Religious Coping Among Diverse Religions: Commonalities and Divergences

Hisham Abu-Raiya  
Tel Aviv University

Kenneth I. Pargament  
Bowling Green State University

In this article, we review and evaluate the steadily growing body of research on religious coping among diverse religious samples. Comparisons are made between findings generated from Christian samples and those generated from other religious groups. Several conclusions are drawn based on this review. First, many people across diverse religious traditions rely on their religious and spiritual teachings, beliefs, and practices to cope with life’s difficulties, challenges, and stressors. Second, though religious coping is common in all religious traditions, its nuances and particulars vary in ways that reflect the nature and tenants of each faith. Third, as in the case of Christian samples, findings from studies of other religious groups reveal that some forms of religious coping are associated with desirable outcomes, whereas others are linked to undesirable outcomes. Fourth, as in the case of Christian samples, findings from other religious samples indicate that people report using positive religious coping methods far more frequently than their negative counterparts. Possible explanations of the findings are offered, and their practical implications are discussed.

Keywords: Buddhism, Christianity, health and well-being, Hinduism, Islam, Judaism, religious coping

Research on the intersection of religion and health was neglected for most of the 20th century (Miller & Thoresen, 2003). This picture, however, has changed considerably in recent years as psychology has shown a growing interest in the impact of religion on the health and well-being of the individual. In this realm, psychologists have begun to investigate many religious variables (e.g., religious beliefs, religious practices, religious motivation, religious conversion, attachment to God) and their links to indices of physical and mental health, with promising results (see Paloutzian & Park, 2013).

Within this domain of study, religious coping has been one of the most researched and well-developed topics. In the last two decades, studies on religious coping have grown dramatically in number, and today hundreds of studies exist on religious and spiritual coping, covering an array of populations and life stressors including physical illness, childhood trauma, bereavement, divorce, and natural or man-made disasters (Gall & Guirguis-Younger, 2013). These studies have shed significant light on how people utilize, and benefit from, religion in coping with life stressors and traumatic events.

In response to the expansive growth of this field of inquiry, a number of reviews have been published on religious coping in recent years (e.g., Gall & Guirguis-Younger, 2013; Pargament & Abu-Raiya, 2007). Besides delineating the fundamental assumptions and summarizing the major findings of this body of research, these reviews have also clearly indicated the limitations of the literature on religious coping. One major limitation is that the lion’s share of religious coping research has focused on Christian samples and, as such, its findings cannot be generalized to individuals of other faiths.

Fortunately, however, the picture has begun to change; a number of studies have now been conducted that explore religious coping among other religious samples (e.g., Muslims, Jews, Hindus, Buddhists). The goal of this study is to review and evaluate this steadily growing area of investigation and compare and contrast its findings to those obtained with Christian samples.

We start by summarizing the empirical and theoretical advances pertaining to the religious dimension of coping achieved with primarily Christian samples. Next, we review and evaluate empirical studies on religious coping conducted among non-Christian samples. Finally, we compare and contrast the findings of these studies with those obtained with Christian samples. We conclude by considering some implications of this emerging body of knowledge for further study.

Religious Coping: Theory and Research

Religious Coping—Definitions of Main Constructs

General coping theory rests on the fundamental assumption that human phenomena are multifaceted and can be understood only as the product of ongoing processes of interaction between individuals and life situations in a larger social context (Lazarus & Folkman, 1984). According to this theory, people are far from passive creatures. Rather, they are proactive, goal-directed beings who search constantly for meaning and significance in their lives. When people encounter life events, major as well as minor, they
appraise them with regard to their important goals and strivings. When the significant values, goals, and strivings that people hold are challenged, threatened, or lost, they apply coping strategies to conserve or, when necessary, transform these values, goals, and strivings. This process is manifested in different life domains: physical (e.g., health), financial (e.g., money), social (e.g., friends, family), and/or psychological (e.g., self-esteem).

According to Lazarus and Folkman (1984), the coping process is initiated when the individual is faced with a situation appraised as stressful (e.g., illness, divorce). A stressful situation is defined as a dynamic imbalance between the individual and his or her environment, which stems from a perceived over-demanding environment. When the stressful situation is viewed as relevant to personal well-being, the person is motivated to apply mechanisms (e.g., cognitive reframing, alcohol use) that reduce the imbalance. The outcome of this process (e.g., acceptance, anxiety) is heavily determined by the effectiveness of these coping mechanisms.

One such mechanism is religious coping. As its name indicates, religious coping is a specific mode of coping that is inherently derived from religious beliefs, practices, experiences, emotions, or relationships. As with other methods of coping, religious coping methods can be either constructive or destructive. On conceptual and empirical grounds, Pargament et al. (1998) distinguished between two categories of religious coping: Positive religious coping and negative religious coping. Positive religious coping activities reflect a secure relationship with God, a belief that there is a greater meaning to be found, and a sense of spiritual connectedness with others, whereas negative religious coping activities reflect an ominous view of the world, and a religious struggle to find and conserve significance in life. Factor analysis techniques indicate that positive and negative religious coping are higher order constructs that describe a variety of more specific religious coping methods (Pargament et al., 2000).

The construct of negative religious coping or religious struggles (these two terms will be interchangeably used throughout this manuscript) has been receiving extensive empirical and theoretical attention in recent years (Exline, 2013). Religious struggles are expressions of conflict, question, and doubt regarding matters of faith, God, and religious relationships (McConnell, Pargament, et al., 2006). Researchers have identified three types of religious struggles: interpersonal, intrapersonal, and divine. Interpersonal religious struggles include religiously related conflicts with family, friends, and congregations. Intrapersonal religious struggles are characterized by questions and doubts about religious beliefs and issues, and inconsistencies between religious values and behaviors. Divine religious struggles include tension in the individual’s relationship with the divine. The latter is the most extensively studied type of religious struggle (Exline, 2013).

Religious Coping–Prevalence and Predictors

In difficult times, many people find themselves drawing on their religion. Empirical evidence strongly supports this assertion. For example, a national survey of Americans shortly after the September 11, 2001, attacks revealed that 90% of Americans turned to God for solace and support (Schuster et al., 2001). In a sample of Egyptian patients with cancer, 92% voiced their belief that God will help them in their illness (Kesselring et al., 1986). Between 39% and 51% of HIV/AIDS and cancer patients reported drawing on their religion to cope with their illnesses (Simoni et al., 2002; Tarakeshwar et al., 2006; Trevino et al., 2010). Of 189 cancer patients in England, 35%, 31%, and 18% described opportunities for personal prayer, support from people of their faith, and support from a spiritual adviser as important needs, respectively (Soothill et al., 2002). Among some groups, religion is the most common coping resource. Bulman and Wortman (1977) asked a group of people who had been paralyzed how they explained their accidents. The most common response to the question Why me? was God has a reason. Similarly, when asked to identify how they coped with the stresses of caring for their family members with dementia, the most frequent response of black primary caregivers was prayer or faith in God (Segall & Wylke, 1988–1989).

But people do not invariably turn to their religion to cope with stressors. The question then is which variables predict the use of religious coping methods. In a systematic review of the literature, Pargament and Abu-Raiya (2007) identified six key variables: greater religiousness, minority status, low socioeconomic status, gender (females more than males), older age, and critical life events (e.g., death, terminal illnesses, natural disasters). In general, it seems that when people perceive religion as more available to them, and their economic and social resources as more limited, and when they are faced with more severe or challenging stressors, they are more likely to draw on religion in coping.

Religious Coping and Health and Well-Being–Empirical Research

In the past 20 years, a number of empirical studies have tested the links between religious coping and the well-being of the individual. These studies have established significant associations between both positive and negative religious coping and indices of physical and mental health (for reviews, see Cummings & Pargament, 2010; Gall & Guirguis-Younger, 2013; Koenig et al., 2012; Pargament & Abu-Raiya, 2007). For a relevant meta-analysis see Ano & Vasconcelles, 2005).

To summarize, positive religious coping methods have been associated with lower mortality (Fizpatrick et al., 2007), better self-rated physical health (Boswell et al., 2006), slower disease progression for HIV-1 (Ironson & Hayward, 2008), and fewer complications following coronary artery bypass surgery (Ai et al., 2009). Positive religious coping has also been linked to lower levels of distress (Tix & Frazier, 1998), less depression and anxiety (Braxton et al., 2007; Lee, 2007), less helplessness (Arnette et al., 2007), less perceived stress (Arévalo et al., 2008), and less severe posttrauma symptoms (Meisenhelder & Marcum, 2004). Additionally, positive religious coping has been associated with indicators of good mental health including greater happiness, quality of life, and psychological well-being (Ayele et al., 1999; Gillum et al., 2006; Lee, 2007; Harris et al., 2008).

Negative religious coping methods, on the other hand, have been linked to higher mortality rate (Pargament et al., 2001), greater depression, fatigue, and pain among cancer patients (Cole, 2005; Sherman et al., 2005), and anxiety, depression, and obsessive–compulsive behaviors in an American national survey (McConnell & Pargament et al., 2006).

In short, empirical studies have shown that positive religious coping is positively associated with desirable physical and mental health indicators, whereas negative religious coping is positively...
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Religious Coping Among Muslims

A review of the literature written and published in English revealed 12 empirical studies which focused primarily on testing the links between religious coping and indicators of health and well-being among Muslims. Below we summarize the main findings of these studies.

Ai et al. (2003) gathered data about religiousness, war-related trauma, religious–spiritual coping (assessed by the Brief RCOPE), optimism, and hope from 138 Bosnians who fled the war in the Balkan and settled in the United States. Three main findings emerged from this study. First, there was no difference between men and women in the application of both positive and negative religious coping methods. Second, participants scored significantly higher on positive religious coping than on negative religious coping. Finally, positive religious coping was associated with higher levels of optimism, while negative religious coping was associated with lower levels of hope, and greater levels of experience of war-trauma.

To assess the connection between religious coping and psychological distress, Khan and Watson (2006) developed the Pakistani Religious Coping Practices Scale (PRCPS), an 8-item instrument that is composed of different Muslim religious practices (e.g., Read special duas—supplications—for the solution of the problem) that are potentially useful in coping with stress. The researchers found no association between religious coping and psychological distress (i.e., anxiety, depression, hostility) among Pakistani university students. Khan et al. (2009) compared Pakistanis Muslims coping with cancer with controls who recollected their reactions to an earlier stressor. They found that cancer patients focused more strongly on the positive coping resources of their faith and had lower levels of psychological distress than controls. In both groups, religious coping (as assessed by the PRCPS) predicted greater psychological distress (i.e., depression, fear of death). Women reported higher levels of religious coping than did men in this study.

Amer et al. (2008) found, contrary to their expectations, that religious coping did not predict outcome measures, namely acculturative stress and depression, among a sample of Arab Americans, mostly Muslims. Religious coping in this study was assessed by the Brief Arab Religious Coping Scale (BARCS), a 15-item instrument which is composed of both beliefs and practices (e.g., prayed to get my mind off problems).

Among an international Muslim sample, and in the process of developing the Psychological Measure of Islamic Religiousness (PMIR), Abu-Raiya et al. (2008) identified three religious coping subscales: a 7-item Islamic Positive Religious Coping (IPRC; e.g., I consider that a test from Allah to deepen my belief); a 6-item Islamic Religious Struggle (IRS; e.g., I find myself doubting the existence of Allah), and a 3-item Punishing Allah Reappraisal (PAR; e.g., I believe I am being punished by Allah for bad actions I did). They found that (a) the IPRC was related to greater levels of desirable outcomes (i.e., general Islamic well-being, positive relations with others, purpose in life, satisfaction in life) and associated with lower levels of undesirable outcomes (i.e., poorer physical health, angry feelings, alcohol use); (b) the IRS was related to higher levels of desirable outcomes (i.e., general Islamic...
well-being, positive relations with others, purpose in life, satisfaction in life) and greater levels of undesirable outcomes (i.e., depressed mood, poorer physical health, angry feelings, alcohol use); and (c) the PAR was associated with greater levels of both general Islamic well-being and alcohol use.

Khan, Watson, and Chen (2011) found that the IPRC was tied to poorer psychological functioning, whereas the PAR was tied to poorer psychological functioning and self-adjustment. Khan et al. (2012), on the other hand, found that the IPRC correlated with higher levels of positive Ramadan experience and Ramadan behavior and with lower levels of negative Ramadan experience. Further, positive religious coping helped mediate relationships between Ramadan experience and Ramadan behavior. The PAR, on the other hand, correlated with neither positive Ramadan experience nor with negative Ramadan experience.

Aflakseir and Coleman (2009) examined the contribution of religious coping to the mental health of a sample of Iranian veterans of the Iran–Iraq war. Religious coping in this study was measured by the Iranian Religious Coping Scale (IRCS), a 22-item scale that is composed of 5 subscales: Religious Practice (e.g., Sought help with prayer), Negative Feelings toward God (e.g., Felt God had forgotten me), Benevolent Reappraisal (e.g., Viewed my situation as trial from God), Active Religious Coping (e.g., Did what I could and turned the rest over to God), and Negative Religious Coping (e.g., Was destined to have this situation, so I didn’t try to change it). Mental health in this study was assessed via the General Health Questionnaire (GHQ; Goldberg & Williams, 1988) and the Impact of Event-Revised Scale (IES-R; Weiss & Marmar, 1997). They found that both Religious Practices and Benevolent Reappraisal were correlated with better GHQ and IES-R scores, whereas Negative Feelings toward God were tied to poorer GHQ and IES-R scores. The results also demonstrated that participants used positive religious coping strategies more frequently than negative religious coping strategies in coping with their physical disability problems and traumatic experiences.

Working with a sample of Iranian university students, Aflakseir and Coleman (2011) found that both Religious Practice and Active Religious Coping were associated with better GHQ, whereas the Negative Feelings toward God was related to poorer GHQ status. No significant correlation was found for passive and benevolent reappraisal religious coping in relation to psychological well-being measured by the GHQ.

Abu-Raiya et al. (2011) examined the methods of coping with stressful interpersonal events among Muslims living in the United States after the 9/11 attacks and their links to mental health indices. They found that participants used positive religious coping methods (as assessed by a modified version of the Brief RCOPE) far more often than their negative counterparts. They found also that positive religious coping was related to greater levels of posttraumatic growth, whereas negative religious coping was associated with higher levels of depression.

Rodriguez et al. (2012) examined the emotions of Muslim Americans in the days preceding the 10-year 9/11 anniversary, and methods of coping with these emotions. They found that the 9/11 anniversary precipitated intense concerns with loss and discrimination, and intense feelings of sadness, fear, and anger. They also found that participants engaged in different coping methods, with religious coping (measured by adapting the practices dimension subscale of the PMIR) being the most frequent method. A further finding of this study was that anger partially mediated the association between concern with discrimination and religious coping.

Gardner et al. (2013) studied the prevalence and correlates of religious coping (assessed by the Brief RCOPE) among Muslims in New Zealand. Using a sample of 114 Muslim university students, consisting of both domestic and international students, the researchers tested the relationships between religious coping, perceived stress and quality of life. They found that (a) participants in general scored significantly higher on positive religious coping than negative religious coping; (b) international Muslim students used both more positive and negative religious coping methods than their domestic counterparts; and (c) for international students, positive religious coping was related to greater levels of quality of life and to lower levels of perceived stress, whereas for domestic students, negative religious coping was related to lower levels of quality of life and higher levels of perceived stress.

Summary and Evaluation

Further research is needed before we can draw more solid conclusions on the prevalence and implications of religious coping among Muslim populations. Nonetheless, this area of study seems promising in a few respects. First, a number of reliable measures of religious coping that are potentially useful for research with Muslim groups have been developed, and only one (i.e., BARCS) failed to predict health and well-being outcomes. Second, empirical studies on religious coping among Muslims targeted different populations and used samples from different countries and parts of the world. This strengthens our ability to generalize from their findings. Finally, the pattern of findings from these studies seems overall consistent. Among these findings, two are worth stressing: (a) Muslims report using positive religious coping methods far more than their negative counterparts; (b) Some forms of religious coping are beneficial to Muslims’ health and well-being, whereas others appear to be harmful.

Despite this overall consistency in findings, some findings from this body of research are somewhat inconsistent and hence deserve special attention. This inconsistency is demonstrated mainly in the mixed findings generated by research using the Islamic Positive Religious Coping and Punishing Allah Reappraisal subscales of the PMIR (Abu-Raiya et al., 2008).

With respect to Islamic Positive Religious Coping, Abu-Raiya et al. (2008) and Khan et al. (2012) found that it was associated with desirable outcomes, whereas Khan et al. (2011) found that it was associated with undesirable outcomes. The former finding is consistent with the general literature on religious coping, whereas the latter is inconsistent. How can the latter finding be explained? The stress mobilization effect (Pargament, 1997) may be a plausible explanation. Although it is generally assumed that positive religious coping leads to reduction in distress, it is also possible that distress mobilizes positive religious coping. In this case, we would find a positive correlation between distress and positive religious coping or no correlation because the beneficial effects of positive religious coping would be offset by the mobilizing effects of distress on positive religious coping. Another explanation might be related to the fact that these two studies used different outcome measures.

With regard to the role that Punishing Allah Reappraisal plays in Muslims’ lives, the evidence from Abu-Raiya et al.’s (2008) study...
was mixed; this variable was correlated with both general Islamic well-being and alcohol use. On the other hand, Khan et al. (2011) found that this variable was associated with undesirable outcomes (i.e., poorer psychological functioning and lower self-adjustment), whereas Khan et al. (2012) found no associations between Punishing Allah Reappraisal and outcomes. Further research is certainly needed to clarify the implications of this method of Islamic religious coping.

### Religious Coping Among Jews

A review of the literature written and published in English revealed seven empirical studies that focused exclusively on the prevalence and correlates of religious coping among Jews. Below we consider these studies in detail.

Baider et al. (1999) collected information about the relationship of religious beliefs and coping with illness in a sample of Israeli patients diagnosed with malignant melanoma. To measure the relationship between the religious responses of these patients and their level of distress and effective coping style, the study used the System of Belief Inventory (SBI-54; Kash et al., 1995), a 54-item tool that assesses religious and spiritual beliefs and practices, as well as support received by the religious community. The main finding in this study was that patients who scored higher on the SBI-54 were more likely to use a more active-cognitive coping style.

Dubow et al. (2000) examined ethnic identity as a source of stress and as a coping resource among a sample of Jewish sixth through eighth graders living in the United States. Religious coping in this study was assessed by the Brief RCOPE with necessary modifications. They found that to deal with ethnic-related stressors (e.g., hearing anti-Semitic comments, being restricted from activities because of the Shabbat, feeling uncomfortable during the Christian holidays), younger Jewish adolescents applied religious coping strategies from three coping scale factors: Seeking God’s Direction/Support, Seeking Cultural/Social Support and Spiritual Struggle. The main conclusion derived from this study was that ingredients of ethnic identity were related positively both to ethnic-related stressors and religious coping strategies, indicating that although high levels of ethnic identity might amplify Jewish adolescents’ sensitivity to ethnic-related stressors, ethnic identity might serve also as a resource for coping with those stressors.

Lazar and Bjorck (2008) identified three types of religious support among a sample of Israeli Jews (i.e., perceived support from a person’s religious community, religious leaders, and God). They found that both Religious Leader and God Support were negatively related to emotional distress (i.e., depression and anger); both Religious Leader and Religious Community Support were positively tied to life satisfaction and; Religious Community and God Support were negatively associated with perceived negative health.

Working with an adult Jewish community sample, Rosmarin, Pargament, and Flannelly (2009) tested whether spiritual struggles (as assessed by some items of the Brief RCOPE) predict poorer physical/mental health among Jews. They found that while spiritual struggles were modestly associated with lower levels of physical/mental health in the sample as a whole, at the highest levels of spiritual struggles, Orthodox Jews exhibited an increase in physical and mental health whereas non-Orthodox Jews’ health continued to decrease.

Rosmarin et al. (2009) studied the correlates and consequence of religious coping among American and Canadian Jews. Religious coping in this study was assessed by the newly developed JCOPE, a 16-item scale composed of two subscales: a 12-item Positive Religious Coping (e.g., I think about what Judaism has to say about how to handle the problem), and a 4-item Negative Religious Coping (e.g., I wonder if God cares about me). They found that positive religious coping was negatively linked to worry and anxiety, whereas negative religious coping was positively linked to worry, anxiety, and depression.

Pirutinsky et al. (2011) examined longitudinal relationships between negative religious coping (as measured by the 4-item negative religious coping subscale of the JCOPE) and depressive symptoms among a sample of Orthodox Jews. Using Structural Equation Modeling, they compared four models describing possible causal patterns. They found that negative religious coping and depressive symptoms were linearly related, with the model in which negative coping serves as a predictor of future depression being the best fit for the data.

Pirutinsky et al. (2012) tested whether religious coping (as measured by the JCOPE) moderates the links between emotional functioning and obesity using a sample of Jewish participants. Moderation analysis indicated that negative coping had no effect while positive coping was a significant moderator. Specifically, poor emotional functioning predicted increased obesity among those with low, but not high, positive religious coping. This effect was large, and remained significant even after several possible confounding factors were controlled.

### Summary and Evaluation

It is difficult to derive clear-cut conclusions based on seven studies. More specifically, only four studies tested the links between religious coping and well-being indicators among Jews (Pirutinsky et al., 2011; Pirutinsky et al., 2012; Rosmarin et al., 2009; Rosmarin et al., 2009), and only two studies examined religious coping in Israel (Baider et al., 1999; Lazar & Bjorck, 2008), where 43% of Jews in the world reside. One promising tool, the JCOPE (Rosmarin et al., 2009), was validated and used among North American Jewish samples only and its applicability to other Jewish populations (e.g., Israelis) remains to be determined.

Nevertheless, the studies reviewed in this subsection are important steps in the right direction. Above all, they provide some evidence that some forms of religious coping might be beneficial to Jews’ health and well-being, whereas others might be detrimental. Furthermore, the studies utilizing the JCOPE have demonstrated multiple strengths—their sample sizes were relatively large, advanced moderation/mediation and statistical modeling (e.g., SEM) were used in a few of them, and the findings of several of these studies have been published in high impact journals.

### Religious Coping Among Buddhists

From our review of the literature written and published in English, three empirical studies that focused exclusively on the prevalence and correlates of religious coping among Buddhists were identified.
In the first study, Phillips et al. (2009) performed thematic analyses on interviews with a sample of American Buddhists. These analyses revealed six major categories of Buddhist coping. The first and most common theme was Right Understanding: an attempt to view the world as it truly is, and avoiding “delusions” or inaccurate perceptions of the world that cause suffering. Participants reported using six different Buddhist ideas or resources to interpret and make sense of stressful situations: impermanence (remembering that no stressor will last forever), compassion (showing empathy and nonjudgment to self and others), karma (believing stress resulted from one’s past actions or considering the consequences of one’s actions), interbeing (recalling that everything is connected when dealing with stress), dharma (obtaining Buddhist information through readings or conversation), and not-self (remembering there is no element of the self that is permanent or separate).

The other five themes were Meditation (nonjudgmental focus on a specific stimulus—e.g., the breath, a mantra), Mindfulness (attending to whatever was occurring in the moment, whether it was a particular thought, emotion, or environmental circumstance), Spiritual Struggles (challenges and difficulties in sustaining a spiritual life), Morality (following moral behavior—practicing right speech, right livelihood, and right action), and Finding Support (social and spiritual) in one’s sangha.

Phillips et al. (2012) developed a Buddhist coping measure (BCOPE) for use with primarily non-Asian Buddhists in the United States. This measure is composed of 14 factors derived from the six categories identified by Phillips et al. (2009). Based on the subscales’ correlations with these outcome measures (i.e., general desirable outcomes, learning from stressful situations, satisfaction with life, depression, anxiety, anger), 11 types of Buddhist coping seem to play an adaptive role in the life of American Buddhists (i.e., Intentional Morality, Meditation, Sangha Support, Active But Meaningful Karma, Impermanence, Not-Self, Right Understanding, Mindfulness) and thus can be considered positive Buddhist religious coping methods, whereas the other three (Fatalistic Karma, Bad Buddhist, Not-Easy Being Buddhist) seem to be maladaptive and hence can be called negative Buddhist religious coping methods.

Falb and Pargament (2013) used the BCOPE to investigate the frequency of Buddhist coping strategies and to explore the relationship between Buddhist coping and indicators of psychological functioning in 92 American end-of-life caregivers. They found that a two-factor (positive and negative) structure of Buddhist coping was most applicable in their sample. These two factors also correlated with psychological outcomes in the hypothesized direction. Specifically, higher scores on positive Buddhist religious coping were tied to higher scores on burnout-personal accomplishment and spiritual well-being and to lower scores on burnout-depersonalization, whereas higher scores on negative Buddhist religious coping were tied to lower scores on spiritual well-being and higher scores on depression.

Summary and Evaluation

The studies reviewed in this subsection have begun to shed light on the nature, richness, and implications of religious coping among Buddhists. It is interesting to note the natural flow in these studies. The first (Phillips et al., 2009) used qualitative methods and identified possible themes pertaining to Buddhist forms of coping. The second study (Phillips et al., 2012) built on the first and developed and validated a comprehensive measure of Buddhist religious coping (BCOPE). And the third (Falb & Pargament, 2013) used this newly developed measure to test the prevalence and correlates of religious coping among a unique group (i.e., end-of-life caregivers) of Buddhists.

The pattern of findings is also consistent: (a) participants in all three studies reported applying positive religious coping methods more than negative religious coping methods, and (b) positive Buddhist religious coping was linked to desirable well-being indicators, whereas negative Buddhist religious coping was associated with undesirable well-being indicators.

Though promising, this body of research is limited in its scope. It is major shortcoming is that it focuses exclusively on American, mostly non-Asian, Buddhists (who constitutes a very small minority of Buddhists in the world), and neglects adherents to Buddhism from other regions in the world. Future studies are needed that examine Buddhist religious coping methods in larger and more diverse Buddhist samples.

Religious Coping Among Hindus

A review of the literature written and published in English revealed only one empirical study which focused exclusively on the prevalence and correlates of religious coping among Hindus.

Working with American Hindu samples, Tarakeshwar et al. (2003) developed a 23-item Hindu Religious Coping Scale, which is composed of 3 subscales: “God-focused” (e.g., I try to put my plans into action together with God), Spirituality-focused” (e.g., I look for a total spiritual awakening), and “Religious guilt, anger and passivity” (e.g., I realize that God cannot answer all my prayers). Analyses showed that “spirituality-focused” coping failed to predict any of the well-being measures (i.e., life satisfaction, marital satisfaction, depressed mood). On the other hand, higher scores on “God-focused” coping were tied to higher scores on life satisfaction, whereas higher scores on “religious guilt, anger and passivity” coping were tied to lower scores on life satisfaction and marital satisfaction, and to higher scores on depressed mood.

Summary and Evaluation

This investigation had several strengths. Most importantly, the researchers used an approach that was sensitive to Hindu theological principles instead of applying a theoretical model validated mostly among Christian samples. Their approach was also sensitive to the similarities and differences between Hinduism and other major religious traditions. Furthermore, in using qualitative and quantitative research strategies with two independent, Hindu samples, the researchers were able to better capture the comprehensiveness of the religious coping methods used by Hindus.

However, this is the only attempt we were able to locate in the literature to assess religious coping among Hindus, and hence some cautions should be noted. First, the researchers used a relatively small and an exclusively American sample of Hindus, and therefore the generalizability of the findings is limited. Future research should work with larger and more diverse samples of Hindus to clarify the prevalence and correlates of religious coping.
among adherents to this religion. Second, because some of the indices of mental health used in this study were very brief, future research should include more comprehensive outcome measures.

**Religious Coping Among Christian and Non-Christian Samples: Comparison and Discussion**

In this article, we have systematically reviewed and evaluated the empirical studies on religious coping among diverse religious samples written and published in English. As can be seen from our review, the number of studies in this area is still relatively small, but steadily increasing. Several conclusions can be drawn from this review.

First, the current review demonstrates that many people across diverse religious traditions seem to rely on their religious and spiritual teachings, beliefs, and practices to cope with life’s difficulties, challenges, and stressors. In the midst of anguish and turmoil, people appear to find meaning, gain/relinquish control, derive comfort, achieve intimacy, transform perspectives, and connect to sacred objects through their religious systems. This basic finding appears to reflect how embedded religion is in the lives of many people around the globe. Religious coping, in short, seems a universal phenomenon.

Second, though religious coping is common in all religious traditions, its nuances and particulars vary in ways that reflect the nature and tenants of each religion. In stressful times, Muslims, for example, read the Qura’n to find consolation and remind themselves to be patient (Abu-Raiya et al., 2008), Jews consult with their Rabbis and wait for the Sabbath (Rosmarin et al., 2009), Buddhists focus on right understanding and mindfulness (Phillips et al., 2012), and Hindus “look for a total spiritual awakening” (Tarakeshwar et al., 2003). Hence, the idea of turning to religion in times of stress may be a religious constant, but its expressions differ from tradition to tradition.

Third, as in the case of Christian samples, findings from other religious samples revealed that some forms of religious coping are associated with desirable outcomes (e.g., satisfaction with life, optimism, spiritual well-being), whereas others are linked to undesirable well-being outcomes (e.g., poor health, depression, anxiety). Taken together, these findings strongly indicate that the distinction between positive religious coping and negative religious coping (Pargament et al., 1998) is applicable to people from various religious traditions.

The question that follows is how can these persistent links between religious coping and health and well-being, among Christians and other religious samples, be explained. There are two sets of possible explanations: The reductionist and nonreductionist. The basic idea behind the reductionist explanation is that the links between religious coping and well-being are not direct, but rather mediated by nonspiritual variables. A few empirical studies support this speculation. For example, Carrico et al. (2006) found that positive reappraisal coping and benefit finding may mediate the effect of spirituality on depressive symptoms, and benefit finding may uniquely explain the effect of spirituality on 24-h urinary-free cortisol in HIV-positive persons. These studies provide limited support for the classic reductionist view that religion is merely an expression of more basic psychological, social or physiological processes.

The nonreductionist approach postulates that the effects of religious coping on health and well-being can be conceived in either one of two ways: (a) these effects are mediated by other spiritual variables such as feelings of closeness to God or specific religious beliefs (e.g., belief in life after death). This potential explanation has not received much attention in the empirical literature; and (b) these effect are direct and unique. Many studies have lent support to this hypothesis (see Pargament, 2011 for review). For example, in their study of kidney transplant patients and their loved ones, Tix and Frazier (1998) found that religious coping predicted life satisfaction even after controlling for general coping dimensions, such as cognitive restructuring, internal control, and social support.

Nonetheless, research that examines potential mediators between religious coping and health and well-being among non-Christian samples has not been carried out, and hence, no substantiated statement on the nature of the links between religious coping and well-being among these groups can be offered at this time.

Another question relates to the negative impacts of religious struggles across different religious groups and cultures. At first glance, these findings are surprising—after all, from Abraham to Moses to Buddha to Jesus to Muhammad to Mother Teresa, illustrious religious figures from different religious traditions have experienced their own religious struggles only to come out the other side steeled and strengthened. So, how can be these findings explained? One key may be whether the individual is able to resolve his or her struggles. Some analyses suggest that those who are unable to solve their struggles over time are greater risk of poorer mental and physical health, whereas people who experience these struggles temporarily do not face the same risk (Exline, 2013; Pargament et al., 2004). Another key may be the degree to which religious struggles are socially acceptable. In this vein, Pargament and Abu-Raiya (2007) hypothesized that expressions of religious struggles, especially doubts about the existence of God or the afterlife, are not socially acceptable in the Islamic culture. As a result, Muslims who have religious doubts may experience alienation and loneliness, which may lead to depression or angry feelings. Promising as these explanations might be, it is important to recognize that they are still speculative. Future studies are needed to explicate the links between religious struggles and negative outcomes.

Fourth, as in the case of Christian samples, findings from samples drawn from other religious traditions clearly indicate that people report using positive religious coping methods far more frequently than their negative counterparts. How can these persistent findings be explained? One possible explanation could be that religious traditions would not have survived had they not provided answers to their members’ ultimate questions, and equipped them with effective tools for dealing with the most profound problems of living—frailty, finitude, uncontrollability, death, and trauma. Thus, it should not be surprising that members of religious traditions make more use of positive religious coping resources. Moreover, the experience of large-scale spiritual struggles might pose a threat to the organized religious tradition itself.

A second plausible explanation is that many people, across all religious traditions, are unwilling to report negative religious coping or religious struggles. What might account for this potential unwillingness? Participants may want to present themselves in a favorable, socially desirable light, particularly their religious identities, beliefs, and practices. Religion is central to the lives of so
many people, and they may be reluctant to report on it unfavorably before others. Regardless of its roots, an unwillingness of people to admit religious struggles might affect the validity of findings and interpretations of studies conducted with religious people. An incomplete and perhaps a distorted picture of religious coping might emerge. New and innovative ways of measuring religious and spiritual struggles that go beyond self-report scales (e.g., implicit measures of struggle) are needed to address this potential problem.

Religious Coping Among Diverse Religious Groups: Limitations and Future Directions

Despite the important insights we have gained from studies on religious coping among diverse religious samples, this body of research is in its early stages, and as such has several limitations. First, with a notable exception (Prutinsky et al., 2011), all studies of non-Christian samples reviewed in this study applied correlational designs, and hence, causal connections between religious coping and well-being could not be inferred. Studies that apply experimental methodologies are needed to help differentiate between causes and effects in the presumably complex relationship between religious coping and well-being.

Second, the overwhelming majority of studies reviewed in this article relied on self-report measures of health and well-being. Self-report is subject to bias. Researchers should expand their studies to include other measures of health, such as physiological or immune system indicators and observer reports.

Third, several studies of Christian clinical populations (medical and psychiatric) have been conducted (e.g., Baetz et al., 2002; Payman et al., 2008) recently, and a few attempts have been made to integrate religious coping into studies of treatment outcomes (e.g., Oman et al., 2008; Rosmarin et al., 2010). Given the promising results of these studies and their implications for practice, similar research among other religious traditions is called for.

Fourth, though a number of studies have compared and contrasted the effects of global religious measures across different religious traditions among people dealing with stressors, only a few studies have measured religious coping explicitly (Braam et al., 2010; Loewenthal et al., 2000; Loewenthal et al., 2001), and hence this area of research is in need of further development. These studies could only examine those coping methods that cut across religious traditions.

Finally, there is evidence to suggest that religious coping may be more beneficial to some Christian religious groups than others (Alferi et al., 1999; Koosistra & Pargament, 1999; Park et al., 1990). However, none of the reviewed studies among non-Christian samples compared religious coping between different groups or sects within a religious tradition. There is much to learn about the differences and similarities among and within religious traditions regarding the form, function, and effectiveness of religious coping.

Concluding Remarks

To our best knowledge, this is the first attempt to systematically review and evaluate the literature pertaining to religious coping among diverse religious samples. As such, the findings of this review should be considered with caution. More specifically, the findings of this review should be interpreted in light of the following two major limitations. First, this review is based entirely on literature written and published in English. It is probable that other studies exploring the intersection of religious coping and health and well-being among non-Christian samples have been published in different languages. Second, the search and analysis were done solely by the authors. Bias in interpreting the findings is possible.

Despite these limitations, the findings of this review revealed some striking similarities between the prevalence and correlates of religious coping among Christian and other religious populations. This fact should encourage mental health professionals to inquire about the religious coping methods used by religious clients from any religious tradition. This review also demonstrated that religious coping is nuanced and somewhat distinctive to different religious traditions. Practitioners, therefore, should be sensitive to the potentially diverse ways people from different religious worlds may experience and express religion in coping with the stressors of their lives.

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