**Religious Expressions in Times of Stress:
A Brief Review of the Psychology of Religious Coping and Its Applications in
Clinical Settings**

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Recent surveys continue to show the importance of spirituality in the lives of most people in the United States (Baylor Institute for Studies of Religion, 2006), particularly when the term is distinguished from religion to emphasize the personal experience of the sacred (Zinnbauer et al., 1997). A recent national survey found that the majority of college students see spirituality as an important aspect of their search for identity, meaning, and purpose (Lindholm, 2007). These findings suggested a need for increased attention to the role of spirituality in campus life. In addition, the psychological literature consistently shows that religion and spirituality appear to have a meaningful role in the coping process, especially for oppressed populations, such as women, ethnic minorities, the elderly, and the poor (Pargament, 1997). Thus, it makes sense for university counseling center clinicians who are committed to human diversity to understand the role of religion and spirituality in the coping process and to be able to integrate students' religious resources into counseling.

This essay provides a brief review of how psychological theory provides a complementary framework for conceptualizing the role of religion in coping with distress. It also provides some examples of interventions that integrated the students' cultural and spiritual traditions in the counseling process. There has been a significant increase in the psychological study of religious coping in the past decade, which is impossible to review here[1]. The intention of this article is to motivate counselors to pay closer attention to the assessment and integration of spirituality and religious resources in their clinical work. It is important to note that, while there seems to be an increasing distinction between *religion* and *spirituality* in the psychological literature, for most people these two terms are inseparable (Zinnbauer et al., 1997), thus will be used interchangeably.

For many, religion provides a way to understand the world, themselves, and their relationship with others. Religion appears to be particularly meaningful in times of significant distress; when individuals are facing events that they cannot control. Death, bereavement, and trauma are examples of periods when individuals face their mortality and fragility. During these times, individuals find in religion a way to make sense of the stressful event, to gain a sense of control, to obtain comfort, to find social and spiritual intimacy and support, and to achieve life transformation (Pargament, Koenig, & Perez, 2000). Even though the evidence for the role of religion in physical health appears to be inconsistent (Powell, Shahabi, & Thoresen, 2003), there is strong evidence for the protective role of religion in psychosocial health (Ano & Vasconcelles, 2005).

Traditional psychological fields of inquiry, such as personality psychology, cognitive psychology, and coping theory have provided a way to understand the function of religion in human life through empirical research, while the multicultural movement, with its emphasis on understanding the client's worldview as a prerequisite for ethical practice, has facilitated the study and integration of spirituality in the counseling process. These models provide a theoretically and empirically sound framework for the

study of the role of religion in times of stress and the integration of religious coping in the counseling process to facilitate adjustment.

Meaning is a central construct in psychology and it is one of the main psychological functions of religion (Pargament et al., 2000). Religion is linked to meaning because it provides a lens to understand and interpret the self and the world. When people confront problems that are relevant to their religious domain (e.g., births, marriage, vocation, death, illness, tragedy), their religious schema simplifies and shortens their coping process through the provision of religious problem-solving heuristics and the integration of these experiences into the existent schemata (McIntosh, 1997).

Even though there seems to be little agreement on what exactly constitutes meaning, two cognitive aspects of meaning appear frequently in the coping literature: making sense, or "meaning-as-comprehensibility," and finding benefit, or "meaning-as-significance" (Davis, Nolen-Hoeksema, & Larson, 1998). Making sense refers to the extent to which the situation fits the individual's worldview or orienting system. According to Wortman, Silver, and Kessler (1993), "the impact of life events may be determined by whether they can be incorporated into an individual's philosophical perspective or view of the world" (pp. 363-364). Finding benefit, or "meaning-as-significance," refers to the value or worth of the situation in the individual's life.

Park (2005) suggested a model where religion can be understood as a meaning-making system that grounds the coping process in times of stress. This model suggests that religion influences adjustment and health by informing the global beliefs and goals that provide the basis for individuals' attributions about stressful events. She argued that people reduce their distress by reformulating their religious attributions about the events until they fit their religious meaning-making system. For example, they may find peace by seeing the death of a significant other as God's will and as an opportunity to strengthen their faith. This way they conserve what is significant for them (e.g., a world where God is in control). They could also cope by changing their religious meaning-making system in order to reformulate their attributions about the event in a way that makes sense for them, and by doing so, transform what they hold as religiously significant. For example, they may review their beliefs about God's role in the world. This process appears to be bi-directional: New attributions have an impact on the meaning-making system and changes in this system affect subsequent attributions. Park's meaning-making coping model retains both meaning-as-comprehensibility and meaning-as-significance and suggests that both processes are strongly related to adjustment after a stressful event.

Meaning and religion appear to be particularly significant when individuals face trauma and loss. Most people in Western society tend to have a benevolent notion of their world where events tend to be perceived as predictable and ordered (Janoff-Bulman, 1992). Trauma and loss often threaten these assumptions, causing a "crisis of faith" for many (van der Kolk, 1987) as they face "the terror of their own vulnerability" (Janoff-Bulman & Frantz, 1997). People who have experienced a traumatic event can no longer assume that what they do will guarantee what they get in life. Their world ceases to have order, and they are able to see its randomness, often prompting individuals to ponder existential questions they had not considered previously.

Similar to the Meaning-Making Model of Coping with Stress (Park & Folkman, 1997), Jannof-Bulman and Frantz (1997) observed that traumatic events can lead to a re-evaluation of one's life. They suggested that meaning-making often involves a reevaluation of what is significant in life, often affecting daily life and relationships. This may include an increased awareness of the value of every moment, greater appreciation for the beauty of the small things in life, or a commitment to show love and care to family and friends. Often, spiritual coping with trauma also involves a sense of connection with something greater than the self through community involvement (e.g., the victim of crime who becomes an advocate for others).

Recent studies have suggested that religious coping strategies appear to be stronger predictors of adjustment to negative life events than general religious orientation measures, such as intrinsic and extrinsic religiosity, and nonreligious coping activities, such as focusing on the positive and problem-solving (Pargament et al., 1992; Pargament & Park, 1997). Hence, Pargament (1997) and Park (2005) suggest that the specific religious strategies that people use to cope with stressful events mediate the effects of religion on adjustment. Although there is conflicting evidence regarding the effect of religion and religious coping on adjustment and health (Ano & Vasconcelles, 2005; Powell et al., 2003; Thompson & Vardaman, 1997), the literature consistently shows that some forms of religiousness (e.g., intrinsic religiousness or religion as an end in itself) and positive religious coping methods (e.g., seeking

a stronger sense of connection with God, seeking God's love and care) are protective factors in times of stress and are related to greater psychological adjustment and stress-related growth (Ano & Vasconcelles, 2005; Park & Cohen, 1993).

Nevertheless, various religious coping strategies have been linked to decreased health, increased mortality, poorer quality of life, depression, and grief, among other detriments (Park, 2007). Seeing the stressor as punishment from God, attributing it to the Devil, and wondering if God has abandoned him or her are some examples of religious coping strategies that have been consistently linked to negative psychological and physical health outcomes. Counselors need to be able to recognize these coping strategies, which might be linked to avoidant coping patterns or pessimistic attributional styles and hamper growth and adjustment.

Pargament and Park (1997) identified various determinants of the level and form of religious coping. The first one is the availability of religion to the individual. People for whom religion is an important aspect of their meaning-making system are more likely to understand a stressful event through a religious lens and to cope using religious methods. Second, if people participate more often in religious groups and institutions they will be more likely to utilize those resources in times of need. Third, the solutions offered by the meaning-making system must be compelling to the individual as he or she faces a particular stressful situation. Religious coping appears to be particularly compelling at times what people hold as significant in life is threatened, i.e., the more stressful the event, the more likely it is that individuals will use religious coping strategies (Pargament, 1997). Finally, it is important to remember that these resources appear to be more significant to oppressed groups.

Thus, if spirituality is a central part of a client's life, the application of spiritual strategies to cope with daily life stressors might be compelling. For example, I worked with a client who self-identified as Pagan. He reported symptoms of generalized anxiety that were getting in the way of his academic performance. An exploration of his spiritual life revealed that, in his busyness of late, he had been feeling disconnected from himself and his spirituality which used to bring him a sense of groundedness. He reflected on the elements of rituals that were meaningful for him. He decided to go to an open space, filled with trees, and silently contemplate its beauty as a way to restore what he felt missing. He later reported how much he had enjoyed doing this under the rain (water was a powerful religious symbol for him). He returned to this experience later to find a sense of grounding while facing daily life stressors, such as taking a test or thinking about the future. In addition, while reducing his anxiety, this practice also strengthened his spiritual life as he experienced an enhanced sense of meaning and transcendence.

In my practice, I sometimes encounter clients who are oppressed by guilt, fear, or helplessness that are often related to thoughts or behaviors that are not congruent with their religious tradition or spiritual values. Sometimes, this experience relates to a maladaptive interpretation or application of their religious beliefs, and often, their religious orienting system provides a way to restore balance. For example, a client came to counseling feeling depressed. She reported frequent brooding about past decisions that were incongruent with whom she thought herself to be. Her rumination about these events had taken a toll on her energy, motivation, ability to concentrate on her academic work, and her self-esteem. An exploration of her religious tradition (mainstream Protestant) led to a discussion of her view of God as loving and her belief in the Christian doctrine of grace. This belief in God's acceptance and forgiveness was contrasted with her brooding about past "sins." Her religious tradition also offered rituals of purification and communion that sought to restore a sense of intimacy with God and herself. Through participation in communion, confession through prayer, and contemplation of sacred Scriptures, she found a renewed sense of self, closeness with God, and her depression lifted.

As it was previously discussed, there are negative religious coping strategies that are consistently associated with poorer psychosocial and physical health. The following experience is an example of this: A middle-aged Puerto Rican male came to counseling struggling to make sense of the unexpected events that had led to his separation and impending divorce. He was a first-generation immigrant and his religious beliefs reflected a form of *Espiritismo*; a syncretism of Taino, African, and European (Catholic and Protestant) spiritual-religious practices (Torres Rivera, 2005). An assessment of his religious attributions about the event revealed that he thought that his partner was under a spell (*un trabajo*) devised by his romantic rival. Thinking about his current situation as the work of *malos espíritus* (evil spirits), he remained helpless and afraid. Through Socratic questioning, we focused on exploring his beliefs of how much influence evil spirits might have on human behavior and the rituals that might enhance his sense of spiritual safety and groundedness. This led to his thinking about the power of his own spiritual rituals to protect him from others' *mala voluntad* (bad will). Through consultation with family

and friends, he found a prayer for protection that he said daily as part of his spiritual practice. This prayer became part of his home altar, which also included an image of *la Virgencita* (Virgin Mary). He also decided to do a *limpieza* (spiritual cleaning) of his home. He used incense and candles to enhance his sense of spiritual protection. These rituals restored a sense of empowerment and safety and his anxiety began to diminish[2]. I have found similar themes in my work with several Cuban-American clients, though their narratives reflect the language of their spiritual tradition: *Santería.*

These are examples of the application of religious and spiritual resources in common clinical situations with individuals from diverse cultural and religious backgrounds. There is a growing pool of research studies that provides information about the application of various religious coping strategies with populations with diverse cosmologies and cultures facing a variety of stressors. Nevertheless, when the counselor does not have enough information about the client's religious tradition, the application of principles from coping theory might offer a heuristic to make hypotheses about process and outcome. For instance, coping theory suggests the need for fit between the coping strategy used and the stressful event that the individual faces. In other words, applying problem-solving strategies to situations that are controllable often provides a greater likelihood of adjustment than applying these strategies to uncontrollable situations. Similarly, applying emotion-focused strategies to uncontrollable situations often provides a greater likelihood of adjustment than applying them to controllable situations (Folkman, Lazarus, & Schaefer, 1979). This also suggests that the outcome of the coping process is not the only indicator of positive adjustment (Pargament, 1997). A person who is facing a terminal illness is not able to change the outcome, but the coping strategies he or she uses can have an impact in the individual's quality of life. The counselor can also consider whether the coping strategy reflects an internal or an external locus of control. Spiritual goals and coping strategies that are self-determined instead of externally imposed appear to be reliable predictors of adjustment and psychosocial health. Finally, the counselor can also consider if there is congruence between the client's religious narratives and his or her goals and coping strategies. Greater congruence and decreased distress can be achieved through changes in beliefs, goals, and/or coping strategies.

The availability and significance of religion as a meaning-making system and its potential role in promoting or hampering adjustment underscores the need to consider this human dimension in clinical assessment and therapeutic work—work that would be consistent with a multiculturally competent counseling practice. Cognitive psychology and coping theory offer meaningful frameworks for this integration; illuminating how religion is expressed in times of stress. For many, religion and spirituality offer compelling ways to conserve or transform what they hold as meaningful in life and it is this search for significance that is often the heart of the counseling process.

References:

Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology, 61*, 461-481.

Baylor Institute for Studies of Religion. (2006). *American piety in the 21st century: New insights to the depth and complexity of Religion in the US*. Waco, TX: Baylor University.

Davis, C. G., Nolen-Hoeksema, S., & Larson, J. (1998). Making sense of loss and benefiting from the experience: Two construals of meaning. *Journal of Personality and Social Psychology, 75*, 561-574.

Folkman, S., Schaefer, C., & Lazarus, R. S. (1979). Cognitive processes as mediators of stress and coping. In V. Hamilton & D. M. Warburton (Eds.), Human stress and cognition: An information-processing approach (265-298). London: Wiley.

Jannof-Bulman, R. (1992). Shattered assumptions: Towards a new psychology of trauma. New York: Free Press.

Jannof-Bulman, R., & Frantz, C. M. (1997). The impact of trauma on meaning: From meaninglessness world to meaningful life. In M. Power & C. R. Brewin (Eds.), *The transformation of meaning in psychological therapies* (pp. 91-106). New York: Wiley.

Lindholm, J. A. (2007, September/October). Spirituality in the Academy: Reintegrating our lives and the lives of our students. *About Campus, 12(4)*, 10-17.

McIntosh, D. N. (1997). Religion-as-schema, with implications for the relation between religion and coping. In B. Spilka & D. N. McIntosh (Eds.), *The psychology of religion: Theoretical approaches* (pp. 171-183). Boulder, CO: Westview Press.

Pargament, K. I. (1997). *The psychology of religion.* New York: Guilford.

Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and validation of the RCOPE. *Journal of Clinical Psychology, 56*, 519-543.

Pargament, K. I., Olsen, H., Reilly, B., Falgout, K., Ensing, D. S., & Van Haitsma, K. (1992). God help me: (II): The relationship of religious orientation to religious coping with negative life events. *Journal for the Scientific Study of Religion, 31*, 504-513.

Pargament, K. I., & Park, C. L. (1997). In times of stress: The religion-coping connection. In B. Spilka & D. N. McIntosh (Eds.), *The psychology of religion: Theoretical approaches* (pp. 43-52). Boulder, CO: Westview Press.

Park, C. L. (2005). Religion and meaning. In C. L. Park & R. F. Paloutzian (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 295-314.). New York: The Guildford Press.

Park, C. L. (2007). Religiousness/Spirituality and health: A meaning systems perspective. *Journal of Behavioral Medicine, 30*, 319-328.

Park, C. L., & Cohen, L. H. (1993). Religious and nonreligious coping with the death of a friend. *Cognitive Therapy & Research, 17*, 561-577.

Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *General Review of Psychology, 1*, 115-144.

Powell, L. H., Shahabi, L., & Thoresen, C. E. (2003). Religion and spirituality: Linkages to physical health. *American Psychologist, 58*, 36-52.

Thompson, M. P., & Vardaman, P. J. (1997). The role of religion in coping with the loss of a family member to homicide. *Journal for the Scientific Study of Religion, 36*, 44-51.

Torres Rivera, E. (2005). Espiritismo: The Flywheel of the Puerto Rican Spritiual Traditions. *Revista Interamericana de Psicología/Interamerican Journal of Psychology, 39(2),* 295-300.

van der Kolk, B. A. (1987). *Psychological trauma.* Washington, DC: American Psychiatric Association.

Wortman, C. B., Silver, R. C., & Kessler, R. c. (1993). The meaning of loss and adjustment to bereavement. In M. S. Stroebe, W. Stroebe, R. O. Hansson (Eds.), *Handbook of bereavement: Theory, research, and intervention* (pp. 39-363). Cambridge, England: Cambridge University Press.

Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Belavich, T. G., Hipp, K. M., Scott, A. B., & Kadar, J. L. (1997). Religion and spirituality: Unfuzzying the fuzzy. *Journal for the Scientific Study of Religion, 36*, 549-564.

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[1] Pargament's (1997) seminal work "The Psychology of Religion and Coping: Theory, Research, and Practice" provides a solid foundation for those interested in integrating religious resources in counseling.

[2] See Torres Rivera's (2005) article for a study of Puerto Rican *Espiritismo* and its implications for mental health and counseling.