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DISCERNMENT

Theology and the Practice of Ministry

Grief and Spiritual Coping: The Practices of Three Generations of Faith

Ron Bruner and Dudley Chancey

Abstract: Among the more important tasks of ministry is assisting congregants dealing with the grief that permeates life. This project seeks to discover and describe spiritual coping practices, positive and negative, among three-generation families within Churches of Christ. This qualitative work reviews relevant literature, defines research questions, details the methodology used to obtain data, describes the sample from which these data were obtained, and reports the results. Thematic analysis of narratives obtained in this qualitative study provides an enriched understanding of spiritual coping with life stressors that is useful for practitioners of clinical and pastoral counseling.

“Ministry,” observed Charles Siburt, “is grief management.”¹ Whatever the shape of one’s ministry, every minister encounters the need to help people discern a path through a time of grief. No matter how large or unexpected the grief, faith often provides important tools for coping. For example,

Interviewer: What are some times in your family’s history where faith made the biggest difference?

Mike:² It was difficult for my wife and I whenever we were young and were infertile—when all of our friends and people that we knew—and her sisters—were having kids and we didn’t. That was a tough time. . . . At our adoption interview they asked us some things, and I do remember saying, “We don’t have a biological child, but we’ve got a spouse that loves

¹ Charles Siburt, “Orientation to DMin Studies,” lecture at Abilene Christian University, Abilene, TX, June 17, 2007.

² Identifying information is modified throughout this work to protect respondent confidentiality.

us, and there's a lot of people who don't have that." So God gives you some things to make up for things that maybe he hasn't given you.

Humans under stress tend to cope using familiar tools. Here, a Christian in his fifties remembers having used spiritual coping skills to deal with his grief and maintain his mental health. In some cases, people of faith cope with the skills they learned from their parents and grandparents; at other times they discern practices with the help of ministers, chaplains, or counselors. In either case, they hope that their choice of practices will contribute to good mental and spiritual health.

Religious people are often healthier because of their beliefs. A wealth of research connects religion and spirituality with the ability to cope with life-altering challenges, involving not only infertility³ as experienced by Mike and his wife but also other triggers of grief, including divorce,⁴ illness,⁵ stress,⁶ trauma,⁷ and death.⁸ Consequently, researchers have developed theoretical frameworks⁹ and instruments¹⁰ to describe these phenomena.

During their Three Generations Project research (hereinafter, TGP), the authors discovered the sharing of faith vocabulary, concepts, and practices among three-generation families within Churches of Christ. The sharing of individual and familial spiritual coping skills is a primary socialization task in this faith family as within most faith groups. This paper discovers and describes spiritual coping practices—positive and negative—among three-generation families within Churches of Christ. This work will

³ James P. Berghuis and Annette L. Stanton, "Adjustment to a Dyadic Stressor: A Longitudinal Study of Coping and Depressive Symptoms in Infertile Couples over an Insemination Attempt," *Journal of Consulting and Clinical Psychology*, 70 2 (Apr 2002): 433-438.

⁴ Elizabeth J. Krumrei, Annette Mahoney, and Kenneth Pargament, "Spiritual Stress and Coping Model of Divorce: A Longitudinal Study," *Journal of Family Psychology*, 26 6 (Dec 2011): 973-985.

⁵ Brian L. Lancaster and Jason T. Palframan, "Coping with Major Life Events: The Role of Spirituality and Self-Transformation," *Mental Health, Religion, and Culture*, 12 3 (Apr 2009): 257-276.

⁶ Dariusz Krok, "The Role of Spirituality in Coping: Examining the Relationships between Spiritual Dimensions and Coping Styles," *Mental Health, Religion, and Culture*, 11 7 (Nov 2008): 643-653.

⁷ Julio F. P. Peres, Alexander Moreira-Almeida, Antonia G. Nasello, and Harold G. Koenig, "Spirituality and Resilience in Trauma Victims," *Journal of Religion and Health*, 46 (Jan 2007): 343-350.

⁸ Ileana Ungureanu and Jonathan G. Sandberg, "'Broken Together': Spirituality and Religion as Coping Strategies for Couples Dealing with the Death of a Child: A Literature Review with Clinical Implications," *Contemporary Family Therapy*, 32 3 (Sep 2010): 302-319.

⁹ Terry L. Gall, Claire Charbonneau, Neil H. Clarke, Karen Grant, Anjali Joseph, and Lisa Shouldice, "Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework," *Canadian Psychology*, 42 2 (May 2005): 88-104.

¹⁰ Kenneth Pargament, Harold Koenig, and Lisa Perez, "The Many Methods of Religious Coping: Development and Initial Evaluation of the RCOPE," *Journal of Clinical Psychology*, 56 4 (Apr 2000): 519-543.

review relevant literature, define research questions, detail research methodology, describe the study sample, and report the results. The resulting thematic analyses of narratives from this qualitative study provide an enriched understanding of spiritual coping with life stressors that is useful for practitioners of clinical and pastoral counseling. The hope is that a knowledge of helpful and unhelpful grief coping skills will equip and empower practitioners to engage in critically important conversations of discernment with their congregants or clients at life-changing crossroads in their faith journey.

Religious and Spiritual Coping

Researchers have found a generally positive relationship between religiousness and wellness.¹¹ Research demonstrates the effectiveness of religious and spiritual constructs in the face of stress, physical illness, mental illness, and loss (our use of the terms “religious” and “spiritual” is defined below). Some of those constructs include spiritual coping strategies¹² such as surrender¹³ and hope.¹⁴ Researchers increasingly advise counseling practitioners to be open to the possible effectiveness of appropriate spiritual coping skills to improve mental health.¹⁵ Such skills help even in the face of long-term stressors such as chronic disability.¹⁶

Not all religious doctrines, perspectives, or questions are helpful in coping.¹⁷ Krok asks: Do particular faith groups maintain doctrinal frameworks that improve or diminish the ability of their adherents to cope with tragedy? Do certain families construct worldviews that empower

¹¹ William R. Miller and Carl E. Thoresen, “Spirituality, Religion, and Health: An Emerging Research Field,” *American Psychologist*, 58 1 (2003): 24-35.

¹² Kenneth Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice* (New York: Guilford Press, 1997).

¹³ Andrea D. Clements and Anna V. Ermakova, “Surrender to God and Stress: A Possible Link between Religiosity and Health,” *Psychology of Religion and Spirituality*, 4 2 (May 2012): 93-107.

¹⁴ Gall, et al, “Understanding the Nature and Role of Spirituality”; Anthony Sciola, Michael Ricci, Than Nyugen, and Erica R. Sciola, “Hope: Its Nature and Measurement,” *Psychology of Religion and Spirituality*, 3 2 (2011): 78-97.

¹⁵ Kenneth Bussema and Evelyn F. Bussema, “Is There a Balm in Gilead? The Implications of Faith in Coping with a Psychiatric Disability,” *Psychiatric Rehabilitation Journal*, 24 2 (Sep 2000): 117-124; Evelyn F. Bussema and Kenneth Bussema, “Gilead Revisited: Faith and Recovery,” *Psychiatric Rehabilitation Journal*, 30 4 (Spr 2007): 301-305; Benjamin Wood, Everett Worthington, Ann Yali, Julie Exline, Jamie Alten, and Mark McMinn, “Development, Refinement, and Psychometric Properties of the Attitudes Toward God Scale (ATGS-9),” *Psychology of Religion and Spirituality* (2010) 2 (3), 148-167.

¹⁶ Brick Johnstone and Dong Yoon, “Relationships between the Brief Multidimensional Measure of Religiousness/Spirituality and Health Outcomes for a Heterogeneous Rehabilitation Population,” *Rehabilitation Psychology*, 54 4 (Nov 2009): 422-431.

¹⁷ Gall, et al., “Understanding the Nature and Role of Spirituality”; Kenneth Pargament, “The Bitter and the Sweet: An Evaluation of the Costs and Benefits of Religiousness,” *Psychological Inquiry*, 13 3 (2002): 168–181.

healthier coping?¹⁸ Although most research focuses on individual spirituality and coping, do multi-generation faith families share useful coping strategies among generations? Do families provide social networks and resources that can ease discomfort? Is it possible families might empower a spiritual coping with an openness to other humans and the transcendent that empowers transformation instead of mere survival?¹⁹ Finally, Cornah notes quantitative study may miss unique individual perspectives; she suggests qualitative study may better elicit the richness and complexity of spirituality.²⁰ The TGP investigators seek to bring this research into that gap by qualitatively accessing spiritual narratives to answer specific questions about spiritual coping.

Conceptualizing Spirituality, Religion, and Grief

The extent of work done in this field with minimal or varying definition of terms has been noted by others.²¹ Consequently, we will conceptualize key terms by accessing existing definitions. “Spiritual coping” consists of beliefs and behaviors—some positive, some negative—empowering humans to counteract significant stressors in their lives.²² The current ambiguous use of the terms religion and spirituality confounds their precise definition. Some researchers consider “religion” to be a subset of spirituality that entails beliefs and practices sanctioned by an authority external to the individual;²³ others suggest that spirituality is “the key function of religion.”²⁴ We, however, follow the suggestion of Hill, et al., that religion and spirituality are actually overlapping sets.²⁵ Love notes the overlap between them is the concern for that which exists beyond the corporeal, rational, and visible universe.²⁶ Though defined differently, both hold “supreme being,” action/activity, and faith/belief, as overlapping

¹⁸ Krok, “The Role of Spirituality in Coping.”

¹⁹ Lancaster and Palframan, “Coping with Major Life Events.”

²⁰ Deborah Cornah, *The Impact of Spirituality on Mental Health: A Review of the Literature* (London: Mental Health Foundation, 2006).

²¹ Cornah, *The Impact of Spirituality on Mental Health*; Gall, et al., “Understanding the Nature and Role of Spirituality.”

²² Gall, et al., “Understanding the Nature and Role of Spirituality.”

²³ Stephen Saunders, Melissa Miller, and Melissa Bright, “Spiritually Conscious Psychological Care,” *Professional Psychology: Research and Practice*, 41 5 (Oct 2010): 355-362.

²⁴ Pargament, Koenig, and Perez, “The Many Methods of Religious Coping,” 520.

²⁵ Peter C. Hill, Kenneth Pargament, Ralph Hood, Michael McCullough, James Swyers, David Larson, and Brian Zinnbauer, “Conceptualizing Religion and Spirituality: Points of Commonality, Points of Departure,” *Journal for the Theory of Social Behavior*, 30 1 (Mar 2000): 51-77.

²⁶ Patrick Love, “Differentiating Spirituality from Religion,” 2014. Retrieved from <https://characterclearinghouse.fsu.edu/index.php/articles/perspectives/74-differentiating-spirituality-from-religion>.

constructs. Thus, we denote the term “spirituality” as explained by Ramsey and Blieszner:

Spirituality is an affective, cognitive, and experiential relationship with the powerful, gracious, life-giving Source of all being. This dynamic relationship is a reflection of the divine dynamics occurring within that Source, and it leads to a developmental process called faith. Spirituality is perceptible in both traditional and individual narratives where hope, community, and transformation are embodied.²⁷

This definition coheres with Pargament’s definition of spirituality: “the effort to find, sustain, and transform a relationship with the sacred.”²⁸ We differentiate religion from spirituality in that religion involves adherence to a set of beliefs and practices, whether individual or communal, connected to a particular tradition of faith.

We use Erich Lindemann’s definition of grief as a “state of pain, discomfort, and often mental and physical impairment” following a loss that can be relational, vocational, or physical.²⁹ Acute grief is a normal reaction to loss; extended, or complicated, grief can be a prolonged grief disorder, called a persistent complex bereavement disorder in the DSM-5.³⁰

Defining Research Questions for this Aspect of the TGP

In related research, Kenneth Pargament and his co-authors describe an array of spiritual coping methods in the RCOPE, a quantitative tool measuring one’s religious coping skills.³¹ The authors note four assumptions shaping the RCOPE: (1) such an instrument should be based on sound theory and oriented to the functions of religion, (2) the instrument should deal with the negative and positive coping aspects of religion, (3) though infeasible to cover all methods used by all faiths, the instrument should be as comprehensive as possible, and (4) items used should be grounded in theory, clinical practice, and empirical data. They group these methods into five theoretical categories that describe, in their view, the

²⁷ Janet Ramsey and Rosemary Blieszner, *Spiritual Resiliency and Aging* (Amityville, NY: Baywood, 2013), 18.

²⁸ Pargament, Koenig, and Perez, “The Many Methods of Religious Coping,” 520.

²⁹ Erich Lindemann, “Grief,” pp. 703-6 in *The Encyclopedia of Mental Health*, vol. 2, eds. Albert Deutsch and Helen Fishman (New York: Franklin Watts, 1963).

³⁰ Naomi Simon, M. Katherine Shear, et al., “Commentary on Evidence in Support of a Grief-related Condition as a DSM Diagnosis,” *Depression and Anxiety* 37 (2020): 9-16.

³¹ Pargament, Koenig, and Perez, “The Many Methods of Religious Coping.”

functions of religion: meaning, control, comfort/spirituality, intimacy/spirituality, and life transformation. The authors list 21 methods within those functional categories to outline spiritual coping methods individuals use in stressful situations. The instrument queries about each of the 21 methods with five items the respondent rates on a Likert scale. For example, to assess the practice of seeking spiritual support, respondents choose from: "1. Sought God's love and care. 2. Trusted that God would be by my side. 3. Looked to God for strength, support, and guidance. 4. Trusted that God was with me. 5. Sought comfort from God."³²

Many of these coping strategies are effective; benevolent religious reappraisal, collaborative religious coping, seeking spiritual support, seeking support from clergy or members, and seeking religious direction are examples of helpful approaches. Other approaches are counterproductive: punishing God reappraisals, demonic reappraisals, spiritual discontent, interpersonal religious discontent, and pleading for direct intercession.³³ Individuals appear to use multiple strategies, sometimes mixing positive and negative strategies, and rarely relying on one method. The RCOPE builds on previous empirical studies but finds support in subsequent literature.³⁴

An awareness of the quantitative rubric of the RCOPE and qualitative narratives from the TGP caused the TGP investigators to consider research questions connecting the two. First, without having had access to the defining language of the RCOPE, would the respondents in the TGP replicate the concepts (not the precise wording) present in the RCOPE in their semi-structured interviews? Second, would those in the TGP use more positive coping strategies than negative ones? Third, among Churches of Christ, are certain coping methods more commonly used? Fourth, do the TGP respondents rely on methods of coping not described in the RCOPE? Fifth, are there spiritual coping issues within the TGP narratives worthy of special attention?

Methodology

This project identifies common intergenerational factors in faith sharing within Churches of Christ by conversing with families remaining in that fellowship for three or more generations. Both investigators are located within Churches of Christ and have used qualitative research

³² Pargament, Koenig, and Perez, "The Many Methods of Religious Coping," 523.

³³ Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice*, 298-300.

³⁴ Clements and Ermakova, "Surrender to God and Stress"; Wood, et al., "Development, Refinement, and Psychometric Properties of the Attitudes Toward God Scale."

methods to develop a grounded understanding³⁵ of ways faith-resilient families adapt to changing circumstances and significant life stressors from generation to generation.³⁶ As data have emerged from these qualitative methodologies, the researchers have conceptualized ongoing work in the form of research questions instead of hypotheses.

Group	Number in sample	Female / male	Age		
			min	max	mean
Generation 1 (G1)	24	9 / 15	66	91	80
Generation 2 (G2)	22	7 / 15	45	68	55
Generation 3 (G3)	22	13 / 9	19	36	27

The Sample

In this study, conversations with purposefully selected families³⁷ produced insights into how such families grow together in faith. This approach required that respondents in all three generations: (1) were willing to participate, (2) were adults with the liberty to choose where and whether to pursue their faith, and (3) had adequate faculties of recall and communication. Table 1 presents the age and gender characteristics of this sample. Twenty-two complete families with sixty-eight respondents were represented in this project. Since the larger project design is to understand the transmission and resilience of faith within a single faith tradition, there is no comparison sample.

This work focuses on Non-instrumental Churches of Christ, one of three larger strands of the Stone-Campbell Restoration Movement: the Disciples of Christ (Christian Church), the Christian Churches/Churches of Christ, and the Churches of Christ, Non-instrumental.³⁸ Churches in this faith group are more numerous in the south and west, as is somewhat consistent with the geographic location of TGP respondents (see table 2).

³⁵ Thomas Lee, *Using Qualitative Methods in Organization Research* (Thousand Oaks, CA: Sage, 1999); M. Michael Patton, *Qualitative Evaluation and Research Methods*, 2nd ed. (Newbury Park, CA: Sage, 1990).

³⁶ This research was approved by the University Research Board at Oklahoma Christian University.

³⁷ Patton, *Qualitative Evaluation and Research Methods*, 169.

³⁸ For a primer to the history of the movement, see Gary Holloway and Douglas A. Foster, *Renewing God's People: A Concise History of Churches of Christ* (Abilene, TX: Abilene Christian University Press, 2002). To understand the ecclesiology of the mainstream of this group, see Everett Ferguson, *The Church of Christ: A Biblical Ecclesiology for Today* (Grand Rapids: Eerdmans, 1997).

	G1	G2	G3	Total
Arkansas			1	1
California	2	3	2	7
Colorado	2	1	1	4
Kansas	3	3	1	7
Nebraska			1	1
Oklahoma	11	11	12	34
Texas	4	2	3	9
Washington	2	2	1	5
Totals	24	22	22	68

Procedures

This qualitative study produces a complex perspective of the faith practices used by respondent families by a triangulation of methods.³⁹ The three methods are documents, questionnaires, and interviews. The researchers evaluated two historical documents produced by respondent families: (1) annals of the family's spiritual life⁴⁰ and (2) a genogram.⁴¹ Among other facts, the annals document the faith journey of the respondents, including congregations attended, as well as community roles, spiritual events, and mentoring relationships within those locations.

The questionnaires are a battery of validated measures producing information about respondent attachments to God, parental bonding, and orthodoxy of doctrine for other aspects of this project. The RCOPE was not included in this battery of instruments.

Central to the project, and key to this essay, are private, semi-structured interviews conducted with at least one member of each of three generations of faith within the family. Table 3 presents the interview questions. The investigators and trained research assistants conducted and recorded these interviews. The recordings were transcribed for later coding. The investigators designed questions to evoke narratives of the respondents' experience of spiritual formation and practice within their

³⁹ John W. Creswell, *Research Design: Qualitative and Quantitative Approaches* (Thousand Oaks: Sage: 1994), 174-176.

⁴⁰ D. Jean Clandinin and F. Michael Connelly, "Personal Experience Methods," pp. 413-427 in Norman K. Denzin & Yvonna S. Lincoln, (eds.), *Handbook of Qualitative Research* (Thousand Oaks, CA: Sage, 1994).

⁴¹ Monica Goldrick and Randy Gerson, *Genograms in Family Assessment* (New York: W. W. Norton, 1986).

family. As the data have emerged from each of the generations, the investigators have engaged the data using NVIVO⁴² to code, then construct, test, and correct tentative findings and theories. In this work, investigators used a form of hypothesis coding where a pre-designated set of themes (the structure of the RCOPE) was used to code the data.⁴³ This paper presents one portion of the initial findings of this study that relate to spirituality and coping with challenging life events.

1	What are the earliest memories you have of prayer in your family?
2	What are the most important things your parents did to help shape your faith?
3	What are the things you do that keep you close to God?
4	What was the most important thing you did (are doing, will do) to help your children find their own faith?
5	What are some times in your family's history where faith made the biggest difference?
6	What are some times in your family's history when the church made the biggest difference?
7	Think about a time when your family dealt with change and conflict. How did your family handle that?
8	How do you see God differently from your parents? How the same?
9	If your grandchild asked you to tell them the story of your walk with God, how would you tell that story?
10	Ideally, what would the congregation among which your great-grandchildren worshiped be like?
11	What is the metaphor that best describes the church? Explain.
12	What congregation has seemed most like home to you? Why?
13	How would you say that the church is different today from how you expected it to be when you were young?
14	How would you say that raising children in the church is different now from when you were growing up?
15	If you could change the church in positive ways to be more like the church described by the Bible, what would you change?

⁴² Patricia Bazeley and Kristi Jackson, *Qualitative Data Analysis with NVivo* (London: Sage, 2013).

⁴³ Johnny Saldaña, *The Coding Manual for Qualitative Researchers* (Thousand Oaks, CA: Sage, 2013), 147-150.

Results

Two questions within the TGP semi-structured interview tended to evoke respondent's stories of personal or family crisis: Question 5: What are some times in your family's history where faith made the biggest difference? Question 6: What are some times in your family's history when the church made the biggest difference? Although Question 6 might appear to lead respondents to describe their churches as coping strategies, 16 of them chose to identify times other than those of crisis when their churches were of great personal benefit.

Table 4			
Coding Themes in the TGP According to the Categories in the RCOPE			
Category	Strategy	Sources	References
Coping to find meaning			
+	Benevolent religious reappraisal	12	15
-	Punishing God reappraisal	0	0
-	Demonic reappraisal	1	1
-	Reappraisal of God's powers	4	4
Coping to gain control			
+	Collaborative religious coping	20	21
+	Active religious surrender	20	23
-	Passive religious deferral	3	3
-	Pleading for direct intercession	9	12
+/-	Self-directing religious coping	4	4
Coping to gain comfort and closeness to God			
+	Seeking spiritual support	9	9
+	Religious focus	2	2
+	Religious purification	1	1
+	Spiritual connection	1	1
-	Spiritual discontent	0	0
+	Marking religious boundaries	2	2
Coping to gain intimacy with others and closeness with God			
+	Seeking support from clergy or members	52	73
+	Religious helping	9	9
-	Interpersonal religious discontent	18	25
Coping to achieve life transformation			
+	Seeking religious direction	7	7
+	Religious conversion	9	10
+	Religious forgiving	6	7
RCOPE, Pargament, Koenig, & Perez, 2000. Categories marked + are helpful, categories marked - are not helpful.			

Though sometimes brief, respondent narratives revealed the stressors they faced and their styles of spiritual coping with them. The range of stressors was large, including physical suffering (disease, injury, and miscarriage), death (stillbirth, disease, and accident), relational stress (break-ups, marital problems, separations, and divorce), spiritual stress (exposure to new ideas, a family member's loss of faith, church disputes, and conflict with leaders), and change (career, income, geographic location). A discussion of coping methods used follows. Generation one (G1) is the eldest, two (G2) the middle, and three (G3), the youngest.

Research Question 1

In answer to the first research question, "Without having had access to the defining language of the RCOPE, would the respondents in the TGP replicate the concepts (not the precise wording) present in the RCOPE in their semi-structured interviews?" we found that the various categories of coping recounted in the semi-structured interview responses largely agreed with those categories presented in the RCOPE.⁴⁴

Examples of RCOPE themes follow. One G1 respondent spoke of her family's coping with conflict in their local congregation: "We felt a commitment to stay and work through it and we knew that things would improve; with God's help it would get better." Investigators coded this as collaborative religious coping, a positive coping approach. Mia, a G1 matriarch, recalled an event 20 years previous: "When my husband died, I had a whole group of Christians come out that I knew real [sic] well, and they kind of walked me through and supported me during that time." Her response is positive coping: seeking support from clergy or members. Bonnie, a G2 mother of several children grieved over two of them leaving the church: "In a negative way, and this has been really hard, I partially blame the church in general for kind of pushing my younger ones away." Her response was interpersonal religious discontent, a negative approach.

Table 4 presents the number of respondents (sources) and the number of mentions (references) by all respondents for each sub-category in the RCOPE instrument. An individual response may have contained more than one coping strategy, and when this was true, that response was coded to each of the multiple strategies represented. Responses that did not readily fit in the RCOPE categories are noted below in the discussion of research question 4.

⁴⁴ Pargament, Koenig, and Perez, "The Many Methods of Religious Coping."

Research Question 2

Our second research question was, “Would those in the TGP use a greater number of positive coping strategies than negative ones?” Table 4 reveals that TGP respondents have the spiritually healthy habit of using positive approaches more commonly than negative ones.⁴⁵ That this sample did not tend to use coping methods that the authors of the RCOPE found unhelpful does not necessarily mean that other members of Churches of Christ do not use them. Because of their multi-generational faith, it may be that these families have learned to avoid those strategies because experience has taught them which approaches are ineffective and which are helpful. Future work could test this hypothesis by asking this question of new converts who are first in their family to join the Churches of Christ.

One phenomenon revealed by qualitative study of these issues is the chronological movement of an individual from one coping strategy to another, often a negative to a positive approach, as they grow older. As an example of changing strategies, in situations where faith, and specifically the church, was the problem, it was common for respondents to resort to a strategy found ineffective by Pargament: interpersonal religious discontent. The narratives of some, though, described moves toward more effective coping by finding other strategies, including religious forgiving. The narrative of Ellie, the G2 daughter of a minister, is illustrative:

I was very young when my dad became ill the first time. And he was in the hospital, and two of the deacons came to the house and knocked on the door . . . and said to Mom, “We hate to tell you this, but you’ve got two weeks to get out of the house because we’ve hired another preacher.” And you know, to me that was very traumatic. But . . . life went on. We stayed family, we lived in a house one third the size of the one we moved out of, and we were happy. . . . When I was a senior in high school, Dad lost a job . . . it was the same kind of thing. Mother said, “I’ll start teaching again,” and “We can handle this; we’ll stay put, you can stay here in school,” And we still trust in God. . . . God didn’t do this stuff, people do. And we’re all just people. People make mistakes. You just go on. You don’t blame God for people’s problems.

⁴⁵ Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice*, 298-300; Pargament, Koenig, and Perez, “The Many Methods of Religious Coping.”

Several families experiencing interpersonal religious discontent found it necessary to change to a more supportive religious community within the Churches of Christ, thus empowering them to seek support from ministers or other members who could be helpful. The question of how many families left Churches of Christ after a poorly handled crisis remains open as they would not be in this sample. The Discussion section gives more attention to the phenomenon of shifting coping methods.

Research Question 3

The third research question was, "Among a particular faith group, are certain coping methods more commonly used than others?" The most frequently chosen positive strategies were benevolent religious appraisal, collaborative religious coping, active religious surrender, seeking spiritual support, and seeking support from clergy or members. The high view of God in orthodox Church of Christ doctrine may contribute to the prominence of these approaches. One example of benevolent religious appraisal comes from a G3 respondent:

When we have lost family members, there were times that would have been a lot harder to deal with if we hadn't had faith and known that they were in a better place . . . and that we were going to see them again. . . . With my mom being sick . . . that would be a lot harder to deal with if we didn't know that God was still in the picture and that God was still watching over us.

The high view of humanity among members of Churches of Christ and their common belief that faith is belief coupled with action, not belief passively waiting for grace, may explain the frequent use of collaborative religious coping. One G2 respondent observed, "Within the last two years we have had a loss of a job and loss of a home. . . . Keeping God as our focus, knowing he has a plan and that he will be faithful to us, you know, but we need to be faithful to him and let him be in charge; I think that is very much what got us through."

It is not surprising to find that individuals from families faithful to a faith group for three or more generations strongly prefer support from clergy or members. Responses from the Kirk family are illustrative. Speaking of different stressors at differing times in their lives, they affirm the support of the local church. G1: "The church was very supportive in prayers and visits." G2: "The first thing we did each time was find the

church; [they] always made the moves so much easier.” G3: “Whenever I got sick, the prayer alert went out to the churches and I had someone on pretty much every continent but the cold one praying for me.”

Interestingly, among this sample there were few references to three of the negative coping strategies: punishing God reappraisal, demonic reappraisal, and spiritual discontent. The two negative strategies most often chosen by respondents in this sample were interpersonal religious discontent and pleading for direct intercession. The latter approach is often negative because those who use it may experience additional pain if it appears those pleas have not been heard. Though it may not ameliorate the negativity of this coping approach, we note that intercessory prayer is one genre of prayer often accessed by members of Churches of Christ. Others have noted that intercessory prayers among older Americans, specifically for health, are more likely among African Americans and Hispanics than whites, more likely among women than men, and more likely among lower incomes than higher.⁴⁶

Research Question 4

The fourth research question asked, “Do the TGP respondents rely on methods of coping not described in the RCOPE?” Although the RCOPE categories cover most coping strategies, some respondents used strategies not described by this instrument. Under the large category of “religious methods of coping to find meaning,” the use of “narrative as a coping tool” could add usefulness to the RCOPE. The authors discuss the idea of reframing, yet in the RCOPE that is limited to the identities and powers of persons other than the person doing the coping. Respondents used a variety of narrative coping methods: sharing stories, reframing personal narratives, using Scripture as a controlling narrative, maintaining a personal or family spiritual identity, and speaking of hope as a trajectory toward an eschatological future.

Lynn gives an account of the usefulness of normalizing narratives in sharing story. As a G3 mother of young children, she found spiritual comfort in the narrative of an older Christian:

You have this idea that you are supposed to have everything together when you go sit on the pew, and now I have been in classes with women who have shared their deepest, darkest

⁴⁶ Elizabeth Tait, Sarah Laditka, James Laditka, Mary Nies, and Elizabeth Racine, “Praying for Health by Older Adults in the United States: Differences by Ethnicity, Gender, and Income,” *Journal of Religion, Spirituality & Aging*, 23 4 (Oct 2011): 338-362.

secrets and have been a lot more transparent—which I find refreshing, because sometimes you go to church and you just feel like you struggle with something, and nobody else on the pew is struggling with that. I really like the transparency that I see lately in the church. One of those was even an elder’s wife who talked about how she had depression and [thoughts of] suicide, and I went up to her and thanked her and talked to her because there were people there . . . struggling with what she did. I can’t imagine people 40 or 50 years ago talking about depression and suicide in a Bible class. Especially an elder’s wife. . . . Now [we can] accept that we are real, that we have problems, and that [church] is a refuge, that we can go there and still be accepted.

Lyssa, the G3 daughter of a minister and now a young mother, describes a time at which her faith narrative became incoherent and her coping work in spiritually reframing it:

Probably when my faith got questioned the most, when Dad lost his job. Because it was Christians doing it to other Christians. For a kid that’s just starting high school, that’s really hard to understand, because I had been in the youth group just long enough to understand that we’re all family and we’re all there to help each other. . . . Suddenly it wasn’t acting like a family and it wasn’t being supportive, and it wasn’t doing anything that the Bible said it should be doing and I felt like I didn’t have the family anymore. Or that they didn’t want my family. . . . But I think that it gave me a better perspective of Christianity. I mean it took me a long time to trust people again, but it taught me that people are flawed, and they make mistakes and the church isn’t perfect.

At times, spiritual coping brings “meaning-making” that feeds back into the process and causes people to adjust their coping process as they age.⁴⁷ Sometimes, though, the incomprehensibility of the narrative becomes a stressor itself. Lyssa speaks to this issue:

⁴⁷ Gall, et al., “Understanding the Nature and Role of Spirituality.”

I made the decision then to follow God and I've tried to do my best ever since. . . . I've faced depression like in high school or with my baby but ultimately, I don't think God has really pushed me too hard on testing me on whether or not I think he exists and is there for me. I don't really have those kinds of questions. Sometimes I worry more about why he isn't giving me an answer that I can understand or why is he putting off the answer. You know, it's not like I expect God to give me the answer I want. . . . I just want to understand what answer he's given me. And sometimes I can't understand it and that is the most frustrating thing for me, I think. You don't always have a huge crisis of faith.

For faith groups to whom Scripture is a controlling narrative, the ability to test or control one's narrative with Scripture can be a method of coping. A G2 father observes:

Every morning, I needed to be in God's word. . . . And it began to enhance my visits with God; I was still very upset, specifically about a youth minister. . . . And the leadership's lack of willingness or whatever to challenge, instruct, nurture—whatever needed to be. In order to take care of my part of it, I had to be in the word. A lot. And I had to focus on what God had given me. A lot. And understand that in regard to the leadership, and the congregation, I was basically *persona non grata* for several years. That is humanly very hurtful to a prideful 40-year-old. You know? . . . The Lord, he was working on me. Didn't like it. Still don't necessarily understand, but I learned a lot.

In some cases, the use of biblical metaphor brings sense to the narrative. One G2 mother recalls her daughter's struggle with being the lone adolescent in a European congregation. A visit with a minister from a neighboring country empowered the girl to connect her story with an ancient one: "He told her, 'you need to think of this as being in a wilderness period. All biblical people had wilderness periods.' That was a real turning point for her. It really helped her see this as just a dry spell and that it would get better. It helped me too."

When an adolescent son lost his faith for years, his G2 mother and father (a military officer stationed with his family overseas) found that the

maintenance of identity in the family story was one way to cope with ambiguous loss:⁴⁸

People respected [my husband] and listened to him and learned from him. And now you know his son is rebelling against everything that we are. It was horrible for him. The one thing in his life that he has to do, he has failed at. And it was really hard. I think that's when I realized we have no control over anything whatsoever. And that initially was a scary thought and then I got peace from that, too, because I know that God's in control. That's when we prayed more than we ever had before. We just had to give that to God because there's nothing else we can do about it. Except for—we just carried on with what we do and what we are. We didn't change who we are.

Hope is real both in the present and in the eschatological sense; confidence in knowing the end of the narrative sometimes allowed respondents to cope with narratives that were challenging at the moment. One G3 young man recalled the difficulty he and his brother experienced at the sudden, unexpected loss of a friend:

When my brother and I were 17 and 19 years old, one of his best friends from our childhood died in his sleep, unexpectedly. He was 19. And it really didn't make a whole lot of sense to us at the time. But it was a lot more comforting to know that we would see him again because he was a Christian.

Consequently, narrative devices—the sharing of story, the reframing of personal narratives, the use of Scripture as a controlling narrative, the maintenance of a personal or family spiritual identity, and the use of hope as a trajectory toward an eschatological future—all served respondents in this sample in ways not adequately described by the RCOPE.

⁴⁸ Pauline Boss, *Ambiguous Loss: Learning to Live with Unresolved Grief* (Cambridge: Harvard University Press, 1999).

Research Question 5

In the fifth research question, we consider, “Are there spiritual coping issues contained within the TGP narratives that are worthy of special attention?” There are two noticeable issues. (1) Several respondents experienced ambiguous loss as a stressor. (2) Some ambiguous losses directly result from respondents’ beliefs and are managed with spiritual coping methods.

This work has alluded to one case of ambiguous loss described under research question 4. There are a significant number of other cases. Pauline Boss describes her construct:

Ambiguous loss is a loss that remains unclear. The premise of the ambiguous loss theory is that uncertainty or a lack of information about the whereabouts or status of a loved one as absent or present, as dead or alive, is traumatizing for most individuals, couples, and families. The ambiguity freezes the grief process and prevents cognition, thus blocking coping and decision-making processes.⁴⁹

Ambiguous loss takes two forms: a person is physically absent yet psychologically present, or physically present though psychologically absent.⁵⁰ A prisoner of war exemplifies the first, an Alzheimer’s patient, the second. Ambiguous loss took both forms within the TGP. Cases where persons were physically absent though psychologically present included the biological parents of adopted children, couples separated by marital infidelity, and parents on shift work not present with their children. Cases of the physically present yet psychologically absent included adult offspring caring for parents experiencing Alzheimer’s, parents with children in their home who have rebelled against their faith (and vice versa), and estranged couples living in the same house.

Some types of ambiguous loss stem directly from religious and spiritual beliefs and practices.⁵¹ One example is a G2 mother of three children, one of whom remained within her faith tradition and two who ceased to believe in God. She fondly remembers better days: “We’d sing in the car, you know . . . I tried to set the best example I could.” She struggles

⁴⁹ Pauline Boss, “Ambiguous Loss Theory: Challenges for Scholars and Practitioners,” *Family Relations*, 56 2 (2007): 105–110.

⁵⁰ Boss, *Ambiguous Loss: Learning to Live with Unresolved Grief*.

⁵¹ Barbara Hernandez and Colwick Wilson, “Another Kind of Ambiguous Loss: Seventh-Day Adventist Women in Mixed Orientation Marriages,” *Family Relations*, 56 2 (2007): 184–195.

with responsibility for her children's choices: "In some ways, I almost think that it's prideful for me and my husband both, to think that just based on what we have done that the success or failure of our children's spiritual lives have been based solely on us. Because it's not. It's not." After years of struggling, she still grieves: "And it is a grieving process. I have to remember that . . . it is free will. It is up to—my children are adults now." Adherents of conservative traditions find this loss is doubly grievous; they experience the nagging loss of community that changes the narrative arc of every member of the family. They also feel a dread, rooted in their tradition's doctrine, for judgment at the end of life that makes familial separation permanent. Since spiritual coping skills have helped in managing long-term stressors such as chronic disability,⁵² they may be useful with ambiguous loss.

Other Observations

In qualitative research, a grounded theory approach may draw out themes and conceptual ideas that match up with theoretical approaches used in the social sciences or suggest new ones.⁵³ One prominent theme in the TGP is the passing of ideas, values, traditions, and life strategies from one generation to another. Social learning theory⁵⁴ offers a framework for examining the TGP. In the context of this paper, interest is in the learning perspective of social learning theory coined by Bowen as intergenerational transmission.⁵⁵ This perspective explains the way family emotional processes are transferred and maintained over the generations. Studies in several areas such as trauma,⁵⁶ parenting,⁵⁷ religion,⁵⁸ and breaking free of

⁵² Johnstone and Yoon, "Relationships between the Brief Multidimensional Measure of Religiosity/Spirituality and Health Outcomes for a Heterogeneous Rehabilitation Population."

⁵³ Lee, *Using Qualitative Methods*. Patton, *Qualitative Evaluation and Research Methods*.

⁵⁴ William Crain, "Bandura's Social Learning Theory," pp. 209-230 in William Crain (ed.), *Theories of Development: Concepts and Applications*, 6th ed. (Boston: Pearson, 2010); Ronald Akers, *Social Learning and Social Structure: A General Theory of Crime and Deviance* (Boston: Northeastern University Press, 1998).

⁵⁵ Murray Bowen, *Family Therapy in Clinical Practice* (Washington, DC: Jason Aronson, 1978).

⁵⁶ Lotem Giladi and Terece Bell, "Protective Factors for Intergenerational Transmission of Trauma among Second and Third Generation Holocaust Survivors," *Psychological Trauma: Theory, Research, Practice, and Policy*, 5 4 (Jul 2013): 384-391.

⁵⁷ David Kerr, Deborah Capaldi, Katherine Pears, and Lee Owen, "A Prospective Three Generational Study of Fathers' Constructive Parenting: Influences from Family of Origin, Adolescent Adjustment, and Offspring Temperament," *Developmental Psychology*, 45 5 (Sep 2009): 1257-1275; Thomas Schofield, Rand Conger, and Tricia Neppel, "Positive Parenting, Beliefs about Parental Efficacy, and Active Coping: Three Sources of Intergenerational Resilience," *Journal of Family Psychology*, 28 6 (2014): 973-978.

⁵⁸ John Snarey and David Dollahite, "Varieties of Religion-Family Linkages," *Journal of Family Psychology*, 15 4 (Dec 2001): 646-651; Sarah Spilman, Tricia Neppel, Brent Donnellan, Thomas Schofield, and Rand Conger, "Incorporating Religiosity into a Developmental Model of Positive Family Functioning across Generations," *Developmental Psychology*, 49 4 (Apr 2013): 762-774.

negative behaviors with forgiveness,⁵⁹ show the generally positive function of intergenerational transmission.

The abundance of evidence mentioned above validates the common occurrence of two or more generations sharing one or more behaviors, such as coping strategies. The previous comments of the Kirk family (see research question 3) about seeking the support of the church over three generations are illustrative. The experience of three generations of women in the Brown family gives evidence of their handing down the practice of collaborative religious coping. The G1 matriarch observes, “When they [my children] have a problem and I don’t know how to tell them an answer, I tell them to talk to God about it. He’s got a lot more influence than I do.” The G2 grandmother’s influence spans multiple generations: “I talk to my grandchildren all the time about how important it is to walk with God. And talk to him about whatever problem you have. If they can . . . tell God their troubles, it can lift a burden from their shoulders.” The G3 daughter recalls how she learned to cope with stressors: “When something dramatic would happen, we would pray about it or if I was really upset about something, we would pray about it. We always talked about prayer and [my parents] encouraged me to do it on my own.”

Two generations often separately reported sharing the need to cope with a specific stressor together, though one generation typically carried the primary burden. This phenomenon can be especially be observed within the G2 group, the “sandwich generation.” The stress of this generation—caught between raising children and caring for parents who are living longer than any previous generation—can be overwhelming. The middle generation often shoulders most of the burden. TGP narratives less commonly have three generations independently reporting a stressor affecting all generations; such issues tend to be longer-lasting and may take the shape of ambiguous loss.

Discussion

An early observation from the TGP was that many members of the Churches of Christ found it difficult to tell their faith narrative. Though also frequently true in their description of personal crises, there was great insight in respondent language. Berger reminds researchers that the

⁵⁹ Susan Jones, “The Dynamics of Intergenerational Behavior and Forgiveness Therapy,” Paper presented at North American Association of Christians in Social Work Convention, St. Louis, MO (Botsford, CT: NACSW, 2012).

common person, when speaking of God, may be invoking, “however inarticulately, the majestic theodicy constructed by the theologian.”⁶⁰

Change of Strategies

The report on research question 2 notes that qualitative study of these issues revealed an interesting phenomenon: the chronological movement of individuals from one coping strategy to another, often from a negative to a positive approach as they grow older. Pargament notes, “Whether these short-term differences in adjustment [positive and negative] hold up over a longer period of time is an open question.”⁶¹ The TGP shows that some do indeed modify their approaches over time with positive results as they age.

Perhaps social theories of aging can explain some of this movement. Several of these (i.e., activity, continuity, disengagement, life course) were developed to observe the aging process.⁶² Activity theory posits that older persons are better off if they remain active and continue social interactions.⁶³ Consequently, subjects in our study could recognize a better (active) way of living and move toward positive actions, perhaps influenced by peer suggestions as they maintain social interactions and strategies for active aging.⁶⁴ A dynamic view of continuity theory allows middle-aged and older adults to make adaptive choices based on experience to deal with changes associated with aging. The movement in our sample could be attributed to subjects making better choices to be positive and increase life satisfaction. While some studies show an increase in negative affect in middle adulthood and very old age,⁶⁵ other studies report decreases in negative affect due to experience and biological changes in older adults.⁶⁶ A more recent study found a curvilinear relationship

⁶⁰ Peter Berger, *The Sacred Canopy: Elements of a Sociological Theory of Religion* (New York: Anchor, 1969), 54.

⁶¹ Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice*, 300.

⁶² Chris Phillipson and Jan Baars, “Social Theory and Social Ageing,” pp. 68-84 in John Bond, Sheila Peace, Freya Dittmann-Kohli, and Gerben Westerhof (eds.), *Ageing in Society*, 3rd ed. (Thousand Oaks, CA: Sage, 2007).

⁶³ Robert J. Havighurst, “Successful Aging,” *The Gerontologist*, 1 (1961): 8–13.

⁶⁴ Alan Walker, “A Strategy for Active Ageing,” *International Social Security Review*, 55 1 (Jan 2002): 121-139.

⁶⁵ Margaret Gatz, Boo Johansson, Nancy Pedersen, Stig Berg, and Chandra Reynolds, “A Cross-National Self-Report Measure of Depressive Symptomatology,” *International Psychogeriatrics*, 5 (Fall 1993): 147-156; Ronald Kessler, Cindy Foster, Pamela Webster, and James House, “The Relationship between Age and Depressive Symptoms in Two National Surveys,” *Psychology and Aging*, 7 (Mar 1992): 119-126.

⁶⁶ Susan Charles, Chandra Reynolds, and Margaret Gatz, “Age-Related Differences and Change in Positive and Negative Affect over 23 Years,” *Journal of Personality and Social Psychology*, 80 1 (Jan 2001): 136-151.; Alastair Flint, “Epidemiology and Comorbidity of Anxiety Disorders in the Elderly,” *American Journal of Psychiatry*, 151 5 (1994): 640-649.

between aging and negative affect.⁶⁷ In her sample (ages 18-93, with only 15% being over 71), Teachman found a pattern of rise, fall, and rise again of anxiety and depression symptoms, with the “rise again” showing up in older adulthood. As our sample shows our subjects moving from negative to positive approaches, it is possible they were not yet old enough to show the “rise again” stage.

Limitations

A limitation of this study is our purposeful sample. This is evident in the age group of our G3 sample, which is experiencing the fastest growth of “nones” in the United States. Over one-third of adults under age 30 say they are religiously unaffiliated.⁶⁸ Many of these “nones” say they are spiritual but not religious. This was a convenience sample, limiting generalizability to other groups. The sample was predominately Caucasian and well-educated overall, falling into middle and upper class in income. This study provided a “snapshot” of three members of the same family in three different generations. While this method provided rich qualitative data, it is descriptive at best among each generation, and neither causality nor the generational direction of influence—passed down or passed up—can be inferred.

Future directions

This study generates as many questions as it answers for its authors and reviewers. Members of Churches of Christ are typically rationalistic in their faith; how might other types of spirituality (heart, mystic, kingdom)⁶⁹ cope with their grief? Although the formal theology of Churches of Christ rejects Calvinism, there are sometimes overtones of Calvinism in the grief narratives of members. How might various views of the providence of God shape coping mechanisms? In a broader view, how might membership in different faith families and their diverse doctrines shape coping skills? At the generational level, is the similarity of coping mechanisms among generations passed on from older to younger or might the connection be more reciprocal? Are there quantifiable differences between generations? Perhaps future studies may bring resolution to these issues.

⁶⁷ Bethany Teachman, “Aging and Negative Affect: The Rise and Fall and Rise of Anxiety and Depression Symptoms,” *Psychology and Aging*, 21 1 (Mar 2006): 201-207.

⁶⁸ Pew Research Religion and Public Life Project, “Event Transcript: Religion Trends in the U.S.” (August 19, 2013). Retrieved from: <http://www.pewforum.org/2013/08/19/event-transcript-religion-trends-in-the-u-s/> on December 12, 2020.

⁶⁹ Corinne Ware, *Discover Your Spiritual Type: A Guide to Individual and Congregational Growth* (Herndon, VA: Alban, 1995).

Implications

Since numerous researchers advise counseling professionals to consider the possible effectiveness of incorporating appropriate spiritual coping skills into their list of tools to improve mental health,⁷⁰ this study expands the useful data available to clinicians. This work suggests narrational tools that can provide insight into the religious and spiritual coping practices of a client. Through open-ended questions, practitioners may be able to elicit narratives describing how their client has coped historically, evaluate the relative effectiveness of the current coping practices narrated by the client, and assist the client in moving toward practices most likely to lead to healing.

⁷⁰ Bussema and Bussema, "Is There a Balm in Gilead?"; Clements and Ermakova, "Surrender to God and Stress"; Wood, et al., "Development, Refinement, and Psychometric Properties of the Attitudes Toward God Scale."

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