

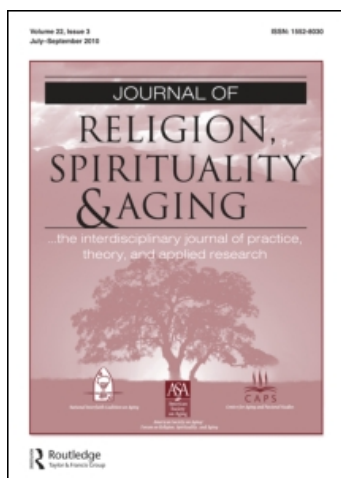
This article was downloaded by: [Cherry, Katie E.]

On: 26 May 2011

Access details: Access Details: [subscription number 937969140]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Religion, Spirituality & Aging

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t792306955>

Religion and Coping With Trauma: Qualitative Examples From Hurricanes Katrina and Rita

Christina Tausch^a; Loren D. Marks^a; Jennifer Silva Brown ^a; Katie E. Cherry ^a; Tracey Frias^a; Zia McWilliams^a; Miranda Melancon^a; Diane D. Sasser^a

^a Louisiana State University, Baton Rouge, Louisiana, USA

Online publication date: 24 May 2011

To cite this Article Tausch, Christina , Marks, Loren D. , Brown *, Jennifer Silva , Cherry *, Katie E. , Frias, Tracey , McWilliams, Zia , Melancon, Miranda and Sasser, Diane D.(2011) 'Religion and Coping With Trauma: Qualitative Examples From Hurricanes Katrina and Rita', Journal of Religion, Spirituality & Aging, 23: 3, 236 – 253

To link to this Article: DOI: 10.1080/15528030.2011.563203

URL: <http://dx.doi.org/10.1080/15528030.2011.563203>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Religion and Coping With Trauma: Qualitative Examples From Hurricanes Katrina and Rita

CHRISTINA TAUSCH, LOREN D. MARKS, JENNIFER SILVA BROWN*,
KATIE E. CHERRY*, TRACEY FRIAS, ZIA McWILLIAMS,
MIRANDA MELANCON, and DIANE D. SASSER

*Louisiana State University,
Baton Rouge, Louisiana, USA*

In this article, we consider the intersection of religious coping and the experience of Hurricanes Katrina and Rita in a lifespan sample of adults living in south Louisiana during the 2005 storms. Participants were young, middle-age, older, and oldest-old adults

*The Louisiana Healthy Aging Study: Meghan B. Allen, BS; Gloria Anderson, BS; Iina E. Antikainen, BS; Arturo M. Arce, MD; Jennifer Arceneaux, RN; Mark A. Batzer, PhD; Emily O. Boudreaux, MA; Lauri Byerley, PhD; Catherine M. Champagne, PhD, RD; Katie E. Cherry, PhD; Liliana Cosenza, BS; M. Elaine Cress, PhD—Consultant; Jenny Y. Denver, MS; Andy Deutsch, PhD; Devon A. Dobrosielski, MS; Rebecca Ellis, PhD; Marla J. Erwin, MA; Mark Erwin, MA; Jennifer Fabre, MPT; Elizabeth T. Fontham, PhD; Madlyn Frisard, PhD; Paula Geiselman, PhD; Lindsey Goodwin, BS; Tiffany Hall; Scott W. Herke, PhD; Jennifer Hayden, MS; Kristi Hebert, BS; Fernanda Holton, MA; Hui-Chen Hsu, PhD; S. Michal Jazwinski, PhD; Sangkyu Kim, PhD; Beth G. Kimball, BS; Christina King-Rowley, MS; Kim Landry; Carl Lavie, MD—Consultant; Daniel LaVie, BS; Matthew Leblanc; Christina M. Lefante, MPH; Li Li, MD; Hui-Yi Lin, PhD, MSPH; Kay Lopez, DSN; John D. Mountz, MD, PhD; Jennifer Owens, BA; Kim B. Pedersen, PhD; Andrew Pellett, PhD; Eric Ravussin, PhD; Paul Remedios; Yolanda Robertson, NP; Jennifer Rood, PhD; Henry Rothschild, MD, PhD; Ryan A. Russell, BS; Erin Sandifer, BS; Beth Schmidt, MS; Robert Schwartz, MD—Consultant; Donald K. Scott, PhD; Mandy Shipp, RD; Jennifer L. Silva, MA; L. Joseph Su, PhD, MPH; Jessica Thomson, PhD; Valerie Touns, LPN; Crystal Traylor, APRN, MSN, WHNP; Cruz Velasco-Gonzalez, PhD; Julia Volaufova, PhD; Celeste Waguespack, BSN, RN; Jerilyn A. Walker, MS; David A. Welsh, MD; Michael A. Welsch, PhD; Robert H. Wood, PhD; Sarah Zehr, PhD; Pili Zhang, PhD (Louisiana State University, Baton Rouge; Pennington Biomedical Research Center, Baton Rouge; Louisiana State University Health Sciences Center, New Orleans; Tulane University, New Orleans; University of Alabama, Birmingham).

We thank Erin Jackson and Emily Smitherman for their help with data collection.

This research was supported by grants from the Louisiana Board of Regents through the Millennium Trust Health Excellence Fund [HEF(2001-06)-02] and the National Institute on Aging P01 AG022064. This support is gratefully acknowledged.

Address correspondence to Katie E. Cherry, Department of Psychology, Louisiana State University, Baton Rouge, LA 70803-5501, USA. E-mail: pskatie@lsu.edu

who were interviewed during the post-disaster recovery period. Qualitative analyses confirmed that three dimensions of religion were represented across participants' responses. These dimensions included: (1) faith community, in relation to the significant relief effort and involvement of area churches; (2) religious practices, in the sense of participants' behavioral responses to the storms, such as prayer; and (3) spiritual beliefs, referring to faith as a mechanism underlying individual and family-level adjustment, acceptance, and personal growth in the post-disaster period. Implications for future disaster preparedness are considered.

KEYWORDS Hurricanes, lifespan, faith, community, religion, spirituality beliefs, disaster

INTRODUCTION

Hurricanes Katrina and Rita brought unparalleled destruction and loss to the people of South Louisiana, the Mississippi and Alabama coasts, and portions of southeast Texas in 2005. Hundreds of thousands of people felt the impact of these storms, including many outside of the severely storm-damaged areas. Research on natural disaster effects in the social sciences has largely focused on younger adults (Norris et al., 2002). Scientific interest in disaster effects on children, older adults, and families has increased in recent years (Cherry, 2009; Kilmer, Gil-Rivas, Tedeschi, & Calhoun, 2009). Very few studies in the disaster literature include elderly adults, whose life experiences and perceptions of the storms' aftermath may differ in comparison to their younger counterparts.

In this article, we focus on the experience of a lifespan sample of adults in South Louisiana who ranged in age from 26 to 95 years. These persons were enrolled in the Louisiana Healthy Aging Study (LHAS), a multidisciplinary study of the determinants of longevity and healthy aging (Cherry, Silva, & Galea, 2009). They reside in greater Baton Rouge, Louisiana, about 70 miles outside of the most severely impacted areas. Few evacuated at the time of the storms, yet nearly all had family and close friends who lived in heavily damaged areas. Many sheltered displaced family and friends in their homes for days and weeks during the post-impact period (Cherry, Galea, & Silva, 2008). Our central mission in this article is to convey how persons' religious communities, practices, and beliefs influenced them during this time.

OVERVIEW OF LITERATURE

Research specifically addressing religion and post-hurricane coping is limited, so the following overview of literature addresses two related areas that

provide a foundation for our work: (1) religion and coping, and (2) the psychology of religion and coping, respectively.

Religion and Coping

The United States is likely the world's most religious industrialized nation, in terms of voluntary participation in religious institutions (Eck, 2001; Melton, 2003). Research indicates that 60% of Americans report that religion is "important" or "very important" to them (McCullough et al., 2000). Indeed, Miller and Thoresen (2003) report that religion is "the single most important influence in [life]" for "a substantial minority" of Americans (p. 25). However, levels of involvement in religion vary widely by region, with the "Southern Crossroads Region" (which includes Louisiana) arguably being the nation's most religious (Silk & Walsh, 2006).

Over the past two decades, a large body of empirical research has correlated various aspects of religious involvement with salutary and protective features of individual development such as physical and mental health (Ellison & Levin, 1998; Koenig, McCullough, & Larson, 2001). A particularly striking finding based on a nationally representative sample of more than 21,000 indicated that those who attend religious services more than once a week have an average life span 7.6 years longer than nonattenders (Hummer, Rogers, Nam, & Ellison, 1999). Religiosity has also been repeatedly (though not always) associated with better mental and emotional health including less depression, alcohol/drug abuse, and suicide—and has been inversely correlated with a host of other risk factors across a variety of samples and methods (Koenig, 1998; Koenig et al., 2001; Pargament, 1997). Research on religion and coping has recently begun to seek explanations for these associations (Dollahite & Marks, 2009).

Coping comprises a wide range of variables (e.g., Menaghan, 1983; Nesteruk & Garrison, 2005). However, it is generally defined as the process by which resources are used to respond to stressor events (Garrison, Malia, & Molgaard, 1991; Silva, Marks, & Cherry, 2009). While coping frequently carries a positive and resilient connotation, there are also negative or *red flag* approaches to coping, such as coping by turning to alcohol and drug abuse (Marks, Swanson, Nesteruk, & Hopkins-Williams, 2006; Pargament, 1997); or by being negatively reactive (Garrison et al., 1991). In this article, however, we will focus on positive coping approaches.

The Psychology of Religion and Coping

Historically, psychology's *theoretical* conceptualizations of religion often linked religious beliefs and religious coping with psychopathology (Ellis, 1980; Freud, 1927). However, a growing body of *empirical* literature has

correlated religiosity with a number of specific positive mental health outcomes, including greater personal happiness and/or self-esteem, lower rates of depression, and higher levels of well-being (Koenig et al., 2001).

In his book-length study, *The Psychology of Religion and Coping*, Pargament (1997) reviewed 40 studies about specific types of religious coping and their utility in helping persons overcome challenging life situations and crises. Pargament concluded that differing forms of religious coping tend to facilitate different outcomes, varying from destructive to positive. Positive forms of religious coping included, and were explained by, feelings of support in spiritual or practical ways through other believers (e.g., God's guidance, emotional reassurance, close relationships with God and other believers), as well as the perception of a loving God who is in control. Harmful forms of religious coping were often rooted in discontent with the congregation and God, and with negative religious reframing—such as interpreting negative events as punishments from God (see also Koenig, 1998; Koenig et al., 2001; Paloutzian & Park, 2005). However, in spite of myriad studies that (generally) link religion with salutary health and coping outcomes, very few studies examine the hows, whys, and processes involved in religious coping (Dollahite & Marks, 2005). In sum, the extant research has been described as “correlation rich,” but “explanation poor” (Marks & Dollahite, in press). In the present article, we provide explanations regarding *how* and *why* religion serves as a coping resource—across a sample with nearly 70 years of variation in age.

METHOD

Sample and Interview Procedures

The study sample consisted of 72 adults who were predominantly Caucasian (89%), and the remainder were African American (11%). The educational attainment of the sample was varied. Some reported high school or less (31%), others had a college degree or at least two years of specialized training (57%), and a few had a graduate degree (12%). The sample was categorized into four age groups: younger adults ($M = 37.7$ years, $SD = 5.3$ years, 2 males, 11 females), middle-aged adults ($M = 54.0$ years, $SD = 5.7$ years, 10 males, 7 females), older ($M = 74.3$ years, $SD = 7.0$ years, 8 males, 11 females), and oldest-old adults ($M = 91.9$ years, $SD = 1.2$ years, 10 males, 13 females). All were free of neurologic impairment due to stroke or adult dementia. Participants were tested individually in their home or in the laboratory at Louisiana State University (LSU) across two sessions that lasted 60–90 minutes each. If they desired, younger adults were tested in a single session (see Cherry, Silva, and Galea, 2009, for description). All were given a list of seven open-ended questions to read (during a break period, for those tested in a single session), or to take home and consider (for those tested

across two sessions). Participants' responses to these questions were tape recorded. Audiotapes were transcribed verbatim. In this article, we focus on participants' responses to the questions: (1) "Have your religious beliefs and practices helped you cope with Hurricanes Katrina and Rita? If so, in what way(s)?", and (2) "Please tell us about how your beliefs helped you cope when the storms first hit and also cope with the challenging times after the hurricanes."

Analysis and Coding

The qualitative interview data were collected and analyzed, not with theory *testing* in mind, but with the aim of discovery (Strauss & Corbin, 1998). Initial open coding (identifying themes and concepts in the interview data) was performed independently by four members of our research team on an interview-by-interview basis. We met once a week for several months to discuss, compare, and contrast our independent open coding from the previous week on a line-by-line, page-by-page basis, with each member alternatively "leading out" by discussing her or his personal open coding of a given page. Following presentation of one's independent coding of a given page, the other four members would discuss similarities and differences from their coding. Researchers performed content analyses of their open coding for each interview, consistent with Miles and Huberman's (1994) recommendation that a "data accounting sheet" be kept (p. 80). At the conclusion of the coding, researchers' content analyses for each interview were collected and compared, offering five "at-a-glance" perspectives of the concepts and themes expressed in each of the interviews. Next, the central themes were identified based on two factors: *prevalence* (within and across interviews) and *salience*. In the final analysis, seven emergent themes related to coping were identified. Team members then revisited all of the interviews and copied and pasted all data that had been directly identified with the themes. The result was that each theme had several pages of supporting data—consistent with Patton's (2002) suggestion of creating a data "audit trail" (p. 93).

Four of the seven themes were addressed in a recent publication on coping and meaning making (Marks, Cherry, & Silva, 2009). The three remaining coping themes were explicitly related to religion. These themes are presented next.

FINDINGS

Religion is comprised of at least three dimensions that are essential to consider if we are to understand religion's influence on the lived experience of individuals and families (Dollahite, Marks, & Goodman, 2004).

Those dimensions include: (1) *faith community* (support, involvement, and relationships grounded in one's congregation or less formal religious community); (2) *religious practices* (outward, observable expressions of faith such as prayer, scripture study, rituals, traditions, or less overtly sacred practice or abstinence that is religiously grounded); and (3) *spiritual beliefs* (personal, internal beliefs, framings, meanings, and perspectives). Six of the 72 LHAS participants explicitly reported that they did *not* benefit from religion (see Marks et al., 2009, for a detailed discussion). Most participants reported that at least one of the dimensions of religion was helpful to them and some reportedly relied on all three dimensions as they coped with the storms. Next, we present examples that illustrate how these dimensions of religion were helpful to our participants as they coped with the worst natural disasters in Louisiana history.

Theme 1: Faith Community—"Almost *all the churches around here helped out*"

For many of the LHAS participants, their faith community was an important coping resource in the days and weeks following Katrina and Rita. In most cases, their primary concern was not for their own well-being but a profound concern for the well-being of others who were far more severely impacted by Katrina and Rita. The following statement by an African American woman captures the tendency of some LHAS participants to compare their own struggles with others worse off (cf. Silva et al., 2009):

HKR 116, 52 years: [After Katrina] I realized that there would be people that would never find their family members, you know. When you go to those [emergency] sites [most of which were at churches] and see how many people were looking for [family and loved ones] . . . and the more that you talk to people at the shelters and see their eyes and [and their faces] and [see] what they are going through, [the less you think about your own worries].

Another participant similarly discussed how her faith community exposed her to someone who made her think twice before complaining. She recalled:

HKR 7, 38 years: I just vividly [remember] in my mind . . . a family from one of the hardest hit areas outside of Grand Isle. . . . They came . . . about a week or two after the hurricane and sang at our church. . . . [T]hey lost everything. I mean they lost every picture . . . *everything*. I am going to cry just thinking about because it makes me feel [so sad for them] . . . [but] she was there trying to make us feel better and she had

nothing. . . . Still to this day, [I remember thinking that day], “You are here and you lost everything and you are singing praises to the Lord.”

One of the human tendencies implicitly and explicitly discussed by multiple participants was a strongly felt desire to help in some way. This desire and pull is captured in the following narrative from a 91-year-old woman who explained:

HKR 312: I [gave some hungry people] the last dollar I had to buy food. It was even more than what I got in the house. I don’t want to see them hungry. That’s the only thing I know to do. That’s the only [help I could give]. . . . People can help you, but they can’t do for you what God can do.

In spite of positive intentions, many LHAS individuals were limited in the help they could offer. Based on recurring reports from our participants, a counterintuitive finding was that a central way in which Baton Rouge faith communities helped their members to cope was not through direct assistance to the members themselves, but through the faith communities’ efforts to reach out to those who most profoundly needed it. For many, a desire to help in some way seemed more fundamental than a desire to *be* helped. Whether the participants personally assisted with their congregation’s outreach efforts or not, many were quick to draw attention to help that their church had provided. The following young woman’s comment is representative:

HK 11, 27 years: [My] church was very supportive, collecting clothes, and food, and giving shelter, and offering prayer services . . . and they had a blood drive.

The reports of other participants were more expansive, drawing attention to churches generally, as the following quote from a 49-year-old woman indicates:

HKR 118: Well, I am [denomination] and the church we belong to helped out. [But] . . . it [was] all the churches; it wasn’t just ours. All the churches opened their buildings], and their families, and their houses if they could. Everything was opened up to everybody. Almost all the churches around here [helped out].

LHAS participants rarely discussed local, state, and federal government failures to “help out” during the Katrina/Rita aftermath (cf. Rose, 2007). Instead, participants focused their comments on the institutions that

did come through when Louisiana was in her most dire need—her faith communities. An 82-year-old man explained:

HKR 203: [We need] to be caring individuals, to love one another, and to also try to help take care of one another And I think when . . . you have people who care, then that helps you through these trying times. [W]e have brought that [kind of spirit] together into organizations—our institutions of churches. And [because of] them, we have better unified, organized [ways] to help people out. . . . [We saw that after Katrina and Rita].

In sum, a central question related to the Katrina disaster that went largely unasked (much less addressed) by the state and national media was: *What went right?* A key response to this question was the immediate and comprehensive mobilization of south Louisiana's churches (see Cherry, Allen, & Galea, 2009, for discussion). The outreach provided by those faith communities, however, ultimately came down to an accumulation of individual-level service and volunteerism. Perhaps none of our participants captured the meaning of their hours invested in faith-based outreach more richly than a 39-year-old woman who reflected on her personal coping process as follows:

HKR 15: [A]fter the storms . . . the main thing that I can see that actually has come out of it for me is . . . [that] it has been a humbling experience and it has changed my life in a way that I really can't even explain. [*H]elping [other] people, that [is what] helped me to cope. . . . I took on so much other stuff helping other people [that] it kind of drowned out what I was going through, and God fixed it. So while I was trying to fix somebody else's situation, God was fixing mine. I . . . just continued to stay in prayer and helped those that needed help [and in the process, God helped me].*

For many of the LHAS participants, faith community involvement in the Katrina/Rita aftermath seemed to have less to do with getting their personal needs met than it did with the comfort of seeing their church provide for others whose needs were more urgent. For the above individual, her active efforts to serve others ironically proved to be a poignant coping exercise where both the receivers' and the helper's situations were "fixed."

Theme 2: Religious Practices—"Praying to a living God gives me peace"

Some LHAS participants mentioned that reading the Bible was helpful to them during times of trouble. Many others quoted or paraphrased verses of

scripture that were personally meaningful. However, the most frequently mentioned and most salient religious practice was personal prayer to God. This finding held true across gender, race, and age range. A female participant from the youngest age group in our sample explained how prayer helped her cope:

HKR 8, 39 years: The fact that I pray to a living God gives me the peace to know that it doesn't mean that everything's going to be perfect, and it doesn't mean that I'm never going to have a problem, and it doesn't mean that something like this will never happen again, but it gives me the peace to be able to cope and to overcome [the problem I'm facing today].

Two other participants from the youngest cohort similarly explained:

HKR 15, 39 years: I . . . coped with [the hurricanes] through just being prayerful and knowing that [God] said He'll never leave me or forsake me and I just know that in spite of what I go through or may face even in future life [that He'll be there for me].

HKR 16, 43 years: I have been through quite a few different situations, and I am not a perfect person in any way, shape, or form, but there is nothing like having that security of knowing that your God is there for you.

Similar reflections regarding prayer as an effective and meaningful coping tool were offered by members of older cohorts as well. The following statements are fairly representative:

HKR 325, 92 years: [My religion] helps because I know that God can do stuff that we can't do. . . . The ones that don't believe in God and that have no prayer or don't have nothing at all, I don't know how they [cope] when they get in a tight spot.

HKR 207, 89 years: [I]f it's the Lord's will, I can't have anything to worry about. Certain things are out of our hands, but prayer will help you. . . . And people praying for you will help you . . . If we didn't have . . . that, I don't think we could make it.

The latter comment that "people praying for you will help you" adds a layer of purpose to prayer that integrates others and focuses attention on concerned connections between not only an individual and her or his God, but also connections with others as well. This serves as a reminder that although prayer was repeatedly mentioned, the purposes of the participants' prayers varied. Some prayed that the monumental storms would pass

or dissipate, while others prayed for protection. One 66-year-old woman reflected another approach to prayer:

HKR 218: [My prayer always is: “His will be done, and then give me the strength to handle whatever that will is.” . . . I never pray for God to change anything . . . I felt like whatever was His plan . . . Well, it was in place. . . . [My prayer has been], “Your will be done . . . just give me the strength to handle it.” . . . But I don’t try to tell Him how to run the world. I don’t.

A 93-year-old woman from our oldest cohort did not initially discuss praying for reprieve, peace, or strength. Her prayers were primarily an expression of gratitude:

HKR 305: I feel like I get on my knees as much as I [can] . . . As much as it hurts to get down, I get on my knees twice a day, and I thank the Lord because he has been so good to me.

In addition to offering prayers of gratitude, however, this individual went on to talk in a very personal way about how she “hold[s] on to” God in the same relational and tangible way that someone of her 93 years might cling to the arm of a steady companion for needed support:

[God] said that he gives us everything pertaining to life and godliness, so there is nothing that we can go through that He can’t handle, first of all. We always like to think that God and I, we can handle things together. But God can do it by Himself, so [the important thing] is just holding on to Him and with everything I have, [with] all my might and strength.

Prayer was reportedly both powerful and pervasive among the participants, although the types, expressions, and purposes of prayer were diverse. A few, like the 93-year-old woman mentioned above, prayed to express thankfulness and (seemingly) to maintain a sense of relationship and connection with a God so tangible that she could “hold on to Him.”

Theme 3: Spiritual Beliefs—“I have to say . . . my faith got me through”

Religion is a highly sensitive interview topic. However, of the three dimensions of religion addressed in our interviews and in this article, spiritual beliefs may be the most sensitive. As Marks (2004) has noted in this adapted quote regarding religion:

If an invitation to express religious beliefs . . . is accepted . . . the [interviewer] is on *sacred ground* that must be respectfully negotiated.

. . . While [participants] may unwittingly move back and forth from sacred to [non-sacred] ground, [interviewers] should be ever cognizant of . . . the ground on which they are standing. (pp. 228–229)

More than 90% (66 of 72) of the LHAS participants reportedly held spiritual beliefs that were helpful to them during the Katrina/Rita aftermath. Most of those who did hold spiritual beliefs allowed us on to their “sacred ground” by discussing some of those beliefs with us. However, in addition to discussing a variety of spiritual beliefs, LHAS participants also adopted several different approaches when discussing their personal beliefs. Some were reserved and relatively general in their responses, as illustrated by these three excerpts:

HKR 9, 42 years: [We always believe that] He (God) is going to see us through it, so . . . it kind of takes away a little bit of the stress and worry.

HKR 12, 37 years: [It was a blessing] to know that after [Katrina], He (God) did provide for our needs . . . It was nice to be able to trust that we would be taken care of, [and we were].

HKR 110, 49 years: I have to say . . . my faith got me through.

Others were more specific and enthusiastic, even evangelistic, like the following woman:

HKR 8, 39 years: The scripture says, “We were made overcomers by the word of our testimony,” and I know beyond a shadow of a doubt that God has helped me to become an overcomer because when a tragedy like this happens, without the peace of knowing that you have God, a lot of people are emotionally devastated—they never recover.

Some participants, like the following 38-year-old woman, took a narrative-style approach to capture and illustrate how their spiritual beliefs helped them cope.

HKR 7: I just felt like the Lord led me to this little old lady who was waiting in line [at the store] and she had her grandson [with her]. . . . She was from New Orleans and lost her home. And in 1994, [she] lost her husband . . . [but] she said, with joy in her heart, “God closes one door and opens another.” [S]he said, “Now I am blessed every day to be with my [two-year-old] grandson . . . I am home with him every day . . . ” [I]t was just a real testament to her strength. [Also, when he was still a little boy] her [now grown] son . . . was in coma and . . . there was nothing [they could] do, [but] her son ended up living and now is . . . the head of [a department] at [a large hospital]. [The lady said], “God saved him so

that he can save all these others.” . . . It was just a real dramatic thing, just in the grocery store . . . God led me to her.

This individual described her experience in the grocery store as “a real dramatic thing” based on the *meaning* the experience held for her. Indeed, the physical circumstances were ordinary; she was waiting in a check-out line. However, for her and many of the persons we interviewed, the meanings attributed to events seemed more salient than the events themselves.

As social scientists, we had anticipated that physical and natural destruction would be accompanied by some internal, personal, psychological changes and shifts. However, in connection with spiritual beliefs, participants’ reports tended to be quite static. Those who did not “believe” before the storms found little reason to change, as illustrated below:

HKR 308, 91 years: No . . . I don’t [rely on religion]. No, [religious beliefs] did not [help me cope]. I’m mature enough to know [better]. . . . I think I’ve had enough experience that I can see the thing as it is and live with it. You have to live with it in your own way.

HKR 215, 70 years: I don’t . . . rely on religious beliefs and practices to help me cope with Katrina and Rita. I’m more pragmatic than that.

Conversely, those who held deep spiritual beliefs before the storms maintained them, as the following excerpts across age cohorts indicate:

HKR 4, 35 years: [M]y religious beliefs . . . haven’t really changed and as far as helping me cope with it. [My faith] helps me cope with everything, not just Hurricane Rita.

HKR 116, 52 years: To make everything fall into place, you need God. . . . [My religious beliefs] are still helping me cope. Because it is not over with.

HKR 203, 82 years: It’s very difficult to take care of your process of living if you don’t have a belief system that will support that. . . . I don’t think we ever [would’ve] got through life if we didn’t have [faith]. [I don’t mean] only for this storm, but for the rest of it.

HKR 212, 65 years: If it hadn’t been for my religion in *lots* of situations [I’ve faced in life], I don’t think I could have made it.

HKR 108, 47 years: [M]y faith has definitely helped me cope with not just these particular hurricanes but also [with life in general].

To restate, in the sample of 72 participants, no reversals of belief or atheism were documented as a result of Katrina or Rita.

The quotations that follow offer some insight into how some of the individuals of faith we interviewed reportedly used their spiritual beliefs to help them cope. One frequently expressed belief was that God will not give you “more than you can handle.”

HKR 101, 62 years: I do believe in God, and I know He says that *He will never put [too much] on you. [He will put] no more on you than you can bear.* I [also] know that He will take care of his people. . . . You just have to learn that God can do all things.

HKR 120, 64 years: I was always told that *the good Lord would never give us more than you [can] handle.* And of course, with my cancer, I had my doubts. Many times I've had doubts, but I have always remembered that . . . *He will not give you more than you can handle.* When I had my heart problems, they also put doubts in my mind, [but] I learned when I was younger [that] *He won't give you anything you can't handle* so He taught me to cope with the things in the sense that *He won't ask more than you can handle* . . .

In the above individual's explanation, his belief that “the good Lord will never give us more than we can handle” is repeated four times in succession—almost as a mantra. For the two above individuals and many other participants, this belief seemed to transform the epic disasters of Katrina and Rita into personal challenges that “the good Lord” felt *they could handle*. As we have discussed elsewhere (Marks et al., 2009), persons who have a profound conviction that they *will* weather life's current storms are often at an advantage to do so. A faith-based conviction that one will cope successfully does not necessarily address the “how” to cope question, however. Some participants went beyond delineating their belief that they would be able to handle the Katrina and Rita aftermath, and discussed other spiritual beliefs that helped them with the coping process—including the belief that God would give them “strength.” A 53-year-old woman said:

HKR 111: *[I] do believe that God can help us cope and can help give us strength.* Just feeling like you're not alone, as long as you feel that you are not alone you can [make it] . . . I think it's the people that don't have that . . . greater being that feel alone [and] have a tendency to give up . . .

Like persons quoted previously, this individual believed that she “could handle it” but she also believed that God would not leave her, and that

He would help her and give her *strength*. A 66-year-old woman similarly reflected:

HKR 218: I think the reason I am not a worrier . . . [is my] abiding faith in the Lord. . . . I'm not a worrier, and that has to do with my religious beliefs, that the Lord will take care [of me and that] . . . *He'll give me the strength I need to handle whatever [comes along].*

The spiritual belief that God gives strength was supplemented (for some) by a belief that faith in God also calms and gives peace. A 67-year-old woman addressed both of these elements:

HKR 211: [Faith] has a calming effect, and . . . it's a *strength* that it brings out in you.

One 93-year-old man similarly focused on leaving things “with God” and trusting “that things are going to be okay.” He explained:

HKR 315: [Y]our beliefs are part of what you are, and if you're comfortable with your religious belief, you feel like . . . things are going to be okay. . . . I guess that's what I feel about it. I think that I have a satisfactory relation[ship] with God and that I am comfortable with whatever outcome there is that we'll have.

This individual's statement conveys little sense of anxiety or worry. His discussion of being “okay” seems to be rooted in something almost tangible—his relationship with a God who is a close and trusted friend who is going to work on an “outcome” that he will be “comfortable” with. Perhaps his foundational statement is that (at least for him): “*your beliefs are part of who you are.*”

GENERAL DISCUSSION

This study has shown that the three dimensions of religion, *faith community*, *religious practices*, and *spiritual beliefs*, were helpful to many after Hurricanes Katrina and Rita, consistent with meta-analyses that have demonstrated correlations between varying aspects of religious involvement and salutary mental, physical, and marital health across a variety of situations (Koenig, 1998; Koenig et al., 2001; Mahoney, Pargament, Swank, & Tarakeshwar, 2001; Sherkat & Ellison, 1999). For some LHAS participants, the sense of a close, personal relationship with God reportedly provided a poignant and potent lift, indicating that religion was a vital coping resource for them, and illuminating a little more about *how* and *why* it helped them. Our findings are discussed more fully next.

In connection with the dimension of *faith community*, several participants expressed pride and relief in the fact that “their” faith communities were doing outreach. However, one participant (HKR 116) who spent time involved in her church’s outreach reflected, “[T]he more that you talk to people at the shelters and see their eyes and [and their faces] and [see] what they are going through, [the less you think about your own worries].” Similarly, another individual (HKR 15) reported that her experience of “helping [other] people, [is what] helped me to cope. . . . I took on so much other stuff helping other people [that] it kind of drowned out what I was going through.” She continued, “[I]t has been a humbling experience and it has changed my life in a way that I really can’t even explain.” These two participants were not merely associated or affiliated with faith communities that were doing outreach work; they *were* the outreach. Perhaps ironically, in spite of voluntarily taking on additional work and stress, both persons reported marked and significant improvements in their personal situations (or at least their *perceptions* of their personal situations). For them, faith community outreach was a powerful coping aid. They reportedly gave much . . . and gained much.

Regarding the dimension of *religious practices*, prayer was mentioned as helpful and meaningful for many of the participants in the sample, but few reported making the kind of efforts that one 93-year-old woman made. She (HKR 305) stated: “I feel like I get on my knees as much as I [can] . . . As much as it hurts to get down, I get on my knees twice a day, and I thank the Lord because He has been so good to me.” Few others mentioned making such an effort to speak with God, but no one spoke of God in a more personal or close-at-hand way. This same woman continued, “[God] said that He gives us everything pertaining to life and godliness, so there is nothing that we can go through that He can’t handle . . . so [the important thing] is just holding on to Him with everything I have, [with] all my might and strength.” For this individual, it seemed that prayer was almost as tangible as her 93-year-old knees hitting a hard floor, and the results were as real as a (divine) friend’s arm to hold onto.

The above woman’s brief but vivid description of her sacred practice of prayer and her relational description of “holding on to Him with everything I have” leads us full circle to our final dimension of *spiritual beliefs*. Our earlier discussion of this theme concluded with a 93-year-old man’s statement that his faith is not just something he believes—for him, “*beliefs are part of who you are.*” In further explanation, he added: “I have a . . . relationship with God.” For this individual, his reported beliefs were so deep that they were part of him—his belief in God was so strong that the man spoke of a personal relationship with God. Similarly, for this participant, prayer was not a rote “practice” but a time to express profound, relational gratitude to a God who “has been so good to me.”

In closing, these results have shown that religion-based coping was vital for many individuals and families in the Louisiana Healthy Aging Study. As we consider those who seemed most influenced by the three dimensions of their religious faith, those who drew the deepest comfort seemed to be those who were invested most deeply. For them, God is both real and relational.

With an eye toward future disaster preparation and planning, collaborations among agencies and faith communities should be respectfully negotiated to work together toward assisting individuals and families after disasters. Researchers and practitioners should be sensitive to individuals' and families' religious beliefs, practices, and faith community ties during interviews, reports, and referrals in order to provide a holistic and client-sensitive approach to disaster recovery.

REFERENCES

- Cherry, K. E. (2009). *Lifespan perspectives on natural disasters: Coping with Katrina, Rita and other storms*. New York, NY: Springer.
- Cherry, K. E., Allen, P. D., & Galea, S. (2009). Older adults and natural disasters: Lessons learned from Hurricanes Katrina and Rita. In P. Dass-Brailsford (Ed.), *Crisis and disaster counseling: Lessons learned from Hurricane Katrina and other disasters* (pp. 115–130). Thousand Oaks, CA: Sage.
- Cherry, K. E., Galea, S., & Silva, J. L. (2008). Successful aging and natural disasters: Role of adaptation and resiliency in late life. In M. Hersen & A. M. Gross (Eds.), *Handbook of Clinical Psychology: Volume 1* (pp. 810–833). Hoboken, NJ: John Wiley & Sons, Inc.
- Cherry, K. E., Silva, J., Galea, S. (2009). Natural disasters and the oldest-old: A psychological perspective on coping and health in late life. In K. E. Cherry (Ed.), *Lifespan perspectives on natural disasters: Coping with Katrina, Rita and other storms* (pp. 171–193). New York, NY: Springer.
- Dollahite, D. C., & Marks, L. D. (2005). How highly religious families strive to fulfill sacred purposes. In V. Bengtson, A. Acock, K. Allen, P. Dillworth-Anderson, & D. Klein (Eds.), *Sourcebook of family theory and research* (pp. 533–541). Thousand Oaks, CA: Sage.
- Dollahite, D. C., & Marks, L. D. (2009). A conceptual model of processes in a diverse, national sample of highly religious families. *Review of Religious Research*, 50, 373–391.
- Dollahite, D. C., Marks, L. D., & Goodman, M. (2004). Religiosity and families: Relational and spiritual linkages in a diverse and dynamic cultural context. In M. J. Coleman & L. H. Ganong (Eds.), *The handbook of contemporary families* (pp. 411–431). Thousand Oaks, CA: Sage.
- Eck, D. L. (2001). *A new religious America*. San Francisco, CA: HarperCollins.
- Ellis, A. (1980). *A case against religion: A psychotherapist's view and the case against religiosity*. New York, NY: American Atheist Press.
- Ellison, C. G., & Levin, J. S. (1998). The religion-health connection: Evidence, theory, and future directions. *Health Education and Behavior*, 25(6), 700–720.

- Freud, S. (1927). *The future of an illusion*. Garden City, NY: Doubleday.
- Garrison, M. E., Malia, J. A., & Molgaard, V. K. (1991). Conceptual and theoretical integration of family resource management theory and family stress theory. *Themis: Journal of Theory in Home Economics, 1*, 1–17.
- Hummer, R., Rogers, R., Nam, C., & Ellison, C. G. (1999). Religious involvement and U.S. adult mortality. *Demography, 36*, 273–285.
- Kilmer, R. P., Gil-Rivas, V., Tedeschi, R. G., & Calhoun, L. G. (2009). *Meeting the needs of children, families, and communities post-disaster: Lessons learned from Hurricane Katrina and its aftermath*. Washington, DC: American Psychological Association.
- Koenig, H. G. (Ed.) (1998). *Handbook of religion and mental health*. San Diego, CA: Academic Press.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (Eds.) (2001). *Handbook of religion and health*. New York, NY: Oxford University Press.
- Mahoney, A., Pargament, K. I., Swank, A., & Tarakeshwar, N. (2001). Religion in the home in the 1980s and 90s: A meta-analytic review and conceptual analysis of religion. *Journal of Family Psychology, 15*, 559–596.
- Marks, L. D. (2004). Sacred practices in highly religious families: Christian, Jewish, Mormon, and Muslim perspectives. *Family Process, 43*, 217–231.
- Marks, L. D., Cherry, K. E., & Silva, J. (2009). Faith, crisis, coping, and meaning making after Katrina: A qualitative, cross-cohort examination. In K. Cherry (Ed.), *Lifespan perspectives on natural disasters: Coping with Katrina, Rita and other storms* (pp. 195–215). New York, NY: Springer.
- Marks, L. D., & Dollahite, D. C. (in press). Mining the meanings from psychology of religion's correlation mountain. *Journal of Psychology of Religion and Spirituality*.
- Marks, L. D., Swanson, M., Nesteruk, O., & Hopkins-Williams, K. (2006). Stressors in African American marriages and families: A qualitative study. *Stress, Trauma, and Crisis: An International Journal, 9*, 203–225.
- McCullough, M. E., et al. (2000). Religious involvement and mortality: A meta-analytic review. *Health Psychology, 19*, 211–222.
- Melton, J. G. (2003). *Encyclopedia of American religions* (7th ed.). Farmington Hills, MI: Gale.
- Menaghan, E. G. (1983). Individual coping efforts: Moderators of the relationship between life stress and mental health outcomes. In H. B. Kaplan (Ed.), *Psychosocial stress: Trends in theory and research* (pp. 157–192). New York, NY: Academic Press.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage.
- Miller, W. R., & Thoresen, C. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist, 58*, 24–35.
- Nesteruk, O., & Garrison, M. E. B. (2005). An exploratory study of the relationship between family daily hassles and family coping and managing strategies. *Family and Consumer Sciences Research Journal, 34*, 140–152.
- Norris, F. H., Friedman, M. J., & Watson, P. J., Byrne, C. M., Diaz, E., et al. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981–2001. *Psychiatry, 65*(3), 207–239.

- Paloutzian, R. F., & Park, C. L. (2005). *Handbook of the psychology of religion and spirituality*. New York, NY: Guilford.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, and practice*. New York, NY: Guilford.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Rose, C. (2007). *1 dead in attic: After Katrina*. New York, NY: Simon & Schuster.
- Sherkat, D., & Ellison, C. G. (1999). Recent developments and current controversies in the sociology of religion. *Annual Review of Sociology*, 25, 363–394.
- Silk, M., & Walsh, A. (2006). *Religion by region: Religion and public life in the United States*. AltaMira: Blue Ridge Summit, PA.
- Silva, J. L., Marks, L. D., & Cherry, K. E. (2009). The psychology behind helping and prosocial behaviors: An examination from intention to action in an adult population. In K. E. Cherry (Ed.), *Lifespan perspectives on natural disasters: Coping with Katrina, Rita, and other storms* (pp. 219–240). New York, NY: Springer.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.