

Scriptural Coping: An Empirical Test of Hermeneutic Theory

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This study develops and tests a theory of scriptural coping. Using elements from hermeneutic theory as our guide, we contend that (1) specific life exigencies will increase the likelihood of someone turning to scripture for relevant insights and (2) reading scripture for relevant insights will moderate associations between exigencies and psychological well-being. Analyzing nationally representative data from the 2012 General Social Survey (n = 1,551), we find that poor self-rated health and low socioeconomic status increase the likelihood of someone reading scripture for insight into attaining health and wealth, respectively. Moreover, reading scripture for health insights amplifies the positive association between poor health and depressive symptoms, thereby suggesting a stress-exacerbating effect of scriptural coping. Scripture is a polysemous resource, one that can alternatively provide comfort or trigger negative coping in the face of psychosocial stress. We discuss the implications and limitations of these findings and outline avenues for future research.

Keywords: *religious and spiritual coping, religious and spiritual struggles, stress process, hermeneutics, scriptural literalism, Bible.*

INTRODUCTION

A substantial body of literature attests to religion's prominent influence on personal well-being, especially as a resource for coping with psychosocial stress (for reviews, see Bartkowski, Acevedo, and van Loggerenberg 2017; Ellison and Henderson 2011; Pargament 1997). Over the past several decades, numerous studies have documented salutary associations between dimensions of religious involvement and various indicators of health and well-being, including subjective well-being (Ellison 1991; Lim and Putnam 2010), sleep quality (Hill, DeAngelis, and Ellison 2018), biological functioning (Hill et al. 2014), cognitive functioning (Hill et al. 2006), cellular aging (Hill et al. 2016), and longevity (Hummer et al., 1999, 2004). A host of empirical studies has also shown that religious involvement can mitigate the adverse mental health effects of traumatic life events (DeAngelis and Ellison 2017; Ellison 1991), noxious neighborhood environments (Acevedo, Ellison, and Xu 2014; Krause 1998), financial hardship (Acevedo, Ellison, and Xu 2014; Bradshaw and Ellison 2010; Krause 2003), discrimination experiences (Ellison, DeAngelis, and Güven 2017; Ellison, Musick, and Henderson 2008), combat exposure (White et al. 2018), and failure to achieve salient life goals (DeAngelis 2018).

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Moreover, scholars have taken great care to develop and test nuanced arguments for why specific dimensions of religious involvement should serve as health-promoting resources (Idler et al. 2003). We now know, for instance, that people who regularly participate in religious organizations not only report a higher quantity and quality of social ties (Ellison and George 1994), but also tend to derive emotional resilience from their relationships with co-religionists (Krause et al. 2001; Lim and Putnam 2010). We also know that religious persons often turn to God for support during trying times (Krause 2005), typically through acts of private prayer (Ellison and Taylor 1996; Krause 2004; Sharp 2010). Finally, research has demonstrated that certain disadvantaged segments of the population, such as lesser educated persons and historically marginalized racial-ethnic groups, tend to rely on and benefit from religious resources more so than their privileged peers (DeAngelis and Ellison 2018; Ellison, 1991, 1993; Ellison and Taylor 1996; Schieman et al. 2006).

Despite such notable advances in the study of religion and well-being, researchers in this field have virtually ignored the act of reading scripture as a potential strategy for coping with stressful life circumstances. This oversight is noteworthy given the great deal of scholarly attention that has already been devoted to the role of scripture in various other domains of life. For example, previous quantitative research has indicated that literalist or inerrantist beliefs in scripture are significantly associated with a wide range of attitudes and behaviors, including those related to sexual morality, family life, politics, and a host of other social indicators (Burdette, Ellison, and Hill 2005; Ellison and Musick 1995; Ellison and Sherkat 1993; Franzen 2013; Hempel and Bartkowski 2008; Hoffmann and Bartkowski 2008; Ogland and Bartkowski 2014). At the same time, qualitative researchers have examined the interpretive processes of those who adhere to literalist or inerrantist readings of the Bible (Bartkowski, 1996, 2001; Bielo 2009). This qualitative research has helped reveal the social creation of literalist and inerrantist approaches to scripture, namely, how interpretive communities adhering to particular norms govern the generation of meaning from scriptural passages.

The current study synthesizes disparate literatures on religious coping and scripture reading to generate and test a theory of scriptural coping. The remainder of our article is structured as follows. Drawing from hermeneutic theory, we first argue that readers approach scripture with particular presuppositions that we, following hermeneutists, call “prejudices.” These prejudices often emanate from salient life exigencies. Someone facing physical health issues, for example, should be more likely than healthier persons to seek out scriptural passages that address matters of health and healing. Our expectations along these lines emerge from the hermeneutic proposition that texts reveal readers’ primary concerns. Put differently, readers not only read texts. Texts, in a manner of speaking, also read readers by engaging their assumptions and reflecting their concerns about the world (see Bernstein 1983; Guzys et al. 2010; McCaffey, Raffin-Bouchal, and Moules 2012; Ricoeur 1981). We then argue that the act of reading scripture for relevant insights should serve as a coping resource that, for better or for worse, moderates the effects of life exigencies on psychological well-being. As we argue in more detail below, the notion that a scriptural text could serve as a coping resource is not only consistent with contemporary research on religious coping, but is also implied in early hermeneutic theories of textual meaning-making processes. After elucidating our theoretical perspective, we test our hypotheses with a survey from a submodule of the 2012 General Social Survey (GSS), a nationally representative sample of U.S. adults ($n = 1,551$). We conclude by discussing the implications of our findings and specifying directions for future research.

BACKGROUND

Hermeneutic Theory

Hermeneutics, or the study of interpretation, emerged during the Protestant Reformation as increasingly diverse understandings of the Bible began to surface across distinct Christian

groups. Philosophical and social variants of hermeneutic theory have been informed by the works of several scholars but were notably advanced by Gadamer ([1975] 2013; see also Simms 2015). Several key concepts derived from Gadamer's seminal *Truth and Method* are essential to our formulation of hermeneutic theory and, we think, are quite suitable for empirical analysis. To begin, Gadamer argued that hermeneutics, as the study of interpretation, should be focused on how people arrive at understandings of their social worlds, with a particular emphasis on the generation of meaningful interpretations of texts. Therefore, the central focus of hermeneutics is the process through which readers construct meaning out of their encounters with texts.

Building on this foundational insight, Gadamer argued that prejudices—that is, readers' assumptions about the text, truth, reality, etc.—do not obstruct understanding but rather make understanding possible. In offering this argument, Gadamer challenged Enlightenment philosophers who embraced objectivity and viewed truth as discovered in the absence of prejudice. Gadamer ([1975] 2013) rejected the Enlightenment's "prejudice against prejudice" and argued, by contrast, that prejudice is a necessary precondition for the achievement of understanding. In the hermeneutic sense, then, prejudice is not equivalent to animus toward a particular group of people as is commonly understood today. Rather, Gadamer's conceptualization of prejudice denotes an ontological preconception grounded in a person's unique circumstances, such as his or her social location, historical situatedness, or major life events. Regardless of what form they take, prejudices facilitate understanding by highlighting particular aspects of the social world or a text that otherwise would be unrecognizable in the absence of such presuppositions. Thus, prejudices facilitate understanding by forming a "horizon" or conceptual lens through which information about the world can be organized and conclusions can be drawn. The question of valid interpretations is another matter altogether, but the point is that preconceived ideas, commonly rooted in personal experiences, are required for a process of understanding to even begin.

Central to Gadamer's theoretical formulation are (a) the dialogical nature of textual interpretation and (b) the prospect for a fusion of horizons. For Gadamer, the reader and the text are situated in particular—often divergent—traditions and circumstances. The reader and the text therefore have their own respective horizons of meaning, but the act of careful reading can potentially shift the reader's horizon. As the conversation between reader and text proceeds, points of convergence can occur and a new world of possibilities may emerge to the reader. In its fullest form, this text-reader dialog can produce a "fusion of horizons," or compatible—even convergent—standpoints between the reader and the text. Gadamer ([1975] 2013) says that this fusion of horizons is made possible by a give-and-take dialog that often assumes the form of a question and answer encounter between the reader and the text. Consequently, this theory rejects the idea that there is one single "correct" understanding of a text and instead recognizes that understandings derived from the text are related to a combination of textual content, initial reader prejudice grounded in experience, and the possible fusion of horizons produced through conversational reading. In short, Gadamer asserts that textual meaning is not so much located in the text as it is found in the interrogative posture the reader assumes toward the text. In this sense, texts do not merely reinforce the reader's existing perspective. Texts are quite capable of expanding and stretching the presuppositions with which the reader initially approached the text.

Scriptural Coping

There are certain intriguing similarities between Gadamer's hermeneutic theory and contemporary theories of coping, all of which center on the meaning-making process. Compatible with Gadamer's fusion of horizons principle, the transactional theory of coping describes effective coping as a give-and-take process between a person and a potentially distressing situation, culminating in the discovery or creation of a deeper meaning to the situation (Lazarus and Folkman 1987; Pargament 1997:84). More to the point of our study, scripture may be especially useful for providing existential meaning to distressed individuals (McIntosh 1995; Park 2005, 2017).

As hermeneutic theory suggests, scriptural texts can offer transcendent frames of reference that may help readers reevaluate their own life circumstances from different perspectives (see also Wikström 1987). Someone with poor physical health, for instance, may turn to scripture for healing insights and eventually discern some greater meaning or purpose to their illness (Pargament and Hahn 1986). Through the act of careful inquiry, poor physical health—or financial troubles, the death of a loved one, etc.—could be transfigured from a “stumbling block” into a “stepping stone,” or a vital part of a grand divine plan to strengthen and purify the reader in preparation for eternal salvation (DeAngelis and Ellison 2017; Idler 1995).

In practice, however, it is quite reasonable to assume that the fusion of horizons between a reader and a scriptural text could produce either salutary or adverse effects. These diverse outcomes could result from the text itself, the positionality of the reader, or both. Indeed, as Pargament et al. (1998) have pointed out, any form of religious coping has the potential to be either productive or counterproductive. For instance, although practices such as reading scripture or praying to God have been shown to promote catharsis and emotional tranquility (Sharp 2010, 2012), inquiries into the “dark side” of religion have revealed that such activities can just as easily become an added source of strain whenever life prospects take a turn for the worse (Exline 2002; Exline, Yali, and Lobel 1999; Pargament 2002). Scriptural passages highlighting the omniscience and omnipotence of God may therefore reinforce feelings of helplessness for readers facing certain insurmountable stressors (e.g., DeAngelis 2018). These same readers may also come to feel as if God is neglecting them or punishing them for past sins and, ultimately, that they deserve such negative treatment (Foley 1988; Pargament et al. 1998). For these reasons, turning to scripture as a coping resource may actually exacerbate—rather than alleviate—feelings of hopelessness and worthlessness in the face of life exigencies.

Consider the case of a person facing serious financial constraints who consults the Bible for comfort. The Bible is replete with passages about God’s love for the poor (Deuteronomy 26:6–9; Proverbs 14:31; Luke 6:20–21), divine commandments to care for the poor (Leviticus 19:9–10; 1 John 3:17), and the blessings God bestows on those who serve the poor (Deuteronomy 15:10; Luke 14:14). An economically disadvantaged person could therefore find much comfort in the Bible. At the same time, the Bible features some passages that can be read to legitimize social inequality and even poverty. This perspective is found, by some interpretations, in a statement by Jesus Christ himself that “the poor you will always have with you” (Matthew 26:6–13; see also Mark 14:1–11; John 12:1–11). Furthermore, some Old Testament verses contend that poverty is a natural result of laziness among “sluggards” (Proverbs 6:9–11; see also Proverbs 20:13, 23:21). Thus, an economically disadvantaged reader could recite such passages—or have them read and interpreted by a religious leader during a worship service—in a manner that creates not comfort but despondency, fatalism, and exacerbated stress related to economic hardship.

On the topic of health and well-being, the Bible features a host of scriptures that seem to characterize wellness as a blessing from God for righteous living (e.g., Proverbs 3:7–8, 14:30). Even remarks that liken a believer’s body to a temple admonish against the body’s defilement (1 Corinthians 6:19–20). Similar passages can also be found in the Qur’an (e.g., Surah Ash-Shu’ara 26:80). Thus, while it is possible that people facing serious health threats could find comfort in passages that indicate God’s sovereignty in health matters, it is also possible that consulting scripture could trigger episodes of self-blame for presumed unrighteousness, as indicated in such Bible passages as Exodus 23:25 (“You must serve only the Lord your God. If you do, I will bless you with food and water, and I will protect you from illness,” NLT) and Psalms 38:3–8, the first several verses of which read: “Because of your [God’s] anger my whole body is sick; my health is broken because of my sins. My guilt overwhelms me—it is a burden too heavy to bear. My wounds fester in stink because of my foolish sins” (NLT). The key point is that a reader may consult a scriptural text alone or through group study with the aim of finding comfort in the wake of certain challenges. Yet, given the diversity of scriptural texts and the complexity of

the interpretive process, such textual encounters have the potential to either exacerbate or relieve stress.

Few empirical studies have ever analyzed the role of scripture reading in the coping process (for a review, see Krause and Pargament 2018). Moreover, we are aware of only one recent study by Krause and Pargament (2018) that investigated scriptural coping practices using a nationally representative sample of U.S. adults. Their study found that the frequency of reading the Bible (a) was positively associated with benevolent religious reappraisals (e.g., “seeing one’s situation as part of God’s plan”), and (b) buffered the negative association between stressful life events and the sense of hope. Benevolent religious reappraisals were also positively associated with hope and partially mediated the stress-buffering role of reading the Bible. These associations even withstood controls for age, gender, education, marital status, church attendance, and private prayer. While Krause and Pargament deserve acknowledgment for being among the first to document the role of scripture reading in the coping process, their study was nonetheless limited in certain key respects. For one, their single-item measure of Bible reading did not account for the different motivations a person might have for reading the Bible, a limitation the authors note themselves in the discussion of results. Second, their study lacked a coherent theoretical framework and drew mostly from prior empirical studies to generate hypotheses. We extend Krause and Pargament’s work by generating hypotheses from hermeneutic theory and by linking distinct scripture reading practices to relevant exigencies and mental health outcomes.

Summary of Hypotheses

Some may contend that a theory of interpretation such as Gadamerian hermeneutics is strictly suited for qualitative analysis. We disagree, charging instead that if hermeneutic theory is correct, it should be supported by a range of methodologies, including the empirical analysis of survey data. To be sure, survey analysis cannot unearth the complexities of the interpretive process. But surveys can shed light on probabilistic patterns that are associated with actions such as consulting scripture with particular concerns in mind, as well as with how these actions are associated with mental health outcomes. While data limitations prevent us from directly testing reader prejudices or specific scriptural passages being read, we can address how exigent life circumstances are connected to specific reasons for reading scripture and how these practices affect psychological well-being. In doing so, our study can enlarge scholarly discussions of how scripture might serve as a coping resource for people facing distinct stressors and deprivations. Using the foregoing elements from hermeneutic theory as our guide, we propose the following hypotheses:

- H₁: Poor physical health will increase the likelihood of reading scripture for insights into attaining health and healing.*
- H₂: Low socioeconomic status will increase the likelihood of reading scripture for insights into attaining wealth and prosperity.*
- H₃: Reading scripture for wealth/health insights will moderate associations between poor health/low socioeconomic status and psychological well-being.*

METHODS

Data

We tested our study hypotheses with cross-sectional survey data from a submodule of the 2012 GSS, a nationally representative sample of U.S. adults ($n = 1,551$). Data were accessed online through the Association of Religion Data Archives website (<http://www.thearda.com>). The GSS is conducted biennially by the University of Chicago’s National Opinion Research

Center and uses stratified, multistage cluster sampling techniques to collect data on households throughout the continental United States. This 2012 submodule of the GSS is particularly suited for our study since it is the only nationally representative data source we could find that includes detailed measures of scripture reading practices.

Measures

Scripture Reading Practices

Respondents were first asked: "Within the last year, have you read the Bible, Torah, Koran or other religious scriptures, not counting any reading that happened during a worship service?" Respondents who answered affirmatively (50 percent) were then asked follow-up questions regarding their specific scripture reading practices over the past year. In accordance with our hypotheses, our analyses included questions about whether respondents read scripture for insights into attaining health and wealth. To be specific, respondents were asked: "To what extent did you read scripture to learn about: (1) attaining health or healing, and (2) attaining wealth or prosperity?" Original response categories for these two items were ordinal and ranged from 1 (not at all) to 5 (to a great extent). We recoded both measures to include only the following nominal categories: (1) did not read scripture at all in the past year (answered "no" to the initial screening question), (2) did read scripture in the past year, but not for health/wealth insights (answered "not at all" to the follow-up question), and (3) did read scripture in the past year for health/wealth insights (at least "to a small extent").

Life Exigencies

Our analyses included exigencies related to physical health and socioeconomic status. We measured self-rated health with a single ordinal item that asked: "Would you say that in general your health is excellent (= 5), very good (= 4), good (= 3), fair (= 2), or poor (= 1)?" We reverse-coded this item with higher scores reflecting poor self-rated health. We measured low socioeconomic status (SES) as a standardized mean index of (1) educational attainment, (2) annual household income, (3) occupational prestige, and (4) subjective financial status. Educational attainment was an ordinal measure with response categories ranging from 0 (less than high school) to 4 (postgraduate). Annual household income was also an ordinal measure with response categories ranging from 1 (under \$1,000) to 25 (\$150,000 or over). Occupational prestige scores were based on the 2010 Census Occupational Classification system (OCC10). Finally, the measure of subjective financial status asked respondents: "Compared with American families in general, would you say your family income is far below average (= 1), below average (= 2), average (= 3), above average (= 4), or far above average (= 5)?" We reverse-coded the four items before standardizing and averaging them, with higher scores indicating lower SES (alpha = .68). Principal component analysis confirmed all four items loaded onto a single component with an eigenvalue of 2.03.

Depressive Symptoms

We measured depressive symptoms as a mean index consisting of the following five ordinal measures: (1) how often respondents felt depressed during the past four weeks (HLTHDEP); (2) how often respondents had lost confidence in themselves during the past four weeks (HLTHCONF); (3) how often respondents felt that they could not overcome their problems during the past four weeks (HLTHNOT); (4) general feelings of unhappiness (HAPPY); and (5) general feelings of dissatisfaction with life (SATLIFE). We standardized each item before taking their average, and coded items such that higher index scores indicated greater depressive

symptoms ($\alpha = .79$). Principal component analysis confirmed all five items loaded onto a single component with an eigenvalue of 2.73.¹

Religious Involvement

Survey researchers aiming to link specific predictors to distinct religious outcomes should account for the multidimensional nature of religious involvement in their models (Idler et al. 2003). To better determine the unique predictive power of life exigencies on scripture reading practices, our models controlled for general views of the Bible, public religiosity, prayer, religious identity, and religious affiliation. Views of the Bible were measured by asking: "Which of the following statements comes closest to describing your feelings about the Bible?" We dummy-coded this item into a measure of scriptural literalism, such that 1 = "The Bible is the actual word of God and is to be taken literally, word for word," and 0 = other responses. Second, we controlled for a two-item additive index of public religiosity ($\alpha = .78$). This index included ordinal measures for frequency of worship attendance (ATTEND) and participating in church activities outside of regular worship services (REACTIV). Third, we measured prayer with a single item that asked: "About how often do you pray?" Response categories ranged from 1 (never) to 6 (several times a day). Religious identity was measured with a single item that asked: "To what extent do you consider yourself a religious person?" Response categories ranged from 1 (not religious at all) to 4 (very religious). Finally, models also controlled for religious tradition in accordance with the Steensland et al. (2000) classification system. This measure consisted of six dummy-coded categories, including evangelical Protestant (reference), mainline Protestant, black Protestant, Catholic, other affiliation, and no affiliation.

Sociodemographics

Models also controlled for age (in years), race-ethnicity (1 = white, 0 = black/other), gender (1 = female, 0 = male), marital status (1 = married, 0 = not married), and number of children, as well as dummy-coded variables for region (South, Northeast, Midwest, West) and NORC size (large or medium city, large or medium suburb, rural area, and other). Weighted descriptive statistics of study variables are reported in Table 1. Bivariate associations between focal study variables are reported in the Appendix.

Analytic Strategies

All statistical analyses were conducted in Stata 14. To account for complex survey design, all analyses adjusted for probability weighting and nonresponse bias (WTCOMBNR). To test our first two study hypotheses, we regressed scripture reading habits on life exigencies and control variables. Because our measures for scripture reading practices consisted of nominal response categories, we estimated a series of multinomial logistic regression models. To test our third hypothesis, we predicted standardized scores for depressive symptoms with ordinary least squares (OLS) regression models. These models regressed depressive symptoms on interaction terms between life exigencies (low SES and poor health) and a dichotomized measure of whether the respondent had read scripture for insight into each respective exigency over the past year (1 = yes, 0 = no/did not read scripture). To facilitate the presentation of our moderation analyses, we depicted a statistically significant interaction term as a linear prediction graph (Figure 1).

Finally, the following variables had missing data: reading scripture for wealth insights ($n = 2$), reading scripture for health insights ($n = 2$), depressive symptoms ($n = 24$), low

¹Although they are worded somewhat differently, the GSS items for depressive symptoms are similar to those included in the CESD-20, whose validity and reliability have been well established in the field of mental health research as measures of depressive symptoms (see Radloff 1977).

Table 1: Weighted descriptive statistics: 2012 General Social Survey ($n = 1,551$)

	Range	Mean (percent)	SD
Scripture Reading Domain: Wealth			
Did not read scripture (reference)	0–1	(50)	
Did read, but not for wealth insights	0–1	(31)	
Did read for wealth insights	0–1	(19)	
Scripture Reading Domain: Health			
Did not read scripture (reference)	0–1	(50)	
Did read, but not for health insights	0–1	(22)	
Did read for health insights	0–1	(28)	
Exigencies			
Low SES	–1.83–1.75	–.02	.70
Poor health	1–5	2.65	1.08
Depressive symptoms	–1.02–2.72	–.03	.73
Religious Involvement			
Scriptural literalist	0–1	(29)	
Nonliteralist (reference)	0–1	(71)	
Public religiosity	1–18	6.42	4.77
Prayer	1–6	4.18	1.79
Religious identity	1–4	2.51	1.00
Religious Tradition			
Evangelical Protestant (reference)	0–1	(25)	
Mainline Protestant	0–1	(14)	
Black Protestant	0–1	(9)	
Catholic	0–1	(24)	
Other affiliation	0–1	(6)	
No affiliation	0–1	(22)	
Sociodemographics			
Age	20–89	48.22	16.85
White	0–1	(75)	
Black/other race (reference)	0–1	(25)	
Female	0–1	(53)	
Male (reference)	0–1	(47)	
Married	0–1	(52)	
Not married (reference)	0–1	(48)	
Number of children	0–8	1.90	1.70
South (reference)	0–1	(39)	
Northeast	0–1	(18)	
Midwest	0–1	(22)	
West	0–1	(21)	
Large or medium city (reference)	0–1	(32)	
Large or medium suburb	0–1	(29)	
Open country	0–1	(11)	
Other area	0–1	(28)	

Note: Weighted by WTCOMBNR.

Table 2: Multinomial logistic regression models estimating reasons for reading scripture ($n = 1,551$)

	Model 1		Model 2	
	Wealth Insights	Other Reason	Health Insights	Other Reason
Focal Variables				
Low SES	1.625*	.875	1.196	.913
Poor health	1.190	1.050	1.278**	.954
Religious Involvement				
Scriptural literalist	1.857*	1.071	1.598*	1.062
Public religiosity	1.336***	1.233***	1.325***	1.213***
Prayer	1.604***	1.265***	1.586***	1.194**
Religious identity	1.248	1.258*	1.212	1.298*
Religious Tradition				
Mainline Protestant	.400*	.487**	.385**	.542*
Black Protestant	.740	.352*	.616	.317*
Catholic	.197***	.213***	.175***	.243***
Other affiliation	.278*	.236**	.263**	.238**
No affiliation	.435	.623	.505	.644
Sociodemographics				
Age	.989	1.005	.993	1.006
White	.450*	.811	.465**	.982
Female	.934	1.084	1.034	1.050
Married	.795	.917	.753	.989
Number of children	.923	1.017	.962	1.012
Northeast	.560	.687	.546*	.698
Midwest	.653	.875	.751	.823
West	1.008	1.281	1.493	1.015
Large or medium suburb	1.393	.808	1.330	.704
Open country	1.650	1.017	1.390	1.018
Other area	1.405	1.360	1.494	1.280
Intercept	.003***	.097**	.010***	.092**

Notes: Relative risk ratios reported. Base outcome = did not read scripture in the past year. Models weighted by WTCOMBNR.

* $p < .05$, ** $p < .01$, *** $p < .001$ (two-tailed).

SES ($n = 148$), poor health ($n = 5$), religious attendance ($n = 1$), prayer ($n = 2$), religious identity ($n = 5$), scriptural literalism ($n = 4$), religious tradition ($n = 48$), age ($n = 6$), and number of children ($n = 2$). For all analyses, we replaced these missing values with 25 iterations of multiple imputation by chained equation (Johnson and Young 2011). Results were comparable before and after imputing missing values.

RESULTS

Table 2 reports multinomial logistic regression models estimating reasons for reading scripture in the past year. Both models report relative risk ratios, which we refer to as likelihoods. Risk ratios greater than 1 indicate positive associations between independent and dependent variables. Risk ratios less than 1 indicate inverse associations. The base outcome in both models is having not read scripture at all in the past year. Accordingly, Model 1 estimates the likelihood of

Table 3: Ordinary least squares (OLS) regression models predicting depressive symptoms ($n = 1,551$)

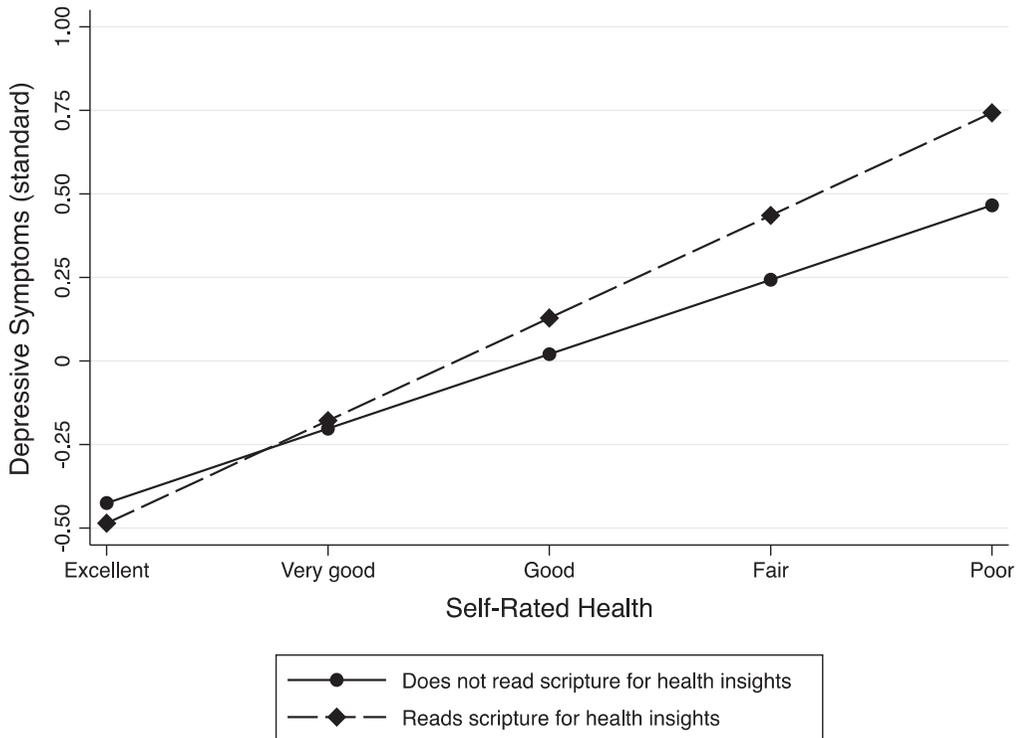
	(1)	(2)
Focal Variables		
Low SES	.181***	.175***
Poor health	.505***	.223***
Reads scripture for wealth insights	-.188	-
Reads scripture for health insights	-	.082
Interaction Terms		
Low SES \times wealth insights	.094	-
Poor health \times health insights	-	.084*
Intercept	.043	.159

Notes: Unstandardized coefficients reported. Models are weighted by WTCOMBNR and control for religious involvement, religious tradition, and sociodemographics.

* $p < .05$; *** $p < .001$ (two-tailed).

Figure 1

Depressive symptoms as an interactive function of self-rated health and reading scripture for health insights



reading scripture for (a) wealth and prosperity insights, or (b) other reasons, relative to not reading scripture at all. Model 2 likewise estimates the likelihood of reading scripture for (a) health and healing insights, or (b) other reasons, relative to not reading scripture at all. First, Model 1 shows that every one-unit reduction in SES increased the likelihood of reading scripture for wealth and prosperity insights, relative to not reading scripture at all, by a factor of 1.625 or 63 percent

($p < .05$). Second, Model 2 revealed that every one-unit reduction in self-reported health increased the likelihood of reading scripture for health and wellness insights, relative to not reading scripture at all, by a factor of 1.278 or 28 percent ($p < .01$). These patterns also withstood controls for various dimensions of religious involvement and affiliation, as well as numerous sociodemographic characteristics. We therefore found support for our first two study hypotheses: poor health and low SES increased the likelihood of someone seeking insights from scripture into attaining health and wealth, respectively.²

Table 3 reports unstandardized coefficients from OLS regression models predicting standardized scores for depressive symptoms. Both models control for religious involvement, religious affiliation, and sociodemographics. In both models, low SES and poor health were positively associated with depressive symptoms ($p < .001$). Moreover, Model 2 shows that reading scripture for health insights significantly amplified the positive association between poor health and depressive symptoms ($b = .084$; $p < .05$). Figure 1 provides a clearer interpretation of this moderating pattern. This figure graphs depressive symptoms (y -axis) as a function of poor health (x -axis) and whether or not the respondent had read scripture for health insights in the past year. As this graph illustrates, the slope predicting depressive symptoms as a function of poor health was steeper, on average, for respondents who sought health insights from scripture. This finding provided partial support for our third hypothesis. In particular, this moderating pattern was consistent with a stress-exacerbating effect of scriptural coping. We discuss the implications of our analyses in more detail below.

DISCUSSION AND CONCLUSION

Our study developed and tested a hermeneutic theory of scriptural coping with a survey from a nationally representative sample of U.S. adults. Results from multinomial regression models indicated that poor physical health and low SES increased the likelihood of someone reading scripture for insights into attaining health and wealth, respectively. Moreover, reading scripture for insights into health and healing amplified the positive association between poor physical health and depressive symptoms, thereby suggesting a stress-exacerbating effect of scriptural coping. These patterns remained statistically significant even after accounting for general views of scripture, religious engagements and affiliations, and sociodemographic characteristics. These findings contribute novel theoretical and empirical insights to the study of religious coping, as well as to the scientific study of religion more broadly.

For one, our study emphasizes the methodological limitations of “catch-all” scriptural attitude measures, which tend to gloss over varieties of scriptural interpretation (see Bartkowski 1996; Franzen 2013). Indeed, the empirical patterns we uncovered withstood controls for a common measure of scriptural literalism. These findings call into question the validity of generic survey items of scriptural attitudes and behaviors. Survey researchers looking to uncover correlates and consequences of attitudes toward scripture should consider the polysemous nature of religious texts, or the capability of scripture to generate vastly different interpretations from readers

²It is also worth noting that, relative to whites, black and other minority respondents were more likely to read scripture for insights into attaining health and wealth. This finding is consistent with our theoretical perspective as well as with prior empirical research on the significant role of religious resources for racial-ethnic minorities (e.g., Ellison 1993; Schieman et al. 2006). Members of racial-ethnic minority groups are particularly vulnerable to episodes of major discrimination and daily unfair treatment, all of which can impede their socioeconomic participation and undermine their mental and physical health (Williams, Neighbors, and Jackson 2003). Scripture may thus serve as a vital coping resource for members of marginalized racial-ethnic groups. Again, this speaks to the hermeneutic proposition that a reader’s social situatedness will motivate distinctive readings of scripture aimed at addressing relevant exigencies. We revisit this theme in more detail in the discussion section.

(Ricoeur 1981). As hermeneutic theory suggests—and our findings corroborate—readers approach scripture with preconceived biases conditioned by life experiences and other social constraints. The same scriptural text can therefore serve different purposes for different types of people. Future population surveys should address these nuances by using more precise measurements of scriptural reading akin to those used here.

At first glance, it might seem unsurprising to learn that people who experience certain deprivations and stressors are more likely to turn to scripture for relevant guidance. Still, there are two important characteristics of our analyses that make this finding more compelling. First, respondents with poor health and low SES were not more likely to read scripture *per se*. As our analyses documented, poor health and low SES only increased the likelihood of reading scripture for insight into attaining health and wealth, respectively, but did not predict reading scripture for any other reasons. Indeed, ancillary analyses (not shown) confirmed that poor health and low SES were not associated with reading scripture for personal prayer and devotion, to commit scriptural texts to memory, or to prepare for scriptural study groups. Second, the above associations held regardless of other dimensions of religious involvement, such as general views of scripture, public religious participation, prayer, subjective religious identity, or denominational affiliation. Taken together, our analyses indicate that certain disadvantaged segments of the U.S. population may be turning to scripture strictly as a personalized quest for meaning and self-help and to the exclusion of other forms of religious study.

These patterns are consistent with a long line of research grounded in rational choice theories of religion, specifically studies highlighting religion as a deprivation-compensation resource (for reviews, see Bradshaw and Ellison 2010; Glock and Stark 1965; Schieman and Jung 2012). According to this line of work, those who are socially disempowered or otherwise lacking in some desirable social attribute (deprivation) should find religion to be a particularly attractive source of remediation (compensation). In this sense, religion serves as a refuge that can be enlisted quite strategically to redress life exigencies. Although we recognize the usefulness of this perspective, we hasten to add two important correctives. First, it is not religion in general that serves as a refuge, so much as domain-specific religious resources elevated by adherents to address particular areas of deprivation. As evident in our study, those facing health-related challenges were significantly more likely to read scriptures with a principal focus on attaining health and healing. The same was true for respondents with diminished SES, who approached scripture for insight into attaining wealth and prosperity. These findings extend prior understandings of deprivation-compensation theories of religion by demonstrating that *particular* aspects of *specific* religious resources become most salient when life problems are confronted. Future inquiries should be careful not to overlook specificity when exploring how and why religious resources are enlisted for remediation.

Second, hermeneutic theory provides a more comprehensive explanation of scripture reading motivations than does rational choice theory. Reading scriptures, it could be argued, is not solely reducible to a utilitarian strategy of compensation for deprivation. Compensation for deprivation may explain part, but not all, of this process. The phenomenological richness of hermeneutic theory moves beyond strictly utilitarian motives for reading scripture to underscore the fundamental human need for meaning (see Park 2005, 2017). In accordance with the hermeneutic emphasis on the fusion of horizons between reader and text, analyses of scriptural coping should account for the degree to which a reader's sense of meaning is altered through engaging scriptural passages. Although data limitations precluded a detailed analysis of the mechanisms by which scriptural texts modified readers' horizons of meaning, there is already some ethnographic research on Bible study groups that suggests how scripture study changes readers' worldviews (see Bielo 2009). Such scholarship pinpoints a promising direction for future research based on our investigation. Scriptural study groups are often organized around specific points of focus such as health promotion, financial management, and emotional fitness. Additional research could usefully follow up on our investigation by examining how these types of topic-specific scriptural study groups recruit

participants, inform these participants' understandings of their circumstances, and influence their perceptions of themselves, their social statuses, and so forth.

Our discovery of the stress-moderating function of scripture reading also contributes to an expansive body of literature on religion's role in the stress and coping process. Although numerous empirical studies have already documented how various other dimensions of religious involvement moderate psychosocial stress, scholars in this field have almost entirely neglected scripture reading as a potential stress moderator, instead relegating scriptural measures to the role of a control variable in multivariate models (for a notable exception, see Krause and Pargament 2018). Our analyses suggest that reading scripture for insights into attaining health and healing exacerbated the adverse effects of poor self-rated health on depressive symptoms, a finding consistent with an emergent literature on the "dark side" of religious and spiritual coping (Exline 2002; Pargament 2002). Respondents with poor physical health may have derived from scripture a sense that their declining health somehow reflected a form of divine neglect or punishment, which only intensified feelings of worthlessness and hopelessness (Pargament et al. 1998). As we have already noted, there are several scriptural passages in the Bible that would lend credence to such interpretations (e.g., Psalms 38:3–8).

It is important to acknowledge that the stress-exacerbating pattern we uncovered is quite distinct from the findings that surfaced in Krause and Pargament's (2018) study, which revealed that reading scripture attenuated the inverse association between stressful life events and hope. The discrepancy between their findings and ours could be due to differences in conceptualization and measurement. Krause and Pargament measured stressful life events as an additive index constituted by 12 distinct stressors, and measured scripture reading as a single item accounting only for how often respondents read the Bible. Analyzing individual stressors and associated motivations for reading scripture may generally lead to disparate results. In any event, more work is clearly needed to uncover and explain the varied contexts in which scriptural coping either buffers or exacerbates stressors.

Religion and health scholars can expand this line of inquiry by testing whether other distinct stressors interact with related scripture reading practices to influence various dimensions of personal well-being. In keeping with hermeneutic theory, a significant stress-moderating effect of scripture reading can serve as empirical evidence of a fusion of horizons, in which a reader learns from scripture how to (positively or negatively) reappraise stressful life circumstances. Subsequent analyses could also test whether the stress-moderating effects of scripture reading are further contingent on a reader's perceptions of self and God. Perhaps believers in a loving and supportive God benefit more from scriptural coping than those who perceive God as detached or judgmental (Bradshaw, Ellison, and Marcum 2010; Ellison et al. 2012). Similarly, people with an exaggerated sense of entitlement or self-worth could be inclined to become angry with God when facing distressing circumstances, in which case turning to scripture may only add fuel to the fire (Grubbs, Exline, and Campbell 2013; Grubbs et al. 2018). In this sense, scripture is likely capable of serving as a *balm* (health-promoting source of comfort) in some circumstances while fomenting *blame* (potentially adverse hatred of self or God) in others. Testing these hypotheses would require regressing measures of well-being on three-way interaction terms between stressors, related scripture reading practices, and self and divine perceptions.

We also acknowledge some important limitations of our study. First, our data are cross-sectional and therefore limit our ability to establish causal relationships. Future studies should test similar hypotheses with prospective panel data to rule out retrospective bias and better establish causal direction. Second, contrary to our theoretical argument, we found no evidence that reading scripture for wealth insights moderated the effects of low SES on depressive symptoms. This null finding may be due to measurement error in our SES index. One way to address this issue in the future could be to employ measures that better gauge the distressing elements of diminished social status, such as self-anchored striving scales or measures of financial strain (DeAngelis 2018; DeAngelis and Ellison 2018). On a similar note, our single-item measure of self-rated health is

limited in certain respects and could be supplemented in future studies with more elaborate and objective health measures (e.g., disease inventories, diagnostic measures, or biomarkers).³ Third, future surveys should account for the particular scriptural passages respondents turn to in distressing times, as certain sections of religious texts may convey different types of inspirational messages. Triangulating survey-based research with qualitative inquiries (e.g., in-depth interviews examining the interpretive process and potential fusion of horizons as it unfolds over time) would seem particularly promising on this front. Fourth, our sample consists mostly of non-Hispanic whites. Researchers should examine scriptural coping practices among special populations facing unique stressors, such as racial-ethnic and sexual minorities experiencing discrimination (Ellison, DeAngelis, and Güven 2017), combat veterans exposed to the brutalities of war (White et al. 2018), or immigrant populations struggling to adapt to their new host countries (Yang and Ebaugh 2001). Might members of these groups be more likely to turn to scripture for insights into social justice issues, death and war, and national identity, respectively?

Finally, our study can only speak to the U.S. population, a society characterized by a cultural preoccupation with rugged individualism and a general distrust of social welfare programs (McNamee and Miller 2014). This limitation is noteworthy given that citizens of countries with higher welfare state spending are less likely to view religion as an attractive resource for coping with major life exigencies (Norris and Inglehart 2011; Scheve and Stasavage 2006a, 2006b). Future studies should employ cross-national data and multilevel modeling procedures to capture the distinctive sociopolitical contexts in which respondents are embedded (e.g., Jung 2018; Stroope and Baker 2018). Doing so would provide a more rigorous test of hermeneutic theory by accounting for the broader social currents that shape personal inclinations to seek scripture as a coping resource.

Notwithstanding current limitations, the present study has helped advance our understanding of religion's role in the stress and coping process. While numerous other domains of religious involvement—e.g., prayer, religious attendance, and religious social support—have already been established as key players in the stress process, our study is the first to formally develop and test a theory of religious scripture as an important psychosocial resource. From a methodological standpoint, our study also provides a novel example of how to enrich quantitative survey analyses with theoretical perspectives more typical of qualitative or ethnographic investigations. We hope this study provides a helpful template for future inquiries into the causes and consequences of religious and spiritual coping, especially coping practices centered on religious texts.

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³Although health *perceptions* may be more important than objective markers of health in this context. For example, someone could have high cholesterol, blood pressure, and HGBA1C levels, but if the person remains unaware of these issues, then there would be no impetus for turning to scripture for health insights.

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APPENDIX

Zero-Order Correlation Matrix of Study Variables

	(1)	(2)	(3)	(4)
1. Reads scripture for wealth insights	1.000			
2. Reads scripture for health insights	.693***	1.000		
3. Low SES	.163***	.137***	1.000	
4. Poor health	.054*	.096***	.325***	1.000
5. Depressive symptoms	.046	.052*	.313***	.405***
6. Scriptural literalist	.345***	.349***	.285***	.090***
7. Public religiosity	.361***	.442***	-.086**	-.095**
8. Prayer	.317***	.388***	.103***	.051*
9. Religious identity	.280***	.336***	.091***	.028
10. Evangelical Protestant	.174***	.237***	.088**	.024
11. Mainline Protestant	-.068**	-.058*	-.152***	-.078**
12. Black Protestant	.276***	.234***	.164***	.068**
13. Catholic	-.111***	-.122***	-.044	-.011
14. Other affiliation	-.028	-.023	-.102***	-.017
15. No affiliation	-.186***	-.224***	.026	.016
16. Age	-.022	.008	-.007	.056*
17. White	-.258***	-.236***	-.197***	-.076**
18. Female	.068**	.094***	.022	.030
19. Married	-.080**	-.065*	-.312***	-.102***
20. Number of children	.081**	.094***	.170***	.051*
21. South	.194***	.165***	.110***	.082**
22. Northeast	-.093***	-.118***	-.102***	-.053*
23. Midwest	-.058*	-.036	.002	.012
24. West	-.086**	-.052*	-.040	-.062*
25. Large or medium city	-.014	-.012	.013	.036
26. Large or medium suburb	-.044	-.043	-.103***	-.032
27. Open country	.087**	.075**	.125***	.019
28. Other area	-.003	.003	.001	-.019

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed).