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The Role of Religious Orientation and Ethnic Identity on Religious Coping Among Bereaved Individuals

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ABSTRACT

THE ROLE OF RELIGIOUS ORIENTATION AND
ETHNIC IDENTITY ON RELIGIOUS COPING
AMONG BEREAVED INDIVIDUALS

by

Luis G. Cruz-Ortega

Chair: Dennis Waite

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

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Title: THE ROLE OF RELIGIOUS ORIENTATION AND ETHNIC
      IDENTITY ON RELIGIOUS COPING AMONG BEREAVED
      INDIVIDUALS

Name of researcher: Luis G. Cruz-Ortega

Name and degree of faculty chair: Dennis Waite, Ed.D.

Date completed: October 2013

Problem

The literature suggests that religious orientation and
ethnic identity inform the religious coping process, which
is better understood in the context of a particular
stressor. However, research on this topic is limited,
particularly among ethnic minorities.

Method

A survey was used to collect data on religious
orientation, ethnic identity, and religious coping from a
sample of 319 adults who had lost a significant other

within 36 months of the study. A total of 11 variables were measured using The Means-Ends Spirituality Questionnaire, the Multigroup Ethnic Identity Measure–Revised, and the Brief RCOPE.

Results

A canonical variate labeled "religious engagement" was a predictor for religious coping. Further analyses using multiple regression found that variables associated with traditional religious expressions (Devotional Spiritual Means), spiritual ends with a transcendental focus (Approach-unseen-autonomous Ends, Avoidance-unseen-external Ends), and Ethnic Identity were relevant predictors of Positive Religious Coping while Transcendental Means was a relevant predictor of Negative Religious Coping.

A stepwise discriminant analysis found that "ethnic identity and conservative religious orientation" discriminated between ethnic groups. Cases with higher levels of ethnic identity and conservative religious orientation were more likely to be classified as Black/African American or Hispanic/Latino/a, while those with lower levels were more likely to be classified as White.

Conclusions

When coping with bereavement, individuals who engage in traditional expressions of spiritual worship and strive to achieve ordinary and transcendental spiritual goals are more likely to rely on a secure relationship with the sacred, a belief that life has meaning, and a sense of connectedness with their religious community. Also, individuals who place greater value and emotional significance in their sense of belonging to their ethnic group are more likely to engage in positive religious coping. Thus, counseling psychologists should strengthen their multicultural and spiritual competencies in order to provide ethical and effective services to a population that is increasingly diverse.

Andrews University

School of Education

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A Dissertation

Presented in Partial Fulfillment

of Requirements for the Degree

Doctor of Philosophy

by

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Dedicated to my wife Erika,

and my children Emily, Melissa, and Sammy

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ACKNOWLEDGMENTS

Several people supported me in completing this project. First, I'm thankful for my wife, Erika, who was patient with me, encouraged me along the way, and cared for our world while I wrote. My children grew up while I was completing this study and I'm thankful for their understanding when I couldn't be present with them. Neida, my mother; Ángel and Cesia, my grandparents; and Samuel, my father-in-law, instilled in me the value of education and supported our family emotionally and financially along the way. My *abuelito* Ángel and Samuel are not here anymore, but their legacy endures. *We remember them.*

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CHAPTER I

INTRODUCTION

Bereavement is a universal experience. However, culture and religion have a significant impact in the way in which individuals and groups understand, experience, and cope with this stressful event (Parkes, 1997). This impact can be observed in the different expressions of bereavement, such as literature, art, architecture, music, and mourning rituals. For example, the jazz funeral in New Orleans (Touchet & Bagneris, 1998) and the "Baquiné" in Puerto Rico (Kuhnheim, 2008) reflect diverse religious and cultural traditions and understandings of death. These rituals provide a way for the individual and the community to cope with the experience of loss.

Though religion and culture have provided a road map to the bereaved, scientific interest in the understanding of the psychological experience of loss is recent. Freud's (1917) paper *Mourning and Melancholia* paved the way. Later, Lindemann's (1944) study provided the first scientific description of normal, acute, and chronic grief (Stroebe,

Hansson, Stroebe, & Schut, 2001). Recently, research has focused on understanding bereavement through the study of coping with stress. Since coping models emphasize the strategies that people use when facing stressful events, and these processes are influenced by people's orienting systems, these models can provide a meaningful theoretical context to understand the role of religion and culture in coping with stress in general (Pargament, Koenig, & Perez, 2000; Park, 2005a, 2005b) and with bereavement in particular (Stroebe et al., 2001).

Contemporary psychological models of coping suggest that the successful adaptation to stressful events is mediated by how people appraise these events and the strategies they use to face them (e.g., Folkman, Schaefer, & Lazarus, 1979; Lazarus & Folkman, 1984; Pargament et al., 1992; Park & Folkman, 1997). These appraisals and coping strategies are influenced by people's orienting system, also referred to as "meaning-making systems" (Park & Folkman, 1997) and "assumptive worlds" (Jannof-Bulman & Schwartzberg, 1991).

Religion and culture are significant aspects of people's orienting systems. Religion informs people's understanding of their self in relation to the world, provides a way to make sense of stressful situations, and

informs the strategies they use to cope (Pargament, 1997; Schaefer & Moss, 2001). For example, the literature shows that religious people are more likely to use religious methods to cope with stressful events, especially when those events are uncontrollable (Pargament, 1997; Park, 2005b).

There have been significant limitations in the psychological study of religion due to the lack of precision in the operationalization of religion, poor theoretical clarity, and the use of psychometrically limited instruments (Donahue, 1985; Pargament et al., 2000; Ryan & Fiorito, 2003). This might explain some of the inconsistent results in studies of religion, adjustment, and health (Pargament, 1997; Park, 2007).

Pargament's (1997) model of religious coping seeks to address these limitations. It provides a coherent theoretical model to study the role of religion in times of stress. This framework informed the development of the psychometric instruments that will be used to assess religious orientation and religious coping in this study (Pargament et al., 2000; Ryan & Fiorito, 2003).

The Religious Coping Model (Pargament, 1997) suggests that religion has the following functions:

1. Meaning: Religion informs the search for existential meaning and offers a way to understand and interpret life's events.

2. Control: Religion offers ways to attain a sense of mastery and control in life.

3. Comfort and spirituality: Religion offers a way to have a sense of connection with the transcendent.

4. Intimacy: Religion facilitates social cohesiveness, solidarity, and social identity.

5. Life transformation: Religion can facilitate the adoption of new sources of significance and meaning in life, thus assisting in transforming an individual's life.

This model also views religious coping as anchored in culture. Various studies have demonstrated how people from different ethnic backgrounds differ in how they cope with stressful life events (Chiang, Hunter, & Yeh, 2004; Kitson, 2000; Tweed, White, & Lehman, 2004; Zea, Belgrave, Townsend, Jarama, & Banks, 1996), including bereavement (Parry & Ryan, 1995). For example, Parkes (1997) described the differences between the funeral ceremonies of a middle-class White Anglican family, who sees the funeral as a private affair, where only those specifically invited are expected to attend, and those of a Hindu family, where

"anyone who knew the deceased in any significant capacity is obliged to come to the funeral" (p. 14).

In the psychological literature, the construct of ethnic identity offers a way to understand the influence of culture in coping and adjustment (Escoto, 2004). For example, Escoto (2004) studied religious orientation, ethnic identity, and the coping responses to perceived discrimination among Mexican-Americans. He found that individuals with higher intrinsic religious orientation and a stronger sense of ethnic identity were more likely to engage in more methodical and planned strategies to cope with discrimination.

Though the significance of religion and culture for ethnically diverse individuals seems to be well established in the literature, the understanding of the role of religion and culture in the process of coping with distress among these groups is limited (Mattis, 2002; Pargament, 1997; Pargament, Ano, & Wachholtz, 2005; Peltzer, 2002). Most studies on religious orientation and religious coping have focused on Whites, and most samples have been Protestant (e.g., Pargament et al., 2000; Pargament, Tarakeshwar, Ellison, & Wulff, 2001; Park, 2005b).

The literature review for this study revealed just a few studies about the religious strategies used by minority

populations to cope with bereavement (e.g., Doran & Hansen, 2002; Limon, 1998; Portillo, 1990). Pargament, Ano, and Wachholtz (2005) identified this dearth of research and stated that "future research should investigate religious coping in ethnically and religiously diverse samples" (p. 485). Similarly, Parkes (2001) called for a better understanding of bereavement across cultural groups.

In summary, the literature shows that even though bereavement is a universal phenomenon, the experience of bereavement is shaped by individuals' orienting systems (Parkes, 1997). Since religion and culture are powerful shaping forces of those systems, it is important to understand their role in coping with bereavement. In addition, religion and culture are particularly meaningful aspects in the lives of ethnic minority individuals, but their role in shaping the coping process in these populations has been neglected in the research literature. Thus, the study of the role of religion and culture in the coping process of ethnically diverse bereaved individuals could be significant.

Statement of the Problem

The United States' population is becoming increasingly diverse (U.S. Bureau of the Census, 2004). Current

projections for the year 2050 forecast that half of the national population will belong to an ethnic or racial minority group. Nevertheless, there continues to be little research on whether cultural differences result in specific approaches to coping, including religious coping (Abraído-Lanza, Vázquez, & Echevarría, 2004; Pargament, Ano, & Wacholtz, 2005). Since the likelihood for counseling psychologists to provide services to this population continues to increase, it is important to strengthen mental health professionals' ability to provide culturally sensitive and effective services for these groups. Parkes (2001) argued that cross-cultural differences in grief are "very great and need to be studied if we are to learn how to mitigate some of the suffering caused by grief" (p. 35). Such a study would be consistent with the guidelines established by the psychology profession for the provision of services for ethnic, linguistic, and culturally diverse populations (American Psychological Association, 1993).

Purpose of the Study

This study investigated the role of religion and ethnic identity on the religious coping of ethnically diverse bereaved individuals. The literature identifies religion and culture as important aspects of a person's

orienting system; and the specific methods of coping that emerge from this system relate to the specific situation the person faces. Therefore, this study examined these variables among a sample of bereaved ethnically diverse adults.

Research Questions and Hypotheses

Research Question 1: Does religious orientation and ethnic identity predict the religious coping strategies used by bereaved individuals?

Research Hypothesis 1: Devotional Spiritual Means, Transformational Spiritual Means, Approach-ordinary-autonomous Spiritual Ends, Avoidance-ordinary-autonomous Spiritual Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-ordinary-external Spiritual Ends, Avoidance-unseen-external Spiritual Ends, and Ethnic Identity predict Positive Religious Coping and Negative Religious Coping among bereaved individuals

Research Question 2: Which of the variables related to religious orientation, ethnic identity, and religious coping contributes most to the differences between ethnic groups?

Research Hypothesis 2: Devotional Spiritual Means, Transformational Means, Approach-ordinary-autonomous

Spiritual Ends, Avoidance-ordinary-autonomous Spiritual

Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-

ordinary-external Spiritual Ends, Avoidance-unseen-external

Spiritual Ends, Ethnic Identity, and Positive and Negative

Religious Coping discriminate between ethnic groups.

Significance of the Study

First, this project sought to study religion from a

coherent theoretical framework that emphasizes its

multidimensional and functional role in individuals' lives.

From this perspective, it is important to understand what

functions are most meaningful after experiencing an

uncontrollable stressor (the death of a loved one) and how

this impacts the selection of religious coping strategies.

Though previous studies have focused on the interaction

between religious orientation and religious coping using a

multidimensional and functional framework, most of them

have primarily used White and Protestant samples (Pargament

et al., 2000).

Second, this research hoped to shed light on the role

of ethnic identity in the selection of religious coping

methods among ethnically diverse adults who have recently

experienced the death of a loved one.

Finally, this study sought to aid those interested in assisting bereaved ethnically diverse individuals by contributing to the body of knowledge on religious orientation, ethnic identity, and religious coping.

Theoretical Framework

In recent years, psychological models of coping have provided a way to understand religious coping (Pargament, 1997) and bereavement (Stroebe et al., 2001). These models have various assumptions that facilitate the study of religion and culture in the coping process. Some of these assumptions are: (a) people seek significance; (b) people bring their orienting systems to the coping process; (c) people translate the orienting system into specific methods of coping; and (d) coping is embedded in culture (Pargament, 1997).

Two major conceptual models for the coping process are the Transactional Stress and Coping Model (Lazarus & Folkman, 1984) and the Meaning-Making Coping Model (Park & Folkman, 1997). The Transactional Stress and Coping Model focuses on the role of primary and secondary appraisals in coping with stressful events. Primary appraisals refer to the initial attributions about the significance of the event, why it occurred, and the level of threat, control,

and predictability related to it. Secondary appraisals refer to an assessment of the resources and burdens that the individual brings to the coping process (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) noted that the use of the terms "primary" and "secondary" bears no relationship with the importance or the order in which these appraisals occur. Pargament (1997) adds a "tertiary" appraisal to this model, which suggests that when people face a stressful event they choose the path of least resistance. In other words, they tend to choose a strategy that brings the greatest gain and the least loss of significance by using the least resources and accumulating the least burdens.

According to this model, the nature of the event does not solely explain the impact it has on an individual. Instead, the impact lies in the event's significance for the individual (Lazarus & Folkman, 1984). The level of stress created by an event is related to how much it threatens, harms, or challenges an individual's sense of significance. Thus, "we are most vulnerable to events that affect the things we care about for which we perceive the fewest resources and the greatest burdens" (Pargament, 1997, p. 98).

The Transactional Stress and Coping Model identifies

two approaches to the coping process: problem-focused and

emotion-focused (Lazarus & Folkman, 1984; Park, 2005b).

Problem-focused coping strategies attempt to change the

problem whereas emotion-focused coping strategies attempt

to regulate distress. Marks (1999) discussed the need for a

good fit between the coping strategy used and the type of

stressor that the individual faces (e.g., controllable vs.

uncontrollable). For example, a problem-focused approach

seems to be most useful when the stressful events can be

changed and it appears to be of limited use when the

individual has little or no control over the event, such as

a major trauma or the death of a loved one (Mikulincer &

Florian, 1996, as cited in Park, 2005b). In situations

where the individual has little control or the stressor

cannot be changed, strategies that seek to regulate

distress (i.e., emotion-focused) appear to be a better fit.

Park and Folkman (1997) developed the Meaning-Making

Coping Model which seeks to describe the way people cope

with events that are unchangeable and the individual's

problem-solving opportunities are limited or nonexistent.

They claimed that in such cases, the only way to regulate

distress is through cognitive adaptation, a process they

called "meaning-making." This model distinguishes between

two levels of meaning: (a) global meaning, which includes

global beliefs and global goals, and (b) appraised meanings

of specific events. In this model, global beliefs represent

the desired ends or outcomes that serve as motivators in

life (Emmons, 2005).

> Global beliefs are the basic internal cognitive
> structures that individuals construct about the nature
> of the world. These structures guide people throughout
> life by influencing their fundamental ways of
> construing reality and by structuring their global
> goals. (Silberman, 2005, as cited in Park, 2005b, p.
> 709)

According to the Meaning-Making Coping Model, the

discrepancy between the individual's appraisal of an event

and his or her global meaning system determines the level

of distress that he or she experiences. This discrepancy is

experienced as a highly uncomfortable state, where the

individual feels a loss of control, predictability, and

ability to comprehend the world (Park & Folkman, 1997;

Park, 2005b). In order to decrease distress, individuals

"must adjust their views of the event or revise their goals

and beliefs about the world to accommodate the new

information" (Park, 2005b, p. 710).

When confronted with a stressful event, people tend to

cope in ways that conserve their orienting system, their

source of significance (Pargament, 1996). However, when

there is a great discrepancy between their appraisal of an

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event and their orienting system, meaning-making becomes

difficult and significance is threatened. When this

happens, people may ruminate and remain distressed or they

may transform their orienting system to accommodate their

new meanings about the event, themselves, or the world

(Park & Folkman, 1997). Once this transformation is

attained, conservation becomes again the focus of coping

(Pargament, 1996). "In this sense, conservation and

transformation are complementary, interdependent processes

that help guide and sustain the person throughout the life

span" (Pargament, 1996, p. 217).

Religion is especially concerned with how people come

to terms with the ultimate issues in life, especially those

where the sense of control and predictability is minimal

and the threat to significance is great. Pargament (1997)

argued that "any understanding of the human response to

extraordinary moments remains incomplete without an

appreciation of religion" (p. 4). It offers a framework to

create meaning out of life experiences and a way to

understand and interpret events (Park, 2005a, 2005b).

"Religion has to do with building, changing, and holding on

to the things people care about in ways that are tied to

the sacred" (Pargament, 1997, p. 32).

Understanding someone's religious orientation provides information about a person's general tendencies and dispositions in his or her search for significance, but it does not reveal how religion will be applied in a specific stressful situation. "This is a key reason why the coping process is so important to the psychological study of religion. It forces us to ask when, why, and how religion comes to life" (Pargament, 1997, p. 68).

Religious coping methods mediate the relationship between general measures of religious orientation and the outcomes of coping with stressful events. Pargament et al. (2000) found that they are better predictors of adjustment than general measures of religious orientation or non-religious coping strategies.

In addition, this model assumes that the coping process is embedded in culture. Pargament (1997) argued that "in the language of coping, culture shapes events, appraisals, orienting systems, coping activities, outcomes, and objects of significance" (p. 117). Hence, the study of the process of coping cannot be divorced from the cultural milieu, just as it cannot be well understood without the context of a specific stressor.

The study of ethnic identity provides a way to understand the impact of culture in the individual's coping

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process. Phinney (1989, 1990) developed a model to understand the common processes of ethnic identity development for various ethnic groups and its role in psychological adjustment. She also developed an instrument to provide a snapshot of "a person's identification (with his or her ethnic group) at a given time" (Phinney, 1990, p. 503) or to track changes over time through longitudinal studies (Phinney, Cantu, & Kurtz, 1997). Studies using this model and instrument suggest that ethnic identity contributes to self-esteem (Phinney, 1992; Phinney et al., 1997), effective coping (Escoto, 2004), and psychosocial adjustment (Rosenthal & Cichello, 1986).

Phinney (1992) argued that the features of self-identification as a group member, ethnic behaviors and practices, sense of affirmation and belonging, and the attitudes towards one's group are common to the ethnic identity of individuals from diverse groups. Her model proposes a stage progression from a diffused sense of ethnic identity to the achievement of "clear, secure understanding and acceptance of one's own ethnicity" (Phinney, 1989, p. 38).

This section provided a brief review of the psychological models that provide a theoretical framework

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for this study. Chapter 2 explores these topics in greater depth.

Definitions

The following terms are used throughout this study with the following meanings:

Ethnic minority groups: Groups identified by the United States Bureau of the Census as being in the minority when compared to the national population on the base of race or ethnic background. This study focused on the following ethnic minority groups: Hispanics or Latinos/as and Blacks or African Americans.

Ethnic identity: Ethnic identity is part of the individual's self-concept which derives from one's identification with a social group (or groups) and the value and emotional significance attached to that membership (Tajfel, 1981, as cited in Phinney, 1992).

Religion: "A search for significance in ways related to the sacred" (Pargament, 1997, p. 32).

Religious orientation: An individual's general tendencies and dispositions to use particular religious means to achieve particular religious ends in his or her search for significance.

Coping: A process where individuals translate their orienting system into specific strategies to meet the particular demands of a stressful situation in order to attain and/or retain significance.

Religious coping: A process where individuals translate their religious orienting system into specific strategies that are related to the sacred to meet the particular demands of a stressful situation in order to attain and/or retain significance.

Bereavement: The objective situation of having lost a significant other by death.

Delimitations

Delimitations constraining this study are related to the subjects and the variables studied. Since the subjects were selected from White (non-Hispanic), Black or African American, and Hispanic or Latino/a adults who have experienced the death of a loved one in the recent past, and agreed to complete this survey, it is possible that the findings are reflective of unique characteristics of this group and not generalizable to other populations.

Limitations

There are several limitations that may have an impact in the generalizability of this study:

First, a sample of convenience was used in this study. Participants received an invitation via email or Facebook and opted to complete an online survey. Thus, the findings in this study might not be applicable to all bereaved individuals.

Second, the sample was limited to those who self-identified as having lost a significant other by death within 36 months of the study. Thus, the generalizability of findings is limited to those experiencing the death of a loved one and might not be applicable to other stressors.

Third, the phenomena represented by the constructs of religious orientation, ethnic identity, and religious coping change with time. The findings in this study do not capture these changes.

Fourth, the correlational and cross-sectional nature of this study precludes causal explanations of its findings.

Finally, the strength of these findings is limited by the instruments used to study the variables: (a) The Means-Ends Spirituality Questionnaire (Ryan & Fiorito, 2003), (b) The Multigroup Measure of Ethnic Identity–Revised (Phinney, 1992), and (c) The Brief RCOPE (Pargament et al., 2000). These are self-report measures which might be influenced by social desirability.

Organization of the Dissertation

This dissertation is organized into five chapters. Chapter 1 presents the problem, purpose, significance, theoretical framework, and limitations and delimitations of the study. Chapter 2 presents a review of related literature. Chapter 3 describes the methodology used in the study, including a description of instruments, the population sample, variables included in the study, research hypotheses, and analysis methods. Chapter 4 presents the results of data analyses. Finally, Chapter 5 provides a summary of the study, a discussion of the findings, and recommendations for further research.

CHAPTER II

REVIEW OF LITERATURE

This chapter presents a review of recent research
literature on religious orientation, religious coping,
ethnic identity, and coping with loss.

Religion

Prevalence of Religion in the United States

The United States' population overwhelmingly describes
itself as religious (Baylor Institute for Studies of
Religion, 2006). A recent Gallup poll found that 69% of the
population claim membership in a place of worship (i.e.,
synagogue, temple, church), about 40% attend services every
week, 82% of adults acknowledged a need for spiritual
growth in their lives, 80% indicate that they pray in times
of crisis, and 95% of those who pray believe that their
prayers are answered (Weaver, Flannelly, Garbarino, Figley,
& Flannelly, 2003).

In addition, Gallup and Lindsay's (1999) survey found
that three out of five Americans regard religion as "very
important" in their lives. Also, ethnic minority groups

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endorsed religion as a "very important" aspect of life at higher rates than the majority population. Furthermore, the older the person, the more religion was likely to be an important aspect of their lives. For example, their results showed that 49% of the young adults (ages 18-29) felt religion was an important part of their lives, while 67% of middle-aged adults (ages 50-64) and 79% of seniors (ages 65-74) did. The literature suggests that despite the growing skepticism and indifference to religion, religious engagement in the U.S. continues to be high (Baylor Institute for the Studies of Religion, 2006) and almost two in three adults (65%) believe that religion is very relevant and can answer today's problems (Gallup & Lindsay, 1999).

Defining Religion

Batson, Schoenrade, and Ventis (1993) found that by 1912 a researcher had cataloged 48 different definitions of religion. Yinger (1967) noted this problem and stated that "any definition of religion is likely to be satisfactory only to its author" (p. 18). Since then, social science researchers have continued to struggle to define this term, resulting in inconsistency and little consensus across studies (Zinnbauer et al., 1997). Some authors, like Hood,

Spilka, Hunsberger, and Gorsuch (1996), have argued that religion cannot be defined, though they acknowledge the need to operationalize it in order to study it. According to Zinnbauer et al. (1997), this "fuzziness" in the definitions of religion and spirituality may lead to difficulty in understanding what researchers mean and drawing conclusions from studies.

This problem has been compounded by the recent use of the term "spirituality" in the social sciences as a construct distinct from "religion." Traditionally, what is now meant by "spirituality" has been part of the construct of "religion" and these terms have been used interchangeably (Zinnbauer & Pargament, 2002).

However, these constructs have suffered a polarization in the psychological literature (Zinnbauer & Pargament, 2005). On one hand, definitions of spirituality have emphasized a solitary, personal, and subjective experience of what the individual considers as sacred or ultimate. On the other hand, religion has been increasingly narrowed to identification with the beliefs and practices of an institution or organization. In addition to this polarization, spirituality has taken a more positive connotation as it is seen as facilitating the personal experience of the transcendent, while religion has taken an

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increasingly negative connotation as its relationship with institutions and organizations is seen as a hindrance to this personal experience (Zinnbauer & Pargament, 2005).

Zinnbauer et al. (1997) asked individuals to characterize themselves and their beliefs about spirituality and religiousness. They found that spirituality was more often described in personal or experiential terms, whereas religiousness included both personal and institutional descriptions. They also found that even though these constructs appear to describe different phenomena, they are not independent. In their study, 74% of respondents characterized themselves as "religious and spiritual" and both constructs were significantly related to frequency of prayer, orthodoxy, church attendance, and intrinsic religious orientation. In addition, these constructs did not significantly differ in what they considered to be the sacred: both pointed to traditional notions of the sacred (e.g., God, Christ, the Church, Higher Power, the Divine). Only 19% of respondents identified themselves as "spiritual, but not religious." Individuals in this group were more likely to consider religion and spirituality as different and non-overlapping terms (i.e., polarized), held negative views of religion, and were less likely to hold orthodox beliefs and to

participate in traditional forms of worship. Only 4% of respondents identified themselves as "religious, but not spiritual." Interestingly, individuals in the mental health worker group were more likely to identify themselves as "spiritual, but not religious" than were the general population and were more likely to see these constructs as opposites.

Given this lack of clarity, researchers (Batson et al., 1993; Zinnbauer et al., 1997; Zinnbauer & Pargament, 2005) have continued to strive to develop a construct through empirical and theoretical means to guide the scientific study of religion and increase consensus across studies. Though there have been promising advances, there are still disagreements among major researchers in the field of the psychology of religion regarding the meaning of these constructs. For example, though Zinnbauer and Pargament (2005) were able to reach an agreement on the common defining aspects of religion and spirituality (i.e., the search for significance, the search for the sacred), they ended up with two different approaches to these constructs.

For Zinnbauer, spirituality is the personal or group search for the sacred and is independent of a traditional context or organized faith tradition whereas religiousness

represents the personal or communal search for the sacred that occurs within an organized faith tradition (Zinnbauer & Pargament, 2005). The difference lies in the context where this search occurs. Thus, for him, spirituality is a broader construct.

For Pargament, "spirituality is a search for the sacred" (Zinnbauer & Pargament, 2005, p. 36) and "the heart and soul of religiousness" (p. 36). He understood spirituality as the core function of religion, which he described as "the search for significance in ways related to the sacred" (p. 36). He argued that religion is broader than spirituality because its pathways, though related to the sacred, have more than one destination: physical health, emotional well-being, intimacy with others, self-development, and participation in a larger community, among others (Zinnbauer & Pargament, 2005). Pargament wrote:

> Religiousness addresses a wider range of goals, needs, and values than spirituality—the material as well as the immaterial, the basic as well as the elevated, and the secular as well as the sacred. (p. 37)

Another trend in the definition of religion is the acknowledgment of its multi-dimensionality, though the identified dimensions vary from author to author (Hood et al., 1996; Kirkpatrick & Hood, 1990). For example, Batson et al. (1993) argued for the inclusion of psychological

dimensions, such as emotions, beliefs, attitudes, values,

behaviors, and social environments. Verbit (1970) argued

for six components (i.e., ritual, doctrine, emotion,

knowledge, ethics, and community) that can be studied along

four dimensions: content, frequency, intensity, and

centrality. As religion is approached from the prisms of

various scientific disciplines (e.g., neurobiology,

sociology, anthropology, evolutionary psychology, cognitive

science), more dimensions and functions in individual and

social life emerge resulting in a rich mosaic, a testament

to the complexity of this human experience (Hood et al.,

1996; Paloutzian & Park, 2005; Zinnbauer & Pargament,

2005).

The next section will offer a review of these two

approaches to defining religion in the psychological

literature: the substantive approach and the functional

approach.

The Substantive Approach

This approach emphasizes the sacred as religion's

substance and distinctiveness. From this perspective,

"religion is uniquely concerned with God, deities,

supernatural beings, transcendent forces, and whatever

comes to be associated with these higher powers"

(Pargament, 1997, p. 25). Substantive definitions emphasize beliefs, practices, feelings, or interactions in relation to the divine. James's (1902) definition of religion is an example of this approach. For him, religion refers to

> the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider divine. (p. 31)

Though the emphasis is on the sacred, its nature is not defined. This allows for an encompassing approach that may include theistic and non-theistic elements. Almost any belief, practice, time and place, experience, or object could be considered sacred through its association with the divine or transcendent (Pargament & Mahoney, 2005; Pargament, Ano, & Wachholtz, 2005; Yinger, 1970).

This approach tries to differentiate the sacred from the secular, and in doing so, it presupposes a dualistic view of the world. This worldview is pervasive in Western culture, but not so in the cosmology of traditional societies where the sacred permeates everything. In modern society, science contributed to dualism by taking away much of religion's cosmological functions (Smith, 1995). The demise of this "sacred canopy" (Berger, 1969) has resulted in a "loss of the sense of mystery, meaningfulness of life,

and a breakdown in the sense of ultimate order and security" (Smith, 1995, p. 27).

In traditional societies, the world itself is alive, imbued with sacredness (Smith, 1997). In this cosmology, the world of spirit and the world of matter are not divided. For example, Durkheim (1915) wrote:

> By sacred things one must not understand simply those personal beings which are called gods or spirits; a rock, a tree, a pebble, a piece of wood, a house, in a word, anything can be sacred. (p. 52)

Berger (1969), following Durkheim's (1915) research, suggested that in these societies, religion, through its cosmology, maintained social order, legitimized social institutions through its association with the divine, and provided a shield against the terror of disorder and chaos and a ground for the meaning of human life (Smith, 1995).

Existential psychologists have acknowledged the loss of the power of myth and its impact on the human psyche (Frankl, 1980; May, 1979; Tillich, 1957; Yalom, 1980). Moore (1994), writing from the framework of archetypal psychology, argued for the restoration of the *anima mundi* and sacredness in everyday life as a way to re-establish a sense of grounding and meaning in life.

In summary, the substantive approach to defining religion has emphasized its relation to the divine, but in

doing so it has often missed considering how religion works in life (Pargament, 1997). Interestingly, a look at how traditional societies still understand the sacred as permeating all aspects of individual and social life offers a way to understand the functions of religion, such as providing a sense of meaning and facilitating social order (Durkheim, 1915; Smith, 1995). The next section reviews this functional approach to defining religion in the psychological literature.

The Functional Approach

Whereas the substantive tradition is concerned about the sacred, definitions of religion in the functional tradition focus on the individual's struggle with ultimate or existential issues. For example, Yinger (1970) defined religion as "a system of beliefs and practices by means of which a group of people struggles with these ultimate problems of human life" (p. 7). Like other definitions that follow the substantive approach, this definition includes religious beliefs and practices. However, the emphasis in the functional definitions is on "how beliefs, symbols, and actions are put into practice in the midst of critical life issues" such as "death, suffering, tragedy, evil, pain, and injustice" (Pargament, 1997, p. 27). According to Weaver et

al. (2003), questions about the meaning and purpose of life often emerge when individuals confront those critical issues. A functional approach to religion facilitates the study of how this takes place.

However, there are drawbacks to this approach. For example, people respond to ultimate questions in life in a wide variety of ways, from art to nihilism, making "religious" phenomena quite broad, which could result in diluting what is considered "religious" (Pargament, 1997). Another drawback is that its emphasis on ultimate concerns excludes aspects of life that are important, such as career decisions or marriage, ignoring that often religion infuses sacredness into aspects of everyday life.

Bridging the Substantive and the Functional Approaches

Pargament (1997) sought to define religion from a psychological perspective as "a search for significance in ways related to the sacred" (p. 32). This definition bridges the substantive and the functional approaches: What individuals hold as sacred is the substance of religion, while its function is to inform thoughts, feelings, behaviors, and relationships as individuals search for significance in life, face questions of meaning, and confront life's crises.

Pargament et al. (2000) suggested that religion has several psychological functions:

1. Religion provides a sense of meaning. It offers a framework to create meaning out of life experiences and a way to understand and interpret events.

2. Religion provides a sense of control. It offers a way to achieve a sense of mastery as people face events that tax their resources.

3. Religion provides comfort and spirituality. Religion reduces the anxiety of death and the unknown and responds to people's desire to transcend themselves.

4. Religion provides intimacy and spirituality. Religion can facilitate social cohesiveness, social solidarity, social identity, and, when the divine is personalized, it provides a sense of intimacy with the sacred.

5. Religion provides life transformation. Even though religion serves as a way to conserve a sense of meaning, control, comfort, and intimacy, it can also "assist people in making major life transformations, that is, giving up old objects of value and finding new sources of significance" (Pargament et al., 2000, p. 521).

What people consider significant in life can vary from ultimate concerns, such as death and suffering, to more

temporal ones, such as health, good looks, or possessions, and people can approach these concerns in a variety of ways. However, it is when this search for significance "has been invested with sacred character" (Pargament, 1997, p. 32) that it becomes religious. For example, the search for significance during an illness becomes religious when it is seen as an opportunity to get closer to God, when God is blamed for the situation, or when there is an increased sense of intimacy with the religious congregation through the experience.

Religious Orientation

The construct of religious orientation has been used in the field of the psychology of religion as a way to understand individual differences in the experience and expression of religion. This construct is sometimes used interchangeably with religiosity and religiousness in studies that seek to assess the effects of religion on physical, psychological, and social life (Allport & Ross, 1967; Hood et al., 1996; Kirkpatrick & Hood, 1990; Verbit, 1970; Zinnbauer & Pargament, 2002). Also, researchers have used this construct to study how individuals understand, experience, and apply their religious beliefs and behaviors in their lives (Batson & Ventis, 1982; Pargament, 1997).

Allport (1966a) referred to religious orientation as "the nature of the personal religious sentiment" (p. 454), that is, the motives, attitudes, goals reflected in individuals' experiences of religion and the degree of significance that religion has in their lives. In his study about religion and prejudice, Allport (1966a) described two types of religious orientation: extrinsic and intrinsic. These constructs became the most frequently used theoretical framework to study religious orientation within the field of the psychology of religion. The instrument developed to measure these constructs, The Religious Orientation Scale (Allport & Ross, 1967), became the most widely used instrument to measure religious orientation in psychological research (Donahue, 1985; Gorsuch & Venable, 1983; Hood et al., 1996; Pargament, 1997).

Allport (1966a) used the constructs of "intrinsic" and "extrinsic" to represent what he viewed as different psychological approaches to religion. He construed intrinsic religious orientation as a psychological approach where religion is an end in itself, flooding "the whole life with motivation and meaning" (p. 455). In contrast, he construed extrinsic religious orientation as utilitarian, as a means to obtain non-religious goals, and as a sign of an immature approach to religion.

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Thus, in the research literature, intrinsic religious orientation has been often described as an approach where religion is a goal in itself, a positive or mature psychological approach to religion. Conversely, extrinsic religious orientation has been described as a psychological approach where religion is a means to achieve non-religious goals, a negative or immature psychological approach to religion (e.g., Pargament et al., 1992; Pargament et al., 2000; Pargament, 1997).

It is important to remember that Allport (1966b) viewed intrinsic and extrinsic orientations as two different poles of a continuum. However, studies that used Allport and Ross's (1967) Religious Orientation Scale instrument to measure these concepts began to show that they were unrelated. That is, individuals who score highly on the intrinsic scale were just as likely to have a high score on the extrinsic scale as they were to have a low one (Batson & Schoenrade, 1991; Donahue, 1985). Allport (1966b) labeled individuals who scored high on both scales as "indiscriminately proreligious" and described them as logically inconsistent and as having an uncritical approach to religion (Pargament et al., 1987).

Since this response pattern to the Religious Orientation Scale was seen as logically inconsistent,

Pargament et al. (1987) developed an instrument to control for "proreligiousness" in studies that sought to understand the impact of religious orientation on various psychosocial variables. Even though they found that proreligiousness changed the relationship between religion and some variables, such as openness to change, they observed that it did not seem to have a significant effect in the relationship between religious orientation and various measures of mental health.

Given that the literature didn't support the conceptualization of intrinsic and extrinsic religious orientations as two poles of a continuum, Pargament (1992, 1997) hypothesized that the problem was the theory behind the instrument, and he sought to depolarize these constructs.

Pargament (1997) argued that the search for the sacred does not preclude the personal and social gains that are part of an extrinsic approach to religion (i.e., personal growth, social support, relational intimacy, etc.). He proposed that this forced choice between the sacred (intrinsic) and the human (extrinsic) misses how religions are often able to "spiritualize humanity and humanize God" (p. 66), that many individuals do not see a need to choose

between the sacred and themselves, and that there is room for both God and the self in their religious experience.

Other researchers also tried to fill the theoretical gaps found in the intrinsic and extrinsic constructs. For example, Batson and Ventis (1982) argued that these approaches were more suited to measure the religious attitudes of individuals with more orthodox religious beliefs and practices. Thus, they proposed a religious orientation called "quest" and designed an instrument to study this construct.

This instrument was designed "to measure the degree to which an individual's religion involves an open-ended, responsible dialogue with existential questions raised by the contradictions and tragedies of life" (Batson & Schoenrade, 1991, pp. 430-431). The scale measures readiness to confront existential questions without reducing their complexity, the valuing of religious doubts, and openness to change.

The research literature suggests that the general dispositions towards religion represented by the constructs of intrinsic, extrinsic, and quest religious orientations represent "different ways of relating to one's faith and also of viewing and responding to the world" (Hood et al., 1996, p. 35). Though the authors who proposed these

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constructs theorized them as distinct, Pargament (1992, 1997) has suggested that these orientations are not mutually exclusive, that individuals vary in the way they identify with the strategies and the goals reflected in each one.

<div align="center">Measuring Religious Orientation</div>

Studies have used several methods to study the role of religion in various facets of life. One of the most common strategies has been to simply ask individuals to rate the importance of religion in their lives in a Likert scale (Donahue, 1985). Researchers have also tried to infer religious orientation by measuring religious beliefs and practices, such as orthodoxy (Batson & Ventis, 1982), frequency of prayer (Ellison & Taylor, 1996), and church attendance (Nooney & Woodrum, 2002; Pargament, Tarakeshwar, et al., 2001), among others.

Allport and Ross's (1967) Religious Orientation Scale has been the most widely used measure of religious orientation in the field of psychology of religion (Donahue, 1985). There have been multiple reviews to this scale in order to refine its psychometric properties and research applications, to allow for administration to wider range of ages, and to review its language for greater

religious inclusion (Donahue, 1985). Some examples are the Age Universal IE Scale (Gorsuch & Venable, 1983), the I/E-Revised or Religious Orientation Scale-Revised (Gorsuch & McPherson, 1989), and the Age-Universal I/E-12 (Maltby, 2002).

In addition, Batson and Ventis (1982) suggested the need to include a third dimension besides Allport's intrinsic and extrinsic religious orientations. They developed the Quest Scale to measure an individual's readiness to confront existential questions without reducing their complexity, their value of religious doubts, and their openness to change (Batson & Schoenrade, 1991; Batson & Ventis, 1982).

Recently, Ryan and Fiorito (2001, 2003) developed the Means-Ends Spirituality Questionnaire (M-E SQ) to study the relationship between spiritual means and ends and psychosocial adjustment and well-being. This instrument reflects the theoretical position that it is important to understand the relationship between spiritual goals and the spiritual strategies individuals use to achieve them. They argued that the role of religious goals has been well researched through the intrinsic, extrinsic, and quest constructs, but not the role of the religious means through which individuals actualize these goals. Their instrument

reflects Pargament's (1992) view of religious means and ends as important dimensions of life and integrates Emmons's (1999) research and theory on spiritual goals.

Following Emmons's (1999, 2005) research, the M-E SQ identifies three dimensions for each spiritual goal: (a) motivational focus (approach vs. avoidance), (b) instrumental focus (ordinary vs. unseen), and (c) location of influence (autonomous vs. external). Spiritual goals with the motivational dimension of "approach" focus on attaining a desirable state or condition, such as meaning, control, or pleasant feelings, whereas those with a motivational dimension of "avoidance" are focused on reducing or eliminating present or anticipated aversive conditions, both internal and external. Spiritual goals with an instrumental dimension of "ordinary" are focused on obtaining something in this life, such as meaning or happiness, whereas those with an instrumental dimension of "unseen" are focused on obtaining something transcendent. Finally, spiritual goals with an "autonomous" location of influence are determined by the individual, whereas those with an "external" location of influence respond to external influence or seek to avoid an external threat.

Ryan and Fiorito (2003) developed the M-E SQ through various phases that included: (a) obtaining qualitative

information about means of spiritual/religious expression

and goals that religious/spiritual people strive for or

might adopt, (b) item construction, and (c) validity and

reliability analyses. In the first phase, they asked over

100 religiously active college students and community

members to produce examples of various means of

religious/spiritual expression and the different goals and

motives they might have. Next, they selected 207 means and

132 ends items from 1,775 that were generated in the

previous qualitative phase and asked more than 1,200

students and community members to report how well each item

described them in a 7-point Likert scale, from *perfectly*

descriptive to *not at all descriptive.*

Then, Ryan and Fiorito (2003) conducted reliability

and frequency analyses which resulted in the elimination of

various items. Items with content that reflected unseen

reality and avoidance goals with external control were

difficult to find as well as items with autonomous control

that reflected unseen reality and avoidance goals. Thus,

these categories were not part of the original scale. In

the final phase, they administered 27 spiritual means and

36 spiritual ends items to 405 university students in order

to analyze their reliability and validity.

The authors' (Ryan & Fiorito, 2003) principal

components analyses found two main factors within the

Spirituality Means scale that accounted for 61.1% of the

variance. They interpreted the first one as reflecting

traditional expressions of spirituality and called it

Devotional Means. The second, *Transformational Means,* was

interpreted as reflecting the life-changing emotional and

cognitive qualities of religious or spiritual expressions.

Thus, the final Means scale had 17 items: nine for

Devotional Means and eight for Transformational Means.

Their analyses (Ryan & Fiorito, 2003) of the spiritual

ends items yielded a five-factor solution that accounted

for 69.5% of the variance. The factors corresponded well

with the theoretical dimensions of approach-avoidance,

ordinary-unseen, and autonomous-external control that had

been conceptualized in the original measure. Thus, 25 of

the spiritual ends items loaded into five factors that were

consistent with the theory-based categories. These are: (a)

Approach-unseen-autonomous Spiritual Ends, (b) Avoidance-

ordinary-external Spiritual Ends, (c) Approach-ordinary-

autonomous Spiritual Ends, (d) Avoidance-unseen-external

Spiritual Ends, and (e) Avoidance-ordinary-autonomous

Spiritual Ends.

They found that the pursuit of ordinary and avoidance goals was negatively related to well-being, while the pursuit of approach and unseen goals was positively related to well-being (Ryan & Fiorito, 2003; Fiorito & Ryan, 2007). For example, avoidance goals were related to decreases in life satisfaction, self-esteem, self-actualization, and positive affect, while ordinary spiritual goals were associated with decreased self-esteem and identity integration and increased anxiety, hostility, and negative affect. Approach and external spiritual goals didn't have significant relationships with well-being measures.

They also found that devotional means and unseen and autonomous ends were related to increases in several measures of well-being (Ryan & Fiorito, 2003). Meanwhile, transformational means predicted only personal growth (Fiorito & Ryan, 2007). However, they found that the negative effects of some spiritual goals were moderated by the pursuit of transformational means, devotional means, and/or the adoption of other spiritual goals. For example, high levels of avoidance-unseen-external goals predicted maladjustment when combined with low levels of devotional means, but when combined with high levels of devotional means, they enhanced well-being (Fiorito & Ryan, 2007).

The M-E SQ is relatively new, and there are not many published studies that use this instrument. Only five studies were found that used this or earlier versions of this instrument (Chae, Kelly, Brown, & Bolden, 2004; Fiorito & Ryan, 2007; Hansen & Norenzayan, 2004; Hansen & Norenzayan, 2006; Scioli, 2006).

Religious Orientation Among Minority Groups

Pargament (1997) argued that "for those with limited means and few alternatives, religion can take on even greater power as one of the few genuine resources for living" (p. 145). The literature suggests that religion tends to have a more salient role in the lives of ethnic minority groups and other oppressed groups such as women, the elderly, and the poor. These groups tend to score higher in measures of religious behaviors, such as church attendance and frequency of prayer, and in the intrinsic religious orientation scale (Maltby, Lewis, & Day, 1999; Nelson, 1989; Pargament, 1997; Winston, 2003).

For example, Koffman and Higginson (2002) conducted a retrospective survey with family members of Black Caribbean and Whites who had died of a progressive disease. They asked the family members about the importance of religion for the deceased and whether it had helped them to cope

with their disease and with their grief. They found that Black Caribbean individuals were more likely to identify themselves as having "some" or "strong" religious faith than were White respondents. In addition, 87% of Black Caribbean respondents considered that their faith had helped them in coping with grief, compared to 51% of White respondents. They suggested that, even though the role of religion was important for both ethnic groups, it was far more pronounced among Black Caribbeans.

Religious Coping

As previously discussed, one of religion's functions is providing meaning in life, particularly in times of stress. Boisen (1955) wrote: "As one stands face to face with the ultimate realities of life and death, religion and theology tend to come alive" (p. 3, as cited in Pargament, 1997, p. 155). Religion is not the only source of meaning (Park, 2005a), nor is it required in order to cope with stressful situations, but it is commonly found where trauma and tragedy appear (Pargament & Park, 1997).

Religion can be conceptualized as a general orienting system (Pargament, 1997), meaning-making system (Park, 2005b), general schema (McIntosh, 1997), working model (Bowlby, 1980), ecology of meaning (Neimeyer, 2000),

cosmology (Hall, 1986), or an assumptive world (Parkes, 1975). Since the strategies that individuals use to cope with stressful events emerge from these orienting systems, psychological models of the coping process can provide a framework for the study of religious coping.

Pargament's (1997) theory and empirical studies on religious coping have sought to understand how people utilize religious strategies to cope with stressful events. His model of religious coping assumes that: (a) people seek significance; (b) stressful situations can threaten significance; (c) people cope in order to maintain or transform significance; and (d) people use their orienting systems in the coping process by translating it into specific coping methods in specific situations, and these strategies mediate the effects of stress on adjustment (Davis, Nolen-Hoeksema, & Larson, 1998; Fabricatore, Handal, Rubio, & Gilner, 2004; Pargament, 1997; Pargament & Park, 1997).

Theoretical Foundations for Religious Coping

The literature offers various models of coping with stress. This section reviews a psychological model that can illuminate the role of religion in the coping process.

Religion and Meaning

Meaning can be defined as "the shared mental representations of possible relationships among things, events, and relationships" (Baumeister, 1991, p. 16). It "is a tool for adaptation, for controlling the world, for self-regulation, and for belongingness" (p. 357). Neimeyer's (2000) constructivist definition of meaning recognizes that meaning-making occurs within an "ecology of meaning," is an interpersonal process, and is anchored in culture. Thus, within this framework, religion can be understood as an "ecology of meaning."

Religion is linked to meaning as it provides a lens to understand and interpret the self and the world. It is a "sacred canopy" (Berger, 1969), central to the meaning-making systems of many (Davis et al., 1998; Park, 2005a). Religion influences people's beliefs, goals, and emotions (Silberman, 2005). It can impact all aspects of meaning-making in the lives of those who find it highly significant (Park & Folkman, 1997).

Religion and Cognitive Schema

McIntosh (1997) defined cognitive schema as

a cognitive structure or mental representation containing organized knowledge about a particular domain, including specification of the relations among its attributes. . . . Schemas frame the way

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information is perceptually organized, stored, retrieved, and processed. (pp. 172, 175)

Just like meaning-making systems, schemas tend to be stable. Thus, when confronting "a constant barrage of stimuli" (McIntosh, 1997, p. 172), as is the case in trauma or tragedy, the new data will tend to be assimilated into the existent schema rather than changing the schema to adapt to the new data. This is also similar to Pargament's (1996) argument that individuals tend to conserve what they hold as significant, as it requires fewer resources than transforming it.

Schemas provide a way to fill in holes when the available information is incomplete, and by doing so, they serve as heuristics that allow individuals to shorten and simplify the problem-solving process (McIntosh, 1997). They also provide a way to evaluate situations and make predictions about their outcome.

Therefore, when people confront problems that are relevant to their religious domain (e.g., births, marriage, death, illness, tragedy), their religious schema can simplify and shorten their coping process through the provision of religious problem-solving heuristics (Pargament, 1997) and the integration of these experiences

into the existent schemata (Jannof-Bulman, 1992), usually through conservation, but also by transformation.

The outcome of this process has an impact on adjustment and health. For example, McIntosh, Silver, and Wortman (1993) studied 124 ethnically diverse parents (50% African American, 45% White, and 5% other ethnicities) who had lost a child through sudden infant death syndrome. They found that parents who considered religion to be important in their lives, and who were assumed to have a more developed religious cognitive structure, had more cognitive processing after the loss (e.g., thoughts, memories, mental pictures of the child and purposefully thinking about the child) and were more able to find meaning in their loss. These processes had a positive relationship with adjustment (less distress, greater sense of well-being) 18 months after the loss.

In summary, the literature on meaning and cognitive schemas provides a way to understand religion, especially in times of stress. Proudfoot and Shaver (1997) stated that religions are total systems able to provide comprehensive interpretations for human experience; consequently they are particularly meaningful in times of stress.

The Transactional Model

Folkman et al. (1979) proposed that the way in which people appraise an event mediates stress, coping, and adaptation. This model suggests that when people face a stressful event, they will make an initial attribution about why the event happened, and will determine (a) the level of threat to self or others, (b) how much control they possess over it, and (c) how likely it is that it will occur (i.e., predictability). They called this process "primary appraisals." Then, the individuals will determine what they can do about it (i.e., "secondary appraisals").

Pargament (1997) suggested that when individuals are faced with a stressful event, they tend to choose a strategy that brings the greatest gain and the least loss of significance by using the fewest resources and accumulating the fewest burdens. He called this process "tertiary appraisals."

These appraisals influence the strategies that people choose when facing a stressful event. Lazarus and Folkman (1984) suggested that, when approaching a stressful event, people tend to use two strategies: problem-focused coping and emotion-focused coping. When using a problem-focused approach, individuals will apply cognitive and behavioral strategies to change or solve the problem in order to

reduce stress. When using an emotion-focused strategy, their goal is to regulate distress. Marks (1999) suggested that people tend to apply problem-solving strategies when they perceive the event as controllable and emotion-focused strategies when the events are perceived as uncontrollable.

Folkman et al. (1979) found that "the goodness of fit" between the strategies that individuals use and the controllability of the event tends to predict the outcome of the coping process. That is, when people apply problem-solving strategies in situations that are controllable there is a greater likelihood of adjustment than when these strategies are applied in uncontrollable situations. In tandem, there is a greater likelihood of adjustment when individuals apply emotion-focused strategies in uncontrollable situations than when these strategies are used in controllable situations.

The Meaning-Making Model

The meaning-making model of coping expands on the work of Lazarus and Folkman (1984). This model focuses on the dynamic meaning-making aspects of coping, and it is particularly relevant when discussing how individuals approach stressful events that are uncontrollable and when individuals' problem-solving opportunities are limited or

non-existent (Park, 2005b; Park & Folkman, 1997). When facing these types of stressors, Park (2005b) suggests that the only way to adjust is through cognitive adaptation, that is, meaning-making (Park, 2005b). This model distinguishes between two levels of meaning: (a) global meanings and (b) appraised meanings of specific events.

Global meanings include "global beliefs" and "global goals." Global beliefs are the foundational cognitive schemas that individuals hold about themselves and the world. These beliefs influence the construction of reality and the structuring of the global goals (i.e., what individuals desire in life, what motivates them, what they consider significant).

Appraised meanings of events refer to how individuals explain the causes of stressful events. When there is a good fit between an individual's global meanings and the appraised meanings of the stressful event, the outcome will be adaptation and decreased distress. However, when the appraisals of the stressful event do not fit within the individual's meaning-making system, there is an increased level of distress.

The level of distress will depend on how discrepant the appraised meanings are from the global meaning system. Park (2005b) described this discrepancy as "a highly

uncomfortable state, involving a sense of loss of control, predictability, or comprehensibility of the world" (p. 710).

In order to reduce distress, individuals will try to reduce this discrepancy by trying to modify their appraisals of the situation to fit their meaning-making system, change their meaning-making system to accommodate their appraisals of the event, or both. Often, meaning-making coping involves the positive reappraisals of situations so they fit the established meaning-making system. For example, an individual might see the hand of a loving God or the opportunity to grow spiritually in the death of a loved one (Park, 2005b).

Meaning-making systems are fairly stable, and changes require greater cognitive and emotional resources. Thus, individuals tend to conserve their meaning-making systems.

The Cognitive-Emotional Coping Model

Janoff-Bulman (1992) argued that individuals hold the following generalized beliefs at the deepest level of the psyche: The world is benevolent, the self is worthy, and what happens in the world is meaningful, not random. These assumptions guide how people make sense of what happens to them and to others.

Janoff-Bulman (1992) argued that in Western culture, the assumption of justice and control is central in understanding individuals' appraisals of stressful and traumatic events. The assumption of justice suggests that people get what they deserve and deserve what they get. In tandem, bad things don't happen randomly and don't strike good people; if someone experienced a bad thing it must be because they did something to deserve it.

The assumption of control implies that people can control what happens to them. Thus, individuals tend to pay attention to their, or someone else's, behaviors in order to explain what happens to them. Janoff-Bulman and Frantz (1997) observed that people tend to reduce the randomness of events and to overestimate the level of control over a situation. For example, this assumption may explain why people blame victims of rape for dressing provocatively or for not taking the proper precautions to avoid an assault.

Traumatic events challenge these basic assumptions, confronting individuals with their own fragility in a dangerous world, and creating an internal and external sense of chaos as individuals experience the loss of their orienting systems. As a result, their ability to interact with the world is impaired (Jannof-Bulman & Frantz, 1997).

These fundamental assumptions and the theories of justice and control used to explain the person-outcome contingency to enlighten the coping process in Western culture. It explains why individuals who have experienced a traumatic event frequently question the fairness of what happened to them and search for how they contributed to what happened, which often results in self-blame (Janoff-Bulman, 1992). The common "Why me?" uttered by trauma victims is a question that has spiritual implications (Balk, 1999). From this perspective, this question, and the self-blame that sometimes follows, is an attempt to make sense of the event and restore meaning.

Janoff-Bulman (1992) also argued that in order to reduce distress and reestablish meaning, coping entails the re-evaluation of these previously taken-for-granted fundamental assumptions. In this process, individuals re-construct their values, often through "an appreciation for what really matters" (p. 98) and a reworking of their priorities in life.

For example, Miles and Crandall (1983) found that some parents who had lost a child changed their priorities to spend more time with their families, began to live life more fully, and became more aware of its preciousness. Park and Cohen (1993) reported similar findings in their study

of 96 undergraduate students who were coping with the recent loss of a close friend. They found that attributions to a loving God and positive reinterpretations of the event were related to personal growth. This is not to say that survivors do not have a deep awareness of the fragility of existence, but that as a result of this re-establishment of significance and meaning, they are often able to be aware of "the best and the worst of human existence" (Jannof-Bulman & Frantz, 1997, p. 103).

Like the meaning-making model for coping with stress, the cognitive-emotional model suggests that in order to change the basic assumptions that an individual has about the world, he or she must experience a major threat that challenges these assumptions. Trauma, rape, sudden death of a loved one, and major natural disasters are examples of significant threats to these basic assumptions. Often, the survivors of such events face an existential crisis about the meaninglessness of the universe and their role in it (Janoff-Bulman & Frantz, 1997) and through their appraisals of the stressful events they conserve these assumptions or change them to accommodate new assumptions about the world.

Meaning, Religion, and Coping
With Loss

The psychological literature seems to agree on the importance of finding meaning during stressful situations, such as trauma and loss (Davis, Wortman, Lehman, & Silver, 2000; Janoff-Bulman & Frantz, 1997). For example, Neimeyer (1998) argues that "meaning reconstruction in response to a loss is the central process in grieving" (p. 110).

Two aspects of meaning appear frequently in the literature on coping with trauma: making sense, or "meaning-as-comprehensibility," and finding benefit, or "meaning-as-significance." 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 (Davis et al., 1998; Janoff-Bulman & Frantz, 1997).

Even though some studies have questioned associations between finding meaning and finding benefit in adversity and adjustment (e.g., Lehman et al., 1993), many others

have shown significant relationship between these constructs (e.g., Park, Cohen, & Murch, 1996; McIntosh et al., 1993; Wortman et al., 1993). For example, this relationship between meaning-as-comprehensibility and meaning-as-significance and adjustment was considered in a prospective and longitudinal study of 205 family members of individuals who had received hospice care prior to their death in the San Francisco Bay area (Davis et al., 1998). Their data suggest that individuals who made sense of the event and found benefit in it experienced greater adjustment after the loss (i.e., less distress—depression and post-traumatic stress symptoms—and more positive affect). Their study also suggests "that bereaved respondents who, prior to the loss, reported having religious or spiritual beliefs were more likely to have made sense of the loss" (pp. 570-571).

Jannof-Bulman and Frantz (1997) observed that traumatic events often lead to a re-evaluation of one's life and that meaning-making involves a process of recognizing or creating a sense of significance in daily life. This may include an increased awareness of the value of every moment, beauty, family, friends, or a sense of connection with something greater than the self through community involvement or spirituality. They observed that

over time "survivors successfully shift from a concern with the meaning of life to questions of meaning in life" (Jannof-Bulman & Frantz, 1997, p. 102).

With regard to bereavement, a threat to the sense of meaning of self and the world and to the assumptions of justice and control seems to occur more frequently when the death is unexpected and after the death of children and young adults. These losses are more frequently construed as senseless and go against the benevolent assumptions of the world (Davis et al., 2000; Parkes & Weiss, 1983).

Even though the majority of people tended to engage in meaning-making coping after facing a stressful situation, Davis et al. (2000) found that there is a minority of people who didn't seem to engage in those existential questions, yet adapted well after the loss. For example, they found that 14% of participants in a study of 124 parents coping with the loss of their child due to sudden infant death syndrome, and 20-30% of participants in a study of 93 adults coping with the loss of their spouse or child after a motor vehicle accident, didn't seem preoccupied with existential questions and adapted well after the loss. These authors suggested the following variables to understand why some people do not engage in a search for meaning after the loss of a significant other:

relational circumstances, attachment styles, coping styles, personality preferences (e.g., introspection), and a worldview that allowed accommodation of the event (e.g., life with frequent stressors).

These studies also found that some participants continued to struggle to find meaning 18 months after the event (their last interview). Davis et al. (2000) reviewed the literature in an attempt to understand why some people struggle to find meaning after a loss and suggested the following: (a) shattered worldviews, (b) type of relationship with the deceased (e.g., parents losing a young child vs. siblings), (c) age of the deceased, (d) type of loss (e.g., sudden vs. expected), and (e) threat posed to sense of identity, that is, the extent to which the sense of identity is tied to the deceased as in the case of long-term caregivers. In cases where the death is due to violence, the following factors seemed to influence the process of finding meaning: (a) death due to someone else's negligence; (b) level of violence, mutilation, or intense suffering experienced by the victim; (c) expressions of remorse by the perpetrator; and (d) satisfaction with the legal system.

Jannof-Bulman and Frantz (1997) argued that for individuals who struggle to find meaning and for those who

are successful in making sense of the stressful event,
being able to find some benefit in the loss may decrease
their psychological distress and increase adjustment. They
found that people tend to find the following benefits after
the loss of a loved one: (a) growth in character, (b)
change in life perspective, and (c) strengthened
relationships or an increased sense of connectedness with
others (cf., Davis & Nolen-Hoeksema, 2001; Nolen-Hoeksema &
Larson, 1999).

Since these benefits are related to the individual's
sense of self, Davis and Nolen-Hoeksema (2001) suggested
that those who are unable to find benefit after a stressful
event tend to be unwilling to give up the aspect of the
self that was lost. In addition, Davis et al. (2000) found
that those who continue to struggle to find meaning without
success are more likely to experience greater distress and
that those who found meaning later in the process reported
that their worldviews had been shattered.

Lehman et al. (1993) found that those who found
meaning after bereavement did so within a few months after
the loss, were less likely to be significantly distressed
after a traumatic loss, and more likely to report positive
changes in their lives as a result. They suggested that the

individuals in their study who didn't report positive life

changes after bereavement took longer to find meaning.

   Interestingly, approximately half of these

participants found meaning through their religious

tradition. Davis et al.'s (2000) study suggests that having

an "ecology of meaning" that facilitates the incorporation

of a traumatic and sudden event may foster long-term

adjustment even when, in the short term, they may

experience increased distress. This is similar to the

findings in other studies where participants who identified

themselves as religious prior to the event were more likely

to find meaning after a loss (Davis & Nolen-Hoeksema, 2001;

Davis et al., 1998; McIntosh et al., 1993).

   Though the focus on this section of the review of

literature has been the impact of religious meanings in

coping with loss, it is important to observe that

successful adjustment doesn't necessarily mean that the

individual finds a religious or existential meaning after

the loss. Neimeyer (1998) suggested that what is most

important is that the individual finds a meaning that is

deeply satisfying. He maintained that "bereaved persons who

find a measure of meaning in the loss fare better, rivaling

the adjustment of those who never feel the need to

undertake existential questioning in the first place"
(Neimeyer, 2000, p. 549).

This section reviewed current models for coping with
stressful events. According to Pargament et al. (2000),
these models provide a "clinically significant conceptual
framework" (Pargament et al., 2000) for the study of the
psychology of religious coping.

The Religious Coping Model

Pargament's (1997) religious coping model builds on
the aforementioned coping models. It considers how the
general orienting system informs the specific coping
methods used in particular situations and how these methods
mediate physical health and psychosocial adjustment
(Pargament et al., 1992). Also, it assumes that in the
coping process both the general orienting system and the
appraisals of the event are subject to change throughout
the process of coping as people try to make sense of their
experience.

**Religious Coping and Religious
Orientation**

Even though Allport's work on religious orientation
provided a foundation for the development of Pargament's
theory (Pargament et al., 1992), the Religious Coping Model

differs from Allport's (1966a) assumptions about "good" and "bad" religion or "mature" and "immature" religion. Allport conceptualized intrinsic and extrinsic religious orientation as paradoxical. From this perspective, someone for whom religion is a central source of meaning and motivation (i.e., intrinsic religious orientation or religion as an end in itself) is not expected to be interested in the utilitarian aspects of religion, such as safety, social connection, and comfort (i.e., extrinsic religion or religion as a means to obtain something). However, as multiple studies have shown, individuals can actually score high on scales measuring both orientations, and there is consensus that these are independent constructs (Donahue, 1985).

Pargament (1992) attempted to explain these paradoxical results. Implicit in his model of religious coping is the assumption that people seek significance in religion and that religious systems provide the means to attain that significance. He also argued that in this search, both sacred and human aspects of living are intertwined. The model does not deny the body of literature that links the utilitarian approach to religion (i.e., extrinsic religious orientation) with negative psychological, physiological, and social outcomes (Park,

2007), but it suggests that the problem is not whether religion is used, but how it is used and for what ends.

Thus, Pargament refines the constructs of intrinsic and extrinsic religious orientation by depolarizing them, considering them as independent instead of paradoxical. From this perspective, some behaviors that would be considered examples of extrinsic religious orientation, such as the search for "comfort in times of sorrow and trouble" (Gorsuch & McPherson, 1989, p. 353), can facilitate adaptation and are not, by themselves, an indication of immature religion. Thus, it makes sense for a person who often has "a strong sense of God's presence," which is an example of intrinsic religious orientation, to actively seek this experience in times of stress in order to find comfort and relational intimacy.

Determinants of Religious Coping

Several factors determine the level and form of religious coping. An important determinant is the availability of religion to the individual (Pargament & Park, 1997). People for whom religion is an important aspect of their orienting system are more likely to cope using religious methods. Likewise, if people participate more often in religious groups and institutions they will

be more likely to utilize those resources in times of need. Pargament and Park (1997) stated that "the larger the part of religion in an individual's general orientation to life, the more often and easily it appears to be accessed in the coping process" (p. 48).

In addition, religion offers compelling solutions, particularly at times when significance seems to be more threatened (Pargament, 1997). For example, Ellison and Taylor (1996) studied whether 1,299 African-American adults who were facing different types of crises and problems prayed or asked for prayer in response to a problem and found that praying was more common in response to bereavement and personal health than in response to other less threatening stressors. In a similar study, Gorsuch and Smith (1983) presented four hypothetical vignettes to 164 college students at an evangelical college and found that those who described themselves as closer to God tended to see God as responsible for the possible outcomes, particularly when they were extreme (vs. mild outcomes).

In another study, Spilka and Schmidt (1983) found that 220 Christian youth tended to make more religious attributions when facing more stressful events. Similarly, Pargament, Olsen, et al.'s (1992, as cited in Pargament, 1997) study of 586 members of mainline Protestant churches

also found that religious coping was associated with dealing with more negative events in the past year (e.g., loss, death).

In short, there are multiple factors that determine religious coping. According to the reviewed literature, it appears that individual (availability of religious schema), social (involvement in religious groups and/or institutions), and situational forces (times of increased distress) influence the level and form of religious coping.

Religious Coping Strategies

Pargament (1997) saw religious coping as a response to a threat to individuals' religious significance, to the values that make up their general orienting system. Berger (1961, as cited in Pargament, 1997) stated that "when crises threaten the everyday taken-for-granted routine of the individual and there looms the ecstatic possibility of confronting directly his own existence, society provides the rituals by which he is gently led back into the 'okay world'" (pp. 121-122). This model of religious coping has a functional quality and seeks to explain how these methods facilitate the conservation or the transformation of religious significance. Thus, it goes beyond describing religious behaviors, such as church attendance or frequency

of prayer, and focuses on religious expressions that serve religious goals. In other words, it describes religious strategies that assist individuals in holding on to what is of utmost importance in their lives or to let it go and change it.

Pargament (1997) identified two general mechanisms for the conservation of significance: preservation and reconstruction. In preservation, individuals attempt to maintain their religious means and ends, while in reconstruction individuals try to conserve their religious ends through the transformation of their religious means.

The following methods seek to preserve both the means and ends of significance: (a) making boundaries, (b) religious perseverance, and (c) religious support. Making boundaries refers to the intensification of religious commitment in the face of stressful events or threatening information, the drive to differentiate its adherents from the world that surrounds them, the prohibition of contact with "outsiders," and the filtering of information that challenges the belief system at the individual and communal levels (Pargament, 1997).

Religious perseverance refers to proactive and deliberate attempts to preserve a way of life despite difficulties, obstacles, and societal change. The Amish in

the United States and the Jewish who maintained their religious practice in the Nazi ghettos and concentration camps are examples of this. Pargament (1997) suggests that individuals persevered in their religious practices because "even if the price to be paid was one's own survival, continuity in the faith remained more compelling than the alternative" (p. 207).

Religious support refers to the individuals' attempts to reach out to maintain a sense of balance (Pargament, 1997). People seek spiritual support by reaching out to the sacred and by seeking to experience the presence of the sacred, which brings a sense of comfort and strength. People also turn to spiritual literature (e.g., hymnals, devotional literature, and sacred Scripture) and to images of the sacred that instill a sense of protection, nurturance, and hope. They also seek and provide support to other members of their spiritual community and clergy, thereby helping to preserve the well-being of others and their own, and strengthening their bonds.

The model also describes methods that seek to change the means to achieve significance, while maintaining existing spiritual ends: (a) religious switching, (b) religious purification, (c) religious reframing (Pargament, 1997). Religious switching includes changes in the image of

the sacred (e.g., from an uncaring and distant Father to a loving and caring one) and changes in religious community (e.g., changing congregations, denominations, or religions as a result of severe stress or trauma).

Religious purification refers to attempts to restore the relationship with the sacred (Pargament, 1997). Religions define what constitutes a transgression and provide means to achieve restoration (e.g., sacrifice, confession, penance, repentance, exorcism, offerings, apology, and rituals, among others). Purification rituals often have a physical element that serves as a symbol of the immanence of the sacred; they are "saturated with power" (Smith, 1997, p. 45). Fire, water, stones, incense, amulets, talismans, and the wine and bread of the Eucharist, among others, are examples of symbols used in purification rituals.

In order for these strategies to qualify as a religious strategy for reconstruction, the individual must desire to change and not only seek the alleviation of guilt (Pargament, 1997). For example, a Catholic priest can withhold absolution if he believes that the parishioner does not show signs of contrition (Lea, 1896).

Religious reframing is another way to maintain spiritual ends through changing spiritual means. When

facing situations that are difficult to assimilate, religion provides a way to reinterpret events in order to conserve, reaffirm, and protect what the person holds as sacred. Thus, "in this process of reframing, suffering may become something explainable, bearable, and even valuable" (Pargament, 1997, pp. 221-222). Pargament identified three elements often involved in the reframing process: (a) reattributions of the event, (b) reattributions of the person, and (c) reattributions of the sacred.

Individuals can respond to a stressful event by reframing the event. Stressful or traumatic situations can be filled with meaning and purpose when seen as an opportunity to grow, to learn about the self, to help others, or as a manifestation of God's plan, among others. These reattributions serve to maintain the person's relationship with the self, the world, and the sacred in balance and conserve the sense of God as benevolent and just (Pargament, 1997).

People also cope by reframing their view of themselves. They may understand the stressful event as a result of human sinfulness, their own or others', or by considering human beings' limitations to understand God's plan or the reason for their suffering. The conceptualizations of an event as the result of Karma

(i.e., the result of a bad deed done in this life or a prior one) or society's alienation from God are examples of this. "This type of reframing has a paradoxical quality. Here we make sense of a life crisis by concluding that we cannot make sense of it; some things, we decide, are just beyond our comprehension" (Pargament, 1997, p. 226).

The view of the sacred can also be reframed in order to conserve significance. Though people tend to be reluctant to change their concept of the sacred, seeing God as punishing them fairly as a result of their mistakes may be more compelling than the idea of living in a world that is unjust. Thus, this reattribution may restore a sense of security and control. Pargament (1997) suggests that, when this occurs, it tends to happen shortly after the experience of a traumatic event and it is short-lived. The sacred may also be reframed by seeing a stressful event as the work of an evil force (e.g., the Devil). This, too, may serve as a way to conserve God's benevolence and justice. Finally, some attribute the events to a limited God who is loving and compassionate, close to them in a moment of need, yet unable to prevent suffering (Pargament, 1997).

As previously discussed, religious coping can serve to transform significance. There are times when old religious meanings are no longer able to provide significance. This

is a painful process and is usually pursued only when other ways of conserving significance do not provide satisfactory results. These processes have not been well studied quantitatively. Perhaps because the phenomena are difficult to quantify, they need to be studied longitudinally or qualitatively. Thus, the conceptualization of the following religious coping methods to transform significance relied on qualitative studies and anecdotes and limited quantitative data (Pargament, 1997).

Pargament (1997) identifies two methods to transform significance: (a) re-evaluation and (b) re-creation. Re-evaluation refers to the effort to change spiritual ends while conserving the means to significance. Re-creation seeks to change both the means and the ends of significance.

Methods associated with re-evaluation facilitate the continuation of a way of life while relinquishing and replacing old goals. This occurs in two ways: (a) seeking religious purpose and (b) rites of passage. The first refers to re-evaluation of spiritual ends when old ones have been lost in the midst of despair. Pargament (1997) provides the example of Karen Hughes, who was planning on getting married and working as a social worker when she had an accident that left her with expressive aphasia. During

her recovery process, her boyfriend cheated and left her. She had to let go of her plans to be a wife, a mother, and a social worker. She responded by praying to God for a fresh sense of purpose and felt that a sense of "welcoming warmth spread through her, illuminating her mind. A tiny voice seemed to whisper, 'Just get better and the rest will follow'" (Pargament, 1997, p. 236). Through this process, she received new insight: She decided to write a book and start a support group. Thus, she was able to maintain her commitment to help others, though her methods to achieve this had to change.

The second method of re-valuative coping is rites of passage. Pargament (1997) observed that

> in these passages, we find people asked to give up old values and take on new ones, just as they are encouraged to keep themselves together emotionally and remain a part of a historical, social, and spiritual community. (p. 240)

These ceremonies facilitate life transitions, mark important events, and aid in life transformation. The concept of rites of passage will be reviewed only briefly here, with a focus on bereavement and within the context of Pargament's (1997) religious coping model, but it is important to note that the anthropological writings on this topic are rich and their study is central to modern social anthropology as it provides insight into "the integration

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of the individual into society, the nature of symbolic meaning, and the moral and intellectual relativity of cultures" (Huntington & Metcalf, 1979, p. 11).

Van Gennep (1960) studied several rites of passage and noted that funerals, in particular, show the religious and cultural values of particular societies. They are related to the group's beliefs about the sacred, the soul, and the afterlife and they also reflect cultural values associated with the individual's gender, socioeconomic status, political significance, etc. Durkheim (1915) observed that religious rituals like funerals facilitate the renewal of common values, the reaffirmation of commonly held meanings, and the strengthening of social bonds.

These rites are imposed by the spiritual community with clear demands and expectations. The individual chooses whether to engage in them and the importance they will have, though in some cultures the group exerts significant influence in compelling the individual to participate and even prescribes the expression of specific emotions at particular times (Huntington & Metcalf, 1979).

Van Gennep (1960) identified three phases in rites of passage across cultures, though he didn't claim that this pattern was universal: (a) preparation and separation, (b) transition, and (c) incorporation. He found that funerals

across cultures reflect these phases, though they seem to
emphasize transition and incorporation. He described
funeral ceremonies to facilitate the soul's journey to the
land of the dead, to assist the soul to enter the afterlife
and to celebrate its arrival, and to indicate the end of
the mourning period and the re-incorporation of the
survivors into normal functioning in society.

In regard to separation and preparation, there are
rituals for the dying, the dead, and the survivors. The
person who is dying is often prepared for the journey
through anointing, prayer, mantras, smudging, and litanies,
among others. In some cultures, once the person dies, the
body is placed on the ground to facilitate the journey to
the underworld. Families of the deceased are also separated
from the community. They wear different colors on their
bodies and/or their clothing and cut their hair to
differentiate them from others (Huntington & Metcalf, 1979;
Van Gennep, 1960).

As previously mentioned, funerals facilitate the
process of transition for the dead, for the bereaved, and
for the community. Prayers, mass, or funeral rituals may be
offered to ease the entry of the soul into the afterlife or
to be reborn into a new life. These rituals also provide
support for the bereaved. During the funeral, the bereaved

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face the reality of the loss while their grief is supported

by the community who shares their emotions and memories

with each other, creating collective memories of the

deceased (Pennebaker, Zech, & Rimé, 2001).

Prayers on the anniversary of the death, the lighting

of candles, and limits on the length of the mourning period

are examples of ways in which ritual facilitates the

incorporation of the bereaved into the community (and the

incorporation of the deceased into the afterlife). These

ceremonies also confirm the continued bonds with the

departed. The following Reformed Jewish prayer is an

example:

> In the rising of the sun and in its going down,
> We remember them. . . .
> When we are lost and sick at heart,
> We remember them.
> When we have joys we yearn to share,
> We remember them.
> So long as we live, they too shall live,
> for they are now a part of us, as
> We remember them. (Stern, 1975, p. 552)

In sum, seeking religious purpose and rites of passage

encourages the continuation of meaningful spiritual paths

while facilitating the transformation of spiritual ends.

However, sometimes change occurs radically and both

spiritual means and ends are transformed in the search for

significance. Pargament (1997) referred to this process as

the re-creation of significance. Religious conversion and

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religious forgiveness are examples of this religious coping process.

Pargament (1997) defined religious conversion as an effort to re-create life, where "the individual experiences a dramatic change of the self, a change in which the self becomes identified with the sacred" (p. 248). It requires the realization that there is something fundamentally wrong with one's life and the realignment of one's center. At its core, conversion seeks the change of the self through the recognition of the self's limitations and a surrendering to the sacred. Sometimes, this process is preceded by a significant stressor, a life transition, or a long-lasting sense of uneasiness and conflict. As part of this process, the sacred is incorporated into the identity of the self, experienced as a new and central part of the self (e.g., "I have been crucified with Christ and I no longer live, but Christ lives in me"). Thus, self-centeredness is transformed into a life centered by the sacred.

Religious forgiveness is another method to re-create significance (Pargament, 1997). It calls for a change at many levels: cognitive, affective, relational, behavioral, volitional, and spiritual. It is a very difficult process as it requires letting go of pain, anger, and a sense of injustice, even when these feelings are merited. It

involves a realization that the cost of negativity for the sake of self-protection is greater than the potential risks of letting go of the past to obtain inner peace.

Often, forgiveness includes the reframing of the offender as a frail human being and to empathize with his/her pain and woundedness. In fact, empathy may be essential to the process of forgiveness (Pargament, 1997).

Religion provides models of forgiveness (e.g., the story of Joseph and his brothers) and encourages it through teaching and ritual (e.g., "Forgive our sins, just as we have forgiven those who did wrong to us."). Also, the strength to forgive can flow from the experience of being forgiven or reconciled with the sacred. Finally, forgiveness often takes religious significance as people ask for divine help in the process and perceive a successful outcome as a gift from God (Pargament, 1997).

In sum, religion provides ways to conserve and transform what people hold as most significant. These religious coping strategies represent ways in which religion becomes alive in times of stress and transition. Pargament (1997) stated that as religious coping conserves and transforms significance, it has the power "to make and remake the world, to preserve and protect each new creation" (p. 270). He recognizes that the religious coping

strategies in this model are very limited, as they
primarily represent Judeo-Christian traditions, and argued
for the study of the religious coping strategies of
children, Native American peoples, and other religions,
among others.

Measuring Religious Coping

Pargament (1997) and his colleagues (Pargament, Smith,
Koenig, & Perez, 1998; Park, 2005a, 2007) have argued that
the religious methods that people use to cope with a
stressful event appear to mediate the relationship between
their religious orientation and the coping process
outcomes. These methods are multi-dimensional: They include
cognitive, affective, relational, attitudinal, and
behavioral strategies (Harrison, Koenig, Hays, Eme-Akwari,
& Pargament, 2001; Pargament, 1997).

The RCOPE (Pargament et al., 2000) is an instrument to
assess the use of religious methods of coping with a
stressful event. The items reflect the various functions of
religion. These are examples of positive and negative
coping approaches along each function:

1. Methods used to find meaning: (a) "Saw my situation
as part of God's plan," and (b) "Felt punished by God for
my lack of devotion."

2. Methods used to gain control: (a) "Felt that God was working right along with me," and (b) "Didn't try to cope, just expected God to take my worries away."

3. Methods to gain comfort and closeness to God: (a) "Looked to God for strength, support, and guidance," and (b) "Prayed to get my mind off of problems."

4. Methods to gain intimacy with others and closeness to God: (a) "Asked others to pray for me," and (b) "Wondered whether my church had abandoned me."

5. Methods to achieve life transformation: (a) "Asked God to help me find purpose in life," and (b) "Didn't try to do much; just assumed God would handle it."

The RCOPE (Pargament et al., 2000) was developed from data obtained from a sample of 296 individuals who belonged to two churches in Oklahoma City at the time of the bombing of the federal building, 540 college students, and 551 elderly patients from two hospitals. The researchers constructed the items by adapting them from existing scales and from information gathered from in-depth interviews and the clinical literature. The original questionnaire had 21 scales with 5 items per scale for a total of 105 items. After completing factor analyses with data from the college sample and confirmatory factor analyses with the hospital sample, 17 subscales of positive and negative religious

coping strategies were retained. The 17-factor solution accounted for 62.7% of the variance in the college sample and was theoretically meaningful (Pargament et al., 2000). The factors had correlations from .00 to .48.

Pargament and his colleagues also studied a brief version of the RCOPE with the samples of college students and elderly hospital patients (Pargament, Smith, et al., 1998). They conducted a factor analysis of the full RCOPE and obtained two factors that appear to measure positive and negative religious coping strategies. Then, they selected items from each factor using several criteria, for example, items with higher factor loadings, items that loaded to only one factor, and items that reflected a variety of the subscales from the full version, while keeping it brief. Confirmatory factor analysis of the 14 items included in the Brief RCOPE showed that the two-factor solution (positive religious coping, negative religious coping) was appropriate.

There are seven items in each scale (Pargament, Smith, et al., 1998): Positive Religious Coping and Negative Religious Coping. The items for the Positive Religious Coping scale came from seven subscales from the original RCOPE: (a) spiritual connection (item 1), (b) seeking spiritual support (item 2), (c) religious forgiveness (item

3), (d) collaborative religious coping (item 4), (e)

benevolent religious reappraisal (item 5), (f) religious

purification (item 6), and (g) religious focus (item 7).

The items for the Negative Religious Coping scale come from

five subscales of the full RCOPE: (a) spiritual discontent

(items 8 and 11), (b) punishing God reappraisal (items 9

and 10), (c) interpersonal religious discontent (item 12),

(d) demonic reappraisal (item 13), and (e) reappraisal of

God's powers (item 14).

In both samples (Pargament, Smith, et al., 1998;

college students and elderly hospital patients), the means

for the positive religious coping scale were higher than

the means for the negative coping scale, suggesting that

individuals tend to report more use of positive religious

coping strategies than negative ones.

Since the two samples were quite diverse (i.e.,

college students and hospital patients), Pargament, Smith,

et al. (1998) argued that these results evidenced the

applicability of the RCOPE and the Brief RCOPE to

religiously and developmentally diverse adult populations

struggling with multiple stressful situations. However, the

authors recognized various limitations in the instruments,

such as the full RCOPE's length and the content, which

reflects a Judeo-Christian worldview. In addition, the

samples were primarily White (92% for the college sample,

62% for the hospital sample). This might represent a

challenge when generalizing its results to ethnic minority

populations. Despite this limitation, it has been used with

ethnically diverse populations yielding meaningful results

(e.g., Ai, Peterson, & Huang, 2003; Thompson & Vardaman,

1997).

The RCOPE and the Brief RCOPE provide a theoretically

meaningful and empirically based measure to assess the role

of religion in coping with life stressors. Pargament's

(1997) theory of religious coping has become an important

framework for the study of the psychology of religious

coping in recent years as evidenced by the frequency of its

use in scholarly publications. As Pargament et al. (2000)

hoped, researchers have used the RCOPE and the Brief RCOPE

with diverse populations struggling with several stressors

in order to understand the role of religion in physical and

mental health, including bereavement (e.g., Anderson,

Marwit, Vandenberg, & Chibnall, 2005; Dahl, 1999; Kelley,

2003). It is important to note that Stroebe (2004)

suggested the need to use Pargament's model and assessment

instrument in order to have a better understanding of the

role of religious coping in bereavement.

Religious Coping and Adjustment

The research literature has consistently shown a link between religious coping and various measures of physical health and psychosocial adjustment (Idler et al., 2003; Pargament, 1997; Pargament, Tarakeshwar, et al., 2001; Park, 2007; Powell, Shahabi, & Thoresen, 2003). Even though researchers have historically used a variety of measures of religious orientation to study the influence of religion on health, recent studies have suggested that religious coping methods appear to be stronger predictors of adjustment to negative life events than are other more general religious measures (e.g., religious beliefs or practices, intrinsic/extrinsic religious orientation) or nonreligious coping activities (Pargament et al., 1992; Pargament & Park, 1997). Thus, Pargament (1997) and Park (2005a, 2005b) theorized that religious coping methods might mediate the effects of religion on adjustment.

The research literature (Park & Cohen, 1993; Schaefer & Moss, 1992; Schaefer & Moss, 2001; Shaw & Linley, 2005) suggests that some types of religious coping strategies "are strongly related to psychological and physical well-being in everyday life in general, and in the context of coping with adversity in particular" (Park, 2005b, p. 707). In fact, people appear to be more likely to rely upon

religious coping strategies "when pushed to the end of their resources" (Pargament, Ano, & Wachholtz, 2005, p. 682) than when situations are perceived as less severe (Ellison & Taylor, 1996; Gorsuch & Smith, 1983; Pargament, 1997; Spilka & Schmidt, 1983).

Although there is conflicting evidence regarding the effect of religion and religious coping on adjustment and health (Ano & Vasconcelles, 2005; Hathaway & Pargament, 1990; Powell et al., 2003; Thompson & Vardaman, 1997), there appears to be a general consensus that intrinsic religious orientation and positive religious coping methods appear to be protective factors in times of stress and are related to greater psychological adjustment and stress-related growth (Ano & Vasconcelles, 2005; Koenig, McCollough, & Larson, 2001; Pargament & Park, 1997; Park, 2005b, 2007; Park & Cohen, 1996; Park, Cohen, & Herb, 1990).

For example, the death of a significant other is generally considered a highly stressful event (Parkes, 1993; Parkes & Weiss, 1983; Sacks, 1998) and religion is particularly suited to provide meaning and soothing as individuals confront the sense of chaos that may come with it (Berger, 1969; Durkheim, 1915; Smith, 1995).

For example, Park and Cohen (1993) interviewed 96 undergraduate students who had experienced the death of a close friend in the previous year. They sought to understand how personal characteristics (e.g., locus of control, doctrinal orthodoxy, and intrinsic religious orientation), relational closeness, religious orientation, religious and non-religious coping, and attributions about the loss affected coping outcomes, such as adjustment to the event, depression, and personal growth. They found that positive religious coping strategies, such as positive religious reinterpretations and spiritual support, were related to personal growth and decreased distress.

Similarly, Emmons, Colboy, and Kaiser (1998) studied the impact of major personal losses, such as the death of a loved one, on personal goals and the relationship between these goals and adjustment. They found that "those who were more committed to spiritual and religious goals were more likely to say that they had both recovered from the loss and found meaning in it" (p. 174).

However, some religious coping methods have been associated with negative outcomes (Manning-Walsh, 2005; Pargament, 1997; Pargament, Mayar-Russell, & Murray-Swank, 2005; Pargament, Smith, et al., 1998). Pargament, Smith, et al. (1998) sought to understand the relationship between

religious coping and positive and negative health outcomes. They examined three diverse samples: (a) 296 members of two churches in Oklahoma City at the time of the bombing of the federal building, (b) 540 college students who experienced a serious negative event (e.g., death of a friend or a family member, problems with romantic relationships) over the past 3 years, and (c) 551 patients of two hospitals who were over 55 years old and were coping with medical illness. They administered a brief version of the Religious Coping scale (Brief RCOPE) and several instruments to measure post-traumatic stress, psychosomatic symptoms, emotional distress, depression, quality of life, stress-related growth, and religious transformation. They were able to identify religious coping methods that were associated with positive outcomes and those that were associated with negative outcomes.

Positive religious coping methods were generally tied to benevolent outcomes, such as fewer symptoms of psychological distress and psychological and spiritual growth (Pargament, Smith, et al., 1998). On the other hand, negative religious coping methods were related to poorer quality of life, emotional depression, and other psychological symptoms. Interestingly, various positive and religious coping strategies were related with poorer

physical health, such as greater number of medical diagnoses and decreased functionality.

Even though studies on religious coping have provided more information about the pathways religion uses to impact health, this process is highly complex and still not well understood. For example, Park (2007) noted that while the protective effect of positive religious coping strategies on psychological health is clear, its effect on physical health is inconsistent. Other studies that reviewed the impact of general measures of religiousness (e.g., church attendance) on physical health also showed this lack of consistency, though they also acknowledge that "problems with the measurement of religious factors" (p. 49) might have influenced their findings (Powell et al., 2003).

Park (2007) suggested that perhaps, "due to the nascency of this work" (p. 325), researchers have only begun to apply complex statistical and structural models to understand how religion might impact many aspects of the meaning-making system and lifestyle that in turn might have an effect on physical health. She also indicated that the following variables, which are not well understood, might also impact religion's relationship with physical health: (a) The importance of religion for an individual before falling ill; (b) theological differences that impact

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lifestyle (e.g., the sanctity of the body); (c) concepts of
the divine and their impact on the type of relationship
individuals have with the sacred (e.g., personal and direct
access to God vs. mediated access to God); and (d)
perspectives on theodicy. She also points out that the
overlap in the constructs for health in these studies might
be additional factors contributing to these inconsistent
results (e.g., the overlap between aspects of mental and
physical health).

Nevertheless, there is consistent evidence that
negative religious coping has a harmful effect on physical
and psychological health (Pargament, Koenig, Tarakeshwar, &
Hahn, 2001; Pargament, Tarakeshwar, et al., 2001; Park,
2007). Similarly, extrinsic religious orientation has been
frequently associated with negative physical,
psychological, and social outcomes, such as prejudice,
depression, and higher mortality (Park, 2007). More
recently, Pargament and his colleagues have identified
specific religious coping methods that have been strongly
associated with negative outcomes (Pargament et al., 2000;
Pargament, Smith, et al., 1998; Pargament, Zinnbauer, et
al., 1998). Some examples of negative religious coping are
appraisals of the stressful event as a punishment from God

or as the work of the Devil and when individuals feel that God and/or their spiritual community have abandoned them.

Exline (2002) described these negative religious responses to stressful life events as "religious and spiritual struggles" that are "stumbling blocks on the religious road" (p. 182). In her study, she identified four common types of religious struggles: (a) interpersonal strains, (b) negative attitudes toward God, (c) inner struggles to believe, and (d) difficulties meeting religion's call to virtuous living. Exline and Rose (2005) discussed how various religious responses to stressful events, such as being angry at God, feeling guilty, and feeling hurt by others in their religious community, appear to contribute to negative physical, psychological, and social outcomes.

Pargament, Koenig, et al. (2001) conducted a 2-year-long longitudinal study on the impact of religious struggle on mortality risk that evidenced this positive relationship. Their sample consisted of 596 medically ill elderly patients who were hospitalized at the Duke University Medical Center. They obtained information about the patients' perceived importance of religion in their lives and their religious coping. They used data about their demographics, physical health, and mental health as

control variables. They obtained this baseline information and tried to contact the participants 2 years after for a follow-up study. Of the 596 patients, they were able to locate 268 survivors and identified 176 as deceased. The other individuals were not located or were unable or unwilling to participate in the follow-up interview. They found that religious struggle was a significant predictor of increased risk of mortality and that these effects remained significant after controlling for demographics, physical health, and mental health variables.

Studies on individuals coping with the loss of a significant other show a similar pattern. For example, Park and Cohen's (1996) study found that negative religious coping was significantly related to increased dysphoria among bereaved college students.

Similarly, Anderson et al.'s (2005) study of psychological and religious coping among bereaved mothers found a significant positive relationship between negative religious coping and grief intensity. Even though studies on multidimensional religious coping among bereaved individuals are scarce (Matthews & Marwit, 2006), the available data suggest that religious struggles or negative religious coping affect the intensity of grief and distress (Neimeyer, 2005, 2006).

**Religious Coping, Culture, and
Bereavement**

Pargament (1997) argued that culture shapes religious
coping methods and appraisals. He stated that culture
"selectively encourages some religious expression in coping
and selectively discourages others" (p. 190). This appears
to be the case even among people who practice the same
religion. He discussed Wikan's (1998, as cited in
Pargament, 1997) description of grief responses to the
death of a child among Balinese and Egyptian Muslims. She
explained that Egyptian Muslims will show intense emotions
(e.g., crying, screaming, beating their chests) for a long
time because their culture sees emotional expression as
healthy. On the other hand, Balinese Muslims value calmness
and composure, and emotional expression is seen as a threat
to the individual, to others, and to the soul of the dead.
Thus, she suggested that religion "is filtered through
culture" (Pargament, 1997, p. 191).

Turner (1983) discussed how the conceptualization of
death, and personal and social behaviors related to
bereavement have historically changed along with religion
and culture. For example, he described that during medieval
times death was a very common experience and religion
provided assurance about life after death. Thus, death was

viewed as "another transition, part of a sequence that included conception, maturity, and old age" (p. 230). In addition, burials were communal and there were prescribed mourning rituals. He contrasted these experiences with modern Western society where medical and technological advances have equated death with being old and where death is no longer a constant part of daily life. He argued that in modern Western society, without a sacred canopy, there is no longer a secure sense of what is to come after death and this contributes to existential uncertainty.

Even though religion does not provide a unified cosmological myth about life and death that pervades all aspects of daily life, as in the Middle Ages or in traditional societies, religion still offers mourners rites of passage after death. These rites facilitate the conceptualization of the dead, provide social support, and facilitate continuity and change. For example, *la novena* is a ritual among Catholic Hispanics where everyone who knew the deceased gets together for 9 days, frequently in the family home, to say prayers that focus on the mystery of redemption and salvation (Diaz-Cabello, 2004). During this time, the bereaved have the opportunity to express their sadness and receive the close support of their neighbors

and brethren. After 9 days of prayer and mourning, the family begins to return to the normal pace of life.

These rites can vary greatly within cultural or ethnic groups that share the same religion. For example, the Day of the Dead is a popular tradition among Mexican Catholics. On November 2, the family visits the gravesite, cleans it, furnishes it with flowers, prays, and lights candles at church or in their family altars (Portillo, 1990). However, while leaving food at the grave is common practice among the people of central Mexico, it is not customary for Mexican-Americans who live in the Southwest of the United States (Williams, 1987).

Finally, it is important to note that just as culture shapes coping, culture and society can be shaped by the coping process (Lazarus & Folkman, 1984; Pargament, 1997). For example, children in Israel, who are exposed to more frequent experiences of violence and death, appear to have more advanced concepts of death than do American children (Breznitz, 1980). This shows the cognitive adaptations that have resulted from coping with prolonged conflict. Another example is that of Martin Luther King Jr.'s struggles against prejudice and oppression during the civil rights movement. As an individual, the way he coped with these

societal ills has shaped American culture to this day (Allport, 1966a).

Ethnic Identity

Ethnic identity became an issue of increased social significance during the civil rights movement of the 1960s and it continues to gain importance as the U.S. population becomes more diverse (Phinney, 1992). Ethnic identity, like religion, has been construed in multiple ways following the traditions of various social sciences such as sociology, anthropology, and education (Phinney, 1990).

Phinney (1990) argued that it is difficult to make comparisons and generalizations across studies due to the lack of congruence in understanding this construct. She reviewed the scholarly literature and identified three conceptual frameworks in the study of ethnic identity: (a) social identity theory, (b) acculturation and culture conflict, and (c) identity formation. She found that the framework of identity formation was particularly prominent in the fields of counseling psychology and psychoanalysis.

Phinney (1990) identified the following components of ethnic identity in the theoretical and empirical literature: (a) ethnicity and self-identification, (b) sense of belonging, (c) positive and negative attitudes

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towards one's ethnic group, and (d) social participation
and cultural practices, which include language, friends'
ethnicity, religious affirmation and practice, and
political activism, among others. Her review suggested
various problems in the research of these constructs. For
example, several measures were used only in one study,
limiting comparisons and the study of the strength of the
instrument used to measure the construct. In addition, only
a small percentage of studies provided reliability data, or
the reliability scores varied significantly and many
measures were developed for a specific minority group.

Phinney (1989, 1992) proposed the study of ethnic
identity in a way that recognizes the aspects of ethnic
identity that are common among ethnic groups. Even though
she recognized the need to study culturally specific issues
related to ethnic identity, she argued that a general
approach would allow for comparisons across groups and
facilitate generalization. To facilitate this, she
developed a comprehensive theoretical model (Phinney, 1989)
and a sound psychometric instrument (Phinney, 1992) that
can be used with individuals from diverse ethnic
backgrounds.

Phinney's (1989) Ethnic Identity Development Model is
consistent with Marcia's (1980) model of ego identity

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status and Erikson's (1968) identity development theory. It includes the following stages of ethnic identity development: (a) diffuse, (b) foreclosed, (c) moratorium, and (d) achieved.

In the diffused stage, individuals have not explored their own sense of ethnicity and do not understand the social issues involving their ethnicity, such as prejudice. In the foreclosed stage, individuals are clear about their own ethnicity, but their exploration about the issues is minimal or non-existent. During this stage, the feelings about their own ethnicity can be positive or negative depending on their socialization experiences. The moratorium stage assumes that individuals have begun to explore their ethnicity and that there might be some confusion about it. The last stage indicates that individuals have achieved a clear understanding and acceptance of their ethnicity (Phinney, 1989).

Phinney (1989) tested this model qualitatively. The sample consisted of 91 lower- and middle-class ethnically diverse 10th-graders (14 Asian Americans, 25 African Americans, 25 Hispanics, and 27 Whites), ages 15-17, born in the United States. The participants selected for this study self-identified as belonging to one of four major ethnic groups (White, African American, Hispanic, and Asian

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American) and reported that both parents belonged to the same ethnic group. The subjects were interviewed by research assistants who were of their same sex and ethnic background using a format employed in the ego identity research literature and adapted for the topic of ethnic identity. In addition, the participants completed the following four subscales from the Bronstein-Cruz Child/Adolescent Self-Concept and Adjustment Scale (Bronstein et al., 1987, as cited in Phinney, 1989): Self-Evaluation, Social and Peer Relations, Family Relations, and Sense of Mastery.

Interestingly, the White students' interviews, except for those who identified themselves by their European ancestry, could not be coded as the researchers were not able to identify an ethnic identity other than "American" (Phinney, 1989). Thus, they could not be assigned to ethnic identity stages. However, their data were used to compare their results on the adjustment scales with the other participants.

Their results provided evidence for three of the four stages as coders were unable to clearly distinguish between diffusion and foreclosure (Phinney, 1989). This suggests that these two stages might be better construed as one stage. Hence, the resulting model proposes the following

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stages: (a) unexamined ethnic identity, (b) search or moratorium, and (c) achieved ethnic identity.

Measuring Ethnic Identity

The aforementioned model was used in the development of the Multigroup Ethnic Identity Measure (MEIM) (Phinney, 1992). This instrument aims to measure the following general components of ethnic identity: (a) ethnic self-identification, (b) degree of involvement in social activities with members of the individual's ethnic group and participation in cultural traditions, (c) sense of belonging to an ethnic group and attitudes toward the group, and (d) ethnic identity achievement.

In addition to allowing for a snapshot of an individual's current ethnic developmental stage, the instrument can be used in longitudinal studies to garner a more dynamic view of ethnic identity development. Phinney and Chavira (1992) suggested that individuals tend to move towards higher stages of ethnic identity with time.

The development of the MEIM was the result of a research program to assess the applicability of the ego identity development model and social identity theory to the understanding of ethnic identity development and to study its association with psychological well-being

(Phinney, 1989, 1990; Phinney & Tarver, 1988). Phinney's assumption was that there were aspects of ethnic identity development that would transcend many diverse groups in the United States (Ponterotto, Gretchen, Utsey, Stracuzzi, & Saya, 2003).

Initially, Phinney (1989) and her colleagues conducted a series of in-depth interviews based on the theoretical and research literature associated with ego identity theory and social identity theory. These early studies provided evidence for an ethnic identity development model based on these theories. In addition, as they hypothesized, higher consolidation of identity and greater sense of belonging and pride in one's group were positively related to measures of psychological well-being, including self-esteem (Phinney, 1992).

Based on these studies, Phinney and Alpuria (1990) developed a questionnaire to assess state of ethnic identity development among larger populations. Their study confirmed the importance of ethnic identity for adolescents and young adults from racial and ethnic minority groups and its relationship with psychological adjustment. This questionnaire served as the basis for the development of the MEIM (Phinney, 1992).

The original MEIM (Phinney, 1992) consisted of 14 items that assessed three aspects of ethnic identity identified in the ego identity and social identity literature: (a) positive ethnic attitudes and sense of belonging, (b) ethnic identity exploration and achievement, and (c) ethnic behaviors and practices. It also included six items to assess individuals' attitudes and orientation toward other ethnic groups as this was conceptualized as an important part of social identity, though distinct from ethnic identity. Since the factors of ethnic identity and other group orientation are independent (Phinney, 1992), the other-group-orientation subscale was not deemed necessary for the study of ethnic identity (Roberts et al., 1999).

Roberts et al. (1999) studied the MEIM-R's structure and construct validity among an ethnically diverse sample of young adolescents. Their factor analyses resulted in the elimination of two items and in a two-factor solution which explained 51.2% of the total variance (41.6% for Factor 1 and 9.6% for Factor 2). The first factor contained seven items that were part of the affirmation/belonging scale and two items that indicated commitment to one's ethnic group. Thus, they named this factor "affirmation, belonging and commitment." The second factor had five items that belonged

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to the original instrument's ethnic identity achievement subscale and two items from ethnic behaviors scale. They named this factor "ethnic identity search." This resulted in a revised instrument with 12 items (MEIM-R), which was used in this study.

Roberts et al. (1999) found that these two factors were highly correlated and suggested that the 12-item MEIM scale can be used as a global measure of ethnic identity. However, they also suggested the possibility of using the *affirmation/belonging and commitment* subscale as an indicator of the strength of ethnic identification.

Ponterotto et al. (2003) indicated that the MEIM has readability level of sixth to seventh grade. Thus, it is suitable for use with adolescents and adults.

Finally, the MEIM-R provides a way to study ethnic identity in a theoretically and psychometrically sound way, to assess its impact on psychological adjustment, and to compare these results across ethnic groups. Thus, it has become one of the most frequently used instruments in multicultural research (Ponterotto et al., 2003).

Ethnic Identity and Religious Orientation

The literature on the relationship between ethnic identity and religious orientation is scarce (Chae et al.,

2004). This review found very few studies that explored this association using a multidimensional model of ethnic identity, such as Phinney's. These studies will be discussed in this section.

Markstrom-Adams and Smith (1996) conducted a study to explore the relationship between religious orientation and ethnic identity development. Their sample included 102 middle-class high-school Jewish students who lived in Ontario, Canada, who were affiliated with various religious groups, such as Orthodox (N=19), Conservative (N=63), and Reformed (N=30). These subjects completed Allport and Ross's (1967) Religious Orientation Scale to measure intrinsic and extrinsic religious orientation and the MEIM (Phinney, 1992) to measure their ethnic identity development. In this sample, the indiscriminately pro-religious (those who scored high on both intrinsic and extrinsic religious orientation scales) had higher scores on ethnic identity achievement than did those with an extrinsic orientation and the nonreligious (those who scored low on both religious orientation scales). The nonreligious group had the lowest scores for ethnic identity. The authors stated that their results suggest a robust relationship between religious orientation and ethnic identity.

In a similar study, Markstrom (1999) explored the relationship between religious involvement and psychosocial development, including ethnic identity, among 62 African American and 63 White low-income high-school students in the 11th grade. The participants completed a survey about religious involvement that included questions about frequency of church attendance, participation in a Bible study group, and participation in a religious youth group. In addition, they completed the MEIM to measure ethnic identity. As in other studies, African American subjects scored higher on ethnic identity than did Whites. In addition, similar to Markstrom-Adams and Smith's (1996) study among Jewish individuals, Markstrom (1999) found that ethnic identity was significantly associated with religious involvement.

In another study, Chae et al. (2004) explored the relationship between ethnic identity and religious orientation among 198 ethnically diverse students from a Catholic university in the Northeast (Hispanic Americans, N=42; African Americans, N=44; Asian Americans, N=47; Whites, N=65). Their ages ranged from 18 to 23 years old. The authors used the MEIM to measure ethnic identity and a version of the Means-Ends Spirituality Questionnaire (Ryan & Fiorito, 2003) to measure religious orientation. Their

study showed a strong positive correlation between ethnic identity and Spirituality as Means, which they interpreted as an indication of intrinsic spirituality, and a negative correlation between ethnic identity and Spirituality as Ends, which they interpreted as an indication of extrinsic spirituality. In addition, their multiple regression analysis showed that Spirituality as Means accounted for most of the unique variance in ethnic identity. Multiple regression analyses of Spirituality as Ends suggested an inverse relationship with ethnic identity.

Ethnic Identity and Religious Coping

Pargament (1992) and Park (2005b) noted that religious means and ends are embedded in social systems, from the family to the larger culture. However, most studies to date on religious coping include samples with little ethnic diversity (Ano & Vasconcelles, 2005; Pargament, Ano, & Wachholtz, 2005). In this literature review, only three studies were found that have explored the relationship between ethnic identity and religious coping with stressful events.

In one of these studies, Dubow, Pargament, Boxer, and Tarakeshwar (2000) explored ethnic identity as a source of stress and as a coping resource among Jewish children

(*N*=75, Grades 6-8). The authors studied the interplay between religion and culture in the formation of the Jewish ethnic identity and observed that religion influences all aspects of life among the observant Jew and that, although their ethnic identity and religiosity contains aspects similar to other ethnic groups, it also includes aspects that are unique to this group.

Dubow et al. (2000) created a scale that integrated cultural and religious methods of coping based on the work of Pargament et al. (2000) called the *Brief Jewish Coping Strategies Scale-Children* to study how Jewish children applied religious and cultural coping strategies in stressful times. In addition, they assessed the role of religion in the participants' lives by asking them about their synagogue attendance, frequency of prayer, and how important religion was for them. They also used the MEIM to measure ethnic identity.

Dubow et al.'s (2000) analysis showed significant positive correlations between various components of ethnic identity and religious coping strategies. Their scores on the MEIM, Jewish behaviors and practices, and the importance of religion had moderate to strong associations with two coping subscales: Seeking God's Direction and Seeking Social/Cultural Support. The authors suggested that

these results evidenced that "a positive connectedness to the individual's Jewish ethnicity is associated with the use of ethnic-related coping strategies believed to be helpful in coping with stressful problems" (Dubow et al., 2000, p. 431).

In a similar study, Tarakeshwar, Pargament, and Mahoney (2003) studied religious coping among Hindus who lived in the United States. Their results showed that religious coping was important for this population. They identified coping strategies based on Hindu theology and developed and validated a measure to assess the application of these religious coping strategies during stressful events. As in previous studies, strategies related to positive religious coping contributed to higher life satisfaction whereas negative religious coping strategies were related to greater depression and lower life satisfaction.

On another study, Tarakeshwar, Hansen, Kockman, and Sikkema (2005) explored the role of ethnicity and gender in the selection of spiritual coping strategies among an ethnically diverse group of HIV-positive individuals who were grieving the loss of a significant other due to AIDS. As in other studies, they found that women and minority individuals tended to use more spiritual coping strategies

than did White males. In addition, there was not a significant relationship between spiritual coping and grief among minority individuals, suggesting that minority individuals tend to use spiritual coping regardless of the intensity of their grief. On the other hand, White males reported higher use of spiritual coping when their grief was more intense.

In sum, these studies demonstrate the positive relationship between ethnic identity and religious coping, particularly for ethnic minority individuals. However, these studies are few and there is a need for more studies that examine the role of religious coping in the lives of minority individuals and members of oppressed groups (Tarakeshwar et al., 2005).

Ethnic Identity and Adjustment

Phinney's (1992) study also demonstrated that those who had achieved a clear sense of ethnic identity tended to have higher scores on adjustment scales. These results are consistent with other studies that show the protective role of ethnic identity among minority groups, perhaps through its influence in the coping process with stressful events (e.g., Brook, Whiteman, Balka, Win, & Gursen, 1998; Dubow et al., 2000; Escoto, 2004; Mossakowski, 2003).

Other studies on ethnic identity provide further

evidence of the positive effect of ethnic identity on

psychological adjustment and self-esteem (Phinney, 1991;

Phinney et al., 1997). For example, Lorenzo-Hernández and

Ouellette (1998) studied the relationship between ethnic

identity, self-esteem, and values in a sample of Dominicans

(N=102), Puerto Ricans (N=45), and African Americans (N=31)

who attended a community college in the Bronx, New York.

Most of the participants were from low-income families. The

researchers used a modified version of the MEIM, the

Rosenberg Global Self-Esteem Scale, and developed a scale

to assess relational and time value orientations. The

results showed a significant positive relationship between

increased sense of ethnic identity and self-esteem for the

whole group and for each subgroup.

In a similar study, Phinney (1997) used the MEIM and

the Rosenberg Global Self-Esteem Scale to explore the

relationship between ethnic identity and self-esteem among

669 ethnically diverse 15-17-year-old high-school students

(372 Latinos, 232 African Americans, and 65 Whites) from

the Los Angeles area. Their findings showed that ethnic

identity was a significant predictor of self-esteem for all

minority groups. These results had also been found among an

ethnically diverse group of college students (Phinney &
Alpuria, 1990).

Summary

A review of theoretical and empirical studies on
religion, religious orientation, ethnic identity, and
coping with stress and bereavement was conducted. These
studies showed that religion is important for most
individuals in the United States, particularly for ethnic
and racial minorities and oppressed groups. For many,
religion provides a way to understand the world,
themselves, and their relationship with the world. 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
finitude 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. Even though the evidence for
the role of religion in physical health appears to be
inconsistent, there is strong evidence for the protective
role of religion in psychosocial health (Ano &

Vasconcelles, 2005; Hathaway & Pargament, 1990). Finally,
the role of culture in the expression of religious
behavior, religious coping, and bereavement was discussed.
Various studies evidenced the protective effect of ethnic
identity among minority groups, associating it with greater
self-esteem, better coping strategies, and psychological
adjustment. Various authors have argued the need for
further studies on the role of ethnic identity and
religious coping among minority groups (Abraído-Lanza et
al., 2004; Alferi, Culver, Carver, Arena, & Antoni, 1999;
Pargament, Ano, & Wachholtz, 2005).

CHAPTER III

METHODOLOGY

Many individuals find in religion a way to make sense
of their experience in the world. Its role becomes
particularly meaningful when individuals are facing an
event that threatens whatever they hold as significant in
their lives. Death is an event that can challenge
individuals' assumptions about the world as a just, safe,
and benevolent place and their own sense of control.
Religion, as a general orienting system, provides the means
to re-establish equilibrium and meaning in times of crisis,
offering individuals a way to find comfort, hope, and
support. It can also help them to understand their
experience in a way that fosters the conservation or the
transformation of what is significant for them. Religious
coping appears to be more prominent for individuals
belonging to oppressed groups, such as women, the elderly,
and ethnic and racial minorities, as religion tends to be
more significant in their individual and collective lives.

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The literature reviewed in the previous chapter suggests that religion and culture appear to have an important role in the coping process and that its influence appears to vary according to the type of stressor and its perceived stressfulness. Thus, it is important to understand the role of religion and culture in the coping process within the context of a specific stressor. This study seeks to understand the role of religious orientation and ethnic identity in the religious coping of ethnically diverse bereaved individuals.

This chapter discusses information regarding the research methodology for this study. Specifically, it reviews the type of research, population, variables, instruments, procedures for data collection, and the statistical analyses that were used to complete this research.

Type of Research

This research project is non-experimental, natural, and correlational. I did not make any intervention, but limited myself to gather quantitative and demographic data in the field using a survey method.

This study sought to measure the degree of relationship between variables and how a set of variables

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interacts with another. More specifically, it examined the role of religious orientation and ethnic identity in predicting the religious coping of bereaved individuals. It also sought to identify the variable(s) that can be used to discriminate between ethnic groups. The objective was to contribute to the body of knowledge on religious orientation, ethnic identity, and religious coping and to inform the work of counseling psychologists.

Population and Sample

The population in this study was White Non-Hispanic, Black Non-Hispanic, and Hispanic adults who had experienced the death of a loved one within the past 3 years.

Several studies on the prevalence of bereavement among college students have found that approximately 30% of students had experienced the loss of a significant other within the previous 12 months and 39% had experienced the loss of a significant other within the previous 24 months (Balk, 2011; Balk, Walker, & Baker, 2010). A similar prevalence was expected in the general population.

A convenience sampling method was employed. Subjects were recruited by emails and postings on Facebook requesting participation in the study. Prospective

participants were screened to identify those who met criteria for this study.

A criterion of convenience of five cases per survey item was used to determine sample size. Based on the number of items in the survey (68), it was assumed that a sample size of 340 cases would yield results that had an acceptable degree of external validity. This was the target sample size for this project and is consistent with recommendations on sample size when using discriminant analysis (Mertler & Vannatta, 2002) and canonical correlations (Grimm & Yarnold, 2000).

Hypotheses

The following hypotheses were developed based on the research questions for this study. Each research hypothesis is followed by the corresponding null hypothesis.

Hypothesis 1

Research Hypothesis 1

Devotional Spiritual Means, Transformational Spiritual Means, Approach-ordinary-autonomous Spiritual Ends, Avoidance-ordinary-autonomous Spiritual Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-ordinary-external Spiritual Ends, Avoidance-unseen-external Spiritual Ends, and Ethnic Identity predict Positive

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Religious Coping and Negative Religious Coping among bereaved individuals.

Null Hypothesis 1

Devotional Spiritual Means, Transformational Spiritual Means, Approach-ordinary-autonomous Spiritual Ends, Avoidance-ordinary-autonomous Spiritual Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-ordinary-external Spiritual Ends, Avoidance-unseen-external Spiritual Ends, and Ethnic Identity do not predict Positive Religious Coping and Negative Religious Coping among bereaved individuals.

Hypothesis 2

Research Hypothesis 2

Devotional Spiritual Means, Transformational Means, Approach-ordinary-autonomous Spiritual Ends, Avoidance-ordinary-autonomous Spiritual Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-ordinary-external Spiritual Ends, Avoidance-unseen-external Spiritual Ends, Ethnic Identity, and Positive and Negative Religious Coping discriminate between ethnic groups.

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Null Hypothesis 2

Devotional Spiritual Means, Transformational Means, Approach-ordinary-autonomous Spiritual Ends, Avoidance-ordinary-autonomous Spiritual Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-ordinary-external Spiritual Ends, Avoidance-unseen-external Spiritual Ends, Ethnic Identity, and Positive and Negative Religious Coping do not discriminate between ethnic groups.

Definition of Variables

This section identifies each variable and provides a conceptual definition, an example of an item in the scale associated with the variable, and a description of how these items were scored. This study includes the following 18 variables:

1. Devotional Spiritual Means: Traditional expressions of religious worship that include thoughts, feelings, actions, and relationships (e.g., "I attend spiritual services."). This variable was measured using the Devotional Means subscale of the Means-Ends Spirituality Questionnaire (M-E SQ) and the 9 items in this subscale were scored on a 7-point Likert-type scale.

2. Transformational Spiritual Means: Spiritual strategies that have a life-changing emotional or cognitive

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quality. These strategies include thoughts, feelings, actions, and relationships (e.g., "I have spiritual experiences where I am overcome with wonder and reverence."). This variable was measured using the Transformational Means subscale of the M-E SQ, and the 8 items in this subscale were scored on a 7-point Likert-type scale.

3. Approach-ordinary-autonomous Spiritual Ends: Self-determined religious/spiritual strivings (goals, ends) that seek a positive or growth-related state/condition in this life (e.g., "A primary purpose in my being spiritual is to become a better person."). This variable was measured using the Spiritual Ends scale of the M-E SQ, and the 7 items in this scale were scored on a 7-point Likert-type scale.

4. Avoidance-ordinary-autonomous Spiritual Ends: Self-determined religious/spiritual strivings that seek to reduce or eliminate present or anticipated adverse conditions in this life (e.g., "In being spiritual I want to avoid the difficulties of life."). This variable was measured using the Spirituality Ends scale of the M-E SQ, and the 3 items in this scale were scored on a 7-point Likert-type scale.

5. Approach-unseen-autonomous Spiritual Ends: Self-determined religious/spiritual strivings that seek a

positive or growth-related transcendent state (e.g., "A primary benefit in being spiritual is to achieve eternal peace with God."). This variable was measured using the Spirituality Ends scale of the M-E SQ, and the 7 items in this scale were scored on a 7-point Likert-type scale.

6. Avoidance-ordinary-external Spiritual Ends: Religious/spiritual strivings that seek to reduce or eliminate present or anticipated aversive conditions and are determined by an external source or by the avoidance of an external threat (e.g., "I am spiritual in order to avoid being criticized by my peers."). This variable was measured using the Spirituality Ends scale of the M-E SQ, and the 4 items in this scale were scored on a 7-point Likert-type scale.

7. Avoidance-unseen-external Spiritual Ends: Religious/spiritual strivings that seek to reduce or eliminate a present or anticipated aversive transcendental condition and are determined by an external source or by the avoidance of an external threat (e.g., "One goal for me in being spiritual is to avoid being punished for my sins by God."). This variable was measured using the Spirituality Ends scale of the M-E SQ, and the 4 items in this scale were scored on a 7-point Likert-type scale.

8. Ethnic Identity: It is a part of the individual's self-concept which derives from his/her participation with a social group (or groups) and the value and emotional significance attached to that membership (e.g., "I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs"). This variable was measured using items 1-12 of the Multigroup Ethnic Identity Measure–Revised (MEIM-R). These items were scored using a 4-point Likert-type scale.

9. Ethnicity: Groups identified by the United States Bureau of the Census on the base of race or ethnic background. This nominal variable was measured using item 13 of the MEIM-R, which asked participants to self-identify with one of four groups (i.e., African American, Hispanic, White, Other).

10. Positive Religious Coping: The strategies used to attain significance in the face of stressful events that reflect the individual's religious orienting system and that have been found to have a significant positive relationship with positive psychosocial outcomes. This variable was measured using the Brief RCOPE's Positive Religious Coping scale, and the 7 items in this scale were scored using a 4-point Likert-type scale.

11. Negative Religious Coping: The strategies used to attain and/or retain significance in the face of stressful events that reflect the individual's religious orienting system and that have been found to have a significant positive relationship with detrimental physiological and psychosocial outcomes (e.g., "Wondered whether God abandoned me."). This variable was measured using the Brief RCOPE's Negative Religious Coping scale, and the 7 items in this scale were scored using a 4-point Likert-type scale.

12. Participant's Age: The age of the individual completing the survey. Participants selected a value in a scale ranging from 18-100.

13. Gender: The gender of the individual completing the survey (Nominal scale: Male, Female).

14. Time since loss: Time passed since the most recent death of a significant other ("How long has it been since the death of your loved one?"). Participants selected a value in a scale ranging from 1-36 months.

15. Stressfulness of the event: A subjective appraisal of how stressful the loss was when it occurred ("When you think back to the time of the loss, how stressful was this experience for you?"). This variable was measured using one item scored using a 5-point Likert-type scale.

16. Relationship with the deceased: A description of the type of relationship that the participant had with the deceased ("What was your relationship with the person who died?"). This is a nominal variable and participants selected one of four options (parent, grandparent, friend, others).

17. Closeness of the relationship with the deceased: A subjective appraisal of the degree of closeness of the relationship between respondent and the deceased ("How close were you with the person who died?"). This variable was measured using one item that was scored using a 5-point Likert-type scale.

18. Current stress: A subjective appraisal of the level of current stress that the participant feels about the loss ("How stressed do you currently feel about the loss?"). This variable was measured using one item that was scored using a 5-point Likert-type scale.

The table of operationalization of variables (see Appendix B) provides further details about these variables. It describes the conceptual, instrumental, and operational definitions for each variable, a description of the research instruments, and a breakdown of the specific items related to each variable.

Instrumentation

The following section reviews the purpose of each instrument used in this study. It provides information about reliability and validity for (a) The Means-Ends Spirituality Questionnaire (Ryan & Fiorito, 2003), (b) The Multigroup Ethnic Identity Measure-Revised (Roberts et al., 1999), and (c) The Brief RCOPE (Pargament, Smith, et al., 1998). It also describes the instrument designed for this study to collect information about demographics and the participant's experience of loss.

Means-Ends Spirituality Questionnaire

The objective of the Means-Ends Spirituality Questionnaire is to facilitate the identification of spiritual means and ends that have favorable effects on psychological health (see instrument in Appendix C).

**Reliability and Validity of the
Means-Ends Spirituality
Questionnaire**

Ryan and Fiorito (2003) reported good internal consistency for the Means-Ends Spirituality Questionnaire (M-E SQ). The Spirituality Means scale had a Cronbach's alpha of .91, and the Spirituality Ends scale had a Cronbach's alpha of .82. The averaged item-total correlations for the means scale was .70 and for the ends

scale was .65. In addition, they reported the following 4-week test-retest reliability coefficients: The Spiritual Means scale had scores that ranged from .83 to .87 with a composite reliability of .89, and the Spiritual Ends scale scores ranged from .76 to .88 with a composite reliability of .89. These represent moderate to high reliability scores for the M-E SQ.

In order to determine the questionnaire's validity, Ryan and Fiorito (2003) studied the relationship between the M-E SQ scales and the intrinsic, extrinsic, and quest religious orientation scales, and the perceived importance of religion in the person's life (i.e., salience). The average Pearson correlation between religious salience and the Devotional Means and Transformational Means subscales was .79, which suggests that those who view religion as important in their lives would rate themselves highly on these subscales. Two variables of the Ends scale showed non-significant relationships with religious salience: Avoidance-ordinary-autonomous Spiritual Ends and Avoidance-ordinary-external Spiritual Ends. These two variables also showed no significant correlations with both spiritual means variables (i.e., Devotional and Transformation Means).

This suggests that religion is not a salient part of life for those who acknowledge avoidance-ordinary goals and that these individuals do not tend to express their spirituality through devotional or transformational means. Also, these individuals have moderate scores on the extrinsic scale (correlation averaged .35, $p<.001$). In addition, their results show no relationship between the avoidance subscales and the Quest scale, suggesting that those who scored high in Quest do not tend to seek in spirituality a way to escape social disapproval or the challenges of life. Thus, Ryan and Fiorito (2003) indicated that the means and ends variables demonstrated concurrent and discriminant validity.

Furthermore, Ryan and Fiorito (2003) obtained information about the scales' incremental validity by studying the association between the M-E SQ variables and various measures of psychological well-being among 505 ethnically diverse college students (237 males, 268 females; 76.4% White, 9.2% Asian American, 10% Hispanic, and 4.4% were African American, American Indian, and Other). They found that several of the M-E SQ latent variables were able to predict the variance on measures of well-being beyond that provided by traditional measures of religious orientation (e.g., intrinsic, extrinsic, quest,

and salience). They concluded that the goal orientation (approach versus avoidance), content (ordinary versus unseen) and the locus of control (internal versus external) demonstrated associations with well-being measures that were consistent with the literature on coping and studies on spirituality and health.

Ryan and Fiorito (2003) stated that their findings supported Pargament's (1992) argument that religious and spiritual means and ends are interrelated processes and that it is necessary to study both aspects in order to have a better understanding of the behaviors, emotions, thoughts, relations, values, and beliefs related to religious life. The M-E SQ was chosen for this study because it reflects this multidimensional and functional approach to the study of religion.

Multigroup Ethnic Identity Measure-Revised

The Multigroup Ethnic Identity Measure (MEIM) was developed by Phinney (1992) and revised by Roberts et al. (1999). It was designed to measure those aspects of ethnic identity that were theorized as common to members of all ethnic groups (see instrument on Appendix C). Phinney's (1992) goal was to produce a measure that could be used to assess ethnic identity and that would allow for comparisons

within and between groups on ethnic identity, its correlates (e.g., self-esteem, acculturation), and measures of psychological adjustment (e.g., coping, depression, and mastery).

Reliability and Validity of the Multigroup Ethnic Identity Measure-Revised

Roberts et al. (1999) found that the MEIM-R had an overall reliability coefficient of .85, with scores ranging from .81 through .89 across ethnic groups. In addition, their analysis showed a significant positive correlation between the instrument's overall score and individuals' ratings of the importance of their ethnic background in their lives. The authors described this as strong evidence of validity. Other studies have obtained further evidence for the MEIM's reliability and validity (Ponterroto et al., 2003; Spencer, Icard, Harachi, Catalano, & Oxford, 2000; Worrell, 2000).

The MEIM-R provides a theoretically sound instrument for the study of ethnic identity across minority groups. This has provided a way to study ethnic identity in a theoretically and psychometrically sound way, to assess its impact on psychological adjustment, and to compare these results across ethnic groups. Thus, it has become one of

the most frequently used instruments in multicultural

research (Ponterotto et al., 2003).

The Brief RCOPE

The Brief RCOPE was developed to offer an efficient,

theoretically meaningful instrument to assess religious

coping strategies in studies of stress, coping, and health

(Pargament, Smith, et al., 1998). It reflects the five

functions of religion previously identified in the

literature: (a) provide meaning, (b) enhance sense of

control, (c) increase sense of comfort and spirituality,

(d) increase sense of intimacy with others and with the

transcendent, and (e) facilitate life transformation (see

instrument on Appendix C).

Reliability and Validity of the
Religious Coping Inventory

Pargament, Smith, et al. (1998) reported that the

Brief RCOPE scales showed moderate to high internal

consistency in two samples (college students and elderly

hospital patients) with estimated Cronbach's alphas of .90

and .87 for the positive religious coping scale and .81 and

.69 for the negative religious coping scale, respectively.

A confirmatory factor analysis showed that the two-factor

solution was a reasonable fit for the data. Though the

scales were significantly correlated in both samples, it was relatively low (r =.17, p<.001 and r=.18, p<.001, respectively), supporting their distinctiveness. In addition, each scale showed a different pattern of relationships with measures of religious outcomes, psychosocial adjustment, stress-related growth, and psychosomatic symptomatology.

In order to assess incremental validity, Pargament, Smith, et al. (1998) did regression analyses with both samples to identify the scales' ability to predict psychological outcomes while controlling for demographic variables, global measures of religious orientation, and non-religious coping strategies. They found that the Brief RCOPE explained the variance of adjustment scales over and above the demographic variables and, controlling for gender, they explained adjustment over and above global religious measures. The positive religious coping scale had moderate to strong associations with instruments measuring stress-related growth and positive religious outcomes after a stressful event.

In addition, the positive religious coping scale was not generally related to measures of physical health or emotional distress, but the negative religious coping scale was related to poor physical health and increased emotional

distress (Pargament, Smith, et al., 1998). Finally,
positive and negative religious coping strategies were
better predictors of cooperativeness and spiritual growth
than were non-religious coping measures (Koenig, Pargament,
& Nielsen, 1998).

Descriptive Information Sheet

I designed the Descriptive Information Data Sheet in
order to obtain specific demographic information about the
participants in this study and their experience of
bereavement (see Appendix C). The participants responded to
questions about their (a) age, (b) gender, (c) country of
residence, (d) the time that had passed since loss, (e)
their perception of the stressfulness of the loss, (f) the
type of relationship they had with the deceased, (g) how
close their relationship was with the deceased, and (h) how
stressed they felt about the loss at the time of completing
the questionnaire.

Data Collection

Subjects were recruited through email and Facebook
postings. Emails were sent through national student and
professional list-serves. Some participants chose to share
the link with their family, friends, and colleagues. Also,
requests for participation and links to the survey were

posted on several Facebook pages. SurveyMonkey, an online

data collection system, hosted the survey and provided a

specific link for it.

When participants clicked on the link, they were taken

to the initial page that had the title of the study and the

informed consent form. The informed consent form included a

brief description of the purpose of the study, the

potential of minimal distress related to participating in

the study, its voluntary nature, and the option to not

answer a question or not complete the survey if the

participant so wished. It also included my contact

information and how to reach the dissertation chair and the

Andrews University Institutional Review Board. At the

bottom of the informed consent, the participants were asked

whether they agreed with the information contained in the

form.

If they did not indicate agreement, or if they did

not meet participation criteria, they were taken to a

disqualification page. This page explained that they did

not meet criteria for participation, thanked them for their

interest in the study, provided my contact information, and

instructed the individual on how he or she could exit the

survey.

If participants indicated agreement, they were taken to a page with instructions to complete the survey. This page described the length of survey (15-20 minutes), the nature of the information that would be collected, and asked participants to answer all questions in an honest way. Those who met criteria for participation were linked to the beginning of the survey.

Data Analysis

The study design reflects the following assumptions necessary for the use of multivariate analysis: (a) the groups that were studied are mutually exclusive, (b) the proposed sample size took into account the statistical methods proposed in the study, and (c) the continuous variables included in the study were measured in interval levels.

The data were collected and analyzed to test the assumptions for multivariate statistical analysis: (a) each group must demonstrate multivariate normal distribution on the continuous variables (using Mahalanobis distance) and (b) the covariance matrices for each group should be approximately equal (checking Box's M significance).

The first research hypothesis was tested through canonical correlation analysis. The second research

hypothesis was tested using discriminant analysis. The

Table of Hypotheses (see Appendix A) includes a description

of all the independent and dependent variables for each

hypothesis. In addition, it describes the level of

measurement for each variable, the statistical methods that

were used to test these hypotheses, and the level of

confidence used to determine the statistical significance

of the results.

Summary

This chapter dealt with the type of research,

description of the population, selection of the sample,

hypotheses, definition of the variables, descriptions of

the research instruments, procedure for data collection,

and the statistical procedures used to analyze the data.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The information gathered in this study was analyzed to describe the sample's demographic characteristics and the variables of the study and to test the assumptions associated with multivariate statistical analyses. The two research hypotheses in this study were tested with canonical correlation and stepwise discriminant analyses using the statistical software SPSS, version 21.

Description of the Sample

After screening the database for cases that did not meet criteria for participation (e.g., participants who indicated they had not lost a loved one within 36 months of the study) or had missing values in more than six variables, a total of 319 cases remained, out of 436.

The majority of participants were female (74.6% female, 22.9% male) and identified the United States as their country of residence (92.48%), with the rest identifying the United Kingdom (1.57%), Canada (.94%),

South Africa (.94%), Bahamas (.31%), Turkey (.31%),

Portugal (.31%), and Israel (.31%) as their country of

residence. The sample includes participants that self-

identified as Black/African American (7.5%); Latino/a or

Hispanic (18.9%); and White, Caucasian, Anglo, European

American, non-Hispanic (63.8%); while 9.7% chose the

"Other" ethnic group category. These results are detailed

in Table 1.

The participants ranged in age from 18 to 79 years,

with a mean age of 44.22 years old (SD = 13.94). The study

also collected information associated with the experience

of loss. The participants were asked to identify the type

of relationship they had with the deceased and 31% reported

that they had lost a parent, 20.4% lost a grandparent,

14.2% lost a friend, and the rest (34.3%) had other types

of relationships with the deceased. Most of the

participants (66.3%) rated their relationship with the

deceased as "very close" or "extremely close." The sample

included individuals who had lost a significant other

within 36 months of the study and the mean was 17.9 months

since the time of the loss. Most participants (82.4%)

indicated that the loss was stressful: 21.3% said it was

stressful, 26% said it was very stressful, and 35.1% said

it was extremely stressful. Respondents were also asked to

rate their level of stress at the time of the study and the

majority (68%) reported feeling "not at all stressed" or

"somewhat stressed." The results are detailed in Table 2

and in Appendix D.

Table 1

Frequencies of Responses to Categorical Variables

Variable	*N*	Percentage
Gender		
Male	73	22.9
Female	238	74.6
Missing	8	2.5
Ethnic Group		
Black/African American	24	7.5
Latino/a or Hispanic	60	18.9
White, Caucasian, Anglo, European American; non-Hispanic	203	63.6
Missing	1	.3
Relationship with the Deceased		
Parent	99	31.0
Grandparent	65	20.4
Friend	45	14.1
Other	109	34.2
Missing	1	0.3
Country of Residence		
United States	295	92.5
United Kingdom	5	1.6
Canada	3	.9
South Africa	3	.9
Bahamas	1	.3
Turkey	1	.3
Portugal	1	.3
Israel	1	.3
Missing	2	.6

Table 2

Frequencies of Responses to Interval Variables

Variable	*N*	Range	Mean	*SD*	Skewness	Kurtosis
Participant's Age	310	18-79	44.22	13.94	.06	-1.00
Time Since Loss	318	1-37	17.90	11.55	.17	-1.32
Stressfulness of the Event	319	1-5	3.76	1.15	-.49	-.90
Closeness of the Relationship with the Deceased	317	1-5	3.87	1.06	-.63	-.43
Current Stress	318	1-5	2.16	1.04	.75	.00
Devotional Spiritual Means (D)	306	1-7	4.70	1.84	-.71	-.77
Transformational Spiritual Means (T)	307	1-7	4.96	1.55	-.84	-.31
Approach-ordinary-autonomous Spiritual Ends (Ap-O-A)	300	1-7	5.47	1.53	-1.69	2.35
Avoidance-ordinary-autonomous Spiritual Ends (Av-O-A)	310	1-7	1.94	1.14	1.45	2.15
Approach-unseen-autonomous Spiritual Ends (Ap-U-A)	302	1-7	4.79	2.03	-.75	-.87
Avoidance-ordinary-external Spiritual Ends (Av-O-E)	309	1-7	1.64	1.03	2.31	6.29
Avoidance-unseen-external Spiritual Ends (Av-O-E)	309	1-7	2.44	1.66	.96	-.25
Ethnic Identity (EI)	299	1-4	2.85	.52	-.70	.35
Positive Religious Coping (PRC)	312	1-4	2.24	.98	.20	-1.27
Negative Religious Coping (PRC)	308	1-3	1.19	.34	2.57	7.12

Description of the Variables

For the first hypothesis, (a) Positive Religious Coping and (b) Negative Religious Coping were the dependent variables while (a) Devotional Spiritual Means, (b) Transformational Spiritual Means, (c) Approach-ordinary-autonomous Spiritual Ends, (d) Approach-unseen-autonomous Spiritual Ends, (e) Avoidance-ordinary-external Spiritual Ends, (f) Avoidance-unseen-external Spiritual Ends, and (g) Ethnic Identity were the predictor variables. For the second hypothesis, all the aforementioned variables were predictors of ethnic group membership. The results for the descriptive analyses of these variables are detailed in Table 2.

The variable Devotional Spiritual Means refers to traditional expressions of religious worship, which includes thoughts, feelings, actions, and relationships. This variable was measured with an exact interval 7-point scale. The lowest value was 1 and the maximum was 7. In the sample, this variable has a mean of 4.70 and a standard deviation of 1.84.

The variable Transformational Spiritual Means refers to spiritual strategies that have a life-changing emotional or cognitive quality and it includes thoughts, feelings, actions, and relationships. This variable was measured with

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an exact interval 7-point scale. The lowest value was 1 and the maximum was 7. In the sample, this variable has a mean of 4.96 and a standard deviation of 1.55.

There are five variables associated with spiritual ends. They are a combination of three dimensions: (a) motivational focus (approach vs. avoidance), (b) instrumental focus (ordinary—focused on obtaining something in this life, or unseen—focused on obtaining something transcendent), and (c) location of influence (self-determined vs. external).

The variable Approach-ordinary-autonomous Spiritual was measured with an exact interval 7-point scale. The lowest value was 1 and the maximum was 7. In the sample, this variable has a mean of 5.47, a standard deviation of 1.55, and a skewness of -1.69. The skewness for this variable may have an impact on the interpretation of the results.

The variable Avoidance-ordinary-autonomous Spiritual Ends was measured with an exact interval 7-point scale. The lowest value was 1 and the maximum was 7. In the sample, this variable has a mean of 1.94, a standard deviation of 1.14, and a skewness of 1.45. The skewness for this variable may have an impact on the interpretation of results.

The variable Approach-unseen-autonomous Spiritual Ends was measured with an exact interval 7-point scale. The lowest value was 1 and the maximum was 7. In the sample, this variable has a mean of 4.79 and a standard deviation of 2.03.

The variable Avoidance-ordinary-external Spiritual Ends was measured with an exact interval 7-point scale. The lowest value was 1 and the maximum was 7. In the sample, this variable has a mean of 1.64, a standard deviation of 1.03, and a skewness of 2.31. The skewness for this variable may have an impact on the interpretation of results.

The variable Avoidance-unseen-external Spiritual Ends was measured with an exact interval 7-point scale. The lowest value was 1 and the maximum was 7. In the sample, this variable has a mean of 2.44 and a standard deviation of 1.66.

In this study, ethnic identity refers to an aspect of "the individual self-concept which derives from his/her identification with a social group (or groups) and the value and emotional significance attached to that membership" (Tajfel, 1981, p. 255, as cited in Phinney, 1990). This variable was measured with an exact interval 4-point scale. The lowest value was 1 and the maximum was 4.

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In the sample, this variable has a mean of 2.85 and a standard deviation of .52.

There were two variables associated with religious coping: (a) Positive Religious Coping and (b) Negative Religious Coping. Religious Coping refers to the strategies used to attain and/or retain significance in the face of stressful events that reflect the individual's religious orienting system. Positive Religious Coping refers to strategies that have been found to have a significant positive relationship with psychosocial outcomes while Negative Religious Coping refers to strategies that have been found to have detrimental physiological and psychosocial outcomes (Pargament, 1997).

Positive Religious Coping was measured with an exact interval 4-point scale. The lowest value was 1 and the maximum was 4. In the sample, this variable has a mean of 2.34 and a standard deviation of .98. Negative Religious Coping was measured with an exact interval 4-point scale. The lowest value was 1 and the maximum was 4. In the sample, this variable has a mean of 1.19, a standard deviation of .34, and a skewness of 2.57. The skewness for this variable may have an impact on the interpretation of results.

The correlations between the variables used to test the research hypotheses are described in Table 3. This table also includes the means and standard deviations for each independent and dependent variable.

Hypotheses Testing

Hypothesis 1

To test the first hypothesis, a canonical correlation analysis was used to explore the relationship between a set of variables related to religious orientation and ethnic identity and a set of variables related to religious coping. The dependent variables were Positive Religious Coping and Negative Religious Coping. The predictor variables were Devotional Spiritual Means, Transformational Spiritual Means, Approach-ordinary-autonomous Spiritual Ends, Avoidance-ordinary-autonomous Spiritual Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-ordinary-external Spiritual Ends, Avoidance-unseen-external Spiritual Ends, and Ethnic Identity.

With 319 cases in the analysis, the relationship between the sets of variates was statistically significant, Wilks' Λ = .36, R_c^2 = .62, Approximate F(16, 450) = 18.72, p< .001. Eigenvalues, percentages of variance explained, and the squared canonical correlations for this function

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Table 3

Means, Standard Deviations, and Correlations of Variables in Research Hypotheses

	D	T	ApOA	AvOA	ApUA	AvOE	AvUE	EI	PRC	NRC
D	1.00									
T	.83	1.00								
ApOA	.61	.70	1.00							
AvOA	.17	.05	.26	1.00						
ApUA	.84	.68	.65	.33	1.00					
AvOE	.09	.05	.19	.41	.25	1.00				
AvUE	.32	.18	.36	.50	.50	.43	1.00			
EI	.25	.20	.14	.05	.23	.10	.16	1.00		
PRC	.71	.59	.54	.27	.72	.22	.47	.31	1.00	
NRC	−.07	−.003	.006	.13	−.03	.13	.07	.04	.15	1.00
Mean	4.70	4.96	5.47	1.94	4.79	1.64	2.44	2.85	2.24	1.19
SD	1.84	1.55	1.53	1.14	2.03	1.03	1.66	.52	.98	.34

are shown in Table 4. The dimension reduction analysis indicated that only the first function was statistically significant. This function accounted for approximately 96.48% of the explained variance. Based on the redundancy index, approximately 30% of the variance of the dependent variate was explained by the predictor variate. The results of these analyses support the rejection of the null hypothesis and the retention of the research hypothesis.

Table 4

Statistical Analyses for Canonical Function

Function	Wilks' Λ	Eigenvalue	F	R_c	$R_c{}^2$	Rd
1	.36	1.62	18.72	.79	.62	.30

The standardized canonical coefficients, canonical loadings, and canonical correlations for the predictor and the criterion variates are shown on Table 5. Evaluation of the canonical loadings for the predictor function revealed that Devotional Spiritual Means (–.93), Approach-unseen-autonomous Spiritual Ends (–.93), Transformational Spiritual Means (–.76), and Approach-ordinary-autonomous Spiritual Ends (–.69) were the most relevant, with Avoidance-unseen-external Spiritual Ends (–.58) making secondary contributions. The canonical function coefficients were also consulted. The coefficient for Devotional Spiritual Means was much larger than the rest (–.56), followed by Approach-unseen-autonomous Spiritual Ends (–.28), and Avoidance-unseen-external Spiritual Ends (–.21). An exception was Transformational Spiritual Means, which had a moderate loading (.–76), but a small function coefficient (.04). This suggests that the linear equation that used the standard coefficients to combine the

Table 5

Standardized Canonical Coefficients, Canonical Loadings, Canonical Correlations, and Redundancy Index for the Criterion and Predictor Variates

	B^a	r_s	r_s^2
Religious Coping			
Positive Religious Coping	-1.01	-.98*	.96
Negative Religious Coping	.18	.04	.002
R_d			.30
R_c		.79	.62
Religious Engagement			
Devotional Means	-.56	-.93*	.86
Approach-unseen-autonomous Ends	-.28	-.93*	.86
Transformational Means	.04	-.76*	.58
Approach-ordinary-autonomous Ends	-.10	-.69*	.48
Avoidance-unseen-external Ends	-.21	-.58*	.34
Ethnic Identity	.14	-.39	.15
Avoidance-ordinary-autonomous Ends	.02	-.31	.10
Avoidance-ordinary-external Ends	-.02	-.26	.07

Note. B^a = standardized canonical coefficients (canonical weights); r_s = canonical loadings (structure coefficient); r_s^2 = squared canonical loadings; * = important contribution.

predictor variables only minimally incorporated the variance of Transformational Spiritual Means when, in fact, this variable could have contributed substantially to the created predictor variate (as shown by its r_s and r_s^2) and provides a relevant contribution to the latent construct.

Given the nature of the variables that best contributed to the predictor variate (Devotional Spiritual Means, Approach-unseen-autonomous Spiritual Ends,

Transformational Spiritual Means, Approach-ordinary-autonomous Spiritual Ends, and Avoidance-unseen-external Spiritual Ends), this function was named "religious engagement." For the criterion function, Positive Religious Coping was the primary contributor (-.98), with Negative Religious Coping providing a slight contribution (.04). Given the nature of these variables, the criterion function was named "religious coping."

Then, multiple regression analyses were examined to determine which independent variables were the best predictors for each of the dependent variables. As a canonical function, the predictor variate accounted for approximately 60% of the variance of Positive Religious Coping and 6% of the variance of Negative Religious Coping. Variables associated with traditional religious expressions (Devotional Spiritual Means, $\beta = .38$), spiritual ends with a transcendental focus (Approach-unseen-autonomous Ends, $\beta = .21$; Avoidance-unseen-external Ends, $\beta = .18$), and Ethnic Identity ($\beta = .12$) were relevant predictors of Positive Religious Coping. Only Transformational Spiritual Means ($\beta = .29$) made a relevant contribution to Negative Religious Coping. The contributions of each predictor variable to each dependent variable are shown in Table 6.

Table 6

Contributions of Predictor Variables to Each Dependent
Variable Expressed in Beta Coefficients

Predictors	Positive Religious Coping $\beta =$	Negative Religious Coping $\beta =$
Devotional Means	.38*	−.30
Transformational Means	.02	.29*
Approach-ordinary-autonomous Ends	.06	−.07
Avoidance-ordinary-autonomous Ends	.01	.14
Approach-unseen-autonomous Ends	.21*	−.04
Avoidance-ordinary-external Ends	.03	.08
Avoidance-unseen-external Ends	.18*	.05
Ethnic Identity	.12*	.05
MR^2	.60	.06

* Significance of *t* <.05.

In summary, the first hypothesis was tested using a
canonical correlation analysis. The results support the
retention of the research hypothesis. The analysis resulted
in one statistically significant canonical function.
Variables associated with spiritual means and ends were the
best contributors to the predictor variate, which was named
"religious engagement." The criterion variate was named
"religious coping" and Positive Religious Coping accounted
for most of its variance. The results suggest that higher
levels of religious engagement are predictive of higher
levels of religious coping for bereaved individuals.

This confirms Pargament's (1997) assertion that those who consider religion a central part of their lives will use religious coping strategies more often when bereaved. Also, people tend to engage in positive religious coping more often than in negative religious coping. Furthermore, the results suggest that those who engage in spiritual behaviors that are focused on personal growth and individual expressions of spirituality, but do not engage in communal religious activities and do not clearly endorse spiritual goals, are more likely to use negative religious coping strategies when bereaved. Finally, higher levels of ethnic identity are predictive of more use of positive religious coping strategies.

Hypothesis 2

A discriminant analysis was performed to determine the ability of 10 variables associated with religious orientation, ethnic identity, and religious coping to discriminate between ethnic groups in a sample of bereaved individuals. Prior to the analysis, several cases were identified as outliers using Malahanobis distance and were eliminated. Given the small number of cases in the smallest group, a stepwise method was used to reduce the number of predictor variables used. The analysis generated two

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functions and both were significant. For the first function (Wilks' Λ=.71, χ^2(4, N=204)=70.10, p<.001, R_c =.51, R_c^2 = .26), ethnic group membership explained 26% of the function variability, whereas it explained 5% of the function variability for the second function (Wilks' Λ=.95, χ^2(1, N=204)=11.17, p=.001, R_c=.23, R_c^2=.05). Classification results revealed that 76.1% of the original cases were correctly classified. The cross-validated results support the original accuracy levels with 75.7% correctly classified overall. Accuracy for each group was 26% for Blacks/African Americans, 22% for Latino/as, and 96% for Whites, Caucasians, Anglos, European Americans, non-Hispanics. The results of these analyses support the rejection of the null hypothesis and the retention of the research hypothesis.

Two variables were retained in each function: Ethnic Identity and Avoidance-unseen-external Spiritual Ends (see Table 7). The following variables were excluded from both functions: Devotional Spiritual Means, Transformational Spiritual Means, Approach-ordinary-autonomous Spiritual Ends, Avoidance-ordinary-autonomous Spiritual Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-ordinary-external Spiritual Ends, Positive Religious Coping, and Negative Religious Coping.

Table 7

Summary of Steps in the Discriminant Analysis

Step	Variable Entered	Wilks' Λ	*F*	Approximate *df*
1	Ethnic Identity	.772	29.72	2,201
2	Ethnic Identity	.705	19.10	4,400
	Avoidance-unseen-external Spiritual Ends			

For the first function, an examination of the standardized discriminant function coefficients revealed that Ethnic Identity had the highest loading (.88), followed by Avoidance-unseen-external Spiritual Ends (.40). Thus, for the first function, the best predictors of ethnic group membership were higher levels of Ethnic Identity and Avoidance-unseen-external Spiritual Ends.

This is confirmed by an examination of the structure matrix for the first function, which indicated that Ethnic Identity had the strongest relationship (.92), followed by Avoidance-unseen-external Spiritual Ends (.48), Approach-unseen-autonomous Spiritual Ends (.36), Positive Religious Coping (.35), and Devotional Spiritual Means (.31). As previously noted, only Ethnic Identity and Approach-unseen-autonomous Spiritual Ends were retained in the stepwise analysis.

For the second function, Avoidance-unseen-external Spiritual Ends had the strongest relationship (.92), followed by an inverse relationship with Ethnic Identity (-.48). Thus, for the second function, the best predictors of ethnic group membership were higher levels of Avoidance-unseen-external Spiritual Ends and lower levels of Ethnic Identity.

An examination of the structural matrix for the second function shows that Avoidance-unseen-external Spiritual Ends had the strongest relationship (.88), followed by Avoidance-ordinary-autonomous Spiritual Ends (.47), Ethnic Identity (-.40), Avoidance-ordinary-External Spiritual Ends (.38), and Approach-ordinary-autonomous Spiritual Ends (.31). From all these variables, only Avoidance-unseen-external Spiritual Ends and Ethnic Identity were retained in the stepwise analysis. Though Avoidance-ordinary-autonomous Spiritual Ends was a significant contributor to the structure of the second function, the stepwise analysis did not include it. This could be a result of the moderate correlation between this variable and Avoidance-unseen-external Spiritual Ends and suggests that the latter does a better job discriminating between groups. The standardized function coefficients and correlation coefficients are shown on Tables 8 and 9, respectively.

Table 8

Standardized Canonical Discriminant Function Coefficients

	Function 1	Function 2
Ethnic Identity	.88	−.48
Avoidance-Unseen-External Spiritual Ends	.40	.92

Table 9

Correlations Between Variables and Discriminant Functions

Variable	Function 1	Function 2
Ethnic Identity	.92	−.40
Avoidance-Unseen-External Spiritual Ends	.48	.88
Approach-Unseen-Autonomous Spiritual Ends[b]	.36	.31
Positive Religious Coping[b]	.35	.27
Devotional Spiritual Means[b]	.31	.13
Avoidance-Ordinary-External Spiritual Ends[b]	.23	.38
Approach-)Ordinary-Autonomous Spiritual Ends[b]	.23	.24
Transformational Spiritual Means[b]	.22	.03
Avoidance-Ordinary-Autonomous Spiritual Ends[b]	.19	.47
Negative Religious Coping[b]	.02	.10

[b] = This variable was not used in the discriminant analysis.

An examination of the items in the M-E SQ associated with Autonomous-unseen-external Spiritual Goals shows religious beliefs common to traditional Christianity (e.g., punishment for sins, eternal damnation, and the wrath of God). Fiorito and Ryan (2007) found that this spiritual goal predicted the endorsement of Devotional Spiritual Means, which are more traditional expressions of Judeo-Christian worship, but did not predict Transformational Spiritual Means, which are expressions that are more focused on personal growth and meaning-making. They also found that the importance that an individual gave to religion (i.e., religious salience) predicted Autonomous-unseen-external Spiritual Ends. Religious Salience also predicts Approach-ordinary-autonomous Spiritual Ends and Positive Religious Coping (Fiorito & Ryan, 2007; Ryan & Fiorito, 2003; Pargament et al., 2000). Studies have also found a significant relationship between religious salience and ethnic identity (e.g., Chae et al., 2004; Dubow et al., 2000; Escoto, 2004; Pargament, 1997). With this in mind, both functions were named "ethnic identity and conservative religious orientation."

For the first function, Blacks/African Americans had a function mean of 1.33, Latinos/as had a mean of .79, whereas Whites had a mean of -.34. These results suggest

that cases with higher levels of ethnic identity and conservative religious orientation are more likely to be classified as Blacks/African American or Latino/a, while those with lower levels of ethnic identity and conservative religious orientation are more likely to be classified as White, Caucasian, Anglo, European American, non-Hispanic. A Games-Howell post-hoc analysis found no significant differences between the group means for the Black/African Americans and Latinos/as on this discriminant function, but both group means were significantly different from the White, Caucasian, Anglo, European American, non-Hispanic, group mean.

For the second function, Blacks/African Americans had a mean of .61, Latinos/as had a mean of -.39, and Whites had a mean of .03. This suggests that cases with higher levels of conservative religious orientation and lower levels of ethnic identity are more likely to be classified as Black/African American or White, while those with lower levels of conservative religious orientation and higher levels of ethnic identity are likely to be classified as Latino/a. A Games-Howell post-hoc analysis found no significant differences between the group means for the Black/African American group and the White group on this discriminant function, but both were significantly

different from the Latino/a group. The group centroids are shown in Table 10, and the group means for each of the original discriminant variables are shown in Table 11.

However, when considering the interpretation for the second function, it is important to note that, though significant, its explanatory power is very limited (Wilks' Λ=.95, 5% of the variance explained). The first function is a better, though modest, discriminator between the groups (Wilks' Λ=.71, 30% of the variance explained).

Table 10

Functions at Group Centroids

Ethnic Groups	Function 1	Function 2
Black/African American	1.33	.61
Hispanic or Latino/a	.79	-.39
White, Caucasian, Anglo, European American, non-Hispanic	-.34	.03

In summary, the second hypothesis was tested using a stepwise discriminant analysis. The results support the retention of the research hypothesis. The analysis resulted in two statistically significant discriminant functions. The variables that contributed to both functions were Ethnic Identity and Avoidance-unseen-external Spiritual

Ends. Both functions were named "ethnic Identity and conservative religious orientation." In both functions, the most powerful discriminator for Blacks/African Americans was higher levels of conservative religious orientation, while for Latinos/as it was higher levels of ethnic identity, and for Whites it was lower levels of ethnic identity.

Table 11

Group Means on the Discriminant Variables

Ethnic Groups		Mean	*SD*	*N*
Black/ African American	Devotional Spiritual Means	5.7582	1.08741	16
	Transformational Spiritual Means	5.8088	.77575	16
	Approach-ordinary-autonomous Ends	6.4622	.52130	16
	Avoidance-ordinary-autonomous Ends	2.2941	1.17782	16
	Approach-unseen-autonomous Ends	6.0252	1.15643	16
	Avoidance-ordinary-external Ends	2.3529	1.19915	16
	Avoidance-unseen-external Ends	4.2500	1.66067	16
	Ethnic Identity	3.2402	.41862	16
	Positive Religious Coping	3.0756	.84382	16
	Negative Religious Coping	1.2185	.31991	16
Hispanic or Latino/a	Devotional Spiritual Means	4.6638	2.02205	37
	Transformational Spiritual Means	4.7788	1.68645	37
	Approach-ordinary-autonomous Ends	5.3040	1.70523	37
	Avoidance-ordinary-autonomous Ends	2.0684	1.44728	37
	Approach-unseen-autonomous Ends	4.8278	2.10370	37
	Avoidance-ordinary-external Ends	1.6282	.91922	37
	Avoidance-unseen-external Ends	2.5064	1.75889	37
	Ethnic Identity	3.2201	.57018	37
	Positive Religious Coping	2.4945	1.04612	37
	Negative Religious Coping	1.2711	.39843	37
White, Caucasian, Anglo, European American, non-Hispanic	Devotional Spiritual Means	4.4982	1.84229	151
	Transformational Spiritual Means	4.8841	1.57917	151
	Approach-ordinary-autonomous Ends	5.4409	1.54047	151
	Avoidance-ordinary-autonomous Ends	1.8433	.99093	151
	Approach-unseen-autonomous Ends	4.5979	2.03997	151
	Avoidance-ordinary-external Ends	1.5944	.98816	151
	Avoidance-unseen-external Ends	2.3113	1.57691	151
	Ethnic Identity	2.6876	.43186	151
	Positive Religious Coping	2.0237	.92309	151
	Negative Religious Coping	1.1466	.29644	151
Total	Devotional Spiritual Means	4.6329	1.85350	204
	Transformational Spiritual Means	4.9402	1.56740	204
	Approach-ordinary-autonomous Ends	5.4990	1.54003	204
	Avoidance-ordinary-autonomous Ends	1.9227	1.10868	204
	Approach-unseen-autonomous Ends	4.7585	2.02550	204
	Avoidance-ordinary-external Ends	1.6630	1.01071	204
	Avoidance-unseen-external Ends	2.5072	1.69539	204
	Ethnic Identity	2.8333	.51665	204
	Positive Religious Coping	2.1988	.99001	204
	Negative Religious Coping	1.1760	.32204	204

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Counseling psychologists provide services to a population that is predominantly religious and increasingly ethnically diverse, yet psychological research on the role of culture and religion in the coping process is limited. Previous researchers have suggested that religious orientation and ethnic identity contributed to the coping process and have a significant role in psychosocial adaptation. Furthermore, the process of coping is better understood in the context of a particular stressor. Thus, the focus of this study was the role of religion, religious coping, and ethnic identity among a sample of ethnically diverse bereaved individuals.

The purpose of this study was (a) to study religion from a coherent theoretical framework that emphasized its multidimensional and functional role in individuals' lives; (b) to shed light on the role of ethnic identity in the selection of religious coping methods among ethnically diverse bereaved individuals; and (c) to contribute to the

body of knowledge on religious orientation, ethnic identity, and religious coping.

Pargament (1997) defined religion as the "search for significance in ways related to the sacred" (p. 32). He and other researchers (Emmons, 1999; Ryan & Fiorito, 2003; Fiorito & Ryan, 2007) studied the multidimensional and functional role of religion in life and the link between religion and health. A theoretical model emerged from their research that considers the various spiritual means that people use to achieve their spiritual goals. This model does not categorize particular spiritual ends as being *good* or *bad* (e.g., intrinsic and extrinsic religious orientations). Instead, the model posits that particular combinations of spiritual means and ends are predictive of well-being and psychosocial adjustment (Fiorito & Ryan, 2007).

According to Pargament and Park (1997), 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 cope through using religious methods. Religious coping appears to be particularly compelling when there is a threat to what people hold as significant in life (Pargament, 1997), as in trauma and bereavement. 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 et al., 2000).

Although there is conflicting evidence regarding the effect of religion and religious coping on adjustment and health, the literature consistently shows that positive religious coping methods (e.g., seeking religious support, positive religious reattributions) can have a protective effect in times of stress and are related to greater psychological adjustment and stress-related growth (Ano & Vasconcelles, 2005; Park & Cohen, 1993). Conversely, various religious coping strategies have been linked to decreased health (Park, 2007). Seeing the stressor as punishment from God, attributing it to the Devil, and questioning God's love are some examples of religious coping strategies that have been linked to negative psychological and physical health outcomes.

Religious resources are also significant to oppressed groups (Maltby et al., 1999; Nelson, 1989; Pargament, 1997; Winston, 2003). Ethnic minorities often report higher levels of religiosity and more use of religious coping strategies than does the majority population. The study of how these populations use their religious resources during

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stressful events can help researchers to elucidate the role of religion and culture in adjustment.

Pargament (1997) argued that culture "selectively encourages some religious expressions in coping and selectively discourages others" (p. 190). For example, the funeral rituals of different cultural groups of the same religion can be very different. Also, culture shapes religious symbols, making them relevant. For example, throughout the world, the image of the Virgin Mary integrates symbols that are culturally relevant. The relationship between culture and religion is dynamic; the two shape each other.

Finally, the study of ethnic identity provides a way to understand the influence of culture and social identity in coping (Escoto, 2004). Various studies evidenced the protective effect of ethnic identity among minority groups, associating it with greater self-esteem, better coping strategies, and psychological adjustment (Brook et al., 1998; Dubow et al., 2000; Escoto, 2004; Mossakowski, 2003; Phinney, 1991, 1997; Phinney & Chavira, 1992; Phinney et al., 1997).

Methodology

The data for this study were collected between May and August 2012, using the web-based survey software SurveyMonkey. The sample consisted of 319 individuals with ages ranging from 18 to 79 years old (M=44.22, SD=13.94). Approximately 23% were male and 75% were female. In addition, approximately 92% listed the United States as their country of residence. The sample was 64% White, 19% Hispanic or Latino/a, and 8% Black or African American (10% didn't self-identify with the ethnic groups described in the study).

The data were analyzed to answer two research questions. The first analysis examined whether religious orientation and ethnic identity predict religious coping among bereaved individuals. The second analysis sought to identify which variables related to religious orientation, ethnic identity, and religious coping contributed most to differences between ethnic groups. A total of 11 variables (10 numerical and 1 categorical) were measured using the following instruments: Means-Ends Spirituality Questionnaire (Ryan & Fiorito, 2003), Multigroup Ethnic Identity Measure–Revised (Phinney, 1992), and the Brief RCOPE (Pargament et al., 2000).

The results of a canonical correlation analysis supported the retention of the first research hypothesis. Variables associated with several spiritual means and ends were the best contributors to a predictor variate that was named "religious engagement." The criterion variate was named "religious coping" and Positive Religious Coping accounted for most of its variance.

The results indicated that higher levels of religious engagement are predictive of higher levels of religious coping among bereaved individuals. This confirms Pargament's (1997) assertion that those who consider religion an important part of their lives will use more religious coping strategies when experiencing a stressful event. Furthermore, the results suggested that those who engage in spiritual behaviors that are focused on personal growth, but do not engage in communal expressions of spirituality and do not clearly endorse spiritual goals, are more likely to use negative religious coping strategies when bereaved. Finally, higher levels of ethnic identity were predictive of higher levels of positive religious coping.

The results of a stepwise discriminant analysis supported the retention of the second research hypothesis. There were two functions that discriminated between ethnic

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groups. The variables that contributed to both functions were Ethnic Identity and Avoidance-unseen-external Spiritual Ends. Both discriminant functions were named "ethnic identity and conservative religious orientation."

In this study, cases with higher levels of ethnic identity and conservative religious orientation were more likely to be classified as Black/African American or Latino/a, while those with lower levels of ethnic identity and conservative religious orientation were more likely to be classified as White. There were no significant differences between the group means for Black/African Americans and Latinos/as on this discriminant function, but both group means were significantly different from the White group mean. For both functions, the best discriminators were: (a) higher levels of conservative religious orientation for Blacks/African Americans, (b) higher levels of ethnic identity for Latinos/as, and (c) lower levels of ethnic identity for Whites.

Discussion

The first analysis sought to determine whether religious orientation and ethnic identity predict religious coping among ethnically diverse bereaved individuals. An examination of the structure of the predictor variate

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suggested that five variables linked with religious orientation provided the most significant contributions: (a) Devotional Spiritual Means, (b) Approach-unseen-autonomous Spiritual Ends, (c) Transformational Spiritual Means, (d) Approach-ordinary-autonomous Spiritual Ends, and (e) Avoidance-unseen-external Spiritual Ends. After examining these variables associated with spiritual means and ends, the predictor variate was labeled "religious engagement."

Individuals with high levels of religious engagement report that they engage in traditional religious expressions more frequently and are more likely to have more conservative Judeo-Christian beliefs and spiritual goals. Their spiritual goals comprise ordinary and transcendental concerns that include a search for personal growth, meaning and purpose, relationship with others, leaving a sense of legacy, having peace of mind, having a meaningful relationship with the Sacred, and eternal life.

Individuals who describe religion as having a very important role in their lives tend to score high on Devotional and Transformational Spiritual Means and are likely to embrace the beliefs, ideology, and teachings of their religious traditions and to integrate them into their daily lives (Fiorito & Ryan, 2007). Also, Fiorito and Ryan

(2007) found that religious salience and Devotional Means were predictors for three spiritual ends measured in the M-E SQ: (a) Approach-unseen-autonomous Spiritual Ends, (b) Approach-ordinary-autonomous Spiritual Ends, and (c) Avoidance-unseen-external Spiritual Ends. In this study, these three spiritual ends were the most relevant contributors to the predictor variate, in that same order. This lends support to the proposition that the latent construct in the predictor variate is religious engagement.

Positive Religious Coping was the most relevant contributor to the criterion variate. Pargament, Smith, et al. (1998) conceptualized positive religious coping as "an expression of a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others" (p. 712). In contrast, they conceptualized negative religious coping as "an expression of a less secure relationship with God, a tenuous and ominous view of the world and a religious struggle in the search for significance" (p. 712). In this study, those with higher levels of religious engagement were more likely to have higher levels of positive religious coping.

Studies about religious coping consistently show higher use of positive religious coping than negative

religious coping. Pargament, Smith, et al. (1998) and Pargament et al. (2000) found that the means for positive religious coping were much higher than the means for negative religious coping across the three samples surveyed for the development of the RCOPE and the Brief RCOPE (college students, elderly hospital patients, and church members). The means for positive and negative religious coping in this study are similar to those reported in the aforementioned studies.

This study did not include measures for psychosocial adjustment, but the research literature suggests that the use of positive religious coping is related to less psychosocial distress and greater stress-related growth, while negative religious coping has shown significant correlations with higher levels of emotional distress, poorer physical health, and higher levels of psychosomatic symptomatology (Pargament, 1997; Pargament, Smith, et al., 1998, Pargament et al., 2000). Therefore, though infrequent, instances of negative religious coping may have clinical significance as it is predictive of poor adjustment. The implications of signs of spiritual struggle for counseling will be further discussed in the next section.

Another finding in this study was that the role Transformational Spiritual Means was the only significant predictor of Negative Religious Coping. This suggests that people who adopt more "inner-focused" spiritual means (Fiorito & Ryan, 2007), without the benefits associated with having a spiritual community or having clear spiritual goals, are more likely to use negative religious coping strategies when bereaved. Though a review of the literature did not find studies that examined the relationship between Transformational Spiritual Means and Negative Religious Coping as defined in this study, previous research supports this interpretation.

For example, Fiorito and Ryan (2007) found that the benefits of spiritual means on well-being depended on the strength of its connections with spiritual goals. In addition, studies reveal that "high levels of religious strivings, if not accompanied by concrete plans and strategies for attainment, might be experienced as a source of frustration" (Emmons, 1999, p. 104) and that those involved in the pursuit of meaningful goals report a greater sense of well-being than those who lack goal direction (Emmons, 2005; Emmons, Cheung, & Tehrani, 1998). Also, the benefits on well-being associated with the construct of Devotional Spiritual Means may be related to

its social and communal elements and this differentiates them from Transformational Means (Fiorito & Ryan, 2007). As has been previously discussed, religious rituals bring people together, enhance the sense of community, and may serve to increase an individual's commitment to their religion, and those with primarily "inner-focused" spiritual means might not enjoy these benefits.

Furthermore, the results indicated that ethnic identity was a significant predictor of Positive Religious Coping. This is consistent with other studies that found that those with high levels of ethnic identity are more likely to use religious coping strategies when facing stressful events (Abraído-Lanza et al., 2004; Dubow et al., 2000; Escoto, 2004; Holmes, 2013; Pargament, 1997). Moreover, Tarakeshwar et al. (2005) found that ethnic minority individuals tend to use spiritual coping regardless of the intensity of their distress.

The analysis for the second research question found that higher levels of ethnic identity achievement and higher levels of conservative religious orientation discriminated between ethnic groups. As a group, Blacks/African Americans showed the highest levels of ethnic identity achievement and conservative religious orientation, followed by Latinos/as, though there were no

significant differences between these two groups. Cases

with lower ethnic identity and conservative religious

orientation were more likely to be classified in the White

group. The similarities in responses between the ethnic

minority groups might explain why this discriminant

function was more successful in classifying Whites (96%

accuracy) than Black/African Americans (27%) or Latinos/as

(22%).

The second discriminant function was statistically

significant, but accounted for a small percentage of the

variance between ethnic groups (approximately 5%), thus any

interpretation must be made with caution. The analysis

showed that higher levels of conservative religious

orientation and lower levels of ethnic identity

discriminate between ethnic minority groups, with

Blacks/African Americans showing higher levels in this

discriminant function than did Latinos/as. There were no

significant differences between the means for

Blacks/African Americans and Whites on this function. This

confirms the findings of other studies that show that

Blacks/African Americans tend to report higher levels of

religiosity than do other ethnic groups (Chae et al., 2004;

Koffman & Higginson, 2002; Nelson, 1989). Thus, these

results suggest that Blacks/African Americans tend to

endorse higher levels of conservative beliefs and practices than do the other two ethnic groups in the study and that conservative religious orientation is a better discriminant between Blacks/African Americans and Latinos/as than ethnic identity. When taken together, the discriminant analysis confirms the importance of ethnic identity and religion for ethnic minority groups.

Conclusions and Recommendations

This study found that bereaved individuals with higher levels of religious engagement are more likely to use religious coping strategies, particularly positive religious coping strategies. These individuals tend to participate in traditional expressions of spiritual worship (e.g., attending spiritual services, participating in personal and group prayer, devotional reading) and strive to achieve spiritual goals that comprise ordinary and transcendental concerns. When coping with stress, these individuals are more likely to rely on a secure relationship with the sacred, a belief that life has meaning, and a sense of connectedness with their religious community.

If practitioners seek to help their religiously engaged clients, they should consider the role of religion

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in their lives, the definition of their problems, and the potential solutions. The following questions can foster a dialogue about this: Do you see yourself as a spiritual person? Has your loss affected your spiritual life? From what sources do you draw the strength and courage to go on? How does your spirituality help you to understand your loss and to cope with it? (Griffith & Griffith, 2002; Pargament, 2007).

However, a list of assessment questions or interventions is not enough. Recently, the Association for Spiritual, Ethnical, and Religious Values in Counseling (ASERVIC) developed competencies for addressing religious and spiritual issues in counseling (ASERVIC, 2009). They inform the integration of spirituality in the training curriculum for counselors and serve as the basis for the assessment of knowledge and skill acquisition (Hagedorn & Gutierrez, 2009).

Practitioners can develop these competencies through an examination of their spiritual values and their spiritual journey, personal exposure to spiritual traditions different from theirs, training in religious diversity and the psychology of religion, and clinical supervision (Cashwell & Young, 2011; Hagedorn & Gutierrez, 2009; Pargament, 2007). Through these experiences,

practitioners can develop a model to guide the process of assessment and treatment and hone the clinical judgment needed to select interventions that consider their clients' unique spiritual experiences and their sociocultural context. Appendix E includes a list of books, peer-reviewed journals, and professional organizations that focus on the integration of religion, spirituality, and psychology that can be useful in developing competence in this area.

Another finding that might inform counseling practice was that individuals who engage in spiritual strategies that are more inner-focused, who are not engaged in a spiritual community, and who do not have well-defined spiritual goals are more likely to use negative religious coping. Though these findings must be replicated, current research suggests that practitioners should consider the role of well-defined spiritual goals and social connectedness in the process of coping (Fiorito & Ryan, 2007; Emmons, 1999). Since the literature shows that the social dimension of spirituality appears to have important salutary effects (Exline, 2002; Fiorito & Ryan, 2007), practitioners may explore their clients' thoughts and feelings about participating in a supportive spiritual community. These questions can facilitate that exploration: Has your spirituality given you a sense of connectedness to

others? Where do you go to practice your spirituality or feel the presence of the sacred? (Pargament, 2007). Also, practitioners can assist clients to examine how their spiritual values inform their life goals and their efforts to achieve them. This is an invitation for clients to contemplate the life they want. These questions can stimulate a conversation about their spiritual goals: What legacy would you like to leave behind? What do you see yourself striving for and where does the sacred fit in? (Pargament, 2007).

Moreover, practitioners should have in mind that religious attributions, goals, and coping methods may contribute to the creation and perpetuation of a problem. Thus, it is important to identify instances of negative religious coping and their potential impact in psychosocial and physical health. Practitioners can explore whether their clients' spirituality has been a source of pain, guilt, anger, confusion, doubt, anxiety, fear, and alienation from others (Pargament, 2007). Items from the RCOPE's negative religious coping subscales could serve as "red flags," calling attention to the need for further assessment and discussion (Pargament et al., 2000; Pargament, Zinnbauer, et al., 1998). In essence, practitioners should continuously pay attention to signs of

spiritual struggle and be proactive in addressing them (Exline, 2002; Exline & Rose, 2005; Manning-Walsh, 2005).

This study also examined whether religious orientation, ethnic identity, and religious coping discriminated between ethnic groups. The findings showed that higher levels of ethnic identity and conservative religious orientation discriminated between the ethnic groups in the study. Individuals with higher levels of ethnic identity find greater meaning in their identification with their ethnic group, whereas individuals with higher levels of conservative religious orientation tend to hold beliefs and goals common to traditional Christianity (e.g., striving to avoid punishment for sins, eternal damnation, and the wrath of God) and to engage in traditional expressions of worship (e.g., church attendance, group prayer, devotional reading).

Blacks/African Americans showed the highest levels of ethnic identity and conservative religious orientation, followed by Latinos/as, though these groups were not significantly different from each other in this regard. Overall, Whites showed lower levels of ethnic identity and conservative religious orientation. These results confirm that ethnic identity and religion are particularly important for bereaved ethnic minority individuals.

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Therefore, these dimensions should be assessed and cultural and religious resources integrated when appropriate.

To assess ethnic identity, practitioners may adapt some items of the MEIM-R (e.g., How strong is your sense of belonging to your ethnic group? How active are you in organizations or social groups that include mostly members of your ethnic group?). Another helpful strategy is to ask individuals to draw symbols that speak to their cultural identity and elicit narratives about them. This can help practitioners to understand what it means for their clients to belong to their ethnic group and how their culture informs their daily life.

Also, when appropriate, practitioners should consider interventions that facilitate clients' ethnic identity development. For instance, practitioners can encourage their clients to find out more about their history and traditions through interviews with their elders, to identify works of art from their culture that speak to them, and to explore local organizations that foster cultural dialogue and engagement. Furthermore, practitioners should also be mindful of their clients' religious community resources. For example, consultations with their clients' spiritual leaders may facilitate a

better understanding of their presenting concerns and the resources available in their communities.

These suggestions are congruent with the multicultural competencies and guidelines endorsed by the American Psychological Association (1993) and the American Counseling Association (Arredondo et al., 1996). The process of developing multicultural competencies is similar to that of developing competencies in the integration of spirituality in counseling and psychotherapy. Becoming multiculturally competent involves the development of self-awareness about cultural values and biases, personal relationships with individuals from diverse cultural groups, formal and informal training in multicultural counseling, and clinical supervision. Appendix E includes a list of books, peer-reviewed journals, and professional organizations that study the role of culture in mental health practice. They may be useful for practitioners interested in becoming multiculturally competent.

Finally, increased research on the role of ethnic identity and religious orientation in the coping process can help practitioners to be more effective in their work with clients. Future studies should expand beyond Western monotheism to include the religious and cultural diversity reflected in the population that practitioners are serving.

Qualitative approaches might help in understanding this diversity and the complexity of some religious coping methods in their cultural contexts (e.g., religious purification, religious forgiving, and religious surrender). This approach might also uncover religious coping strategies that are different from those included in this study. Also, qualitative studies might serve as the basis for the development of measures to study diverse groups on a larger scale. For example, Dubow et al. (2000) developed the Brief Jewish Coping Strategies Scale-Children and Tarakeshwar et al. (2003) developed the Hindu Religious Coping Scale using this approach. Furthermore, longitudinal studies could illuminate the dynamic relationship between religious orientation, ethnic identity, and religious coping. If these studies also include measures of psychosocial adjustment, they may be able to capture the synergy between ethnic identity, religious coping, and well-being.

APPENDIX A

TABLE OF HYPOTHESES

APPENDIX A

Table of Hypotheses

Null hypotheses	Name of variables	Level of Measurement	Statistical Test and Criteria
Null Hypothesis No. 1: Devotional Spiritual Means, Transformational Spiritual Means, Approach-ordinary-autonomous Spiritual Ends, Avoidance-ordinary-autonomous Spiritual Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-ordinary-external Spiritual Ends, Avoidance-unseen-external Spiritual Ends, and ethnic identity do not predict religious coping among bereaved individuals.	Independent variables: *Spiritual Means* 1. Devotional Means [D] 2. Transformational Means [T] *Spiritual Ends* 3. Approach-ordinary-autonomous Spiritual Ends [Ap-O-A] 4. Avoidance-ordinary-autonomous Spiritual Ends [Av-O-A] 5. Approach-unseen-autonomous Spiritual Means [AP-U-A] 6. Avoidance-ordinary-external Spiritual Means [Av-O-E] 7. Avoidance-unseen-external Spiritual Means [Av-U-E] *Ethnic Identity* 8. Ethnic Identity [EI] Dependent Variables: 9. Positive Religious Coping [PRC] 10. Negative Religious Coping [PRC]	Independent Variables: Spiritual Means 1. Interval – scale Variable 2. Interval – scale Variable Spiritual Ends 3. Interval – scale Variable 4. Interval – scale Variable 5. Interval – scale Variable 6. Interval – scale Variable 7. Interval – scale Variable Ethnic Identity 8. Interval – scale Variable Dependent Variables: 9. Interval – scale Variable 10. Interval – scale Variable	Canonical Correlation. If the canonical correlation has a significance of p<.001, the null hypothesis will be discredited and the research hypothesis will be retained.

| **Null Hypothesis 2:** The covariance matrices of Devotional Spiritual Means, Transformational Means, Approach-ordinary-autonomous Spiritual Ends, Avoidance-ordinary-autonomous Spiritual Ends, Approach-unseen-autonomous Spiritual Ends, Avoidance-ordinary-external Spiritual Ends, Avoidance-unseen-external Spiritual Ends, ethnic identity, and positive and negative religious coping do not differ between ethnic groups. | Independent Variables:

Spiritual Means
1. Devotional Means [D]
2. Transformational Means [T]

Spiritual Ends
3. Approach-ordinary-autonomous Spiritual Ends [Ap-O-A]
4. Avoidance-ordinary-autonomous Spiritual Ends [Av-O-A]
5. Approach-unseen-autonomous Spiritual Means [AP-U-A]
6. Avoidance-ordinary-external Spiritual Means [Av-O-E]
7. Avoidance-unseen-external Spiritual Means [Av-U-E]

Ethnic Identity
8. Ethnic Identity [EI]

Religious Coping
9. Positive Religious Coping [PRC]
10. Negative Religious Coping [NRC]

Dependent Variable
11. Ethnicity [EG] | Spiritual Means
1. Interval – scale Variable
2. Interval – scale Variable

Spiritual Ends
3. Interval – scale Variable
4. Interval – scale Variable
5. Interval – scale Variable
6. Interval – scale Variable
7. Interval – scale Variable

Ethnic Identity
8. Interval – scale Variable

Religious Coping:
9. Interval – scale Variable
10. Interval – scale Variable

Ethnic Groups:
11. Nominal Variable | Stepwise Discriminant Analysis. If the test yields a statistically significant function that discriminates between ethnic groups, then the null hypothesis is discredited and the research hypothesis will be retained. |

APPENDIX B

TABLE OF OPERATIONALIZATION OF VARIABLES

APPENDIX B

Table of Operationalization of Variables

Variables	Conceptual Definition	Instrumental Definition	Operational Definition
Devotional Spiritual Means [D]	Traditional expressions of religious worship. These expressions include thoughts, feelings, actions, and relationships.	This variable will be measured using the Means-Ends Spirituality Questionnaire (M-E SQ) (Ryan & Fiorito, 2003). The M-E SQ has 42 items and two scales [Spirituality Means and Spirituality Ends] that measure an individual's endorsement of particular religious/spiritual means and religious/spiritual ends that best describe him or her. The Devotional Means subscale is part of the Spirituality Means scale of the M-E SQ. Devotional (D): Items reflect traditional expressions of spiritual worship reflecting thoughts, feelings, actions, and relationships. *This subscale has 9 items*: 1. I attend spiritual services. (D1) 2. I do not experience an absolute trust in God. (D2, reverse score) 3. I center my intentions around God's principles (D3) 5. I participate in group prayer (D4) 8. I feel a deep sense of well-being in my everyday actions [D5] 12. I attend a community of faith as part of my spirituality. [D6] 13. I engage in spiritual activities (for example, prayer, meditation, spiritual reading). [D7] 15. I pray as part of my spiritual practice [D8] 17. I feel the presence of God in my everyday actions. [D9]	These items are scored on a 7-point Likert-type scale. The values in items 1-8 have the following meaning: 1 = Strongly Disagree 2 = Moderately Disagree 3 = Slightly Disagree 4= Not Sure 5 = Slightly Agree 6 = Moderately Agree 7 = Strongly Agree The values in items 9-17 have the following meaning: 1 = Never 2 = Few Times a Year 3 = About Once a Month 4 = Few Times a Month 5 = About Once a Week 6 = Few Times a Week 7 = Daily Scoring Strategies: Obtain mean scores for subscale by summing all the item responses and dividing this total by the number of items (9). [One item is reverse scored: For D2, a response of 7 is changed to a 1; 6 to 2; 5 to 3.] *7-Points Interval – scale Variable*

| Transformational Spiritual Means [T] | Spiritual strategies that have a life-changing emotional or cognitive quality. These strategies include thoughts, feelings, actions, and relationships. | This variable will be measured using the Means-Ends Spirituality Questionnaire (M-E SQ). The Transformational Means subscale is part of the Spirituality Means scale of the M-E SQ.
This subscale has 8 items:

4. I have spiritual experiences where I am overcome with wonder and reverence. (T1)
6. I reflect on the deeper meaning of spiritual principles. [T2]
7. I have spiritual experiences where I feel transformed and reborn into a new life. [T3]
9. I perform works of charity as part of my spiritual practice. [T4]
10. I feel joy when I am in touch with the spiritual side of life [T5]
11. I think about spiritual principles [T6]
14. In my spirituality I ponder the meaning and purpose of life [T7]
16. I think about ways of becoming a better person. [T8] | These items are scored using a 7-point Likert-type format. The values in items 1-8 have the following meaning:

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4= Not Sure
5 = Slightly Agree
6 = Moderately Agree
7 = Strongly Agree

The values in items 9-17 have the following meaning:

1 = Never
2 = Few Times a Year
3 = About Once a Month
4 = Few Times a Month
5 = About Once a Week
6 = Few Times a Week
7 = Daily

Scoring Strategies:

Obtain mean scores for subscale by summing all the item responses and dividing this total by the number of items (8).

7-Points Interval – scale Variable |

| Approach-ordinary-autonomous Spiritual Ends [Ap-O-A] | Self-determined religious / spiritual strivings (goals, ends) that seek a positive or growth-related state / condition in this life. | This variable will be measured using the M-E SQ's Spirituality Ends [SE] scale. The SE assesses the spiritual ends (goals) toward which an individual may strive. The Ap-O-A factor has 7 items that reflect a combination of the following dimensions:

Motivational Focus: Approach
Goals focused on attaining a desirable state or condition, such as meaning, control, or pleasant feelings.

Instrumental Focus: Ordinary
Goals focused on obtaining something in this life, such as meaning or happiness.

Location of Influence: Autonomous [Self-determined]
Goals are determined by the individual.

Approach-ordinary-autonomous (Ap-O-A, 7 items):
1. A primary purpose in my being spiritual is to become a better person. [Ap-O-A1]
7. One thing I want to obtain in being spiritual is happiness and fulfillment. [Ap-O-A2]
19. One benefit I seek in being spiritual is to feel more positive about myself. [Ap-O-A3]
12. One thing I seek in being spiritual is to sort out what is really valuable in life from what is not. [Ap-O-A4]
16. One thing I want to achieve in being spiritual is peace of mind. [Ap-O-A5]
22. One thing I want to find in being spiritual is meaning and purpose in life. [Ap-O-A6]
24. One reason for me to be spiritual is to make the world a better place for my having been here. [Ap-O-A7] | These items are scored using a 7-point Likert-type scale. Values have the following meanings:

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4= Not Sure
5 = Slightly Agree
6 = Moderately Agree
7 = Strongly Agree

Scoring Strategies:

Obtain mean scores for the subscale by summing all the item responses and dividing this total by the number of items (7).

7-Points Interval – scale Variable |

Avoidance-ordinary-autonomous Spiritual Ends [Av-O-A]	Self-determined religious / spiritual strivings (goals, ends) that seek to reduce or eliminate present or anticipated adverse conditions in this life.	This variable will be measured using the M-E SQ's Spirituality Ends [SE] scale. The SE assesses the spiritual ends (goals) toward which an individual may strive. The Av-O-A factor has 3 items that reflect a combination of the following dimensions: *Motivational Focus: Avoidance* Goals focused on reducing or eliminating present or anticipated aversive conditions, both internal and external. *Instrumental Focus: Ordinary* Goals focused on obtaining something in this life, such as meaning or happiness. *Location of Influence: Autonomous [Self-determined]* Goals are determined by the individual. *Avoidance-ordinary-autonomous* (Av-O-A, 3 items): 9. In being spiritual I want to avoid the difficulties of life. [Av-O-A1] 14. In being spiritual I want to avoid facing the fundamental questions of life. [Av-O-A2] 17. In being spiritual I want to avoid making decisions for myself. [Av-O-A3]	These items are scored on a 7-point Likert-type scale. Values have the following meanings: 1 = Strongly Disagree 2 = Moderately Disagree 3 = Slightly Disagree 4= Not Sure 5 = Slightly Agree 6 = Moderately Agree 7 = Strongly Agree Scoring Strategies: Obtain mean scores for the subscale by summing all the item responses and dividing this total by the number of items (3). *7-Points Interval – scale Variable*

| Approach-unseen-autonomous Spiritual Ends [Ap-U-A] | Self-determined religious / spiritual strivings (goals, ends) that seek a positive or growth-related transcendent state. | This variable will be measured using the M-E SQ's Spirituality Ends [SE] scale. The SE assesses the spiritual ends (goals) toward which an individual may strive. The Ap-U-A factor has 7 items that reflect a combination of the following dimensions:

Motivational Focus: Approach
Goals focused on attaining a desirable state or condition, such as meaning, control, or pleasant feelings.

Instrumental Focus: Unseen
Goals focused on obtaining something transcendent.

Location of Influence: Autonomous [Self-determined]
Goals are determined by the individual.

Approach-unseen-autonomous (Ap-U-A, 7 items):
4. A primary benefit I seek in being spiritual is to achieve eternal peace with God. [Ap-U-A1]
5. In being spiritual I want to obtain the knowledge to guide and direct others. [Ap-U-A2]
18. In being spiritual I want to influence the lives of others. [Ap-U-A3]
8. One motive in my being spiritual is to experience the presence of God. [Ap-U-A4]
13. A main objective in my spiritual practice is to align my will with that of God's. [Ap-U-A5]
21. In being spiritual I want to feel unconditionally loved by God. [Ap-U-A6]
23. A primary purpose in my being spiritual is to know and love God. [Ap-U-A7] | These items are scored on a 7-point Likert-type scale. Values have the following meanings:

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4= Not Sure
5 = Slightly Agree
6 = Moderately Agree
7 = Strongly Agree

Scoring Strategies:

Obtain mean scores for the subscale by summing all the item responses and dividing this total by the number of items (7).

7-Points Interval – scale Variable |

Avoidance-ordinary-external Spiritual Ends [Av-O-E]	Religious / Spiritual strivings (goals, ends) that seek to reduce or eliminate present or anticipated aversive conditions and are determined by an external source or by the avoidance of an external threat.	This variable will be measured using the M-E SQ's Spirituality Ends [SE] scale. The SE assesses the spiritual ends (goals) toward which an individual may strive. The Ap-U-A factor has 4 items that reflect a combination of the following dimensions:	These items are scored using a 7-point Likert-type scale. Values have the following meanings:

Motivational Focus: Approach
Goals focused on attaining a desirable state or condition, such as meaning, control, or pleasant feelings.

Instrumental Focus: Ordinary
Goals focused on obtaining something in this life, such as meaning or happiness.

Location of Influence: External
Goals that respond to external influence or seek to avoid an external threat.

Avoidance-ordinary-external (Av-O-E, 4 items):
3. I am spiritual in order to avoid being criticized by my peers. [Av-O-E1]
6. I am spiritual in order to not lose the respect of others. [Av-O-E2]
10. I am spiritual in order to avoid losing social standing in my community. [Av-O-E3]
20. In being spiritual I want to avoid being disliked by others. [Av-O-E4]

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4= Not Sure
5 = Slightly Agree
6 = Moderately Agree
7 = Strongly Agree

Scoring Strategies:

Obtain mean scores for the subscale by summing all the item responses and dividing this total by the number of items (4).

7-Points Interval – scale Variable

| Avoidance-unseen-external Spiritual Ends [Av-U-E] | Religious / Spiritual strivings (goals, ends) that seek to reduce / eliminate a present / anticipated aversive transcendental condition and are determined by an external source or by the avoidance of an external threat. | This variable will be measured using the M-E SQ's Spirituality Ends [SE] scale. The SE assesses the spiritual ends (goals) toward which an individual may strive. The Ap-U-E factor has 4 items that reflect a combination of the following dimensions:

Motivational Focus: Avoidance
Goals focused on reducing or eliminating present or anticipated aversive conditions, both internal and external.

Instrumental Focus: Unseen
Goals focused on obtaining something transcendent.

Location of Influence: External
Goals that respond to external influence or seek to avoid an external threat.

Avoidance-unseen-external (Av-U-E, 4 items):
2. One goal for me in being spiritual is to feel less guilty. [Av-U-E1]
11. One goal for me in being spiritual is to avoid being punished for my sins by God. [Av-U-E2]
15. An important reason for my being spiritual is to avoid eternal damnation. [Av-U-E3]
25. One reason for my being spiritual is to avoid the wrath of God [Av-U-E4] | These items are scored on a 7-point Likert-type scale. Points have the following meanings:

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4= Not Sure
5 = Slightly Agree
6 = Moderately Agree
7 = Strongly Agree

Scoring Strategies:

Obtain mean scores for the subscale by summing all the item responses and dividing this total by the number of items (4).

7-Points Interval – scale Variable |

| Ethnic Identity [EI] | Ethnic identity is part of the individual's self-concept which derives from his identification with a social group (or groups) and the value and emotional significance attached to that membership (Tajfel, 1981, p. 255, as cited by Phinney, 1990). | Multigroup Ethnic Identity Measure – Revised (MEIM-R) (Roberts et al., 1999): The MEIM-R has 12 items that provide a global assessment of ethnic identity in one scale.

Ethnic Identity (EI)

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs. [EI1]
2. I am active in organizations or social groups that include mostly members of my own ethnic group. [EI2]
3. I have a clear sense of my ethnic background and what it means for me. [EI3]
4. I think a lot about how my life will be affected by my ethnic group membership. [EI4]
5. I am happy that I am a member of the group I belong to. [EI5]
6. I have a strong sense of belonging to my own ethnic group. [EI6]
7. I understand pretty well what my ethnic group membership means to me. [EI7]
8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group. [EI8]
9. I have a lot of pride in my ethnic group. [EI9]
10. I participate in cultural practices of my own group, such as special food, music, or customs. [EI10]
11. I feel a strong attachment towards my own ethnic group. [EI11]
12. I feel good about my cultural or ethnic background. [EI12] | The MEIM-R items are scored using a 4-point Likert-type scale format. Each value has the following meaning:

1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

Scoring:
An overall score (mean) for the scale is obtained by summing the responses to each item and dividing by total of items in the scale (12).

4-Points Interval - scale Variable |

Ethnicity [EG]	Groups identified by the United States Bureau of the Census on the base of race or ethnic background	This categorical variable [EG] will be measured using Item #13 of the MEIM-R. This item asks participants to self-identify with one of four groups.	Each group will be identified with a different number from 1-4.
		MEIM-R, Item 13:	Individuals that self-identify with one of the following groups will be grouped together as one category: Ethnic Minority Groups [EG]
		My ethnicity is 1. Black or African American [EG1] 2. Hispanic or Latino, including Mexican American, Central American, and others [EG2] 3. White, Caucasian, Anglo, European American; not Hispanic [EG3] 4. Other [EG4]	1 = Black or African American 2 = Hispanic or Latino 3 = White, Caucasian, Anglo, European American; not Hispanic 4 = Other
			Nominal Variable

| Positive Religious Coping [PRC] | The strategies used to attain and/or retain significance in the face of stressful events that reflect the individual's religious orienting system and that have been found to have a significant positive relationship with positive psychosocial outcomes. | Brief RCOPE (Koenig, Pargament, & Nielsen, 1998): This instrument was designed to be theoretically grounded [Functional approach to religion and coping] and empirically- and clinically-supported. It measures two types of religious coping: (1) Positive Religious Coping and (2) Negative Religious Coping. The labels of "positive" and "negative" are related to theoretical and empirical associations to positive and negative biopsychosocial outcomes, respectively.

Positive Religious Coping scale (PRC, 7 items): Contains items that reflect religious coping strategies that have been found to have a significant positive relationship with positive psychosocial outcomes after facing a stressful event, such as psychological adjustment and stress-related growth.

1. Looked for a stronger connection with God. [PRC1]
2. Sought God's love and care. [PRC2]
3. Sought help from God in letting go of my anger. [PRC3]
4. Tried to put my plans into action together with God. [PRC4]
5. Tried to see how God might be trying to strengthen me in this situation. [PRC5]
6. Asked forgiveness for my sins. [PRC6]
7. Focused on religion to stop worrying about my problems. [PRC7] | The Brief RCOPE items are scored using a 4-point Likert-type scale with the following descriptors:

1 = Not at All
2 = Somewhat
3 = Quite a bit
4 = A Great Deal

Scoring:
An overall score (mean) for the scale is obtained by summing the responses to each item and dividing by total of items in the scale (7).

4-Points Interval – scale Variable |

| Negative Religious Coping [NRC] | The strategies used to attain and/or retain significance in the face of stressful events that reflect the individual's religious orienting system and that have been found to have a significant positive relationship with detrimental physiological and psychosocial outcomes. | Negative religious coping will be measured using The Brief RCOPE (Koenig, Pargament, & Nielsen, 1998). This instrument was designed to be theoretically grounded [Functional approach to religion and coping] and empirically- and clinically-supported. It measures two types of religious coping: (1) Positive Religious Coping and (2) Negative Religious Coping. The labels of "positive" and "negative" are related to theoretical and empirical associations to positive and negative biopsychosocial outcomes, respectively. | The Brief RCOPE items are scored using a 4-point Likert-type scale with the following descriptors:

1 = Not at All
2 = Somewhat
3 = Quite a bit
4 = A Great Deal

Scoring:
An overall score (mean) for the scale is obtained by summing the responses to each item and dividing by total of items in the scale (7).

4-Points Interval – scale Variable |

Negative Religious Coping (NRC, 7 items): Religious coping strategies that have been found to have a significant positive relationship with negative physical and psychosocial outcomes after facing a stressful event, such as greater risk of mortality, greater depression, and religious/spiritual struggle.

8. Wondered whether God had abandoned me. [NRC1]
9. Felt punished by God for my lack of devotion. [NRC2]
10. Wondered what I did for God to punish me. [NRC3]
11. Questioned God's love for me. [NRC4]
12. Wondered whether my church had abandoned me. [NRC5]
13. Decided the devil made this happen. [NRC6]
14. Questioned the power of God. [NRC7]

Participant's Age [AG]	The age of the individual completing the survey	Descriptive Information Sheet [Designed for the study]: 1. How old are you? (18-100+) [AG]	Values are: 18-100+ *Interval - scale Variables*
Gender [GE]	The gender of the individual completing the survey	Descriptive Information Sheet [Designed for the study]: 2. What is your sex? Male, Female [GE]	Values are: Male = 1 Female = 2 *Nominal Variable*
Country of Residence [Country]	Country where the participant lives at the time of the study.	Descriptive Information Sheet [Designed for the study]: 3. In what country do you live? (United States, Canada, Mexico, Brazil, etc.) [Open text box for write-in]	Nominal Variable Codes were created for the countries listed and each country was assigned a value: USA = 1; Puerto Rico = 2; United Kingdom = 3; Canada = 4; South Africa = 5; Bahamas = 6; Turkey = 7; Portugal = 8; Israel = 9; Missing = 10.
Time since Loss [TL]	Months passed since the most recent loss of a significant other [by death]	Descriptive Information Sheet [Designed for the study]: 4. How long has it been since the death of your loved one? [TL] Time since loss: 1-36 months	Values are: 1-36 *Interval - scale Variable*
Stressfulness of the Event [ST]	A subjective appraisal of how stressful was the loss when it occurred.	Descriptive Information Sheet [Designed for the study]: 5. When you think back to the time of the loss, how stressful was this experience for you? [ST]	This item is scored using a 5-point Likert-type scale. The values have the following meanings: 1 = not at all stressful 2 = somewhat stressful 3 = stressful 4 = very stressful 5 = extremely stressful *5-Points Interval – scale Variable*

Relationship with the Deceased [RE]	A description of the type of relationship that the participant had with the deceased	Descriptive Information Sheet [Designed for the study]: 6. What was your relationship with the person who died? (Select one): [RE] ___ Parent ___ Grandparent ___ Friend ___ Others	The values for each possible response are: 1 = Parent 2 = Grandparent 3 = Friend 4 = Others *Nominal Variable*
Closeness of the relationship with the deceased [CR]	A subjective appraisal of the degree of closeness of the relationship between the respondent and the deceased	Descriptive Information Sheet [Designed for the study]: 7. How close were you with the person who died? [CR]	This item will be scored using a 5-point Likert-type scale. The values have the following meanings: 1 = not close 2 = somewhat close 3 = close 4 = very close 5 = extremely close *5-Points Interval – scale Variable*
Current Stress [CS]	A subjective appraisal of the level of current stress that the participant feels about the loss	Descriptive Information Sheet [Designed for the study]: 8. How stressed do you currently feel about the loss?	This item will be scored using a 5-point Likert-type scale. The values have the following meanings: 1 = not at all stressed 2 = somewhat stressed 3 = stressed 4 = very stressed 5 = extremely stressed *5-Points Interval – scale Variable*

APPENDIX C

RESEARCH INSTRUMENTS

RESEARCH INSTRUMENTS

This appendix contains a transcription of the
instruments used in this investigation. The development,
scoring, interpretation, and reliability and validity data
of these instruments are described in Chapter 3. The number
in front of each item corresponds to the original number of
the item in the original instrument.

Means-Ends Spirituality Questionnaire (Coded)

Spirituality Means Scale

This section is designed to assess the spiritual MEANS that you may use
to be spiritual. Please read each statement and decide to what degree
the statement is true of you personally. Your response may vary on a 7-
point scale from 1 = "Strongly Disagree" to 7 = "Strongly Agree." For
each statement, please circle the number that BEST describes you in
terms of how the statement applies to you and your life at the present
time. If you are uncertain how to answer an item, your first
inclination is best.

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4 = Not Sure
5 = Slightly Agree
6 = Moderately Agree
7 = Strongly Agree

People have many different ways of describing God. Please use your
personal conception of God when responding to the following items.

1. I attend spiritual services. [D1]
2. I do not experience an absolute trust in God. [D2]
3. I center my intentions around God's principles. [D3]

4. I have spiritual experiences where I am overcome with
   wonder and reverence. [T1]
5. I participate in group prayer. [D4]
6. I reflect on the deeper meaning of spiritual principles. [T2]
7. I have spiritual experiences where I feel transformed
   and reborn into a new life. [T3]
8. I feel a deep sense of well-being in my everyday
   actions. [D5]

In this next section, your response may vary on a 7-point scale from 1
= "Never" to 7 = "Daily." For each statement, please circle the number
in terms of how it applies to you and your life at the present time.
If you are uncertain how to answer an item, your first inclination is
best.

1 = Never
2 = Few Times a Year
3 = About Once a Month
4 = Few Times a Month
5 = About Once a Week
6 = Few Times a Week
7 = Daily

9. I perform works of charity as part of my spiritual
   practice. [T4]
10. I feel joy when I am in touch with the spiritual
    side of life. [T5]
11. I think about spiritual principles. [T6]
12. I attend a community of faith as part of my
    spirituality. [D6]
13. I engage in spiritual activities (for example, prayer,
    meditation, spiritual reading). [D7]
14. In my spirituality I ponder the meaning and purpose of
    life. [T7]
15. I pray as part of my spiritual practice. [D8]
16. I think about ways of becoming a better person. [T8]
17. I feel the presence of God in my everyday actions. [D9]

Spirituality Ends Scale

This section is designed to assess the spiritual ENDS or goals toward
which you may strive. Please read each statement and decide to what
degree the statement is true of you personally. Your response may vary
on a 7-point scale from 1 = "Strongly Disagree" to 7 = "Strongly
Agree." For each statement, please circle the number that BEST
describes you in terms of how the statement applies to you and your
life at the present time. If you are uncertain how to answer an item,
your first inclination is best.

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4 = Not Sure
5 = Slightly Agree
6 = Moderately Agree
7 = Strongly Agree

People have many different ways of describing God. Please use your personal conception of God when responding to the following items.

1. A primary purpose in my being spiritual is to become a   better person. [Ap-O-A1]
2. One goal for me in being spiritual is to feel less guilty. [Av-U-E1]
3. I am spiritual in order to avoid being criticized by my peers. [Av-O-E1]
4. A primary benefit I seek in being spiritual is to achieve eternal peace with God. [Ap-U-A1]
5. In being spiritual I want to obtain the knowledge to guide and direct others. [Ap-U-A2]
6. I am spiritual in order to not lose the respect of others. [Av-O-E2]
7. One thing I want to obtain in being spiritual is happiness and fulfillment. [Ap-O-A2]
8. One motive in my being spiritual is to experience the presence of God. [Ap-U-A4]
9. In being spiritual I want to avoid the difficulties of life. [Av-O-A1]
10. I am spiritual in order to avoid losing social standing in my community. [Av-O-E3]
11. One goal for me in being spiritual is to avoid being punished for my sins by God. [Av-U-E2]
12. One thing I seek in being spiritual is to sort out what is really valuable in life from what is not. [Ap-O-A4]
13. A main objective in my spiritual practice is to align my will with that of God's. [Ap-U-A5)
14. In being spiritual I want to avoid facing the fundamental questions of life. [Av-O-A2]
15. An important reason for my being spiritual is to avoid eternal damnation. [Av-U-E3]
16. One thing I want to achieve in being spiritual is peace of mind. [Ap-O-A5]
17. In being spiritual I want to avoid making decisions for myself. [AV-O-A3]
18. In being spiritual I want to influence the lives of others. [Ap-U-A3]
19. One benefit I seek in being spiritual is to feel more positive about myself. [Ap-O-A3]
20. In being spiritual I want to avoid being disliked by others. [Av-O-E4]
21. In being spiritual I want to feel unconditionally loved by God. [Ap-U-A6]
22. One thing I want to find in being spiritual is meaning and purpose in life. [Ap-O-A6]
23. A primary purpose in my being spiritual is to know and love God. [Ap-U-A7]
24. One reason for me to be spiritual is to make the world a better place for my having been here. [Ap-O-A7]
25. One reason for my being spiritual is to avoid the wrath of God. [Av-U-E4]

Multigroup Ethnic Identity Measure – Revised (Coded)

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino / Latina, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Use the numbers below to indicate how much you agree or disagree with each statement.

4 = Strongly agree
3 = Agree
2 = Disagree
1 = Strongly disagree

1. I have spent time trying to find out more about my
    ethnic group, such as its history, traditions, and customs. [EI1]
2. I am active in organizations or social groups that
    include mostly members of my own ethnic group. [EI2]
3. I have a clear sense of my ethnic background and what it
    means for me. [EI3]
4. I think a lot about how my life will be affected by my
    ethnic group membership. [EI4]
5. I am happy that I am a member of the group I belong to.
    [EI5]
6. I have a strong sense of belonging to my own ethnic
    group. [EI6]
7. I understand pretty well what my ethnic group
    membership means to me. [EI7]
8. In order to learn more about my ethnic background, I
    have often talked to other people about my ethnic group. [EI8]
9. I have a lot of pride in my ethnic group. [EI9]
10. I participate in cultural practices of my own group,
    such as special food, music, or customs. [EI10]
11. I feel a strong attachment towards my own ethnic group.
    [EI11]
12. I feel good about my cultural or ethnic background.
    [EI12]
13. My ethnicity is:
(1) Black or African American [EG1]
(2) Hispanic or Latino, including Mexican American,
    Central American, and others [EG2]
(3) White, Caucasian, Anglo, European American; not
    Hispanic [EG3]
(4) Other [EG4]

Brief RCOPE (Coded)

The following items deal with ways you coped with your loss. There are many ways to try to deal with problems. These items ask what you did to cope with this negative event. Obviously different people deal with things in different ways, but we are interested in how you tried to deal with it. Each item says something about a particular way of coping. We want to know to what extent you did what the item says. *How much* or *how frequently*. Don't answer on the basis of what worked or not – just whether or not you did it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true for YOU as you can. Circle the answer that best applies to you.

1 = Not at All
2 = Somewhat
3 = Quite a bit
4 = A Great Deal

Positive Religious Coping (PRC)

1. Looked for a stronger connection with God. (Spiritual Connection) [PRC1]
2. Sought God's love and care. (Seeking Spiritual Support) [PRC2]
3. Sought help from God in letting go of my anger. (Religious Forgiveness) [PRC3]
4. Tried to put my plans into action together with God. (Collaborative Religious Coping) [PRC4]
5. Tried to see how God might be trying to strengthen me in this situation. (Benevolent Religious Reappraisal) [PRC5]
6. Asked forgiveness for my sins. (Religious Purification) [PRC6]
7. Focused on religion to stop worrying about my problems. (Religious Focus)[PRC7]

Negative Religious Coping (NRC)

8. Wondered whether God had abandoned me. (Spiritual Discontent) [NRC1]
9. Felt punished by God for my lack of devotion. (Punishing God Reappraisal)[NRC2]
10. Wondered what I did for God to punish me. (Punishing God Reappraisal)[NRC3]
11. Questioned God's love for me. (Spiritual Discontent) [NRC4]
12. Wondered whether my church had abandoned me. (Interpersonal Religious Discontent) [NRC5]
13. Decided the devil made this happen. (Demonic Reappraisal) [NRC6]
14. Questioned the power of God. (Reappraisal of God's Power)[NRC7]

Descriptive Information Sheet (Coded)

This section is designed to gather demographic information about you (i.e., age, gender), the person that you lost, and your relationship with this person. You will also find items that ask you to assess your experience of bereavement.

1.   How old are you? (AG, Values: 18-100 continuous)

2.   What is your sex? (GE, Male=1, Female=2, categorical)

3.   In what country do you live? (United States, Canada, Mexico, Brazil, etc.) [Text box, write-in]

4.   How long has it been since the death of your loved one?

      Time since death: _____ (months)

      (TL, enter # of months, Values: 1-36, continuous)

5.   When you think back to the time of the loss, how stressful was this experience for you? (Perception of the stressfulness of the loss, *5-point Likert scale*):

      (ST, Values: 1-5, continuous)

      1 = not at all stressful, 2 = somewhat stressful, 3 = stressful, 4 = very stressful, 5 = extremely stressful

6.   What was your relationship with the person who died? (Select one): (RE, Values: 1-4, categorical)

      1 = Parent, 2 = Grandparent, 3 = Friend, 4 = Other

7.   How close were you with the person who died? (Closeness of relationship with the deceased, *5-point Likert scale):*

      (CR, Values: 1-5, continuous)

      1 = not close; 2 = somewhat close; 3 = close; 4 = very close 5 = extremely close

8.   Presently, how stressed do you feel about the loss? (Level of current stress) (CS, Values: 1-5, numerical)

      1 = not at all stressed; 2 = somewhat stressed; 3 = stressed 4 = very stressed; 5 = extremely stressed

Email Requesting Participation in the Study

Hello,

I am emailing you to participate in a research study that I
am conducting for my doctoral dissertation at Andrews
University. The purpose of my study is to assess the role
of religious orientation and ethnic identity on the
selection of religious coping methods after the loss of a
loved one. I am surveying individuals who have experienced
the loss of a significant other in the past three years (36
months). Results from this survey may provide insight to
the psychology profession regarding the multidimensional
and functional role of religion and ethnic identity in the
coping process with a specific stressor: bereavement.

Participation is voluntary and your answers will remain
anonymous. This survey will only be administered online. It
should take approximately 15-20 minutes to complete. Please
click on the link https://www.surveymonkey.com/s/VRSYYJX to
access the survey. You will first be directed to the
'Informed Consent' page. Select 'I Agree' if you choose to
participate in this study. Next you will be directed to
instructions page and then to the survey itself.

If you have any questions, please feel free to contact me
at lgcortega@gmail.com or by phone at 407-536-7551. Thank
you for your time and participation.

Sincerely,

Luis G. Cruz-Ortega
PhD Candidate, Counseling Psychology
Andrews University
Berrien Springs, MI

Informed Consent for Participation in Research Study

Dear Participant,

Thank you for taking the time to participate in my research study. I am surveying individuals that have experienced the death of a significant other in the past three years. Results from this survey may provide insight into the role of religion and ethnic identity in the selection of religious coping strategies after the loss of a loved one.

Completing this survey is voluntary. Your responses will be anonymous. Since the survey gathers information about a recent stressful event and how you coped with it, you might experience mild discomfort. No other risks related to completing the survey are expected. You may stop and exit the survey at any time.

There are no benefits to you for participating in the study. You should allow yourself approximately 15-20 minutes to complete survey.

If you have any questions about the procedures or other aspects of this research or if you would like information about the findings, you may contact Luis G. C. Ortega at lgcortega@gmail.com. You can also contact my adviser, Dr. Dennis Waite, Andrews University, Berrien Springs, MI 49104; (269) 208-2532.

Research involving human participants is carried out under the oversight of Andrews University's Institutional Review Board (IRB). Questions or concerns about research participants' rights may be directed to the Office of Research & Creative Scholarship, Institutional Review Board, Andrews University, Berrien Springs, MI 49104-0355. The phone number is (269) 471-6361.

By completing this survey, you are giving voluntary consent to participate in this study.

Thank you,

Luis G. Cruz-Ortega
PhD Candidate, Counseling Psychology
Andrews University
Berrien Springs, MI

Instructions for Completing the Survey

In order to participate in this survey, you must be 18 years old and older and have experienced the death of a loved one within the past 3 years (36 months).

You will be asked to answer 68 items that measure the psychological concepts of religious orientation, ethnic identity, and religious coping. There are an additional seven questions regarding your demographic information and your experience of bereavement and your demographic background.

Please take your time reflecting on your experiences. If you have experienced more than one loss within the past three years, focus on one of those experiences when answering the survey. You will not have to answer any questions you do not wish to answer. Your responses will be anonymous.

Select the 'Next' button to proceed to the survey.

*Are you at least 18 years old?
     Yes No

* Have you experienced the death of a loved one within the past 3 years (0-36 months)?
     Yes No

APPENDIX D

FREQUENCY ANALYSES FOR STUDY VARIABLES

APPENDIX D

FREQUENCY ANALYSIS FOR STUDY VARIABLES

This appendix contains the results of the frequency analysis for each variable used in testing the research hypotheses. The research instruments and items associated with each variable are described along with the number of cases for each item and the percentages to each response in the interval scales. The meanings for each value in the interval scales are described in Appendix C (Table of Operationalization of Variables).

Frequencies of Responses per Variable

Devotional Spiritual Means

M-E SQ Items					Percent			
(Means Scale)	*N*	1	2	3	4	5	6	7
1. I attend spiritual services [D1]	315	24.8	10.2	4.1	.6	15.6	13	31.7
2. I do not experience an absolute trust in God (Reversed scored) [D2]	318	38.4	14.5	7.5	8.2	6	7.5	17.9
3. I center my intentions in God's principles [D3]	317	18.6	4.4	2.2	6.3	11.7	24.6	32.2
5. I participate in group prayer [D4]	317	29	9.5	7.9	1.6	16.1	16.7	19.2
8. I feel a deep sense of well-being in my everyday actions [D5]	318	12.6	2.2	1.9	6.9	13.8	22.3	40.3
12. I attend a community of faith as part of my spirituality [D6]	319	25.1	15.7	8.8	6.9	28.8	8.8	6
13. I engage in spiritual activities (for example, prayer, meditation, spiritual reading) [D7]	317	12.3	5.7	2.8	7.3	7.3	20.2	44.5
15. I pray as part of my spiritual practice [D8]	317	17.4	6.3	4.1	4.1	3.5	16.1	48.5
17. I feel the presence of God in my everyday actions [D9]	317	20.8	5.7	2.5	5.4	4.4	14.2	47

The values in items 1-8 have the following meaning:
1 = Strongly Disagree, 2 = Moderately Disagree, 3 = Slightly Disagree, 4= Not Sure, 5 = Slightly Agree, 6 = Moderately Agree, 7 = Strongly Agree

The values in items 9-17 have the following meaning:
1 = Never, 2 = Few Times a Year, 3 = About Once a Month, 4 = Few Times a Month, 5 = About Once a Week, 6 = Few Times a Week, 7 = Daily

Transformational Spiritual Means

M-E SQ Items (Means Scale)		Percent						
	N	1	2	3	4	5	6	7
4. I have spiritual experiences where I am overcome with wonder and reverence [T1]	318	14.5	2.8	2.2	8.5	14.2	21.1	36.8
6. I reflect on the deeper meaning of spiritual principles [T2]	319	10	2.5	2.5	3.1	16.3	20.7	44.8
7. I have spiritual experiences where I feel transformed and reborn into a new life [T3]	318	23.6	4.1	3.8	7.2	19.5	19.2	22.6
9. I perform works of charity as part of my spiritual practice [T4]	318	17.3	24.8	11.6	12.9	11.3	14.5	7.5
10. I feel joy when I am in touch with the spiritual side of life [T5]	318	12.6	12.3	6.3	9.1	9.1	18.6	32.1
11. I think about spiritual principles [T6]	315	7.9	6.7	6	6.3	6.3	18.7	47.9
14. In my spirituality I ponder the meaning and purpose in life [T7]	316	14.2	12.3	5.7	11.4	8.2	19	29.1
16. I think about ways of becoming a better person [T8]	316	2.5	3.8	2.5	7.6	3.2	16.5	63.9

The values in items 1-8 have the following meaning:
1 = Strongly Disagree, 2 = Moderately Disagree, 3 = Slightly Disagree, 4= Not Sure, 5 = Slightly Agree, 6 = Moderately Agree, 7 = Strongly Agree

The values in items 9-17 have the following meaning:
1 = Never, 2 = Few Times a Year, 3 = About Once a Month, 4 = Few Times a Month, 5 = About Once a Week, 6 = Few Times a Week, 7 = Daily

Approach-ordinary-autonomous Spiritual Ends

M-E SQ Items		Percent						
(Ends Scale)	*N*	1	2	3	4	5	6	7
1. A primary purpose in my being spiritual is to become a better person [Ap-O-A1]	313	12.1	3.2	6.1	5.4	17.3	20.8	35.1
7. One thing I want to obtain in being spiritual is happiness and fulfillment [Ap-O-A2]	313	10.5	1.6	3.8	3.5	13.7	26.2	40.6
19. One benefit I seek in being spiritual is to feel more positive about myself [Ap-O-A3]	312	12.8	3.8	2.2	5.8	21.2	29.5	24.7
12. One thing I seek in being spiritual is to sort out what is really valuable in life from what is not [Ap-O-A4]	316	10.4	.3	2.2	3.8	15.5	26.3	41.5
16. One thing I want to achieve in being spiritual is peace of mind [Ap-O-A5]	312	8	2.6	1.6	1.3	13.1	25.3	48.1
22. One thing I want to find in being spiritual is meaning and purpose in life [Ap-O-A6]	311	10.6	.6	2.9	3.9	12.2	22.8	46.9
24. One reason for me to be spiritual is to make the world a better place for my having being here [Ap-O-A7	311	9.6	1	2.3	4.2	13.2	23.2	46.6

The values in each item have the following meanings:
1 = Strongly Disagree, 2 = Moderately Disagree, 3 = Slightly Disagree, 4= Not Sure, 5 = Slightly Agree, 6 = Moderately Agree, 7 = Strongly Agree

Avoidance-ordinary-autonomous Spiritual Ends

M-E SQ Items (Ends Scale)	N	Percent						
		1	2	3	4	5	6	7
9. In being spiritual I want to avoid the difficulties of life [Av-O-A1]	315	43.2	19.4	8.9	6.3	13.7	4.8	3.8
14. In being spiritual I want to avoid facing the fundamental questions of life [Av-O-A2]	313	71.9	11.2	4.5	8	1.9	1.3	1.3
17. In being spiritual I want to avoid making decisions for myself [Av-O-A3]	313	75.7	12.1	3.5	2.9	2.2	1.9	1.6

The values in each item have the following meanings:
1 = Strongly Disagree, 2 = Moderately Disagree, 3 = Slightly Disagree, 4= Not Sure, 5 = Slightly Agree, 6 = Moderately Agree, 7 = Strongly Agree

Avoidance-Ordinary-External Spiritual Ends

M-E SQ Items (Ends Scale)	N	Percent						
		1	2	3	4	5	6	7
3. I am spiritual in order to avoid being criticized by my peers [Av-O-E1]	316	80.4	9.2	3.5	1.9	2.5	1.9	.6
6. I am spiritual in order not to lose the respect of others [Av-O-E2]	317	64.7	12.9	6	3.8	6.3	2.8	3.5
10. I am spiritual in order to avoid losing social standing in my community [Av-O-E3]	315	80	9.8	3.2	2.2	2.9	.6	1.3
20. In being spiritual I want to avoid being disliked by others [Av-O-E4]								

The values in each item have the following meanings:
1 = Strongly Disagree, 2 = Moderately Disagree, 3 = Slightly Disagree, 4= Not Sure, 5 = Slightly Agree, 6 = Moderately Agree, 7 = Strongly Agree

Approach-unseen-autonomous Spiritual Ends

M-E SQ Items		Percent						
(Ends Scale)	N	1	2	3	4	5	6	7
4. A primary benefit I seek in being spiritual is to achieve eternal peace with God [Ap-U-A1]	315	23.8	3.8	2.2	5.1	14.6	18.4	32.1
5. In being spiritual I want to obtain the knowledge to guide and direct others [Ap-U-A2]	315	21.9	4.8	6.3	7.9	16.8	23.2	19
18. In being spiritual I want to influence the lives of others [Ap-U-A3]	314	24.2	6.4	3.8	5.4	16.9	22.9	20.4
8. One motive in my being spiritual is to experience the presence of God [Ap-U-A4]	315	17.8	2.9	1	5.4	9.8	13.3	49.8
13. A main objective in my spiritual practice is to aligning my will with that of God's [Ap-U-A5]	313	23.6	5.1	2.2	6.4	9.3	13.7	39.6
21. In being spiritual I want to feel unconditionally loved by God [Ap-U-A6]	309	25.2	2.6	1	7.8	9.4	12.3	41.7
23. A primary purpose in my being spiritual is to know and love God [Ap-U-A7]	308	20.8	1.6	1.3	4.5	8.8	9.4	53.6

The values in each item have the following meanings:
1 = Strongly Disagree, 2 = Moderately Disagree, 3 = Slightly Disagree, 4= Not Sure, 5 = Slightly Agree, 6 = Moderately Agree, 7 = Strongly Agree

Avoidance-unseen-external Spiritual Ends

M-E SQ Items				Percent				
(Ends Scale)	N	1	2	3	4	5	6	7
2. One goal for me in being spiritual is to feel less guilty [Av-U-E1]	316	48.7	16.8	8.5	6.3	9.5	5.1	5.1
11. One goal for me in being spiritual is to avoid being punished for my sins by God [Av-U-E2]	314	64.3	10.8	4.8	3.2	7.3	6.4	3.2
15. An important reason for my being spiritual is to avoid eternal damnation [Av-U-E3]	312	53.8	5.8	5.1	3.5	10.6	6.7	14.4
25. One reason for my being spiritual is to avoid the wrath of God [Av-U-E4]	313	60.7	9.6	3.5	5.1	9.9	6.4	4.8

The values in each item have the following meanings:
1 = Strongly Disagree, 2 = Moderately Disagree, 3 = Slightly Disagree, 4= Not Sure, 5 = Slightly Agree, 6 = Moderately Agree, 7 = Strongly Agree

Ethnic Identity

MEIM-R Items	Percent				
	N	1	2	3	4
1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs [EI1]	319	9.7	26.3	42.6	21.3
2. I am active in organizations or social groups that include mostly members of my own ethnic group. [EI2]	317	14.5	38.5	35.6	11.4
3. I have a clear sense of my ethnic background and what it means for me. [EI3]	316	2.5	14.6	53.5	29.4
4. I think a lot about how my life will be affected by my ethnic group membership. [EI4]	315	15.2	48.3	27	9.5
5. I am happy that I am a member of the group I belong to. [EI5]	317	.9	5.7	61.5	31.9
6. I have a strong sense of belonging to my own ethnic group. [EI6]	318	3.8	25.8	46.5	23.9
7. I understand pretty well what my ethnic group membership means to me. [EI7]	319	1.3	11	60.2	27.6
8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group. [EI8]	317	9.1	38.2	39.4	13.2
9. I have a lot of pride in my ethnic group. [EI9]	318	4.7	21.1	50.9	23.3
10. I participate in cultural practices of my own group, such as special food, music, or customs. [EI10]	316	6.6	24.4	50.3	18.7
11. I feel a strong attachment towards my own ethnic group. [EI11]	315	3.8	31.1	46	19
12. I feel good about my cultural or ethnic background. [EI12]	316	1.3	7.6	64.9	26.3

Each value has the following meaning:
1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

Positive Religious Coping

R-COPE Items	Percent				
	N	1	2	3	4
1. Looked for a stronger connection with God. [PRC1]	317	26.2	27.1	22.4	24.3
2. Sought God's love and care. [PRC2]	318	27	20.4	20.1	32.4
3. Sought help from God in letting go of my anger. [PRC3]	317	46.1	20.5	14.8	18.6
4. Tried to put my plans into action together with God. [PRC4]	316	36.1	20.9	21.8	21.2
5. Tried to see how God might be trying to strengthen me in this situation. [PRC5]	318	32.7	20.4	23.3	23.6
6. Asked forgiveness for my sins. [PRC6]	317	42	24.9	17.7	15.5
7. Focused on religion to stop worrying about my problems. [PRC7]	317	47.9	26.5	14.5	11

Each value has the following meaning:
1 = Not at all, 2 = Somewhat, 3 = Quite a bit, 4 = A great deal

Negative Religious Coping

R-COPE Items	Percent				
	N	1	2	3	4
8. Wondered whether God had abandoned me. [NRC1]	317	83.9	9.1	4.7	2.2
9. Felt punished by God for my lack of devotion. [NRC2]	314	87.6	10.2	1.6	.6
10. Wondered what I did for God to punish me. [NRC3]	318	90.6	7.2	2.2	0
11. Questioned God's love for me. [NRC4]	316	89.2	7.6	1.9	1.3
12. Wondered whether my church had abandoned me. [NRC5]	316	88.3	6.6	2.8	2.2
13. Decided the devil made this happen. [NRC6]	317	86.4	9.8	1.9	1.9
14. Questioned the power of God. [NRC7]	317	84.5	8.8	4.1	2.5

Each value has the following meaning:
1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

APPENDIX E

RESOURCES FOR MENTAL HEALTH PRACTITIONERS

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RESOURCES FOR MENTAL HEALTH PRACTITIONERS

This appendix contains two lists of professional resources. The first one is a list of books, peer-reviewed journals, and professional organizations that focus on the research, theory, and practice of integrating religion, spirituality, and mental health practice. The second is a list of books, peer-reviewed journals, and professional organizations that focus on the study of cultural diversity, psychology, and mental health practice.

Resources for the Integration of Spirituality and Religion in Counseling and Psychotherapy

Professional Competencies

Association for Spiritual, Ethical, and Religious Values in Counseling. (2009). *Competencies for addressing spiritual and religious issues in counseling*. Retrieved from http://www.aservic.org/resources/spiritual-competencies/

Books

Cashwell, C. S. (2011). *Integrating spirituality and religion into counseling: A guide to competent practice* (2nd ed.). Alexandria, VA: American Counseling Association.

Griffith, J. L., & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy: How to talk to people about their spiritual lives*. New York: Guilford Press.

Hood, R. W. (1995). *Handbook of religious experience*. Religious Education Press: Birmingham, AL

Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health*. New York: Oxford University Press.

Miller, W. R. (Ed.). (1999). *Integrating spirituality into treatment: Resources for practitioners*. Washington, DC: American Psychological Association.

Paloutzian, R. F., & Park, C. L. (2013). *Handbook of the psychology of religion and spirituality* (2nd ed.). New York: Guilford Press.

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford Press.

Richards, P. S., & Bergin, A. E. (Eds.). (2000). *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.

Smith, C. M. (1995). *Psychotherapy and the sacred*. Chicago: Center for the Scientific Study of Religion.

Sperry, L. (2011). *Spirituality in clinical practice: Theory and practice of spiritually oriented psychotherapy* (2nd ed.). New York: Routledge.

Shafranske, E. P. (1996). *Religion and the clinical practice of psychology*. Washington, DC: American Psychological Association.

Sperry, L., & Schafranske, E. P. (Eds.). (2004). *Spiritually oriented psychotherapy*. Washington, DC: American Psychological Association.

Journals

Counseling and Values
International Journal for the Psychology of Religion
Journal for the Scientific Study of Religion
Journal of Muslim Mental Health
Journal of Religion and Health
Journal of Spirituality in Mental Health
Journal of Psychology and Judaism
Journal of Psychology and Theology
Journal of Religion, Spirituality & Aging
Journal of Religion & Spirituality in Social Work
Journal of Transpersonal Psychology
Mental Health, Religion & Culture
Psychology of Religion and Spirituality
Religion, Brain & Behavior
Research in the Social Scientific Study of Religion
Review of Religious Research

Professional Organizations

- Society for the Psychology of Religion and Spirituality (Division 36, American Psychological Association)
- Association for Spiritual, Ethical, and Religious Values in Counseling (a division of the American Counseling Association)
- American Association of Pastoral Counselors
- Association for Transpersonal Psychology
- Society for the Scientific Study of Religion
- Religious Research Association
- International Association for the Psychology of Religion
- World Psychiatric Association: Section on Religion, Spirituality, and Psychiatry
- Spirituality, Religion, and Psychiatry Caucus of the American Psychiatric Association

Resources for Multicultural Counseling and Psychotherapy

Professional Competencies

Arredondo, P., Toporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J. and Stadler, H. (1996). *Operationalization of the multicultural counseling competencies*. Journal of Multicultural Counseling & Development, 24: 42-78.
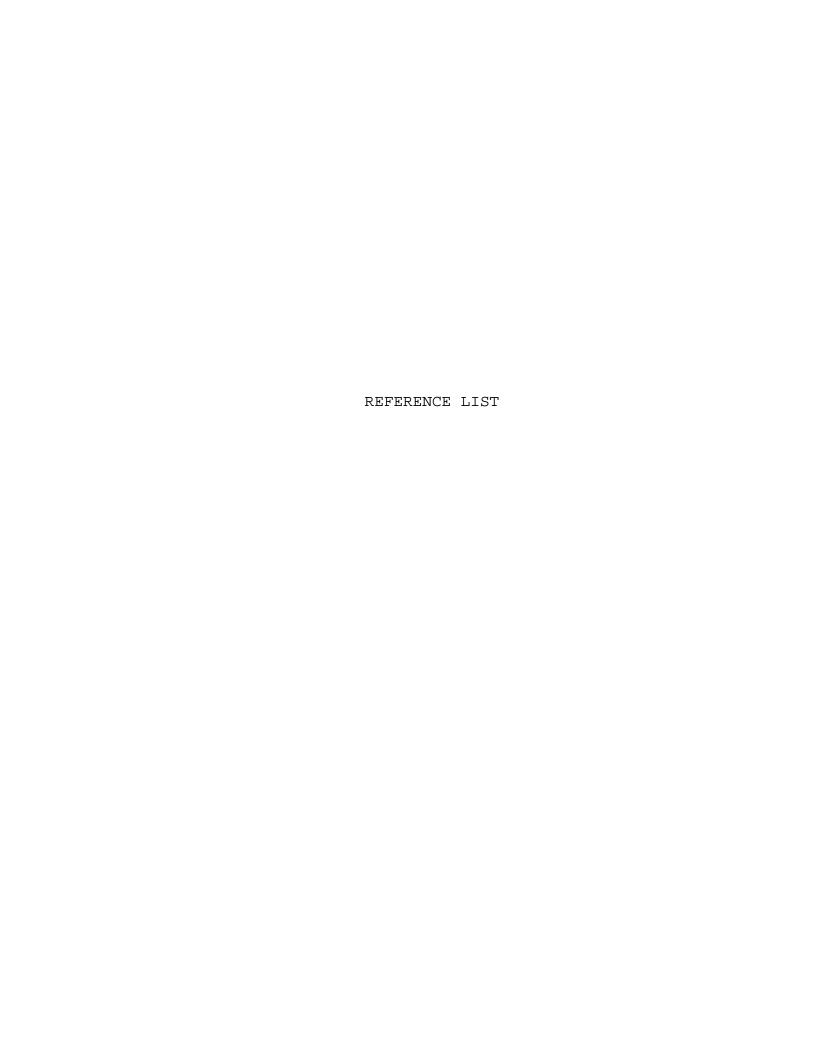
Books

Cornish, J. A. E., Schreier, B. A., Nadkarni, L. I., Metzger, L. H., & Rodolfa, E. R. (Eds.) (2010). *Handbook of multicultural counseling competencies*. Hoboken, NJ: John Wiley & Sons.

Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy*. Washington, DC: American Psychological Association.

Lee, C. C. (2013). *Multicultural issues in counseling: New approaches to diversity* (4th ed.). Alexandria, VA: American Counseling Association.

Peer-Reviewed Journals

Cultural Diversity & Ethnic Minority Psychology
Culture, Medicine, and Psychiatry
Journal of Cross-Cultural Psychology
Journal of Cultural Diversity
Journal of Ethnic & Cultural Diversity in Social Work
Journal of Multicultural Counseling & Development
Journal on Multicultural, Gender, and Minority Studies
Journal of Multicultural Social Work
Transcultural Psychiatry
World Cultural Psychiatry Research Review

Professional Organizations

- The Society for the Psychology of Ethnic Minority Issues (Division 45: American Psychological Association)
- Association for Multicultural Counseling and Development (a division of the American Counseling Association)
- Society for the Study of Psychiatry and Culture
- World Association for Cultural Psychiatry
- World Psychiatric Association: Transcultural Psychiatry Section

REFERENCE LIST

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Balk, D. E. (2011). *Helping the bereaved college student.* New York: Springer.

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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.

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