Role of Religion for Christian Couples who Successfully Cope with Trauma

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ABSTRACT

ROLE OF RELIGION FOR CHRISTIAN COUPLES WHO SUCCESSFULLY COPE WITH TRAUMA

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Northern Illinois University, 2019
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Most of the research concerning couples focuses on either couples and trauma or religion and couples. The current research investigated what role religion plays when Christian couples effectively navigated a trauma. Interviews were conducted with five Christian couples who experienced joint trauma more than eight years prior to the study. Interviews of the couples consisted of questions concerning what their trauma was, religious coping strategies utilized during and after their trauma, and the effect religious coping had on the couples’ ability to effectively navigate the traumatic event. Qualitative analysis found several major themes which included meaning making of the traumatic event, religious coping strategies utilized, effectively navigating the trauma, coming out stronger due to religion, and changes in their relationship with God and with their religion. The findings in this study suggests that religious couples appear to utilize religious coping mechanisms when faced with trauma and then effectively navigate their traumatic events. Due to the small sample size further research is needed.
ROLE OF RELIGION FOR CHRISTIAN COUPLES WHO SUCCESSFULLY COPE WITH TRAUMA

BY

BERNADETTE COLLINS
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A THESIS SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE MASTER OF SCIENCE APPLIED HUMAN DEVELOPMENT AND FAMILY SCIENCES DEPARTMENT OF FAMILY AND CONSUMER SCIENCES

Thesis Co-Chairs:
J. Mark Killmer and Xiaolin Xie
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DEDICATION

I dedicate this to my husband and son who were my biggest cheerleaders and my constant support during my research and writing of my thesis.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vii</td>
</tr>
<tr>
<td>LIST OF APPENDICES</td>
<td>viii</td>
</tr>
<tr>
<td>Chapter</td>
<td></td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Religion, Successful Coping and Resilience</td>
<td>1</td>
</tr>
<tr>
<td>Religion Defined</td>
<td>2</td>
</tr>
<tr>
<td>Religion and Marriage</td>
<td>3</td>
</tr>
<tr>
<td>Marriage and Trauma</td>
<td>4</td>
</tr>
<tr>
<td>Current Study</td>
<td>6</td>
</tr>
<tr>
<td>2. LITERATURE REVIEW</td>
<td>9</td>
</tr>
<tr>
<td>Importance of Religion</td>
<td>9</td>
</tr>
<tr>
<td>Religion and Coping</td>
<td>12</td>
</tr>
<tr>
<td>Religion and Marriage</td>
<td>17</td>
</tr>
<tr>
<td>Marriage and Trauma</td>
<td>21</td>
</tr>
<tr>
<td>Role of Religion for Couples Coping with Trauma</td>
<td>25</td>
</tr>
<tr>
<td>Current Study</td>
<td>26</td>
</tr>
<tr>
<td>3. METHODOLOGY</td>
<td>28</td>
</tr>
<tr>
<td>Sample</td>
<td>29</td>
</tr>
<tr>
<td>Sample Characteristics</td>
<td>29</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Sample Recruitment</td>
<td>32</td>
</tr>
<tr>
<td>Inclusion and Exclusion Criteria</td>
<td>33</td>
</tr>
<tr>
<td>Potential Risk and Benefits</td>
<td>33</td>
</tr>
<tr>
<td>Procedures</td>
<td>34</td>
</tr>
<tr>
<td>Data Management</td>
<td>35</td>
</tr>
<tr>
<td>Analysis</td>
<td>36</td>
</tr>
<tr>
<td>4. RESULTS</td>
<td>38</td>
</tr>
<tr>
<td>Introduction</td>
<td>38</td>
</tr>
<tr>
<td>Overview of the Traumatic Events</td>
<td>39</td>
</tr>
<tr>
<td>Meaning-Making of the Traumatic Event</td>
<td>42</td>
</tr>
<tr>
<td>Religious Coping: Strategies Utilized</td>
<td>45</td>
</tr>
<tr>
<td>Religion’s Effect: Effectively Navigating the Trauma and Coming Out Stronger as a Couple</td>
<td>50</td>
</tr>
<tr>
<td>Relationship Changes: With God and Religion</td>
<td>53</td>
</tr>
<tr>
<td>5. DISCUSSION</td>
<td>62</td>
</tr>
<tr>
<td>Meaning Making of the Traumatic Event</td>
<td>63</td>
</tr>
<tr>
<td>Religious Coping: Strategies Utilized</td>
<td>64</td>
</tr>
<tr>
<td>Religion’s Effect: Effectively Navigating the Trauma and Coming Out Stronger as a Couple</td>
<td>67</td>
</tr>
<tr>
<td>Marriage as Sacred</td>
<td>68</td>
</tr>
<tr>
<td>Resilience</td>
<td>69</td>
</tr>
<tr>
<td>Conclusion</td>
<td>70</td>
</tr>
<tr>
<td>Assumptions and Limitations</td>
<td>71</td>
</tr>
<tr>
<td>Implications and Future Research</td>
<td>71</td>
</tr>
</tbody>
</table>
REFERENCES ................................................................................................................................. 74
APPENDICES ................................................................................................................................... 78
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information about the Couples</td>
<td>31</td>
</tr>
</tbody>
</table>
# LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. FLYER TO CHURCHES</td>
<td>78</td>
</tr>
<tr>
<td>B. LETTER TO POSSIBLE PARTICIPANTS</td>
<td>80</td>
</tr>
<tr>
<td>C. CONSENT TO PARTICIPATE IN A RESEARCH STUDY AND CONSENT TO RECORD FORM</td>
<td>82</td>
</tr>
<tr>
<td>D. APPROVAL LETTER FROM IRB</td>
<td>86</td>
</tr>
<tr>
<td>E. DEMOGRAPHICS QUESTIONNAIRE</td>
<td>88</td>
</tr>
<tr>
<td>F. DEKALB COUNTY RESOURCES</td>
<td>91</td>
</tr>
<tr>
<td>G. INTERVIEW QUESTIONS</td>
<td>95</td>
</tr>
</tbody>
</table>
CHAPTER 1
INTRODUCTION

Over the last few decades, research has investigated the role religion plays in a person’s life. This research has included not only its impact on health and well-being but also traumatic events. It has been found that religion is often a successful coping mechanism as well as a way to make meaning out of painful incidents in peoples’ lives. While this research has been important for understanding how religion can influence the coping of individuals, the research is lacking on how religion effects couples who go through a traumatic event. The current study will examine how important religion is to couples who have successfully coped with trauma. The goal of this research is to address two main questions: 1) What religious coping strategies are used during and after traumatic events and 2) What effect does religious coping have on a couples’ ability to effectively navigate a traumatic event.

Religion, Successful Coping and Resilience

Religion is an important aspect of most American’s lives. The most recent Gallup poll found that 90% of Americans believe in a higher power and 80% of Americans believe in God (Fahmy, 2018). It is not surprising, then, that so many Americans associate themselves with a religion. Research over the last 40 years has indicated that in times of trauma and tragedy, individuals turn to religion in order to cope with suffering and loss (e.g., Ano & Vaconcelles, 2005). Furthermore, this research has found that religion can play a key role in successful
Religion is a way of making meaning out of the world. It also can help people make sense of life events that entail suffering and loss. Not only does it provide meaning, but it also provides a way to live well by having a framework to go from. The role of religion in coping with trauma makes sense when it helps people interpret and come to terms with painful events through appraising and reappraising situations (Park, 2005).

The research on religious coping took a significant step forward with the identification of specific religious coping mechanisms. Pargament and his colleagues (2000 cited in Ano & Vaconcelles 2005) developed several religious coping mechanisms. These strategies include both positive and negative ways individuals use religion to deal with life’s traumas. Pargament’s (1997) research on the impact of the Oklahoma City bombing led to subscales of positive and negative religious coping mechanisms. Positive religious coping mechanisms included a) believing in a just and kind God, b) looking at God as a supportive partner, c) looking to God for strength and guidance during a time of crisis, d) reframing painful events, and e) congregational support (Ano & Vaconcelles, 2005; Pargament, 1997). Some negative religious coping items found were questioning why God had abandoned them or that God was punishing them or anger at God for the trauma (Pargament, 1997). A meta-analysis by Ano and Vasconcelles (2005) that explored the research on religion and coping by Pargament and others showed a link between positive religious coping and responding well to trauma.

Religion Defined

Psychology distinguishes spirituality from religion. Spirituality is usually seen as the broader category, with religion understood as an organized form of spirituality. According to research by the Pew Foundation (2017), 27% of Americans view themselves as spiritual without
being religious. Del Rio and White’s (2012) research found that individuals see spirituality as moving beyond a set of community and cultural boundaries toward personal growth that may transform the individual. The current study focused on couples who identify specifically as religious. The reason for the focus on religious couples is due to the research showing that religion positively influences individuals going through traumatic events. The goal is to see if this would translate to couples experiencing trauma.

The field of psychology, including marriage and family therapy, has struggled to reach a consensus on a definition of religion. Early definitions often emphasized its institutional nature and/or being part of an organization in which individuals adhere to a set of beliefs and practices consistent with that organization (Del Rio & White, 2012). These superficial definitions of religion neglect important aspects of religion for many individuals. It is important, then, for a definition of religion to include a deeper understanding of its components. For the purpose of this study, Pargament’s (1997) definition of religion is used:

Religion will be defined in its broad sense, one that includes both institutional religious expressions and personal religious expressions, such as feelings of spirituality, beliefs about the sacred, and religious practices. (p. 4)

Pargament’s definition communicates that religion has both a substantive dimension – having sacred and transcendent qualities – and a functional dimension in which these sacred qualities are applied to one’s life, such as making meaning out of traumatic experiences (Paloutzian, & Park, 2005).

Religion and Marriage

Religion also can play a vital role in marriage quality and function (Dollahite & Lambert, 2018). Religion helps increase levels of marital satisfaction, which increases marital quality and
strengthens the couple’s relationship. Religion improves the quality of marriage not because each individual is religious but that the couple is religious. Mahoney et al. (1999) found that couples had better marital functioning when they participated in more joint religious activities. This association found that the couples had less conflict and less verbal aggression (Mahoney et al, 1999). Religion also can have a positive impact on marriage by providing protective features, such as defense against infidelity (Dollahite & Lambert, 2018). The characteristics of religion that can promote marital quality include the depth of religiousness of both partners (Mahoney, 1999), “viewing the bond as having sacred qualities” (Mahoney, 2010, p. 16) and making marriage sacred, identified as incorporating God into the couple’s marriage (David & Stafford, 2015; Paloutzian & Parks, 2005; Pargament, 1997). Sacredness can help a couple be more connected and committed to each other.

Noting that 60% of Americans “believe in a God with whom a personal relationship is possible” (Pew Forum for Religion and Public Life as cited in David and Stafford, 2015, p. 233), David and Stafford (2015) examined an Individual’s Relationship to God (IRG) and the couple’s Joint Religious Communication (JRC). They found the relationship an individual has with God helps with religious communication in the couple, which is then linked to marital quality (David & Stafford, 2015). They concluded that the relationship between God and a couple provides support for the marriage. For a married couple, then, religion may be a protective factor that enables a couple to cope with life circumstances.

Marriage and Trauma

While this study does not examine marital satisfaction specifically, it seeks to identify how religion may help couples to recover together from traumatic events. For the purpose of this
study, trauma is defined as an experience that overwhelms the people involved, affects their ability to cope, and is a significantly intense event. Trauma is nonnormative, “uncontrollable” and “extremely negative” (Broman, Riba, Trahan, 2018, p. 908). Trauma is also “emotionally and personally meaningful” while affecting the bond between individuals (Goff et. al., 2006, p. 451).

Trauma creates unique problems for an individual or a couple. It brings about a need for people to search outside their normal resources and find something that will help them deal with whatever has occurred. The coping mechanisms usually employed by individuals and couples may not work for traumatic events. Furthermore, negative coping mechanisms may surface with couples when dealing with trauma. For instance, some individuals may withdraw emotionally in response to a traumatic event, thus leaving their partner without support (Donnellan, Murray & Holland, 2014). The withdrawal leads to a breakdown in the couple’s overall relationship.

In response to trauma, one partner can lose his/her identity (Donnellan et al., 2014) because what he/she lost in the traumatic event was a strong piece of who they were. Interestingly, the couple can feel out of sync in the marriage when they deal with the trauma in different ways (Ungureanu & Sandberg, 2010). With all these changes, relationship roles can shift, leaving both individuals unsure of how they function in the marriage.

While trauma challenges a marital relationship, many couples recover successfully from traumatic events. Part of the recovery comes from having sound coping skills as a couple (Papp & Witt, 2010). Individual coping and dyadic coping, which can be positive or negative, occur when a couple goes through stress or trauma. Dyadic coping is “comprised of the stress signals of one partner, the verbal or nonverbal coping responses of the other partner, and joint coping efforts” (Papp & Witt, 2010, p. 2). If it is positive, then “common dyadic coping occurs when a
couple engages in joint problem solving, joint information gathering or the sharing of feelings and mutual commitment” along with one partner specifically asking for help and the other partner responding well (Papp & Witt, 2010, p. 2). The ability to have good individual and dyadic coping mechanisms increases the chances a couple will handle trauma well. Research on coping with trauma has found that individuals may respond to trauma in a resilient manner, defined as “the ability to overcome adversity, strengthened and more resourceful” (Walsh, 2008, p. 41). Couples have been shown to have resilience as well, this is known as “we-ness” (Skerrett & Fergus, 2015).

Current Study

In summary, research has found that individuals often cope effectively with trauma. Furthermore, research has shown that religion can play a part in helping individuals and couples get through life’s difficulties in that it can be a protective factor, a source of comfort, and a way to cope with trauma. Religion can “strengthen both physical and mental health through a variety of mechanisms: reducing stress and blood pressure, improving sleep, managing chronic pain, lowering reactivity in relationships and reducing depression and substance abuse” (Grossman et al 2004 in Ungureanu & Sandberg, 2010, p. 308; Koening et al. 2001).

Research has also shown that couples can successfully cope with trauma. While research has found religion can play a key role in marital satisfaction and the quality of a marriage, little is known about the role religion plays for couples coping with trauma. While there has been research on religion, trauma, coping and marriage, exploration of the role of religion in affecting how married couples cope with shared trauma has been lacking. Consequently, this study was designed to explore the gap in the research on religion and coping. It strives to provide a better
understanding of how religion can affect how a religious couple successfully copes with a shared trauma. For the purpose of this study, successfully coping by a couple will include posttraumatic growth and “a well-cultivated communication style, the experience that conflicts can be handled, and respecting particularities in the partner” (Bergsträsser, Inglin, Hornung & Landolt, 2015, p. 135).

This study took a qualitative approach to discern how religious couples have successfully navigated a traumatic event. A qualitative approach was used to identify common themes from the lived experience of couples who have shared trauma and successfully navigated it. The goal of the research was to investigate how religion influences a couple’s coping with a shared trauma, whether positive or negative. In addition, it sought to identify specific aspects of religion that played a key role in the couple’s ability to cope with their trauma in a constructive manner.

This study examined how important religion was to couples who cope with trauma. The questions concerning the traumatic event and the coping skills utilized were open ended. The goal of this research was to address two main questions:

1. What religious coping strategies are used during and after traumatic events?

2. What effects does religious coping have on a couples’ ability to effectively navigate a traumatic event?

The sample size was relatively small since this study is a preliminary observation into religion, trauma, marriage and coping. Nevertheless, it enabled the investigator to conduct in-depth interviews and assessment of the data. The investigator interviewed five Christian couples who experienced a shared trauma that occurred while the couple was married. In addition, both individuals in the couple needed to be active in their shared religion. Finally, it was important that it had been several years since the trauma. The gap between the traumatic event and the
interview enabled the researcher to see how the couple adjusted to the traumatic event over time. There was no stipulation on a specific trauma.

A transcendental phenomenological approach was used to analyze the interviews, which is understanding and dissecting the meaning of the phenomenon while remaining neutral (Moustakas, 1994). This method was selected for several reasons, including that the phenomenological approach is used when trying to understand the source of a person’s experience, which allows for the study of the shared experiences of several people or couples rather than just one person (Creswell, 2007).

The process of investigation used thematic analysis to identify common substantial themes among the couples. The process of analyzing the data followed the guidelines devised by Hycner (1985), who created a step-by-step procedure for the thematic analysis of data. Through this process, it is important for the researcher to keep an open mind and view the information gathered by the interviews as neutrally as possible (Moustakas, 1994).
CHAPTER 2

LITERATURE REVIEW

This literature review examines research pertaining to the definition and importance of religion as well as its role in coping with trauma. Furthermore, it reviews pertinent literature on marriage, including the impact of trauma on couples and how they cope with crises and religion’s impact.

Importance of Religion

While recent research has demonstrated that the religious and spiritual landscape with adults in the United States is transitioning, a 2018 Gallup poll found that religion remains an important aspect in the lives of 72% of Americans (Brenan, 2018), that 80% believe in God (Fahmy, 2018), and another 10% report a belief in a higher power or spiritual force. The importance of religion is even higher among Christians (Morin, 2018) in that

- 51% of Americans still find religion “very important” in their lives (Brenan, 2018)
- 48% of Americans believe God has a role in what happens to them (Fahmy, 2018)
- 81% of Religious Americans who attend church weekly “say religion can answer most problems.” (Brenan, 2018, p. 1).

While many individuals use the terms religion and spirituality interchangeably, researchers regard them as distinct concepts. This study acknowledges that spirituality is very important considering that 27% of the adults in the United States view themselves as spiritual,
without being religious (Lipka & Gecewicz, 2017). The decline in Americans who identify as religious is primarily due to the increase in adults who identify as spiritual only. In clinical research, spirituality is usually perceived as a broader category than religion (Del Rio & White, 2012; Walsh, 2008). Spirituality has been defined as

Spirituality refers to a dimension of human experience involving personal transcendent beliefs and practices, within or outside formal religion. (Walsh, 2008, p.5)

Spirituality includes one’s values, beliefs, mission, awareness, subjectivity, experience, sense of purpose and direction, and a kind of striving toward something greater than oneself. It may or may not include a deity. (Frame, 2003, p. 3)

From this perspective, religion is seen as an organized form of spirituality. Spirituality is about personal growth, meaning and purpose, not always a shared experience with others. Paloutzian and Park (2005) state that spirituality includes a broader range of the belief in phenomena than religion and does not always include the institutional aspects. Spirituality is depicted as more individualized and less linked to organizational practices. While the role of spirituality is important, this study aims to address physical coping mechanisms regarded as more religious, such as church attendance, community involvement, and bible study (Paloutzian & Park, 2005).

For other researchers, spirituality falls under the domain of religion due to the belief in the divine and the sacred (Unantenne, Warren & Canaway, 2013). It is important to realize that religion, for each person, is not just based on an affiliation with an institution and participation in and/or adherence to the beliefs of a faith community. Instead each person’s religious understanding can be an in-depth spirituality, including their beliefs and meaning-making. People want to make sense out of the world, and for many, religion is a way to do this. Park (2005) identified that for countless people religion is a way to make sense out of the world, including a way to understand trauma and to cope with it.
Thus, an in-depth definition of religion is vital to understanding its role in positive coping and resilience. For the purpose of this study, the following definition is used:

“Religion will be defined in its broad sense, one that includes both institutional religious expressions and personal religious expressions, such as feelings of spirituality, beliefs about the sacred, and religious practices” (Pargament, 1997, p. 4).

Researchers, such as Pargament (1997) and Park (2005), have found that while there is a spiritual piece to coping with trauma, the mechanisms are more religious in nature. This is not to say that spirituality is less important. The use of religious couples, instead of spiritual couples, is because most of the research on coping pertain to items that include religious connotations such as prayer, religious community and religious rituals.

Pargament (1997), a leading researcher in religion and coping, asserts that religion is comprised of substantive and functional parts. Substantive religion focuses “on beliefs, practices, feelings or interactions in relation to a greater Being” (p. 25). This dimension is a holistic perspective that emphasizes the relational component of religion that goes beyond just cognitive assent to a belief system and/or obedience to an institution. The substantive aspect of religion is seen as sacred or having sacred qualities that include places, items and times that hold transcendent values (Paloutzian, & Park, 2005).

The functional dimension of religion shifts the reference “from a supernatural force to a process of dealing with fundamental problems of existence” (Pargament, 1997, p.27). This dimension is where an individual integrates and/or applies religion to their life, including discerning one’s purpose in life or creating meaning of one’s life. It also may include wrestling with difficult existential questions or trying to understand experiences such as death or suffering (Paloutzian & Park, 2005).
Religion and Coping

Over the last several decades, research has shown that people will turn to their religion to cope with their suffering and despair when times of tragedy occur (e.g., Ano & Vaconcelles, 2005). In early studies on coping, religion was often found to be a positive factor in coping through demographic data (e.g., church attendance) or through qualitative research on individuals and families who successfully coped with trauma. Along with his colleagues, Pargament (2000) has focused research on the aspects of religion that help people to cope. This research identified religious coping mechanisms that people use to deal with trauma. They “identified five key religious functions” to measure religious coping in their study (p. 521). They stated, “It is not enough to know that an individual prays, attends church, or watches religious television. Measures of religious coping should specify how the individual is making use of religion to understand and deal with stressors.” (Paragament, Koenig, & Perez, 2000, p. 521). The first function was meaning, where religion is shown to be key in the search for comprehending and unraveling life events. The second was control in that when a person finds an event out of their control, religion helps them feel in control. Comfort/spirituality are the third function in which religion/spirituality helps a person feel less alone in an uncertain world. Intimacy/spirituality comes from others by religious means when individuals give “spiritual help….and spiritual support” when needed (Pargament et al., p. 521). The fifth is life transformation in which an individual through being religious has an easier time giving up the old for the new. This research produced the Religious Coping Activity Scales (RCOPE), which is a scale that “assessed the full range of religious coping methods, including potentially helpful
and harmful religious expressions” (p. 519). The RCOPE has been used extensively to study religious coping and how it can impact the field of counseling (Pargament et al., 2000).

Pargament’s (1997) research initially identified four effective religious coping mechanisms. First is spiritual support in which individuals view God as kind and loving as well as providing support, guidance and strength during times of trouble (Ano & Vaconcelles, 2005; Pargament, 1997). Spiritual support helps a person feel less alone when there is a crisis. Second is collaborative religious coping in which the individual views God as their partner in solving problems (Pargament, 1997). The third effective religious coping mechanism, which according to Pargament’s (1997) research is benevolent religious reframing. This is the belief in a God who is loving and in control (Pargament, 1997). The last is the spiritual community and how it activates to help the individual in crisis, called congregational support (Pargament, 1997, 288-290). With the use of these four effective coping mechanisms, an individual will have a more positive way of coping with crisis, which includes internal and external resources.

For the purpose of this study, successfully coping as a couple will include the couple still being together, the couple becoming stronger, posttraumatic growth, “a well-cultivated communication style, the experience that conflicts can be handled, and respecting particularities in the partner” (Bergstraesser, Inglin, Hornung & Landolt, 2015, p. 135).

Religion can help people not only successfully cope with trauma but also make meaning out of the traumatic events. The Meaning-Making Coping Model understands this process as working at two levels (Park & Folkman, 1997). First, global meaning is comprised of global beliefs and global goals that influence a person’s ideas about the world (Park, 2005). “Global beliefs are the basic internal structures that individuals construct about the nature of the world.” (p. 709). Global meaning stems from how the individuals perceives and adjusts to the events and
traumas around them. The second piece, appraised meaning of events, concerns how a person determines why specific events like loss and trauma occur (Park, 2005). Park and Folkman (1997) theorize that a person’s global meaning and appraised meaning can come into conflict and cause distress when trauma occurs. Park (2005) took this another step by identifying that religion can be a person’s primary meaning system, which “can be comprehensive, ubiquitously informing both global beliefs and goals” (p.711). In many instances, the individual’s religious global meaning system may help them make meaning out of trauma. At other times, global religious beliefs may leave one unable to make meaning of painful events, leaving an individual distressed and/or disconcerted. In these instances, religion can play a key role in shaping the appraised meaning system. For instance, an individual may use benevolent religious reframing to cope successfully by making meaning of an event (Pargament, 1997).

Not only do individuals try and make meaning of an event, but they see religion as a way to move through and heal from their trauma. Individuals who can cope positively through religion view God as kind and loving. They believe God is supportive and provides guidance and strength during times of trouble (Ano & Vasconcelles, 2005; Pargament, 1997). Viewing religion as a support is a way individuals discover lessons from the hardship and ask God to help them find a new purpose (Pargament, 1997).

The positive coping also included utilizing religious activities to deal with traumatic events. Some religious activities seen to be helpful in coping are general religious activities, bible reading, bible groups, prayer and meditation to help attain calmness (Unantenne et al., 2013). Others found that seeking religious support from clergy or other religious mentors was helpful in coping (Ano & Vasconcelles, 2005; Pargament, Koenig & Perez, 2000). A meta-analysis by Ano and Vasconcelles (2005) that explored religion and coping by Pargament and
others shows a link between positive religious coping and responding well to trauma. The results of the meta-analysis indicated that individuals who were able to use “religious coping strategies such as benevolent religious reappraisals, collaborative religious coping, seeking spiritual support… typically experienced more stress-related growth, spiritual growth” from the religious coping (Ano & Vaconcelles, 2005, p.473). Through positive religious coping, individuals were not necessarily able to understand the traumatic event, but they could make peace with it.

Two types of situations can impact us differently and may affect how we are able to make peace with a situation. There are types of crisis in which a person can do something about it and types of crisis in which they cannot. Some studies have found that religion is particularly helpful with the latter. Unanteene et al. (2013) found that “the unconditional acceptance of a higher power such as God enabled participants to accept the fluctuations that regularly accompany chronic illness.” (p. 1155). This acceptance and understanding brings a certain peace to individuals who cannot fix what has happened.

Through the above ways people find meaning in coping and finding peace during and after the trauma. A connection to community can also help. Several researchers observed that individuals going through trauma participated in altruistic activities. Some said it took their mind off of their own trauma; others looked at it as a way to give back for what they had been given. This participation in altruistic endeavors was part of a church-based activity such as praying for others who were ill or partaking in community service (Unatenne et al., 2013). Community can help individuals not only find a group to support them, but also find people to give back to to feel more connected to those who have helped with their trauma.

One piece of coping that many people struggle with is forgiveness. While individuals will give back and be altruistic, forgiveness is a very difficult piece to healing. Most people hear
the words forgiveness and think that means to forget and deny what happened. This is not the forgiveness that can facilitate positive coping. True forgiveness is a process. Pargament (1997) states that “in forgiveness, the individual pursues the dream of a newfound peace…the possibility of peace of mind” (p. 262). This does not mean the person is forgetting the trauma or hurt. This does not mean the person does not feel anger, sadness, resentment, or fear. Forgiveness is an action. It is an attempt to challenge and change the way a person views, not the event but the thoughts and feelings related to the event (Pargament, 1997). Forgiveness as a coping mechanism can help a person make peace with the traumatic event and move forward.

While all the positive coping stated above helps deal with a traumatic event, it can also help inoculate the individuals from possible reactions to traumatic events. Ways in which religion can inoculate the individuals are through psychological adjustment, adaptive functions, positive appraisal coping, and meaning-making coping. Interestingly, individuals who use negative coping at first may then use it to go to positive coping and outcomes in the coming weeks. (Park, 2005, p. 721; see also Ano & Vasconcelles, 2005).

Religious coping can end up staying negative and become ineffective. Pargament et al. (2000) shared that negative coping mechanisms, and not just the positive ones, must be recognized to fully understand religious coping. Negative coping is when a person has conflict with his religion; it is where they question or doubt why something has happened and are having trouble making sense out of the event (Pargament, 1997). For instance, individuals experiencing traumatic or painful events often view God as angry and/or punishing them through the event. In his research, Pargament (1997) identified that appraised meaning was a negative coping mechanism that prevented individuals from effectively coping with their event. For many of these individuals, they believed that God abandoned them and did not care about them, often
leading the person to turn away from God and/or their religious foundation. As a result, there ceased to be a resource for coping. Finally, Pargament (1997) identified religious coping mechanisms, such as confession, were neutral, meaning that they appeared to be effective for some individuals or situations but were not universal in helping individuals cope with trauma.

If a person can effectively cope with life’s traumas and tragedies, then this may lead to a person becoming resilient. Resilience, according to Walsh (2003), “is the ability to overcome adversity, strengthened and more resourceful. It is an active process of endurance, self-righting, and growth out of crisis or persistent life challenges” (as cited in Walsh, 2008, p. 41). Not everyone who goes through a crisis can come out of it without feelings of resentment, anger and the need to blame someone. There are individuals who cannot move past the suffering and loss. When individuals are resilient, they understand there is hardship and trauma, but there is also happiness and appreciation in life (Walsh, 2008). Not everyone is resilient during a crisis, but religion seems to play a large part in how people are able to cope with and then thrive after a tragedy has occurred (Tedeschi & Calhoun, 1996).

Religion and Marriage

Religion has been shown to positively influence marriage in numerous studies (David & Stafford, 2015; Dollahite & Lambert, 2018; Olson, Marshall, Goddard, Schramm, 2015). Multiple features of marital satisfaction are influenced by religiosity. Along with marital satisfaction being higher in couples who are religious, religion has been shown to have a protective function (Dollahite & Lambert, 2018). Thus, it is important to understand how religion can insulate a couple and their marriage from factors that decrease satisfaction. Aspects of marital satisfaction that can be positively influenced by religiosity include a higher level of
marital commitment, stability, quality and functioning (David & Stafford, 2015). Forgiveness in a couple increases through religiousness and can increase marital satisfaction as well (David & Stafford, 2015).

The question now becomes what are the specific characteristics of religious faith that can increase multiple features of marital satisfaction. One of these key characteristics pertains to participation in joint religious activities. For instance, a higher level of marital commitment and stability were linked to regular church attendance by the couple (Lambert & Dollahite, 2008). The increased marital commitment had to do with how couples viewed their relationship as it was connected to the religious institution and God (Lambert & Dollahite, 2008). These couples believed they had a clear and solid future together based in no small part on the religious views they shared (Lambert & Dollahite, 2008). With this future they say was also the understanding that the relationship was permanent and neither saw divorce as an option because of their religious ties (Lambert & Dollahite, 2008). The couples, due to their religious views, did not perceive divorce as an option once married and that the sacred commitment of marriage was forever. These increased levels of commitment meant the couples had more stability in their marriage. Thus, regular church attendance tended to facilitate higher marital satisfaction for couples.

Lambert and Dollahite (2008) also found that religion can play a vital role in marital quality and function. For instance, joint religious activities by couples can lead to better marital functioning (Mahoney et al., 1999). A basic piece of the joint religious activities helping the couple is essentially due to more time being spent together (Mahoney et al., 1999; Rauer & Volling, 2015). The joint religious activities couples take part in can be either formal or informal. Formal activities include attending church, attending religious education classes, and
attending religious retreats together (Mahoney et al., 1999). Informal activities are items such as praying together and discussion of God in their lives (Mahoney et al., 1999). These findings appear to expand on Pargament’s (1997) coping mechanism of congregation support.

Another major factor is the religious communication a couple has with one another (David & Stafford, 2015). Religious communication includes discussion of different aspects of religion within the marriage. Having positive religious communication creates greater collaboration with and willingness to discuss religion, even if views differ in the couple (David & Stafford, 2015; Mahoney et al., 1999). Couples who have good religious communication strengthen their ability to discuss topics that may be uncomfortable and could lead to conflict.

David and Stafford (2015) also investigated the relationship between God and each individual and God and the couple as well as their association with marital satisfaction. They found that the couple’s marital quality was positively affected by the depth of their relationship with God and their religious communication. They concluded that the relationship between God and a couple provides support, meaning, and the ability to forgive in the couple’s relationship. When a couple can learn to forgive each other for their transgressions, this leads to a better marital relationship. This forgiveness is linked to empathy for each other and “proactive nurturing of positive attitudes toward the transgressor” (David & Stafford, 2015, p. 245).

Religion’s influence on a marriage can include effective communication and problem solving in couples, which are strong predictors of marital satisfaction (Rauer & Volling, 2015). Rauer and Volling (2015) linked positive problem-solving skills and conflict management to joint religious activities. Rauer and Volling (2015) concluded that “the manner in which spouses’ religious beliefs and practices interact is linked to how they behave toward one another when faced with conflict” (p. 246). They found that “for husbands, it was the mutual, high
engagement in joint religious activities that was linked to fewer negative problem-solving behaviors.” (p. 246). The couples that are more homogamous in their beliefs and the way they practice religion tend to have less conflict and be happier (Rauer & Volling, 2015).

Mahoney and colleagues have done substantial work on religious constructs and marital satisfaction (Mahoney, 2010; Mahoney et al, 1999). Mahoney’s (2010) work provides researchers with a framework that understands relationships couples have with God in the context of their marriage. Mahoney (2010) found that couples who are religious and view their marriage as having sacred qualities had higher marital quality, which increased marital satisfaction. The sacred quality of marriage that Mahoney stressed as important to a couple’s marriage has been supported in other studies (David & Stafford, 2015; Paloutzian & Parks, 2005; Pargament, 1997). The couple’s sense of sacredness helps them be more connected and committed to each other, which increases marital satisfaction and quality.

Forgiveness is an important factor in marital satisfaction, enabling couples to recover from injuries experienced within the relationship. Religion often promotes the importance of forgiveness for relationships. It is not surprising, then, that several studies have found forgiveness was more likely to occur in couples who were religious (David & Stafford, 2015; Olson, Marshall, Goddard & Schramm, 2015). Furthermore, these studies showed that not only was forgiveness more likely to occur, but it also was an important part of marital satisfaction. David and Stafford (2015) found that when both spouses can forgive, then they are more likely to have higher marital quality. While this research found that the religiosity of couples can lead to higher marital satisfaction, this is not always the case. Religious affiliation alone does not prevent divorce, but it does provide a good foundation for couples. Kushner, Mahoney, Pargament, and DeMaris (2014) expanded the connection of sacredness and spiritual intimacy to
marital quality. Their study identified that couples who were more spiritually intimate were less likely to be negative toward each other. Spiritual intimacy comes from partners being able to disclose “their deepest spiritual aspirations and hopes as well as their doubts, troubles or struggles” (pp. 605-606) and having their partners being able to receive the information without being judgmental but by providing support needed. This finding gives substantial reasons for why couples who view their marriage as more sacred and have higher marital satisfaction and quality were better able to effectively navigate stressors in life.

**Marriage and Trauma**

Trauma creates unique problems for not only individuals, but also for couples. It requires people to stretch their resources and find other ways of coping with an extreme event. For the purpose of this study, trauma is defined as an experience that overwhelms the people involved, affects their ability to cope, and is a significantly intense event. “Shalev (2005) indicated that a stressful event becomes traumatic when it is emotionally and personally meaningful and cognitively incongruous and it affects human bonds and networks, suggesting that ‘trauma should not be seen as affecting individuals but affecting humans in their context’” (as cited in Goff et. al., 2006, p. 451).

Due to the extreme duress trauma can put on a couple, searching outside their normal resources may be difficult. While some individuals have a resilient nature, others may not be so lucky. Furthermore, individuals who usually have positive coping mechanisms during stressful times may turn to negative coping mechanisms when dealing with trauma. This negative coping can lead individuals who normally function well as a couple to pull apart (Donnellan, Murray & Holland, 2014).
In response to trauma, several negative reactions to the ordeal can occur. Some individuals may withdraw emotionally, thus leaving their partner without support (Donnellan et al., 2014). The withdrawal leads to a breakdown in the couple’s overall relationship. In response to trauma, others can lose their identity because the event has “stripped away” an important piece of who they are and this loss of identity can make their partner feel as if they have lost their loved one, which can cause more trauma (Donnellan et al., 2014). Couples can become out of sync with each other if they deal with the traumatic event in different ways (Ungureanu & Sandberg, 2010). This out-of-sync feeling comes from disagreements on how to grieve, disagreements over goals, and blaming one another for the traumatic event. Trauma even effects how individuals show grief, such as women being more expressive in their grief and men becoming more withdrawn (Ungureanu & Sandberg, 2010). If it concerns the death of a child, one spouse may pull away from the other spouse by either losing his/herself in work or other activities (Ungureanu & Sandberg, 2010). By withdrawing, the spouse who withdraws loses any support they could have gotten from the other and the spouse who is withdrawn from does not have the support they need. Relationship roles can even end up shifting, which leaves both individuals feeling unsure of how to function in their relationship.

What is important to understand is that many couples recover from trauma when challenges occur in the marital relationship. Part of the recovery comes from having sound coping skills as a couple (Papp & Witt, 2010). Individual coping and dyadic coping, which can be negative or positive, occurs when a couple goes through stress or trauma. Dyadic coping is “comprised of the stress signals of one partner, the verbal or nonverbal coping responses of the other partner, and joint coping efforts” (Papp & Witt, 2010, p. 2). When the coping is positive, then “common dyadic coping occurs when a couple engages in joint problem solving, joint
information gathering or the sharing of feelings and mutual commitment” along with one partner specifically asking for help and the other partner responding well (p. 2). One study found that dyadic coping was crucial in parents dealing with a child having a progressive illness and/or ultimate death (Bergstraesser, Inglin, Hornung, & Landolt, 2015). Parents who coped effectively had open communication, belief that conflicts can be managed, and respect and understanding for their partner’s idiosyncrasies (Bergstraesser et al., 2015). Another study found that for a couple to move on from the trauma, they needed to be able to accept the trauma, know they cannot change it, and recognize their relationship would not be the same due to the trauma (Donnellan et al., 2014). This dyadic nature of dealing with a shared trauma can help couples move forward and not become stuck. By having positive dyadic and individual coping mechanisms, couples have a better chance of handling traumatic events than others who do not have these skills.

Some individuals and couples will deal with trauma in negative ways, which may harm or end their relationship and/or result in a decline in individual functioning. An important theme of the research on dyadic coping is that many couples do effectively recover from the trauma. These couples may utilize resources couples often do not think about, such as social support from friends, support from their religion, and support from family (Broman, Riba & Trahan, 1996). If the couple is grieving a loss, then the way they cope, grieve and react to the death will also impact how they are able to recover from the trauma (Ungureanu & Sandberg, 2010). Dealing with death or another trauma, each individual will react and cope in their own way, which may not sync with their partner’s. The encouraging piece is that if a person has positive emotions, has psychological strengths, and has the ability to bounce back after a challenge, then the trauma will be easier to work through and come back from (Skerrett & Fergus, 2015).
Individuals and couples can not only cope successfully with trauma but also may grow stronger in the process. Research by Walsh (2003) brought to attention the concept of resilience. According to Walsh (2003), resilience “is the ability to overcome adversity, strengthened and more resourceful. It is an active process of endurance, self-righting, and growth out of crisis or persistent life challenges.” (as cited in Walsh, 2008, p. 41). Resilience is not only an individual trait but can also be seen in couple relationships (Walsh, 2008). This relational resilience demonstrates “a collective emotional and social intelligence that includes awareness and factors such as generosity, curiosity, healthy boundary setting and interpersonal sensitivity.” (Skerrett & Fergus, 2015, p. 27). The dyadic resilience in a couple helps them come back from a trauma easier than others would.

Building on Walsh’s (2011) work on resilience comes the concept of “we-ness” by Skerrett and Fergus (2015). While the study of individual coping and resilience is relatively easy, Skerrett and Fergus (2015) argue that researchers have trouble with the concept of “partners’ unified self-sense and their corresponding collective identity” since this does not allow researchers to have a concrete way to study it (p. 23). The “we-ness” Skerrett and Fergus explain (2015) is important to understanding coping and resilience, since it provides a deeper understanding of how couples function as a unit when a stressful or traumatic event occurs. If a couple has a “we-ness” and the ability to cope together, then they have a better capacity for working through trauma (Skerrett & Fergus, 2015). Through their research, Skerrett and Fegus (2015) have shown that couples have their own unique form of coping that does not always coincide with how individuals cope. Resilience and “we-ness” often enable couples to overcome the traumatic events of their lives.
Role of Religion for Couples Coping with Trauma

The research described above shows that individuals and couples can successfully cope with trauma. Additionally, the research reveals that religion can play a significant role in managing trauma. Religion can “strengthen both physical and mental health through a variety of mechanisms: reducing stress and blood pressure, improving sleep, managing chronic pain, lowering reactivity in relationships and reducing depression and substance abuse.” (Grossman et al 2004 in Ungureanu & Sandberg, 2010, p. 308; see also Koening et al. 200;). Religion can be a protective factor, a source of comfort, and a way to cope with trauma. A review of the literature also found specific ways individuals use religion as a resource for coping (e.g., Pargament, 1997). Furthermore, Walsh (2003) found a strong connection between resilience and spirituality for many individuals. The research also indicates that religion can play a key role in strengthening marriages.

There appears, however, to be a significant gap in the literature regarding the role religion may play in how a couple copes with a shared trauma. A literature review by Ungureanu and Sandberg (2010) comes closest to the current study by investigating the clinical implications for couples regarding the four components of trauma, religion, coping and marriage. They found that religion is an important source of not only comfort but meaning when couples have to deal with a loss or a trauma. Their literature review found that there were few studies on the way a couple uses religious coping to deal with the death of a child. Their review also found that a) greater participation in any religious activity was found to give better social support for couples adjust to the death of a child, b) religious couples who could make meaning out of their child’s death and believed that one day they would see them again were able to cope more effectively, and c)
“other parents described involvement in religious and spiritual practices as coping strategies: praying, meditation and religious worship.” (p. 313). Ungureanu and Sandberg (2010) concluded that there is a very real need for research on religious coping in couples who face trauma, especially the loss of a child.

Current Study

The lack of research on the specific aspects of religion that couples employ to cope successfully with trauma was the motivation for the current study. It sought to connect the four components of trauma, marriage, coping, religion to provide a better understanding of the specific role religion might play for couples coping with trauma.

To contribute to this field of research, this study was a qualitative examination of how important religion was for religious couples who coped successfully with trauma. The questions asked were open ended concerning the traumatic event and the coping skills utilized. The goal of the current study was to address two questions: 1) What religious coping strategies are used during and after traumatic events and 2) What effect does religious coping have on a couples’ ability to effectively navigate a traumatic event?

The design of the study was influenced by Lambert and Dollahite (2008), who recommended that couples be interviewed together since this can bring out more complete facts with both spouses filling in aspects their partner has forgotten. In addition, Creswell (2007) suggests that the sample size for phenomenological studies should remain relatively small due to the comprehensive nature of the interviews. Furthermore, he asserts that the key themes relevant to the study will emerge from interviews of this sample size. The process of analyzing the data
followed the guidelines devised by Hycner (1985), who created a step-by-step procedure for analyzing data.

A transcendental phenomenological methodology was employed for this study (Moustaka, 1994). This process of investigation used thematic analysis, which is understanding and dissecting the meaning of the phenomenon while remaining neutral (Moustakas, 1994), to identify common substantial themes among all the couples. Creswell (2007) asserts that this approach allows for the study of shared experiences of several people or couples rather than just one person.
CHAPTER 3
METHODOLOGY

The literature review found a strong body of research on the role religion plays for individuals coping with trauma. There is little research, however, on how couples may turn to religion when jointly coping with trauma. The current study seeks to fill this gap. A qualitative research design was chosen to explore how religious couples cope with traumatic events that occur during their marriage. A qualitative research design is useful when looking at experiences of individuals including the meaning that a person makes of their experience (Hammarberg, Kirkman, & de Lacey, 2016). Since there is limited research on how couples employ religion in coping with trauma, the qualitative design allowed for a preliminary investigation into what may affect a couple’s approach to coping with trauma. Furthermore, the qualitative research approach allowed for an in-depth understanding of religious couples’ reactions to trauma, both positive and negative.

A transcendental phenomenological methodology was employed for this study since the objective of the study was to view the shared experiences and coping skills of the couple with a fresh perspective (Moustaka, 1994). Husserl’s (1965) transcendental phenomenology “emphasizes subjectivity and discovery of the essences of experience and provides a systematic and disciplined methodology for derivation of knowledge (as cited in Moustaka, 1994, p. 45). The phenomenological approach enables the researcher to interpret the lived experiences of the participants through shared experiences (Creswell, 2007). Through process questions, the
research did “work much more from the participants specific statements and experiences” (Creswell, Hanson, Plano Clark, & Morales, 2007, p. 252). How religion affects coping for couples with trauma was the phenomenon addressed by this study.

The effect religion had on how the couples coped with a shared trauma was examined using open-ended interview questions. The use of open-ended questions allowed the researcher to understand the participants’ perceptions of how they coped with their trauma. The interviews were analyzed and coded to identify common themes regarding the role religion played in coping with the traumatic events. The themes identified by the study helped shed light on the role of religion in coping with trauma for religious married couples. The goal of this research addressed two main questions:

1. What religious coping strategies are used during and after traumatic events?
2. What effect does religious coping have on a couple’s ability to effectively navigate a traumatic event?

Sample

Sample Characteristics

The sample was relatively small, with five couples being interviewed by the researcher. Creswell (2007) affirms that the sample size for phenomenological studies should remain relatively small size due to the comprehensive nature of interviews. Furthermore, Creswell (2007) asserts that the key themes relevant to the study would emerge from interviews of this sample size.
The sample consisted of five white heterosexual couples (see Table 1). Nine of the individuals were between 40 and 49 years old. One individual was between 50 to 59. One individual had a two-year degree, eight individuals had a four-year degree, and one had a graduate degree. Seven of the 10 individuals worked full time, two worked part time, and one was a stay at home parent. All families had children. Two couples had two children, one couple had two live children and one deceased, one couple had three children, and one couple had five children. The children ranged in age from 2 to 16 years old.

The study interviewed couples in which both partners identified themselves as Christians. Both partners were active in their Christian faith at the time of the interview and at the time of the traumatic event. Being active in their Christian faith for this study included, but was not limited to, the following: praying together, attending church together, participating in joint religious activities, and sharing conversations about God and their religion (David & Stafford, 2015; Mahoney et. al., 1999). Use of the Christian faith was chose to simplify identification of themes in the role of religion in coping with trauma. It is hoped that future studies will encompass other religions as well as those that identify as spiritual but not religious.
Table 1

Information about the Couples

<table>
<thead>
<tr>
<th>Couple</th>
<th>Years Married</th>
<th>Type of Trauma</th>
<th>Religion</th>
<th>Years Since Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>19</td>
<td>Child had Leukemia</td>
<td>Methodist</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>Child Death</td>
<td>Catholic</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>18</td>
<td>Possible Nonviable Pregnancy</td>
<td>Catholic</td>
<td>17</td>
</tr>
<tr>
<td>4</td>
<td>21</td>
<td>Child has Rare Blood Disorder</td>
<td>Methodist</td>
<td>12</td>
</tr>
<tr>
<td>5</td>
<td>17</td>
<td>Dual Trauma</td>
<td>Catholic</td>
<td>8</td>
</tr>
</tbody>
</table>

Two couples identified as Methodist and three couples identified as Roman Catholic.

Two couples went to church once a month, and three couples went every week. All couples shared that their religion was important to them and stated that they prayed individually. One couple shared that they prayed together. The couple who prayed together shared they were very involved in their church and were marriage mentors and eucharistic ministers. The rest of the couples stated that they did not volunteer as couples in the church but had volunteered for individual activities in the past.

Couples who experienced trauma during the marriage met the criteria for the study. Although there was no specific type of trauma targeted for the research, the couples who participated in the study all had traumas related to their children. The main qualifying criterion was that the couple perceived themselves as having successfully navigated through the trauma. The trauma experienced by each couple was required to have occurred three years or more in the past. In actuality, all the couples had traumas that had occurred at least eight years ago. All couples believed their trauma had been overcome. Due to the chronic nature of some of their
children’s illnesses, however, new traumas had occurred since then. All of the couples felt they navigated new instances easier than the past event.

Sample Recruitment

Participants were identified through specific recruiting methods. Two churches were contacted, and flyers were distributed along with a letter to attract possible participants. Participants were asked to contact the researcher directly to be screened for the possibility of being included in the study. The flyer (Appendix A) and a letter (Appendix B) included information concerning the study, inclusion criteria, the time commitment, and contact information for the researcher. The letter also included the request for having the letter shared with other couples who might be interested in participating. The interested participants contacted the researcher by email or phone.

Couples who responded to the recruitment letter were asked preliminary questions over the phone to determine if they met the specific criteria required by the researcher. The five couples that were chosen for the study matched all the inclusion criteria, could commit to the time commitment, agreed to the potential risks involved and were willing to be interviewed and audio taped. The couples selected to participate in the study reviewed and signed a consent form (Appendix C) at the beginning of the interview, agreeing to participate in the study and to be recorded. Prior to the recruitment of participants, the researcher had obtained approval to begin the study from the Northern Illinois University Institutional Review Board (see Appendix D: Approval Letter from IRB).
Inclusion and Exclusion Criteria

As stated above, participants needed to fit several criteria to participate in the study.
First, the couple shared the same Christian faith both at the time of interview and at the time of
the trauma. Second, the trauma had to have occurred during their marriage and at least three
years prior to the interview. Third, the couple needed to believe that they had successfully
navigated the trauma. The inclusion criteria are included in the Demographic Questionnaire (see
Appendix E).

Potential Risk and Benefits

Since the research involved trauma, steps were taken to ensure the participants were
prepared to discuss their experiences. The researcher ensured that counseling was available for
participants either individually or as a couple. Following each interview, the researcher
provided a list of resources to the couples following the interview if they needed additional
support (see Appendix F: DeKalb County Resources). In addition, the researcher followed up
after the interviews to inquire whether the couple experienced any emotional or relational
repercussions from the interview.

There were several potential benefits for the participants in the study. This interview was
a way for the couple to express their thoughts, feelings and/or concerns about the past trauma.
This helped the couple communicate what they may not have been able to share back when the
trauma occurred. Through discussion of the trauma, a deeper understanding of the event and
each other may have strengthened their relationship. The societal impact could be the
participants’ knowledge that their involvement in the study will help others understand how
religion, trauma and coping can affect couples.
Procedures

The researcher requested and received approval from Northern Illinois University’s Institutional Review Board before conducting interviews (Appendix D). Potential participants were screened, with five couples meeting the criteria established for the study.

At the beginning of each interview, participants were given the informed consent form and advised of the potential risks and benefits of the study (Appendix C). The participants were given time to review the form as well as listen to a verbal explanation of the form they were signing. The form included consent to audio or video record the interviews. All couples were audio taped; no videotaping was conducted. Signed copies of the Consent to Participate and Consent to Record were given to the participants. The interviews were conducted at an agreed upon location where the couples felt most comfortable (e.g., library conference room, private office, or home of participants). The participants were informed the interviews could last 60 to 90 minutes. This time was based on literature by other researchers with similar research questions and conditions (Bergstraesser et al., 2015; Donnellan et al., 2014;). The interviews for the current study lasted 30 minutes to 120 minutes.

Prior to the semi-structured interview, the couples completed a demographics form (see Appendix E: Demographics Questionnaire). The demographic form gathered information concerning the participants’ education status, age, living arrangements, children, employment status and identified religion.

After completing the questionnaire, the couples participated in a face-to-face interview with the researcher. The couples were interviewed together rather than individually based on similar interviews by other researchers (Lambert & Dollahite, 2008). This joint interview was
used to bring out information and meaning that may not have come out if they had been interviewed individually. The couples interviewed in the present study shared that their partner had reminded them of a piece of information that had they been separated they would not have remembered.

The interviews consisted of open-ended interview questions that started with the couple sharing background on their joint trauma. Follow up questions were asked as needed to delve into the trauma and coping more deeply. The interview questions are found in Appendix G.

The interviews were audio recorded. The researcher also took notes during each of the interviews to capture information that was distinctive. Recording the interviews made it possible for the researcher to transcribe the interviews verbatim and allowed the researcher to be fully engaged in the interview rather than note taking. None of the participants expressed concern about being audio taped during the interviews. They also were aware of and comfortable with the future handling of their information and files.

Data Management

When the interviews were completed, they were transferred from the recording device to the researcher’s computer and placed in a password-protected digital folder. Once the recordings were transferred to the computer, the recordings were erased from the handheld recorder. The researcher used a transcription service that guarantees security with a 2048-bit SSL encryption and NDA. The transcriptions and thematic software were also placed in a password-protected digital folder. The demographic forms did not contain any names, just the designated number assigned by the researcher. These were kept separate from the consent forms in a secure location. The consent forms, which were the only forms with the participants’ names, were kept in a
locked cabinet in a secure location. Only the researcher had access to the digital and paper documents from the study.

Analysis

The intent of this research was to examine the religious coping mechanisms couples used to deal with their trauma experiences. A phenomenological qualitative approach was used to understand the perspectives of the interviewed couples. These themes were analyzed through a transcendental phenomenological approach, which is understanding and dissecting the meaning of the phenomenon while remaining neutral (Moustakas, 1994). Transcendental phenomenology was created by Husserl (1931) in order for researchers to remain as neutral as possible and not interfere with the information presented in the study (Moustakas, 1994).

The process of investigation was thematic analysis to identify common substantial themes among the couples. The process of analyzing the data followed guidelines devised by Hycner (1985), who created a step-by-step procedure of how to do thematic analysis of data. The researcher’s initial step was transcribing the interviews, including literal statements. While reading the transcripts, the researcher was open to any meanings that might emerge as well as looking at the information through the participants’ lenses. While reading the transcripts, the researcher needed to be aware of the whole interview and its context (Hycner, 1985). Through the process, it was important to keep an open mind and view information as neutrally as possible (Moustakas, 1994).

Once these steps had been taken, the researcher took a more in-depth look at the sentences in the transcribed interviews to look for themes and meaning (Creswell et al., 2007; Hycner, 1985). Significant statements were coded and categorized (Creswell, 2007). After the
themes and meanings were identified, the researcher addressed more specifically the main research questions:

1. What religious coping strategies are used during and after traumatic events?

2. What effect does religious coping have on a couple’s ability to effectively navigate a traumatic event?

The themes and meanings were clustered into units of relevant information (Hycner, 1985). The researcher then connected the main themes and meanings to the research questions. In addition, the researcher compared the themes on the role of religion for the couples in coping with trauma that emerged from these interviews in light of the literature on religious coping by individuals.
CHAPTER 4
RESULTS

Introduction

The research methodology for this study was qualitative with the goal of addressing two questions: 1) What religious coping strategies are used by the couples in the study during and after traumatic events and 2) What effect does religious coping have on a couple’s ability to effectively navigate a traumatic event. Thematic analysis brought to light several important themes related to religious coping, including the meaning the couples took from the traumatic event, how their religion changed due to the traumatic event, how their relationship with God changed due to dealing with the traumatic event, and how they were strengthened as a couple through religious coping by the traumatic event.

Along with the themes stated above, an unforeseen result of the thematic analysis was the gender differences found when the couples were discussing religion. Generally speaking, most of the men felt more constant in their faith through the trauma than the women. The men did not have bouts of anger or feel the need to question God and/or their religion. Several husbands said they believed that God was supporting them through the trauma, that they did not need to talk about the trauma, and that it would all be OK. In contrast, some women questioned God and felt anger at times during their trauma. Gender differences also included the way the husbands and wives used their religion. The men were quieter and not as explicit in their religious practice, such as praying in silence and not overtly showing their faith. Almost all of the women were
more evident in their religious practice by expressing the need for community support and prayer. While there were gender differences, it did not mean that one way or the other was better, just different. The men and the women came out of the trauma just as successfully individually and as a couple.

In summary, the couples interviewed drew on their faith at the time of trauma and afterward. While all couples had differing traumatic events, all the couples turned toward their religion for support. Each couple had a unique reaction to the trauma, but again all were found to not only grow in their faith but also in their relationships. All couples shared that the traumatic event they experienced made them stronger and more resilient as a couple for future events.

Overview of the Traumatic Events

All the couples had a trauma that involved one of their children. This was not intentional on the part of the researcher. The couples were chosen based on the sample criterion explained in Chapter 3. All the couples shared that the events with their children were the most traumatic out of other life events.

Couple One was in their 40s, had been married for 19 years, and had two children (ages 12 and 14). The couple had always been active in their religion, even before they were married. Their older child was diagnosed with leukemia over nine years ago at the age of three. The couple shared that it took a few months to receive a conclusive diagnosis of leukemia, so for a while they were in limbo just waiting for an answer. When they received the diagnosis, they talked about how they came to view life as more precious. The child is currently in remission but
has health conditions relating back to the cancer. The couple still has the fear of cancer coming back.

Couple Two was in their 40s, had been married for 16 years, and had two children (ages 10 and 13). The couple had been very active in their religion since they were children. Fourteen years ago, Couple Two found out at their 20-week ultrasound that their first child was not going to make it due to multiple conditions the baby had. It was unsafe for the mother to continue the pregnancy and the child would not survive even if she carried the baby to full-term. They were informed that she would have to be induced, the baby’s heart would be stopped, and the wife would give birth. They shared how at a time when couples are excited about the birth of their first child, they were going through one of the most traumatic events a couple could go through. Later, the mother was monitored closely for her other two successful pregnancies.

Couple Three are in their 40s and 50s, had been married for 18 years, and had two children (ages 16 and 13). The wife had, since childhood, been a devout Catholic. The husband had not been religious until he met his wife. The husband converted to Catholicism as a result of their relationship. The wife, 17 years ago, went to a doctor’s appointment and was told she was pregnant. She had not known she was pregnant and had gone to the doctor due to thinking she had endometriosis. The nurse practitioner performed an ultrasound and did not see a heartbeat. She was told that the baby was nonviable, and she would miscarry. The nurse explained if she did not miscarry, she would need to come back to have a dilation and curettage (D&C). The husband was not with her when she found out this news, so initially she dealt with it alone. Later, they both had to process that she was pregnant but with a non-viable pregnancy. The wife shared that when they were told it was nonviable, she did not think it could be true. During this time, she discussed how she was numb, and he shared that he was just in shock and not sure what
to do. She pursued a second opinion. The second ultrasound showed a heartbeat and that the pregnancy was viable. While the timeline was only a few weeks, the trauma of not knowing if the pregnancy was viable was very difficult. The son is now 16 years old.

Couple Four are in their 40s, had been married for 21 years, and had three children ranging in age from 2 to 15 years old. Both had been active in their religion since they were children and attended mass semi-regularly while married. They had a son that was born with a rare blood disorder 12 years ago. He was medivacked at two months due to a blood test that showed dangerous levels in his blood cell count. At the time of their child’s hospitalization, they were already going through other transitions, such as moving to a new state, the husband starting a new job, and a lack of a peer support network. They stated this was very difficult. The family has faced this medical condition for 12 years, and the child continues to work through the issues related to the diagnosis.

Couple Five are in their 40s, had been married for 17 years, and had five children ranging from 8 to 15 years old. Both had been part of their religion since they were children, but neither believe they were extremely religious. They had experienced two traumas that started around 15 years ago and lasted until 8 years ago. This is the only dual trauma couple in the group. The first trauma was their daughter, age 15, being born with a condition that left her legally blind. Due to their daughter’s condition, some specialized care has been needed. When their daughter was born, the couple was further traumatized when the husband’s mother became openly belligerent and over controlling. The end result was that the couple cut all contact with the paternal grandparents. During the almost eight years of dealing with not only their daughter’s disability but also the drama coming from the husband’s side, the couple said that they were emotionally exhausted.
The trauma faced by each of these couples, while relatively far in the past is still not forgotten. All the couples shared that the trauma still impacts the way they view themselves, their families, and the people around them. In addition, some of the couples continue to deal with the consequences of the traumatic event, such as ongoing medical care for their child. What was amazing about the interviews was that as the couples spoke, they learned new information about their partners. The joint interviews brought out discussions by the couples that had the interviews been performed separately would not have occurred. A few of the couples felt that it was very cathartic to be able to finally share what had been on their minds about their shared trauma over the years.

Meaning-Making of the Traumatic Event

When a traumatic event occurs, it seems disconcerting to take meaning from it since a traumatic event is not something that people feel makes sense. For these religious couples, making meaning out of the event helped bring peace and understanding. Meaning making for these couples centered around how they viewed life and their family. The couples were able to not only view life as more precious than before the event, but also, they became more family focused due the event. Several couples took additional meaning from the trauma that was unique compared to the others.

One meaning that almost all the couples took from their traumatic event was that life is precious. Couple One with the child who had cancer and the Couple Two with the child who had genetic abnormalities both shared that life is unpredictable and reiterated that they now appreciated life more. Both couples shared that they believe life is in God’s hands and that a
person does not know what life will bring; only God does. One very powerful quotation about life being in God’s hands is shared below.

You can’t put anything into the womb that is all of a sudden – No matter what, “We can do x, y and z.” No, you can’t. It’s still in God’s hands. That is truly what I think I take away from it is that, you truly are part of something where there is a higher power, a higher being who controls the purpose. Whatever you want to say, God is in control here and you’re not, so be grateful for what you get (husband, Couple Two)

For these couples, their deeper appreciation for life and a sense that God is in control seemed to help them come to terms not only with their painful events, but also live life to the fullest.

Another meaning taken from the trauma by almost all of the couples was that family became their focus. The trauma served as a reminder to these couples that family is more valuable than anything, even work. This importance of family also led to the couples making a stronger commitment to their religion. None could explain why this was; most just accepted it as something that was needed to survive the trauma. This deeper commitment was through attending church more often for some, others gave back to the religious community that supported them, and others became more active in peripheral activities at their church. Interestingly, until it was discussed in the interview, most did not see how meaning came from their religion.

Couple Five, with the dual trauma, took similar meaning from their child’s trauma as the other couples, but they also found meaning in distancing themselves from the husband’s mother, which was unique to their situation. The husband communicated that he has learned how to handle hard situations directly rather than avoid them. The wife believes that, due to the problems with her spouse’s family, she will be more aware of how she acts a mother and how she wants to be a mother-in-law. Both feel empowered by how they handled the husband’s family but share in the statement below that they are not in control of their daughter’s disability.
I would have to say because we were in control of figuring it out. We were in control of making the decision on what the outcome was going to be. With her {the daughter}, we don’t have that control. Even today, we don’t have that control on how she’s going to be affected.” (husband, Couple Five)

It’s funny because even when she gets upset about everything, I’ll even tell her – It is interesting because I will tell her God gave our daughter to us because he needed us to take care of her. He needed somebody to take care of this girl with a vision impairment, and he choose us. Why I go down that road, I don’t know. I can’t really explain it, but I tell her I wouldn’t change it for the world. If I could fix it medically today, I would do whatever I could to help her, but to wish that we could have a child, we were blessed with a child that was not visually impaired, I don’t ever go down that road. (husband, Couple Five)

The couple, until this interview, had not realized the differences in how they handled both of the traumas. The statement and others made during the interview showed an emerging awareness of how they coped differently with each event. There was much more of a religious experience when it came to their daughter’s disability and an understanding that religion did play a role in their lives.

After going through their trauma, Couple Three, who had been told they had a nonviable pregnancy but instead have a healthy teenager, shared that they believe after going through their trauma, everyone has a purpose on this earth and wonders what their child’s will be. The meaning they took was that a person never knows what God has in store for them and that sometimes people must accept that God knows what He’s doing.

Meaning making is an important part of getting through a trauma. Each couple stated that while they may not have recognized what meaning could be taken from the trauma at the beginning, they can now see what it is. This does not mean any of the couples is happy about the trauma, but that they now have a better belief in what it has taught them.
Religious Coping: Strategies Utilized

While recognizing the effect the trauma had on a couple and its lingering impact, it is also important to acknowledge their ability to cope successfully with the trauma. Each of the couples utilized strategies that worked for them during and after their traumatic events. Some strategies could be classified as secular coping skills often used by religious and non-religious individuals, while others were coping skills specifically comprised of a religious component only a person who is religious tends to use. The thematic analysis focused on identifying the aspect of each couple’s religious faith that served as a coping mechanism for them. There were four religious coping mechanisms that became apparent: prayer, sitting in silence with their partner, church going, and reading the Bible.

All of the couples at one point in the interview talked about living in survival mode during the traumatic events. This is not unusual considering the nature of their traumas. The interesting aspect of their discussion was that all the couples turned to prayer in their time of need. Each couple shared that at multiple points since their traumatic event, they prayed to God either quietly or out loud for help with their trauma. One couple prayed together out loud, while the others either prayed individually or if they did pray together, it was internally while sitting together. The following show the couple’s views on how prayer was a coping mechanism.

Yes, I’m the type of person that I’ll say my own prayers. If I’m feeling bad about something, I’ll say an internal prayer. I don’t feel like I need to go to church for it or I need to pray around other people. Sometimes that’s so if I can’t get it out of my mind that’s one way that I can just take the pressure off my back and let it go. (husband, Couple Four)

When she was going for her formal diagnosis, for her second opinion that’s when I started to get more involved and started to pray a little bit more. It wasn’t just about me
anymore. Now it was about someone else that I really cared about in my life, and I needed something to make sure she was going to be okay. (husband, Couple Five)

I would just sit there and be like, “Please, just let him see that I’m not making this up, that we’re not---” I never went into the church or talked to a priest or anything about that, and I know some people do, but I never did. It was more in the privacy of my own home. Or if we had gone to church, it might have been that you have that time to reflect, that’s what I was reflecting on is what’s going on and that kind of thing, but not-- Prayer would be the only way that it {religion} really came into play, I think, for me. (wife, Couple Five)

I would say, for sure, once I got to that point of being able to think about praying and giving my worries up, that helped. I think that helped with a lot of the anger that I had. (wife, Couple Four)

Prayer to all of the individuals was a crucial piece at some point in their trauma. Whether it was to have “someone” hear them or have support for the event, all used it. Most said that just praying brought comfort. Even though the praying was usually done silently as an individual, the couples shared how they supported each other in the process of praying.

While all couples turned to prayer, some also had family who prayed for them. Furthermore, numerous couples were included in prayer chains. Several of the wives stated their mothers would consistently include them in their prayer chains. While most of these couples did not ask to be on prayer chains, it appears that their families (mainly the mothers) would share that they were being prayed for by others. While most participants did not think of this as a personal coping mechanism, they did view it as a comforting. One woman shared her feelings in the quote below.

Well, we really didn’t have any community at that point because we just moved here. My mother is really big into the prayer chain. My mom has a prayer chain for everything. I’m sure she puts me on it because I go to where I grew up, and I’ll run into people that I know that are on her prayer chain and they just give me this look. I’m like, “I bet I was on the prayer chain this week.” We’ve got that. Our families are pretty religious. (wife, Couple Four)
For this couple, just knowing they were on the prayer chain at different times in their lives has made a big difference. They were aware others were thinking about them and praying for them.

Along with prayer, sitting together in silence became a coping strategy all the couples employed. Most of the couples utilized this as a way to regroup and just be together. It was their way to take a breath and just be present. While this may not seem like a religious coping mechanism, multiple couples viewed it as a religious aspect of their coping as a couple. The statement below sums up very well what most of the couples felt about sitting together quietly.

We like just sit there together. We do a very good job of speaking with silence. That comfort, just knowing that we’re both hurt, that we’re both sad, but there’s really no words to fill that void. Just sitting in silence sometimes is really what we needed to do, I think. Sometimes it’s not fun to say the words again. It’s just nice to just-- We understand each other. We know where we’re at. Let’s just sit. (wife, Couple One)

Interestingly, the couples who shared that they sat in silence together said it made them feel more at peace to just take a moment with the other. Some shared that they prayed while sitting with their spouse, and others talked about how they just could not find the words concerning all they were going through.

Going to church was another one of the coping mechanisms used by the current study’s couples. This was not surprising since research has found that religious couples are more likely to attend church and that regular church attendance often has health benefits (Ungureanu & Sandberg, 2010). While it has not always been clear why church attendance has these health benefits, this study was able to find out why these couples attended church. For some, this was wanting to be where God was, in a sacred space. The couples went to church for a variety of reasons, such as the music, the homily, or the readings, which they found meaningful and/or comforting. Some said it just made them feel less alone in their sadness and grief. Others viewed going to church as a way to connect with their community and feel supported. The
couples talked about feeling that church was a place of shelter from the storm (trauma) or being in a place where others understood what they were going through. Not every couple attended church regularly, but most used going to church as a way to connect with God. Below are several quotations on how the couples saw going to church.

I get more out of the songs. The hymns, that’s more meaningful to me, the silent prayer, than necessarily the sermon. (husband, Couple Four)

We also did follow up. In general, we went to the masses that they would have for the children who died. All like, miscarriages, everything, the whole kit and caboodle. (husband, Couple Two)

Yes. We also had a lot of people that came to the funeral and everything and friends of the family donate masses. I remember we went down to Holy Name Cathedral, so they donated a mass. (wife, Couple Two)

For the couples who talked about going to church, it was not as simple as just wanting to go to church. It was a realization that being at church gave them something that they were not able to experience anywhere else.

The church community then was instrumental in helping most of the couples’ cope with their trauma. Couple Four talked about just coming into the community and needing a connection; church was their connection. Couple One discussed how not only their church, but other churches reached out to help them in their time of need.

I think going to church and being with people that didn’t pity you, they wanted to fight for you, and knowing that they would pray for you. Every day, somebody was thinking about us. That might seem selfish, but knowing that you weren’t alone, because some days you just feel so alone and so scared. There were people that would be like, “You don’t have to be. I will be that for you today. You don’t have to be.” We were able to really use the church as…. There were lots of churches. We had churches that we didn’t even know, friends of friends, “Hey, our church is praying for you.” We had churches send us cards that they were praying for us. We don’t know who they are because they just knew. It was unbelievable. My mom has mission work in Haiti, they were praying for us. People you don’t even know. I think just knowing that there’s power in that, just knowing that you’re not alone. The church provided that definitely in many, many ways. They threw a couple
of fundraisers, they did things, trivia night. Even if I go back home now, they still pray for her and it’s been 12 years. They don’t stop. That steadfast loyalty is pretty cool. (Wife, Couple One)

Almost all the couples shared that the church community had pulled them up in their time of need. Some communities were just there for them with an ear to listen, others brought food, and still others helped them take care of their homes. Most felt their church was and is still valuable in keeping them going. Multiple couples mentioned that it was a positive experience when one or the other spouse spoke with their clergy or a religious mentor. Couple Two confirmed that their church community was significant in getting through the pain of losing their child.

While most couples did not talk about reading the Bible, there were several wives who stated this was important to them. They stated that it helped them be more aware of God’s plan, even if it seemed unclear at the time. The wife in Couple One shared that there were times when she would get upset and open the Bible and be “put back in her place.”

And that one time I got mad and said, “There’s no God.” I got the Bible and it said that fools are the ones that don’t believe. It came right back and hit me hard. I became positive very easily. If I did get negative, something definitely happened to swing me back over to the positive side.

The wife quoted above, along with a few other wives, discussed how at times they became so angry at God for what happened in their life. It was an experience they felt guilty for because each shared that if you are a good Christian, you are not supposed to get angry at God. The good that came out of these moments is that they shared their feelings with others and were able to realize that it was okay to feel anger. They were able to work through their pain, anger, guilt and sadness with this support.

Through the traumas these couples’ experienced, religious coping strategies became at times a lifeline. The couples all shared that support was crucial to successfully navigating the
trauma as a couple. Religious coping was a way that not just individuals, but also couples, made their way through a traumatic event.

Religion’s Effect: Effectively Navigating the Trauma and Coming Out Stronger as a Couple

For the couples in the study, religion was very important in how they effectively navigated the trauma. Several of the couples knew that religion helped get them through while they were going through the trauma. However, other couples did not see how God and their religion helped them effectively navigate the trauma until it was over. Either way, the consensus was that God and their religious coping pulled them through the storm.

Most of the couples spoke of an instance in which they felt God was working through someone else to help them make it through the trauma. This intermediary could have been the church, pastor, friend or loved one. The woman who lost her first born (Couple Two) commented:

It’s almost like things happened, not just things happened, kind of things happen for a reason. What are the chances of the pastor at our church knowing my dad? He did our funeral. He came back to our house after our funeral luncheon, he and my dad, reconnected all that, it was all kind of weird how it all happened.

This comment shows how one of the couples was pulled through due to support from their church.

Our church didn’t let us go negative. We were not allowed to go, they kept pulling us back. (wife, Couple One)

One main intermediary mentioned by a lot of the couples was a parent of one of the spouses who had a sold faith foundation. These couples mentioned how the strong faith of a parent helped them stay solid through their trauma by having something to hold onto. This was true for three
of the couples (Couple One, Couple Three and Couple Four) who identified the key role of the mother of the wife being a positive religious influence.

Most of the couples talked about how their solid faith got them through their most painful periods. Several couples shared that they do not know what they would have done without the consistent understanding that God was there, and He was looking over them. Several couples talked about how religion was an integral part of their lives. One shared in the statement below how God pulled them through the rough times.

He [husband] said, “God doesn’t do this. God doesn’t do bad things to people. God carries you through. Life happens, God carries you through.” That was what he had told me and that has stuck with me, and he said that many, many times. “Life happens. God carries you through if you let him. You just have to let him do that.” (wife talking about husband, Couple One)

The wife in the couple who had the child with cancer shared many profound moments in which God and religion pulled her through. She had a framed list of all the Bible verses she would randomly open to in the Bible or find somewhere when she was feeling angry or low.

Reading my Bible. I’ll never forget. My mom just always say, “Just go open your Bible.” One time I was very angry and my mom said, “Bite your words. Go up and open your Bible.” I literally opened to a Proverbs verse, “Those who don’t believe are fools.” We found a verse on an orange juice can one morning, our daughter hadn’t wanted to eat. She finally went up and said, “Orange juice sounds so good.” I’m like, “Oh, we don’t have orange juice in the house.” Jeff was like, “I think there’s a can down in the freezer.” I went, that can happen to be an Isaiah 41 verse, “Do not fear, I am with you. I got it. It happened on more occasions than I can count.” (wife, Couple One)

In summary, all of the couples saw how religion was key in getting them through their traumas. While Couple Five with the dual trauma did not see that religion played a role in how they effectively navigated their first trauma, they did see the impact of how it helped with the second trauma concerning their child. Multiple couples shared how God, each other, their religious community, and/or their family carried them through.
While this study focused on whether couples used their religion to cope with trauma, a key theme emerged that found the couple relationship appeared to strengthen through coping with trauma. This follows the idea that religion may provide a protective layer, as described in Chapter 2, for people when trauma occurs. The couples in the study all shared that they learned to turn toward each other in times of trauma and stress rather than turn away. It is not that the couples did not at times need space, but they did not stay disconnected from their spouse for long. The couples all reiterated at some point that when a person has the kind of trauma they had, it will either make or break the relationship.

You really have to be together on it. If you don’t, it will crush you. That didn’t happen. We definitely got stronger. We also, like you said, we grew up that day. We really grew up. I always looked at it as, extreme happiness and then extreme sorrow. (husband, Couple Two)

Yes. You realize God’s in control, not us. (wife, Couple Two)

All the couples shared that the trauma brought them closer as a couple and made their bonds stronger and more secure. Several wives shared how they (as a couple) supported each other more and loved each other more after the trauma.

If he and I can go through that, we can go through anything. If you can be that torn apart and be that feeling of-- If you can go through that together and come out of it on the other end, not much else could possibly-- We’ve figured out how to deal with each other. You know you can take it out on each other and still love each other in the end. (wife, Couple One)

As far as any traumas that we’ve had as a family since then, the other child having RSV, your father passing away, your grandmother passing away and my dad tried to kill himself multiple times. It may have been a trauma that only one of us experienced up close, but our faith has made it much easier to be there for each other. Again, not necessarily praying, sitting and praying out loud together, but—being there for each other. (wife, Couple Three)

This constant support, love and commitment was seen in all of the couples. Even when some felt that they could not take it, they shared it was hard to picture themselves without the other person. Even when things were at their worst, the couples all talked about the understanding that they
could not see going through life without their spouse. Some of the couples talked about the “blind faith” they had concerning their spouse. These couples disclosed how hard it would be to not have that faith and support from their partners.

It’s that weird, don’t laugh in my face [laughs]. It’s that blind faith. I know I can count on him. I know that he won’t… I know that he can trust that I won’t do that either. I’m here. I’m not going anywhere. (wife, Couple One)

A few of the wives talked about their husband’s steadiness. They shared how the husband gave them a calmness when things got rough. The wives relied on their husbands’ ability to stay solid when things got rocky.

Yes. Oh, absolutely. Definitely, his steadiness helps me a lot. There are times when I’m just not-- I’m struggling, and it’s good that he’s there, steady, to pull me up. (wife, Couple Four)

In summary, the couples all talked about how the trauma made them stronger together.

Some of the couples talked about how they created deeper religious roots due to the trauma. Couple Three, where the husband was newer to their faith, shared that he became more solid in his faith because of the trauma they endured. He said this was due to his wife’s faith being so strong that it also helped to pull him through. Couple Four shared that they finally settled into a church community due to the trauma of their son’s blood disorder. They finally found roots because they both stated they needed a place to call their spiritual home. For all of the couples, religion played a positive role in how they were able to effectively navigate the traumatic events.

Relationship Changes: With God and Religion

All of the couples agreed that they changed due to the trauma. When asked questions about how it changed their relationship with God and possibly reshaped their faith and religious
practice, most had similar answers. God seemed to be a relational resource to talk to and turn to for the couples, whether individually or together. Their faith either became more solid or stayed as solid as it was prior to the trauma. Most couples shared how without God and their religion; they were unsure how they would have coped. None of the couples became less religious or turned away from God because of the trauma.

Couple Two spoke at length about how they did not know how a person could cope without God or religion in their life. They wondered how anyone could make it through without spiritual support.

If you truly believe in nothing, then the odds are you probably won’t get through it. You really won’t ….. If you will, you’ll be a shell of yourself, a shell of what you’re created to be, and you will wallow. You will be living in the past and your present will be pretty gloomy. (husband, Couple Two)

Couple One talked about how their relationship with God and their religion stayed the same. The husband did not have any changes in the way he believed; he remained strong in his faith. He believed that God was there and that He would help them through. The wife shared a list of Bible verses that she found comforting during her daughter’s bout with cancer. This would occur when she was at her lowest. She would open the Bible, and there were the comforting passages. Because this happened to her so many times, she printed and framed a list of all the Bible verses that showed up at the perfect moment. The wife described a profound experience in which she felt she was being hugged.

I always grew up knowing that he was there, there was always God. I’d never had to come to the point of where, “Yes, I’m a believer,” I just always knew. When she got sick and I had to really explore that faith, and I had to really test it a little bit, I know that I found out why I was a Christian. Since it’s always just been a part of me, I never had to analyze it. When I realized why I’d been tested and I do need to figure this out and starting to get some of those weird Bible verses, and starting to hear-- It sounds weird, but in that silence, I could hear answers in my head. I would get that piece. I would get that sense of, “Okay, you really are not alone.” I know that night, when she was diagnosed, I went and sat in that
waiting room and it was dark and I was alone. I hadn’t even voiced anything, but I felt that and then, all of a sudden, I could just feel like I’d been hugged. It was such a comforting— I would say it actually showed me why I’m one. I was able to analyze and actually know this is definitely why I’ve believed all my life; because this is where I get my rest, my comfort, and my hope.

The wife also shared what her daughter said about her going to pray.

I don’t know where she got that from but watching her go through and be so strong was another reinforcement. The other thing that really got me was one month in, I didn’t really cry in front of her, and it had been a rough night. We had her home. I think I dumped maybe 20 medications on her. I was exhausted. I just started crying. And she looked at me, she was like, she was three at this time, she was like, “Why are you crying? I have cancer, you don’t.” I was like, “Okay.” She said, “You just keep praying. I have cancer, you don’t. You go pray.” She was three and that was a kick in the pants too to let me know, “It’s okay to cry, just don’t be pitiful crying with her. She needs you to be a fighter, not a pitier.”

Couple One felt their religion and relationship with God mainly affected them positively during the time their daughter was fighting cancer. The husband believed that God did not do anything to his child, but that God was with him while they were fighting for her. The wife at times struggled with her devout faith and then her anger at “someone” for her daughter having cancer. Overall, they felt that religion held them up and supported them. “I just had the faith and I believe in free will, it’s nothing God did to us. He’ll help you through and you just go through with it” (husband). While Couple One perceived their religion as constant throughout the trauma, it seems that the wife increased spiritual practices had important spiritual experiences in the process of coping with the trauma.

Couple Two had always been very religious and felt they always had a strong relationship with God. Both said that if their faith had not been as strong, they do not know how they would have gotten through the death of their son. The wife shared she felt her family owning a funeral business and being part of the Catholic faith gave her a better foundation for dealing with the death of her son. The husband shared that even with his parents being divorced, he still valued
the church community as a child and into adulthood. He shared how he felt after going through the trauma:

If you go through this and then you don’t have a deeper appreciation for life-- I strongly say that all the things are said, “You need to go get peer support.” “You need to go find out as much as possible.” “Whatever questions you had, you need to go and seek answers from multiple venues.” You definitely need religion. You definitely need something spiritual to awaken or remind you, because I don’t care-- I’ve had plenty of good friends, good people that I know who will say, “I’m an atheist.” “I’m an agnostic.” “I don’t believe in God.” They all do believe in some type of higher power or higher being and the need for having a quiet meditation. You can’t find a person on this planet that can deny that.

Both talked about how if they had not had a relationship with God and a strong faith, they would not have made it through. They shared that they had seen other couples who did not make it through their trauma together due to their lack of religion and not being part of a religious community. The wife shared that finding a solid “church home” right after her son’s death helped give the support they needed. Couple Two believed that God, faith, and their religion got them through when things became rough. They both felt that their faith grew from this traumatic event and continues to grow.

Couple Three was different than the other four. Whereas the individual partners in the other couples were religious for a comparable length of time, this couple had differences in their faith backgrounds. The wife had been a Catholic her whole life, while the husband was new to the faith when they experienced the trauma. She had a strong belief that God was right there with her, while the husband was still trying to grasp the idea that there was someone there for him. The husband talked about how the whole traumatic event made him more aware of what being Catholic meant to him and how he discovered that God was there. He shared that because his wife was so sure in her faith, it made him nervous about “the right way” to be Catholic. The wife spoke about how her faith helped her through the painful period and how getting through
the trauma made her feel more solid in her religion. Her experience was that God and her religious community were there for her.

Maybe after any trauma that I have in my life, because frankly every trauma since then, my sister almost dying, my dad, me finding him after he tried to kill himself and the other times, he’s tried to kill himself, my aunt with cancer diagnosis. Maybe I’m just someone who sees that positive at the end because of Christ in my life and I still would’ve been able to do that. I can honestly say that I don’t know. I don’t know if there will ever be that straw that breaks the camel’s back. (wife)

The husband spoke about how his faith is still a “quieter faith” than his wife’s and he is less overt in how he shows it. However, his belief in God has solidified and his religion has deepened. He talks to his priest regularly and his faith is growing. He shared he used to be afraid of death, but since becoming a Catholic, he is less afraid.

I’ve been more apt to talk to the priests because of these things happening. Because I’ve always- before these things happen, I don’t think I would have talked to a priest about hardly anything. Even going into a confession was really just-- that was just not something I would think of doing, but I got more comfortable with confessions just mostly just like you’re doing. Talk to somebody, kind of a therapy session, just to remind me that it’s not about me. This is all one big system and you’re just a part of it. (husband)

One of the things that’s different from me, I used to really be scared of death when I was a kid. It was just popping out of my sleep, just the thinking there’s nothingness after you die, but the more I’m around, it’s almost like I’m talking like my oldest son. That there are so many bad things going on in this world. This cannot be the final answer. There’s got to be an afterlife. There’s got to be a heaven because this is not heaven. There are so many bad things, there are so many people in pain that this could not be it. To think that this is it, I think that’d be completely wrong. That’s where I look at it, there’s got to be an afterlife. That’s part of the reason I went to be baptized, that I want to be baptized the same as my family. (husband)

Neither viewed God as having done bad things to them. They admit that a lot of traumatic events occurred in their lives, but not once had either said that God did this to them.

When they were told that their pregnancy was nonviable 17 years ago, the wife stated that maybe her recovery would have been different if she had not ended up having a healthy pregnancy. Yet
she believes that her faith is too strong to not have coped successfully. The husband felt that since he came into the Catholic faith, he has become stronger in his religion. The wife stated that her faith is definitely stronger today than ever, and both believed that the experience of their first pregnancy only increased their belief that God is there for them.

Couple Four had never been actual members of a church as a married couple until their trauma. They have both been religious their whole lives and known God was there, but while married never committed to a specific church. Since they were constantly moving due to the husband’s job, they never stayed in one place long enough to establish religious roots. When their son became ill, the husband felt the need to have a religious community since he needed more than just knowing God was there. Once he found a church that felt like a good fit, the wife realized that she needed the religious community support as well. Since the wife initially was very angry and questioned God about the diagnosis of her son, as she had stated previously, it took her a while to feel connected to the church. She did a lot of soul searching and praying about the anger and sadness she felt. She talked about how having great memories as a child at church made her overcome the anger and sadness because she wanted her children to have that experience. She was able to work through her anger, work through her pain, and find meaning as well as a community in her religion again.

We definitely became more committed. I became pretty involved in the church. I did a lot of different things….Having that happen, needing a sense of community, and then also that religious piece to just bring yourself almost like, more of calm. I think. (wife)

The husband shared that he gives it to God. What the husband means when he says he gives it to God is that he has always been positive about religion and always used prayed, which helps him let the anger go. They both say that she still struggles to “let it go” at times, but that he and their church community help her find the peace she needs. Interestingly, they both feel closer to God
and more religious even with differences in how they dealt with the trauma. The wife stated her changes for the good came from her husband’s understanding, support, and love.

Couple Five talked about how they both still struggle with their religion. They agreed that they are religious and that prayer and a relationship with God are constants in their life. The husband shared that he goes to church and feels a part of a community. The wife wants her children to have a sense of faith and religion. Religion for both has changed since they have been through their traumas, and it seems to still be evolving. It appeared that it was their daughter’s trauma – not the trauma with the husband’s family – that made them turn to God and seek out their religion more. The older they and their children become, the more they want their children to have God and religion in their lives.

All our kids have been baptized; they’ve all made their first communions. Two of them have been confirmed. The other three will have their confirmations when the time comes. That was something that we did agree. (wife)

Yes. All the decisions we’ve made about the kids and their religion and their practice have all been mutual agreements. (husband)

Both shared great memories about their religious life, yet they also had bouts of questioning their religion. They talked about not feeling like they have always been good Christians due to questioning their faith at times and being angry at God at points in their life.

Couple Five shared that they have both negative and positive effects from religion. The wife shared that she feels she cannot be a “good Catholic” if she cannot forgive and forget what her mother-in-law has done. The husband communicated that he was angry at God for a long time for the death of his grandmother. Both shared that they did not feel positive about their religion during their traumatic family events, but ironically, when it came to their daughter’s health, both shared that they prayed and turned toward God to take care of her: “When it comes to the kids, their health and their wellbeing, that’s when I go to religion” (husband).
Both also acknowledged that when things were not in their control, they turned to God. While neither admitted they are devotedly religious, they do attend church and believe that religion is important in their family’s life. They felt they have grown as a couple and that through their traumas, they have learned. For Couple Five, it seems that their faith has been helpful in coping with their daughter’s disability, but a lack of resolution with other painful experiences is where their faith apparently has not been helpful and has created ambiguous feelings about religion.

Each couple had a relationship with God before the trauma and noticed some change in their religion during and after the trauma. Some who had a strong faith, grew more solid. Others who were unsure of their religion became surer of their religion and what it means to them. Interestingly, all the couples became more unified as a couple regarding how they viewed their religion and how it has guided them since the trauma.

In closing, the couples in the current study felt that the trauma drew them closer to God and made them feel stronger about their religion. They talked about how each time they felt God was there for them and that their religion provided support. Some of the couples have had traumas since the one they focused on for this study but coming through the prior traumas seemed to prepare them for subsequent painful events. Some shared that their experiences brought them closer to God and solidified their religious beliefs.

I know the night before her last chemo, we were pretty good about letting her know what the next day was going to be like. If we were waking up at four in the morning to go to the hospital, we let her know, “Hey, we’re going to wake you up in the morning.” And her three-year-old, four-year-old, five-year-old little self. [chuckles] The night before, it was her last chemo, and she had said a few things. She was three, four, and five, and she’s six. Like what kids say, but it made me scratch my head. But I went in there and I said, “Tomorrow we think is your last chemo as long as your blood counts are good.” We think, we don’t know, that making sure she knew it was no definite but a positive. She said, “Mama, Jesus loves me. I’m okay, tomorrow is my last day.” (wife, Couple One)
I’m just glad I had religion. I think, without it, it would have been a whole different ball game for us as individuals, for us as a couple, for us as parents, and for our kids, looking at us as parents, and as a support system. I think, all those different angles, without it, Because we watched. At the hospital, you could tell. It was pretty eerie. I could tell if they went to church or if they didn’t go to church, or if they believed in God or if they didn’t believe in God, or it was Allah. Whatever it might have been, you could tell their faith. (wife, Couple One)

Other couples reported that they maintained a strong connection to both God and their faith.

Throughout the interviews, it was apparent that there was a strong connection between the husbands and wives. Most conveyed a confidence that their bond could not be broken if this trauma did not do it. They shared it was hard to differentiate between God and their religion and their tenaciousness as a couple when it came to how they coped. Instead they believed that these things are interwoven and that all of the pieces make up their strength as a couple. Several couples described how their faith and relationship grows as they get older, and none could even fathom not being with their spouse after all they had been through.
CHAPTER 5
DISCUSSION

The purpose of the current phenomenological study was to explore the role religion may play for Christian couples who successfully cope with a trauma. Through semi-structured interview questions, the researcher was able to gain insight into five couples’ traumatic experiences. Through these interviews, the two main questions were explored: 1) What religious coping strategies are used during and after traumatic events and 2) What effect does religious coping have on a couple’s ability to effectively navigate a traumatic event. This chapter explores the major religious coping themes that surfaced during analysis as well as how these themes aligned with the published research discussed in Chapter 2. The discussion also includes assumptions and limitations as well as the implications and future research.

Research has shown that when couples deal with a trauma, like the death of a child, it affects the way they work through the trauma individually and together (Bergstraesser et al., 2015). Other studies have found that religious coping is important in the way couples handle the trauma (Ungureanu & Sandberg, 2010). The findings in the current study revealed a link between religion and how these couples successfully coped with and navigated the traumatic experience. Several couples in the study stated that their religion made the traumatic event and other stressors less intensive and gave them strength to face the event together.
Whereas most research has studied parts of religion, coping, trauma and couples (such as how couples cope with trauma or how religion impacts couples’ relationships), the present study delved into how religion affects couples coping with a joint trauma. The couples in this study shared how their experiences were affected by their religion. Furthermore, the data show their religion was helpful in coping with trauma and they did end up utilizing religious coping mechanisms. After coming through their trauma, all the couples shared that they were stronger after the trauma and that religion helped pull them through.

**Meaning Making of the Traumatic Event**

Finding meaning from the traumatic event by couples in this study parallels Park’s (2005) assessment of how religion affects a person’s meaning making. While Park (2005) and Pargament (1997) both studied individuals, their findings are consistent with the current study’s involving couples. The couples viewed their traumas through the frame of their religion. The couples did not separate how religion affected their coping because their religion was embedded in how they dealt with the world. They were able to, as a unit, find meaning in their shared trauma, which was consistent with Park’s (2005) meaning making coping model for individuals. In Park’s model, a traumatic event creates a crisis between appraised significance (e.g., the event is unfair or punishment) and global meaning (e.g., God is good, or children should be born healthy). To deal with this incongruity successfully, the global meaning system needs to reappraise the event (Park, 2005). At times, several of the couples did find difficulty in understanding why the trauma occurred, but the way they spoke about their religion helping them through their trauma was consistent with Park’s model. It was communicated by the couples that their understanding of God and their religious perspective was part of how they
were able to deal with their traumatic event. As Park (2005) discussed, the couples (like individuals) used their global meaning system to help them understand and reappraise the events that did not make peace with the trauma. This was true of multiple couples in the current study.

Religious Coping: Strategies Utilized

Studies have found that couples cope with trauma in different ways, but only a few studies focused on religious coping in couples (e.g., Ungureanu & Sandberg, 2010). Coping by couples typically includes both individual coping and dyadic coping mechanisms (Bergstraesser, Inglin, Hornung, & Landolt, 2015). Only a few studies focused on religious coping in couples (Ungureanu & Sandberg, 2010). The religious coping strategies employed by couples was the primary focus of the current research study. All of the couples in the current study used multiple types of coping when dealing with the trauma, similar to what was found in research (Bergstraesser et al.). Furthermore, the couples used religious coping mechanisms to deal with the trauma although they often did not separate what was religious from what was just coping. For the couples in the study, coping was all rather than separated by whether it was religious or not. The couples believed that religious coping was a part of them, just like any coping mechanism. It was clear from the way the couples all talked that they would utilize whatever strategies they needed, whether religious or not. The couples shared that while dealing with the trauma, even if they used individual coping mechanisms, they still utilized dyadic coping mechanisms more. Most of the couples shared that to get through their trauma, they needed each other most and relied on each other as their strength. The dyadic coping for the couples included giving their worries up to God at times and being able to “let go” of some of their problems.
The couples showed several coping mechanisms unique to religious individuals: prayer, going to church, and finding support through clergy and religious mentors, which were consistent with several studies (Ano & Vasconcelles, 2005; Unantenne et al., 2013). Pargament’s (1997) research on religious coping, discussed in Chapter 2, found four universally effective religious coping mechanisms: a) spiritual support, b) collaborative religious coping, c) benevolent religious reframing, and d) congregational support. While Pargament identified these types of coping skills for individuals, they were also being utilized by the couples in this study. Most of the couples shared that they had “felt” God’s love and support during their trauma and believed He was there providing strength and guidance, which was Pargament’s (1997) spiritual support mechanism. Several of the husbands talked about when they would pray to God and felt that He helped them gain peace and understanding of the trauma.

Collaborative religious coping is the perspective that people and God work together through a crisis (Pargament, 1997). The men in the current study, in particular, did not speak of God solely solving their problems, but there was the belief that God was involved in helping them to cope. Most of the couples also shared that God did not cause the trauma. Instead they believed Him to be a kind and loving God who was in control. This theme is consistent with Pargament’s (1997) concept of benevolent religious reframing, i.e., the ability to make meaning out of painful events. This coping mechanism plays an important role in the reappraisal process necessary for Park’s (2005) meaning-making model.

A key theme that also came out of the interviews in the current study is the amount of congregational support that was used by these couples (Pargament, 1997). While the support did not include formal support groups or grief support groups, it did include informal support consisting of the use of prayer chains, church community, clergy and attending mass to help
them effectively navigate the trauma. Most of the couples said they had church communities who helped pull them through with their constant love and support.

A specific item that was discussed by couples in the study was why they attended church. When the couples talked about church attendance, it was not just about when they attended services. The couples spoke about why they went to church. Most took different meanings from going to church. Some were there for the quiet connection, some were there for the homilies that made them feel less alone, others said it was for the songs, and others for the connection to the religious community. What was interesting is that most of the couples spoke about their reason for going to church without being prompted. It was a spontaneous sharing of information concerning how their religion impacted their life. Most of the couples said they had church communities who helped pull them through with their constant love and support.

Along with the four effective religious coping mechanisms discussed in Chapter 2 were also the “five key religious functions” used by Pargament, Koenig and Perez (2000) to measure religious coping in individuals (p. 521). While the current study was qualitative and concerned couples rather than individuals, it is still worth mentioning the similarities in the findings in Pargament et al.’s (2000) study to the present one. They stated, “It is not enough to know that an individual prays, attends church, or watches religious television. Measures of religious coping should specify how the individual is making use of religion to understand and deal with stressors” (p. 521). The current study found that this was the case as well for the couples. It is interesting that similarities were found in how individuals religiously cope with trauma and how couples in the present study used religious coping. The couples were able to use their religion as a “framework for understanding and interpretation” of the traumatic event together (p. 521). As was stated in the results section, the couples all found comfort in their religion during and after
the traumatic events by having God with them. It was also seen that the couples and their families shared that the trauma had transformed them into more of a couple and family due to the understanding that life is precious, and family is important. The couples shared that religion helped them in many ways, especially helping them get meaning out of the event.

Religion’s Effect: Effectively Navigating the Trauma and Coming Out Stronger as a Couple

With the ability to make peace with what happened due to the traumatic event, the couples believe that they became closer and their bond became stronger. The couples in the study all saw positive outcomes to their relationships after the trauma. Consistent with the literature reviewed was how religion can make couples stronger after a trauma (Ungureanu & Sandberg, 2010), the participants discussed how their religion has influenced their marriage and life, how coping with trauma has changed them, and how they have changed from the experience. Couple One, who had a daughter with cancer, said they could not see making it through the trauma without the help of God. This was reiterated by Couple Two who lost their first child due to genetic abnormalities in utero. This theme exemplified how religion can be a protective factor for the couples, which is consistent with much of the research. Religion has been shown to be a protective factor for couples (e.g., Dollahite & Lambert, 2018). It is not surprising that when faced with a trauma the couples in this study would feel that God helped them through.

It was evident throughout the interviews in this study that religion did play a key part in all the couples’ abilities to effectively navigate and recover from trauma. Most of the couples shared that they effectively navigated the trauma because of their religion, how it helped them cope, and how it even strengthened them as a couple. Throughout the interviews it was
consistent that they felt religion helped the couples cope with the trauma by making sense of the trauma. Again, this is consistent with research that has shown how couples turn to religion in times of need (Ungureanu & Sandberg, 2010). In addition to effectively navigating the trauma with religion, all couples said they would not have made it without their spouse by their side. One of the couples talked about how their crisis caused them to think about divorce, but neither could actually picture themselves without the other. Religious coping, including prayer, church support and spousal support were crucial combination for these couples to come through the trauma successfully.

**Marriage as Sacred**

While this study focused specifically on religious coping mechanisms, it is clear that the couples in the study felt their bond, including marital satisfaction and sacredness of the marriage, was a key factor in effectively navigating their traumatic experience. While this was not specifically studied, it does need to be recognized that all the couples talked about how their marriage was the foundation of their strength and kept them committed to each other. All of the couples shared, without saying it in specific terms, that they viewed their marriage as sacred, which is consistent with the sacredness that Mahoney (2010) found in her study of couples explained in Chapter 2. It is worth mentioning that the couples shared this theme on their own while being interviewed. There was never a specific question about sacredness or commitment. The couples spoke openly about the strength they received from each other and the commitment they felt toward each other. It may be that religion played a role in these couples’ perception of commitment and the sacredness of their marriage.
Resilience

The current study helps to fill a gap in research concerning the role religion plays in Christian couples who successfully cope with trauma. While this study focused on religious coping and how it helped couples effectively navigate a trauma, additional themes gathered in the study are also valuable for consideration by therapists and researchers working with couples coping with trauma. While the interviews provided rich data on the subject studied, information came out that was unexpected. The one that made the most impact was the resilience seen in the couples.

While this study did not address resilience, there were moments when, based on research, these couples may be more resilient than others. Resilience, according to Walsh (2003), “is the ability to overcome adversity, strengthened and more resourceful. It is an active process of endurance, self-righting, and growth out of crisis or persistent life challenges.” (as cited in Walsh, 2008, p. 41). Resilience is not only an individual trait but can also be seen in couple relationships (Walsh, 2008). This relational resilience includes “a collective emotional and social intelligence that includes awareness and factors such as generosity, curiosity, healthy boundary setting and interpersonal sensitivity.” (Skerrett & Fergus, 2015, p. 27). Resilience was observed in the couples as they spoke about their trauma and how they successfully moved through it. Again, resilience was not a question that was asked or even recognized by the couples. Instead, the theme of resilience was seen through how they discussed their traumas and stressors through life. It seems reasonable to conclude that religion played some role in the resiliency of the couple that resulted from their many stressors and life events.
Conclusion

While most studies pertaining to couples conduct separate interviews, the researcher for the current study chose to interview the couples together. Lambert and Dollahite (2008) conducted a study where they interviewed the couple and found that while interviewing together, the partners shared information and gave each other reminders that would have been lost in an individual interview. It was apparent that interviewing the couples together gave the researcher richer data in the current study than would have been obtained through interviews. Several times a spouse would say something that triggered the other spouse’s memory. Due to the joint interviews, several couples learned important information about one another that had not been previously shared when the trauma was still fresh. The joint interview was a pertinent piece of the research that was helpful in obtaining more detailed information and in giving individuals a fresh look at the trauma through their partner’s eyes.

The study looked to identify whether religion played a part in how couples cope with traumatic events. Through the sample that was interviewed, there is merit in saying religion may play a crucial part in a couple’s ability to effectively navigate a traumatic event. Previous literature has shown that individuals use religion as a way to cope and that couples who are religious tend to do better with stress than non-religious couples (Grossman et al., 2004 as cited in Ungureanu & Sandberg, 2010; Koening et al. 2001). The results of the study support the notion that religious couples use religious coping to successfully deal with a trauma. A significant finding of this study is that many of the individual coping mechanisms were employed by the couples. Another valuable finding was the way people make meaning of a
traumatic event seemed to transfer to how couples deal with trauma. It appears the couples felt very successful about having navigated their trauma due to their relationship with God.

Assumptions and Limitations

There were several assumptions and limitations in this study. One assumption was that couples who are religious will effectively navigate a trauma. Another assumption is that the couples would use religious coping mechanisms. While both of these assumptions were supported by the current study, it may not true of all religious couples who successfully coped with trauma.

The current study had several limitations. The main limitations were the small sample size of five couples and the use of only Christian couples, specifically Methodists and Roman Catholics. The former limitation means that this study is not as potentially generalizable as a larger sample would be. The later limitation does not allow for how couples from other religious communities would respond. The couples were all over the age of 40, which does not allow for how younger couples would have responded to the traumatic events. Another limitation is that while successful coping was address, the influence of resilience was not. While there are multiple assumptions and several limitations, the knowledge gained from the current study is still important for starting to fill the gap in how religious coping may help couples effectively navigated a traumatic event.

Implications and Future Research

Through qualitative methods, this study examined how religious Christian couples dealt with a traumatic event. The focus on coping included how they came out of the trauma and how
they felt in the future about their religion, God and their marriage. While interviewing the couples, it was found that they used a diverse group of coping skills that included individual and dyadic coping skills. There are many implications for therapists and clergy to consider as well as ideas for future research that emerged from the key themes of the study.

When working with couples experiencing a trauma, therapists and clergy would benefit from awareness that couples may use religious coping mechanisms. Couples appear to employ many of the coping mechanisms identified by research both individually and dyadically. This implies that couples are not as different as individuals in how they deal with religious coping; they just end up working through it together. In therapy and counseling, the therapist or clergy could help foster the integration of religious coping mechanisms in therapy. Furthermore, future research could investigate the possible link between religious coping in individuals and religious coping in couples.

Along with understanding more about religious coping in couples is the concept of what makes them able to effectively navigate a trauma. Religious couples are shown to have higher marital satisfaction and more solid marriages (Olson, Marshall, Goddard & Schramm, 2015). The question arises: how does this relate not just to stressors but also to traumatic events in a couple’s life? More research needs to be conducted about how having a solid marriage as a religious couple, fosters the ability to effectively navigate a traumatic event successfully.

While the current study investigated how religious couples dealt with trauma, it was limited in scope due to all of the traumas involving only their children. While many would say trauma when their child is involved it is the most difficult, it would be important in the future to also study religious coping in couples with other traumas since there are many traumas that a
couple can suffer. These other traumas such as infidelity, infertility and spousal illness or disability and caring for aging parents should be researched.

Another piece that was identified but not explored in this research was the importance of counseling in the process of trauma. These couples were all more than eight years out from the trauma. What was interesting is that only two of the couples had counseling for their specific trauma. It is important to recognize that while these couples survived their trauma, most without counseling, this may not be true of most couples. The understanding of how counseling fits into religious couples dealing with trauma is a very important area of research that still needs investigation.

Studies linked better problem-solving skills and conflict management skills to joint religious activities (e.g., Rauer & Volling, 2015). While this was not brought up in the current study, it does make for future discussion on whether religious couples who experience trauma are able to problem solve better due to joint religious activities. The couples in this study did state that they worked as a team to get through the trauma as well as being more understanding of each other due to the trauma.

Overall, there are many avenues for future research that correlate with this study. This was a preliminary look at the possible implications for future research and how it can help others dealing with traumatic events. This qualitative study was most important in finding themes of how religious couples coped successfully with trauma. It may provide an impetus to expand the study of couples through more extensive qualitative research and/or begin to pave the way for quantitative studies of the use of religious coping by couples.
REFERENCES


APPENDIX A

FLYER TO CHURCHES
Request for Participants

I am a graduate student at Northern Illinois University (NIU), in the Human Development and Family Services Department. I am conducting research for my Master’s Thesis. The goal of the study is to gain knowledge in how religious couple’s cope with trauma.

Participants requested are couples who have had a combine trauma at least three years ago. Both partners must be active in the same Christian faith both currently and at the time of the traumatic event. The trauma also needs to have been during their marriage to qualify. Trauma can include but is not limited to: infidelity, child death, child or spousal illness, major losses or abuse. The purpose of the study is to understand how couples cope with trauma and how religion may play a part in the coping process.

If any of your parishioners are interested in participating in the study, please let them know to contact me directly at the e-mail or phone number below.

Thank you for your consideration.

Sincerely,

Bernadette Collins

Marriage and Family Therapy Graduate Student
Northern Illinois University
APPENDIX B

LETTER TO POSSIBLE PARTICIPANTS
To Whom It May Concern,

Request for Participants
I am a graduate student at Northern Illinois University (NIU), in the Human Development and Family Services Department. I am conducting research for my Master’s Thesis. The goal of the study is to gain knowledge in how religious couple’s cope with trauma.

Participants requested are couples who have had a combine trauma at least three years ago. Both partners must be active in the same Christian faith both currently and at the time of the traumatic event. The trauma also needs to have been during their marriage to qualify. Trauma can include but is not limited to: infidelity, child death, child or spousal illness, major losses or abuse. The purpose of the study is to understand how couples cope with trauma and how religion may play a part in the coping process.

If you and your spouse are interested in participating in this study, please contact me at the e-mail or number below. If you know of another couple that may be interested, please give them my information and have them contact me directly at the phone number or e-mail below.

Thank you for your consideration.

Sincerely,

Bernadette Collins

Marriage and Family Therapy Graduate Student
Northern Illinois University
APPENDIX C

CONSENT TO PARTICIPATE IN A RESEARCH STUDY AND CONSENT TO RECORD FORM
Title of Study: The role of religion for Christian couples who successfully cope with trauma

Investigators
Name: Bernadette Collins
Dept: HDFS/MFT

Key Information
- This is a voluntary research study on how couples cope successfully with trauma and what role religion can play in this.
- This study will take about 90 minutes and involves filling out a demographics form and answering questions about the trauma that the couples have been through.
- The benefits include an opportunity to work through aspects of trauma the couple was unaware of and areas that may have been too sensitive to talk about when the trauma first occurred.
- The risks include possible emotional discomfort due to discussing the trauma again and possible new emotions that could arise due to the discussion of the trauma.

Description of the Study
The purpose of the study is to understand how couples are able to successfully cope with trauma and how religion may play a role in this coping. If you agree to be in this study, you will be asked to do the following things: fill out a demographics form and answer questions concerning your past trauma during an approximately 90-minute interview.

Risks and Benefits
The study has the following risks. First, you may feel emotional discomfort during the interview and after the interview due to discussing the sensitive issue of your trauma. Second, possible new emotions or issues may arise due to the discussion of your past trauma. Third, while every effort is made to provide confidentiality, including using pseudonyms, there is a potential for a breach of confidentiality due to possible identification of participants through the video or audio recordings. Every effort is made to minimize these risks, including keeping all recordings in a secure location that is only accessible to the researcher and her committee chair.

The benefits of participation are by discussing your trauma as a couple, there may be an opportunity to work through aspects of the trauma that you were unaware of and discuss aspects that may have been too sensitive to discuss before. This study is designed to learn more about how your religion may have increased your resilience as a couple during your traumatic event. The study results may be used to learn new things that will help others.

Confidentiality
- The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured.
using a password protected file. The video recordings will be stored on the Couple and Family Therapy Clinic’s secure drive. If an audio recording is created, it will be coded and secured using a password protected file. We will not include any information in any report we may publish that would make it possible to identify you.
Northern Illinois University
Consent to Participate in a Research Study

Your Rights
The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time. Your decision will not result in any loss of benefits to which you are otherwise entitled. You have the right to skip any question or research activity, as well as to withdraw completely from participation at any point during the process.

You have the right to ask questions about this research study and to have those questions answered before, during, or after the research. If you have any further questions about the study, at any time feel free to contact the researcher, Bernadette Collins, bcollins3@niu.edu or by telephone at 630-965-0704. If you have any questions about your rights as a research participant that have not been answered by the investigators or if you have any problems or concerns that occur as a result of your participation, you may contact the Office of Research Compliance, Integrity, and Safety at (815)753-8588.

Northern Illinois University policy does not provide medical treatment or compensation for treatment of injuries that may occur as a result of participation in research activities. The preceding information shall not be construed as a waiver of any legal rights or redress which the participants may have.

Future Use of the Research Data
Your information collected as a part of this research will not be used or distributed for future research, even if all identifiers are removed.

Disclosure of Research Results to Participants

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

Participant’s Signature ___________________________ Date ___________________________

For the purpose of transcribing the information received by the participants the session will be videotaped or audiotaped to ensure accuracy of information.

By signing below, I affirm that I understand the above statement and consent to having my interview video and/or audiotaped for research purposes.

Participant’s Signature ___________________________ Date ___________________________
APPENDIX D

APPROVAL LETTER FROM IRB
Dear Bernadette Collins,

Your Initial Review submission, which was reviewed under Board review procedures by Institutional Review Board #1 on 12-Jun-2019 has now been approved. Please note the following information about your approved research protocol:


Please remember to use your protocol number (HS19-0147) on any documents or correspondence with the IRB concerning your research protocol.

This approval is effective for one year from the original approval date. If you have not waived the signature of informed consent, I have attached a date-stamped copy of the approved consent form for your use. NIU policy requires that informed consent documents given to subjects participating in non-exempt research bear the approval stamp of the NIU IRB. The stamped document is the only consent form that may be photocopied for distribution to study participants. If you intend to make modifications to the study, you will need additional approval and should contact the Office of Research Compliance, Integrity, and Safety for assistance. Annual review of the project will be necessary until you no longer retain any identifiers that could link the subject to the data collected.

It is important for you to note that as a research investigator involved with human subjects, you are responsible for ensuring that the project has current IRB approval at all times, and for retaining the signed consent forms obtained from your subjects for a minimum of three years after the study is concluded. If consent for the study is being given by proxy (guardian, etc.), it is your responsibility to document the authority of that person to consent for the subject. In addition, you are required to promptly report to the IRB any injuries or unanticipated problems involving risks to the subjects or others.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact the Office of Research Compliance, Integrity, and Safety at (815) 753-8588.
APPENDIX E

DEMOGRAPHICS QUESTIONNAIRE
Demographics Information
(please place an X on the squares to give your answer)

Gender: □ Male □ Female

Education (select highest you have completed): □ Elementary □ did not finish high school
□ high school diploma or GED □ 2-year college □ Vocational □ Some college
□ 4-year college □ Graduate Degree (Masters, Ph.D., etc.) □ Other (please specify): __________

Age Group: □ 20 – 39 □ 30-39 □ 40-49 □ 50-59 □ >60

Marital Status:

Current Living Arrangement: □ living alone □ living with partner
□ Living with parent/s □ Other (please specify): __________________________

Children: □ Yes □ No
If you answered yes to children, please give ages and gender: ____________________________

Employment Status: □ full-time □ part-time □ not in labor force (retired, homemaker, etc.)
□ unemployed

Identified Religion: □ Protestant □ Methodist □ Lutheran □ Roman Catholic
What church do you go to? _______________________________________________________________________

How often do you attend church? □ More than once a week □ Once a week □ Once a month
□ Once every six months □ Only on Holidays □ Rarely
Do you attend church with your spouse? □ Always □ Often □ Rarely □ Never
Is your faith important to you? □ Yes □ No
Is your faith important to you as a couple? □ Yes □ No □ We have never discussed it
Do you pray? □ Yes □ No
Do you pray as a couple? □ Yes □ No □ Never thought about it
Do you attend bible study? □ Yes □ No
Do you attend bible study as a couple? □ Yes □ No □ Never thought about it
Do you participate in any other religious activities as a couple?  □ Yes  □ No

If you answered yes to the above question what are those activities? ____________________________
APPENDIX F

DEKALB COUNTY RESOURCES
DeKalb County Resources

Campus Services

Counseling & Consultation Services, NIU (STUDENTS ONLY) (formerly The Counseling and Student Development Center - CSDC)
Phone: 815/753-1206
Address: Campus Life Building-200
Fees: None for counseling. Modest testing fees.
Hours: 8:00 a.m. – 4:30 p.m. Monday-Friday
Open whenever NIU is open, including breaks.
After Hours: Assistance after hours available by calling—815/753-1212

Description of Services: This service provides students with short-term, individual and group counseling for a broad range of personal concerns. Career counseling services include interest assessment, workshops, and use of computerized career counseling programs. Educational counseling services include assistance with test anxiety and study skills. Assessments of drug and alcohol abuse are also provided. First appointment scheduled with 3-7 days. (Handicapped Accessible).

Community Counseling Training Center, NIU (formerly The Counseling Laboratory)
Phone: 815/753-9312
Address: 416 Graham Hall
Fees: None for students, faculty, or staff.
Hours: Call for available counseling hours.

Description of Services: A wide range of services are offered by the counselors including both personal and vocational counseling. In general, the approach used is one that promotes growth and focuses on increasing emotional well-being and self-awareness. All counselors are doctoral or masters level students who are being supervised by members of the counseling faculty. First appointments scheduled within 3-5 days.

The Couple and Family Therapy Clinic of NIU, NIU (formerly The Family Therapy Clinic)
Phone: 815-753-1684
Address: Wirtz Hall 146
Fees: The cost of services are determined by a sliding fee scale. No client is turned away due to the inability to pay. This gives clients of all income levels access to our high-quality care.
Hours: Monday, Tuesday – 12 noon – 9:00 pm; Wednesday, Thursday - 9:00 am - 9:00pm; Friday - 9:00 am - 5:00 pm
Website: http://www.chhs.niu.edu/familytherapyclinic/contact/index.shtml

Description of Services: The Couple and Family Therapy Clinic at NIU is a training and research facility that is an integral component of the specialization in Marriage and Family Therapy Program (SMFT). They provide clinical services to individuals, couples, and families with a unique perspective of addressing the issues in a larger systemic context. They follow rigorous training standards as set forth by our accrediting organization, being accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

Psychological Services Center, NIU
Phone: 815/753-0591
Address: Normal Rd and Lincoln Hwy.
Fees: No fee for therapy for students; fee for assessments for students. Faculty, staff, and community members charged on a sliding scale.
Hours: Monday – 11:00 a.m. – 7:00
p.m. Tuesday – 12:00 noon –
8:00 p.m.
Wednesday-Friday-9:00 a.m. to 5:00 p.m. Open whenever NIU is open, including breaks.

*Description of Services:* Individual, couples, family, and group psychotherapy, Intellectual, personality, and academic assessments. Clients are generally seen by advanced level graduate student staff under faculty supervision. Services tailored to meet a client’s specific needs. First appointment scheduled with 7 days.
(Handicapped accessible.)
Community Resources

KishHealth System Behavioral Health Services (formerly Ben Gordon Center)
Phone: 815/756-4875
Address: 12 Health Services Dr., DeKalb, IL 60115
Fees: Sliding fee scales based on income. Insurance accepted
Hours: Monday-Thursday - 8:00 a.m. – 8:30 p.m.
After Hours: 815/758-6655 Crisis Line

Description of Services: Comprehensive counseling services to all residents of DeKalb County. Services to all persons affected by mental health problems, substance abuse, and family/child welfare concerns. 24-hour sexual assault/abuse services can be accessed through the Crisis Line. First appointment scheduled within 30 days.

(B LANkcapable accessible and on Campus Bus Route).

Braden Counseling Center
Phone: 815/787-9000
Address: 2580 DeKalb Ave., Suite C., Sycamore, IL 60178
Fees: Sliding fee scales based on income. Insurance accepted.
Description of Services: Free initial consultation. Specializes in counseling individuals, couples and families in various stages of life. Has flexible scheduling with Sycamore and Rochelle locations. Also offers a variety of evaluations, including same-day DUI evaluations, and legal and forensic work for attorneys.

Village Counseling
Phone: 815/756-9907
Address: 1211 Sycamore Rd., DeKalb, IL 60115
Fees: Sliding fee scales based on income. Insurance accepted.
Hours: Monday-9:00 a.m.-10:00 p.m.

Additional hours available by appointment.

Description of Services: Provides relationship-centered counseling, including life counseling for individuals, couples, families, adolescents, and children, as well as marriage and family counseling.

Family Service Agency, Center for Counseling
Phone: 815/758-8616
Address: 14 Health Services Dr.-DeKalb
Fees: $75.00 per visit. Insurance accepted, including NIU Student Insurance. Payment plans and scholarship funds available.

Hours: Monday-Wednesday-9:00 a.m. – 8:00 p.m.
Thursday – Friday – 8:00 a.m. – 4:00 p.m. Additional hours available by appointment.

Description of Services: Individual, couple, group counseling for children, adults, senior citizens, and families. First appointment scheduled within 1-7 days. (Handicapped accessible and on Campus Bus Route).

Living Rite, The Center for Behavioral Medicine.
Phone: 815-758-8400
Address: 1958 Aberdeen Court, Suite 2, Sycamore, IL 60178
Fees: Based on insurance. Self-pay options are available.

Description of Services: Individual and Group Therapy. Therapy to deal with chronic pain.

Safe Passage, Inc.
Phone: 815-756-7930
Hotline/Crisis: 815-756-5228
Address: P.O. Box 621, DeKalb, IL 60115
Description of Services: A wide variety of services are offered to victims and perpetrators of domestic and sexual violence including crisis intervention and medical advocacy for victims of domestic and sexual violence, short- and long-term housing for victims and their children, counseling, legal advocacy, children’s services, community education, a batterer’s intervention program, and a Latina outreach program.
The following questions were the main questions used to when interviewing participants concerning their trauma. Other questions were used as needed to delve into the participants answers more fully.

**Interview Questions**

1. What resources did you have to utilize during and after your traumatic event? Did you use them, and did they help?
2. Do you feel the traumatic event changed you as an individual? As a couple? How?
3. What meaning were you able to take from the trauma? When you feel you were able to find meaning in the trauma if you did?
4. What affect did religion have on your ability as a couple to effectively navigate the traumatic event?
5. Do you feel your religion played a positive or negative part in your coping with the traumatic event?
6. What religious coping strategies were used during the traumatic event? After?
7. How did your religion change due to the trauma?
8. Did your traumatic event draw you closer to God?