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Religiosity and Ways of Coping With Sport Injuries Among Christian Athletes

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RELIGIOSITY AND WAYS OF COPING WITH SPORT INJURIES AMONG CHRISTIAN ATHLETES

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ABSTRACT

Although research evidence supports religiosity's predominantly positive mental and physical health benefits to patients coping with varied health problems, there are few studies exploring the influence of religiosity on coping with sport injuries among athletes identifying with specific religions. This study examined the relationships between religiosity and the use of religious and non-religious ways of coping with sport injuries by athletes affiliated with diverse Christian denominations. Within a concurrent mixed methods design, adult athletes (N = 88) responded to an online survey asking about several religiosity factors, their most serious or challenging sport injuries, and their ways of coping with those injuries. Quantitative results showed that religious commitment correlated with specific religious beliefs and behaviors, positive religious ways of coping predominated over negative, and religious commitment fully mediated the relationship between athletes' Christian denominations and their use of positive, but not negative, religious ways of coping with sport injuries. Thematic template analysis of qualitative data similarly revealed that religious ways of coping with sport injuries were predominantly positive in valence and benefitted physical and mental rehabilitation and recovery processes. Christian athletes relied on both religious and non-religious coping sources during their sport injury recoveries, and their ways of coping centered on their personal and religious identities. These results support that holistic care models encompassing sport psychology, sports medicine, and sports ministry should adapt intervention and treatment plans to accommodate personal religiosity and build on positive and adaptive religious ways of coping with sport injuries when working with religiously committed Christian athletes.

Keywords: Christianity, Psychology, Sports Medicine, Sports Sciences

Introduction

Interest in the study of religiosity and spirituality among athletes is experiencing a resurgence among sport psychology researchers, reflecting religiosity's primarily positive associations with health and wellness and the proximity of spirituality to precepts of positive psychology such as optimism, hope, character strengths, and sense of meaning (Beck & Haugen, 2012; Wiese-Bjornstal, 2019a). Based on their systematic review of sport-related psychological

literature, Noh and Shahdan (2020) concluded that religiosity and spirituality “play a significant role for athletes in a variety of ways such as through coping strategies, healing, well-being, anxiety reduction, and the meaning of life” (p. 6). These ways reflect important aspects of how athletes deal psychologically with sport injuries, and therefore understanding religious and spiritual roles could enhance effective practice among sport psychology consultants, sports medicine professionals, and sports chaplains (Wiese-Bjornstal et al., 2020). However, there is limited research directly examining the influences of athletes’ religiosity and spirituality on their ways of coping with sport injuries despite significant evidence that religiosity benefits resilience among patients coping with diverse health challenges (Koenig, 2018; Wiese-Bjornstal, 2019a).

One of the challenges to be considered in advancing this literature is overcoming the lack of definitional clarity about religiosity and spirituality. Although these terms have become increasingly conflated in contemporary medical and psychology literature, in his book on religion and mental health, Koenig (2018) argued that religiosity and spirituality are not the same research constructs. He suggested that “religion is rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the transcendent” (p. 13), whereas spirituality is a historically religious term that is not distinct from and in fact often overlaps in definition and measurement with both religiosity and mental health constructs (such as emotional states). What distinguishes religion from spirituality, according to Koenig (2018), is the ability to measure religious beliefs, behaviors, and identities that are unique to religion. Thus, Koenig (2018) concluded that, “religion, in contrast to spirituality, is a distinct construct that is separate from psychological, social and mental health concepts, and therefore can be examined as a predictor of mental health and a potential target for intervention” (p.13). It is religion, and religiosity, that drives the present study on ways of coping with sport injuries.

Even with this enhanced definitional clarity, religion (and religiosity) remains a broad construct that could be narrowed by examining psychological mechanisms within a specific religion such as Christianity. In their theological and psychological review of research literature from the Christian religion, Beck and Haugen (2013) concluded, however, that “little attention has been devoted to assessing the psychosocial correlates associated with the theological distinctive traits within faith traditions” (pp. 707–708), despite fact that these “diverse theologies...are worldviews that shape how individuals apprehend and make meaning of life experience” (p. 707). Since Rankin et al. (2011) found that about 75% of student-athletes at 164 National Collegiate Athletic Association institutions in the United States identified with a Christian religion, the present investigation focused specifically on the ways in which Christian athletes cope with sport injuries. However, even within a specific theological tradition such as Christianity, significant divergence in beliefs and behaviors concerning health and health care is evident among various traditions or denominations (Beck & Haugen, 2012; Swihart & Martin, 2020). Relative to health, for example, Roman Catholics may believe that suffering is a punishment from God and that penance is necessary, Protestants may emphasize Scripture reading, individual prayer, and prayers for healing, and Eastern Orthodox adherents may embrace the belief that “God is the ‘Divine Physician,’ the healer of our bodies and souls” (Swihart & Martin, 2020, p. 7).

Further, it cannot be presumed that identification with a specific religious faith such as Christianity will automatically lead to a reliance on religious ways of coping with sport injuries. With respect to identity in sport, Watson (2011), in fact, suggested that Christian athletes may have “a tendency to compartmentalize their faith and exclude it from competitive sport” (p. 2). Emerging evidence in sport injury psychology suggests that this potential for compartmentalization of religious faith among Christian athletes may be a function of their

degree of religious commitment and the specific beliefs and behaviors associated with that commitment (Wiese-Bjornstal et al., 2020). Religious commitment refers to the importance and centrality of religious beliefs, values, and practices in individuals' daily lives (Worthington et al., 2003). Worthington et al. further suggested that religious schemas associated with religious commitment affect appraisals of life events. Thus, within the context of specific health events such as sport injuries, religious commitment and associated religious schemas such as locus of health control likely affect cognitive appraisals. These primary and secondary appraisals by injured athletes about the challenges posed by sport injuries and their perceived coping capacities and resources are predicted to correlate with their coping behaviors and ultimately mediate the relationships between religiosity and health outcomes (Ryan & Francis, 2012; Wiese-Bjornstal, 2019a).

This leads to the prediction that when faced with specific health events such as sport injuries, religiously committed Christian athletes likely rely on religious coping beliefs and behaviors to deal with these events. In fact, Koenig (2018) said that "the use of religion to cope with emotional, social, and physical distress is one of the most important functions that religion serves" (p. 49). Positive forms of religious coping are those that "reflect a secure relationship with a transcendent force, a sense of spiritual connectedness with others, and a benevolent world view" (Pargament et al., 2011, p. 51). Among the positive forms of religious coping associated with better health and well-being are religious service attendance (VanderWeele, 2016) and active prayer (Illueca & Doolittle, 2020). Negative forms of religious coping "reflect underlying spiritual tensions and struggles within oneself, with others, and with the divine" (Pargament et al., 2011, p. 51). Among the negative forms of religious coping associated with psychological distress among health care patients are spiritual discontent and appraisals of a punishing God (Pargament et al., 2000). Religious ways of coping are also often characterized as private/internal (e.g., own prayer, spiritual discontent) or public/external (e.g., religious service attendance, withdrawal from faith community) beliefs and behaviors. Of course, Christian athletes would be predicted to rely as well on non-religious ways of coping with sport injuries. Carver's (1997) Brief COPE assessment designed for use in health research, for example, identified 14 ways of coping, one of which is religion. The Brief COPE asks respondents to rate their use of positive/effective (e.g., humor, positive reframing) and negative/ineffective (e.g., denial, self-blame), as well as internal (e.g., self-distraction) and external (e.g., use of emotional support) ways of coping with health situations. Using this measure, Wiese-Bjornstal et al. (2020) found that religious athletes used significantly more positive ways of coping with sport injuries than did non-religious athletes, which advantage psychological adjustment and well-being.

These cognitive appraisals and ways of coping are consistent with conceptual foundations underlying the psychology of religiosity, health, and sport injuries. Park's (2017) comprehensive meaning model of religious beliefs and well-being predicts that global religious beliefs influence situational cognitive processing and interpretation, which influence stress, affect, emotion, and meaning, which then influence positive (e.g., happiness, life satisfaction) and negative (e.g., psychopathology, distress) mental health consequences (Wiese-Bjornstal, 2019a). This conceptualization aligns with the predictions of the integrated model of religiosity and psychological response to the sport injury and rehabilitation process (Wiese-Bjornstal, 2019b), which illustrates pathways through which religiosity factors (e.g., religious commitment) are thought to influence situational cognitive appraisals (e.g., seeing religion as a coping resource during the injury and recovery process). In turn, these situational appraisals likely influence the ways in which athletes cope with sport injuries via their religious and non-religious thoughts, feelings, and actions, which then affect physical and mental health outcomes associated with

those injuries, including religious or spiritual health outcomes. In one of the few empirical studies in this area, findings from a mixed methods study of religiosity and spirituality in coping with sport injuries by Wiese-Bjornstal et al. (2020) generally supported these model predictions. Among religious and/or spiritual athletes, stronger religious commitment predicted greater reliance on a God locus of health control for sports injuries and more extensive use of positive religious coping ways of coping, such as seeing the ways in which God was caring for and strengthening them through their injury experiences. Both positive (e.g., their faith or spirituality being strengthened), and negative (e.g., questioning their faith) religious well-being outcomes resulted from their sport injury experiences.

In sum, although research literature contains many examples of how religiosity influences coping with health challenges, there are few examples of how Christian athletes connect their religiosity to their ways of coping with sport injuries (Wiese-Bjornstal, 2019a). Further, although there is evidence that religious athletes use many religious and non-religious ways of coping with sport injuries, the extent to which Christian denomination and/or level of religious commitment influences the choice and valence of specific ways of coping and their frequencies of use remains to be seen. Thus, the purpose of this study was to examine relationships between religiosity and the use of religious and non-religious ways of coping with sport injuries by athletes affiliated with diverse Christian denominations. Four specific research questions were addressed. First, is religious commitment related to religious beliefs and behaviors among Christian athletes? Second, which religious ways of coping with sport injuries are most prevalent among Christian athletes? Third, does religious commitment mediate the relationship between Christian denomination and religious ways of coping with sport injuries? Fourth, what thematic template illustrates the ways of coping with sport injuries used by Christian athletes?

Method

Participants

Inclusion criteria encompassed adult athletes ages 18 years of age or older who had sustained one or more injuries during prior and/or current engagement in sport activities, and who self-identified as Christian. The final sample responding to quantitative measures included 88 Christian athletes (24 males, 62 females; $M_{age} = 20.8$, $SD = 3.2$, range 18–46 years), and, of those, 57 responded to the open-ended questions (15 males, 42 females; $M_{age} = 21.0$, $SD = 3.9$, range 18–46 years). Christian athletes identified as Catholic (22.5%), Mainline Protestant (46.1%), Nondenominational (25.5%), and Evangelical (5.9%). Most of the sample responded to survey items based on significant sport injuries [serious (16.7%), severe or season ending (30.4%), career ending (5.9%)], ranged from 16 to 18 years of age at the time of this injury (54.9%), sustained their most serious or challenging injury during competitive athletics (58.8%), and perceived themselves as mostly to very successful in their recovery (76.5%).

Measures

Demographic Questionnaire

The Religiosity Descriptive Questionnaire for Sport Injury (RDQ-SI) was adapted from Wiese-Bjornstal et al. (2018). This self-report questionnaire consisted of 25 items examining athletes' sport and injury histories, most serious/challenging sport injuries, reliance

on religious faith in times of stress, and frequency of participation in campus and community religious activities. Some questions derived from the organizational and intrinsic religiosity items on the Duke Religion Index (Koenig et al., 1997). Demographic items provided the means to describe the sport and religious characteristics of the athletes, categorize athletes by Christian denomination for use in quantitative analyses, and provide richer interpretations of personal and injury context within qualitative data analyses.

Religious Commitment

The Religious Commitment Inventory-10 (RCI-10; Worthington et al., 2003) served as a self-report measure of an athlete's commitment to religious beliefs, values, and practices in daily life. Athletes replied to ten items based on a 5-point Likert rating scale from 1 (*Not at all true of me*) to 5 (*Totally true of me*). A sample item is "My religious beliefs lie behind my whole approach to life." Strong reliability and validity for the RCI-10 is evident across diverse religious groups (Worthington et al., 2003). Higher scores indicate greater religious commitment.

God Locus of Health Control for Sport Injury

A sport injury-adapted form of the reliable and valid God Locus of Health Control scale (GLHC-SI; Wallston et al., 1999) was used to assess athletes' appraisals about the extent to which God controls their health status. Athletes were asked to think about their beliefs at the time of their most serious or challenging sport injury and respond to the items about God's control over their sport injury recoveries. Likert style response choices for six items ranged from 1 (*Strongly disagree*) to 6 (*Strongly agree*). A sample item is "God is in control of my sport injury". Higher scores indicate a stronger belief in God as a locus of sport injury control.

Religious Ways of Coping with Sport Injuries

Religious ways of coping with sport injuries were measured via a sport injury-adapted situational version of the reliable and valid Religious Coping Long Form (RCOPE; Pargament et al., 2000). Athletes in the present study were instructed to respond to items based upon the extent to which each religious way of coping was used in dealing with their most serious or challenging sport injury (RCOPE-SI). Example items include "I saw my situation as part of God's plan" and "Trusted that God would be by my side". Each of the 63 items was rated for frequency of use during sport injury on a 4-point Likert scale ranging from 1 (*Not at all*) to 4 (*A great deal*). Items comprise 21, 3-item religious ways of coping subscales (such as collaborative religious coping and religious distraction), as well as two composite religious ways of coping scales: positive (i.e., benevolent methods of understanding and dealing with life stressors, comprising 12 subscales) and negative (i.e., religious struggle in coping, comprising 9 subscales) (Fetzer Institute, 2003). Higher scores indicate greater frequency of use.

Ways of Coping with Sport Injuries Themes

Researchers created two open-ended response questions intended to provide data that would extend the thematic coding template of Wiese-Bjornstal et al. (2020) to include both religious and non-religious ways of coping with sport injuries. All athletes were invited to free-respond to these questions. The first question asked, "Describe any positive or beneficial ways in

which your religious, spiritual, or non-religious beliefs, feelings, actions, or social connections helped you over the course of coping with health care and recovery processes associated with your most serious or challenging sport injury”. The second question asked, “Describe any negative or harmful ways in which your religious, spiritual, or non-religious beliefs, actions, or social connections challenged you over the course of coping with health care and recovery processes associated with your most serious or challenging sport injury.”

Design and Procedure

This study employed a concurrent mixed methods research design using an online survey methodology. The mixed methods design allowed researchers to replicate and extend exploratory findings regarding religiosity in coping with sport injuries (Wiese-Bjornstal et al., 2020) through identifying aspects of religiosity that influence the use of religious and non-religious ways of coping with sport injury among a sample of Christian athletes. The institutional review board approved the study protocol. Consent information and the survey instrument were prepared using the Qualtrics online survey tool and invitations were distributed electronically through multiple channels. Respondents took an average of 16.8 minutes to complete the survey.

Quantitative data addressing the first three research questions were analyzed by transferring Qualtrics survey data into SPSS Statistics, and running descriptive analyses, creating mean scale and subscale scores, conducting reliability checks on the measures, and calculating inferential statistics. Qualitative data used in addressing the fourth research question were analyzed using template analysis. Template analysis, which is a form of thematic analysis, balances a high degree of structure with the flexibility to adjust the hierarchical codes based on the needs of the study (Brooks et al., 2015). The epistemological approach to template analysis was based on a realist, conventional positivistic position to discovering human behavior, in which the goal was for the researchers to report on Christian athletes’ experiences and meanings and their religious and non-religious ways of coping with their most serious or challenging sport injuries (Brooks et al., 2015). The a priori main themes regarding positive and negative religious ways of coping with sport injury and their associated themes and sub-themes used as the initial template in this study were derived from Wiese-Bjornstal et al. (2020).

Template analyses followed the procedures outlined by King (2012), progressing as follows: familiarizing with the data, familiarizing with the a priori coding template, applying the initial template to the data set, generating, naming, and defining emerging codes, clustering the a priori and emerging themes within coded data, reviewing and refining the template, and applying the final template to the full data set again. These steps were taken to establish the consistency, truth, value, and neutrality of the results (Noble & Smith, 2015). Three researchers, including two sport and exercise psychology graduate students and one post baccalaureate kinesiology honors student, brought diverse sets of experiences and religious beliefs and expertise to the coding and consensus process, reducing the risk of systematic bias (Noble & Smith, 2015). Furthermore, researchers maintained detailed records of the steps taken and decisions made throughout each stage of coding and the template creation process. Notes were kept for each discrepancy in researchers’ coding processes and exactly how agreements were reached for each theme, leading to the creation of the final thematic template.

Results

Descriptive statistics and frequencies were calculated for all quantitative variables prior to further statistical analyses used in answering research questions one through three. Mean scale scores and Cronbach's alpha reliabilities were calculated for the measure of religious commitment, i.e., the RCI-10 ($\alpha = .97$), and for the measure of the God locus of health control for sport injury, i.e., the GLHC-SI ($\alpha = .96$). Descriptive values for these variables were: RCI-10 ($M_{sum} = 31.24$, $SD = 13.06$, Range = 10–50) and GLHC-SI ($M_{sum} = 21.10$, $SD = 9.20$, Range = 6–36). The mean score for religious commitment in these athletes was higher than the estimated normative mean for a general sample of United States adults (estimated $M_{sum} = 26$, $SD = 12$), confirming this to be a moderately religious sample (Worthington et al., 2003). In addition to calculating descriptive mean and standard deviation values for the 21 individual ways of religious coping with sport injury subscales of the RCOPE-SI, mean scores and Cronbach's alpha reliabilities for the two broader religious ways of coping with sport injury for positive ($\alpha = .98$) and negative ($\alpha = .87$) were calculated in accordance with the Fetzer Institute (2003). For purposes of examining denominational differences and to increase power in the mediation analyses, Christian athletes were categorized into two broad denominational groupings reflective of religious perspectives and beliefs that generally distinguish them (e.g., relatively more modernist or liberal versus relatively more conservative or traditional in beliefs about the inerrancy of the Bible, personal conversion, and evangelism). These two groups comprised the following: Catholic/Mainline Protestant (e.g., Roman Catholic, Baptist, Lutheran, Episcopal, Congregational, Methodist, Presbyterian, Reformed; 68.6% of sample) and Nondenominational/Evangelical (e.g., Nondenominational, Independent, Churches of Christ, Pentecostal, Adventist, Charismatic; 31.4% of sample).

Relationship Between Religious Commitment and Religious Beliefs and Behaviors

The first research question asked: Is global religious commitment related to religious beliefs and behaviors among Christian athletes? Using data from the entire sample ($N = 88$), Pearson's r correlation statistics and a significance level of $p < .05$ showed that religious commitment (RCI-10) among Christian athletes was significantly and positively related to several specific religious beliefs and behaviors asked about on the survey. These included frequency of attendance at religious services [$r(86) = .86$, $p < .001$], frequency of attendance at campus religious groups [$r(86) = .72$, $p < .001$], extent to which religious faith was involved in dealing with stressful life situations [$r(86) = .84$, $p < .001$], and degree of belief in a God health locus of control for sport injury (GLHC-SI) [$r(86) = .73$, $p < .001$]. These results indicate that Christian athletes reporting higher levels of religious commitment held robust private/internal religious beliefs, including relying more extensively on their religious faith dealing with stressful life situations and stronger agreement with the belief that God exerts control over their health status during sport injuries. Higher religious commitment was also associated with greater frequencies of public/external religious behaviors by Christian athletes, including attendance at religious services and campus religious groups.

Use of Religious Ways of Coping with Sport Injuries

The second research question asked: Which religious ways of coping with sport injuries are most prevalent among Christian athletes? Using those from the sample with complete data

for the religious ways of coping with sport injury measure (RCOPE-SI) ($n = 67$), results from a paired samples t -test between the composite subscales showed that positive religious ways of coping were used significantly more than were negative religious ways of coping, $t(64) = 9.56$, $p < .001$, 95% CI [0.69, 1.06], $d = 1.17$, $M_{\text{positive}} = 2.12$, $SD = 0.82$, $M_{\text{negative}} = 1.24$, $SD = 0.28$. This Cohen's d effect size value indicated high practical significance for this finding. Thus, Christian athletes used positive religious ways of coping with sport injuries to a much greater extent than they did negative religious ways of coping with sport injuries. To better understand specific examples of positive and negative religious ways of coping with sport injuries, descriptive data illustrates the most five most frequently used positive and five most frequently used negative religious ways of coping with sport injuries based on a ranking of mean item scores for the 21 individual subscales (12 positive, 9 negative) of the RCOPE-SI (see Table 1).

Christian Denomination, Religious Commitment, and Religious Ways of Coping with Sport Injuries

Mediation analyses based on quantitative measures were used to answer the third research question, which asked: Does religious commitment mediate the relationship between Christian denomination and religious ways of coping with sport injuries? Two simple mediation models with 95% confidence intervals and 5,000 bootstrapping resamples were tested via SPSS and PROCESS model 4 (Hayes & Rockwood, 2017) in order to evaluate relationships between the independent variable of Christian denominational grouping (Catholic/Mainline Protestant or Nondenominational/Evangelical), the mediator of religious commitment (RCI-10), and each of the two dependent variables of positive and negative religious ways of coping with sport injury (RCOPE-SI) ($n = 64$).

In step one of the first simple mediation model, the regression of Christian denomination on positive religious ways of coping with sport injury, ignoring the mediator, was significant, $b = -.75$, $t(62) = -3.57$, $p < .001$. Step two showed that the regression of Christian denomination on the mediator, religious commitment, was also significant, $b = -1.39$, $t(62) = -4.12$, $p < .001$. Step three of the mediation process showed that the mediator (religious commitment), controlling for Christian denomination, was a significant predictor of positive religious ways of coping with sport injury, $b = .46$, $t(61) = 8.45$, $p < .001$. Step four of the analysis revealed that, controlling for the mediator (religious commitment), Christian denomination was not a significant predictor of positive religious ways of coping with sport injury, $b = -0.11$, $t(61) = -0.71$, $p = .48$, bootstrap 95% CI [-0.99, -0.33]. Thus, religious commitment fully mediated the relationship between athletes' Christian denominations and their use of positive religious ways of coping with sport injury (Hayes & Rockwood, 2017). Approximately 62% of the variance in positive religious ways of coping with sport injury was accounted for by the predictors ($R^2 = .62$).

In step one of the second simple mediation model, the regression of Christian denomination on negative ways of religious coping with sport injury, ignoring the mediator, was not significant, $b = .01$, $t(62) = 0.10$, $p = .99$. Step two showed that the regression of Christian denomination on the mediator, religious commitment, was significant, $b = -1.39$, $t(62) = -4.12$, $p < .001$. Step three of the mediation process showed that the mediator (religious commitment), controlling for Christian denomination, was a significant predictor of negative religious ways of coping with sport injury, $b = .07$, $t(61) = 2.49$, $p = .02$. Step four of the analysis revealed that, controlling for the mediator (religious commitment), Christian denomination was not a significant predictor of negative religious ways of coping with sport injury, $b = .10$, $t(61) = 1.16$, $p = .25$, bootstrap 95% CI [-0.21, -0.03]. Thus, while athletes' Christian denominations did not

predict their use of negative ways of coping with sport injury, religious commitment did (Hayes & Rockwood, 2017). Approximately 9% of the variance in negative religious ways of coping with sport injury was accounted for by the predictors ($R^2 = .09$).

Thematic Template for Ways of Coping with Sport Injuries

The fourth research question asked: What thematic template illustrates the ways of coping with sport injuries used by Christian athletes? Template analysis led to the thematic illustration shown in Figure 1. Two intersecting dimensions of the template include coping source (religious/non-religious) and coping valence (positive/negative). Positive ways of religious and non-religious coping derived from athletes' ($n = 57$) responses to the first open-ended question about positive or beneficial effects of religious or non-religious ways of coping, while negative ways of coping derived from athlete responses to the second open-ended question about negative or harmful effects of religious or non-religious ways of coping with their most serious or challenging sport injuries. The core concept of identity emerged at the intersection of the themes found within the coping source and valence dimensions. Specific thematic results are next organized around the coping source and valence dimensions.

Religious Ways of Coping with Sport Injuries Themes

Template analysis of the open-ended responses yielded two main themes for religious ways of coping: positive religious ways of coping with sport injuries and negative religious ways of coping with sport injuries. The positive religious ways of coping with sport injuries main theme comprised five themes, some with associated sub-themes. The negative religious ways of coping with sport injuries main theme comprised three themes, one with associated sub-themes (see Figure 1).

Positive Religious Ways of Coping with Sport Injuries Themes. Within the main theme of positive religious ways of coping with sport injuries, the God's plan and faith-promoted positivity themes were most prevalent. The first theme, God's plan, refers to athletes' beliefs that their injuries were part of God's plan for their lives. Athletes' referenced comfort in the beliefs that God was in control, that God had a healing hand, and that they should "trust the process." A 46-year-old Protestant female outdoor adventure athlete reflecting on her career-ending concussion said, "My religious beliefs help me see the larger picture of what lessons there might be for me to learn during the process." Similarly, a 21-year-old, Nondenominational female intercollegiate athlete who suffered a moderate ankle sprain stated, "I was able to have hope and assurance that my injury is not occurring by chance and that it is an opportunity and trial meant for my own good." Both examples suggested that athletes cope with the challenges of their sport injuries by finding meaning and opportunities to learn and grow due to their belief in God providing lessons in His greater plan for their lives.

The second theme, faith-promoted positivity, contained three subthemes: positive feelings, strength, and thankfulness. Faith-promoted positive feelings, by far the most common subtheme, captured athletes' statements that their faith/spirituality allowed them to experience positive feelings following their injuries such as hope, comfort, and control. One example came from an 18-year-old Protestant female who suffered an ankle sprain in competitive sports, who said, "My religious beliefs have helped me to cope during the recovery process through

improving my positive thinking in this tough process when I start to have negative thoughts.” The second most common subtheme, strength, involved feelings of strength because of one’s faith and relationship with God. As a result of a severe fracture sustained in competitive sport, a 22-year-old Nondenominational male demonstrated the strength subtheme by saying, “I always trust in the fact that God is my strength during these tough times of injury and that His will, will be done.” Thankfulness, the least common faith-promoted positivity subtheme, involved feeling thankful for the injury for providing insight on life priorities. A 21-year-old Nondenominational female who suffered a ligament strain in competitive sports when she was 15 years old exemplified the thankfulness subtheme with the following statement:

When I sustain a sports-related injury, I often am able to reflect on how I have been idolizing my own physical body or capabilities, rather than recognizing and acknowledging them as gift from and for God. This helps me understand and even rejoice in the opportunity to grow and mature.

The third positive religious ways of coping with sport injuries theme, prayer, comprised four subthemes: general prayer, prayer for comfort or support, prayer for meaning or answers, and other’s prayer. The most common subtheme, general prayer, referred to general comments about praying about the injury or increasing one’s use of prayer, without mentioning specific functions of said prayer. An example of this subtheme came from a 20-year-old Protestant female reflecting on her severe iliotibial band syndrome at the age of 17: “Prayer and devotional time makes me feel at peace.” A 20-year-old Protestant male who suffered a muscle strain in recreational sports simply stated that “prayers at service” helped him cope with the challenges of his serious sport injury. The second subtheme of prayer for comfort or support is exemplified in comments such as: “Religiously, it helps to pray or just ask for support in the recovery process to help console yourself.” This comment was from an 18-year-old Catholic female when reflecting on the positive religious coping strategies she used recovering from a hamstring strain in competitive sport. Athletes spoke to God through prayer to ask for comfort and support throughout their healing processes. Similarly, statements asking God about the meaning of their injuries fell into the third subtheme, prayer for meaning or answers. Comments from this subtheme included this from a 22-year-old Catholic female competitive athlete in response to her experience with a severe back injury when she was 18: “When things weren’t progressing as quickly as they should, I turned to God and prayer to understand why.” The fourth, and least common, prayer subtheme was other’s prayer. Athletes took comfort in the fact that other people were praying for them. Reflecting on a serious impingement injury in recreational sports, a 23-year-old Nondenominational female athlete provided an example of this subtheme: “Having a community to pray for you and talk about it as well. Majority of those people were positive so it helped keep a good energy.”

A fourth positive religious way of coping with sport injuries theme, simply titled positive religious coping, referred to expressions of general positive feelings or an increase in strength of faith due to dealing with a challenging sport injury. For example, one Catholic female who suffered a severe concussion in recreational sports at age 21 that impeded her continued participation said:

My religious beliefs have helped me see the value of going through difficult situations. My religion has also given me hope, even if I don’t get totally better, I still have much to offer and my value in no way depreciates.

The fifth positive religious way of coping with sport injuries theme was labeled reprioritizing goals or interests, in which sport injuries influenced athletes to reprioritize aspects of their lives based on faith. This theme was illustrated by a 20-year-old Nondenominational female reflecting on her recovery from a stress fracture in competitive sport. She said, “Although I do not necessarily see God’s direct hand in my injury recovery, I see his hand in my mental recovery and the ability to find purpose in other activities that I can participate in besides my sport.”

Negative Religious Ways of Coping With Sport Injuries Themes. While many athletes reported using positive religious coping strategies following their most serious or challenging sport injuries, some expressed examples illustrating the negative religious ways of coping with sport injuries main theme. Within that main theme, by far the most common theme was negative religious coping, which included expressions of anger towards God or blaming God for the injury, which were used as coping mechanisms in dealing with their injuries. For example, one 19-year-old Protestant male who suffered with shin splints in competitive sport expressed that he would sometimes ask himself “Why would God do this to me?” Many athletes shared the sentiment of asking God “why me” and blaming Him for their struggles. While these athletes expressed signs of negative religious coping, most of them also described embracing their injury as part of God’s plan for their lives, and found comfort knowing that He was in control, thus illustrating complex interplay between negative and positive religious ways of coping.

A second negative religious way of coping with sport injuries theme was punishment. A few athletes suggested that their sport injuries happened as a form of punishment to test their strength of faith or because of their personal sins or of living in a sinful world. The punishment theme comprised two subthemes: test and sin. One 19-year-old Nondenominational female claimed that her career-ending concussion injury at age 16 “tested her faith.” Similarly, an 18-year-old Protestant female who suffered a serious hyperextension injury exemplified the sin subtheme with the following statements:

There's always that sinful nature nagging at your head, "God, why did you let this happen to ME?" So yeah, I had that thought a couple times. But it's easy to blame God. Deep down, I knew it wasn't by any means His fault that I got injured; it was a result of sin.

Withdrawal was the third theme under the main theme of negative religious ways of coping with sport injuries. Some athletes reported that dealing with their challenging sport injury influenced a withdrawal from their religious and church communities. A 46-year-old Protestant female stated, for example: “I have tended to withdraw from God a bit because there is some feeling of abandonment.”

Non-religious Ways of Coping with Sport Injuries Themes

A template analysis of the open-ended survey responses regarding non-religious ways of coping with sport injuries, revealed two main themes: positive and negative non-religious ways of coping with sport injuries (see Figure 1). Two identical themes emerged from within the positive and negative non-religious ways of coping with sport injuries main themes: internal/personal coping and external/from others coping, each with associated subthemes. The

positive non-religious ways of coping with sport injuries main theme had an additional theme of non-religious plan, reflecting non-religious beliefs that injuries were part of a bigger plan for their lives.

Positive Non-religious Ways of Coping with Sport Injuries Themes. The most prevalent positive non-religious ways of coping with sport injuries theme was external/from others coping. This theme was defined as athletes finding comfort, support, and direction from significant others and/or medical professionals; support which was used as means of coping with a challenging sport injury. The external/from others coping theme comprised three subthemes: social support, medical/professional support, and medical control. The social support subtheme, by far the most common, included expressions of feeling comforted and supported by friends, family, or community members throughout their sport injury recoveries. For example, an 18-year-old Catholic female said: “Non-religiously, friends and family help you cope with injury by comforting you and making you feel better, making the recovery process less daunting.” Another Catholic female, reflecting on her serious ligament tear at age 17, stated that “there was no religious aspect to my recovery, but I had a very good support system of friends, coaches, and family.” A second subtheme under the external/from others theme was medical/professional support. Statements under this subtheme described feelings of comfort and support from medical professionals while dealing with the challenges of sport injuries. A 20-year-old Catholic female who suffered a partial anterior cruciate ligament (ACL) tear at age 15 attributed her ability to cope to feeling comfort and support from significant others and medical professionals:

My physical therapist, teammates, and family members were very supportive of my recovery and always made sure I had the resources I needed to recover. This social support was very influential in my recovery because it showed that I had people looking out for me and pushing for my recovery.

The third external/from others subtheme was medical control. Statements in this subtheme involved seeing the healing process as being controlled by medical professionals, regardless of one’s belief in God. These individuals reflected a separation of medicine and religion in their responses. For example, a 21-year-old Protestant female who suffered a laceration in recreational sports stated: “By placing all of the trust or power in God, you are ignoring the facts of medicine on how to get better.”

A second theme under the main theme of positive non-religious ways of coping with sport injuries was internal/personal coping. Individuals expressing this theme reported being personally in control of their coping with and recovery from sport injury. This theme comprised two subthemes: own support and own control. An example of this subtheme came from a 20-year-old non-practicing Christian male reflecting on a spiral fracture, torn labrum, and rotator cuff surgical rehabilitation. He said: “I focused on finding sources of motivation and reading books about strengthening the mind. I also motivated myself by watching old videos of my performance.” The other internal/personal coping subtheme, own control, included statements referring to personal responsibility over healing and injury recovery. A 24-year-old Protestant female dealing with a serious concussion sustained in competitive sport said that “my injury would get better if I worked at it.”

The third positive non-religious way of coping with sport injuries theme was non-religious plan. Athletes expressed a belief that their injuries occurred as part of a larger plan for their lives. For example, a 22-year-old Nondenominational female said she coped by putting it into perspective and that “there’s a bigger picture to life than the injury.” Similarly, a 19-year-old

Protestant male focused on “recognizing that everything in the big picture is okay and that this is just a small bump in the road.”

Negative Non-religious Ways of Coping with Sport Injuries Themes. Although many athletes expressed positivity in their coping processes, a smaller portion of athletes reported negative aspects, comprising the second main theme under the non-religious ways of coping with sport injuries. The two negative non-religious ways of coping with sport injuries themes were internal/personal coping and external/from others. Similar to its positive counterpart, the most common negative non-religious ways of coping with sport injuries theme was external/from others coping. However, in this case, this theme was defined as athletes expressing a lack of comfort, support, and direction from significant others and/or medical professionals which negatively affected their ability to cope with a challenging sport injury. Regarding the negative external/from others coping theme, lack of medical support was the most common subtheme. Athletes expressed negative feelings towards their recovery due to lack of support from medical professionals and/or a lack of closeness or relationship with medical professionals. A 20-year-old Catholic female discussed her lack of medical support in the following statement:

Sometimes my doctor doubted the degree of my pain and questioned whether or not I was being truthful about my pain level. This was discouraging and made me feel bad about the pain I was experiencing and was overall a negative influence of my recovery and outlook on my sustained injury.

A second negative external/from others coping subtheme was negative social support. While many athletes reported significant others as facilitative in their injury recovery, a few athletes discussed experiencing negative vibes or feeling a lack of support from others. For example, a 19-year-old Protestant female who suffered a ligament tear in competitive dance said: “Sometimes it felt like people were pitying me which I did not like. I knew that I was going to be okay, but people acted like it was the end of the world.” Some athletes felt as though they lacked any external coping abilities, representing the third negative external/from others subtheme of no external coping. These individuals referenced having no support system to lean on while dealing with their sport injury. A 20-year-old Protestant female stated that she “needed a means beyond myself to cope,” when discussing the negative ways by which she dealt with a serious sport concussion injury.

The second of two themes under the negative non-religious ways of coping with sport injuries main theme was negative internal/personal coping. Athletes described negative feelings towards themselves for inhibiting their own recovery. This theme comprised two subthemes: own blame and own distraction. The first subtheme, own blame, was defined as blaming oneself for their injury or for a lack of recovery. A 20-year-old Protestant male who suffered a severe fracture stated, “I would sometimes blame myself and get frustrated that I couldn’t be out on the field. I would be quick-tempered and got mad very easily when I was injured.” Expressions about distracting oneself from healing and productive recovery activities were categorized under the second subtheme of negative internal/personal coping, own distraction. An example of the own distraction subtheme came from a 20-year-old Catholic male who said he was “overconfident” which distracted him from his recovery.

Core Concept Influencing Ways of Coping in the Thematic Template

Christian athletes from all denominations appear to rely on both religious and non-religious coping strategies in their sport injury recoveries. While Christian athletes utilize some negative ways of coping with sport injuries, overall, the coping mechanisms were predominantly positive in valence regardless of Christian denomination or source (religious or non-religious). For many athletes, there seemed to be a shared sense of ownership over their injury recoveries which was reflective in athletes' expressions of prayer and trusting God's plan, while concurrently attributing healing and success to other non-religious external and internal coping mechanisms. To such a degree, the core concept of identity (see Figure 1) emerged as central to the template and seemed to influence whether Christian athletes would rely more heavily on religious coping or non-religious ways of coping with sport injuries.

Many athletes made references to their ways of coping by acknowledging whether they believed their personal identity was defined by their religious beliefs or affiliation and not their sport. For example, a 22-year-old Evangelical female who sustained a debilitating knee injury during competitive sport, said, "It was comforting to know that regardless of my athletic ability, I am still whole in Christ." Similarly, a 20-year-old Nondenominational female expressed her religious identity in her statement: "Through my faith, I find my identity outside of what sport it is I participate in." Both athletes conveyed generally positive coping strategies that were a product of trusting in God's plan.

Conversely, a smaller portion of athletes suggested a belief that their identity and injury rehabilitative strategies were separate from and not influenced by religion. An 18-year-old Nondenominational male stated he "didn't lose (his) identity when (he) got hurt." He went on to discuss his lack of ability to rely on his religion to help him cope, potentially indicating that he does not have a strong religious identity. The identity concept was more prevalent across the source dimension of religious and non-religious coping, and within the positive valence dimension. Thus, it appears that an interactive relationship may exist between the use of religious and non-religious ways of coping with sport injuries through the core concept of athletes' personal religious or non-religious identities.

Discussion

Triangulating intersections between the quantitative and qualitative findings in this mixed methods study of religiosity and ways of coping with sport injuries, the central finding seems to be that the strength of religious identity is the most salient influence on the degree to which Christian athletes, regardless of denomination, rely on religious ways of coping. This finding is derived from analyses involving several interrelated measures associated with religious identity as used in this study: (1) religious affiliation with any Christian denomination, (2) religious engagement including degree of reliance on religious faith in times of stress and frequency of participation in campus and community religious activities, (3) religious commitment reflecting the strength of religious beliefs, values, and practices in daily life, and, (4) religious identity, as derived from thematic template analysis. Identities involve salience, schemas, and meanings, and in this study religious identities affected ways of coping with sport injuries and influenced health outcomes among Christian athletes. In his psychological and theological reflections on identity in sport, Watson (2011) contended that for Christian athletes the "core premise is that humans' identity, that is, their feeling, thinking, attitudes and behavior, should be grounded in, and flow from, the heart of a loving Father God" (p. 183). The qualitative results and the core of the

template coding showed that for some Christian athletes their religious identities superseded their sport identities, while for other athletes their weaker religious identities were subsumed by their sport or personal identities. Although research by Proios (2017) showed significant positive relationships between the strength of religious faith and the athletic identity dimensions of social identity, exclusivity, and negative affectivity among adult athletes, injuries may expose cracks in these relationships as athletes seek religious answers and find ways to cope with health rather than performance challenges.

A second important finding reflecting intersections between quantitative and qualitative data is that Christian athletes rely primarily on positive ways of coping with sport injury, both religious and non-religious. Athletes looked to God for strength, support, and guidance when injured, and often saw a larger purpose for their injuries, such as to prompt them to reorder their priorities to place God at the center or to help them see that injury is part of a greater plan for their lives. Some of the most frequently used positive religious ways of coping with sport injury in this study were benevolent religious reappraisals (internal) and seeking religious support (external), findings that were like the results of Pargament et al. (2000), who showed that better psychological adjustment among health care patients was related to the use of these specific ways of coping. Like other frameworks for ways of coping with health challenges (Koenig, 2018), the present study also resulted in internal (i.e., private, personal) and external (i.e., public, from others) beliefs and behaviors used to cope with sport injuries. For example, internal ways of coping with sport injury used in the present study included relying on one's own prayers and motivating oneself through watching videos of old performances, while external ways of coping included strategies such as directing efforts toward the religious helping of others and feeling comfort and support from medical professionals. The qualitative data seemed to reveal athletes emphasizing the use of internal ways of coping in the religious dimension but external ways in the non-religious dimension.

A third key finding was the replication of the thematic template originally developed by Wiese-Bjornstal et al. (2020) and extended in the present study to encompass (a) a religion-specific athlete sample, and (b) religious as well as non-religious ways of coping with sport injuries. The original template did identify themes reflecting the valence dimension of positive and negative religious ways of coping but did not include the non-religious aspects of what the present study termed the source dimension. Further, considering the integration of quantitative and qualitative findings demonstrated that results using standardized measures of religious affiliation, commitment, and engagement were remarkably like results emerging from template analysis. Both demonstrated that the underlying concept of religious identity was the most salient influence on Christian athletes' reliance on religious and non-religious ways of coping with sport injuries. This speaks to the importance of avoiding broad assumptions about the role of religious coping among all Christian athletes, and points to the necessity of discerning the importance and salience of their religious identities to understand their use of religious ways of coping with sport injuries. Further, some Christian athletes turned to God and religious ways of coping only after things were not progressing well with their sport injuries, showing dynamic changes in their reliance on religious faith as a coping source. Wiese-Bjornstal et al. (2020) also found evidence of temporal patterning in the use of religious ways of coping, observing that some athletes expressed more negative ways of coping early in their initial reactions to their sport injuries, but then progressed toward adaptation and embraced more positive religious ways of coping later in their recoveries.

Implications for Research

One research implication drawn from this study is that religion should be among the sociodemographic variables included in research on psychological responses to sport injuries. Beck and Haugen's (2012) contention following their theological and psychological review of literature on the Christian faith was that "enormous swaths of the Christian experience have virtually no associated empirical literature" (p. 707). Yet they argued that because we would "expect distinctive psychological and sociological correlates" (p. 707) not only with Christianity as a religion, but also among denominations and individual adherents within the religion, "researchers should begin to consciously attend to and report faith group differences" as these are "potential covariates" (Beck & Haugen, 2012, p. 708). This recommendation to consider religion in the same way as other sociodemographic variables such as gender, ethnicity, or socioeconomic status would benefit sport injury psychology research.

A second research implication drawn from this study is to consider how religion and religiosity fit within conceptual models of sport injury psychology. Wiese-Bjornstal (2019a) used examples from Christianity to illustrate the predictions of the integrated model of religiosity and psychological response to the sport injury and rehabilitation process, noting, however, a significant lack of research specifically examining religiosity and sport injuries upon which to base those predictions. Yet drawing from the findings of the present study relative to the model, it is evident that global or pre-existing personal (e.g., religious commitment) and situational (e.g., support of a faith community) aspects of religious athletes' lives can influence their sport injury-specific cognitive appraisals (e.g., God controls injury recovery). These appraisals seem to affect religious feelings (e.g., feeling cared for by God during injury recovery), influence religious behaviors (e.g., prayer and devotional time about injury and having faith), and impact recovery outcomes such as health and well-being (e.g., rejoicing in the opportunity to grow in faith through the trials of the injury experience), in line with model predictions (Wiese-Bjornstal, 2019a). These hypothesized relationships must be examined more explicitly in future research, however.

Limitations of this study that are important to consider in interpreting the results and designing future studies would first include the consolidation of both concurrent and retrospective reflections on ways of coping with sport injury. Second, a relatively small sample size limited the power to detect additional significant differences in quantitative findings and precluded factor analysis and statistical tests regarding the sport injury-adapted version and multiple individual subscales of the measure of religious ways of coping with sport injuries. Third, it is possible that there was selection bias in who chose to respond to the survey; for example, it could be that primarily those whose Christian faith helped them were the ones most likely to be interested in responding to the survey. Fourth, the sample was largely from a specific region of the United States which may have limited the denominational and personal religious diversity of the responding Christian sample.

Implications for Practice

In sport psychology-related professions, the evidence from this study would suggest that sport psychology consultants could address religious identities and commitment within the parameters of ethical practice (Sarkar et al., 2014). This could occur in intake interviews with injured athletes, for example, by thinking about items from Beck and Haugen's (2012) list of clinical questions for psychologists to consider (e.g., "How does the client use religious coping

strategies (such as prayer) in handling life experiences?”, or “Is the client expressing anger, disappointment, or disillusionment with God?”) (p. 707). Incorporating religious practices like Christian prayer and music into post-injury mental skills training (Mosley et al., 2015) or praying and sharing Scripture with injured athletes (Egli & Fisher, 2017) could be intervention options for consulting with Christian athletes. These strategies, however, must be ethically consistent with the training and scope of the provider and profession, and appropriate to the specific work environment (e.g., within faith-based institutions that may expect religious connection to be inherently part of athlete-professional relationships, such as with sport coaches).

Among sport psychology consultants and sports medicine professionals, using sport injury-adapted spiritual assessment strategies relevant for medical environments, such as the Religious Commitment Inventory, FICA Spiritual History Tool, HOPE Questions for Spiritual Assessment, and the Open Invite (Saguil & Phelps, 2012), could identify athlete preferences about incorporating faith and religious ways of coping into treatment plans. Saguil and Phelps suggested that spiritual assessments offer opportunities for medical providers to “support patients by stressing empathetic listening, documenting spiritual preferences for future visits, incorporating the precepts of patients’ faith traditions into treatment plans, and encouraging patients to use the resources of their spiritual traditions and communities for overall wellness” (p. 546). Writing to sports medicine professionals, McKnight (2009) said that “if health care professionals truly want to treat the whole person—body, mind, and spirit—and use every possible modality at their disposal, all health care professionals should consider the use of spiritual disciplines when appropriate” (p. 284).

Sports chaplains and others involved with sports ministry programs can also incorporate the findings from this study into their work with mentoring and counseling injured Christian athletes. Blazer (2019) reported that there are over 100 sports ministry organizations in the United States. Blazer’s research allowed her to observe some of these ministries and their affiliated athletes and coaches in action. She recalled observing a female semi-professional soccer player on a Christian identified team sustaining injury and lamenting, “This is the worst it’s ever been. I really feel like God doesn’t want me playing. I feel like he wants me here, but every time I play, it’s something” (Blazer, 2019, p. 8). Insights into the thoughts of Christian athletes such as these would allow sports chaplains and ministries to better provide religious support to them based on their religious beliefs and identities. Blazer (2019) contended that “God uses suffering to communicate with humans” (p. 1), and thus sees that sport injuries or other sport-related challenges offer opportunities for “meaningful religious work” (p. 1). Waller et al. (2016) pointed out that holistic care models for collegiate athletes in the United States benefit from offering access to sports chaplains, such as through providing spiritual care in difficult circumstances like sport injuries.

Conclusion

Religious identity among Christian athletes comprises a more powerful influence on the use of religious ways of coping with sport injuries than does denomination. Christian athletes use religious and non-religious ways of coping with sport injuries that are both internal and external, that are predominantly but not exclusively positive in valence, and that often reflect dynamic changes over the lifespan of a sport injury and rehabilitation process. Future research on individual differences in ways of coping with sport injuries among Christian athletes should include religion among the sociodemographic variables assessed because of its influence on psychological responses. Professional practices in sport psychology, sports medicine, and sports

ministry can benefit from recognizing that religiously committed Christian athletes are actively involved in religious activities, believe that God exerts control over their sport injury recoveries, and rely on diverse religious ways of coping when injured.

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Table 1

Most Frequently Used Positive and Negative Religious Ways of Coping With Sport Injuries

RCOPE-SI	Definition of subscale and item example	Mean	SD
<u>Positive</u>			
Seeking spiritual support	Searching for comfort and reassurance through God’s love and care (e.g., “sought God’s love and care”)	2.58	0.98
Active religious surrender	An active way of giving up of control to God in coping (e.g., “did my best and then turned the situation over to God”)	2.44	1.10
Benevolent religious reappraisal	Redefining the stressor though religion as benevolent and potentially beneficial (e.g., “saw my situation as part of God’s plan”)	2.43	1.06
Religious helping	Attempting to provide spiritual support and comfort to others (e.g., “prayed for the well-being of others”)	2.20	0.95
Spiritual connection	Experiencing a sense of connectedness with forces that transcend (e.g., “looked for a stronger connection with God”)	2.16	0.98
<u>Negative</u>			
Self-directing religious coping	Seeking control directly through individual initiative rather than help from God (e.g., “tried to deal with my feelings without God’s help”)	1.76	0.77
Marking religious boundaries	Clearly demarcating acceptable from unacceptable religious behavior and remaining within religious boundaries (e.g., “ignored advice that was inconsistent with my faith”)	1.69	0.62
Pleading for direct intercession	Seeking control indirectly by pleading to God for a miracle or divine intercession (e.g., “pleaded with God to make things turn out okay”)	1.63	0.60
Reappraisal of God’s powers	Redefining God’s power to influence the stressful situation (e.g., “questioned the power of God”)	1.44	0.57
Spiritual discontent	Expressing confusion and dissatisfaction with God’s relationship to the individual in the stressful situation (e.g., “voiced anger that God didn’t answer my prayers”)	1.34	0.58

Note. Four-point Likert scale ratings of use: 1 (*Not at all*), 2 (*Somewhat*), 3 (*Quite a bit*), 4 (*A great deal*)

Figure 1

Thematic Template Illustrating Ways of Coping with Sport Injuries among Christian Athletes

