

Commitment and Relatedness: How College Students Use Religious Coping to Manage Anxiety

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Anxiety is a common symptom among college counseling clients. Perhaps because of the unique developmental tasks they face, many later adolescents (ages 18–24 years) use religious coping to manage anxiety. Many counselors are uncertain about how to address religious themes in therapy, if at all. However, most clients of faith do not want counselors to ignore their religious beliefs. In fact, later adolescents may use faith-based coping mechanisms to navigate the challenges of their developmental stage.

Keywords: religious coping, anxiety, college students

In a 2007 study conducted by the Pew Forum on Religion and Public Life, 92% of Americans surveyed professed a belief in God (Shenhav, Rand, & Greene, 2012). In addition, 71% said that they felt absolutely certain of God's existence. Despite these statistics, many social scientists have ignored the topic of religious development (McKinney & McKinney, 1999) or have maintained an oversimplified view of faith's relationship to mental health. Church attendance, frequency of prayer, and orthodoxy, although often used to measure religiousness, may not fully represent how faith helps people cope with specific life stressors. In fact, the way that religion affects an individual's life tends to evolve and is generally multifaceted and situational (Pargament, 2002). It is also possible that the social sciences can explain religion's nature and impact only to a certain extent. Although many researchers have become interested in the impact of religion, mental health professionals continue to neglect their clients' religion or spirituality (Ano & Vasconcelles, 2005; Dein, Lewis, & Loewenthal, 2011; Pargament, 2002).

By and large, religious clients wish to discuss their faith in therapy (Steger & Frazier, 2005). Members of the clergy sometimes serve as de facto therapists to individuals who feel uncomfortable discussing their faith with mental health counselors (Dein et al., 2011). Individuals who are religiously devout may have a negative view of secular counseling (Johnson & Hayes, 2003). This negative view may be related to the fact that few counselors are adequately trained to work with religion or spirituality in a therapeutic setting (Steger & Frazier, 2005).

The counselor can further strengthen the therapeutic alliance by determining what role religious clients want their faith to play in treatment. Research has shown that both religious adolescents (Raghallaigh, 2011) and older adults (Stanley et al., 2011) wish to have their religious or spiritual beliefs integrated

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into counseling. Faith can also play a substantive role in the lives of college students, most of whom are in their later adolescence, which is defined by Newman and Newman (2011) as a developmental stage that occurs between the ages of 18 and 24 years. Psychosocial growth during this stage is focused on establishing a sense of identity and achieving interpersonal intimacy. Therefore, it is developmentally appropriate for later adolescents to grapple with the same existential concerns that many faith traditions address. Not surprisingly, such grappling can lead to confusion, or even despair, for some later adolescents. In a study by Johnson and Hayes (2003), approximately 25% of college students surveyed experienced significant upset because of religious concerns.

Johnson and Hayes (2003) also noted that ambivalence regarding religious beliefs might be developmentally appropriate for college students. However, faith can provide major benefits to this population. Harris, Schoneman, and Carrera (2002) learned that college students whose approach to religion is characterized by commitment and relatedness (i.e., devout faith with a meaningful connection to a religious community) can reap a significant psychological reward: lower anxiety. Pargament (2002) defined *religious coping* as a process by which people of faith use religious beliefs or behaviors to solve problems and, thus, experience less anxiety. As counselors generally understand it, anxiety consists of restlessness, difficulty concentrating, irritability, sleep disturbance, and/or apprehensive expectation that is difficult to control, among other symptoms (American Psychiatric Association, 2013). The purpose of this article is to consider the ways in which religious coping assists college students in managing their anxiety (i.e., preventing or reducing it). In addition, this article briefly examines the phenomenon of negative religious coping, which can markedly increase college students' anxiety.

Religion, Health, and Meaning

During the past decade, a number of researchers have conceptualized religion in similar ways. They have agreed that religion involves connection to both an established belief system and an organized faith community (Johnson & Hayes, 2003; Mason, Deane, Kelly, & Crowe, 2009; Stanley et al., 2011; Steger & Frazier, 2005). In addition to offering social networks and support systems, many religious traditions emphasize the value of remaining in good physical health (George, Ellison, & Larson, 2002; Steger & Frazier, 2005). Refraining from risky sex and getting regular exercise are included in some value systems because the body is considered sacred and merely "on loan" from God. Such practices may also help ensure an individual's general welfare (Steger & Frazier, 2005). Furthermore, religious coping is positively related to physical health (George et al., 2002) and inversely related to anxiety (Chapman & Steger, 2010).

Faith traditions tend to view existence as inherently meaningful. This perspective can help people to find stress less upsetting than they otherwise might and to increase their ability to cope with it (George et al., 2002). Steger and Frazier (2005) found that having a sense of meaning in life mediates the relationship

between religiousness and well-being. Not understanding life's purpose can cause clients considerable anxiety. Religion's attempt to answer the question of the meaning of life can help reduce clients' existential unease. According to George et al. (2002), a religious worldview that explains life events, positive or negative, reduces individuals' anxiety. Pargament (2002) observed that individuals whose faith is a natural part of their search for meaning could benefit significantly. He noted that religion might help people find, keep, and adapt profound spiritual principles throughout both joy and hardship.

Not surprisingly, George et al. (2002) also found that doubt produces more distress than meaning, certainty, and coherence, all of which faith can increase. In addition, optimism, self-esteem, and other positive psychological phenomena are common by-products of experiencing life as meaningful (Steger & Frazier, 2005). Helping clients find significance in their lives is often part of counseling's role. Therefore, the search for meaning may function as an effective bridge between nonreligious counselors and religious clients. Because the majority of counselors do not identify as religious (Harris et al., 2002), that bridge may become crucial to the development and maintenance of a working alliance.

Religious Community, Identity Styles, and Motivation

King (2003) indicated that being in a religious community could help anchor college students as they face the challenges of their developmental stage. A gathering of people who share the same faith offers numerous benefits to individuals during later adolescence. Some may overtly model themselves on such figures as Jesus, but many others engage in spiritual modeling based on leaders in their immediate faith community (King, 2003). For example, an inspiring pastor may function as an excellent spiritual role model for adolescent members of a congregation. This kind of modeling can become a key method of identity development for religious adolescents.

Religious communities also provide young people with ample opportunities for identity exploration through personal leadership, rites of passage that celebrate an adolescent's identity, and the ongoing investigation of existential questions such as "Who am I?" and "What is life's meaning?" (King, 2003). Because these concerns are already on many students' minds, religious communities can assist them in seeing life, and their lives in particular, as meaningful. As mentioned previously, finding meaning in everyday life can contribute to anxiety management among people of faith. What makes a religious community unique, according to King (2003), is that it offers spiritual, ideological, and social contexts for adolescents' identity development—a combination that few other types of communities can equal.

Of course, a client's involvement with a faith community should not lessen the counselor's focus on the client's specific religious identity. According to Gebelt, Thompson, and Miele (2009), college students may develop one of several religious identity styles. Individuals with an informational style are seekers who embody strong faith but take a curious and questioning approach to life. Individuals with a normative style are essentially conformers. They

also identify as having strong faith but, unlike informational believers, they profess little or no religious doubt (about such matters as whether God exists). Diffuse/avoidant believers put off grappling with their religion's more vexing questions. These individuals remain confused rather than finding some level of resolution and adhering to one of the two aforementioned identity styles. Gebelt et al. found that informational students of faith tended ultimately to achieve greater happiness. However, in the process of achieving it, they experienced greater distress compared with their normative or diffuse/avoidant counterparts.

The motivation behind college students' faith helps to determine how, and how much, faith benefits their mental health (Gebelt et al., 2009). Research by Gordon Allport in the 1960s (as cited in Cohen et al., 2005) described intrinsic religious motivation as a highly sincere approach to faith and extrinsically motivated faith as instrumental and perhaps even insincere—a means to an end, and maybe little more. Allport's work implied that for extrinsically oriented individuals, faith was only as valuable as what it could do to improve their lives; for intrinsically oriented individuals, faith was its own reward. Research has suggested that an intrinsic orientation leads to greater self-esteem (Gebelt et al., 2009) and lower anxiety (George et al., 2002) compared with an extrinsic orientation. College students are motivated by a desire for community acceptance and, for that reason, are more likely to be extrinsically oriented in matters of faith (Harris et al., 2002). One might assume, therefore, that religion would be of limited use to college students as a way to reduce anxiety.

The matter is not as simple as it first appears, however. Whereas American Protestantism is fairly individualistic and places a high value on intrinsic motivation, Catholicism, Judaism, and other faith traditions are more collectivistic. Consequently, these traditions accept and even encourage extrinsic motivation, such as the desire for social connection, among people of faith (Cohen et al., 2005). Cohen et al.'s (2005) study of early and later adolescents found that death anxiety was lower in intrinsically motivated Protestants than in their extrinsically motivated counterparts. Among Catholics, on the other hand, intrinsic motivation was not correlated with death anxiety.

Cohen et al.'s (2005) findings suggest that intrinsically oriented religiosity may counter anxiety in college students of some faiths but not others. It is also worth noting that factors beyond intrinsic or extrinsic orientation influence how college students' faith interacts with their anxiety. For example, religious students without a denominational affiliation reported higher anxiety levels than did those with an affiliation (Harris et al., 2002). Thus, for many later adolescents, their tendency toward extrinsic motivation does not negate the importance of religious coping.

Religious Coping in College Students

The challenges that college students typically face include time and anxiety management, identity development, academic demands, and career decisions. Many must also confront the homesickness and confusion concerning values that arise when they leave home and live independently for the first

time. Later adolescents who move to college may simultaneously transition from their parents' values toward self-determined philosophies (Gebelt et al., 2009). Among religious college students, questions of faith may arise in times of crisis. Religious activity tends to increase such students' prosocial behavior, improve their coping strategies (Gebelt et al., 2009), and decrease their personal distress (Johnson & Hayes, 2003).

Raghallaigh (2011) found that religion could provide adolescents with continuity, comfort, companionship, and a sense of control. The continuity of familiar rituals and traditions may be particularly helpful to young people as they forge an individuated identity and transition from childhood to adulthood. Although some adolescents who live far from their parents may feel religiously adrift, many are able to adapt their faith to new situations (Raghallaigh, 2011), such as a college campus or the unfamiliar city that surrounds it.

In two studies centered primarily on later adolescents, Clements and Ermakova (2012) observed the extent to which surrender to God allows religious individuals to avoid stressful situations or experience less stress during such situations—both forms of religious coping. The researchers cited two definitions of surrender to God: self-denial for God's sake (Dyslin, 2008) or putting God's will before one's own (Wong-McDonald & Gorsuch, 2000). Clements and Ermakova posited that individuals might encounter fewer stressful events in their lives if they follow religious precepts that prohibit dangerous behavior. They added that religious individuals who were forced to deal with stress might feel that stress less acutely compared with nonreligious individuals, because of the former group's belief that God offers methods of coping.

Clements and Ermakova (2012) surveyed 460 undergraduate students (mean age = 21.40 years) and 230 pregnant women (mean age = 24.67 years) in separate studies. In the undergraduate student sample, state and trait anxiety were significantly negatively correlated with degree of surrender to God. The researchers used the State-Trait Anxiety Inventory, a highly regarded 20-item self-report instrument (Barnes, Harp, & Jung, 2002), to measure participants' anxiety. They assessed the undergraduate students' level of surrender by using the Surrender Scale, developed by Wong-McDonald and Gorsuch (2000). This 12-item self-report instrument asks participants to indicate how closely they identify with statements such as "When my solutions to problems are in conflict with God's alternatives, I will submit to God's way." The Surrender Scale is strongly correlated with intrinsically oriented religiosity and spiritual well-being. In the study completed with pregnant women (Clements & Ermakova, 2012), the outcome was similar to that of the study with undergraduate students. Specifically, surrender to God predicted both perceived and actual stress in the pregnant women, many of whom were later adolescents. The results of these studies are particularly valuable because the researchers examined both college and noncollege later adolescents.

Prayer, Faith Development, and Religious Coping

Two themes have dominated the social science literature regarding prayer. Researchers have mainly investigated prayer as a coping strategy and as a powerful

method of healing (McKinney & McKinney, 1999). In many studies, religiosity has been operationalized in terms of prayer behavior (Cohen et al., 2005). Although early psychologists such as William James examined the phenomenon of prayer, the subject lost popularity in the research community with the rise of quantitative methodology (McKinney & McKinney, 1999). However, a relatively recent increase in qualitative research has opened the door for a reexamination of prayer among counseling and psychology scholars (McKinney & McKinney, 1999).

McKinney and McKinney (1999) used several ideas from Allport (1950) to frame their study of later adolescents' prayer habits. Allport (as cited in McKinney & McKinney, 1999) compared prayer to rigorous intellectual attempts to link disparate aspects of existence. This conceptualization brings to mind the idea, mentioned previously, that religious coping can entail finding meaning in life. According to McKinney and McKinney, later adolescents often used prayer to heal, complain, or reflect; when some prayed, they related to God as a friend, confidant, or parent.

Later adolescents who see God as a trusted figure and who pray to find healing, to air grievances, or to engage in reflection may well be receiving some of the benefits that counseling provides. In any case, it is reasonable to suppose that their prayer experience acts as a form of religious coping. One pragmatic view of prayer neatly summarizes its utility as a way of coping with anxiety: According to Johnson (as cited in Pargament, 2002), prayer "does not work as a substitute for a steel chisel. . . . But prayer may help to calm the nerves when one is using a chisel in bone surgery" (p. 176).

Like prayer, religious ritual can have the power to reduce anxiety. Anastasi and Newberg (2008) discovered that 12 students at a Catholic college who recited the Rosary for 30 minutes experienced a significant reduction in both state and trait anxiety. The control group consisted of 18 students from the same college who watched a 30-minute video about the Virgin Mary and the Holy Spirit; these students experienced no change in state or trait anxiety. Anastasi and Newberg concluded that religious content, such as messages and values, is not the only aspect of a faith tradition that can benefit believers. They contended that religious ritual itself reduces anxiety in some clients. In a minority of religious individuals, however, ritual may exacerbate obsessive-compulsive tendencies and ultimately increase anxiety (Himle, Chatters, Taylor, & Nguyen, 2011).

A study by Hart, Limke, and Budd (2010) suggested that an individual's stage of faith development based on Fowler's (1981) model might be related to his or her level of attachment anxiety. In Fowler's view (as cited in Hart et al., 2010), people heighten their stage of faith development by forming increasingly complex and comprehensive belief structures: People with insecure attachment (and a low level of faith development) may adhere to religious dogma in an effort to avoid the anxiety of uncertainty and doubt, whereas people of faith with secure attachment believe that God will look after them regardless of their circumstances, which greatly reduces abandonment anxiety. Hart et al. (2010) found that, for many undergraduate students, "attachment to caregivers [was] reenacted in attachment to God" (p. 122). The authors argued that faith development can constitute a reaction to unsatisfactory

parenting. For example, a later adolescent may seek a close relationship with God to compensate for inadequate caregiver attachment (Hart et al., 2010).

Ano and Vasconcelles (2005) published a meta-analysis of studies on religious coping and adjustment to stress. The meta-analysis began with a citation of an influential study by Pargament et al. (1994) that emphasized how profoundly positive religious coping can affect college students' distress levels. Ano and Vasconcelles found that subsequent studies produced similar results; positive religious coping helped people of faith reduce their anxiety levels. Specific coping strategies included purification, seeking support from clergy, and active religious surrender or reappraisal. Of course, the usefulness of students' religious coping hinged on positive beliefs, such as the notion that God is just, loving, and supportive.

Individuals who hold beliefs that are less positive may engage in negative religious coping. As they struggle to understand life's challenges, they may experience spiritual discontent, view personal setbacks as the work of demons or a punishing God, request God's direct assistance (without any assurance that they will receive it), or defer to God (Ano & Vasconcelles, 2005) in a way that underscores their own (perceived) powerlessness. One of the negative psychological outcomes associated with such coping strategies is increased anxiety (Clements & Ermakova, 2012). Ultimately, the connection between negative religious coping and anxiety proved more complex than Ano and Vasconcelles (2005) anticipated. They found that some negative religious coping constitutes spiritual struggle rather than psychological self-sabotage and could help cultivate personal growth. Nonetheless, the authors determined that negative religious coping was more strongly correlated with anxiety than with stress-related growth.

Long neglected by counseling researchers, religious coping is a subject with numerous implications for helping professionals. Counselors may significantly benefit clients of faith by reflecting on the ways in which that faith helps clients manage anxiety. Despite the stereotype of the nonreligious or antireligious counselor, faith appears to be an area that many contemporary counselors are willing, or even eager, to explore with clients. Later adolescents in the throes of identity development may be more willing to explore religious themes in therapy compared with older clients, whose faith development may be more resolved. In every counseling setting where later adolescents make up a substantial share of the clientele, concepts from the existing research on religious coping may prove quite helpful to practitioners.

Diversity, Religious Mismatch, and Counselor Self-Disclosure

During later adolescence, religious African Americans present unique challenges to the mental health practitioner. For example, religiosity may benefit socially marginalized groups more than it does dominant cultural groups (Pargament, 2002). Thus, religious faith is more closely tied to life satisfaction and depression levels among African Americans than among European Americans (Cohen et al., 2005). Chapman and Steger (2010) indicated that positive religious coping may be especially helpful to African American young

adults. In the interest of cultural competence, it is vital to remember that faith may influence how such clients manage anxiety.

African Americans may experience both religious coping and anxiety differently than do European Americans (Chapman & Steger, 2010). Specifically, European Americans tend to exhibit more anxiety and engage in more negative religious coping than do African Americans. Especially at college, later adolescents who are African American report fewer anxiety symptoms than do later adolescents who are European American. Counselors would benefit from remembering that African American later adolescents may underreport anxiety or experience it more somatically than their European American peers. Counselors must also bear in mind that African Americans who are not involved in organized religion are more likely than similarly unaffiliated European Americans to believe in God (Chapman & Steger, 2010).

Stanley et al. (2011) determined that cognitive behavior therapy with religious elements might help clients manage anxiety. Their research indicated that such clients could derive comfort, acceptance, and support from this form of treatment. Clients with strong ties to their pastor, rabbi, imam, or other religious community leader may respond well to treatment that involves a partnership between counselor and clergy (Dein et al., 2011). When a religious mismatch exists between the counselor and client, such an alliance may be difficult for the counselor to establish. Nonetheless, the benefit to the client may justify the counselor's efforts in this area.

As mentioned previously, meaning in life can serve as an effective bridge between a counselor and a client with differing religious beliefs. Steger and Frazier (2005) discovered that it could also be a useful counseling focus when later adolescents experience crises of religious doubt. Steger and Frazier found that undergraduate students who were more religiously active tended to experience life as more meaningful than did those who were not. Consequently, more active students of faith maintained higher levels of psychological and emotional well-being.

Many aspects of addressing religion in counseling remain controversial. However, counselor self-disclosure about matters of faith may be the most heated issue of all. Despite the counseling profession's historical aversion to incorporating religious ideas into therapy, some counselors may do their best work when they refuse to compartmentalize their religious faith in session. Martinez and Baker (2000) found that certain counselors access considerable energy by drawing on their own faith during treatment. Martinez and Baker's qualitative study revealed that their eight participants, all religious counselors in the United Kingdom, felt compelled by God to enter the profession. All eight had undergone counseling themselves. Three experienced their therapists' lack of religious self-disclosure as an obstacle to a strong therapeutic alliance and a likely sign of antireligious sentiment.

Most of Martinez and Baker's (2000) participants expressed the concern that counselors' religious self-disclosure to clients could evoke strong, distracting transference. In contrast, one participant stated her belief that religious self-disclosure was analogous to informing clients about one's counseling credentials and theoretical approach (Martinez & Baker, 2000). Another participant contended that a counselor who unconditionally refused to engage

in religious self-disclosure might do a disservice to clients who shared similar beliefs and sought understanding.

Martinez and Baker (2000) observed that their participants generally adopted a policy of religious nondisclosure with clients, even though they would have appreciated self-disclosure about faith from their own therapists. The researchers also considered the possibility that increased religious self-disclosure by counselors could fit into a trend of increasing openness to equalize power within the counselor–client relationship. Martinez and Baker recommended, as a subject for future research, the question of whether religious counselors are more skillful with clients who share their faith than with those who do not. In addition, they acknowledged that the homogeneity of their sample made their study more a springboard for further discussion than a source of generalizable findings.

A counselor's religious faith, whether disclosed to the client or not, can certainly affect his or her approach to therapy. In a study by Galanter, Larson, and Rubenstone (as cited in Cook, 2011), evangelical Christian psychiatrists claimed that prayer and the Bible were more effective treatment tools than psychiatric medication or psychotherapy. Cook (2011) acknowledged that some evangelical clients might seek out Bible- and prayer-based counseling and might benefit from it, at least to some extent.

Implications for College Counseling

Sensitivity toward a client's faith can improve the therapeutic alliance. Although some counselors are trained to use psychospiritual interventions, others are not or simply feel uncomfortable engaging in such interventions (Ano & Vasconcelles, 2005; Cashwell et al., 2013; Frazier & Hansen, 2009; Hathaway, Scott, & Garver, 2004). On the basis of the previously described research findings, a counselor should begin to address a client's spiritual or religious preference at intake or in the first session (Hathaway et al., 2004). Because it may be a sensitive topic, the question can be open-ended or included on an intake form to be elaborated on with the counselor. It is also important for the counselor to attend to the fact that a client may not provide that information at intake, either because the client may feel uncomfortable disclosing religious preference to a counselor or because the client may be questioning his or her own faith. Discomfort with or questioning of one's faith, in and of itself, can contribute to a meaningful discussion. Just as college students are facing developmental challenges that are typical, they could also be facing a change in religious or spiritual identity. Anxiety is an appropriate factor associated with change, but it can be increased by engaging in difficult conversations, so it is critical that counselors be aware of their own biases toward religion to help put the client at ease when he or she talks about beliefs (Frazier & Hansen, 2009).

According to Frazier and Hansen (2009), helping professionals identified communicating respect for the client's religious or spiritual beliefs as quite important. Frazier and Hansen also found that coconstructing therapeutic goals so that they are consistent with the client's beliefs, identifying themes in the client's communication, determining whether the client's beliefs support or impede functioning, and including the client's religious or spiritual

perspective as part of the conceptualization are important in successful counseling. Along with establishing a therapeutic working alliance, these aforementioned behaviors can be used to establish a safe place for the client to work as well as to be understood.

An example of this occurred when the second author worked with a client who identified as Mormon, a religion with which she was not familiar. She asked the client to help her understand what being Mormon meant and what it meant to her. Part of the client's presenting issue centered on the discomfort of sharing beliefs because she reported frequently being judged for identifying as Mormon. The conversation provided the second author with an understanding of the client's belief system and, more important, how the client related to her faith. The curiosity and willingness to ask questions added to the therapeutic relationship in various ways, including the reduction of anxiety in the client to share her faith with someone else. Frazier and Hansen (2009) identified that initiating discussion of the client's spiritual or religious perspectives in session and using the perspectives as an intervention strategy are important counseling behaviors for the integration of religion and spirituality in session.

A college counselor can draw several practical lessons from the literature on religious coping and anxiety management. If a client presents with certain concerns, it may be useful to determine whether religion is a factor, positive or negative, in how the client conceptualizes the source(s) of anxiety. Johnson and Hayes (2003) found that undergraduate students who presented with distress related to religious concerns were frequently also troubled by suicidal ideation, sexual assault, homesickness, or relationship problems. These connections are important to explore in any counseling session because the distress they cause seems to be associated with guilt, and possibly shame, about feeling distress and about sharing that distress with another person. College counselors should be aware of what the religious implications of any presenting issue may be, especially issues such as those mentioned previously. However, even though awareness is key, counselors should be careful not to overgeneralize any one belief beyond its native denomination of religion.

Given that the research has suggested that religious coping for anxiety can be effective, it may be important for a counselor to discuss what exactly the student receives from the coping mechanisms (e.g., praying). Frazier and Hansen (2009) reported that professionals see prayer during session as being less effective than having the client engage in prayer outside of the session. Finally, it is important to consider that the simple act of discussing religion may cause anxiety for a client. Counselors working with college students, who are still trying to identify who they are and what they believe, need to be supportive while discussing religion or spirituality to help reduce the likelihood of provoking more anxiety.

Discussion and Limitations

The ways in which college students use religious coping to manage anxiety have been receiving increased scholarly attention. However, some of the

literature has noteworthy limitations, and more research is needed regarding many facets of this subject.

As Chapman and Steger (2010) observed, studies on religious coping that do not use clinical samples, such as people diagnosed with anxiety disorders, may not be generalizable to clinical populations. It may also be difficult to generalize investigations of religious coping among, for example, only 1st-year students or among students at particular kinds of colleges (Gebelt et al., 2009). Furthermore, studies that assess general anxiety rather than examining specific stressors may provide a vague picture of the relationship between religious coping and anxiety (Chapman & Steger, 2010).

George et al.'s (2002) study on the connection between faith and physical health allows for the possibility of a third variable. If religious Americans constitute a self-selecting group, the traits that predispose them to religiosity may explain their overall well-being more than the effects of religious faith. In other words, certain qualities of character or personality may compel college students of faith to use religion as a guide in times of trouble. Individuals who do not smoke, drink alcohol, or engage in premarital sex may be more likely to fit in with, and thus benefit from, being part of a religious community. Even if such people were not religious, their decision to avoid risky behaviors could help them lead less anxious lives. Similarly, people who are sufficiently social, confident, and inclined to see life as meaningful may find it easier to absorb the positive aspects of religion (George et al., 2002). These qualities, as much as or more so than religious coping, may account for an individual's ability to manage his or her anxiety. New research on the subject should not ignore this possibility.

Future studies could help to establish evidence-based therapeutic approaches to later adolescents' religious concerns (Johnson & Hayes, 2003). In addition, researchers could explore the interaction of faith and developmental issues such as identity, autonomy, and intimacy. It may also be useful to examine the relationship between generalized anxiety disorder and religious commitment (Zawacki, Collins, & Islam-Zwart, 2009).

Another important task for future researchers is to identify the "active ingredients" (George et al., 2002, p. 190) that enable religion to reduce the anxiety of believers. If these psychological elements can be isolated, then counselors may be able to provide similar benefits to nonreligious clients. For example, religion can encourage a sense of control over certain elements of life and acceptance of other elements—the basic theme of the Serenity Prayer (often attributed to Reinhold Niebuhr), which is known in secular circles as well as religious ones. Treatment approaches such as acceptance and commitment therapy may instill in some nonreligious clients a similar understanding of what can be controlled and what must be accepted.

Among existing studies on religious coping, race/ethnicity and religious subgroup effects have been unduly neglected (Cohen et al., 2005). Most of the studies reviewed in this article focused on Protestants, who constitute the majority of religious individuals in the United States. There remains a need for research that investigates how ethnic minorities and people of other faiths, such as Jews, Catholics, and Muslims, cope with anxiety (Pargament,

2002). In addition, it may be useful to investigate why some people embrace religion and others disregard it (Hart et al., 2010).

Some researchers have found that clients of faith want their religious beliefs to enter into their counseling experience (Steger & Frazier, 2005). However, others have determined that most counselors are either nonreligious (Cook, 2011; Harris et al., 2002) or inadequately trained regarding matters of faith (Steger & Frazier, 2005). Because most later adolescents are at a key stage of identity development (Newman & Newman, 2011), which includes faith development (Hart et al., 2010), it may be important for counselors to raise the issue of faith with religious clients between the ages of 18 and 24 years. Culture and specific faith tradition may influence which methods of religious coping later adolescents prefer (Chapman & Steger, 2010; Cohen et al., 2005; Pargament, 2002). In general, however, later adolescents in the United States use prayer (McKinney & McKinney, 1999), religious community (King, 2003), surrender to God (Clements & Ermakova, 2012; Dyslin, 2008; Wong-McDonald & Gorsuch, 2000), and religion's emphasis on meaning in life (Steger & Frazier, 2005) to reduce their anxiety and lead more fulfilling lives.

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