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July 2009 Article of the Month

This month's article selection is by Chaplain John Ehman,
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Rosmarin, D. H., Pargament, K. I., Krumrei, E. J. and Flannelly, K. J. "**Religious coping among Jews: development and initial validation of the JCOPE.**" *Journal of Clinical Psychology* 65, no. 7 (July 2009): 670-683.

SUMMARY and COMMENT: This month's article presents "an easy-to-administer measure of Jewish religious coping that has utility for clinical work" [p. 672] -- the JCOPE -- an instrument that also fills an important gap for research. In doing so, the authors provide a good opportunity for comparison with the very popular Brief RCOPE measure, which may help illuminate that measure's strengths, weaknesses, and character. The article is highly technical, with advanced statistical analysis valuable to researchers, but general readers should find the content quite accessible through the plainly written introductory and discussion sections [--see pp. 670-672 and 680-681] and Table 3 [p. 677] that sets out the instrument's 16 items.

The validity of the JCOPE is shown through two studies using large community samples.

In Study 1, 22 JCOPE candidate items were developed and their factor structure was determined using an exploratory factor analysis. Additionally, we conducted an initial examination of the concurrent validity of the JCOPE by exploring its links to Jewish beliefs and practices. In Study 2, we conducted a CFA [Confirmatory Factor Analysis] to validate further the JCOPE's factor structure. In addition, we examined the incremental validity of the JCOPE as a predictor of worry, anxiety, and depression after controlling for significant covariates. [p. 672]

The result of this fine-tuning and validation process is an instrument consisting of 12 items for positive religious coping, and 4 items for negative religious coping [--see Table 3 on p. 677]. For those interested in the statistical analysis, a great deal of detail is given as the heart of the article [--see pp. 672-676]. The very need for the JCOPE points up the fact that a "significant limitation of the current literature on religious coping is that existing studies have focused almost exclusively on Christians, and knowledge about religious coping in other religious populations is sparse" [p. 671].

For this reader, the items of the JCOPE immediately drew me to think of the items on the widely-used Brief RCOPE, because there seemed to be obvious similarities and intentional differences. The authors of this month's article do not set out the JCOPE as a derivation from the Brief RCOPE. Indeed, they note (on p. 673) that the candidate items in the present measure were developed from a 2000 study out of Bowling Green State University by Eric F. Dubow, Kenneth I. Pargament, Paul Boxer and Nalini Tarakeshwar: "Initial investigation of Jewish early adolescents' ethnic identity, stress and coping" [*Journal of Early Adolescence* 20, no. 4 (November 2000): 418-441; listed below in Related Items of Interest, with abstract], plus "a review of the religious coping literature and interviews with rabbis and religious educators" [p. 673]. However, the measure

used by Dubow, et al. was itself apparently shaped by foundational work on the RCOPE by Kenneth I. Pargament (also at Bowling Green) and others, which had just been published or was still in press at the time that Dubow and colleague were writing [--see especially p. 426 of the Dubow, et al. article].

Our current article's authors state the following about the JCOPE in relation to the Brief RCOPE:

It should...be noted that the brief Religious Coping Scale (RCOPE; Pargament et al., 1998), a well-utilized measure of religious coping, is not ideally suited for use with Jewish populations. In contrast to other religious traditions that stress the importance of thoughts, feelings, and intentions, the Jewish religion places more importance on religious practices and community involvement.... The majority of brief RCOPE items, however, assess for religious coping in terms of specific religious thoughts and feelings (e.g., "I felt punished by God for my lack of devotion") and those relating to religious behaviors are generally phrased and not related to specific ritual practices (e.g., "I sought God's love and care"). Additionally, no brief RCOPE items (positive or negative) assess directly for congregational involvement. [pp. 671-672]

The connections between the JCOPE and the Brief RCOPE are intriguing, prompting this reader to compare directly the items of the two instruments. [For my own comparison, click [HERE](#).] Items carried over from the RCOPE to the JCOPE are implicitly affirmed as having good value across lines of religious/cultural diversity, whereas those items that are markedly changed or are omitted may be seen to have limited application. The practical comparison of instruments like these, in addition to the psychometric analysis of the measures individually, should be a catalyst for the overall dialogue on measurement strategies across the many lines of diversity that complicate spirituality & health research. In creating the JCOPE, Rosmarin and his colleagues have helped to highlight both possible limits in the use of the RCOPE and potential strengths of a number of specific items. Their work speaks to the broad and pressing question of "What should we ask, and how?"

Suggestions for the Use of the Article for Discussion in CPE:

Students unfamiliar with statistics should be guided to focus on the introductory section on pp. 670-672, the Measures section at the top of p. 673, and the General Discussion and Limitations & Future Directions sections on pp. 680-681; and asked to think about the items presented in Table 3 on p 677. The article holds strong potential for discussion about how questionnaires contain cultural biases: non-Jewish students should consider how the items in the JCOPE seem odd or inapplicable to them, and Jewish students might look similarly at the Brief RCOPE in light of the JCOPE. This would be a good opportunity for a CPE group that does not have any Jewish representation to bring in a guest to speak to key elements of Jewish tradition pertinent to the JCOPE. Of course, the article could be an entrée to a broader discussion of religious coping and the concepts of *positive* and *negative* religious coping. Advanced research students could delve into the particulars of the validity analysis of the JCOPE on pp. 672-678, and they may want to talk about some of the possible weaknesses of the negative religious coping subscale: i.e., the relative weakness of the "I questioned whether G-d can really do anything" item in Study #1 and the "I get mad at G-d" item in Study #2, and also the points about the subscale in the section on limitations on p. 681.

Related Items of Interest:

I. The two previous studies with Jewish populations that are cited by the authors of our featured article:

Dubow, E. F., Pargament, K. I., Boxer, P. and Tarakeshwar, N. **"Initial investigation of Jewish early adolescents' ethnic identity, stress and coping."** *Journal of Early Adolescence* 20, no. 4 (November 2000): 418-441. [(Abstract:) Ethnic identity was examined as a source of stress and as

a coping resource among Jewish sixth through eighth graders (N=75). Over 50% of the students reported having experienced various ethnic-related stressors in the past year (e.g., being restricted from activities due to the Sabbath, experiencing anti-Semitic comments). Jewish early adolescents also endorsed ethnic and religious coping strategies from three coping scale factors: Seeking God's Direction/Support (e.g., "I ask God to forgive me for the things I did wrong"); Seeking Cultural/Social Support (e.g., "I look forward to the Sabbath"); and Spiritual Struggle (e.g., "I start to wonder whether God can really do everything"). Components of ethnic identity were related positively both to ethnic-related stressors and coping strategies, indicating that although high levels of ethnic identity might heighten Jewish adolescents' sensitivity to ethnic-related stressors, ethnic identity might serve also as a resource for coping with those stressors.]

Loewenthal, K. M., MacLeod, A. K., Goldblatt, V., Lubitsh, G. and Valentine, J. D. **"Comfort and joy? Religion, cognition, and mood in Protestants and Jews under stress."** *Cognition and Emotion* 14, no. 3 (May 2000): 355-374. [(Abstract:) This study examined cognitive aspects of coping with stress, how these related to religiosity, and how they related to outcomes (positive mood and distress). Participants (n=126) were of Protestant or Jewish background, and had all experienced recent major stress. They were assessed on measures of religiosity, religious coping, perception of the consequences of the stressful event, attributions for its occurrence, and distress, intrusive unpleasant thoughts, and positive affect. Religiosity affected ways of thinking about the stressful situation, namely: Belief that G-d is enabling the individual to bear their troubles (religious/spiritual support), belief that it was all for the best, and (more weakly) belief that all is ultimately controlled by G-d. Religiosity affected neither the proportion of positive consequences perceived as outcomes of the event, nor the causal attributions examined. Religious background (Protestant vs. Jewish) had negligible effects on the cognitions measures. Causal pathway analysis suggested that religion-related cognitions might directly affect positive affect, but not distress. Problems of design and interpretation are discussed. The study suggests some cognitively mediated means by which religion may have comforting effects.]

II. For those interested in taking the comparison of instruments (such as I myself have done with the Brief RCOPE and the JCOPE --[HERE](#)) a step further, the following two article are noted in our featured articles as religious coping measures for Hindus and Muslims. (Note that Kenneth I Pargament is a common co-author among these articles.) The measure for Hindu populations is perhaps the more conducive to comparison with the Brief RCOPE and JCOPE.

Abu Raiya, H., Pargament, K. I., Mahoney, A. and Stein, C. **"A psychological measure of Islamic religiousness (PMIR): Development and evidence for reliability and validity."** *International Journal for the Psychology of Religion* 18, no. 4 (2008): 291–315. [(Abstract:) A 60-item Psychological Measure of Islamic Religiousness (PMIR) was developed in three stages: (a) Domains of Islam relevant to physical and mental health were identified via theory and semistructured interviews with 25 Muslims; (b) an initial version of PMIR was pilot tested with 64 Muslims from the United States and Israel; and (c) desirable psychometric qualities of the final measure were established based on an international, Internet-solicited sample of 340 Muslims, as follows. The PMIR yielded seven distinct, highly reliable factors: Islamic Beliefs; Islamic Ethical Principles & Universality; Islamic Religious Struggle; Islamic Religious Duty, Obligation & Exclusivism; Islamic Positive Religious Coping & Identification; Punishing Allah Reappraisal; and Islamic Religious Conversion. All scales demonstrated desirable variability and strong discriminant, convergent, predictive, and incremental validity using multiple mental and physical criterion variables. The findings indicate that Islam is central to the well-being of Muslims and the PMIR provides a scientifically based, multidimensional understanding of Islam needed to advance the nearly nonexistent psychological theory, practice, and research focused on Muslims.]

Tarakeshwar, N., Pargament, K. I. and Mahoney, A. **"Initial development of a measure of religious coping among Hindus."** *Journal of Community Psychology* 31, no. 6 (November 2003): 607–628. [(Abstract:) We developed and validated a measure that would comprehensively capture

religious coping strategies used by Hindus in the United States (U.S.). Based on qualitative interviews with Hindus ($N = 15$) and existing religious coping measures, a Hindu religious coping scale was constructed. After a pilot test of this scale among Hindus in the Midwest ($N = 42$), a sample of Hindus across the U.S. ($N = 164$) completed the Hindu religious coping scale along with measures of mental health. Results indicated that religious coping was a salient construct for Hindus and related to better mental health. Empirical data revealed specific forms of religious coping that are characteristic of Hindu theology. Further, results of the factor analyses of the Hindu religious coping scale yielded three factors, "God-focused" religious coping, "Spirituality-focused" religious coping, and "Religious guilt, anger, and passivity." Findings provided support for the reliability and validity of the Hindu religious coping scale. Implications for theory and practice were discussed.]

III. Religious coping is a major theme in current spirituality & health research, and it has been a theme in a number of our Articles-of-the-Month. See most recently our pages for [April 2009](#) and [March 2009](#), as well as our page for [November 2004](#).

IV. For other recent work by this month's principal author, David H. Rosmarin, who is founder and director of JPSYCH: Research on Judaism and Mental Health (www.jpsych.com), see:

Rosmarin, D. H., Krumrei, E. J. and Andersson, G. "**Religion as a predictor of psychological distress in two religious communities.**" *Cognitive Behaviour Therapy* 38, no. 1 (2009): 54-64.
[(Abstract:) Although spirituality and religion play a role in the lives of many North Americans, the relationship of these variables to symptoms of affective disorders has not been rigorously studied. The authors, therefore, evaluated the extent to which religious factors predicted symptoms of distress in a large community sample of 354 individuals (120 Christian and 234 Jewish). Results indicated that religious denomination was a poor predictor of distress. However, general religiousness (e.g. importance of religion), religious practices (e.g. frequency of prayer), and positive religious core beliefs predicted lower levels of worry, trait anxiety, and depressive symptoms, whereas negative religious core beliefs predicted increased symptoms. These variables accounted for a small but significant portion of the variance in reported symptoms after controlling for covariates. These findings are taken to indicate that religion is an important factor to consider when evaluating and treating distress in religious individuals. Implications for clinical practice of empirically supported treatments with religious individuals are explored.]

If you have suggestions about the form and/or content of the site, e-mail Chaplain John Ehman (Network Convener) at john.ehman@uphs.upenn.edu .

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