then must be posed as to how these aspects of religion function to aid a person to cope with the trials, stresses, and vicissitudes of everyday life.

Subjectively, the distance between belief and the feeling that one "knows," and therefore possesses valid knowledge, is in many instances rather small. This is often true where religious beliefs are concerned. These constitute a system of meanings that appear applicable to virtually every situation a person may encounter. Often premised upon scripture and/or a popular or civil religion, God images have the potential to explain both world and personal events.[146] The deity is simultaneously forgiving, loving, merciful, blessed, wrathful, involved in all human affairs, and simultaneously uninvolved since people have been "given free will."[147] The many concepts of God that are held can be called upon as needed to explain occurrences that seem to defy naturalistic interpretations. For example, people are loath to rely on chance; hence the winner in a lottery often credits God for success. Fate, luck, and chance are poor referents for understanding, but the deity in all its possible manifestations can fill the void of meaninglessness admirably.

God is usually conceived of in terms of love and power. Thus, as Pargament and his coworkers have observed, some people may defer to the deity, asking for aid when they see no personal potential for action; others may feel they must collaborate, working along with the divine in realizing some master plan. Finally, there are those who delineate a role for humanity in which God is not directly involved.[148] In all of these relationships, there is a place for one's God—simply watching, guiding, supporting, or actively solving a problem. The image of an omnipresent, omniscient, and omnipotent deity endows stressful situations with meaning, and this form of informational control may have beneficial results in the effort to cope with life.

As noted above, to hold a belief is to "know" something. As Herbert Benson has claimed, "the faith factor" is a powerful force in coping. He also feels that "the placebo effect reflects the power of belief."[149] The internal mechanisms by which such beliefs work have not been determined, but no one can doubt that they can have profound effects.

The Role of Ritual

Ritual has fascinated scholars in fields ranging from anthropology and linguistics to psychoanalysis.[150] Such scholars are unanimous in concluding that an innate need for ritual is always present, and serves the deepest, even unconscious needs of people. Reik suggested that

"ritual [is] at the centre of an analytical investigation of religious questions."[151] Pruyser has pointed out that "religious belief is embedded in religious practices."[152] Whereas psychoanalysts have usually associated ritual with psychopathology, or have described religion as the "universal obsessional neurosis," other observations indicate that ritual and ceremony perform many roles and functions that have nothing to do with mental disorder, immaturity, or personal inadequacy.[153]

Erikson perceived ritual as fulfilling a variety of central roles throughout life, among which are the development of trust, identity, conviction, commitment, and authority.[154] If a person's encounter with social rules and regulations stifles the constructive use of ritual, a short-circuiting of maturity is theorized, in which practice becomes mechanical and the real meaning of ritual is lost. In essence, ritual connects generations and individuals with one another in sharing relationships.

These positive functions find expression in the fact that ritual orders and organizes life; it counters chaos, distress, ambiguity, and randomness. In this sense, it is invariably measured, precise, stereotyped, and often repetitive. These characteristics led Pruyser to view ritual as structuring, shaping, and limiting emotion and feeling, especially in regard to intensity.[155] Ceremony is thus an agency of control that works against doubt, fear, guilt, and anxiety. It imparts a feeling of rigor and comfort under conditions of tension and instability.

Ritual also conveys a sense of predictability and mastery. When religion is involved, these accomplishments result from the fact that ritual may be regarded as the structured call of the religious community to its deity, in order to solemnize, legitimate, and make significant the joint desires of the group and the individuals within it. Ritual offers both God's and the community's sanction for major life events—birth of a child, marriage, death, war, the planting and harvesting of crops, and so on. In other words, ritual connects people to the divine. It symbolizes godly actions or the actions the deity desires of humanity; it brings people closer to God, and surrounds them with the perception and security of godly protection and power. Constructive, basic meanings are thus provided, particularly when people are under stress. Viewed from another perspective, ritual is organized action: In ritual, people are not passive, but are doing something that implies capability, mastery, and control. Our hypothesized fundamental needs for meaning and control are thus met, and one major outcome is the enhancement of self-esteem.

Empirical data support these views. Fullerton and her associates found that ritual moderated stress among firefighters.[156] Religious ritual has also been shown to be a relatively powerful mediator for negative life events.[157]

The Role of Prayer

Probably the most intensely personal type of religious ritual is prayer. It is also extremely widely employed. In one Gallup poll, approximately 90% of the U.S. population reported praying, and 76% regarded it as very important in everyday life.[158]

Forms of Prayer

The idea and practice of prayer cover many possibilities. From a spiritual perspective, one scholar identified 21 different forms of prayer.[159] A recent research effort resulted in the classification of eight distinct types of prayer: "petitionary," "ritualistic," "meditational," "confessional," "thanksgiving," "intercessory," "self-improvement," and "habitual." All have been

confirmed and measured by separate, reliable scales.[160] A U.S. national study has variously spoken of "contemplative," "conversational," "colloquial," "ritual," "petitionary," and "meditative" prayers.[161] Obviously, there is considerable overlap among these schemes, and future research will have to sort out the issue of what the different forms of prayer actually are.

Though empirical work in this realm is relatively scarce, writing by professionals and laypersons alike on prayer is prodigious. It is clearly of immense popular and personal interest. If any general conclusion may be drawn from the data on prayer, it would appear to be that the more people pray, the more forms of prayer they utilize.[162] In addition, frequency of prayer goes with praying for more things—health, interpersonal concerns, and financial matters.[163] Finally, we may well agree with Trier and Shupe that "prayer [is] the most often practiced form of religiosity."[164]

Usage and Efficacy of Different Forms of Prayer

There is evidence that people are selective in their praying, and that different forms of prayer may be employed in different circumstances. For example, breast cancer patients who have survived more than 5 years since their diagnosis are likely to stress prayers of thanksgiving.[165] Petitionary prayers, which are said to be the oldest and most common prayer form, are employed to counter frustration and threat, whereas contemplative prayer (an attempt to relate deeply to one's God) seems to aid internal self-integration.[166] Meditational prayer (concern with one's relationship to God) seems to reduce anger, anxiety, and aid relaxation.[167] Contemplative prayer has also been shown to aid psychotherapy by lessening distress and specific kinds of complaints.[168]

The Issue of Intercessory Prayer

The issue of intercessory prayer is a controversial one. The idea that prayers in behalf of another can influence the health of that other person has a long history. It has been subjected to research generally leaves much to be desired.

In a mid-1960s study, Joyce and Weldon matched patients with chronic or progressively deteriorating rheumatic or psychological illness on sex, age, and clinical diagnosis.[169] Two groups of 19 patients each were created. The "treatment" group participants were prayed for by members of a prayer group; the "nontreatment" group served as a control. Each patient in the "treatment" group was the recipient of a total of 15 hours of prayer over a 6-month period. This was a double-blind study, in which neither the patients nor their physicians knew of the prayer "treatment." After 6 months of intercessory prayer, no differences between the two groups could be demonstrated.

Within a few years, another intercessory prayer study was reported by Colipp.[170] This involved 18 leukemic children, 10 of whom were randomly chosen to be the objects of prayer by the author's friends and church members. After 15 months of prayer, the "treatment" group seemed to have a slight advantage over the control group in survival ($p < .10$).

A third study utilizing 393 coronary patients was undertaken by Byrd.[171] Patients, doctors, and the author were all kept "blind" in this work. The results seemed to support the power of intercessory prayer, as the "treatment" group appeared to do better than the controls. Though this work looks impressive on the surface, many serious questions may be posed regarding its design, data analysis, and interpretation. In fact, strong challenges to the validity of all these studies can be advanced, based on the nature (and often the size) of the samples,

the evaluation procedures, the methodology, and the statistical analyses. If scientific doubts are not enough, many theologians should be able to mount their own criticisms of this kind of work. We must conclude that at this stage of research on intercessory prayer, its power and significance have yet to be demonstrated.

Prayer as a Means of Coping with Serious Illness and Other Problems

We have already seen that prayer is the religious coping device most commonly employed among the sick and well elderly. Park, Cohen, and Herb further claim that it is the most widely used means of coping found among Catholics and Protestants who deal with stressful situations.[172] Unhappily, in most research no distinction is made regarding how an individual prays or what types of prayer are utilized, so all we know is that prayer is used, and that it often appears to be rather effective. The major question here is what "effective" means. If, for example, we mean that prayer is objectively effective (meaning that it can change events in the world), this is scientifically very open to question. Still, about one-third of the U.S. population believes that it does have such influence.[173]

If we conceive of prayer as changing oneself, then the evidence is much stronger. Holahan and Moos's conception of prayer as an active, cognitive coping strategy has gained much support.[174] It has been shown to alleviate the depression that is stimulated by stress.[175] Considering prayer as picturing a link with God, Bickel found that a collaborative relationship with the deity, in which the person and God worked together, was more effective in combating stress than was a self-directive effort by the person without resorting to God; he also found that a deferring relationship, leaving all to God, was unrelated to the reduction of stress.[176] Poloma and colleagues have found that engaging in prayer is positively correlated with well-being and life satisfaction.[177] In a somewhat related investigation, Richards found that the intensity of prayer was associated positively with a sense of purpose in life and internal control.[178]

When serious illness strikes, prayer becomes of the utmost importance. Among the coping methods that a sample of hemodialysis patients used, prayer came in second only to efforts to maintain control over the situation and hope that things would get better (the latter two efforts tied for first place).[179] Prayer, however, came in first as a coping pattern among renal transplant patients.[180]

Ninety percent of a sample of breast cancer patients revealed that they prayed for help in dealing with their cancer; only 9% stated that they prayed "a few times."[181] Much the same appears to be true of those dealing with the stress of cardiac surgery. Of 100 patients, 70 gave prayer the highest possible helpfulness rating on a 15-point scale; 93 assigned it a helpfulness rating of 10 or above.[182] Other research suggests that the more serious a symptom is judged to be by an ill person, the more that individual will both pray about it and, concurrently, seek medical aid for the problem.[183] This is a sensible example of the old adage that "God helps those that help themselves."

Prayer is also considered useful by arthritics who employ it. One study of black and Hispanic arthritis patients found that both groups utilized prayer and felt it was effective.[184] Hispanics were also more likely to use self-administered heat for their arthritis. Heat and prayer were combined with traditional medical therapies, and were sanctioned because of cultural support and the fact that they were practical and inexpensive. Lest we lose sight of the fact that prayer serves other functions, we must recognize that the frequency of prayer and the belief that it is effective do result in measurable tension reduction.[185]

Further examination of the functions that prayer may serve in coping comes from a study of the Spiritual Baptist Church, a black Christian group in the Caribbean and the United States.[186] The members of one Spiritual Baptist congregation pointed to seven benefits resulting from their practice of prayer, which they termed "mourning." This involves an extended period of fasting, prayer, and isolation designed to emulate bodily death, from which one's spirit rises. The claimed results (as perceived by the participants) were (1) alleviation of depression; (2) increased ability to predict and avoid danger; (3) the enhancement of decision-making ability; (4) greater felt ease of communication with God, and increased capacity to meditate; (5) amplified pride and appreciation of ethnic origins; (6) strengthened commitment to their church and its officials; and (7) recovery from physical ills.

According to Brown, engaging in petitionary prayer is a function of whether it is appropriate and/or effective; when it is appropriate, one may not believe it is effective, and vice versa.[187] Clearly, motives for the use of such prayer are more complex than may be evident.

The Purposes of Prayer

Much evidence has been presented that prayer is effective in many frustrating and threatening situations and circumstances. One study gets to the heart of the matter by noting that the more pain people have, the greater the risk to their self-esteem, and the more they are uncertain about life after death, the more they pray.[188]

Obviously people pray for many reasons; however, we have stressed the function of prayer relative to stress and coping. Examination of the motives for prayer in such circumstances returns us to our original suggestion that issues of meaning, control, and self-esteem may be paramount in this picture. The verbalizations of those who pray for aid bring such considerations to the fore. What we must keep in mind is that "prayer is a cognitive activity";[189] as such, it performs cognitive functions. Not the least of these is the enhancement of meaning. It is also action with profound emotional consequences.

Prayer is reflective of both a need to make sense out of a situation and a further need to change what is taking place. To return to the notions of primary and secondary control, though the person would like to alter reality, he or she must often be satisfied with changing the self—the way the world is seen and interpreted. Interpretive control suggests that real knowledge lies in the mind of the deity, and by engaging in prayer, the individual seeks new meanings that portend hope.[190] The purpose is to change the pray-er—to modify the way things are perceived. Kierkegaard is quoted by Phillips as saying, "The prayer does not change God, but it changes the one who offers it."[191] Phillips thus contends that the hope the person seeks and obtains is fundamentally a set of meanings that sponsor "living with oneself."[192] This comes about because prayer is talking to God, and "talking to God is a meaningful activity."[193] In any event, the core of this process is premised upon the idea that "people believe that their prayers may make a difference to what transpires."[194] New meaning comes about because prayer is largely a new interpretation or reinterpretation of what is already known.

One major psychological mechanism through which prayer works returns us to our earlier consideration of attribution processes. We have theorized that these are called into play when something out of the ordinary occurs—when meaning, control, and self-esteem are threatened. In such a case, a person's goal is to understand the whys and wherefores of what has taken place. Prayer is first and foremost an interpretive activity. It is premised upon learned and experienced religious frameworks—images of God and how faith may "work

wonders." A person who prays sees the "hand of God" in both worldly and personal events. It has a role in what the person does; nothing is left to chance. Such a point of view is founded upon the belief in a "just world," which functions according to a divine master plan; hence all people are God's tools, as are all aspects of the universe.[195] An excellent example of the influence of belief in a "just world" is offered by Pargament and Hahn,[196] and is described in Research Box 11.4. In other words, people are especially likely to make attributions to God when naturalistic explanations are unsatisfactory—as they often are in dire circumstances, and not infrequently when great or unexpected success occurs.

Research Box 11.4. Causal and Coping Attributions to God in Health Situations (Pargament & Hahn, 1986)

Claiming that "people have a need to feel a sense of meaning, justice, and control in their lives" (p. 193), Pargament and Hahn focused on the attributions made in health-related situations. They noted that these may reflect personally responsible behavior (e.g., exercising) or personal irresponsibility (e.g., smoking). In addition, these actions may result in positive or negative outcomes. The expectation is that responsible behavior ought to eventuate in positive outcomes, whereas irresponsible conduct ought to produce negative outcomes. Stated differently, outcomes are supposed to be contingent on behaviors. In one sense this idea of contingency is illusory, for bad things do happen to good people, and vice versa. This association of action and result leads to four possibilities that are pertinent to health relationships: (1) Behaving wrongly should be followed by negative outcomes; (2) doing the right thing ought to result in positive consequences; (3) behaving responsibly may have negative repercussions; and (4) irresponsible actions are possibly succeeded by good outcomes. These two pairs of alternatives (1–2 and 3–4) result in what may be defined as "contingent/just" and "noncontingent/unjust" situations, respectively.

The researchers had a sample of 124 undergraduates react to 16 event scenarios. These pictured responsible and irresponsible behaviors with positive and negative outcomes. In checking for explanations, the researchers assessed attributions to oneself, chance, God's will, God's love, and God's anger. When situations were contingent/just, they elicited more attributions to oneself than when they were noncontingent/unjust. Respondents wanted to believe they would get what was merited when good actions and good outcomes went together, and the same was true for negative behavior and results. Noncontingent/unjust situations eventuated in attributions to chance and God's will. God's will and love tended to be invoked when irresponsible actions were followed by positive outcomes. When responsible behavior had negative outcomes, God was included along with oneself in the interpretations. God's will and God's love were both treated as benevolent expressions of the divine. God's anger was viewed as present in negative outcome situations. A person might be "punished" for irresponsibility.

Negative outcomes apparently stimulated "a functional view of a God who acts as a source of support or strength . . . in times of stress" (p. 202). This was true for negative outcomes of both responsible and irresponsible behavior, and was viewed by the researchers in terms of a need to perceive the world as just and controllable. The results of this work are more complex than this summary indicates, and suggest further research into the motivation to perceive a "just world" that involves a benevolent deity.

This last point about the need to believe that the world is "just," and that what happens is based on a justice principle, seems to be a strong factor when people evaluate behavior. The strength of one's God belief, self-rated religiosity, and church attendance are positively correlated with trust that the world is indeed a just place.[197]

Regardless of the form of prayer employed (petitionary, thanksgiving, meditational, confessional, etc.), prayer conveys and internally reinforces various meanings. In addition, since the act of praying assumes that there is an ultimately powerful listener, strength is gained through the belief that the omnipotent hearer has a likelihood of responding in a supportive way. A person is thus afforded power by contacting its most fundamental source—God. Finally, through such inferences and connections, the prayer is put "right" with the deity; the praying individual feels personally fortified, sustained, and encouraged, which redounds to his or her sense of self-esteem and worth. On a more popular level, isn't this the message of the title of the book *Positive Prayers for Power-Filled Living*?[198] In a similar mode, Buttrick has written of *The Power of Prayer Today*, and Allen has declared that *All Things Are Possible through Prayer*.[199] The message is clear: Prayer makes life meaningful, endows people with strength, and makes them feel good.

The Role of Religious Experience and Conversion

Personal problems can be made worse or improved by the way one views them. Secondary control emphasizes this understanding. The effects of the objectively unchangeable can be greatly mollified when adaptation "change[s] the eyes which see reality."[200] This has a high probability of occurring when one has a religious experience or undergoes conversion. The world *appears* to have changed. Though conversion and religious experience need not go together, they are often associated, and their effects are frequently similar; hence they are treated here together.

For almost a century, the religionists and psychologists who study religious experience and conversion have commented on their precursors. Chief among these are conflict, turmoil, anxiety, personal problems, distress, and the like. Paul Johnson claimed that "a genuine religious conversion is the outcome of a crisis . . . a crisis of ultimate concern . . . a sense of desperate conflict."[201] Surveying five studies conducted between 1899 and 1929 on over 15,000 people, Johnson noted that the average age of conversion was 15.2 years. Starbuck attributed this to the "storm and stress" of adolescence, which he described as a time of "ferment of feeling, distress, despondency and anxiety."[202] De Sanctis claimed that "all the converted speak of their crises, of their efforts, and of their conflicts which they have endured."[203] The outcome, according to William James, is as follows:

> To be converted, to be regenerated, to receive grace, to experience religion, to gain an assurance . . . [these phrases] denote the process, gradual or sudden, by which a self hitherto divided, and consciously wrong inferior and unhappy, becomes unified and consciously right superior and happy, in consequence of its firmer hold upon religious realities. This is what conversion signifies in general terms. . . . [204]

Whether such an experience is identified as mysticism, religious experience, or conversion, many factors contribute to its occurrence. Clark has noted that mystical experience "is conditioned by temperament, tradition, suggestion, sexual urges in some cases, and the de-

sire for security or escape in others."[205] We are mostly concerned with the last consideration, and agree with contemporary psychologists and sociologists that religious experience and conversion come to those who are actively seeking such security or escape, usually out of personal need.[206]

The motivation for religious experience or conversion is often seen in its effects, chief among which is the feeling that one has gained new knowledge and enlightenment. Greeley refers to experiential ecstasy as "a way of knowing."[207] In other words, the initial result is the gaining of a new set of meanings and new ways of seeing things. This stress on knowledge and meaning has been repeatedly demonstrated in empirical work.[208] The attainment of meaning is probably also the first step in gaining control of crisis situations

Virtually by definition, as we have indicated earlier, a crisis is a set of circumstances in which one lacks control. Rambo cites research to the effect that conversion enables "people to gain new ego control and strength."[209] Many converts' accounts speak to these elements, as those who describe their experiences and the effects of these repeatedly affirm a sense of heightened mastery over their lives and problems. This is widely discussed in the literature on Alcoholics Anonymous and drug addiction.[210]

In like manner, religious experiences and conversion are overwhelmingly associated with self-descriptive outcomes that cite joy, happiness, "up feelings," peace, calm, bliss, and satisfaction, among other similar terms and concepts.[211] Stated differently, these effects reflect improved self-esteem. To summarize, we may infer that religious experience and conversion, in the main, change people for the better and help them to resolve problems. They are often very effective means of coping with severe and/or long-standing difficulties. Though the issue is left to the next chapter, these encounters are not frequently symptomatic of mental disturbance.[212] Research Box 11.5 shows both sides of this issue.

Research Box 11.5. The Structure of Mystical Experience in Relation to Lifestyle (Spilka, Brown, & Cassidy, 1993)

In this study, 192 persons who reported having had religious mystical experiences responded to questions regarding their pre- and postexperience lives and the nature of their experiences. By means of utilizing factor analysis, six preexperience scales were constructed: general satisfaction, religious background, negativity toward mystical experience, self-satisfaction, health concerns, and religiosity. Eight reliable experience composites assessed unity/completeness, sacredness/holiness, presence of God, emotional and physical reactions, enlightenment/new knowledge, joy and bliss, extreme sensory stimulation, and hallucinations. Postexperience factors were a sense of spiritual oneness, positive change, and general mysticism.

Relationships among these three domains revealed a number of patterns. The strongest were as follows. First, older persons with health concerns and low self-esteem who were also likely to have had psychological counseling experienced a sense of unity/completeness, enlightenment/new knowledge, the presence of God, and much sensory stimulation. Second, those who reported these kinds of experiences now manifested enhanced feelings of spiritual oneness, positive change, and mystical inclinations. Though some configurations among the variables suggested maladjustment, the overall effects of the mystical experience were positive.

OVERVIEW

There can be little doubt that religion is an important resource in the coping and adjustment of many people. This is especially true when severe health difficulties or other life-threatening problems are present. Faith may help individuals marshal their personal capabilities and strengths, so that they can confront their troubles and handle them properly. When there are no effective means of changing a situation, religion may actually change a person: New interpretations are introduced that make the problem less distressing.

Religion probably helps because it provides individuals with personally useful meanings for upsetting circumstances. Concurrently, it offers, through a variety of avenues, opportunities for an enhanced sense of power and control over what is taking place. The result of both of these tendencies and of faith itself is a buttressing of self-esteem. Things no longer seem as bad as they once were, and since the individuals now believe they are doing the best that is possible, they can feel good about themselves. For the overwhelming majority of North Americans, the message of the 46th Psalm thus holds: "God is our refuge and strength, a very present help in trouble."[213]

NOTES

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5. Clarence Day, quoted in Davidoff (1952, pp. 114–115).
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13. Conway (1985–1986).
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17. Carver, Scheier, and Weintraub (1989).
18. Folkman and Lazarus (1988).
19. E. O. Wilson (1978, p. 2).
20. E. O. Wilson (1978, p. 3).
21. E. O. Wilson (1978, p. 176).
22. Batson (1983, p. 1385).
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25. D'Aquili (1978).
26. Maddi (1970, p. 137).
27. McKeon (1941, p. 689).
28. Reid (1788/1969, p. 128).
29. Argyle (1959, p. 147).
30. Clark (1958, p. 419).
31. Baumeister (1991).
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33. Fichter (1981, p. 20).

34. Echterling (1993).
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38. Reid (1788/1969, p. 128).
39. Berndtson (1950, p. 379).
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44. Kazantzakis (1961, p. 45).
45. Adler (1991); Cousins (1979); Sklar and Anisman (1981).
46. Quoted in Bartlett (1955, p. 118).
47. Baumeister (1991, p. 183).
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49. Quoted in Johnson and Spilka (1988, p. 12).
50. Rothbaum, Weisz, and Snyder (1982).
51. Bulman and Wortman (1977).
52. Quoted in Johnson and Spilka (1988, p. 13).
53. Isaiah 7:14 (*The Holy Bible*, Authorized King James Version).
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58. Reid (1788/1969).
59. Kaplan (1982, p. 139).
60. Silver and Wortman (1980, p. 329).
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80. Myers (1992, p. 189).
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89. Niebuhr (1929, p. 29).
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92. Demerath (1965, p. 203).
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202. Starbuck (1899, p. 213).
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