Judeo-Christian Clergy and Personal Crisis: Religion, Posttraumatic Growth and Well Being

DEBORAH PROFFITT, ARNIE CANN, LAWRENCE G. CALHOUN,
and RICHARD G. TEDESCHI

ABSTRACT: This study investigated the psychological impact of personal traumatic events in a sample of 30 Judeo-Christian clergy. Use of religion-based coping strategies following a difficult life event was expected to facilitate posttraumatic growth, and posttraumatic growth was, in turn, expected to result in greater current well being. Both predictions were supported. In addition, higher levels of rumination soon after the event were associated with greater posttraumatic growth. The results indicated that clergy benefited from both positive and negative styles of religious coping, and that posttraumatic growth was not associated with greater well being for this sample.

KEY WORDS: religious coping; posttraumatic growth; clergy; well being.

Introduction

How do clergypersons, who in their work contexts are expected to be religious or spiritual leaders, and who are often called upon to help others cope with and understand difficult life events, respond to their own crises? In particular, what factors are related to psychological well being and the possibility of psychological growth for clergy who are faced with a personal crisis? The literature that addresses this question is limited, and has tended to focus on

Deborah Proffitt, M.A., is in private practice in Charlotte, North Carolina. Arnie Cann, Ph.D., is a Professor in the Psychology Department at the University of North Carolina Charlotte. A social psychologist, he is involved in research on posttraumatic growth and interpersonal relationships. Lawrence G. Calhoun, Ph.D., is a Professor in the Psychology Department at the University of North Carolina Charlotte. A clinical psychologist, he has studied posttraumatic growth and responses to crises. Richard G. Tedeschi, Ph.D., is a Professor in the Psychology Department at the University of North Carolina Charlotte. A clinical psychologist, he has studied posttraumatic growth and bereavement issues. Correspondence to Arnie Cann, Department of Psychology UNC Charlotte, 9201 University City Blvd , Charlotte, NC, 28223, USA; e-mail: acann@uncc.edu

life stressors related directly to their occupation, such as relocations and job burnout (Frame, 1998; Rodgerson & Piedmont, 1998), rather than the variety of events that anyone might encounter.

For nonclergy there is clear evidence that religion can play a helpful role in coping with stressful life events (McIntosh, Silver, & Wortman, 1993; Pargament, 1997; Park & Cohen, 1993; Strength, 1999; Weaver, Koenig, & Ochberg, 1996). Weaver et al. (1996), for example, found that 25% of hospital patients described religion as their most important coping resource. McIntosh et al. (1993), Park and Cohen (1993), and Strength (1999) all report religion as a primary coping mechanism in grieving the death of a child, spouse, or close friend. There are, however, different patterns of religious coping that might relate differently to the success or failure of the coping process (Pargament, Smith, Koenig, & Perez, 1998). Positive religious coping strategies are based on the perception of a secure relationship with a supportive God and a sense that through life's challenges meaning can be found. With these strategies, religious beliefs imply a joint effort of the individual and a spiritual guide that facilitates understanding and coping with a crisis. Negative religious coping methods, on the other hand, tend to reflect a less secure connection with a more judgmental God. The crisis can raise questions about potential abandonment by one's God, suggesting a 'test' that must be passed through individual resources, and a less certain sense of what the world holds. In nonclergy samples, positive religious coping has been associated with lower levels of psychological distress, although negative religious coping has been related to higher emotional distress, depression, and a lower quality of life (Pargament et al., 1998; Pargament, 1997). So, a sense of God as a partner in the process of coping, rather than God sitting in judgment of one's worth, seems to be associated with more positive outcomes in samples of laypersons.

Although facing difficult situations is typically highly distressing, it can also lead to positive outcomes in the form of psychological growth for many people (Calhoun & Tedeschi, 1999, 2006; Park, 1998). In fact, the experience of growth emerging from the struggle with major life crises has been a theme of world religions and literature since ancient times. More recently, however, this phenomenon, termed posttraumatic growth (Tedeschi & Calhoun, 1996), has been the focus of systematic investigation in the social and behavioral sciences. Posttraumatic growth has been found in samples dealing with a wide variety of crises, including death of a child (Polatinsky & Esprey, 2000), illness of a child (Best, Streisand, Catania, & Kazak, 2001), crime victims (Peltzer, 2000), bombing victims (Maercker & Langner, 2001), cancer survivors (Bellizzi, 2004; Ho, Chan, & Ho, 2004; Weiss, 2004), refugees (Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003) and those in failed romantic relationships (Tashiro & Frazier, 2003).

Posttraumatic growth is usually characterized by finding a clearer meaning and purpose in life, a closer connection with others, and a greater sense of personal strength and self-reliance, as the result of confronting and dealing

with a difficult life event. For many, a sense of greater spiritual understanding also emerges as part of the perceived growth (Tedeschi & Calhoun, 1996). It is not surprising, then, that the use of religious coping has been associated with greater perceived posttraumatic growth (Pargament et al., 1998, Pargament, Koenig, & Perez, 2000). Although both positive and negative religious coping styles have been found to be positively associated with growth, the relationships between positive religious coping and growth are generally much stronger. For example, across three samples (Pargament et al., 1998) the mean correlation between positive religious coping and growth was above .5, while the correlation for negative religious coping was around .15.

In addition to religious coping styles, two other factors that have been found to be related to well being and growth in individuals dealing with crises are rumination patterns and perceptions of social constraint. Rumination involves both intentional and unintentional thoughts focused on the traumatic life event as one seeks a resolution. Rumination can be an important part of the search for meaning and the perception of growth following trauma since it represents the ongoing cognitive work that often must be done to resolve or accept the implications of the trauma (Janoff-Bulman, 2004). Religious beliefs could be especially important as part of this effort to finding meaning since they could provide a useful framework for explaining why challenges occur and how challenges may strengthen an individual.

Although limited, the findings with respect to the role of rumination are mixed. Rumination focused only on the negative aspects of one's situation has been correlated with higher levels of distress (Nolen-Hoeksema & Larson, 1999), but more general rumination about the crisis has been related to higher levels of self-reported growth (Calhoun, Cann, Tedeschi, & McMillan, 2000). If rumination reflects one's processing of all information relevant to a traumatic life event, and includes attention to why a challenge might serve a positive function, this processing should facilitate arriving at a resolution. Of course, it is possible that rumination might not easily lead to resolution or acceptance if meaning cannot be found in the events. Perhaps the presence of rumination soon after the traumatic event may be a positive sign, since the cognitive work is being done to resolve the crisis, but the presence of continued rumination long after the event would be a negative indicator. In other words, thoughts focused on the crisis soon after the event could facilitate the coping process, speed arriving at a resolution and lead to the emergence of perceived growth. On the other hand, continued rumination long after the event may reflect a failure to successfully cope or to find meaning in the event, since cognitive work is still ongoing. The time frames of the ruminations that are experienced following crises need greater attention to assess this possibility.

Social constraint reflects a perception that those around you do not welcome your sharing of your thoughts and concerns about your crisis. A sense of social constraint about expression of your thoughts following a personal crisis can lead to increased difficulties with achieving well being (Lepore, Silver,

Wortman, & Wayment, 1996). Thus, one possibility is that the individual's own private cognitive work in dealing with the crisis might allow that person to find meaning in the event, and achieve some sense of psychological growth due to the crisis, but the perceived discouragement of sharing thoughts with others may prevent the realization of a higher level of well being. Recent evidence suggests that well being is most easily achieved and maintained when there are strong positive social relations available to provide "protection" against the potential distress of life's crises (Ryff, Singer, & Palmersheim, 2004).

Clergy represent an intriguing sample within which to investigate the role of religious coping in posttraumatic growth and the implications of social constraints for achieving well being. Clergy would be very likely to rely on religious coping following a personal crisis. However, the implications of using positive versus negative religious coping are less certain (Stroebe, 2004). Given the positive association between positive religious interpretations and positive mood (Exline, Smyth, Gregory, Hockemeyer, & Tulloch, 2005), and the salience of religious beliefs for clergy, they may consider their relationship with God as both a source of strength and as a test of their personal commitment and sacrifice. Thus clergy, who have probably given much greater thought to their relationship with God, and may therefore have a more complex relationship, may use both positive and negative religious coping styles. They might see God as a potential partner in facing crises, but also imagine that God could be testing their strength and commitment. The multiple 'faces' of God may be more acceptable to clergy.

With respect to social constraints, clergy in North America typically occupy a complex social role that brings with it a considerable amount of potential social constraint. Clergy would fit the category of 'direct leaders' (Gardner, 1995). To be effective as leaders they must behave in their own lives in a way that is consistent with what they urge upon their followers. A failure to practice what they preach is likely to be seen as a lack of sincere beliefs on their part. Since other people expect to turn to clergy to help find a sense of meaning and purpose when they face crises, they might not welcome expressions of doubt or questions about the search for meaning from those they believe should already have achieved clarity on these issues. For clergy, sharing their thoughts as they ruminate about their own crisis and search for meaning from it might be socially unwelcome. Clergy, therefore, may feel compelled to sacrifice the social contacts that others use in this process in order to avoid revealing their own struggles too publicly.

We found no published study, however, that had specifically investigated these possibilities in clergypersons. Although general findings and studies conducted with clergy samples are suggestive (Fox, Blanton, & Morris, 1998), and it would be expected that religious coping would be an important resource for them, the relationships between religious coping and growth and between social constraints and well being in clergypersons still require investigation.

The purpose of the present study, then, was to engage in an examination of the possible relationships among religious coping, rumination, social constraint, and posttraumatic growth in clergypersons. We would expect to find positive religious coping to be strongly related to posttraumatic growth in clergy. The role of negative religious coping is less certain, as it may also be positively related to growth if clergy are more able to appreciate the two relationships with God, or negatively related if clergy are more like laypersons in their use of religious coping. Social constraints should be related to well being, with high perceived social constraints inhibiting achieving well being. In addition, the role of rumination was examined by separately assessing the levels of rumination soon after the traumatic event and currently. Early rumination should be associated with posttraumatic growth, while continued rumination later should reflect a failure to achieve growth.

Method

Participants

Participants were 30 clergypersons: 22 ordained Protestant ministers, 4 Catholic priests, and 4 Jewish rabbis all actively serving congregations in a large city in the southeastern United States in which the population is predominantly Protestant. Twenty-six of the clergy were Anglo Caucasians, 3 were African-American, and 1 was Latino. There were 19 men and 11 women in the sample and the average age was 49.1 years (range of 29–72 years). The average number of years as a clergyperson was 19.6 (range of 2–46 years). A total of 13 types of difficult life events were reported, including the death of close friends, unexpected moves within the church, marital problems, and the death or serious illness of a parent.

Materials

Severity of Event Scale. This scale was adapted from the Holmes-Rahe Social Readjustment Rating Scale (Holmes & Rahe, 1967). Participants were asked to rate the severity of the event they were focusing on, using a scale from 0 (No stress) to 100 (stress equivalent to the death of a child), with additional anchors for 50 (Major change in responsibilities at work) and 75 (Major personal injury or personal illness).

Brief RCOPE. This 14-item measure (Pargament et al., 1998) was designed to assess both negative (e.g., Wondered whether God had abandoned me) and positive (e.g., Sought God's love and care) religious coping styles. Scores on each dimension can range from 0 to 21, with higher scores indicating a greater reliance on the coping style. Cronbach's alphas were acceptable for this short version of the full RCOPE, ranging from .69 to .81 for negative religious coping and 87 to .90 for the positive style (Pargament et al., 1998).

Rumination Inventory. This 14-item measure (Calhoun et al., 2000) was developed to assess the self-reported frequency of repeated thoughts about a life stressor (e.g., thought about the event when I didn't mean to, decided to think about the experience and try to make some sense out of what happened). The items provide a broad view of the cognitive work likely to be associated with the search for meaning and resolution since it includes items assessing intrusive as well as actively engaged cognitive work. The same seven items are asked in two time frames: "soon after the event", and "within the last two weeks". Scores can range from 7 to 28 for each time frame, with higher scores indicating more frequent rumination. Internal consistency for these two dimensions was .81 and .88, respectively, in a sample of university students (Calhoun et al., 2000).

Social Constraint Scale. This 10-item scale (Lepore et al., 1996) assesses the degree to which respondents perceive constraint from others about discussing their life stressor (e.g., feel as though you had to keep your feelings to yourself, others gave you the idea they didn't want to hear about it). Five items ask about "other people" and five ask about the "most important person" in the respondent's life. Scores can range from 10 to 50, with higher scores indicating greater perceived social constraint. The measure demonstrated Cronbach's alphas ranging from .77 to .81 in the validation sample.

Posttraumatic Growth Inventory (PTGI). This 21-item scale (Tedeschi & Calhoun, 1996) measures the degree of positive changes experienced as the result of the struggle with a specific life crisis. Items focus on five dimensions of possible change (relating to others, personal strength, new possibilities, appreciation of life, and spiritual). Each item is rated on a 6-point scale ranging from "I did not experience this change" (0) to "I experienced this change to a very great degree" (5). A single score is generally used to identify the degree of experienced growth, so scores can range from 0 to 105. Internal consistency (Cronbach's alpha = .90), test–retest reliability (.71 over a two month period), and concurrent validity are acceptable (Tedeschi & Calhoun, 1996), and scores are unrelated to social desirability (Wild & Paivio, 2003).

Ryff Well Being Scale (short form). This version contains 18 items representing six areas of psychological well being; including autonomy, positive relations with others, environmental mastery, purpose, positive self development and self-acceptance (Ryff & Keyes, 1995). The intent of the scale is to provide a measure that captures multiple aspects of positive psychological functioning, not just a simple assessment of happiness or life satisfaction. The dimensions are issues identified as important in mental health, clinical and life-span developmental theories (Ryff & Singer, 1996). Responses are made on a 6-point scale (1–6), with higher scores indicating greater well being, so scores can range from 18 to 108. The brief version correlates acceptably (.70 to .89)

with the 84-item longer scale. In the current study only the total score for overall well being was used.

Procedure

All procedures were approved by the university IRB and the interviewer was clearly identified as associated with the university. Participants were obtained utilizing a "positive snowballing" sampling technique (Kalton & Anderson, 1989). As each potential participant was identified, the clergyperson was contacted to set up an appointment and was informed of the general nature of the study. Appointments were made with those who agreed to participate, and the interviewer met with the clergy persons at their place of work or at their home to administer the various measures. All responses were anonymous. Sixty-one percent of those contacted agreed to participate.

In addition to completing the surveys, each participant was interviewed following the general approach of qualitative (Siegel & Scrimshaw, 2002) naturalistic inquiry (Lincoln & Guba, 1985). The interview began with a general open-ended question, as follows: *How do you think [specific event] has affected you?* If a participant did not spontaneously mention certain themes, follow-up questions focused in three general areas of interest: (1) the mechanisms by which clergy tried to make sense of the traumatic event and the role their religious belief system may have played in the process; (2) the emotional impact of the struggle and their perception of growth or loss as a consequence of their struggle with crisis; (3) the ways in which their coping may have been affected by their roles as clergypersons. The interviews were, however, generally unstructured and geared to each participant's unique experience. The order of interviews and inventories was counterbalanced and the sequence of the inventories was randomized for each person.

Results

The mean severity of the events reported was 72.17 on the 100-point scale, with a range from 40 to 100, and the anchor at 75 indicating severity equivalent to a "major personal injury or illness" (see Table 1 for all descriptive statistics). Posttraumatic growth scores indicate that responses to individual items averaged about three on the 6-point scale, so the typical participant reported a moderate amount of growth (a 3 is labeled "moderate" on the scale). Well being scores were relatively high (typical item rating of 5 on a 1–6 scale). Correlations among all the variables are shown in Table 1.

To evaluate the relationship of religious coping style and rumination to posttraumatic growth, the two RCOPE scores (positive coping style and negative coping style) and the two rumination measures (levels of rumination experienced "soon after" the event and "recently") together with the rating of the severity of the event were used as predictors in a multiple regression

TABLE 1

Descriptive Statistics and Correlations for Measures Used

	M	SD	1	2	3	4	5	6	7	8
1 Posttraumatic growth	61.57	19.03	.91[a]							
2 Well being	82.40	7.73	.14	.68						
3 Event severity	72.17	16.85	.10	−.22						
4 Positive religious coping	21.47	4.49	.49[c]	.05	−.19	.79				
5 Negative religious coping	9.43	3.43	.50[c]	.00	.25	.02	.78			
6 Rumination—soon after event	21.30	3.92	.45[b]	.12	.11	.26	.04	.70		
7 Rumination- recent	16.70	4.96	.10	.04	.25	.08	.07	.67[c]	.87	
8 Social constraint	24.10	6.92	.22	−.47[c]	.26	−.09	.32	.14	−.05	.87

[a]Values on the diagonal are the reliability coefficient alphas based on the current sample for multi-item measures.
[b]Correlation is significant at the .05 level.
[c]Correlation is significant at the .01 level.

analysis, with the total PTGI score as the criterion. The regression model was significant, $F(5, 24) = 8.68$, $p < .001$, and each predictor, except severity of the event, contributed significantly (see Table 2). Higher levels of religious coping, whether positive or negative, were associated with greater perceived posttraumatic growth. The results for the rumination variables suggest that recent rumination is a suppressor variable in the model. Although it is not significantly correlated with posttraumatic growth ($r = .10$), it yields a significant negative beta in the model. The most likely reason for this pattern is the relatively strong correlation between the two rumination measures. Once the relationship of rumination soon after the event with posttraumatic growth is removed, recent rumination is negatively related to growth. One possibility is that, as expected, rumination in general contributes to growth since it reflects the presence of cognitive activity that can lead to finding meaning and understanding in the event and allow for growth, but that continued rumination well after the event suggests some difficulty in resolving issues that allow for growth to be achieved.

A second regression model was conducted to determine if current levels of well being could be predicted from the level of posttraumatic growth achieved and the degree of social constraint experienced. The expectation would be that even with growth, the perception of social constraint, which inhibits sharing thoughts and feelings, may preclude achieving higher well being. The overall

TABLE 2

Summary of Multiple Regression Analyses for Variables Predicting Posttraumatic Growth and Well Being

Variable	B	β	p	sr
Predicting Posttraumatic Growth[a]				
Constant	−39.131			
Event severity	0.095	.084	.535	.08
Positive religious coping	1.600	.378	.008	.35
Negative religious coping	2.619	.472	.001	.46
Rumination – soon after event	2.722	.561	.003	.40
Rumination- recent	−1.386	−.361	.043	−.26
Predicting Well Being[b]				
Constant	90.099			
Posttraumatic growth	0.104	.255	.139	.25
Social constraints	−.584	−.523	.004	−.51

[a]$R = .80$, adjusted $R^2 = .57$, [b]$R = .53$, adjusted $R^2 = .23$.

model was significant, $F(2, 27) = 5.23$, $p = .012$, with social constraint also significant individually. The higher the level of perceived social constraints experienced, the lower the current level of well being. Perceiving growth as the result of dealing with a difficult life event does not necessarily translate into greater well being.

Results from the interviews with participants will be integrated in to the discussion to enrich the interpretations. The quotes are representative of the comments made by participants.

Discussion

Clergy are people who would typically be expected to have a strong spiritual foundation and a secure relationship with God. When clergy are confronted by their own personal crises are they able to use religious coping strategies and benefit from their use? These results suggest that for clergy, using religion to cope, whether in a positive style that focuses on God as a source of support or in a somewhat more negative way that emphasizes God's testing of one's personal strength, was statistically associated with higher levels of post-traumatic growth. Greater use of positive beliefs in coping, such as "tried to put my plans into action together with God", as well as greater use of more negative beliefs, such as "wondered whether God had abandoned me" both predicted more event related growth. For clergypersons, when they face serious life stressors, engagement with religious coping of either kind appears

to be beneficial to facilitating growth. In previous research with nonclergy, negative religious coping was only minimally related to growth, and seemed to be associated with other negative experiences, like depression (Pargament et al., 1998, 2000). Present findings suggest that clergy are better able to see potential benefits in a crisis even when they imagine being tested by God, perhaps because they are more secure in their long-term connection to God. For laypersons this prospect, of being tested or abandoned by God, may be too disconcerting and ultimately damaging to the growth experience.

To fully appreciate how these religious coping styles contribute to growth, it may be important to know when they are implemented. Participants who recalled higher levels of rumination about their crises soon after the event reported higher levels of posttraumatic growth. One participant, a 72-year-old male Methodist minister put it this way:

> I got to thinking about Cardinal Bernardine [a beloved Catholic cleric who died a very public death] and I thought—well, maybe this is going to be the time for me that I have got to show my students. I have been talking about my faith; I have been teaching it all my life. I believe it. So this [having cancer] is a real opportunity to show whether I believe it or not.

A 43-year-old male Rabbi described some of his ruminations this way:

> On both levels [friend and fellow clergy], it [friend's death] was pretty life changing. [I engaged in] a tremendous sense of reflection on my own life and evaluating priorities. My friend's death and illness were the first time I lived through an intense experience, so I learned about taking a look at my life and figuring out what was important.

This suggests, congruent with some models of posttraumatic growth (Calhoun & Tedeschi, 1999, 2006; Janoff-Bulman, 2004), that cognitive processing of the event was an important part of the process of posttraumatic growth for the clergy in this sample. Additionally, this relationship is consistent with previous findings with other populations (Calhoun et al., 2000) where rumination reported in the immediate aftermath of a major life stressor was related to higher levels of posttraumatic growth. However, the frequency of event-related thoughts that were occurring well after the event was not associated with growth, and when the association of growth with rumination soon after the event was removed, recent rumination was actually negatively related to posttraumatic growth. Thus, continued cognitive work may indicate a failure to fully deal with or find benefits in the crisis. A 56-year-old female Episcopal priest described it this way:

> I couldn't do anything creative until it [false accusation by layperson] was over. I was so damn distracted with this thing I couldn't seem to put it aside ... I am [now] with folks who are dying, who are in terrible worry, grief, whatever, and I

> have learned to pray for them, change into my shorts and go work in the garden for a little while ... I couldn't [for a long time] put this thing down.

The current findings, while intriguing, are based on retrospective accounts of rumination. Ideally, the process of thinking about and seeking meaning after a personal crisis should be followed longitudinally to see if the persistence of rumination over an extended time is still associated with achieving less growth. It is noteworthy that the severity of the distress experienced was not significantly related to growth. Apparently, given a sufficiently distressing event, growth may be more dependent on how you deal with the experience than how stressful the event was initially.

Interestingly, for the clergy in this sample, posttraumatic growth was only weakly associated with greater reported psychological well being. Park and Cohen (1993) encountered a similar phenomenon in which intrinsic religiousness in their sample was associated with increased distress, but higher levels of growth. For clergy, such as those in the current study, simply focusing on spiritual and religious concerns related to a major difficulty in life may be sufficient to put in motion the processes that promote posttraumatic growth. However, to achieve well-being clergy apparently must somehow overcome the social constraints they perceive to be operating that prevent them from sharing their thoughts and insights with others.

> There is a down side to the social support because you are always still a pastor .. you could get some support [from congregation] and you could feel that they cared about you and that was very important, but you could not let down totally [with them] (36-year-old female Presbyterian minister).

These social constraints could very well be quite real, since it may make others uncomfortable to be confronted with clergypersons, people others may want to turn to for clarity in crises, who are themselves apparently struggling to find meaning in their own life crises. Having to withhold their thoughts and feelings may very well delay for clergy the return to a clear sense of well being, despite the personal sense of psychological growth.

The limitations of this study should be considered before any broad generalizations are drawn from its results. The sample was small (30 participants), somewhat disproportionately Caucasian and Protestant, and taken from a city in the southern United States and therefore may have limited generalizability to other clergy groups. However, the results are generally consistent with existing theoretical models regarding the processes involved in dealing with crises and achieving growth and well being, and the present findings point to areas of promise for future research with clergy samples. In particular, the roles that both positive and negative religious coping styles may play in the lives of clergypersons as they cope with crisis are intriguing as is the apparent relationship between well being and perceived social constraints. Clergy, in

order to achieve well being following a difficult life event, may need to seek social support outside of their usual social networks if they are going to feel constrained about sharing their thoughts and feelings within those networks. Additional investigation, with other clergy, is clearly warranted.

References

Bellizzi, K. M. (2004). Expressions of generativity and posttraumatic growth in adult cancer survivors. *International Journal of Aging and Human Development*, 58, 267–287.

Best, M., Streisand, R., Catania, L., and Kazak, A. E. (2001). Parental distress during pediatric leukemia and posttraumatic stress symptoms (PTSS) after treatment ends. *Journal of Pediatric Psychology*, 26, 299–307.

Calhoun, L. G., Cann, A., Tedeschi, R. G., and McMillan, J. (2000). A correlational test of the relationship between posttraumatic growth, religion, and cognitive processing. *Journal of Traumatic Stress*, 13, 521–527.

Calhoun, L. G. and Tedeschi, R. G. (1999). Facilitating posttraumatic growth. Mahwah, NJ: Lawrence Erlbaum Associates.

Calhoun, L. G. and Tedeschi, R. G. (2006). The foundations of posttraumatic growth: An expanded framework. In L. G. Calhoun and R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth – research and practice* Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Exline, J. J., Smyth, J. M., Gregory, J., Hockemeyer, J., and Tulloch, H. (2005). Religious framing by individuals with PTSD when writing about traumatic experiences. *The International Journal for the Psychology of Religion*, 15, 17–33.

Fox, C. A., Blanton, P. W., and Morris, M. L. (1998). Religious problem-solving styles: Three styles revisited. *Journal for the Scientific Study of Religion*, 37, 673–677.

Frame, M. W. (1998). Relocation and well being in United Methodist clergy and their spouses: What pastoral counselors need to know. *Pastoral Psychology*, 46, 415–430.

Gardner, H. (1995). Leading minds: An anatomy of leadership. New York: Basic Books.

Ho, S. M. Y., Chan, C. L. W., and Ho, R. T. H. (2004). Posttraumatic growth in Chinese cancer survivors. *Psycho-Oncology*, 13, 377–389.

Holmes, T. and Rahe, R. (1967). Holmes-Rahe Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11, 213–218.

Janoff-Bulman, R. (2004). Posttraumatic growth: Three explanatory models. *Psychological Inquiry*, 15, 30–34.

Kalton, G. and Anderson, D. W. (1989). Sampling rare populations. In M.P. Lawton and A.R. Herzog (Eds.), *Special research methods for gerontology* (pp. 7–30). Amityville, NY: Baywood Publishing Co.

Lepore, S. J., Silver, R. C., Wortman, C. B., and Wayment, H. A. (1996). Social constraints, intrusive thoughts, and depressive symptoms among bereaved mothers. *Journal of Personality and Social Psychology*, 70, 271–282.

Lincoln, Y. S. and Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage Publications.

Maercker, A. and Langner, R. (2001). Posttraumatic personal growth: Validation of German versions of 2 questionnaires [Abstract]. *Diagnostica*, 47(3):153–162.

McIntosh, D. N., Silver, R. C., and Wortman, C. B. (1993). Religion's role in adjustment to a negative life event: Coping with the loss of a child. *Journal of Personality and Social Psychology*, 65, 612–821.

Nolen-Hoeksema, S. and Larson, J. (1999). Coping with loss. Mahwah, NJ: Lawrence Erlbaum Associates.

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

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

Pargament, K. I., Smith, B. W., Koenig, H. G., and Perez, L. M. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37, 710–724.

Park, C. L. (1998). Implications of posttraumatic growth for individuals. In R.G. Tedeschi, C. L. Park and L. G. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 153–177). Mahwah, NJ: Lawrence Erlbaum Associates.

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

Peltzer, K. (2000). Trauma symptom correlates of criminal victimization in an urban community sample, South Africa. *Journal of Psychology in Africa*, 10(1):49–62.

Polatinsky, S. and Esprey, Y. (2000). An assessment of gender differences in the perception of benefit resulting from the loss of a child. *Journal of Traumatic Stress*, 13(4):709–718.

Powell, S., Rosner, R., Butollo, W., Tedeschi, R. G., and Calhoun, L. G. (2003). Posttraumatic growth after war: A study with former refugees and displace people in Sarajevo. *Journal of Clinical Psychology*, 59, 71–83.

Rodgerson, T. E. and Piedmont, R. L. (1998). Assessing the incremental validity of the religious problem-solving scale in the prediction of clergy burnout. *Journal for the Scientific Study of Religion*, 37, 517–527.

Ryff, C. D. and Keyes, C. M. (1995). The structure of psychological well being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.

Ryff, C. D. and Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics*, 65, 14–23.

Ryff, C. D., Singer, B. H., and Palmersheim, K. A. (2004). Social inequalities in health, well being: The role of relational and religious protective factors. In O. G. Brim, C. D. Ryff and R. C. Kessler (Eds.), *How healthy are we?: A national study of well being at midlife* (pp. 90–123). Chicago: University of Chicago Press.

Siegel, K. and Schrimshaw, E. W. (2002). The perceived benefits of religious and spiritual coping among older adults living with HIV/AIDS. *Journal for the Scientific Study of Religion*, 41, 91–102.

Strength, J. M. (1999). Grieving the loss of a child. *Journal of Psychology and Christianity*, 18, 338–353.

Stroebe, M. S. (2004). Religion in coping with bereavement: Confidence of convictions or scientific scrutiny?. *The International Journal for the Psychology of Religion*, 14, 23–36.

Tashiro, T. and Frazier, P. (2003). "I'll never be in a relationship like that again": Personal growth following romantic relationship breakups. *Personal Relationships*, 10, 113–128.

Tedeschi, R. G. and Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9, 455–471.

Weiss, T. (2004). Correlates of posttraumatic growth in married breast cancer survivors. *Journal of Social and Clinical Psychology*, 23, 733–746.

Weaver, A. J., Koenig, H. G., and Ochberg, F. M. (1996). Posttraumatic stress, mental health professionals, and the clergy: A need for collaboration, training, and research. *Journal of Traumatic Stress*, 9, 847–856.

Wild, N. D. and Paivio, S. C. (2003). Psychological adjustment, coping, and emotional regulation as predictors of posttraumatic growth. *Journal of Aggression, Maltreatment & Trauma*, 8, 97–122.