Pargament's Theory of Religious Coping: Implications for Spiritually Sensitive Social Work Practice

Jianbin Xu*

AMKFSC Community Services Ltd, Singapore

*Correspondence to Jianbin Xu, Ph.D., AMKFSC Community Services Ltd., Blk 53, Teban Gardens Rd, #05–603, Singapore 600053. E-mail: benny_xu@hotmail.com

Abstract

This article proposes that Pargament's theory of religious coping can be a theoretical beacon to spiritually sensitive social work practice. It begins with a discussion of the *raison d'être* of spiritually sensitive social work, which is examined as being able to cast a holistic and positive glow on social work. Then it provides an overview and a critique of Pargament's theory, emphasising that the theory offers a fuller and more impartial picture of religious coping. In addition, it explores the implications of Pargament's theory for spiritually sensitive social work practice with religious clients in terms of engagement, assessment and intervention. This article concludes by discussing how social work practitioners can avoid the pitfalls and limitations of Pargament's theory.

Keywords: Theory, religious coping, spiritually sensitive social work

Accepted: June 2015

Introduction

In view of the momentum of postmodern ways of thinking, expanded conceptualisation of spirituality and depathologisation of spiritual issues, social work has had to revisit its role in addressing clients' spirituality (McInnis-Dittrich, 2009). Recent years have witnessed a renewed interest in incorporating spirituality into social work practice, which seems to be completing a historical trajectory of approach–avoidance–approach relationships between social work and spirituality (McInnis-Dittrich, 2009; Canda and Furman, 2010). This resurgence of interest might create a new realm of

opportunities for bringing to fuller fruition social work's holistic model, person-in-environment approach, strengths perspective and respect for cultural diversity.

Canda has interpreted spiritually sensitive social work as practice that 'is attuned to the highest goals, deepest meanings, and most practical requirements of clients' and 'seeks to nurture persons' full potentials through relationships based on respectful, empathic, knowledgeable and skillful regard for their spiritual perspectives, whether religious or nonreligious' (as quoted in [Canda and Furman, 2010](#), p. 5). This article places emphasis on spiritually sensitive social work with religious clients who follow the Judaeo-Christian tradition. It argues that Pargament's theory of religious coping, as an elaborately developed and empirically supported theory, can be a theoretical beacon to such social work practice.

This article adopts [Canda and Furman's \(2010\)](#) conceptualisations of religion and spirituality: spirituality is 'a universal and fundamental human quality involving the search for a sense of meaning, purpose, morality, well-being, and profundity in relationships with ourselves, others, and ultimate reality, however understood' (p. 59); religion refers to 'an institutionalised (i.e., systematic) pattern of values, beliefs, symbols, behaviours, and experiences that are oriented toward spiritual concerns, shared by a community, and transmitted over time in traditions' (p. 59). According to [Canda and Furman \(2010\)](#), spirituality encompasses religious as well as non-religious expressions: 'A religious or nonreligious *spiritual perspective* is an individual's or group's worldview or ideology rooted in spirituality' (p. 75, emphasis in original). In this article, the religious spiritual perspective based on the Judaeo-Christian tradition is the focus of study.

This article consists of three main sections. The first section deals with the *raison d'être* of spiritually sensitive social work. In the second section, an overview and a critique of Pargament's theory are presented. The implications of Pargament's theory for spiritually sensitive social work practice are explored in the third section.

Social work: a profession without spirit?

Social work is linked to spirituality in both historical and philosophical ways ([Bullis, 1996](#)). Apparently, its founding was contextualised in the religious domains of European and American societies and its value basis contained considerable spiritual undertones ([Watkins, 2001](#)). However, from the 1920s to the 1970s, in the process of professionalising and secularising social work, spirituality gradually faded away from the scene of social work ([Nelson-Becker and Canda, 2008](#); [McInnis-Dittrich, 2009](#); [Canda and Furman, 2010](#)). Dramatically, a renewed interest in spirituality has grown steadily in the social work profession since the 1980s, and spiritually sensitive social work practice is hitting its stride ([Bullis, 1996](#); [Canda, 2005](#); [Derezotes, 2006](#); [Nelson-Becker](#)

and Canda, 2008; Lee *et al.*, 2009; McInnis-Dittrich, 2009; Canda and Furman, 2010). This rapprochement with spirituality would deepen and enhance social work practice by, *inter alia*, promoting the holistic care of clients and synergising with the strengths-based approach to working with clients.

As a helping profession, social work embraces 'a more integrative or holistic perspective as the core principle of professional practice', which distinguishes it from other helping professions (Lee *et al.*, 2009, p. xxii). In a similar vein, Canda and Furman (2010) asserted that, given social work's commitment to 'a whole person in environment perspective', social workers should hold 'a bio-psycho-social-spiritual view' (p. 5). In this holistic model, spirituality 'connects us with conceptions and experiences of profound, transcendent, sacred, or ultimate qualities' (Canda and Furman, 2010, p. 59). Furthermore, infusing all of the aspects of life, spirituality 'helps to weave them together into a sense of integrity (i.e., integratedness), connectedness, and wholeness' (Canda and Furman, 2010, p. 88). Thus, social workers should show respect for spirituality and religious diversity, failing which they infringe not only the NASW (National Association of Social Workers, USA) standards regarding culturally competent practice but also the NASW Code of Ethics (Canda and Furman, 2010). The Statement of Ethical Principles issued jointly by IFSW (International Federation of Social Workers) and IASSW (International Association of Schools of Social Work) in 2004 (retrieved on 15 October 2014 from <http://ifsw.org/policies/statement-of-ethical-principles>) also prescribes that it is incumbent upon social workers to safeguard each individual's spiritual well-being and integrity, and to challenge discrimination against people based on their spiritual beliefs. In light of these lines of thought, it can be said that to disrobe clients of their spiritual garb is nothing but to deprive them of the opportunity to be treated as a whole person and to receive holistic care. Presumably, by valuing the spiritual dimension, social workers can help clients to tap the integrating power of the spirit and to explore a wider realm of opportunity for emancipation when clients flounder in a whirlpool of suffering. By contrast, preoccupation with a biopsychosocial model of practice without paying heed to the spiritual dimension may give clients a moratorium on learning how to gain a bigger picture of reality and how to seize spirituality-based opportunities for empowerment, transcendence and transformation. Hence, if the spiritual dimension is thrust into limbo by so-called holistic service providers, there is reason to cast a serious doubt upon their holistic claim.

Calling for placing a high premium on the client's inner and environmental resources and assets instead of problems and deficits, the strengths perspective (Saleebey, 1996, 1997, 2002) has struck a responsive chord in social work. According to this perspective, each person is possessive of strengths, capabilities and resources; each environment has numerous resources to tap (Saleebey, 1996, 1997, 2002). Notable here is that there seems little ambiguity that clients' spirituality can be a salient or latent strength; therefore, giving short shrift to the spiritual strength may forfeit an important resource for client

empowerment and emancipation. In this sense, it behoves social workers to be spiritually sensitive in resonance with social work's strengths pulse. In particular, social workers may need to appreciate the functions, dysfunctions, dynamics, richness and complexity of spirituality, and to help clients explore and exploit their spirituality as a potential source of meaning, empowerment, transformation and growth.

In a nutshell, a holistic model of social work practice that validates the spiritual dimension and values biopsychosocial–spiritual integration is warranted to maximise clients' strengths and enhance client empowerment. It may be appropriate to emphasise here the importance of ethics for spiritually sensitive social work. Two relevant ethical issues are to be highlighted: client-centredness and professionals' qualities. According to Pargament (2007), professional helpers should be committed to helping clients 'discover and live out the truths of *their* own lives as *they* perceive and experience these truths' (p. 19, emphasis in original). There is reason to believe that adopting such a client-centred approach is instrumental in spiritually sensitive social work practice, facilitating religious clients' discovery and appreciation of their own spiritual meanings and truths. Taking a client-centred stance should involve respecting clients' self-determination. One expanded meaning of self-determination, according to Canda and Furman (2010), is that 'each client's self-defined spiritual strengths, resources, and aspirations should be the focus of attention in practice' (p. 194). Another meaning can be that, as Canda and Furman (2010) emphasised, clients' personal definitions and interpretations of religion and spirituality should set the keynote for worker–client communication. It is thus reasonable to recommend that social workers gain informed consent from clients on addressing clients' spiritual issues, take clients' perceived spiritual realities and truths seriously and non-judgmentally, and take care not to impose personal spiritual interests and values on clients.

In addition to client-centredness, professional qualities are an important ethical issue. Pargament (2007) regarded four qualities, namely self-awareness, spiritual literacy, tolerance of spiritual diversity and authenticity, as essential to being a spiritually sensitive therapist. First, spiritual self-awareness is 'insight into the therapist's own spiritual worldview and the way it may shape the therapeutic process' (Pargament, 2007, p. 191). Second, therapists should acquire relevant knowledge and wisdom about spirituality and applying spirituality therapeutically. Third, spiritual diversity and clients' self-determined spiritual values and goals should be honoured. Fourth, authenticity involves sharing oneself genuinely and 'speaking to the truth as one comprehends it' (Pargament, 2007, p. 193). It makes sense to say that, for spiritually sensitive social workers, the synergy of these qualities, to a great extent, would pave the way for a client-centred approach to addressing clients' spiritual issues.

At the end of this section, it may not be superfluous to point out that the renewed interest in spirituality is not a universal professional phenomenon.

For example, in the UK, social workers as a whole tend to steer clear of the spiritual dimension, although ‘social workers who are already sympathetic to religion and spirituality are becoming more inclined to identify a role for themselves in spiritual care’ (Holloway, 2007, p. 277). Moreover, in the social work profession, there has been spirited debate around to what extent priority should be given to spirituality (Furness and Gilligan, 2010).

Religious coping: a double-edged sword?

Studying religion from a coping perspective can shed light on ‘how particular people use religion concretely in specific life situations and contexts’ (Pargament and Ano, 2004, p. 119). Recent years have witnessed a growing interest in research on religious coping (Pargament, 1997, 2007, 2008, 2011; Pargament *et al.*, 1998, 2000, 2011). According to Pargament (2011), more than 1,000 empirical studies of religious coping were published between 1997 and 2011.

An overview of Pargament’s theory

Pargament’s theory of religious coping has entrenched itself in the field of religion and coping. The following are seven features that are expected to give a glimpse of the landscape of Pargament’s theory.

First, Pargament (1997) defined religion as ‘a process, *a search for significance in ways related to the sacred*’ (p. 32, emphasis in original). He refers to spirituality as ‘a search for the sacred’ (as cited in Pargament, 2007, p. 32). Pargament (2007) noted that ‘the most critical function of religion is spiritual in nature’ (p. 31). He further emphasised that spirituality as a critical dimension of life ‘cannot and should not be explained away’ and can be conceived as ‘a higher dimension of human potential’ (Pargament, 2007, p. 31). Pargament (1997) defined coping as ‘*a search for significance in times of stress*’ (p. 90, emphasis in original). According to Pargament and Raiya (2007), religious coping methods are ‘ways of understanding and dealing with negative life events that are related to the sacred’ (p. 23). Pargament (1997, 2007, 2011) emphasised that what religion may distinctively contribute to coping lies in that it uniquely addresses sacred matters.

Second, the involvement of religion in coping is due to that religion is both ‘a *relatively available* part of the orienting system’ and ‘a *relatively compelling* way of coping’ (Pargament, 1997, p. 144, emphasis in original). Empirically, it has been found that those with stronger religious orientation (e.g. clergypersons) are more likely to use greater religious coping and to benefit more from religious coping (Pargament *et al.*, 2001b).

Third, not simply acting as a defence mechanism, religion is actively and dynamically involved in every stage of the coping process, helping people

find, maintain and transform significance; as a dynamic process, religious coping changes with temporal, contextual and circumstantial situations (Pargament, 1997, 2011; Pargament and Ano, 2004; Pargament *et al.*, 2005).

Fourth, religious coping performs five major functions: to discover meaning, to garner control, to acquire comfort by virtue of closeness to God, to achieve closeness with others and to transform life (Pargament *et al.*, 2000). These functions are integrated into the RCOPE, a multidimensional instrument to assess religious coping developed by Pargament *et al.* (2000). More will be said about the RCOPE later.

Fifth, religion usually functions as a conservational force in the coping process, helping to maintain feelings of meaning, mastery and spiritual connection during life crisis. Nevertheless, conservation sometimes may lose its viability when the significance it has sustained is challenged, threatened or attacked. Under these circumstances, people can employ transformational religious coping methods such as religious conversion to find a new meaning and purpose (Pargament, 1997, 2007; Pargament *et al.*, 2005).

Sixth, particular religious coping methods can be classified into two broad groups: positive and negative (Pargament *et al.*, 1998). Generally, positive religious coping strategies (e.g. reinterpreting the stressor as salutary, treating God as the partner, seeking and appreciating God's love and care) express 'a secure relationship with a transcendent force, a sense of spiritual connectedness with others, and a benevolent world view' (Pargament *et al.*, 2011, p. 51). Thus, they tend to be salutary for individuals under stress. By contrast, negative religious coping approaches (e.g. reinterpreting the stressor as a punishment given by God, passively depending on God to resolve the stressor, attempting to cope on one's own without relying on God's help) mirror 'underlying spiritual tensions and struggles within oneself, with others, and with the divine' (Pargament *et al.*, 2011, p. 51). Thus, they are more likely to have deleterious effects.

Last but not least, to account for how religious coping can intervene between stressors and outcomes, Pargament (1997) proposed the *combined religious moderator-deterrent* model. According to this model, religious coping serves a moderating function in that as stress levels rise, religious coping increasingly protects religious people from the harm of stress; concurrently, religious coping performs a deterring function because it is a reliable predictor of more favourable outcomes no matter how intense stress is. To throw light on this model, consider a hypothetical case. Suppose a religious person came to know the terminal nature of his or her illness and thus suffered greater stress. Under these circumstances, the moderating function would make him or her benefit more from religious coping than when he or she was unaware of the terminal nature and experienced a lower level of stress. On the other hand, the deterring function would predict that, irrespective of whether he or she had any idea about the seriousness of the illness, greater religious coping would always make him or her fare better.

A critique of the theory

At least three strengths of Pargament's theory can be identified as follows.

Religious coping is elaborately examined

Religiousness is measured and examined in actual coping contexts in which specific religiously oriented individuals interact and deal with specific stressful situations (Pargament *et al.*, 1998, 2000). Compared with the generic and simplistic measurement of religiousness (e.g. frequency of participation in religious activity) prevalent in the research on religion and coping, this more in-depth way represents a promising approach to assessing religious coping. By elaborately examining the subtleties and dynamics of religious coping, it may capture a wider range of realities and deeper meanings of religious coping.

Religious coping is viewed through an impartial lens

Through an impartial lens, the theory gets both positive and negative dimensions of religious coping in perspective. Compared with 'a religion-is-good-for-you bias' (Kaplan *et al.*, 1994, p. 59) exhibited in numerous studies of religious coping, such a more impartial perspective gives a deeper insight into the nature of religious coping by shedding light on the fact that religion wields a double-edged sword in coping.

The theory is empirically grounded

Pargament and his associates (Smith *et al.*, 2000; Pargament, 2002, 2008, 2011; Kinney *et al.*, 2003; Bowie *et al.*, 2004; Pargament *et al.*, 2004) have found that positive religious coping (e.g. attributing the event to God's will, seeking congregational support, using collaborative religious coping) is associated with good health and well-being outcomes and spiritual growth. On the other hand, negative religious coping was found to be counterproductive (Pargament, 2011; Pargament *et al.*, 2011). For instance, Pargament *et al.*'s (2001a) study of elderly patients showed that negative religious coping (i.e. thinking that God had abandoned them, raising doubt about God's love and care, or perceiving that their illness was due to an act of the devil) was related to a significantly (19–28 per cent) higher risk of mortality. Many other researchers have also uncovered such positive-coping-with-positive-outcomes and negative-coping-with-negative-outcomes correlations (Ano and Vasconcelles, 2005).

The strengths discussed above suggest that Pargament's theory is elaborately developed and empirically grounded. However, the acclaim given to

Pargament's theory should be tempered by an appreciation of its potential limitations presented below.

There is a methodological imbalance

Pargament (1997) reminded us that 'much of religious experience remains private, subjective, and highly symbolic', so not only outsiders', but also insiders' perspectives are important for examining it (p. 11). However, Pargament and his collaborators' research has been predominantly quantitative, tending to study religious coping from an outsider's vantage point. If they had put more effort into qualitatively examining contexts, nuances and dynamics of the religious coping process, they might have attained an even deeper understanding of religious coping.

The relationship between religious coping and culture has not been adequately addressed

Though Pargament has sometimes drawn our attention to the importance of the cultural shaping of religious coping (Pargament, 1997, 2007, 2011), it appears that cultural variables (e.g. individualism versus collectivism; traditionalism versus modernism; cultural convergence versus cultural divergence) have not been adequately addressed in his research. This discrepancy needs to be rectified. More research should be undertaken to examine the influences of cultural ideals, beliefs, values, norms and practices on religious coping. For example, some evidence (e.g. Bjorck *et al.*, 1997) has indicated that employing the same religion to cope in two different cultural contexts may have opposite outcomes. Further research may seek to find out why and how this occurs.

The theory tends to be inclined towards rationality

Kwilecki (2004) noted that Pargament's cognitive view of religious coping was mainly based on rational choice theory. Critiquing that the unconscious ways of religious coping were thus overlooked in Pargament's research and theory, Kwilecki (2004) called for paying more heed to unconscious aspects of religious coping (e.g. spontaneous ritual responses to threats, spirit possession). If Kwilecki's criticism is tenable, there is reason to believe that Pargament's theory would do well to extend itself to incorporate conceptual elements of the unconscious.

In sum, Pargament's trailblazing work provides a viable theoretical framework for studying religious coping. This is, in a large measure, because it approaches religious coping in an impartial manner, examines religious coping in a more in-depth way, and endeavours to account for the dynamics

and functions of religious coping. Notwithstanding its potential limitations, Pargament's theory could be a treasure trove of valuable insights for spiritually sensitive social work practice with religious clients who follow the Judaeo-Christian tradition.

Implications for spiritually sensitive social work

'Spirituality is the heart of helping. It is the heart of empathy and care, the pulse of compassion, the vital flow of practice wisdom, and the driving energy of service' (Canda and Furman, 2010, p. 3). As noted earlier, a holistic model of social work practice that validates the spiritual dimension is warranted to maximise clients' strengths and enhance client empowerment. Accordingly, spiritually sensitive social workers can, among others, (i) treat clients as whole persons; (ii) address clients' spiritual concerns and needs, along with their physical, psychological and social concerns and needs, and promote clients' biopsychosocial-spiritual integration; and (iii) collaborate with clients to tap their spiritual strengths, resources and resiliencies. There is reason to believe that Pargament's theory would enrich and enhance spiritually sensitive social work practice with religious clients in terms of engagement, assessment and intervention.

Religious constructivism would facilitate engagement

If a spiritually sensitive social worker gets constricted by his or her own spiritual straightjacket, he or she may misread or understate the client's religious behaviour. To avoid this pitfall, social workers can consider adopting what Pargament (1997) termed 'religious constructivism' (p. 368). Pargament (1997) described four orientations to religion among helping professionals: rejectionism, exclusivism, constructivism and pluralism. While religious rejectionists disregard or disdain any religious expression, religious exclusivists assert that any problem solving should involve religion. In contrast to religious pluralists acknowledging the existence of an absolute reality and of various pathways through any of which one can approach this reality, religious constructivists challenge the assumption that there is an absolute reality that is discoverable. According to Pargament (1997), religious constructivism provides helpers (including the most secular ones) with an approach to helping people with different religious backgrounds. Characteristically, religious constructivists are willing to explore different worlds, are able to assist people to understand their problematic situations in light of their personal orienting systems, and are interested in aligning solutions with both methods and metaphors of such orienting systems (Pargament, 1997). Pargament (1997) noted that, insofar as a person's constructions of the world are religious in character and insofar as these constructions become a source of problems on one hand or possible

solutions on the other hand, it is appropriate for a religious constructivist to talk about the religious topic with the person regardless of whether he or she shares the person's religious perspective. Herein, client-centredness and professionals' qualities stated earlier hold true as well.

Plausibly, religious constructivism would facilitate engagement with religious clients. In particular, acknowledgement of multiple perceived religious realities may facilitate genuine, respectful, empathic and non-judgmental engagement with the personally constructed religious world of the client. This would conduce to building and bolstering an egalitarian, collaborative and spiritually harmonious worker–client relationship. This kind of relationship would be favourable to exploring religious topics. For one thing, it may encourage and enable clients to verbalise and unfold their private religious stories. For another, it may help social workers walk in clients' shoes, gaining a phenomenological understanding of their perceived religious realities. As a result, valuable spiritual nuggets would be more likely to be mined from clients' religious bonanzas through the bona fide combined efforts of social workers and religious clients.

Religious coping would be assessed in a more in-depth manner

Assessing religious coping through such indicators as the frequency of religious activity participation and the self-rated level of religiousness is necessary; however, sole reliance on such a generic assessment is insufficient in that it is less strongly predictive of coping outcomes (Pargament, 2011). Given the complexity of religion:

... it is also important to examine the who (benevolent God, punishing God), what (spiritual, interpersonal), when (during acute or major stressors, for how long), where (in church congregations, privately), and why (to find meaning, to gain control, to achieve life transformation) of religious coping (Pargament and Ano, 2004, p. 119).

Accordingly, social workers ought not to just scratch the surface of clients' religious coping; rather, they can delve into its nuanced, dynamic and complex process and probe into its heart and soul. For this purpose, the RCOPE (Pargament *et al.*, 2000, 2004) can act as a comprehensive assessment tool to tease out in-depth information on clients' religious coping. The RCOPE is segmented into five super-ordinate areas of function (i.e. to discover meaning, to garner control, to acquire comfort by virtue of closeness to God, to achieve closeness with others and to transform life) with a total of twenty-one subordinate scales (Pargament *et al.*, 2000). For instance, there are four subscales in the area of discovering meaning, namely:

... redefinition of the stressor as an opportunity for spiritual growth (Benevolent Religious Reappraisal), redefinition of the situation as a punishment from God (Punishing God Reappraisal), redefinition of the situation as the

work of the Devil (Demonic Reappraisal), and questioning God's power to affect the situation (Reappraisal of God's Powers) (Pargament *et al.*, 2000, p. 521).

Moreover, each subscale of the RCOPE has five items; the RCOPE assesses to what extent an individual employs the religious coping approach stated in each item (Pargament *et al.*, 2000). For instance, one of the five items in the subscale of Benevolent Religious Reappraisal states: 'Saw my situation as part of God's plan' (Pargament *et al.*, 2000, p. 522). The RCOPE further distinguishes between positive and negative religious coping (Pargament *et al.*, 2004). Thus, not only does the RCOPE gauge, for example, whether the client employs a form of collaborative (collaborating with God to garner control), deferring (doing nothing and just awaiting God's control) or self-directing (counting on one's own control without involving God) religious coping (Pargament *et al.*, 2000), it also helps us to identify deferring and self-directing religious coping as negative religious ways of coping and collaborative religious coping as a positive way (Pargament *et al.*, 2004). All in all, the RCOPE is a relatively ideal instrument to measure religious coping. However, because of its comprehensiveness, every measure takes a certain amount of time to finish. For social workers who have time and other practical constraints, they may consider using the Brief RCOPE (Pargament *et al.*, 1998, 2011) instead of the RCOPE. The Brief RCOPE is a shortened and simplified version of the RCOPE that comprises positive and negative religious coping subscales, each of which consists of seven items (Pargament *et al.*, 2011).

Client-specific assessment would help clients to inspect and inventory their particular religious values, beliefs, practices and resources as well as religious coping capabilities. In this regard, the social worker may need to determine to what extent and in what context the client gives pre-eminence to religion. In addition, he or she may need to explore what religion means to the client and how religious values, beliefs and practices have influenced the client's thinking, feeling and acting about stress. Moreover, the availability, adequacy and accessibility of the client's religious resources (e.g. spiritual support, religious peer support) can be evaluated. Tools such as spiritual genogram and timeline (Bullis, 1996) and spiritual lifemap, ecomap and ecogram (Hodge, 2003) are useful for such evaluation. The social worker may further pin down which of the client's particular religious coping strategies are beneficial or baleful to his or her coping, assess whether there is any spiritual crisis or struggle and consider whether the client may be referred to a religious professional. Religious coping varies not only among but also within major religions (Pargament and Ano, 2004). Thus, social workers should not assume that people from the same religious tradition will adopt uniform religious coping approaches. It is incumbent upon social workers to ascertain what *sui generis* methods of religious coping are used by religious clients and how.

Positive religious coping would be validated and catalysed

Social workers can affirm and facilitate clients' use of positive religious coping strategies. Examples of these strategies include 'benevolent religious reappraisals, collaborative religious coping, seeking spiritual support, seeking support from clergy or congregation members, religious helping, active religious surrender, religious purification, seeking spiritual connection, religious forgiveness, seeking religious direction, religious conversion and religious distraction' (Pargament *et al.*, 2004, p. 716). Such coping strategies, as stated earlier, can serve five functions (e.g. helping to discover meaning and to garner control) and act as stress moderators and stress deterrents in the turbulent sea of life. Religious clients can be encouraged to make full use of these functions and roles to cope with challenges, stressors and crises constructively.

'Religious reframing' (Pargament, 1997, pp. 221–32) can transform stress and suffering into explainable and acceptable experience with salient or potential positive value and significance. For example, stressors can be religiously reframed as part of God's plan and thus be transformed into benign events (Pargament and Park, 1995; Gall and Cornblat, 2002; Pargament, 2007). Stressful life events can also be positively reframed as 'a lesson from God, a reward from God' and 'an opportunity to get closer to God' (Emery and Pargament, 2004, p. 9). Research has shown that religiously based positive reframing is correlated with better well-being outcomes (Ardelt *et al.*, 2008; Jenkins and Pargament, 1988). Accordingly, social workers can assist religious clients to view suffering through a spiritual lens so as to perceive suffering in a more constructive, positive and meaningful manner. Besides the above-mentioned ways of reframing, suffering can also be reinterpreted as a spiritual odyssey through which one can actually be annealed and eventually achieve personal growth and spiritual development. Religious clients would thus find a new realm of meaning and a new horizon of hope in suffering. Their harsh realities would therefore be converted into congenial challenges.

Atchley (2000) proposed that religious participation can provide a sense of belonging and security, and increase social support resources for coping with crises and challenges. According to Krause (2002), religious persons tend to enjoy increased social contact, more mutual help, and higher perceptions of the availability and adequacy of support. Pargament (2007) noted that rituals can facilitate emotional catharsis, reinforce identity, promote community development and aid in making sense of change and transition. Social workers can validate and support clients' development and utilisation of their religious community resources as a source of support, solace and strength. It is not without reason to believe that, when clients fluctuate in the tide of stress, these resources would help to tide them over. However, not every religious client has equal access to such resources. When disability or disease renders it difficult or impossible for clients to participate in public religious

activities, they may have to generally engage in private religious practices such as contemplation and prayer. This can also be honoured and affirmed inasmuch as such practices can constitute a major source of empowerment and encouragement when stress stirs up miseries for them. According to [Pargament \(1997\)](#), religious coping seems to be of more benefit to people when they face more challenging situations that make them realise human limitations and when available social and personal resources are exhausted.

Negative religious coping would be detected and addressed

Social workers can be keenly aware that the picture of religious coping is not always rosy. As Ramakrishna put it a long time ago, 'Religion is like a cow: It gives milk, but it also kicks' (as cited in [Thomas, 1997](#), p. 98). The following are some negative religious coping approaches: '...punishing God re-appraisal, demonic reappraisal, reappraisal of God's power, passive religious deferral, self-directing religious coping, spiritual discontent, marking religious boundaries, interpersonal religious discontent and pleading for direct intercession' ([Pargament *et al.*, 2004](#), p. 716). From a social work perspective, [Cowley \(2001\)](#) argued that religion may be a path for some people while a pathology for others. This view is echoed by [Canda and Furman \(2010\)](#), who pointed out that, on a personal level, the distortion and misdirection of spirituality into destructive beliefs, attitudes and behaviours can lead to a sense of inappropriate guilt, shame and hopelessness, or result in discrimination against and oppression of others. [Canda and Furman \(2010\)](#) further noted that religious groups and informal spiritual groups may not assist members in bringing their spiritual potential into full play, and may treat those who hold different perspectives with hostility and violence. As stated earlier, empirical evidence has shed light on the adverse effects of negative religious coping, which may banish religious people into the wilderness of bewilderment, hopelessness and helplessness. Under such circumstances, if necessary, social workers can forge teamwork and partnership with religious professionals in empowering and enabling clients to negotiate twists and turns on the odyssey of religious coping. In this regard, religious constructivism stated above may help social workers to cross the professional fence and synergise with religious professionals. Presumably, such synergy would help clients to achieve the fuller flowering of religious coping.

As front line helping professionals, social workers can be sensitive and responsive to warning signs of negative religious coping in clients. Once any of these signs (e.g. dissatisfaction with God) is detected, assessment and intervention can be initiated without delay. This would be greatly instrumental in preventing the problem from escalating beyond the point of control and encroaching on a broader sweep of life. Social workers may need to attain a more profound understanding of negative religious coping so that they can detect signs of negative religious coping and help clients to distinguish

negative from positive religious coping. To reduce religious clients' sense of confusion and to enhance their sense of hopefulness, social workers can heighten their awareness of how negative religious coping may induce trouble and tribulation and may, under certain circumstances, yield unanticipated positive consequences. According to Pargament *et al.* (2011), it is likely that a negative way of religious coping is associated with growth and well-being from a longer-term perspective.

Discussion

Social work cannot afford to divorce itself from its spiritual roots and social workers should not pay lip service to the call for holistic care. Rather, their synapses of care may reach the spiritual dimension of clients so as to promote and maximise clients' empowerment, emancipation and growth. In this context, this article demonstrates the usefulness and relevance of Pargament's theory of religious coping to spiritually sensitive social work as an elaborately developed and empirically grounded theory. It stands to reason that Pargament's theory has great potential to expand the theoretical horizon on spiritually sensitive social work and to afford spiritually sensitive social workers the leverage to understand and handle the practical issues pertaining to religious coping. In particular, Pargament's functionalist perspective on religious coping holds the promise of providing social workers with a practice model to distinguish between healthy and pathological religious coping among religious clients who follow the Judaeo-Christian tradition. (For a discussion of the value of Pargament's theory in spiritually sensitive social work evidence-based practice, please see supplementary material.)

It is, however, worthy of emphasis here that there might be two pitfalls when following Pargament's perspective. First, social workers may get trapped within a dualistic, static and absolute view of positive versus negative religious coping, losing sight of the potential dialectics of religious coping implicit in this perspective. From a diachronic standpoint, what appears to be a negative religious coping may turn out to generate positive growth and transformation (Pargament, 2007; Pargament *et al.*, 2011). Synchronically, it is reasonable to assume that clients probably adopt both positive (e.g. collaborative religious coping) and negative (e.g. punishing God reappraisal) religious coping concurrently to deal with the same stressful event. Second, because of its embeddedness in the Judaeo-Christian tradition, Pargament's perspective would have a resonance for Jews and Christian but might hardly find echoes in believers of other religions such as Buddhists and Taoists who do not believe in God. Hence, it is advisable for social workers to refrain from applying this perspective to the latter.

In view of the above-mentioned pitfalls as well as the limitations identified previously, spiritually sensitive social workers should apply Pargament's theory critically and reflectively; they may need to explore with researchers

how to integrate it with other theories already adopted in spiritually sensitive social work, particularly the transpersonal theory (see Canda and Smith, 2001) and Jung's theory (see Campbell, 1971). It seems that Jung's theory might complement Pargament's theory inasmuch as it holds promise for shedding light on the unconscious aspects of coping. Additionally, to formulate deeper and broader perspectives on religious coping, more research into coping in other religious traditions would appear to be warranted.

Supplementary Material

Supplementary material can be found at: <http://www.bjsw.oxfordjournals.org>.

Acknowledgements

The author gratefully acknowledges the valuable comments from Dr Alexander Lee, Dr Kalyani K. Mehta, Dr Thang Leng Leng and Dr Hong Song-Iee. The author is also grateful to two anonymous reviewers for their thoughtful and constructive comments and advice.

References

- Ano, G. G. and Vasconcelles, E. B. (2005) 'Religious coping and psychological adjustment to stress: A meta-analysis', *Journal of Clinical Psychology*, **61**(4), pp. 461–80.
- Ardelt, M., Ai, A. L. and Eichenberger, S. E. (2008) 'In search for meaning: The differential role of religion for middle-aged and older persons diagnosed with a life-threatening illness', *Journal of Religion, Spirituality & Aging*, **20**(4), pp. 288–312.
- Atchley, R. C. (2000) *Social Forces and Aging: An Introduction to Social Gerontology*, 9th edn, Belmont, CA, Wadsworth.
- Bjorck, J. P., Lee, Y. S. and Cohen, L. H. (1997) 'Control beliefs and faith as stress moderators for Korean American versus Caucasian American Protestants', *American Journal of Community Psychology*, **25**(1), pp. 61–72.
- Bowie, J. V., Snyder, K. D., Granot, M. and Pargament, K. I. (2004) 'Spirituality and coping among survivors of prostate cancer', *Journal of Psychosocial Oncology*, **22**(2), pp. 41–56.
- Bullis, R. K. (1996) *Spirituality in Social Work Practice*, Washington, DC, Taylor & Francis.
- Campbell, J. (ed.) (1971) *The Portable Jung*, New York, Penguin Books.
- Canda, E. R. (2005) 'The future of spirituality in social work: The farther reaches of human reaches', *Advances in Social Work*, **6**(1), pp. 97–108.
- Canda, E. R. and Furman, L. D. (2010) *Spiritual Diversity in Social Work Practice: The Heart of Helping*, 2nd edn, New York, Oxford University Press.
- Canda, E. R. and Smith, E. D. (eds) (2001) *Transpersonal Perspectives on Spirituality in Social Work*, Binghamton, NY, Haworth.

- Cowley, A. S. (2001) 'Cosmic consciousness: Path or pathology?', in E. R. Canda and E. D. Smith (eds), *Transpersonal Perspectives on Spirituality in Social Work*, New York, Haworth.
- Derezotes, D. S. (2006) *Spiritually Oriented Social Work Practice*, Boston, MA, Allyn and Bacon.
- Emery, E. E. and Pargament, K. I. (2004) 'The many faces of religious coping in late life: Conceptualization, measurement, and links to well-being', *Ageing International*, **29**(1), pp. 3–27.
- Furness, S. and Gilligan, P. (2010) *Religion, Belief and Social Work: Making a Difference*, Bristol, UK, The Policy Press.
- Gall, T. L. and Cornblat, M. W. (2002) 'Breast cancer survivors give voice: A qualitative analysis of spiritual factors in long-term adjustment', *Psycho-Oncology*, **11**(6), pp. 524–35.
- Hodge, D. R. (2003) *Spiritual Assessment: A Handbook for Helping Professionals*, Botsford, CT, North American Association of Christians in Social Work.
- Holloway, M. (2007) 'Spiritual need and the core business of social work', *British Journal of Social Work*, **37**(2), pp. 265–80.
- Jenkins, R. A. and Pargament, K. I. (1988) 'Cognitive appraisals in cancer patients', *Social Science and Medicine*, **26**(6), pp. 625–33.
- Kaplan, B. H., Munroe-Blum, H. and Blazer, D. G. (1994) 'Religion, health, and forgiveness: Traditions and challenges', in J. S. Levin (ed.), *Religion in Aging and Health: Theoretical Foundations and Methodological Frontiers*, Thousand Oaks, CA, Sage.
- Kinney, J. M., Ishler, K. J., Pargament, K. I. and Cavanaugh, J. C. (2003) 'Coping with the uncontrollable: The use of general and religious coping by caregivers to spouses with dementia', *Journal of Religious Gerontology*, **14**(2–3), pp. 171–88.
- Krause, N. (2002) 'Church-based social support and health in old age: Exploring variations by race', *Journal of Gerontology Series B Psychological Science and Social Sciences*, **57B**(6), pp. S332–47.
- Kwilecki, S. (2004) 'Religion and coping: A contribution from religious studies', *Journal for the Scientific Study of Religion*, **43**(4), pp. 477–89.
- Lee, M. Y., Ng, S. M., Leung, P. P. Y. and Chan, C. L. W. (2009) *Integrative Body–Mind–Spirit Social Work*, New York, Oxford University Press.
- McInnis-Dittrich, K. (2009), *Social Work with Older Adults: A Biopsychosocial Approach to Assessment and Intervention*, 3rd edn, Boston, MA, Pearson.
- Nelson-Becker, H. and Canda, E. R. (2008) 'Spirituality, religion, and aging research in social work: State of the art and future possibilities', *Journal of Religion, Spirituality & Aging*, **20**(3), pp. 177–93.
- Pargament, K. I. (1997) *The Psychology of Religion and Coping: Theory, Research, Practice*, New York, Guilford.
- Pargament, K. I. (2002) 'The bitter and the sweet: An evaluation of the costs and benefits of religiousness', *Psychological Inquiry*, **13**(3), pp. 168–81.
- Pargament, K. I. (2007) *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*, New York, Guilford.
- Pargament, K. I. (2008) 'The sacred character of community life', *American Journal of Community Psychology*, **41**(1–2), pp. 22–34.
- Pargament, K. I. (2011) 'Religion and coping: The current state of knowledge', in S. Folkman (ed.), *Oxford Handbook of Stress, Health, and Coping*, New York, Oxford University Press.

- Pargament, K. I. and Ano, G. G. (2004) 'Empirical advances in the psychology of religion and coping', in K. W. Schaie, N. Krause and A. Booth (eds), *Religious Influences on Health and Well-Being in the Elderly*, New York, Springer.
- Pargament, K. I. and Park, C. L. (1995) 'Merely a defense? The variety of religious means and ends', *Journal of Social Issues*, **51**(2), pp. 13–32.
- Pargament, K. I. and Raiya, H. A. (2007) 'A decade of research on the psychology of religion and coping: Things we assumed and lessons we learned', *Psyche and Logos*, **28**(2), pp. 742–66.
- Pargament, K. I., Ano, G. G. and Wachholtz, A. B. (2005) 'The religious dimension of coping: Advances in theory, research, and practice', in R. F. Paloutzian and C. L. Park (eds), *Handbook of the Psychology of Religion and Spirituality*, New York, Guilford.
- Pargament, K. I., Feuille, M. and Burdzy, D. (2011) 'The brief RCOPE: Current psychometric status of a short measure of religious coping', *Religions*, **2**(1), pp. 51–76.
- Pargament, K. I., Koenig, H. G. and Perez, L. M. (2000) 'The many methods of religious coping: Development and initial validation of RCOPE', *Journal of Clinical Psychology*, **56**(4), pp. 519–43.
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N. and Hahn, J. (2001b) 'Religious struggle as a predictor of mortality among medically ill elderly patients: A two-year longitudinal study', *Archives of Internal Medicine*, **161**(15), pp. 1881–5.
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N. and Hahn, J. (2004) 'Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study', *Journal of Health Psychology*, **9**(6), pp. 713–30.
- Pargament, K. I., Smith, B. W., Koenig, H. G. and Perez, L. (1998) 'Patterns of positive and negative religious coping with major life stressors', *Journal for the Scientific Study of Religion*, **37**(4), pp. 710–24.
- Pargament, K. I., Tarakeshwar, N., Ellison, C. G. and Wulff, K. M. (2001a) 'Religious coping among the religious: The relationship between religious coping and well-being in a national sample of Presbyterian clergy, elders, and members', *Journal for the Scientific Study of Religion*, **40**(3), pp. 497–513.
- Saleebey, D. (1996) 'The strengths perspective in social work practice: Extensions and cautions', *Social Work*, **41**(3), pp. 296–305.
- Saleebey, D. (ed.) (1997) *The Strengths Perspective in Social Work Practice*, 2nd edn, White Plains, NY, Longman.
- Saleebey, D. (ed.) (2002) *The Strengths Perspective in Social Work Practice*, 3rd edn, Boston, Allyn and Bacon.
- Smith, B. W., Pargament, K. I., Brant, C. and Oliver, J. M. (2000) 'Noah revisited: Religious coping by church members and the impact of the 1993 Midwest flood', *Journal of Community Psychology*, **28**(2), pp. 169–86.
- Thomas, L. E. (1997) 'Introduction: Aging, religion and spirituality', *Journal of Aging Studies*, **11**(2), pp. 97–100.
- Watkins, D. R. (2001) 'Spirituality in social work practice with older persons', in D. O. Moberg (ed.), *Aging and Spirituality: Spiritual Dimensions of Aging Theory, Research, Practice and Policy*, New York, Haworth.