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•CHAPTER SIXTEEN•

Positive Religious/Spiritual Coping Among African American Men Living with HIV in Jails and/or Prisons

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About one million people in the United States live with the human immunodeficiency virus (HIV) that causes acquired immunodeficiency syndrome (AIDS), according to recent estimates from the Center for Disease Control (2009). Since the mid-1990s, medical treatment for HIV offers life extending possibilities, shifting the focus away from anticipating an early death to creating a positive quality of life. Yet, HIV still remains a life-threatening chronic illness with multiple, severe, and unrelenting stressors (Bosworth, 2006) that impact on individual's physical, psychological, social, and spiritual life. Coping with HIV stressors leads many individuals to explore religion/spirituality[1] as a way to positively improve their quality of life (Siegel & Schrimshaw, 2002; Somlai & Heckman, 2000).

To conceptualize the ways persons living with HIV use religious/spiritual coping to enhance their quality of life, we turn to the emerging area of *positive communication* (Socha, 2008). One way to conceptualize the new area of "positive communication" is to expand the psychological orien-

tation that has focused on positive experiences, traits, and emotions (Peterson & Seligman, 2004) and consider the types of "positive messages" that influence these psychological outcomes.

In this chapter, we focus on a particular type of positive communication: religious/spiritual messages that assist in coping with stress. We define religious/spiritual communication broadly, from particular communications to/with God [2], as in interpersonal prayer, to any number of communication contexts that incorporate religious/spiritual content. Religious/spiritual communications span a continuum, from those having a positive quality (e.g., intercessory prayer for the ill) to communications having a more dark quality (e.g., curses against enemies that invoke the name of a deity). We are exploring the possibility of positive religious/spiritual coping communication resulting from the combined force of two unique stressors: living with HIV in a prison or jail environment.

Religious/Spiritual Coping among Inmates

A substantial number of individuals living with HIV are in prison. Of the 1.5 million individuals in the United States incarcerated in federal and state prisons in 2006, approximately 22,000 persons (19,842 being male) were identified as HIV positive (Bureau of Justice Statistics, 2006). Many individuals in prison use religion/spirituality to cope with the stressors of life (O'Connor & Perreyclear, 2002). Combining a serious personal illness like HIV with the challenges of living in prison provides a potent interaction of stressors for exploring the possibility of positive religious/spiritual coping messages. In the following sections, we introduce the literature on religion/spirituality in the prison, and suggest how this literature is related to positive communication as religious/spiritual coping behind prison walls while living with HIV.

Prison is a harsh, stressful environment that includes the loss of many freedoms, but in 1987 the Supreme Court of the United States ruled that prison inmates retain constitutional rights, including that of religion. This ruling was reinforced in 1993 by the Religious Freedom and Restoration Act (Turner, 2008). Currently, several general religious/spiritual programs are represented by institutional religions in prisons (e.g., Buddhist Peace Fellowship, Prison-Ashram Project, Prison Fellowship), and a wide variety of specific religious/spiritual programs available at most large prisons (e.g., Bible study, Catholic Mass, Islamic Ta-Leem, Native American Sweat Lodge Ceremony) (Dammer, 2002). At least one study indicates a sizeable proportion of inmates are regularly involved in some type of religious/spiritual activity,

and that these activities are associated with positive social behavior (O'Connor & Perreyclear, 2002).

Inmates report a number of reasons for being involved in organized and personal religion/spirituality: (a) providing meaning and direction in life, (b) cultivating feelings of faith, hope, and peace through religious/spiritual experiences like personal meditation and prayer, and (c) providing opportunities for social support through community worship and interaction (Dammer, 2002; Turner, 2008). Several of these reasons could be the result of positive communications to or with God and/or with others.

Religious/Spiritual Coping with HIV

We note that many of the benefits of religion/spirituality for inmates parallel benefits of religion/spirituality for persons living with HIV outside of the prison context. For instance, those with HIV, in and outside prison, can both benefit from cultivating faith and finding direction and meaning in life through religion/spirituality. We hypothesize that the prison environment, when combined with a serious illness like HIV, accentuates the number of overall life stressors, thereby activating and increasing the relevance of religious/spiritual coping pathways. We were not able to find any published research on the religious/spiritual coping strategies of prisoners living with HIV, but we highlight some of the growing literature on religious/spiritual coping with HIV.

One consistent and reliable finding across a number of studies is the positive role of religion/spirituality in living with HIV. For example, those living with HIV report: (a) increases in prayer and meditation (Greene, Berger, & Reeves, 1999), (b) the importance of religious/spiritual beliefs like "a higher power cares for me" (Somlai & Heckman, 2000, p. 65), and (c) emotional comfort derived from religion/spirituality (Siegel & Schrimshaw, 2002). Many types of religious/spiritual coping for individuals living with HIV have been identified in a review of the literature on religion/spirituality and HIV (Pargament et al., 2004): belief in a higher power, prayer, collaboration with God/higher power, and to a lesser extent attendance of religious services. One or more of these religious/spiritual coping strategies have been associated with positive outcomes: decreased emotional distress, lower depression, greater optimism, sense of peace, finding meaning in life, increased spiritual growth, and stronger spiritual beliefs.

Theoretical Framework

Having reviewed the general methods of religious/spiritual coping with HIV, we turn to the special case of prayer as an interpersonal religious/spiritual communication strategy to cope with HIV. The importance of prayer as a method of religious/spiritual coping with a variety of health issues is well documented (e.g., Levin, 2004; McCullough & Larson, 1999). In the research on persons living with HIV, several studies incorporate prayer as one of several components of religious/spiritual coping (Carson, Soeken, Shanty, & Terry, 1990; Cotton et al., 2006; Greene et al., 1999; Somlai & Heckman, 2000; Szaflarski et al., 2006), but none of these investigations explore the potential importance of prayer in religious/spiritual coping by specifying the type, content, or function of prayer. Based on the foundational work of Bade and Cook (2008), we propose that prayer may serve a variety of functions in the religious/spiritual coping process including, petition for assistance, forgiveness of self and others, and adoration/worship.

Our previous work in the area of prayer and religious/spiritual coping combines two theories to understand how mothers living with HIV use interpersonal prayer to cope (Baesler, Derlega, Winstead, & Barbee, 2003). In the present investigation, we add to our previous work in the interpersonal private prayer context by considering religious/spiritual coping methods, as a type of positive communication, in other prayer contexts like small and large groups. In the prison environment, often characterized by isolation, loneliness, and depression, we anticipate that those with HIV will use prayer as a primary method of religious/spiritual coping in the private interpersonal context with God. We also anticipate that prayer will play some type of supportive role in small and larger religious/spiritual groups, but we do not know the specific nature of this support.

In summary, the general literature on HIV and health outcomes consistently shows that persons living with HIV are confronted with a variety of stressors, and that these stressors, when combined with medical advances that increase the life span of those living with HIV, motivate individuals to focus on quality of life issues. Religion/Spirituality provides a context for responding to the stressors of HIV and addressing quality of life issues. Those living in prison also use religion/spirituality to cope with a variety of stressors that impacts their quality of life. The combined stresses of living in prison with HIV should provide a rich source of data for exploring religious/spiritual coping methods. In particular, we anticipate that positive religious/spiritual communications in personal, interpersonal, and social contexts will be part of the religious/spiritual coping methods exercised by those

living with HIV behind prison walls. Given the review of the literature on religious/spiritual coping in prison, religious/spiritual coping with HIV, and the theoretical frameworks of the Social Interaction Model of Coping with HIV infection, and the Relational Prayer Theory, we propose the following hypotheses and research questions:

H1: Those living with HIV will use one or more religious/spiritual methods to cope with their life in prison.

H2: The most frequently used religious/spiritual coping method, among the personal, interpersonal, and social contexts, for those living with HIV in a prison context, will be some type of prayer.

R1: What do the different types of prayer tell us about the needs and concerns of those living with HIV in prison?

R2: How do the religious/spiritual coping methods compare in terms of emotional affect/valence?

Methods

Participants

Qualitative semi-structured interviews, lasting from one to two hours in length, were conducted over a one year period (2002–2003) with 17 African American men between the ages of 32–54 who were former inmates at a state or federal adult prison or jail in the southeastern region of the United States. Within the general protocol of questions that focused on interpersonal coping, privacy, and stigmatization issues, a series of questions asked participants about their religious/spiritual beliefs and practices as they related to coping with the challenges of living with HIV while in prison.

Coding Scheme and Procedures

The content of five well validated measures of religious/spiritual was the conceptual basis for us to code participants' religious/spiritual beliefs and practices. These measures were: the Duke Religion Index (Koenig, Parkerson, & Meador, 1997), the Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being—Expanded Scale (Peterman, Fitchett, Brady, Pharm, & Cella, 2002), the Religious Coping Scale (Pargament, Koenig, & Perez, 2000) [3], Ironson-Woods Spirituality/Religiousness Scale (Ironson et al., 2002), and the Religious Involvement Scale (Taylor, Chatters, & Levin, 2004). All five measures include several overlapping categories: an organiza-

tional or institutional aspect of religion/spirituality, a personal or private dimension of religion/spirituality, and a belief/attitude dimension that underlies both the public and private expression of religion/spirituality. Thus, our coding scheme includes all three of these general dimensions represented in the literature.

In addition, the coding scheme we used categorizes types of prayer as specific forms of religious/spiritual coping based on a typology of active and receptive prayers derived from Relational Prayer theory (Baesler, 2003). The final coding scheme consisted of three dimensions: personal/private religious/spiritual coping, social religious/spiritual coping, and religious/spiritual cognitions associated with coping. Each of these dimensions, and their respective categories, are defined in the following sections with examples in Table 16.2.

Personal/Private Religious/Spiritual Dimension. Those religious/spiritual coping activities performed by the individual, and not in the company of others, are coded personal/private religious/spiritual activities. The second category for the personal/private religious/spiritual dimension is receptive prayer. Receptive prayers are characterized by a slowing down of bodily and mental processes, a quiet awareness, a willingness to listen, and an attitude of openness (Baesler, 2003). The third category included personal/private religious/spiritual coping activities other than active and receptive types of prayer.

Social Religious/Spiritual Dimension. The social dimension included religious/spiritual coping activities performed in the company of others. The religious/spiritual social dimension is not simply "social" in the sense of "socializing" but includes religious/spiritual content.

Cognitions: Religious/Spiritual Beliefs and Experiences Dimension. Beliefs are statements about religious/spiritual realities characterized by a cognitive component and imply the truth or falsity of a religious/spiritual statement.

Religious/Spiritual Affective Dimension. In addition to the three dimensions for coding religious/spiritual coping, we developed a coding scheme for assessing the affect or valence associated with the religious/spiritual dimensions. To determine affect/valence, we searched for one or more "qualifying" terms associated with religious/spiritual statements in the interview transcripts. If a qualifying term was found, then we judged the affect/valence of the qualifier as positive or negative; or, in the absence of a clear qualifier, we coded the affect/valence neutral. We also coded the number of participants who reported affect/valence one or more times in associa-

tion with a particular religious/spiritual dimension/category. We report the percentage of use of a particular dimension/category based on the total number of thought units generated from the interviews, and the number of participants using a particular dimension/category one or more times.

Inter-Rater Reliabilities for Coding

Transcripts were highlighted for portions of the interviews where participants responded to religious/spiritual questions. Each thought unit, a complete thought represented as a phrase, sentence, or multiple sentences (an extension of the "key word in context idea," Krippendorff, 1980), for each participant, was given a unique number. A seven page coding manual with definitions of categories and illustrative examples was provided to coders to study before they began their coding.[4] Inter-rater reliability (Phi coefficient, Scott, 1955) for coding the thought units into the religious/spiritual categorization scheme was highly reliable at .91. The second and third author independently coded the 361 thought units into positive, negative, or neutral valence to assess affect/valence. The resulting inter-rater reliability was .97.

Results

Hypothesis one, predicting that African-American men would engage in one or more religious/spiritual methods to cope with their HIV while incarcerated, received moderate support. Collectively, participants used all religious/spiritual coping dimensions, but not all dimensions were employed with equal frequency. Table 16.1 reports two types of percentages: percentage of use based on total number of thought units, and percentage of use based on affect/valence. Both of these percentages are accompanied by the number of participants using a particular category, and the number of participants associated with each of the three affect/valence categories for each category.

Table 16.1

Religious/Spiritual Dimensions and Categories: Percentage of Use and Affect/Valence

Use of Religious/Spiritual Dimensions/Categories			Affect/Valence		
			Negative	*Neutral*	*Positive*
Personal/Private	**Total**	**37.8**			
Active Prayers	subtotal	31.7			
Adoration		2.8 (5)	0 (0)	1.0 (4)	1.8 (3)
Confession		5.5 (7)	0 (0)	5.4 (5)	<1.0 (2)
Thanksgiving		2.8 (4)	0 (0)	1.2 (1)	1.6 (3)
Petition—Self					
Physical/Material		13.6 (13)	0 (0)	10.1 (12)	2.5 (4)
Psychological		1.4 (5)	0 (0)	1.3 (3)	<1.0 (2)
Spiritual		2.8 (5)	0 (0)	2.7 (5)	<1.0 (1)
Petition—Other					
Physical/Material		2.2 (10)	0 (0)	1.1 (10)	1.1 (1)
Psychological		0.3 (1)	0 (0)	0.2 (1)	<1.0 (1)
Spiritual		0.3 (2)	0 (0)	0.2 (1)	<1.0 (1)
Receptive Prayers	subtotal	1.7 (2)	0 (0)	1.7 (2)	0 (0)
Other Activities	subtotal	4.4			
Studying R/S Texts		2.8 (4)	0 (0)	2.7 (4)	<1.0 (1)
Reading R/S Literature		0.5 (2)	0 (0)	0.5 (2)	0 (0)
Listening R/S Music		0.8 (1)	0 (0)	0.8 (1)	0 (0)
Watching R/S Programs		0.3 (1)	0 (0)	0.3 (1)	0 (0)
Social	**Total**	**15.0**			
Interpersonal		4.9 (6)	0 (0)	4.8 (4)	<1.0 (3)
Small Group		5.2 (7)	0 (0)	5.1 (7)	<1.0 (1)
Large Group		4.9 (7)	0 (0)	4.9 (7)	0 (0)
Cognitions	**Total**	**32.0**			
Beliefs		26.8 (17)	1.6 (5)	16.4 (17)	8.8 (14)
Experiences		5.2 (13)	<1.0 (1)	3.7 (7)	1.4 (4)
Other	**Total**	**3.0**			

Note. Percentages in the first column were compiled by dividing the number of thought units associated with a particular religious/spiritual dimension/category by the total number of thought units (361). Next to these percentages (in parentheses), is the number of participants,

Table 16.1
Continued

out of 17 total, that reported using a particular religious/spiritual dimension/category one or more times. The three affect/valence columns also summarize the percentage of thought units divided by the total number of thought units coded as negative, neutral, or positive for a particular dimension/category as well as the number of participants who expressed affect/valence one or more times (in parentheses). The "other" category represents thought units that could not be categorized into one of the religious/spiritual dimensions/categories. R/S is an abbreviation for Religious/Spiritual. The column of percentages for the religious/spiritual dimensions does not sum to 100 because 12.2 % (44 of the 361 thought units) were too general to classify into the active prayer categories for the personal/private dimension (e.g., "I prayed before bedtime" was too general to classify into a particular type of active prayer like adoration, thanksgiving, or petition).

Table 16.2 provides illustrative quotes from transcripts representing the religious/spiritual dimensions and categories. Eighty-two percent of participants used all three religious/spiritual dimensions (personal, social, and cognitive) at least once. Almost all of the remaining participants used two of the three general religious/spiritual dimensions. No participants reported using none of the religious/spiritual dimensions.

Table 16.2

Quoted Excerpts from Transcripts that Illustrate Religious/Spiritual Dimensions

Religious/Spiritual Dimensions	Quoted Excerpts from Participants' Disclosures
Personal/Private	
Active Prayers	
Adoration	*Love you Lord; I glorify and praise your name*
Confession/Reconciliation	*I would pray for forgiveness for catching it [HIV]*
	Forgive me for all my sins
Thanksgiving	*Thank you for helping me through another day*
	Thank you Lord [for blessings]
Petition—Self	
Physical/Material	*Praying for the medication to work*
	Don't let me have no relapses
Psychological	*Keep my sanity; Keep my head up*
	Cope with this illness

Table 16.2
Continued

Spiritual	*God watch over me; God guide me*
	Change so that I can have faith...in you [God]
Petition—Other	
Physical/Material	*Pray that my family don't get sick*
Psychological	*That my family understand when I tell them I was*
	positive [with HIV]
Spiritual	*[God] look over my family*
	Keep my family in good spirit
Receptive Prayers	*I had a meditation thing...block out everything;*
	[alone while praying] I'd hum to myself...moan
Social	
Interpersonal	*[a "guy"] giving me hope...telling me not to worry*
	[chaplain] give me hope, encouragement
Small Group	*[bible study] these guys who helped me pick myself up and on*
	up and begin to move on; they were my buddies
Large Group	*[church services] took me away from...my troubles*
	I would get a little bit more spirituality in me
Cognitions	
Beliefs	*[hope from religious speaker] Gave me hope;*
	[faith] I still...have enough faith
	[trust] the more I did it [prayer] the more you learn to trust it; Trust in God
	[strength] God...a big factor in my life to just hold on
Experiences	*I would talk to God and I'd do a lot of crying*
	Usually that [my prayer time] ended in sobbing

As predicted by hypothesis two, prayer, in comparison to the other religious/spiritual dimensions, was the most frequently utilized religious/spiritual coping strategy when considering the total number of thought units. Participants reported using active prayers associated with the personal/private religious/spiritual dimension (43.9%) more frequently than other religious/spiritual dimensions based on total number of thought units. The next most frequently occurring religious/spiritual coping strategy was reli-

gious/spiritual cognitions (32 %) including religious/spiritual beliefs and experiences.

Examining the content of active prayers reveals some of the needs and concerns of participants (RQ1). Physical/material concerns expressed through petitionary prayers were more frequently used (both as percentage of total thought units and the number of participants) than petitionary prayers for psychological or spiritual health. This pattern was prominent in both petitionary prayers for *self* and petitionary prayers for *others*.

Finally, there are social needs that can be inferred through the fifteen percent of total thought units associated with religious/spiritual social contexts, and the six to seven (35–41%) participants that reported using these social religious/spiritual dimensions. See Table 16.2 for illustrative content. The interpersonal context shows mostly supportive communications. The majority of responses in the small group context involved some type of "Bible study" in which several participants reported developing bonds and finding support. The large group context comprised almost exclusively attendance at "church services."

Research question two compared affect/valence for the religious/spiritual dimensions and categories. Among the set of 361 religious/spiritual idea units, affect/valence was coded 2% negative, 22% positive, and 64% neutral (12% of the unclassifiable thought units were not included in the affect/valence coding). The majority of responses associated with religious/spiritual content were expressed as neutral affect/valence while the ratio of positive to negatively valenced responses was about 11:1. This ratio indicates that, when participants expressed affect/valence in relation to religious/spiritual content, there was a preference for positive over negative affect/valence.

While small in total number, there were a variety of positive affect/valence themes for cognitive beliefs including hope, faith, trust, and strength (See Table 16.2 for participant disclosures). Negatively valenced idea units were not sufficient in number to suggest themes.

Discussion

The African American men in this sample used a variety of religious/spiritual coping methods to deal with the combined stressors of living with HIV while incarcerated. This finding is consistent with two separate literatures previously reviewed (refer to sections in the introduction entitled: Religious/Spiritual Coping in Prison, and Religious/Spiritual Coping with HIV) showing that individuals often use religious/spiritual coping methods to cope with incarcera-

tion (e.g., O'Connor & Perreyclear, 2002; Turner, 2008) and to cope with living with HIV (e.g., Somlai & Heckman, 2000; Pargament et al., 2004). One interpretation of the combined stress of living with HIV while incarcerated is that the stressors may intensify a search for meaning and understanding. Following is a discussion of religious/spiritual coping in the personal, social, and cognitive dimensions.

The use of particular religious/spiritual coping dimensions based on number of participants in this sample varied considerably. The number of participants using different religious/spiritual dimensions could be related to the ease of accessing religious/spiritual resources. For instance, many of the personal religious/spiritual activities, like religious beliefs and prayer, do not require any special equipment or personnel, only a convenient time to recall a religious belief, or engage in a prayer. The ease of access to private religious/spiritual beliefs and prayer explanation, when combined with the personal search for meaning, supports the second hypothesis that prayer is the most frequently used religious/spiritual coping strategy when considered as a percentage of total thought units. However, when considering the number of total participants that use particular religious/spiritual categories, religious/spiritual beliefs and prayers of petition appear to be the preferred coping strategies.

Overall, active prayers of petition for physical/material concerns were the most frequently reported type of active prayer when measured as percentage of total thought units. In contrast, receptive types of meditative and contemplative prayer were rarely used (less than two percent). One explanation for this finding could be that the length of time taken to "pray" an active prayer of petition, perhaps less than a minute, is less effortful than the time needed for meditative types of receptive prayer that might last for a half hour or more. Perhaps one reason for the small percentage of receptive prayers is the lack of knowledge about methods of engaging in receptive prayer. Future research might assess participants' knowledge of receptive prayer methods; and, if appropriate, provide opportunities for educational spiritual enrichment.[5] It is worth noting that all but one type of prayer was associated with positive affect/valence for at least one or more participants, and that prayers were never associated with the expression of negative affect/valence. Thus, prayers may serve as a source of positive affective communication in religious/spiritual coping.

In addition to active prayers of petition, about one-quarter to over one-third of the seventeen participants reported engaging in other types of active prayer, specifically prayers of thanksgiving (four or 23% of participants), ad-

oration (five or 29% of participants), and reconciliation (seven or 41% of participants). These particular types of active prayers can be indicative of individuals with a well-integrated religion/spirituality, and perhaps a high need for religion/spirituality (Baesler, 2003); but, without further data, this interpretation remains speculative. Future research might include variables about religious/spiritual identity and religious/spiritual growth to test the merit of this interpretation, especially if those with a high need for religion/spirituality show greater *religious/spiritual integration* (Pargament, 2007), and positive character traits like *gratitude* from prayers of thanksgiving (Emmons & McCullough, 2003), and *peace* from prayers of forgiveness and reconciliation (Worthington, 2006).

While individual prayer is the most frequently used type of religious/spiritual practice, results suggest a low to modest level of interest in social dimensions of religion/spirituality. Future research might explore the some of the themes found in this study: the types of interpersonal support "ministers" provide, the camaraderie and prayers of support during small group "bible studies," and the religious/spiritual experiences inmates may have during "church services." Further, the coding for affect/valence was consistent with a neutral interpretation of the social dimension of religious/spiritual coping. There was only limited evidence for the use of positive affect/valence associated with the social religious/spiritual coping categories. We expected a greater use of positive affect/valence in referring to the social aspects of religion/spirituality. Perhaps the nature of the interviews could partially explain the absence of positive affect/valence in association with social religious/spiritual coping. Respondents were not prompted to provide affect/valence information for the content that they provided in the interview. Thus, many of the thought units for the social dimension are simple reports of participant behavior.

Beyond individual prayers and social religious/spiritual contexts, participants reported more positive than negative affect/valence associated with the use of religious/spiritual cognitive beliefs and experiences. All participants made use of religious/spiritual beliefs. Of the 26.8% of total number of thought units related to religious/spiritual beliefs, 8.8% of these are positively valenced. The small but meaningful percentage of positively valenced religious/spiritual beliefs is comparable to the overall percentage of positively valenced active prayers (about 10%). Perhaps there is some connection between the types of religious/spiritual beliefs and types of active prayers. Future research might devise questions that address the potential relationship between religious/spiritual beliefs and types of prayer.

The positive and negatively valenced responses for the cognition dimension are consistent with previous research which found that religious/spiritual coping is characterized by both positive and negative cognitive appraisals (Pargament et al., 2004). While positive outweighed negative affect/valence by a ratio of 2:1 or more, it is worth noting that religious/spiritual *cognitions* is the only religious/spiritual dimension that included negatively valenced responses dealing with guilt, fear, and sin. Without additional data, and given the small overall percentage of negative responses, these specific negatively charged responses are difficult to interpret. We suggest that future research take into account how individuals cope with negative affect/valence related to guilt, fear, and sin. In contrast, there were a number of positively valenced beliefs that seem particularly relevant to the literature on positive psychology and positive communication. Several positively valenced beliefs describe a relationship with God imbued with faith, hope, and trust. This finding is consistent with other research conceptualizing God as an ultimate attachment figure (Sim & Loh, 2003) with infinite resources to draw upon. Other positively valenced beliefs further support an attachment to God as a source of strength to, for example, "hold on to" through troubled times. Further research might explore the nature of positive and negative relationships with God through the theoretical lens of the attachment literature.

About two-thirds of participants' religious/spiritual responses were coded as neutral affect/valence. The large number of neutrally valenced responses creates a degree of uncertainty about our conclusions. However, we can at least say that participants did not use negative affect/valence in reference to the personal/private and social dimensions of religion/spirituality. There was also a clear preference by participants to use either neutral or positive affect/valence in association with *all* of the religious/spiritual dimensions. Conservatively, in the absence of specific data for the neutrally valenced responses, we can only suggest that there is a trend for positive over negatively valenced religious/spiritual coping strategies based on the affective data provided by participants. Future research might include questions that provide opportunities for participants to disclose affect/valence associated with religious/spiritual activities.

The participants in the present investigation of inmates living with HIV were all African American men. The widespread use of multiple religious/spiritual dimensions by African American men to cope with their situation affirms previous literature that indicates the import of religion/spirituality for African Americans with HIV. In an African American sample with HIV, religion/spirituality was found to be particularly im-

portant for their psychological health (Boyle, Ferrell, Hodnicki, & Muller, 1997). Results from Cotton et al.'s (2006) study of 347 adults with HIV/AIDS found that African Americans were more likely to have an increase in religious/spiritual activity after their diagnosis, and that their belief that religion/spirituality helped them live longer was stronger than for their Caucasian counterparts.

In summary, we note the pervasiveness of multiple religious/spiritual coping strategies for African American men living with HIV in prison, in particular the prevalence of active forms of prayer that suggest a positive relationship with God characterized by faith, hope, trust, and strength. The religious/spiritual social dimension also appears to contribute to religious/spiritual coping for a small percentage of those incarcerated with HIV. For the responses that included information on affect/valence, positive affect/valence associated with cognitions and personal religious/spiritual surpass negative affect/valence by at least a two to one margin. Some of the more important areas for future research in religious/spiritual coping as positive communication include: (a) exploring how religious/spiritual identity, particularly relationship with God, functions in prayers that promote positive coping with stress, including the active prayers associated with gratitude, forgiveness, and adoration, (b) developing an phenomenological interview protocol that explicitly explores the affect/valence dimension associated with religious/spiritual beliefs and experiences related to positive coping strategies, and (c) comparing the religious/spiritual positive coping strategies among a more culturally diverse sample of participants with other serious health issues.

Notes

1 "Religion" is often defined as the organizational/institutional search for the sacred, consisting of beliefs and behaviors that are legitimized by a community of believers while "spirituality" is frequently contrasted with religion by emphasizing a more personal and subjective search for the sacred without necessarily referencing a larger community (Hill & Pargament, 2003). However, the two terms, religion and spirituality, are not unrelated. In the national Baylor religion survey of 2007, 57 % of Americans reported that they view themselves as both "spiritual and religious" (Stark, 2008, p. 89). In the present study, we are more concerned with capturing the breadth of religious and spiritual communications used to cope with HIV than we are with labeling particular beliefs or practices as "religious" or "spiritual." Therefore, we have opted for using the notation "religion/spirituality" (religious/spiritual) as an inclusive term that recognizes personal, interpersonal, and communal searches for the sacred.

2 The term "God" is understood in the broadest sense possible, encompassing conceptualizations such as: Ultimate Reality, Ground of Being, Higher Self, True Self, Goddess, Trinitarian Godhead, Divine Other, and so forth. While we did not specifically ask par-

ticipants to identify their religious/spiritual affiliation, the content of address for many of the prayers (e.g., Heavenly Father, Jesus, Lord, and God) combined with the data on "Bible" studies and attending "church" services, suggests that the majority of participants are oriented toward a western Christian religious/spiritual worldview.

3 Pargament, Koenig, and Perez's scale on Religious Coping (2000) is based on Carver, Scheier, and Weintraub's (1989) COPE scale. A shorter versi on of this well validated scale is Carver's (1997) "COPE" scale. The measure describes 14 different types of coping that have been applied to various health contexts. One type of coping is labeled "religious coping" and includes two items: "I've been trying to find comfort in my religion or spiritual beliefs," and "I've been praying or meditating." The original COPE scale contained two additional religious coping items: "I put my trust in God," and "I seek God's help" (Carver et al., 1989). Four HIV studies are cited by Carver that use one or more of the COPE subscales. Unfortunately, none of these studies report using the religion subscale as a method to cope with HIV. The coding manual is available from the first author.

4 Initial coding of two independent raters for affect/valence resulted in inter-rate reliability of .78. Close inspection of the ratings showed a recurring inconsistency in coding petitionary prayer. After author collaboration, we decided to code petitionary prayers that ask for something "good" (for oneself or another) as positive valence. These petitionary prayers indicate some degree of "faith in God," and they may also engender positive thoughts of hope, optimism, and positive expectations (Levin, 2001).

5 There are many possible methods of receptive prayer that could be introduced for persons living with HIV. Three viable options having wide spread use, and having stood the test of time, are: (a) centering prayer (Keating, 1986), a type of Christian prayer that can be adapted to other faith traditions, (b) a Buddhist based form of mindfulness meditation that can be adapted to other religious traditions (Kabat-Zin, 1990), and (c) the relaxation response when combined with the "faith factor," also applicable to a number of religious traditions (Benson, 1987).

References

Bade, M., & Cook, S. (2008). Functions of Christian prayer in the coping process. *Journal for the Scientific Study of Religion, 47,* 123–133.

Baesler, E. J. (2003). *Theoretical explorations and empirical investigations of communication and prayer.* Lewiston, NY: Edwin Mellen Press.

Baesler, E. J., Derlega, V. J., Winstead, B., & Barbee, A. (2003). Prayer as interpersonal coping in the lives of mother with HIV. *Women and Therapy, 26,* 283–295.

Benson, H. (1987). *Your maximum mind.* New York: Random House.

Bosworth, H. B. (2006). Editorial: The importance of spirituality/religion and health-related quality of life among individuals with HIV/AIDS. *Journal of General Internal Medicine, 21,* S3–S4.

Boyle, J., Ferrell, J. Hodnicki, D., & Muller, R. (1997). Going home: African-American care giving for adult children with human immunodeficiency virus disease. *Holistic Nursing Practice, 11,* 27–35.

Bureau of Justice Statistics (2006). *Prison Statistics.* Retrieved from: http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp06.pdf

Carson, V., Soeken, K., Shanty, J., & Terry, L. (1990). Hope and spiritual well-being: Essentials for living with AIDS. *Perspectives in Psychiatric Care, 26,* 28–34.

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine, 4,* 92–100.

Carver, C. S., Scheier, M., & Weintraub, J. (1989). Assessing coping strategies. *Journal of Personality and Social Psychology, 56,* 267–283.

Center for Disease Control, Department of Health and Human Services (2009). Retrieved from: http://www.cdc.gov/hiv/topics/basic/index.htm

Cotton, S., Puchalski, C., Sherman, S., Mrus, J., Peterman, A., Feinberg, & J., Tsevat, J.(2006). Spirituality and religion in patients with HIV/AIDS. *Journal of General Internal Medicine, 21,* S5–S13.

Dammer, H. R. (2002). The reasons for religious involvement in the correctional environment. *Religion, the Community, and the Rehabilitation of Criminal Offenders, 35,* 35–58.

Emmons, R., & McCullough, M. (2003). Counting blessings versus burdens. *Journal of Personality and Social Psychology, 84,* 377–389.

Greene, K., Berger, J., & Reeves, C. (1999). Most frequently used alternative and complementary therapies and activities by participants in the AMCOA study. *Journal of the Association of Nurses in AIDS Care, 10,* 60–73

Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist, 58,* 64–74.

Ironson, G., Solomon, G., Balbin, E., O'Cleirigh, C., George, A., Kumar, M., &Woods, T. (2002). The Ironson-Woods spirituality/religiousness index is associated with long survival, health behaviors, less distress, and low cortisol in people with HIV/AIDS. *Annuals of Behavioral Medicine, 24,* 34–48.

Kabat-Zin, J. (1990). *Full catastrophe living.* NY: Delta.

Keating, T. (1986). *Open mind, open heart.* NY: Amity House.

Koenig, H., Parkerson, G., & Meador, K. (1997). Religion index for psychiatric research. *American Journal of Psychiatry, 154,* 885–886.

Krippendorff, K. (1980). *Content analysis.* Thousand Oaks, CA: Sage.

Levin, J. (2001). *God, faith, and health: Exploring the spirituality-healing connection.* NY: John Wiley and Sons.

Levin, J. (2004). Prayer, love, and transcendence. In K. Schaie, N. Krause, & A. Booth (Eds.), *Religious influences on health and well-being in the elderly* (pp. 69–95). NY: Springer.

McCullough, M. E., & Larson, D. B. (1999). Prayer. In W. R. Miller (Ed.), *Integrating spirituality into treatment* (pp. 85–110).Washington, DC: American Psychological Association.

O'Connor, T., & Perreyclear, M. (2002). Prison religion in action and its influence on offender rehabilitation. *Religion, the Community, and the Rehabilitation of Criminal Offenders, 35,* 11–33.

Pargament, K. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred.* NY: Guilford Press.

Pargament, K., Koenig, H., & Perez, L. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology, 56,* 519–543.

Pargament, K., McCarthy, S., Shah, P., Ano, G., Tarakeshwar, N., Wachholtz, A., & Duggan, J. (2004). Religion and HIV: A review of the literature and Clinical implications. *Southern Medical Journal, 97,* 1201–1209.

Peterman, A., Fitchett, G., Brady, M., Pharm, L., & Cella, D. (2002). Measuring spiritual well-being in people with cancer: The Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale (FACIT-Sp), *Annals of Behavioral Medicine, 24,* 49–58.

Peterson, C., & Seligman, M. (2004). *Character strengths and virtues: A handbook and classification.* NY: Oxford University Press; Washington, DC: American Psychological Association.

Scott, W. A. (1955). Reliability of content analysis. *Public Opinion Quarterly, 19,* 321–325.

Siegel, K., & Schrimshaw, E. (2002). The perceived benefits of religious and spiritual coping among older adults living with HIV/AIDS. *Journal for the Scientific Study of Religion, 41,* 91–102.

Sim, T., & Loh, B. (2003). Attachment to God: Measurement and dynamics. *Journal of Social and Personal Relationships, 20,* 373–389.

Socha, T. (2008, November). *Building positive communication pedagogy: Positive experiential communication learning in human relating.* Paper presented at the annual meeting of the National Communication association, San Diego, CA.

Somlai, A., & Heckman, T. (2000). Correlates of spirituality and well-being in a community sample of people living with HIV disease. *Mental Health, Religion and Culture, 3,* 57–70.

Stark, R. (2008). *What Americans really believe.* Waco, TX: Baylor University Press.

Szaflarski, M., Ritchey, P., Leonard, A., Mrus, J., Peterman, A., Ellison, C., . . . Tsevat, J. (2006). Modeling the effects of spirituality/religion on patients' perceptions of living with HIV/AIDS. *Journal of General Internal Medicine, 21,* S28–S38.

Taylor, R., Chatters, L., & Levin, J. (2004). *Religion in the lives of African Americans: Social, psychological, and health perspectives.* Thousand Oaks, CA: Sage.

Turner, R. G. (2008). *Religion in prison: An analysis of the impact of religiousness/spirituality on behavior, health and well-being among male and female prison inmates in Tennessee.* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3307301).

Worthington, E., Jr. (2006). *Forgiveness and reconciliation: Theory and application.* New York: Routledge.