

# THE PROSPECT AND PURPOSE OF LOCATING COMMUNITY RESEARCH AND ACTION IN RELIGIOUS SETTINGS

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*Although the importance of working with people within their natural settings has been advocated since the 1965 conference at Swampscott, community psychologists have had relatively little discourse about religious settings when compared to the vast number of studies undertaken in other settings—schools, family environments, workplaces, and hospitals, to name a few. Only in recent years have some community psychologists begun to explore the potential benefits of working within religious and spiritual settings. We assert that this omission has resulted in little work centered in the context of religious settings, and consequently may limit the scope of our theories and the effectiveness of our interventions. In this article we argue that there is sufficient evidence to conclude that locating research and intervention projects in religious contexts can enrich the study and practice in the field.*

*We consider first the history of the relationship between religion and psychology in research and practice, and review community psychology's discussion of religious settings over the past 25 years. We then discuss the relevance of these settings for community psychology by reviewing empirical findings within a conceptual framework of key constructs of community psychology. We argue that work in many religious settings is consistent with the priorities associated with these constructs. Furthermore, collaboration with religious organizations which share priorities with community psychology can help both community psychologists and participants of these religious settings achieve their goals. © 2000 John Wiley & Sons, Inc.*

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Over the past 100 years psychologists have studied human behavior and mental processes in varied situations. For many, the goal of these efforts has been to develop greater understanding of human functioning—adaptive, corrective, and otherwise—across as many settings as possible. However, periodically throughout the past century, psychology as a field has often focused narrowly on single areas and overlooked parts of human experience. At times this was due to concerted efforts to restrict *what* was legitimate to study (e.g., radical behaviorists' stance on studying mental processes). At other times psychology has missed part of human experience because of "blind spots" or limiting assumptions (Sarason, 1993). For example, much of the early experimental work was blind to variations of gender, race, and ethnic experience, and assumed that results from studies of middle class, White, male, and college-aged participants generalized to all people. This reflects the extent to which psychology has often ignored consideration of *who* is studied. We argue that psychology has had limited consideration of *where* people are studied. That is, psychology, and community psychology, in particular, has had blind spots to the diversity of settings in which people live, work, and interact.

Although the importance of working with people within their natural settings has been advocated since the 1965 conference at Swampscott—cited as the genesis of community psychology (Iscove, 1974), community psychologists have had relatively little discourse about religious settings as compared to the vast body of literature in other settings—schools, family environments, workplaces, and hospitals. Only in recent years have a few community psychologists begun to explore the potential benefits of working within religious and spiritual settings (e.g., Dockeki, 1982; Maton & Pargament, 1987; Pargament, Maton, & Hess, 1992; Speer, Hughey, Gensheimer & Adams-Leavitt, 1995). At one level, this paucity of discourse about research and interventions located in religious settings is understandable given the divergent conceptual foundations of psychological and religious practice. The relative lack of work may be due to perceptions that phenomena associated with religion may appear inconsistent or incompatible with the values of community psychology. Alternatively, it may be assumed that there are not many advantages to working in religious settings, thus, these settings have seemed to be unfruitful areas of study or action. At another level, however, this lack of scholarly interest is surprising given the shared purpose, theories, and practices of the two disciplines. Both community psychology and religion aspire to improve the human condition, both offer explanations for human behavior, both posit theories of what constitutes normal and healthy behavior, both suggest guidelines for how one could change behavior to fit within or to challenge societal norms, and both can be used as instruments of social control or social change.

Our primary concern is that community psychologists take seriously the opportunity to include religious settings in their inquiry and practice. We think that collaborations with religious organizations and within religious settings are underutilized in the research and interventions of community psychology. Seymour Sarason has offered a challenge to the field of psychology to integrate religious perspectives in its conceptualization of human functioning (Sarason, 1993; this issue). He views the lack of such consideration an error of omission that has had consequences for religious and nonreligious people; that is, such an omission may limit the scope of our theories and the effectiveness of our interventions. In this article, we argue that there is sufficient evidence to conclude that locating research and intervention projects in religious settings will enrich the study and practice of the field.

Before we begin our review, we will briefly address the definition of terms. Currently, there is no consensus among social science researchers regarding precise definitions

of religion or spirituality. The psychology literature includes a number of perspectives on definitions (e.g., Allport & Ross, 1967; Hood, Spilka, Hunsburger, & Gorsuch, 1996; James, 1902; Paloutzian & Kirkpatrick, 1995; Pargament, 1997; Wulff, 1997). This is a familiar situation for the field of community psychology, which also has not found a single formulation to define itself. Although consensus about inclusive definitions does not exist, most researchers use definitions suited for the particular intent of their inquiry. For the purposes of this review, we draw upon the work of Maton & Wells (1995) and Pargament (1997) to broadly define religion as *a set of phenomena that includes the settings, groups, activities, and world views which focus on a search for significance in ways related to notions of the sacred*. That is, we view religion as representing both a process and a particular area of human experience. We view spirituality as being intimately related to religion in people's search for significance, however, we are open to the possibility that spirituality encompasses a broader set of phenomena that may not include notions of the sacred. We acknowledge that there is considerable debate among social scientists about the relationship between religion and spirituality (c.f. Pargament, 1997, p.465). We view spirituality as being *an aspect of human experience realized as awareness, belief, and sense of connection with others and the universe, material and non material*. In our view, spirituality and religion overlap significantly in individuals' and communities' search for the ultimate meaning of existence.

This article is organized into three main sections. First, we briefly consider the history of the relationship between religion and psychology in research and practice. In particular, we review community psychology's discussion of religious settings over the past 20 years. Second, we discuss the relevance of religious settings for community psychology by reviewing empirical findings within a conceptual framework of key constructs for community psychology. We argue that work in many religious settings is consistent with the priorities associated with these constructs. Furthermore, collaboration with religious organizations which share priorities with community psychology can help community psychologists *and* religious or spiritual individuals and organizations achieve their goals. We close by offering what we see as unrealized possibilities of working with religious organizations or within the religious setting.

## CONSIDERATION OF RELIGION IN PSYCHOLOGY

The discussion of the relationship between religion and psychology has been part of psychology since its inception in the United States, although such discussion has often been deemed by many as insignificant or inappropriate (Gorsuch, 1988). William James and G. Stanley Hall were among the early psychologists who were interested in psychology and religion. James's book, *The Varieties of Religious Experience* (1902), and Hall's journal on religious psychology were prominent in the field during the first decade of the 20th century. However, by 1915 Hall's journal was no longer published, and from 1930 to 1960 consideration of religion and psychology was almost nonexistent (Gorsuch, 1988). Since 1960, several journals have been founded at the nexus of psychology and religion (e.g., *International Journal for the Study of Psychology and Religion*; *Journal of Psychology and Theology*; *Journal for the Scientific Study of Religion*), as well as a division of the American Psychological Association (i.e., Division 36—Psychology of Religion). Increasingly, religious factors are being included in psychology and health-related research ranging from bereavement coping (Richards, Acree, & Folkman, 1999) and aging (Wong, 1998) to health psychology (Astin, 1997; MacLean, Walton, Wenneberg, & Levitsky, 1997), and behavioral

medicine (Ai, Dunkle, Peterson, & Bolling, 1998). Several books offer good overviews of contemporary and classic psychological scholarship on religion (e.g., Paloutzian, 1996; Spilka, Hood, & Gorsuch, 1985; Wulff, 1997). Although much of the discourse has had a primary focus on individual functioning, the *Journal of Social Issues* (Paloutzian & Kirkpatrick, 1995) published an important issue on the intersection of psychology and religion which included consideration of religious influences on societal well-being. Pargament and Maton (2000) note that the most significant trend in the re-emergence of a psychology of religion is that a greater number of researchers are conceptualizing religion as a set of multidimensional phenomena. Clearly, an increasing number of psychologists are giving greater consideration to the conceptualization and study of religious influences on individual and community life.

Within community psychology, there also appears to be a growing interest in the area. Much of the discourse about religion and community psychology has focused on the potential contributions a consideration of religious factors can make to prevention and promotion efforts. Ken Maton and Ken Pargament have been the most notable leaders in initiating this discourse with their research (e.g., Maton, 1987; Maton & Wells, 1995; Maton & Pargament, 1991; Pargament, Echemendia, Johnson, Cook, McGath, Myers, & Brannick, 1987; Pargament, 1997) and with contributions as editors (Maton & Pargament, 1987; Pargament, Maton, & Hess, 1992). Only recently have other community psychologists joined them in discussion about these issues in a prominent community psychology-related professional and scholarly forum. For example, the 1997 and 1999 Biennial Conferences for Community Research and Action have had lively discussions about the intersection of community psychology and religion and spirituality at symposia and poster presentations (e.g., Berkowitz, Jason, Salina, & Wolff, 1997; Kloos, 1999; Kress, 1999; Newbrough, 1997).

Although there are many signs of burgeoning interest in the consideration of religious and spiritual aspects of human behavior in psychological research, health promotion, and other interventions, efforts to consider the importance of religion remain largely at the periphery of psychology. A review of seven major American Psychological Association journals from 1991 to 1994 found only cursory consideration of religious or spiritual factors (Weaver et al., 1998), with only 2.7% of the quantitative studies reviewed (i.e., 62 of 2,302) including a religious or spiritual variable. However, of greater concern is the scholarship of these 62 studies in relation to how these phenomena are conceptualized and measured. Surprisingly, only 18 of the 62 (29%) cited any previously published research focused on religious or spiritual phenomena. Furthermore, the vast majority of the studies (i.e., 79%) used a single question to measure the construct. This low level of consideration of religious or spiritual variables is also common in the empirical studies of associated fields, psychiatry and nursing (Weaver, Flannelly, Flannelly, Koenig, & Larson, 1998). Finally, previous reviews investigating the emphases in community psychology's publications have considered affiliation of study participants and settings (e.g., school, medical, mental health center, work, university), however, they did not include consideration of religious settings or affiliations (Lounsbury, Leader, Meares, & Cook, 1980; Speer et al., 1992).

As Gorsuch has concluded (1988), psychology as a scientific discipline has viewed the philosophy and the practice of religion with skepticism. The neglect of religious phenomena and settings in the field may be a result of psychologists not viewing religious perspectives as relevant, feeling a need to maintain scholarly distance, or being antagonistic to religion (e.g., Albee, 1982; Ellis, 1960). These arguments appear to revolve

around at least two positions—the major position being a difference of philosophy, and the other of epistemology. We offer two examples of how this skepticism shapes psychologists' responses to religious phenomena.

The philosophical position of incompatibility was highlighted in a Letter to the Editor in the *APA Monitor* (Robb, 1993) which expressed an urgent concern that a respected psychologist, Ian Mitroff, would recommend that substance abuse programs in workplaces include a 12-step program (with a religious component) as part of their approach to treatment.

That an APA fellow would advocate that the solution to human problems is for people to admit their powerlessness and turn “. . . our will and our lives . . .” (Step 3) over to a rescuing deity raises serious questions about how far psychology has come in the last hundred years. . . . I believe that psychology has more to offer the workplace of today and the future than powerlessness and rescuing deities.

Here, of course, is a philosophical difference based upon an a priori position that *personal control* must exclude *religiously informed-personal control* that incorporates conceptions of spirituality; based upon this position, any conceptualization of personal control which includes spiritual components would not be useful in resolving a person's problems. However, conceptions of what constitute personal control appear to be influenced by closely held convictions that are better understood in a person's cultural contexts. The construct of personal control is informed by the values and cultural norms one espouses (Triandis, 1994). For example, Americans tend to value individuality and exercising personal control, while many Japanese are more likely to place higher importance on collective norms and the importance of “giving-up” personal control to be a good group member and promote well-being. Similarly, it is likely that persons who include spirituality as an important component of their world view would have a different conceptualization of “control” than persons who eschew anything associated with religion.

Although persons may have different notions of what constitutes personal control, it would appear reasonable to investigate the constructs empirically. Here is the second premise which impedes consideration of religious settings in psychology: the epistemologies of psychology and religious and spiritual knowledge are so different that they are assumed to be incompatible for inquiry. Along this line of thought, the rhetoric of psychological discourse is scientific and based on empirical support; psychologists study what can be measured, observed, and therefore, what is finite. The rhetoric of religion and spiritual knowledge is based upon beliefs and faith; this appears to be antithetical to a traditional psychology viewpoint in which religion is seen as not being systematic and void of empirical support. From this perspective, a primary aim of psychology is to help persons gain more control over what they have not controlled (e.g., behavior, thoughts, environmental influences). In contrast, religion aims to help people appreciate what they cannot control (e.g, limits of death, material goods, personal desire) and look beyond themselves. Stated another way, psychology has a primary focus of enhancing human capacities while religion primarily focuses on accepting and transcending human limitations (Pargament, 1997).

It is not surprising that psychology, religious thought, and spiritual experiences emphasize different epistemologies and criteria for evidence in making arguments and supporting positions. However, the differences in these world views can complement each other as well as be contradictory. For example, psychology can contribute to religion by

examining manifestations and consequences of religious practices and beliefs (e.g., Gorsuch, 1995; Smith, Pargament, Brant, & Oliver, this issue). Similarly, religion and spirituality pose different questions about human relationships and personal meaning, and offer new ways of viewing behavior which can expand psychology's understanding of human experience (e.g., Richards, Acree, & Folkman, 1999; Walsh-Bowers, this issue). We suggest that close adherence to these two arguments, that the domains of psychology and religion are (a) philosophically different, and (b) use different knowledge systems to forward truths, have made it much easier for psychologists to reject religious settings as potential places of intervention and action.

When we as psychologists have not been skeptical about religion and religious settings, we have tended to ignore them as powerful parts of people's lives. Such an example is found in Kieffer's early work in empowerment among community activists (Kieffer, 1984). In this case, he critiques religious settings as controllers of resources that are not evenly distributed to those who need them. The critique is valuable for an overall strategy of social justice and equitable distribution of resources; many religious settings do have resources that others need. However, by its omission of any other role for religious organizations, the critique implies that religious organizations *only* act to restrict resources from people who need them, and thus, religious settings are inconsistent with an empowerment agenda. We do not believe this to be the case, and find the resulting portrayal of all religious organizations in this way to be unbalanced. To the contrary, we are familiar with religious organizations who are participating in such resource distribution and efforts to promote social change (e.g., the Anti-Defamation League of B'nai B'rith, Bread for the World, Habitat for Humanity) and many historical examples of religious movements being catalysts for social change (e.g., Southern Christian Leadership Conference and the U.S. Civil Rights Movement, Mahatma Gandhi and the independence movement in India, the Catholic Church and Solidarity in Poland). Kieffer's critique misses the fact that some religious organizations are engaged in community- and systems-level change and that precisely because they have resources, they are important in people's lives. It is this omission of possible beneficial aspects of religion and spirituality that seems to have characterized much of community psychology's working relationship with religious disciplines.

### *Values and Psychology*

Ultimately, the debate of whether psychology and religion should be studied together, or whether psychologists can collaborate with religious organizations for mutual benefit, is one of values. The consideration of the influence of values on science is central to Rappaport's evaluation of the field of community psychology (Rappaport, 1977) and Prilleltensky's recent critique of psychology (e.g., Prilleltensky, 1997). Both assert that scientists are influenced by social forces from within their community and in society, as are all people, regardless of their willingness to participate in society and help shape it. These social forces (e.g., social, political, cultural, economic factors) result in particular attitudes and beliefs held by us as "scientists" and "professionals" (e.g., nuclear families are the best environments for children's development). Even when we choose to give our personal values a secondary role to those of a professional community, convention, or institution for whom we are working, the decision remains a statement about our values and priorities. Scientists prefer to call these values "assumptions." Often we agree on particular assumptions as a matter of convention and lose sight of the fact that they are

not truth, rather they are agreements on certain beliefs that appear consistent for our field.

In summary, psychology as a discipline appears to either ignore the phenomena of religion or to view religion primarily in a hostile manner (Sarason, 1993). We argue that continuing to do so is inconsistent with the values of community psychology. We are faced with the reality that religious institutions and spirituality play a major role in the lives of many people and in their efforts to address social issues in their communities (c.f. Goodstein, 1994). Furthermore, many social concerns of religious organizations are often shared by community psychologists (e.g., prevention of substance abuse and community violence). Therefore, we now turn to an examination of how work with religious organizations can be consistent with the priorities of community psychology.

### **RELEVANCE OF RELIGION AND SPIRITUALITY FOR COMMUNITY PSYCHOLOGY**

We present a review of research and intervention efforts in religious settings within a conceptual framework of the priorities shared in community psychology. Of course, many persons will vary on their exact emphases and ordering of what they see as key constructs of community psychology, however, we believe that there are sufficient common values to warrant consideration of important priorities of the field. We reviewed several sources to arrive at these positions—historical articles about the founding of community mental health and community psychology (Bennett, Anderson, Cooper, Hassol, Klein, & Rosenblum, 1966; Cook, 1970; Joint Commission of Mental Illness and Health, 1961; Kelly, 1970; Smith & Hobbs, 1966), early reviews of the field (Cowen, 1973; Rappaport, 1977), and more recent reviews of the field (Bond, 1997; Gesten & Jason, 1987; Kelly, 1990; Mulvey, 1988). We present data showing the potential value of work in religious settings as it relates to (a) prevention, (b) promotion of well-being, (c) empowerment, (d) consideration of phenomena at different levels of analysis, (e) working in existing settings, (f) promoting social change and social justice, and (g) creating a sense of community.

#### ***Prevention***

Prevention of substance abuse and mental disorders has received a moderate amount of attention related to the potential positive influence of religious settings. Multiple reviewers of studies of substance abuse have presented findings of generally positive relationships between being religious and being a nonabuser, having a lower incidence of substance abuse, and having a lower prevalence of substance abuse for adolescents and adults (Benson, 1992; Gorsuch & Butler, 1976; Spilka, Hood, & Gorsuch, 1985, pp. 264–270). Additionally, spiritual factors (e.g., meditation) appear to be important for relapse prevention in cases of severe alcoholism (Taub, Steiner, Weingarten, & Walton, 1994). Similarly, involvement in religious organizations is positively associated with a lower prevalence of cigarette smoking among older adults (Koenig et al., 1998). Although less research has focused on prevention of mental disorders, a modest positive association has been found between religious factors and mental health (Hood et al., 1996). For example, panel analysis of three generations of Mexican American families and prospective studies with African American participants found that higher levels of attendance at religious services was associated with lower prevalence of depression (Ellison & Levin, 1998; Levin, Markides, & Ray, 1996). People with chronic disabilities who had higher lev-

els of self-reported religiousness had lower rates of suicidal ideation (Long & Miller, 1991).

### *Promotion of Well-Being*

Religious factors can also be important for the promotion of well-being for children, adolescents, and adults. Donahue and Benson (1995) conclude that there is a consistency in the findings of an inverse relationship between adolescent religiosity and a variety of problem behaviors, such as substance abuse and delinquency. Similarly, Haight's investigation of African American churches found promotion of children's development was fostered through provision of protective factors for children (Haight, 1998). An evaluation of Project RAISE, a cooperative project between city schools, churches, and civic organizations in Baltimore, found that children were more likely to have consistent academic gains with a church-based mentor when compared to those of civic organizations (Maton & Seibert, 1991 cited in Maton & Wells, 1995). Similarly, participation in religious activities among college-bound seniors was positively associated with higher ACT scores (Grandy, 1993). Similar findings suggest analogous patterns for the well-being of adults. An investigation of the supportive capacities of congregations found that adults with high levels of stress reported greater well-being in high-support congregations than low-support congregations; low-stressed individuals did not differ across congregation condition (Maton, 1989). An epidemiological study conducted over 28 years found that religious service attendance was associated with lower mortality risk among community dwellers (Strawbridge, Cohen, Shema, & Kaplan, 1997).

One of the most productive areas of research on the role of religion has been in the promotion of stress reduction and enhanced coping abilities. For example, studies of meditation and prayer have found positive relationships with stress reduction (e.g., Shapiro, Schwartz, & Bonner, 1998). Personal religious practices have been tied to greater perceived coping efficacy in older adults (Koenig, Kvale, & Ferrel, 1988). The importance of religious and spiritually based coping appears to have longstanding value, in addition to being a resource for coping in the face of stressful situations. Gray (1987) found religious beliefs were tied to less depression 1 year after the death of a parent. Richards et al. (1999) found spirituality continued to be an important coping resource for persons who had lost significant others to AIDS. Interestingly, recent studies of hierarchical contributions to coping include findings that religious factors account for enhanced coping abilities in addition to those measured as psychological factors (Pargament, 1997; Smith et al., this issue).

Levin (1994) has generated a number of hypotheses about mechanisms related to religion and the promotion of well-being. These include social support offered by religious communities, subjective perceptions of well-being engendered by religious beliefs, emotional comfort offered by religious ritual, and encouragement of health-promoting behaviors advocated by some religions. Similarly, Dockett has proposed that the teachings and community practices of religious organizations, in particular Nichiren Buddhism, can encourage stress-buffering experiences for members (Dockett, 1993) which parallel community psychology's interest in stress reduction. In another review of the potential for religious settings to be assets to the prevention of stress and the promotion of well-being, Maton and Wells (1995) concluded that some forms of "religion and religious settings serve as stable, long-term, preventive resources for families, youth, and adults" (p. 180).

Although the patterns of these results are promising, they have been characterized as modest and sometimes confusing (Hood et al., 1996). The lack of clarity in findings may result, in part, from methodological choices that are not sensitive or precise enough to parse out important differences in religiosity or dependent measures. Many studies are descriptive and rely on self-report and correlational designs. More importantly, as mentioned above, a surprising number of studies have measured the construct of religion in simple ways (e.g., attendance of services, global appraisals) that do not include the heterogeneity of religious beliefs, motivations, and practices (Ventis, 1995; Pargament & Maton, 2000). The construct of religious orientation holds some promise for differentiating between types of religiosity which may have disparate influences.

*Religious Orientation and Mental Health.* In reviewing past work on religious orientation, Batson (1976) proposed three basic types: *religion as means*, *religion as end*, and *religion as quest*. *Religion as means* describes the use of religion to gain some end such as emotional support, social support, or status; it is a conceptual and methodological refinement of the concept of extrinsic religious orientation (c.f. Allport & Ross, 1967). *Religion as end* embodies the experience of religion as a primary purpose in one's life that is internalized and fully lived; similarly, it is a conceptual refinement of Allport and Ross's intrinsic religious orientation. The *religion as quest* orientation is also characterized as a fully lived, integrated orientation toward religion, but is distinguished from the religion as end orientation in that it emphasizes personal searching for answers to existential questions; persons with a quest orientation are more open to the possibility that some questions cannot be fully answered than persons with either of the other two orientations.

Although much of the research examining the religious orientation have focused on attitudes and prejudice, Batson, Schoenrade, and Ventis (1993) reviewed 61 studies of religious orientation and mental health. They propose seven indices of mental health derived from a review of the literature: (a) freedom from worry and guilt, (b) personal competence and control, (c) open-mindedness and flexibility, (d) appropriate social behavior, (e) self-acceptance and self-actualization, (f) personality unification and organization, and (g) lack of illness. Batson and colleagues summarized the results in a line-score table listing whether the 197 findings (i.e.,  $p < .05$ ) had positive, negative, or neutral relationships with each of three religious orientations described above. We review the positive and negative relationships here. *Religion as means* was not positively associated with any of the mental health indices. It was negatively associated with (a) freedom from worry and guilt, (b) personal competence and control, and (c) open-mindedness and flexibility. In contrast, *religion as end* had positive relationships with (a) freedom from worry and guilt, (b) personal competence and control, (d) appropriate social behavior, and (f) personality unification and organization. *Religion as quest* has not been studied as extensively as the other constructs. Preliminary data indicate a positive association with personal competence and control (b), open-mindedness and flexibility (c), and self-acceptance and self-actualization (e). Results also appear to indicate a trend toward negative associations with freedom from worry and guilt (a).

The widely different patterns of these religious orientations would appear to have important consequences for intervention efforts. The pattern of findings suggests that interventions for persons with a religion as means orientation would look quite different from interventions for persons who view religion as an end. Similarly, other aspects of religion and spirituality are important to consider when designing interventions. For example, Gorsuch (1995) concludes from his review of substance abuse research that

there is less substance abuse among people with experiences of nurturing and supportive religiousness, but not for restrictive and negativistic religiousness. The work of Gorsuch (1995), Batson and colleagues (1993) presents a far different picture of the correlates and potential influences of religion than studies which rely on single questions about religion (e.g., whether one views religion favorably or would describe oneself as religious).

*Potential Negative Influences of Religion.* Although the focus here has been the potential benefit of working in religious settings, consideration of religious phenomena must include instances where forms of religious beliefs and practice are associated with detrimental outcomes for individuals and communities. As indicated above, more recent, systematic research has found patterns of religiosity with potentially negative effects. This research is critical to the development of the field as much of the past criticism of religion has been undifferentiated and anecdotal (Spilka et al., 1985). For example, more rigid fundamentalist religious beliefs and practices appear to include risk factors for higher rates of child abuse (Bottoms, Shaver, Goodman, & Qin, 1995). Similarly, a focus on punishment and negative (e.g., threatening) images of a deity are highly associated with negative-coping behaviors (Pargament et al., 1998). Finally, the positive and negative relationships of religious factors and prejudice has received a great deal of study since Gordon Allport (c.f. Paloutzian, 1996). Clearly, collaboration between community psychologists and religious organizations will depend on determination of shared values and the possibility for mutually beneficial outcomes (Kloos, Horneffer, & Moore, 1995).

### ***Empowerment***

Although less research has been conducted on the importance of religious factors for empowerment efforts, the evidence suggests religious settings can make contributions in collective empowerment as well as personal empowerment. Based on a review of historical evidence, Moore (1991) has concluded that the development of separate religious institutions—churches for African Americans—was necessary to ensure a sense of community, control over decision-making, accumulation of wealth and property, Black leadership, and to provide an institutional basis for influencing and challenging dominant oppressive social, economic, and political order. Speer, Hughey, Gensheimer, and Adams-Leavitt (1995) found that a church-based organization was equally effective in community organizing efforts as a neighborhood-based group; however, the church-based organization created a more intimate, less-controlling organizing environment, and had greater levels of psychological empowerment among its members.

An empowerment emphasis is consistent with many organizations' emphasis on the strengths of its members. Part of the appeal and sustenance of these settings are the support that members can provide each other. Members can exchange material support (e.g., Maton & Rappaport, 1984) as well as social support (c.f. Pargament & Maton, 2000). As Maton has documented (1987), the role of being able to help others provided in many religious settings is an important empowering experience for people, especially when they are accustomed to only receiving assistance. Similarly, many religious leaders have holistic views of their members and the talents they can offer (Anderson, Maton, & Ensor, 1991; Kloos et al. 1995), and engage persons from a strengths' perspective.

Maton and Rappaport (1984) have characterized empowering religious settings as having a balanced combination of individuality and community, especially when setting

leaders are fully committed to the development of both individuals and community. They have found that the practices and social environments of such religious settings contributed to increased interpersonal skills and well-being of members (Maton & Rappaport, 1984; Rappaport & Simkins, 1991). In addition to having a role in comforting people at a time of need, religion can present challenges which encourage and assist people in improving themselves and influencing their social environments.

### *Consideration of Phenomena at Different Levels of Analysis*

Although most psychological research has conceptualized religious factors as intrapsychic phenomena, most religious settings are best understood as multilevel phenomena. At an individual level, religious faiths have an interest in promoting particular beliefs and particular behavior in its members. At small group and organizational levels, many religious organizations create local settings to support members, reach out to their local communities, and to address issues of concern in broader society. Similarly, at institutional levels, many denominations establish policy that is consistent with their ideology and which affects society and local religious settings (e.g., Altman, Rosenquist, McBride, Bailey, & Austin, this issue). The multilevel nature of religion can be seen as a resource in addressing needs to support individuals and to build community. By promoting particular ideologies (e.g., prohibitions against greed, oppression, and promoting concern for others) religious movements can address needs of society (Pargament & Maton, 2000). In their review of American social life, Bellah, Madsen, Sullivan, Swidler, and Tipton (1985) found that many religious settings provide a balance between individualism and self-interest.

### *Working in Existing Settings*

Gerald Caplan, a founder of community psychiatry, has argued that next to families, religious institutions are the most universal of all groups that provide social support (Caplan, 1972). Indeed, religious institutions appear to be the first source of support that many people in the U.S. seek for a variety of problems and stressful life situations (Veroff, Kulka, & Douvan, 1981). This involves a significant proportion of the U.S. population when one considers that there are over 350,000 religious congregations, 148 million members, and over 545,000 clergy (Jacquet & Jones, 1991).

Based upon community psychology's emphases on working with natural support systems in communities, reaching people within their own contexts (e.g., Rappaport, 1977), and recognizing the resources within communities (e.g., Smith & Hobbs, 1966; McKnight, 1992) it is surprising that work in religious settings has not received more attention. Such an omission is contrary to data on the importance of religion collected through polling. A nationwide poll estimated that 94% of the U.S. population believes in a higher power (e.g., God), 88% believe God loves them, and 71% believe in an afterlife (Gallup & Castelli, 1989). Furthermore, significant numbers of people participate in religious settings on a regular basis. Another U.S. nationwide poll reported that 43% of respondents attended weekly religious services, a figure that has remained almost constant for over 40 years (Gallup & Castelli, 1989). When asked about participation in the past month, nearly 60% of persons reported participating in religious activities and 69% of respondents reported belonging to a religious organization (Gallup & Castelli, 1989). This

aspect of American life does not appear to be merely a trend of the 20th century, as the ratio of U.S. residents to the number of churches/religious organizations is the same as it was in 1650 (Kosmin & Lachman, 1993).

Many religious organizations are already active in their greater communities addressing problems that are also of concern to community psychologists. Maton and Wells (1995) noted in one survey that 90% of congregations in the U.S. have programs directed toward community needs. Religious organizations sponsor a range of programs which can contribute to preventive and promotive efforts, such as school-based tutoring (Maton's 1994 study as cited in Maton & Wells, 1995), economic support to poor families (Goodstein, 1993), and building and rehabilitating affordable housing (Cohen, Mowbray, Gillete, & Thompson, 1992). Although there are only a few published accounts of collaboration between community psychologists and congregations (e.g., Eng & Hatch, 1991; Cohen et al., 1992), there is interest in such collaboration where both psychologists, religious leaders, and members can learn from each other (Kloos et al., 1995; Pargament & Maton, 2000). One example of such collaboration is provided by Roberts and Thorsheim (1987). Working with congregations over 4 years, they tailored drug abuse prevention to congregational strengths, needs, and interests. In their evaluation, they found that increased congregational participation and increased levels of "investment in community" were inversely related to member alcohol consumption.

### *Social Change and Values Promoting Social Justice*

Although, participation in social change efforts and interest in social justice will vary by type of religious orientation, values, and purposes purported by members of religious organizations, several authors have discussed the potential of working with religious organizations to promote social change. Social action and outreach based in congregations was shown to have political and psychological impact for lower-income Mexican Americans (Boyte, 1984 as cited in Pargament & Matson, 2000). Similarly, community development efforts of congregations can make an important impact on social issues such as homelessness and the availability of affordable housing (Cohen et al., 1992). Interdenominational not-for-profit organizations also play an important role in social change. One such example is Bread for the World, which is essentially a policy review and lobbying organization which attempts to promote system change that will affect how food resources are distributed. Finally, the ideology articulated in particular theologies can be important in supporting social justice. Liberation theology (Boff & Boff, 1986; Dockeki, 1982) is a response to dissatisfaction with religious responses to widespread poverty in Latin America; it raises awareness of inequity in social and economic conditions and organizes people to act on their Faith to address injustice. Liberation from these oppressive conditions has been effective within the Catholic churches as well as in the broader political arena in many countries of Latin America.

### *Creating a Sense of Community*

Fostering an increased sense of community has been a prominent way of supporting communities and promoting well-being (c.f. Hill, this issue). Religious institutions can be seen as mediating structures between societal pressures and personal problems because of the sense of community and support that they can provide (Bellah et al., 1985; Berger & Neuhaus, 1977). Becker (1998) provides an example of an intervention in re-

ligious settings aimed to strengthen sense of community; the intervention focused on making congregations more inclusive communities in terms of race and relationships among members. Like other groups and settings, religious organizations vary on the dimensions of sense of community. Smaller settings appear to provide more opportunities for persons to contribute to building a sense of community. Maton and Rappaport (1984) found that small, decentralized groups in a church helped to build sense of community (e.g, Maton & Rapaport, 1984). Similarly, Williams (1974) reported that membership in small, inner-city African American churches drew people into participation which addressed some experiences of disenfranchisement.

In summary, we believe that there is ample evidence of common ground between community psychology and many religious settings to warrant consideration of collaboration between the two. The potential of such collaboration has the prospect to benefit the religious community setting as well as the field of community psychology. These conclusions warrant the greater inclusion of religious and spiritual phenomena in our research and interventions.

### **POTENTIAL BENEFITS OF WORKING IN RELIGIOUS SETTINGS**

In closing, we propose that the uniqueness of religion in U.S. society provides opportunities to improve the theory and practice of community psychology by conducting some of our work within religious settings. Based upon this review, we argue that a consideration of religion and spirituality can foster the development of community psychology in four distinct ways: (a) advance theory beyond current boundaries, (b) improve research, (c) reach people not served by current interventions, and (d) improve interventions.

#### *Advance Theory*

If one goal of community psychology is to better understand human behavior in context, we need to examine and refine our current theories by consideration of contexts that have been overlooked but are meaningful for a large portion of society. By directing more of our attention to religious settings, our work will have greater ecological validity as a result of being located in these often overlooked natural settings. We have relatively little information about types of religious settings which can promote well-being. Similarly, we do not have sufficient concepts or terminology to describe and categorize settings which are more or less beneficial for particular interventions; we need constructs to aid in the characterization of settings in the same manner that the construct of religious orientation adds to individual-level research. Maton and Pargament (Maton & Pargament, 1987; Pargament & Maton, 2000), have taken steps in this regard by proposing dimensions in which religious groups can vary in their outreach to society and their inreach to members. For example, Maton and Pargament propose examining settings' theology, mission, and organizational structure to establish particular pathways of influence in their outreach to society; these may include social action, social service, social conversion, social conservatism, social sanctuary, and social avoidance. A similar consideration of pathways of influence may yield meaningful understandings of inreach efforts of congregations, such as stress buffer, personal empowerment, personal identity, personal structure, personal marginality, and personal quest. Developments in understanding the social ecology of religious settings may well enhance understanding of oth-

er types of settings as well as phenomena of interest to community psychology (e.g., social support, empowerment, and prevention).

### ***Improve Research***

Similar to research in other community-based settings, research within religious settings may make its own unique demands on investigators and thereby improve the field's inquiry. It may be that prevailing methods to test these new theories relating to religious and spiritual phenomena are insufficient for measuring meaningful differences. Furthermore, additional efforts may be required of researchers to balance the need for rigorous practices and the comfort level of members of religious organizations. Researchers will likely need to be very collaborative because of the diverse interests of the many people involved in them. This work will seldom be easy, rather, it will require that the researcher work very hard to maintain a mutually collaborative relationship; undoubtedly, new challenges will be faced in each setting. From these challenges, community psychologists might be able to refine collaborative research techniques and expand the methodology of the field.

### ***Reach People Not Served by Current Interventions***

A third way that work in religious settings can improve community psychology is by expanding the range of people with whom we work. Because religious communities are under-utilized as places to implement interventions, locating interventions in these settings might reach people who closely identify with their religious organization but few other social institutions. That is, religious settings might reach some people who would be hesitant to participate in other settings where they could encounter community psychologists (e.g., schools, neighborhood organizations, workplace). This may be particularly relevant for communities who feel marginalized by societal institutions (e.g., schools), but find resources in their faith communities (e.g., Moore, 1991).

### ***Improve Interventions***

Collaborating with religious settings can improve our intervention by learning from the established efforts occurring independently in those settings. The popular media periodically report on interventions by religious groups which work with people not served by other programs. For example, the Reverend Eugene Rivers has drawn extensive national exposure from his efforts in Boston-area neighborhoods to address crime, juvenile delinquency, and positive youth development (Leland, 1998).

We can also improve our interventions by collaborating with members of religious settings in the creation of interventions. In many cases, the existing structure in religious settings can assist a project by helping to tailor it to best fit the community (e.g., Roberts & Thorsheim, 1987), as well as derive better benefits for the community itself. Psychologists working in religious settings will likely have a different process of entry and building trust with their members when one is introduced through a trusted leader or organizational structure. Individuals may be more likely to participate in the intervention and contribute ideas about how it could be more beneficial to them and their community.

## CONCLUSION

In conclusion, we propose that locating research and intervention projects in religious settings can benefit the development of community psychology, religious organizations, and the communities in which these settings are embedded. Through advancements in theory, research, and interventions, community psychology is enriched. Community psychologists can assist members of these settings in accomplishing their particular goals of promoting individual and community functioning. Similarly, given their central role as community institutions, greater collaboration between religious organizations and community psychologists should benefit the broader community. We argue that it is incompatible for community psychology to continue to overlook religious settings in discussion of their research and action. Finally, we encourage the reader to consider locating work in religious settings as a way to improve the field's understanding of human functioning and to take up Sarason's challenge (1993) to integrate religious perspectives into our conceptualization of the field.

## REFERENCES

- Ai, A.L., Dunkle, R.E., Peterson, C., & Bolling, S.F. (1998). The role of private prayer in psychological recovery among midlife and aged patients following cardiac surgery. *Gerontologist*, 38, 591–601.
- Albee, G.W. (1982). Preventing psychopathology and promoting human potential. *American Psychologist*, 9, 1043–1050.
- Allport, G.W., & Ross, J.M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5, 432–443.
- Altman, D.G., Rosenquist, V., McBride, J.S., Bailey, B., & Austin, D. (2000). Churches, tobacco farmers, and community psychology: Insights from the tobacco South. *Journal of Community Psychology*, 28, 151–168.
- Anderson, R.W. Jr., Maton, K.I., & Ensor, B.E. (1991). Prevention theory and action from the religious perspective. *Prevention in Human Services*, 10, 9–27.
- Astin, J.A. (1997). Stress reduction through mindfulness meditation: Effects on psychology symptomatology, sense of control, and spiritual experiences. *Psychotherapy and Psychosomatics*, 66, 97–106.
- Batson, C.D. (1976). Religion as prosocial: Agent or double agent? *Journal for the Scientific Study of Religion*, 15, 29–45.
- Batson, C.D., Schoenrade, P., & Ventis, W.L. (1993). *Religion and the individual: A social psychological perspective*. New York: Oxford University Press.
- Becker, P.E. (1998). Making inclusive communities: Congregations and the “problem” of race. *Social Problems*, 45, 451–472.
- Bellah, R.N., Madsen, R., Sullivan, W.M., Swidler, A., & Tipton, S.M. (1985). *Habits of the heart: Individualism and commitment in American life*. Berkeley: University of California Press.
- Bennett, C.C., Anderson, L.S., Cooper, S., Hassol, L., Klein, D.C., & Rosenblum, G. (1966). *Community Psychology: A report of the Boston conference on the education of psychologists for community mental health*. Boston: Boston University.
- Benson, P.L. (1992). Religion and substance abuse. In J.F. Schumaker (Ed.), *Religion and mental health* (pp. 211–220). New York: Oxford University Press.
- Berger, P.L., & Neuhaus, R.J. (1977). *To empower people: The role of mediating structures in public policy*. Washington, DC: American Enterprise Institute for Public Policy.

- Berkowitz, B., Jason, L., Salina, D., & Wolff, T. (1997, May) An open discussion of the place of spirituality in our work as a community psychologists. Symposium conducted at the biennial meeting of the Society for Community Research and Action, Columbia, SC.
- Boff, L. & Boff, C. (1986). *Liberation theology: From dialogue to confrontation*. San Francisco: Harper & Row.
- Bond, M.A. (1997). Gender race, and community: Creating contexts for diversity within community psychology. *The Community Psychologist*, 30(4), 3–7.
- Bottoms, B.L., Shaver, P.R., Goodman, G.S., & Qin, J. (1995). In the name of God: A profile of religion-related child abuse. *Journal of Social Issues*, 51(2), 85–112.
- Boyte, H.C. (1984). *Community is possible: Repairing America's roots* (pp. 129–159). New York: Harper & Row.
- Caplan, G. (1972). *Support systems and community mental health: Lectures on the concept of development*. New York: Behavioral Publications.
- Cohen, E., Mowbray, C.T., Gillete, V., & Thompson, E. (1992). Preventing homelessness: Religious organizations and housing development. *Prevention in Human Services*, 10, 169–185.
- Cook, P.E. (Ed.) (1970). *Community psychology and community mental health*. San Francisco: Holden-Day.
- Cowen, E.L. (1973). Social and community interventions. *Annual Review of Psychology*, 24, 423–472.
- Dockeki, P.R. (1982). Liberation: Movement in theology, them in community psychology. *Journal of Community Psychology*, 10, 185–196.
- Dockett, K.H. (1993). *Resources for stress resistance: Parallels in psychology and Buddhism*. Santa Monica, CA: Soka Gakkai International.
- Donahue, M.J., & Benson, P.L. (1995). Religion and the well-being of adolescents. *Journal of Social Issues*, 51(2), 145–160.
- Ellis, A. (1960). There is no place for the concept of sin in psychotherapy. *Journal of Counseling Psychology*, 7, 188–192.
- Ellison, C.G., & Levin, J.S. (1998). The religion-health connection: Evidence, theory, and future directions. *Health Education & Behavior*, 25, 700–720.
- Eng, E., & Hatch, J.W. (1991). Networking between agencies and black churches: The lay health advisor model. *Prevention in Human Services*, 10, 123–146.
- Gallup, G., Jr., & Castelli, J. (1989). *The people's religion: American faith in the 90's*. New York: MacMillan.
- Gesten, E.L., & Jason, L.A. (1987). Social and community interventions. *Annual Review of Psychology*, 38, 427–460.
- Goodstein, L. (1993, June 10). Put kindness back into public policy, coalitions urge. *Washington Post*, p. A19.
- Gorsuch, R.L. (1988). Psychology of religion. *Annual Review of Psychology*, 39, 201–221.
- Gorsuch, R.L. (1995). Religious aspects of substance abuse and recovery. *Journal of Social Issues*, 51(2), 65–83.
- Gorsuch, R.L., & Butler, M. (1976). Initial drug abuse: A review of predisposing social psychology factors. *Psychological Bulletin*, 83, 120–137.
- Grandy, J. (1993). *Participation in religious activities by college-bound high school seniors*. Princeton, NJ: Educational Testing Service.
- Gray, R.E. (1987). Adolescent response to the death of a parent. *Journal of Youth and Adolescence*, 16, 511–525.
- Haight, W.L. (1998). "Gathering the spirit" at First Baptist Church: Spirituality as a protective factor in the lives of African American children. *Social Work*, 43, 213–221.
- Hill, J. (2000) A rationale for the integration of spirituality into community psychology. *Journal of Community Psychology*, 28, 139–149.

- Hood, R.W. Jr., Spilka, B., Hunsberger, B., & Gorsuch, R. (1996). *The psychology of religion*. New York: Guilford Press.
- Iscove, I. (1974). Community psychology and the competent community. *American Psychologist*, 29, 607–613.
- Jacquet, C., Jr., & Jones A.M. (1991). *Yearbook of American and Canadian churches*. Nashville, TN: Abingdon Press.
- James, W. (1902). *The varieties of religious experience*. New York: Random House.
- Joint Commission of Mental Health and Illness. (1961). *Action for mental health*. New York: Wiley.
- Kieffer, C. (1984). Citizen empowerment: A developmental perspective. In J. Rappaport, C. Swift, & R. Hess (Eds.) *Studies in empowerment*. New York: The Haworth Press.
- Kelly, J.G. (1970). Antidotes for arrongance: Training for a community psychology. *American Psychologist*, 25, 524–531.
- Kelly, J.G. (1990). Changing contexts and the field of community psychology. *American Journal of Community Psychology*, 18, 760–792.
- Kloos, B., Horneffer, K., & Moore, T. (1995). Before the beginning: Religious leaders' perceptions of the possibility for mutally beneficial collaboration with psychologists. *Journal of Community Psychology*, 23, 275–291.
- Kloos, B. (1999, June). Conceptualizing spirituality for community psychology: Resources, pathways, and perspectives. Symposium conducted at the biennial meeting of the Society for Community Research and Action, New Haven, CT.
- Koenig, H.G., George, L.K., Cohen, H.J., Hays, J.C., Larson, D.B., & Blazer, D.G. (1998). The relationship between religious activities and cigarette smoking in older adults. *Journal of Gerontology*, 53(6), 426–434.
- Koenig, H.G., Kvale, J.N., & Ferrel, C. (1988). Religion and well-being in later life. *Gerontologist*, 28, 18–28.
- Kosmin, B.A., & Lachman, S.P. (1993). *One nation under God: Religion in contemporary American society*. New York: Crown Publishers.
- Kress, J.S. (1999, June). Bringing together community psychology and religion/ spirituality towards an action-research agenda for SCRA. Symposium conducted at the biennial meeting of the Society for Community Research and Action, New Haven, CT.
- Leland, J. (1998, June 1). Savior of the streets. *Newsweek*, pp. 20–25.
- Levin, J.S. (1994). Religion and health: Is there an association, is it valid, and is it causal? *Social Science and Medicine*, 38, 1475–1482.
- Levin, J.S., Markides, K.S., & Ray, L.A. (1996). Religious attendance and psychological well-being in Mexican-Americans: A panel analysis of three generations of data. *The Gerontologist*, 36, 454–463.
- Long, D.D., & Miller, B.J. (1991). Suicidal tendency and multiple sclerosis. *Health and Social Work*, 16, 104–109.
- Lounsbury, J.W., Leader, D.S., Meares, E.P., & Cook, M.P. (1980). An analytic review of research in community psychology. *American Journal of Community Psychology*, 8, 415–441.
- MacLean, C.R.K., Walton, K.G., Wenneberg, S.R., & Levitsky, D.K. (1997). Effects of the Transcendental Meditation program on adaptive mechanisms: Changes in hormone levels and responses to stress after 4 months of practice. *Psychoneuroendocrinology*, 22, 277–295.
- Maton, K.I. (1987). Patterns and psychological correlates of material support within a religious setting: The bidirectional support hypothesis. *American Journal of Community Psychology*, 15, 185–208.
- Maton, K.I. (1989). Community settings as buffers of life stress? Highly supportive churches, mutual help groups, and senior centers. *American Journal of Community Psychology*, 17, 203–232.

- Maton, K.I. (1994). [RAISE Year 5 Evaluation]. Unpublished raw data.
- Maton, K.I., & Pargament, K.I. (1987). The roles of religion in prevention and promotion. *Prevention in Human Services, 5*, 161–205.
- Maton, K.I., & Pargament, K.I. (1991). Toward the promised land: Prospects for religion, prevention, and promotion. *Prevention in Human Services, 10*, 1–7.
- Maton, K.I., & Rappaport, J. (1984). Empowerment in a religious setting: A multivariate investigation. *Prevention in Human Services, 3*, 37–72.
- Maton, K.I., & Seibert, M. (1991). Third year evaluation of project RAISE. Unpublished manuscript, University of Maryland, Baltimore.
- Maton, K.I., & Wells, E.A. (1995). Religion as a community resource for well-being: Prevention, healing, and empowerment pathways. *Journal of Social Issues, 51*(2), 177–193.
- McKnight, J.L. (1992). Redefining community. *Social Policy, 22*, 57–62.
- Moore, T. (1991). The African-American church: A source of empowerment, mutual help, and social change. *Prevention in Human Services, 10*, 147–168.
- Mulvey, A. (1988). Community psychology and feminism: Tensions and commonalities. *Journal of Community Psychology, 16*, 70–83.
- Newbrough, J.R. (1997, May). Community and spirituality: Third position theory in context. In J.R. Newbrough (Chair), *International Perspectives on Community Psychology in Context II: Views from Nashville*. Symposium conducted at the biennial meeting of the Society for Community Research and Action, Columbia, SC.
- Paloutzian, R.F. (1996). *Invitation to the psychology of religion*. Boston, MA: Allyn & Bacon.
- Paloutzian, R.F., & Kirkpatrick, L.A. (Eds.) (1995). Religious influence on personal and societal well-being. *Journal of Social Issues, 51*(2), 1–193.
- Pargament, K.I. (1997). *The psychology of religion and coping: Theory, research, and practice*. New York: Guilford Press.
- Pargament, K.I., Echemendia, R.J., Johnson, S., Cook, P., McGath, C., Myers, J.G., & Brannick, M. (1987). The conservative church: Psychosocial advantages and disadvantages. *American Journal of Community Psychology, 15*, 269–286.
- Pargament, K.I., Maton, K.I., & Hess, R.E. (Eds.) (1992). *Religion and prevention in mental health: Research, vision, and action*. New York: Haworth Press.
- Pargament, K.I., & Maton, K.I. (2000). Religion in American life: A community psychology perspective. In J. Rappaport, & E. Seidman (Eds.) *The handbook of community psychology*. New York: Plenum.
- Pargament, K.I., Zinnbauer, B.J., Scott, A.B., Butter, E.M., Zerwin, J., & Stanik, P. (1998). Red flags and religious coping: Identifying some religious warning signs among people in crisis. *Journal of Clinical Psychology, 54*, 77–89.
- Prilleltensky, I. (1997). Values, assumptions, and practices: Assessing the moral implications of psychological discourse and action. *American Psychologist, 52*, 517–535.
- Rappaport, J. (1977). *Community psychology: Values, research, and action*. New York: Holt, Rinehart, & Winston.
- Rappaport, J., & Simkins, R. (1991). Healing and empowering through community narrative. *Prevention in Human Services, 10*, 29–50.
- Richards, T.A., Acree, M., & Folkman, S. (1999). Spiritual aspects of loss among partners of men with AIDS: Postbereavement follow-up. *Death Studies, 23*(2), 105–127.
- Robb, H. (1993, November). [Letter to the Editor]. *APA Monitor, 24*(11), p. 56.
- Roberts, B., & Thorsheim, H. (1987). A partnership approach to consultation: The process and results of a major primary prevention field experiment. In J.G. Kelly, & R. Hess (Eds.), *The ecology of prevention: Illustrating mental health consultation*. New York: Haworth Press.

- Sarason, S.B. (1993). American psychology and the needs for transcendence and community. *American Journal of Community Psychology*, 21, 185–202.
- Sarason, S.B. (in press). Concepts of spirituality and community psychology. *Journal of Community Psychology*, 28.
- Shapiro, S.L., Schwartz, G.E., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine*, 21, 581–599.
- Smith, M.B., & Hobbs, N. (1966). The community and the community mental health center. *American Psychologist*, 15, 113–118.
- Smith, B.W., Pargament, K.I., Brant, C., & Oliver, J.M. (2000). Noah revisited: Religious coping by church members and the impact of the 1993 Midwest flood. *Journal of Community Psychology*, 28, 169–186.
- Speer, P.W., Dey, A., Griggs, P., Gibson, C., Lubin, B., & Hughey, J. (1992). In search of community: An analysis of community psychology research from 1984–1988. *American Journal of Community Psychology*, 20, 195–210.
- Speer, P.W., Hughey, J., Gensheimer, L.K., & Adams-Leavitt, W. (1995). Organizing for power: A comparative case study. *Journal of Community Psychology*, 23, 57–73.
- Spilka, B., Hood, R.W. Jr., Gorsuch, R.L. (1985). *The psychology of religion: An empirical approach*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Strawbridge, W.J., Cohen, R.D., Shema, S.J., & Kaplan, G.A. (1997). Frequent attendance at religious services and mortality over 28 years. *American Journal of Public Health*, 87, 957–961.
- Taub, E., Steiner, S.S., Weingarten, E., & Walton, K.G. (1994). Effectiveness of broad spectrum approaches to relapse prevention in severe alcoholism: A long-term, randomized, controlled trial of Transcendental Meditation, EMG biofeedback, and electronic neurotherapy. *Alcoholism Treatment Quarterly*, 11, 187–220.
- Triandis, H.C. (1994). *Culture and social behavior*. New York: McGraw-Hill.
- Ventis, W.L. (1995). The relationship between religion and mental health. *Journal of Social Issues*, 51(2), 33–48.
- Veroff, J., Kulka, R.A., & Douvan, E. (1981). *Mental health in America: Patterns of help-seeking from 1957–1976*. New York: Basic Books.
- Walsh-Bowers, R. (2000). Cultural and historical impediments in community psychologists' sojourn toward religion and spirituality. *Journal of Community Psychology*, 28, 221–236.
- Weaver, A.J., Flannelly, L.T., Flannelly, K.J., Koenig, H.G., & Larson, D.B. (1998). An analysis of research on religious and spiritual variables in three major mental health nursing journals. *Issues in Mental Health Nursing*, 19(3), 263–276.
- Weaver, A.J., Kline, A.E., Samford, J.A., Lucas, L.A., Larson, D.B., & Gorsuch, R.L. (1998). Is religion taboo in psychology? A systematic analysis of research on religion in seven major American Psychological Association journals: 1991–1994. *Journal of Psychology & Christianity*, 17(3), 220–232.
- Williams, M.D. (1974). *Community in a black Pentecostal church*. Pittsburgh: University of Pittsburgh Press.
- Wong, P.T.P. (1998). Spirituality, meaning, and successful aging. In P.T.P. Wong, & P.S. Fry (Eds.), *The human quest for meaning: A handbook of psychology research and clinical applications* (pp. 359–394). Mahwah, NJ: Lawrence Erlbaum.
- Wulff, D.M. (1997). *Psychology of religion: Classic and contemporary*. New York: Wiley & Sons.

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