Religious Coping Strategies and its Psychological Outcomes among Students

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Abstract

Students may feel mentally, emotionally or physically drained usually due to the stress of competitive academic work environment especially when it comes to exams or tests results. Students employ religion copings to cope with these challenges; however studies on the efficacy of religious coping for students dealing with stressful situations have yielded mixed results and literature also lacks the gender differences in the use of positive and negative copings. Therefore the current study was planned to investigate the outcomes of positive and negative religious copings among male and female students. A sample of 370 college students provided data on the measures of positive/negative copings, emotional wellbeing, optimism, self-esteem, anxiety, hopelessness, and suicidality. Chi-square analysis showed that female students used more negative religious copings while male students used the positive religious copings. Findings from multivariate analysis of variance indicated that positive copings were more associated with positive outcomes of high emotional wellbeing, optimism, and self-esteem; and negative copings were found more related to the worse outcomes of greater anxiety, hopelessness, and suicidality. Findings have the greater implications for teachers and students' counselors in the manner if they guide their students to use positive religious copings instead of negative copings to minimize their academic stress because positive religious copings bring the positive outcomes for students.

Keywords: Academic Stress, Emotional Wellbeing, Optimism, Religious Copings, Suicidality.

Introduction:

Adolescence is a period of risk wherein an adolescent experiences several patterns of maladjustment. One of them is competitive academic environment because currently, young people are facing greater stress due to their academic environment. With the objective of achieving higher grades in exams, students are engaged most of the times in their studies not only at schools but also at private academies. Keeping the fact that only the students attaining high CGPA will be able to take admission in any prestigious university, which is believed as assurance of good jobs with high salaries in future, students ambitiously work hard and experience academic stress. According to a survey by the Korea National Statistical Office³, 10 % of adolescents reported suicidal ideations, while 53 % of these students were found at risk of suicidal ideation just because of their academic pressure regarding GPAs or college preparation.

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¹Lee, M. & Larson, R. The Korean 'examination hell': Long hours of studying, distress, and depression. Journal of Youth and Adolescence 29, no. 2 (2000): 249-271.

²Lee, M. Korean adolescents' examination hell and their use of free time. New Directions for Child and Adolescent Development 2003, no. 99 (2003): 9-22.

³Kim, Kyunghee, Kim, J., Lee, B., Lee, E., Ahn, Y., & Choi, M. A study about the factors affecting the suicidal thought in Korean elders. Journal of Korean Academy of Psychiatric and Mental Health Nursing 19, no. 4 (2010): 391-399.

Several studies have been conducted to investigate how students cope with academic stressors^{4,5,6}. Coping is defined as one's cognitive and behavioral attempts to manage (reduce, minimize, or tolerate) the internal and external needs that are the results of stressful situations⁷. Generally, the copings are based on three models; approach versus avoidance coping model⁸, the problem-focused versus emotion-focused coping model⁹, and the positive versus negative coping model¹⁰.

A growing body of literature demonstrates that students often turn to religion when coping with stressful academic situations. The Holy *Qur'ān*, book of Muslim religion also presents in Surat AR-Rad that "Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured".¹¹

However, researches conducted on the effectiveness of religious coping for students handling stressful situations have reported mixed findings. Similarly, recent studies have postulated that religious coping brings forth not only positive impact on mental wellbeing¹² but also negative influences on psychological health.¹³ Religious coping refers to as cognitions and religious behaviors that assist people to adapt to and cope with stressful situations.¹⁴

Religious coping strategies have been categorized into positive and negative copings considered for more comprehensive researches on religious coping and psychological adjustment to stressing situations. Findings suggested positive religious copings are generally associated with more positive outcomes and negative religious copings are mainly linked with more negative outcomes. This context of combined effects of religious copings on psychological benefits to stress has been affirmed by empirical investigations. Pargament et al. devised a scale for religious coping (RCOPE) which measures positive and negative coping separately to analyze the coping adjustment to stress.

⁴Causey, D. L., & Eric, F. D. Development of a self-report coping measure for elementary school children. Journal of Clinical Child and Adolescent Psychology 21, no. 1 (1992): 47-59.

⁵Ebata, A. T., & Rudolf, H. M. Coping and adjustment in distressed and healthy adolescents." Journal of applied developmental psychology 12, no. 1 (1991): 33-54.

⁶Work, W. C., Levinson, H. R., & Hightower, A.D. What I Usually Do: A measure of elementary children's coping strategies. Unpublished manuscript, University of Rochester (1987).

⁷Folkman, S., Richard, S., Lazarus, Gruen, R.J., & DeLongis, A. Appraisal, coping, health status, and psychological symptoms. Journal of personality and social psychology 50, no. 3 (1986): 571.

⁸Roth, Susan, Cohen, L. J. Approach, avoidance, and coping with stress. American psychologist 41, no. 7 (1986): 813.

⁹Suvak, M. K., Dawne, S. V., Vincent, W. S., Lynda, A. K., & Daniel, W. K. Relationship of war-zone coping strategies to long-term general life adjustment among Vietnam veterans: Combat exposure as a moderator variable. Personality and Social Psychology Bulletin 28, no. 7 (2002): 974-985.

¹⁰Pargament, Kenneth, I., Koenig, H.G., & Perez, L. M. The many methods of religious coping: Development and initial validation of the RCOPE. Journal of clinical psychology 56, no. 4 (2000): 519-543

^{543.}The Holy *Qur'ān*, book of muslim religion, *Qur'ān*-13.Surat Ar-Rad.

¹²Thoresen, C. E., Harris, A. H. S., & Oman, O. Spirituality, religion, and health; Faith and Health, Psychological Perspectives (2001): 15-52.

¹³Hebert, Randy, Zdaniuk, B., Schulz, R., & Scheier, M. Positive and negative religious coping and wellbeing in women with breast cancer. Journal of Palliative Medicine 12, no. 6 (2009): 537-545.

¹⁴Olson, Michael M., Trevino, D. B., Geske, J.A., & Vanderpool, H. Religious coping and mental health outcomes: An exploratory study of socioeconomically disadvantaged patients. Explore 8, no. 3 (2012): 172-176.

¹⁵Pargament, Kenneth, I., Smith, B. W., Koenig, H. G., & Perez, L. Patterns of positive and negative religious coping with major life stressors. Journal for the Scientific Study of Religion (1998): 710-724.

Several researchers investigated that religious coping engenders more positive outcomes to stressful situations. For instance, Pargament, et al, reported that religious coping involving the belief on God as a supportive partner, participation in religious activities, and the search for spiritual satisfaction were significantly correlated with positive outcomes such as mental health and spiritual wellbeing¹⁶. On the other hand, literature also showed that religious coping is associated with negative outcomes in terms of higher distress¹⁷ and greater anxiety, low self-esteem, and negative mood, when coping with major negative life events such as relationship issues, injury or an illness, death of any loved one. The Holy *Qur'ān* described too in Surat Al-Hadid that "No disaster strikes upon the earth or among yourself except that it is in a register before we bring it into being-indeed that, for Allah, is easy^{3,18}.

Moreover, the investigations examining the effects of positive and negative religious coping on mental health have been predicting and evident, with various empirical researches indicating a significant positive connection between the two coping ways^{19, 20, 21, 22}

However, previous studies have primarily investigated the correlation religious coping and stressful event²³. ²⁴. ²⁵ also studied that religion practices and beliefs enhanced the wellbeing, hope and optimism among people. Rossalso examined the relationship of religion coping ways and distress by asking only a single question. People who had not strong religion beliefs reported higher anxiety, hopelessness and suicidal ideation than those who had firm and potent beliefs in religion. ²⁶

Other studies have also empirically proved the relationship of many aspects of religion and psychological response to daily life stressors. For instance, frequent attendance at church or

¹⁶Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., Haitsma, K. V., & Warren, R. God help me:(I): Religious coping efforts as predictors of the outcomes to significant negative life events. American journal of community psychology 18, no. 6 (1990): 793-824.

¹⁷Thompson, M. P., & Vardaman, P. J. The role of religion in coping with the loss of a family member to homicide. Journal for the Scientific Study of Religion (1997): 44-51.

¹⁸The Holy *Qur'ān* described in Surat Al-Hadid, *Qur'ān*: 57. Surat Al-Hadid.

¹⁹Davis, D. E., Hook, J. N., Worthington, Jr. E. L. Relational spirituality and forgiveness: The roles of attachment to God, religious coping, and viewing the transgression as a desecration. Journal of Psychology & Christianity 27, no. 4 (2008).

²⁰Lewis, C. A., Maltby, J., & Day, L. Religious orientation, religious coping and happiness among UK adults. Personality and Individual Differences 38, no. 5 (2005): 1193-1202.

²¹Perce, M. J., Singer, J. C., Prigerson, H. G. Religious Coping among caregivers of terminally ill cancer patients. Journal of Health Psychology 11 (2006): 743-759.

²²Phelps, A. C., Maciejewski, P. K., Nilsson, M., Balboni, T. A., Wright, A. A., Paulk, E., Trice, E. et al. Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer. Jama 301, no. 11 (2009): 1140-1147.

²³Mahoney, Annette, Pendleton, S., & Ihrke, H. Religious coping by children and adolescents: Unexplored territory in the realm of spiritual development. The handbook of spiritual development in childhood and adolescence (2006): 341-354.

 ²⁴Pargament, K. I., Ano, G. G., & Wachholtz, A. The religious dimension of coping. Handbook of the psychology of religion and spirituality (2005): 479-495.
 ²⁵McIntosh, D. N., Silver, R. C., & Wortman. C. B. Religion's role in adjustment to a negative life event:

²⁵McIntosh, D. N., Silver, R. C., & Wortman. C. B. Religion's role in adjustment to a negative life event: coping with the loss of a child. Journal of Personality and Social Psychology 65, no. 4 (1993): 812.

²⁶Ross, Keisha, Handal, P. J., Clark, E. M., & Vander, W. J. S. The relationship between religion and religious coping: Religious coping as a moderator between religion and adjustment. Journal of Religion and Health 48, no. 4 (2009): 454.

mosque has been found correlated with lower levels of anxiety and depression²⁷ and lower suicidal ideation in youth sample.²⁸ Payne et al. also reviewed a number of research findings that revealed significant relation between religiosity and emotional and psychological well-being.²⁹

Hence the religion has been found a prominent force in many people's lives, there is a dire need to incorporate the religious practices in everyone' social life. In spite of its obvious significance for people and societies, psychologists and other social scientists have paid relatively little attention to religious aspect of life particularly while examining the role of religious coping in mental health. These investigations say little about how religion beliefs and practices perform in stressful situations particularly. Therefore, psychologists now have long been showing interest in examining the part of religion in response to stressful circumstances. Keeping in view the extensive literature on religious coping playing role in response to stress experienced in daily life, the present study was designed to examine positive/negative outcomes engendered through the use of positive and negative religion coping by students particularly when they are in stress while waiting for semester results. It was hypothesized that use of positive religion coping will be positively connected with positive outcomes such as emotional wellbeing, optimism, and self esteem while negative religion coping will engender the negative outcomes of anxiety, hopelessness, and suicidal ideation.

Method

Participants:

A sample of 370 college students who were waiting for their final term results; 181 male and 189 female students aged 18-20 years (mean=19.34, SD=.84) participated in this study. All the students were recruited through simple random sampling. Of this sample, 210 students (56.76%) were from joint family and 160 (43.24%) were from nuclear family system; 197students (53.24%) were the residents of Urban area while 173 (46.76%) were of rural areas.

Instruments

Brief RCOPE Scale:

Positive and negative religious copings were measured through Brief RECOPE comprising 14 items; 7 items measuring positive religious coping and 7 items assessing negative religious coping that are responded on a 4-point Liket scale scored as 1 to 4 wherein 1 indicates "not at all" and 4 shows "a great deal". The internal consistency of the scale was found with alpha reliability coefficient of .88 for positive coping and .84 for negative copings.

Emotional Wellbeing Scale:

Emotional wellbeing of the students was measured through Emotional Wellbeing Scale³⁰ containing 26 items rated on 3-point Likert scale wherein 3 indicates "agree", 2 shows"undecided", and 1 is for "disagree". This scale measures four aspects of emotional wellbeing including mental health (6 items), emotional resilience (5 items), emotional health (9 items) and emotional happiness (6 items). To obtain a total score and scores on each dimension,

²⁷Koenig, H. G. Religion and older men in prison. International Journal of Geriatric Psychiatry 10, no. 3 (1995): 219-230.

²⁸Sherkat, D. E., & Reed. M. D. The effects of religion and social support on self-esteem and depression among the suddenly bereaved. Social Indicators Research 26, no. 3 (1992): 259-275.

²⁹ Reed, P. I., Bergin, A. E., Bielema, K. A., & Jenkins, P. H. Review of religion and mental health: Prevention and the enhancement of psychosocial functioning. Prevention in Human Services 9, no. 2 (1991): 11-40.

³⁰Portia, R., & Joycycillin, A. S. Preparation and Validation of Emotional Wellbeing Scale. International Journal of Informative & Futuristic Research, no .3 (2015): 927-9.

following negative items are coded reversed; 11,13,17,21 and 22. The alpha reliability coefficient of the scale was found .86.

Self Esteem Scale:

Students' self esteem was measured through Self Esteem Scale³¹ comprising 10 items that are rated on 4-point Likert scale ranging from 1-4 indicating strongly disagree to strongly agree. This scale measures the positive and negative feelings about self. Negatively worded items (2,5,6,8 and 9) are first reversed to obtain a total score of self esteem. Alpha reliability coefficient for the present study was found .84.

Positivity Scale:

Optimistic attitude towards the future was tested using Positivity Scale³² presenting 10 items with 5-point ratting scale scored as 4-0 showing "always agree" to "never agree". Alpha reliability coefficient for the present study was found .80.

Hopelessness and Suicidal Ideation:

Prevalence of hopelessness and suicidal ideation in students was assessed using Hopelessness and Suicidal Ideation Inventory³³, composed of 14 items; 7 items for hopelessness and 7 items for suicidal ideation responded on True/False. The internal consistency of the scale was found with alpha reliability coefficient of .81 for hopelessness and .72 for suicidal ideation subscales.

Generalized Anxiety Disorder Scale:

To check the level of general anxiety among students, GAD Scale³⁴ was used. It is a 7-items scale ratted on a 4-point Likert Scale wherein 0 shows "not at all" and 3 shows "nearly every day". Internal consistency alpha coefficient of the scale was found as .72.

Procedure:

A sample of 370 undergraduate students was drawn from six BS programs including psychology, sociology, economics, and statistics in National College of Business Administration & Economics Multan through simple random sampling technique. Participation of this sample was voluntarily after obtaining permission for data collection from the director of institute. Participants were instructed to respond on a booklet comprising questionnaires about demographics, emotional wellbeing, hopelessness, suicidal ideation, self-esteem, optimism, general anxiety, and religious coping strategies. Participants were assured about the privacy of their responses. Data were statistically analyzed on SPSS-21.

Results

Table 1: Chi-square for Frequency Count of Male and Female Students Using Positive and Negative Copings

Religious Copings						
Gender		Positive Coping	Negative Coping	Total	χ^2	P
Male	Count	96	85	181	9.57	.001

³¹ Rosenberg, M. Society and the adolescent self-image. Princeton University Press, 2015.

³²Conchas, G. Q., & Clark, P. A. Career academies and urban minority schooling: Forging optimism despite limited opportunity. Journal of Education for Students Placed at Risk 7, no. 3 (2002): 287-311.

³³Ronald A. T., Avendano, B. L. P, Diego, A. C. Design and psychometric analysis of the Hopelessness and Suicide Ideation Inventory. International Journal of Psychology Research 7, no.1 (2016):52-63.

³⁴Spitzer, R. L., Kroenke, K. I., Williams, J. B., & Lowe, B. Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. Copyright: American Medical Association. (2006): 1092-7.

	Expected Count	81.2	99.8	181.0
	% within Gender	53%	47%	100%
	% within Copings	57.8%	41.7%	
	Std. Residual	1.6	-1.5	
Female	Count	70	119	189
	Expected Count	84.8	104.2	189.0
	% within Gender	37%	63%	100%
	% within Copings	42.2%	58.3%	
	Std. Residual	-1.6	1.4	
Total	Count	166	204	370
	0.1			

p < 0.01

Table 1 shows the total frequency of male and female students using positive/negative religious copings. Results indicate that 96(53%) male students use the positive religious copings while 85(47%) male students use negative religious copings. Similarly, positive and negative religious copings are used by 70 (37%) and 119(63%) by female students. However, overall students use negative copings (55.1%) more than positive copings (44.9%).

Table 2: Descriptive Statistics for Outcomes of Positive and Negative Religious Copings

	Positive Coping		Negative Coping	
	Mean	SD	Mean	SD
Emotional Wellbeing	61.10	5.87	46.01	6.00
Self-esteem	26.41	4.39	17.15	5.29
Optimism	22.82	4.12	12.29	4.99
Hopelessness	8.85	1.29	12.83	1.31
Suicidal Ideation	8.86	1.44	12.59	1.21
Anxiety	10.67	1.97	17.41	1.75

Table 2 demonstrates the descriptive analyses for the outcomes of positive/negative religious copings. Findings reveal that emotional wellbeing, self-esteem, and optimism are higher among students using positive copings while hopelessness, suicidal ideations, and anxiety are greater among students using negative copings.

Table 3: Multivariate Analysis of Variance

Source	Dependent Variable	Type III Sum of Squares	Mean Square	F	Partial eta
Corrected	Emotional Wellbeing	20831.39 ^a	20831.39	589.85*	.616
Model	Self-esteem	7852.36 ^c	7852.36	325.94*	.470
	Optimism	10138.97 ^b	10138.97	474.04*	.563
	Hopelessness	1448.26 ^d	1448.26	847.50*	.697
	Suicidal Ideation	1277.87 ^e	1277.87	729.25*	.665
	Anxiety	4148.26 ^f	4148.07	1209.90*	.767
Intercept	Emotional Wellbeing	1049942.87	1049942.87	29729.6*	.988
	Self-esteem	173638.65	173638.65	7207.45*	.951
	Optimism	112844.96	112844.96	5275.99*	.935
	Hopelessness	43053.82	43053.82	25194.0*	.986
	Suicidal Ideation	42147.82	42147.82	24052.6*	.985
	Anxiety	72173.71	72173.71	21051.5*	.983
Copings	Emotional Wellbeing	20831.39	20831.39	589.85*	.616
	Self-esteem	7852.36	7852.36	325.94*	.470

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Optimism	10138.97	10138.97	474.04*	.563
Hopelessness	1448.26	1448.26	847.50*	.697
Suicidal Ideation	1277.87	1277.87	729.25*	.665
Anxiety	4148.07	4148.07	1209.9*	.767

df=1, *p < 0.01,R-squared: a) 0.616, b) 0.563, c) 0.470, d) 0.697, e) 0.665, f) 0.767

Multivariate analyses (Table 3) provided a significant Wilks' Λ = .003, F (21217.403), p = .000 indicating significant impacts of positive/negative religious copings on emotional wellbeing, self-esteem, optimism, hopelessness, suicidal ideation, and anxiety. Partial eta depicts the effect size as emotional wellbeing (.616), self-esteem (.470), optimism (.563), hopelessness (.697), suicidal ideation (.665), and anxiety (.767).

Discussion:

Considering the review of the literature on adolescents' ways of exploring spirituality and religious identity, this study was designed to examine the impact of positive and negative religious copings on their several psychological attributes; emotional intelligence, self-esteem, optimism, hopelessness, suicidal ideation, and anxiety. Spiritual exploration is important in every adolescent' life and adolescence is viewed as most sensitive developmental stage which is vital for religious identity.³⁵

Hence the identity confusion is faced by all adolescents and they efforts to cope with their peer pressure to be involved in risky behaviors even when they have very low ability to regulate their emotions, 36 it is derived that adolescents are more likely to use positive andnegative religious coping strategies. The present study is also an addition to examinehow many adolescents/students use positive or negative religious copings when they are under pressure of class competition and particularly when are waiting for their term results. Findings of the chi-square analysis (Table 1) suggested that 55.1 % students have been found more engaged in employing negative religious copings at the time of pressure of competitive environment while 44.9% students were found as to be employing positive copings. Pertaining to the gender differences in use of positive and negative copings, findings revealed that 53% male students were more engaged in positive copings and 47% were using negative copings; female students were found more involved in negative copings (63%) than positive copings (37%). Gender analysis showed a significant gap between male and female students' use of positive and negative religious copings. Since the findings demonstrated that female students are employing negative copings more than positive copings, female students might have negative outcomes more than male students because male students are more likely to use positive copings. Positive religious coping strategies refer to an exclusive, independent, and individual relationship with God. It determines meaning of life in one's life. While, the negative religious coping strategies refer to a very less private relationship with God and develop a doubting and pessimistic view of the world. To exemplify, under the pressure and stressed conditions, adolescents may opt any one of the two opposite copings; for instance, they are more likely to admit it as apositive opportunity to develop their ability if are employing positive religious copings, however, they may also take it as a very stressful situation if are utilizing negative religious copings.³⁷

³⁵ Marie, G., & Willoughby, T. Adolescence as a sensitive period for spiritual development. Child Development Perspectives 2, no. 1 (2008): 32-37.

³⁶ Laurence, S. A social neuroscience perspective on adolescent risk-taking. Developmental Review 28, no. 1 (2008): 78-106.

³⁷Pargament, K. I. The psychology of religion and coping: Theory, research, practice. Guilford Press, 2001.

In sum, the current study also provided the findings related to the outcomes of positive and negative religious copings. In order to better understand adolescents' religiosity, this study explored the relationship of positive/negative religiouscopings with adolescents' mental health. This study attempted to identify the contribution of copings toadolescents' psychological states. Findings suggested that positive religious copings caused the positive outcomes such as emotional intelligence, self-esteem and optimism; and negative religious copings contributed to negative outcomes of hopelessness, suicidal ideation, and anxiety (Table 2). These findings are in tune with the preaching of Holy Our 'an stated as "O My servants who have transgressed against themselves, do not despair of the mercy of Allah. Indeed Allah forgives all sins. Indeed it is He who is the Forgiving, the Merciful"38.

Multivariate analysis showed the impacts of positive/negative copings on students' psychological health. Partial eta demonstrated the high significant effect sizes for emotional wellbeing (.62), self esteem (.47), optimism (.56), hopelessness (.70), suicidal ideation (.66), and anxiety (.77). These important findings are absolutely helping for psychologists because they may feel ready to capably treat several stressors of adolescents that push them into therapy. Psychologists in fact are less likely to feel competent to handle adolescents' issues specifically linked to their talk on religion, spiritual identity, and coping ways due to the religious gap existing between religious young clients and psychologists.³

Results from the current study suggested that positive religious copings resulted in positive outcomes and negative copings brought the negative outcomes for students waiting for their final term results. Findings revealed that students who incorporated the positive religious copings experienced greater emotional intelligence, self-esteem, and optimism in contrast to those students who used negative copings. Results also presented that when students employ negative religious copings they faced the negative issues such as hopelessness, suicidal ideation, and anxiety.

Limitations:

The present study has few limitations worth consideration. First, the sample of students recruited through the random sampling didn't include the students of all subjects; for instance students of science subjects and older age. Secondly, the instruments' language (English) created a barrier for students to understand the statements due to language proficiency. It might have a negative impact on data reliability on survey questionnaires. Therefore future researcher must use the Urdu questionnaires for students. Some other variables such as personal growth, resilience, quality of life, spiritual injury, and callousness should also be taken into consideration for future studies in knowing the impact of positive/negative religious copings on them. In spite of these limitations, the findings of the present study have practical usage for religious and mental health professionals working with students in planning intervention against academic benefit or lose. Due to the lack of previous literature on religious coping and academic mental health, this study opens a new ground for research. The significant effects of positive and negative religious copings on academic outcomes represented vital implication for investigators and professionals to understand the part of religious copings while assisting students facing problems.

³⁸ Al-Qur'ān,Az- Zumar:

³⁹ Brawer, P. A., Handal, P. J., Fabricatore, A. N., Roberts, R., & Wajda-Johnston, V. A. Training and education in religion/spirituality within APA-accredited clinical psychology programs. Professional Psychology: Research and Practice 33, no. 2 (2002): 203.