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Religious Coping Among African Americans, Caribbean Blacks and Non-Hispanic Whites

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Abstract

This study examined demographic predictors of attitudes regarding religious coping (i.e., prayer during stressful times and look to God for support, strength and guidance) within a national sample of African American, Caribbean Blacks and non-Hispanic Whites (National Survey of American Life). The findings demonstrate significant Black-White differences in attitudes regarding religious coping with higher endorsements of religious coping among African Americans and Black Caribbeans (Caribbean Blacks). Comparisons of African Americans and Black Caribbeans revealed both similar and divergent patterns of demographic effects. For both African Americans and Black Caribbeans, women were more likely to utilize religious coping than men and married respondents were more likely than never married respondents to report utilizing prayer when dealing with a stressful situation. Further, for both groups, higher levels of education were associated with lower endorsements of the importance of prayer in dealing with stressful situations. Among African Americans only, Southerners were more likely than respondents who resided in other regions to endorse religious coping. Among Black Caribbeans, those who emigrated from Haiti were more likely than Jamaicans to utilize religious coping when dealing with a stressful episode.

Keywords

Prayer; coping; religion; African Americans; Caribbean Blacks

Introduction

A growing body of research indicates that the use of religious resources, strategies, and orientations for managing problematic life events and situations is widespread within the U.S. population (Koenig et al., 2001; Pargament, 1997). Religious coping refers to cognitions, behaviors and practices that are used to manage the perception, occurrence and/or consequences (e.g., emotional, psychological) of an undesirable or threatening event or situation (Taylor, Chatters, & Levin, 2004). Religious coping efforts are multidimensional and encompass a wide variety of behaviors, activities, and beliefs that may be used independently, as well as in conjunction with professional, secular coping strategies (Pargament, 1990). For example, religious coping may involve discrete behaviors and actions (e.g., prayer, read religious materials), mobilization of assistance from others who are members of religious social networks (e.g., clergy, church members), and/or the adoption of distinctive religiously-based coping orientations (see Pargament, 1997). Research has explored religious coping and, in particular, the use of prayer in connection with specific types of problematic life situations such as chronic and acute health problems, managing the rigors of medical procedures (see Koenig, McCullough, & Larson, 2001), caregiving experiences (Dilworth-Anderson, Williams, & Gibson, 2002) and end of life issues and bereavement (Robinson, Thiel, Backus, & Meyer, 2006).

Religious Coping and Health and Well-being Outcomes

Interest in the topic of religious coping in relation to health and well-being outcomes has grown significantly over the past several years (see review by Koenig et al., 2001). This research literature is wide-ranging and includes national surveys and polls (e.g., Bell et al., 2005; Princeton Research Center/Gallup, 1996), small and geographically situated studies of community residents (e.g., Dunn & Horgas, 2000), and investigations within clinical settings and patient samples (e.g., research by Koenig and associates). Private prayer, in particular, has become a leading indicator of religious coping (Koenig et al., 2001; Pargament, 1997) and the focus of several studies of religious coping in relation to health and well-being outcomes. Further, some researchers and clinicians have likened private prayer to a “spiritual treatment modality,” a “spiritual self-care modality” (Dunn & Horgas, 2000) or a form of complementary and alternative therapy (Bell et al., 2005; Hughes, 1997).

Large-scale studies of religious coping and prayer indicate that prayer is often used in relation to health concerns. One study (McCaffrey, Eisenber, Legedza, Davis, & Phillips, 2004) found that more than a third of their sample (N=2055) reported using prayer in response to health issues. Roughly three-quarters of the sample prayed for overall health and wellness, while 20% reported that they prayed in response to a specific medical condition. Use of prayer was especially noted among persons with conditions such as psychiatric problems, cancer, neurological problems and diabetes. Close to 70% of those who reported using prayer indicated that the practice was “very helpful” (using a 4-point scale ranging from “not helpful” to “very helpful”). Similar findings are noted for data from the 2002 National Health Interview Survey (Bell et al., 2005) in which 45% of respondents indicate using prayer for health concerns.

Dunn and Horgas' (2000) small study of community dwelling elderly found that over 90% of the sample used prayer to cope with stress and identified prayer as the most commonly used therapeutic treatment modality. Ai, Dunkle, Peterson and Bolling's (1998) study of patients undergoing cardiac surgery found that two-thirds of patients reported using private prayer to cope; further, they were less depressed in the first month post-surgery. Postoperatively, patients who prayed had positive emotional health (Ai, Bolling, & Peterson, 2000). Finally, older hospitalized patients who used religious coping strategies (including prayer) had higher quality of life and lower depressive symptoms (Koenig, Pargament, & Nielsen, 1998).

African Americans and Religious Coping

Religious orientations and strategies are an especially prominent and robust component of the coping repertoires of African Americans who are more likely than their Whites to report their use in response to a variety of problems and contexts including health issues, caregiving burdens, chronic poverty, poor neighborhood conditions, structural exclusion and interpersonal and structural racism (Dilworth-Anderson et al., 2002; Dunn & Horgas, 2000; Krause, 1998). For instance, research on caregiving of elderly adult parents with dementia (Dilworth-Anderson et al., 2002) and research on caregiving of children with traumatic brain injury (Yeates et al., 2002) found that African Americans were more likely to utilize religious coping strategies than their White counterparts. Data from a comprehensive national study of older adults (Krause & Chatters, 2005) found that, across a variety of domains (e.g., substantive content, social context), African Americans had a more elaborate prayer life than did Whites, including higher rates of praying for guidance and for one's health. A number of studies (Dunn & Horgas, 2000; Mansfield, Mitchell, & King, 2002; McAuley, Pecchioni & Grant, 2000; Yeates et al., 2002) indicate that the use of prayer to cope with health concerns is especially prevalent among African Americans as compared to Whites.

Research specifically on African Americans indicates that religious coping is patterned by specific social status and other factors. Neighbors, Jackson, Bowman, and Gurin, (1983) found

that prayer was used by 44% of African Americans who were coping with a serious personal problem. Prayer was mentioned more often than other coping strategies such as facing the problem squarely, doing something about the problem, keeping busy, or staying relaxed. Further, when asked to rate the effectiveness of these coping strategies respondents were more likely to indicate that prayer was the most helpful in terms of making the problem easier to bear. Ellison & Taylor (1996) conducted one of the most in-depth studies of prayer as a form of coping among African Americans. They found that religious coping is more prevalent among women, persons with lower levels of personal mastery, and those facing problems involving poor health and bereavement. Analyses of successive waves of panel data over a 15 year period from the National Survey of Black Americans (Taylor et al., 2004) indicate that private prayer or asking someone to pray on their behalf was the most utilized form of coping with personal problems; roughly 9 out of 10 respondents indicating this strategy in all 3 waves of data. Finally, two focus group studies reveal the importance of prayer in coping with the strains of daily life among a sample of community dwellers (Taylor et al., 2004: Chapter 4) as well as among a rural population dealing with Type 2 Diabetes (Jones et al., 2006). In both focus group studies, prayer was viewed as being effective in reducing stress and easing worries about a particular problem.

Caribbean Blacks: An Understudied Group

Research on African American samples verifies that religious coping is an important and frequently used strategy to handle various types of problematic life situations (Taylor et al., 2004). Additionally, important within group differences indicate that older adults, women, and persons of lower socioeconomic position are more likely than their counterparts to use these religious coping strategies and resources. However, one source of within group variability within the African American population still remains unexplored—that of ethnicity. It is a little-recognized fact that ethnic diversity within the African American population has grown substantially over the past several decades (Logan & Deane, 2003). However, because race and ethnicity have been traditionally viewed as interchangeable in the U.S., the issue of ethnic heterogeneity within the Black racial category has been largely ignored (Waters, 1999). Common use of the broad term, “African American,” effectively obscures the presence of ethnically defined sub-groups, such as Caribbean Blacks, within this population. African Americans and Caribbean Blacks, however, are distinctive from one another (Logan & Deane, 2003), particularly in relation to their demographic and economic profiles (e.g., educational attainment, wealth accumulation, income). Unfortunately, available information on Caribbean Blacks and religious participation is extremely limited.

African Americans and Caribbean Blacks share a common racial heritage and racialized position within U.S. society. However, they diverge significantly in relation to ethnicity, cultural and national background, history within the U.S. (i.e., immigration status and experiences), and their comparative economic and social profiles. In addition, initial findings indicate that Caribbean Blacks and African Americans diverge with respect to their denominational affiliations (African Americans are more likely to identify with Baptists, while Caribbean Blacks report more Catholics, Seventh Day Adventists and Episcopalians). Taken as a whole, these differences certainly could be expected to influence the expression and patterning of other religious phenomena such as the use of religious coping strategies. Accordingly, a clearer understanding of race and ethnic variation in religious coping requires the investigation of these issues among diverse groups of the U.S. population (i.e., African Americans, Black Caribbeans and non-Hispanic Whites) in which race, ethnicity, and social factors, and their role in patterning religious coping are given careful consideration.

Focus of the Present Study

Numerous local and national studies and polls (Gallup & Lindsay, 1999) verify that a large majority of the American public considers itself to be religious and is invested in and committed to religious attitudes, behaviors and pursuits. Accordingly, it is critical to explore how religious concerns shape major areas of one's life, including the use of specifically religious strategies to cope with significant life problems. In the absence of systematic investigations on the topic, we lack basic information concerning the circumstances in which religious coping strategies are used in dealing with personal problems and whether there are specific groups of the population who may be especially inclined to use these strategies. This is particularly the case for Caribbean Blacks, a group for whom we have no survey data on religious involvement of any kind.

The present investigation examines two indicators of attitudes regarding religious coping —“How important is prayer when you deal with stressful situations?” and “I look to God for strength, support, and guidance.” The analyses examine to what extent respondents endorse the use of religious strategies to cope and how that potentially varies across major subpopulations. This study explores similarities and differences between African American, Black Caribbean and non-Hispanic White adults in their basic profiles of religious coping and how social location factors (e.g., age, gender, socioeconomic position) are associated with religious coping in these three race/ethnic groups.

The research literature indicates that individuals have their own perspectives and preferences regarding the appropriate use of religious coping strategies to manage significant life problems (Pargament, 1997). Further, people customarily use religious strategies in dealing with life issues, but are often reluctant to mention them because of fear of eliciting negative reactions from others, including professional helpers (Koenig et al., 2001; McCaffrey et al., 2004). These and other findings suggest that there is a group of unaddressed issues regarding the relative importance of secular and religious coping efforts in dealing with problems. Our focus on the demographic correlates of attitudes regarding religious coping begins to address these issues by providing information about respondents' overall conceptions of these more functional aspects of religion across racial and ethnic subgroups (i.e., African American, Black Caribbean and non-Hispanic Whites). Such information is critical for understanding the prevalence and significance of religious coping efforts, identifying particular groups for whom religious coping represents a relevant and viable strategy for dealing with life problems, and developing an appreciation for this potential coping resource.

Methods

Sample

The National Survey of American Life: Coping with Stress in the 21st Century (NSAL) was collected by the Program for Research on Black Americans at the University of Michigan's Institute for Social Research (Jackson et al., 2004). The field work for the study was completed by the Institute of Social Research's Survey Research Center, in cooperation with the Program for Research on Black Americans. A total of 6,082 face-to-face interviews were conducted with persons aged 18 or older, including 3,570 African Americans, 891 non-Hispanic whites, and 1,621 Blacks of Caribbean descent. The NSAL includes the first major probability sample of Caribbean Blacks ever conducted. For the purposes of this study, Caribbean Blacks are defined as persons who trace their ethnic heritage to a Caribbean country, but who now reside in the United States, are racially classified as Black, and who are English-speaking (but may also speak another language). The overall response rate was 72.3%. Response rates for individual subgroups were 70.7% for African Americans, 77.7% for Caribbean Blacks, and 69.7% for non-Hispanic Whites. This response rate is excellent considering that African

Americans (especially lower income African Americans) and Caribbean Blacks are more likely to reside in major urban areas in which it is more difficult and expensive to conduct interviews.

The NSAL sample has a national multi-stage probability design. The African American sample is the core sample of the NSAL. The core sample consists of 64 primary sampling units (PSUs) and represents African Americans in the proportion in which they are distributed nationally. Both the African American and White samples were selected exclusively from these targeted geographic segments in proportion to the African American population. The Caribbean Black sample was selected from two area probability sample frames: the core NSAL sample and an area probability sample of housing units from geographic areas with a relatively high density of persons of Caribbean descent.

In both the African American and Black Caribbean samples, it was necessary for respondents to self-identify their race as black. Those self-identifying as black were included in the Caribbean Black sample if they answered affirmatively that they were of West Indian or Caribbean descent, said they were from a country included on a list of Caribbean area countries presented by the interviewers, or indicated that their parents or grandparents were born in a Caribbean area country (see Heeringa et al., 2004) for a more detailed discussion of the NSAL sample). The interviews were face-to-face and conducted within respondents' homes. Respondents were compensated for their time. The data collection was conducted from 2001 to 2003.

Measures

Dependent Variables—Two measures are examined that reflect general attitudes and opinions about religious coping. The first provides an assessment of the significance of prayer in difficult circumstances and asks: “How important is prayer when you deal with stressful situations?” Very Important (1), Fairly Important (2), Not Too Important (3) or Not Important At All (4). The second question reflects an overall orientation toward God as a resource and asks respondents' level of agreement with the following statement: “I look to God for strength, support, and guidance.” Respondents indicate whether they: Strongly Agree (1), Somewhat Agree (2), Somewhat Disagree (3), or Strongly Disagree (4) with this statement.

Independent Variables—Sociodemographic variables (i.e., age, gender, family income, education, marital status, and region) and denomination affiliation are utilized as independent variables. Missing data for family income were imputed. Denomination is measured by the question: “What is your current religion?” More than 35 different denominations were generated; the variable was recoded into nine: categories, Baptists, Methodists, Catholic, Pentecostal, Episcopal, Seventh Day Adventist, Other Protestant (e.g., Lutheran, Presbyterian) Other Religions (e.g., Jewish, Buddhist, Muslim), and None.

Additionally, two demographic variables that are particularly relevant to the Black Caribbean population in the United States are included in this analysis—immigration status and country of origin. Immigration status has five categories (i.e., Respondent was born in the United States, Respondent immigrated to the United States 0 to 5 years ago, Respondent immigrated to the United States 6-10 years ago, Respondent immigrated to the United States 11-20 years ago, respondent immigrated to the United States more than 20 years ago). Black Caribbean respondents reported over 25 different countries of origin. This variable, Country of Origin, was recoded into five categories: Jamaica, Trinidad-Tobago, Other English-speaking country (e.g., Barbados), Spanish-speaking country (e.g., Puerto Rico, Dominican Republic) and Haiti. The means and standard deviations for all of the independent variables utilized in this analysis are presented in Table 1.

Analysis Strategy

First, frequency distributions for the two dependent variables are presented. The frequencies are unweighted, but the percents are weighted to correct for unequal probabilities of selection and non-response. Second, multivariate analyses of the two measures of religious coping by race/ethnicity are conducted in which demographic factors and denominational affiliation are used as controls. Two sets of regressions are conducted in which race/ethnicity is represented by a set of dummy variables. In the first set, African Americans are used as the excluded or comparison category; while in the second set, Black Caribbean is the excluded or comparison category. Third, sub-group analyses are conducted; one set is conducted exclusively with African Americans, while the second set of analysis is conducted exclusively among Black Caribbeans. It is important to note that in the sub-group analysis, the categories of the independent variables are tailored to the demographic characteristics of the African American and Black Caribbean population. Specifically, four categories of region are used for African Americans (Northeast, North Central, South, West) and two categories for Black Caribbeans (Northeast, Other). These categories reflect the geographical distribution of these two populations with Black Caribbeans being highly concentrated in the Northeast (e.g., New York, Connecticut, Washington, D.C.). For the regression analysis for African Americans, denomination does not include Episcopalians and Seventh Day Adventists as separate categories because of the small number of African Americans in these religious affiliations. Finally, the analysis conducted exclusively among Black Caribbeans includes the two Caribbean specific variables of immigration status and country of origin.

All of the multivariate analysis utilize Ordered Logit regression (Borooah, 2002). Ordered Logit Regression or Ordered Probit Regression are appropriate for regression analysis in which the dependent variable is ordinal scaled. These analyses were conducted using STATA 9.2 using `svy:ologit`. To obtain results that are generalizable to the African American and Black Caribbean population, all of the analyses utilize analytic weights. Additionally, standard error estimates corrected for the sample's complex design (i.e., clustering and stratification) are used.

Results

Importance of Prayer

The data in Table 2 show both race and ethnic differences in the reports of the importance of prayer when dealing with stressful circumstances. Both African Americans and Black Caribbeans are more likely than non-Hispanic whites to strongly endorse the opinion that prayer is important when dealing with stressful situations. For instance, 90.4% of African Americans, 86.1% of Black Caribbeans and 66.7% of Non-Hispanic Whites indicate that prayer is very important when coping with stress. Conversely, 7.38% of non-Hispanic Whites, compared to only 1.8%, of Black Caribbeans and 1% of African Americans indicate that prayer is not important at all when dealing with stress (Table 2). Table 3 presents the regression coefficients for the effects of race/ethnicity on the measures of religious coping. Race/ethnicity is represented by a dummy variable with African Americans as the excluded category in regression results reported in Row 1; Black Caribbeans are designated as the excluded category in regression results reported in Row 2. Each model controls for the effects of sociodemographic (i.e., age, gender, marital status, education, family income, and region) and denominational factors. The data in Table 3 indicates that, controlling for these factors, both African Americans and Black Caribbeans report significantly stronger endorsements of the importance of prayer when dealing with stress than non-Hispanic Whites. Similarly, there was no significant difference in the perceived importance of prayer for African Americans and Black Caribbeans.

Table 4 presents the regression coefficients for the demographic variables for the importance of prayer among African Americans (Equation 1) and Black Caribbeans (Equation 2). An examination of Equation 1 indicates that among African Americans, gender, education, marital status, region and denomination are all significantly related to the dependent variable. Women and those with lower levels of formal education report higher levels of the importance of prayer than their counterparts. In addition, married respondents indicate higher levels of the importance of prayer than never married respondents. Region and denomination differences indicate that respondents in the South are more likely to endorse the importance of prayer than persons who reside in the North Central region. Respondents who do not have a current religious denomination are less likely than Baptists to indicate prayer is important, whereas respondents who identify with other Protestant denominations and those in other religions (non-Christian) report higher levels of the importance to prayer in dealing with stress than do Baptists.

An examination of the regression coefficients for the importance of prayer among Black Caribbeans reveals several comparable demographic findings (Table 4 Equation 2). Similar to African Americans, gender, education, marital status and denomination are significantly and similarly related to reports of the importance of prayer. Findings for gender, education and marital status differences in rated importance of prayer (i.e., stronger endorsements for women, those with less education and married persons) are the same for both Black Caribbeans and African Americans. Among Black Caribbeans, however, Pentecostals more strongly endorse the importance to prayer than do Baptists, whereas Baptists report stronger endorsements than do persons who indicate no current religious affiliation. Lastly, Black Caribbeans who emigrated from the country of Haiti report greater importance of prayer than persons from Jamaica.

Look to God for Strength, Support and Guidance

Large numbers of both African Americans and Black Caribbeans indicate that they look to God for strength, support and guidance (Table 2). Race differences are evident with higher percentages of African Americans and Black Caribbeans as compared to non-Hispanic Whites indicating that they “strongly agree” that they look to God for strength and support. Almost 9 out of 10 African Americans (89.7%) and Black Caribbeans (86.16%) report that they “strongly agree” with the statement. In contrast, only sixty percent (60.16%) of non-Hispanic Whites “strongly agree,” while 11.32% “strongly disagree” with this statement (compared to less than 2.5% of African Americans or Black Caribbeans).

Regression analysis indicates that both African Americans and Black Caribbeans are significantly more likely than non-Hispanic Whites to agree that they look to God for strength, support and guidance (Table 3); there is no significant difference between African Americans and Black Caribbeans in the level of agreement with this statement. Results for the regression analysis for African Americans (look to God for strength, support and guidance) are presented in Table 4 (Equation 3). This equation indicates that gender, marital status, region, and denomination are significantly associated with the sentiment (Table 4; Equation 3). Women are more likely than men and married respondents are more likely than those that cohabit with their partner to agree with the statement that they look to God for strength, support and guidance (never married bordered significance, $p=.053$). Southerners are more likely than respondents in the Northeast, North Central and West to indicate that they look to God for strength, support and guidance. Denominational differences indicate that Baptists are more likely than Methodists and respondents with no current denomination to indicate that they look to God for strength, support and guidance, but less likely than respondents from other Protestant denominations.

Results for the regression analysis for Caribbean Blacks (look to God for strength, support and guidance) are presented in Table 4 (Equation 4). Gender, denomination, and years of residence in the U.S. are significantly associated with the dependent variable. Black Caribbean women are more likely than Black Caribbean men to agree with this statement. Methodists and Pentecostals report higher levels of endorsement than Baptists, while Baptists report higher levels of endorsement than persons without a current religious denomination. Lastly, Black Caribbeans who immigrated 11-20 years ago report higher levels of endorsement of the statement that they look to God for strength, support and guidance than persons who were born in the United States.

Discussion

The present findings indicate that religious coping orientations and strategies are salient aspects of life for African Americans and Caribbean Blacks. In particular, close to 9 out of 10 African Americans and Black Caribbeans reported that prayer was an important source of coping when dealing with stress and that they looked to God for strength, support and guidance. These findings are consistent with a number of previous studies on the prevalence and significance of religious coping among African Americans (Ellison & Taylor, 1996). For instance, Taylor et al. (2004) found that across the 4 waves of the National Survey of Black Americans, 9 out of 10 African Americans indicated that they prayed or asked someone to pray for them when dealing with a serious personal problem. Collectively, these findings underscore the overall importance of religious coping and religion in general among African Americans (Taylor et al., 2004).

In both the bivariate and multivariate analyses, African Americans indicated higher levels of religious coping than non-Hispanic Whites. Further, the percentage differences in religious coping (ranging from 23% to 30%) are quite significant. These findings are consistent with previous work showing both the higher levels of religious coping (Dilworth-Anderson et al., 2002; Dunn & Horgas, 2000; Mansfield et al., 2002; McAuley et al., 2000; Yeates et al., 2002) and the overall higher levels of religious participation of African Americans as compared to Whites (Krause & Chatters, 2005; Taylor et al., 1996; Taylor et al., 2004). Further, the findings indicate that African Americans are more likely than non-Hispanic Whites to identify religious resources and behaviors as being important for coping with difficult life situations.

Despite a considerable amount of research on religious coping among White Americans (Ai et al., 1998, 2000; Koenig, 1999; Koenig et al., 1997; Pargament, 1997), only a few studies systematically examine religious coping among African Americans (Ellison & Taylor, 1996, Jones et al., 2006; Taylor et al., 2004: Chapter 4). This first analysis of religious coping among a national sample Black Caribbeans demonstrates that religious coping is important for this group as well. Similar to African Americans, Black Caribbeans had high levels of endorsement of religious coping sentiments that were significantly higher than those found non-Hispanic Whites. The findings suggest that in this analysis of race and ethnicity, race status (i.e., Black, non-Hispanic White) was more important than ethnic status (i.e., African Americans, Black Caribbeans), in patterning attitudes concerning religious coping.

One of the noteworthy findings of this study is that Black Caribbeans and African Americans are comparable with respect to overall levels of religious coping and are, for the most part, similar in terms of the demographic predictors of these indicators. For instance, significant gender, education and marital status effects were found for importance of prayer among both groups. Gender was significant in all 4 of the regressions, indicating that for both African Americans and Black Caribbeans, women had higher levels of endorsements of religious coping than men. This finding is consistent with previous work on the U.S. population and African Americans, in particular, demonstrating that women are more likely than men to utilize

religious coping methods (Ellison & Taylor, 1996; McCaffrey et al., 2004) and that, overall, women participate in a variety of religious behaviors more frequently than men (Cornwall, 1989; Maselko & Kubzansky, 2006; Taylor et al., 2004).

African Americans and Caribbean Blacks with fewer years of formal education were more likely than their counterparts to endorse religious coping sentiments (i.e., importance of prayer). Among Black Caribbeans only, education bordered significance for endorsements of the statement: look to God for strength, support and guidance. This is in contrast to previous research which typically finds that education and other measures of socioeconomic status are not strong or consistent predictors of religious participation. In a prior study among African Americans (Ellison & Taylor, 1996) education was not significantly associated with prayer as a form of coping. The results of the present analysis indicate that while religious coping is important for the vast majority of African Americans and Black Caribbeans, it appears to be somewhat more central for persons who have lower levels of education.

Marital status was a significant predictor of religious coping attitudes in three of the four regressions. For both African Americans and Caribbean Blacks, married respondents were more likely to report that prayer was important in dealing with stress than their never married counterparts. With regard to looking to God for strength, support and guidance, married African Americans were more likely to agree with this statement than those who were in cohabitating relationships. This set of findings is largely consistent with previous research on African Americans and the general U.S. population indicating that married respondents report higher levels of religious participation (particularly organizational involvement) than their non-married counterparts (Chatters, Taylor & Lincoln, 1999; Taylor et al., 2004). Also of note, however, is that in all but one circumstance (i.e., “Look to God” among African Americans), persons who were cohabitating were no different from married persons in endorsing religious coping sentiments. Given the growth in the numbers of couples who cohabit and changing marital trends in which more marriages are preceded by cohabitation (Bumpass & Lu, 2000), a broader examination of the associations between religious involvement and marital status (i.e., cohabitation) is warranted. Finally, as an interesting divergence from prior work, age, which often demonstrates positive associations with religious involvement indicators (Taylor et al., 2004), was unrelated to either indicator of religious coping.

With respect to denominational differences, as might be anticipated, persons who reported that they had no current religious denomination were less likely to endorse religious coping strategies (across both African Americans and Caribbean Blacks and both indicators). Among Black Caribbeans only, Pentecostals were more likely to endorse religious coping than were Baptists. This finding is consistent with Gallup Poll data (Newport, 2006) which notes generally higher levels of religious participation among Pentecostals. Interestingly, Black Caribbeans who were Methodists were more likely than Baptists to indicate that they look to God for strength, support and guidance, while the reverse was true among African American Methodists. Regional differences for African Americans indicated that Southerners, as compared to those in the Northeast, North Central and West, had significantly higher levels of agreement with the statement that they looked to God for strength, support and guidance. This finding is consistent with previous research on regional differences among African Americans (Taylor et al., 2004) and the characterization of the South as the “Bible Belt.”

There were two significant associations for the Caribbean-specific variables (i.e., country of origin and immigration history) and endorsements of religious coping. First, Black Caribbeans from Haiti were more likely than those from Jamaica to report that prayer is important when dealing with stressful situations. It is important to note that because the analyses controlled for denomination, this difference was not due to different denominational profiles of Jamaicans and Haitians (i.e., higher rate of Catholicism among Haitians). The finding suggests that there

are other aspects of being Haitian that are associated with stronger endorsements (relative to the comparison group) of the sentiment that prayer is important in stressful situations. Second, Black Caribbeans who resided in the U.S. for 11-20 years were more likely than Black Caribbeans who were born in the U.S. to strongly agree with the statement that they look to God for strength, support and guidance. Given the lack of quantitative research on Black Caribbeans on the topic of religious coping, explanations for these complex findings would be only speculative and await further study.

On the whole, the religious coping literature focuses on positive forms of religious coping. It is important to note, however, that there are circumstances in which religious coping efforts can result in negative outcomes. Religious coping strategies may inhibit help-seeking behaviors and encourage exclusive treatment by clergy or lay religious/spiritual advisors, thereby preventing or delaying seeking professional treatment (Chatters, 2000; Taylor et al., 2004). This may be particularly problematic if the exclusive use of religious coping strategies prevents or significantly delays timely medical attention and diagnosis of an underlying health problem. For instance, research has shown that some women have relied exclusively upon religious coping strategies to deal with issues such as breast cancer (Pargament, 1997). The sole reliance on religious coping may significantly delay or prevent intervention efforts (e.g., screening and diagnosis for breast cancer, depression). These observations suggest that while religious coping may represent an important and central resource in handling life problems, under particular circumstances, it may be detrimental to health and well-being outcomes.

In conclusion, this study provided basic profiles and demographic correlates of religious coping attitudes across three race/ethnicity groups—African Americans, Black Caribbeans, and non-Hispanic Whites. Both religious coping indicators—importance of prayer during stressful situations and look to God for strength, support and guidance—assessed respondent perceptions of the functional aspects of religion in relation to coping efforts. African Americans and Black Caribbeans hold overwhelmingly positive attitudes about religious coping, while non-Hispanic Whites demonstrated lower levels of endorsements of these items. Although this study did not examine reported use of religious resources and strategies in coping with specific life difficulties, prior literature indicates that health problems and bereavement are frequently addressed in this manner (Ellison & Taylor, 1996; Jones et al., 2006; Koenig et al., 2001; Robinson et al., 2006; Yeates et al., 2002). Accordingly, health and mental health practitioners should be aware of and acknowledge the potential role that religious coping resources and strategies may have in the coping efforts of their African American and Black Caribbean clients and patients. This is particularly critical given evidence that patients are often reluctant to introduce the topic of religious coping due to concerns that practitioners will view this issue negatively.

Comparisons of demographic correlates of religious coping for African Americans and Black Caribbeans revealed both similar and divergent patterns and indicate that religious coping is particularly salient for specific groups within these populations. Study findings were largely consistent with prior research on religious involvement in demonstrating that race, gender, marital status and region were important for patterning beliefs about religious coping. Somewhat inconsistent findings were noted for the impact of education and age on religious coping attitudes. Overall, the exploration of these relationships with racially and ethnically diverse groups reveals how social status factors are related to beliefs about religious coping within and across defined race and ethnic groups. These and other study findings suggest new areas of investigation involving race and ethnic group comparisons of religious involvement, as well as detailed examinations of within-group differences (i.e., country of origin, immigration history) among Black Caribbeans.

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Table 1

Demographic distribution of sample.

DEMOGRAPHIC VARIABLES	MEANS (S.D.) OR N (%)		
	African Americans	Black Caribbeans	Non-Hispanic Whites
Age	42.32 (14.49)	40.27 (5.77)	44.98 (31.11)
N	3570	1621	891
Education	12.42 (2.22)	12.93 (0.99)	13.32 (4.98)
N	3523	1602	883
Income	36,845 (33,236)	47,017 (15,241)	47,397 (75,265)
N	3526	1607	883
Gender			
Male	1271 (44.02%)	643 (50.87%)	372 (47.25%)
Female	2299 (55.97%)	978 (49.13%)	519 (52.74%)
Marital Status			
Married	960 (32.91%)	559 (37.56%)	383 (47.35%)
Partner	260 (8.74%)	131 (12.57%)	44 (6.59%)
Separated	286 (7.16%)	128 (5.36%)	37 (3.10%)
Divorced	524 (11.74%)	178 (9.29%)	147 (13.05%)
Widowed	353 (7.89%)	78 (4.28%)	103 (7.83%)
Never married	1170 (31.54%)	542 (30.91%)	173 (22.05%)
Region			
Northeast	411 (15.69%)	1135 (55.69%)	107 (22.67%)
North Central	595 (18.81%)	12 (4.05%)	83 (7.96%)
South	2330 (56.24%)	456 (29.11%)	609 (54.60%)
West	234 (9.25%)	18 (11.14%)	92 (14.76%)
Country of Origin			
Spanish	--	180 (14.07%)	--
Haiti	--	298 (12.64%)	--
Jamaica	--	510 (31.72%)	--
Trinidad-Tobago	--	170 (9.98%)	--
Other English	--	440 (31.57%)	--
Years in the US			
US born	--	440 (36.58%)	--
Less than 5 years	--	119 (8.07%)	--
6-10 years	--	164 (8.44%)	--
11-20 years	--	357 (20.20%)	--
21 years or more	--	490 (26.70%)	--
Denomination			
Baptist	1865 (49.08%)	278 (20.52%)	240 (21.18%)
Methodist	216 (5.87%)	66 (3.17%)	71 (6.90%)

DEMOGRAPHIC VARIABLES	MEANS (S.D.) OR N (%)		
	African Americans	Black Caribbeans	Non-Hispanic Whites
Pentecostal	304 (8.61%)	152 (8.70%)	32 (3.88%)
Catholic	202 (5.95%)	367 (18.66%)	157 (20.21%)
Episcopal	17 (0.45%)	80 (3.31%)	20 (2.05%)
Seventh Day Adventist	21 (0.71%)	87 (4.22%)	2 (0.26%)
Other Protestant	528 (16.53%)	333 (25.10%)	201 (23.45%)
Other Religion	71 (2.25%)	56 (3.56%)	43 (6.53%)
No Religion	344 (10.50%)	194 (12.72%)	122 (15.50%)

Table 2

Distribution of religious coping variables

	African Americans	Black Caribbeans	Non-Hispanic Whites
Importance of Prayer When Dealing with Stressful Situations			
Very Important	90.41%	86.16%	66.69%
Fairly Important	6.18%	10.33%	15.54%
Not Too Important	2.37%	1.67%	10.36
Not Important at All	1.02%	1.82%	7.38%
N	3562	1617	890
Rao-Scott $X^2 = 545.61$ $p < .0001$			
God as a Source of Strength			
Strongly Agree	89.74%	86.16%	60.16%
Somewhat Agree	7.29%	10.49%	20.75%
Somewhat Disagree	1.54%	1.05%	7.74%
Strongly Disagree	1.41%	2.29%	11.32%
N	3434	1583	870
Rao-Scott $X^2 = 762.79$ $p < .0001$			

Table 3Race and ethnic differences in religious coping¹

	Importance of Prayer	God Gives Strength
Row I: African Americans Excluded Category		
Caribbean Blacks	-.168 (.188)	-.004 (.237)
Whites	-1.55*** (.150)	-1.86*** (.124)
Row II: Caribbean Blacks Excluded Category		
African Americans	.168 (.188)	.004 (.237)
Whites	-1.38*** (.215)	-1.85*** (.236)

¹ All regressions control for age, gender, income, education, marital status, region, and denomination.

*
p < .05;

**
p < .005;

p < .001

Table 4

Regression models for religious coping¹

Predictor Variables	Importance of Prayer for Stressful Situations		Look to God for Strength	
	African Americans	Caribbean Blacks	African Americans	Caribbean Blacks
Age	-.010 (.006)	-.026 (.014)	.000 (.006)	.002 (.017)
Gender	1.11 *** (.147)	1.54 *** (.247)	.932 *** (.101)	1.03 *** (.274)
Income	-.000 (.000)	-.000 (.000)	-.000 (.000)	-.000 (.000)
Education	-.045* (.022)	-.169** (.053)	-.026 (.021)	-.122 (.060) ^a
Marital Status				
Partner	-.470 (.259)	-.281 (.468)	-.621** (.204)	-.392 (.507)
Separated	.416 (.387)	-.441 (.515)	-.009 (.366)	.012 (.912)
Divorced	.120 (.292)	-.309 (.714)	-.243 (.327)	.513 (.520)
Widowed	.335 (.464)	1.18 (.837)	.315 (.430)	.655 (.958)
Never Married	-.537* (.214)	-.958** (.283)	-.418 ^a (.212)	-.385 (.514)
Region				
Midwest	-.453** (.168)	--	-.797*** (.217)	--
West	-.024 (.229)	--	-.490* (.199)	--
Northeast	-.514 (.279)	-.09 (.307)	-.975*** (.256)	-.374 (.464)
Denomination				
Methodist	.509 (.343)	.821 (.589)	-.562* (.235)	2.02* (.873)
Pentecostal	.652 (.399)	1.36** (.459)	.239 (.372)	1.69* (.789)
Catholic	-.325 (.304)	-.391 (.377)	-.463 (.381)	-.461 (.520)
Episcopalian	--	.020 (.871)	--	.053 (.644)
Seventh Day Adventist	--	.086 (.681)	--	.970 (.930)
Other Protestant	.643** (.212)	.478 (.336)	.714*** (.205)	-.078 (.580)
Other Religion	1.03* (.489)	1.01 (.571)	-.194 (.428)	.801 (.623)
No Affiliation	-1.3*** (.177)	-1.77*** (.490)	-1.51*** (.163)	-1.97** (.637)
Country of Origin				
Spanish	--	.232 (.326)	--	-.203 (.570)
Haiti	--	.507* (.226)	--	-.398 (.350)
Trinidad	--	-.573 (.515)	--	-.763 (.405)
Other English	--	-.195 (.353)	--	-.574 (.405)
Immigration Status				
0 to 5 years ago	--	.622 (.582)	--	.065 (.587)
6 to 10 years ago	--	-.145 (.433)	--	.899 ^a (.449)
11 to 20 years ago	--	-.005 (.565)	--	.997* (.428)
Over 21 years ago	--	.376 (.497)	--	.830 (.488)

Predictor Variables	Importance of Prayer for Stressful Situations		Look to God for Strength	
	African Americans	Caribbean Blacks	African Americans	Caribbean Blacks
N	3507	1546	3387	1516

¹ Regressions for African Americans control for age, gender (0=male), income, education, marital status (0=married), region (South=0), and denomination (0=Baptist). Regressions for Black Caribbeans additionally control for Country of Origin (0=Jamaica) and Immigration Status (0=Native born).

^a p < .06;

* p < .05;

** p < .005;

*** p < .001