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Understanding Personal Change in a Women's Faith-Based Transitional Center

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Abstract: An impressive research literature has emerged that identifies linkages between religion and a wide range of attitudes, behaviors, and life events. We contribute to this literature by exploring how women undergoing difficult life circumstances—such as incarceration, drug and alcohol addiction, domestic violence, unemployment, and homelessness—use faith to cope with and change these circumstances. To address this issue we analyze semi-structured interviews with 40 residents of a faith-based transitional center for women in the Southern United States. The residents outline a narrative of change in which they distinguish between the “old self” and “new self.” The narratives also specify the role of religiosity in facilitating change, the creation of a faith-based identity, and the strategies used for maintaining change. We conclude with implications for faith-based treatment programs, local pastors and religious congregants involved in social outreach ministry, sociology of religion scholars, and policy makers.

Keywords: religiosity; identity; correctional treatment; transitional centers

Introduction

An impressive research literature has emerged that identifies linkages between religion and a wide range of attitudes, behaviors, and life events. This research suggests that *religiosity*—a cognitive and behavioral commitment to organized religion—may operate as a social force for reducing negative behaviors and for increasing positive behaviors. Many investigators have found that religiosity and religious participation are significantly associated with: interpersonal friendliness, psychological and physical well-being, reductions in criminal and deviant behaviors, marital satisfaction, participation in politics and political movements, and volunteering in community organizations [1-9].

This literature on the attitudinal and behavioral outcomes of those with high levels of religiosity in many ways assumes a neutral starting point in life (*i.e.*, non-traumatic or difficult life situations) for members of the general public. Less is known, however, about the role of religiosity in decidedly less sanguine situations. For individuals who find themselves in extreme circumstances, less is known about the role of religiosity in helping them cope with and change these situations. Such information could provide valuable insights into how better to design and implement faith-based rehabilitation programs. Our aim in this study is to determine how women in a faith-based rehabilitation center experience change, what they attribute this change to, and how they intend to maintain this change as they leave the center. More specifically, the key research question is: how do women undergoing difficult life circumstances—including incarceration, drug and alcohol addiction, domestic violence, unemployment, and homelessness—articulate and maintain faith-based changes in their identity?

Two promising areas of inquiry inform the study of religion as a psychological coping mechanism for a myriad of life circumstances. Over the past two decades many investigators have examined religious coping methods and their implications for health and well-being. They have found that individuals and families often use religion to cope with many health issues, including asthma, cancer, cystic fibrosis, dementia, and surgery [10-16]. Overall, individuals with higher levels of religiosity and religious participation may exhibit greater problem-solving and stress management skills than less or non-religious individuals [17].

An alternative approach to understanding the relationship between religion and difficult life circumstances is to view religion as a social psychological tool for interpreting situations and making sense of one's life and self. The majority of this work is derived from ethnographies or qualitative interviews with individuals from evangelical Protestant backgrounds [18]. Among these religious adherents, there is a focus on having a conversion experience or singular moment of commitment to faith that is “accompanied by substantial changes in attitudes, thoughts, and self-understandings” [22]. This conversion is often conceived of as a “religious epiphany” or as being “born again” [19-21]. Indeed, religious epiphanies often create a shift in how the “saved” individuals define their past and current selves. Religious converts routinely construct a “prosocial narrative identity” that can account for why their prior actions are not true reflections of their core selves and why their present and future actions have new meaning and significance [18,22-24]. The narrative identity integrates disparate and shameful life events into a coherent, empowering whole, which provides converts with hope and a

vision for the future. This new outlook is thought to be instrumental in the successful abstinence from drugs and crime and in the promotion of prosocial behaviors.

In terms of the juxtaposition between past and present, reinterpretation of the past among religious converts gives more meaning to the present and often allows them to cope more effectively with a variety of difficult life circumstances, including incarceration, drug and alcohol addiction, domestic violence, unemployment, and homelessness [23,25,26]. Moreover, religious conversions allow people to portray themselves as being in control of their current and future life directions, regardless of their past. Although they may still excuse their past behavior as being due to uncontrollable sources, their new self-discovery becomes empowering and allows them to uncover a “true self” or “new self” [22].

Although the religious epiphany is seen as a life-changing event, it is only the beginning and not the end of a spiritual journey [22,23,25]. New religious converts are typically counseled by religious leaders to get involved in religious activities to “keep their minds right” [18]. New converts are taught that no matter how bad their lives were prior to conversion, they now have the opportunity to create positive changes in their lives. Thus, research on religious inmates highlights the importance of conversion in creating a new sense of self to cope with prison life [22,24,25].

Despite people’s best intentions, however, religious conversions may become less salient over time and fail to foster prosocial behavior, especially in institutional contexts such as jails or prisons. It is not uncommon for people to have an epiphany but then to eventually “backslide” and return to the “old self” [25]. Kerley and Copes [18] examined this issue among male inmates active in faith-based prison programs. They found that the social support mechanisms of religion were important for allowing inmates to remain focused and to live “righteously” in the prison context. Specifically, they described four themes in the inmate narratives: (1) connecting with positive others while avoiding negative others, (2) practicing religion in a group context, (3) sharing religious faith and content with others, and (4) using “quiet time” to reflect and to chart courses of action.

Building on the work of Kerley and Copes [18], the present study explores how women undergoing difficult life circumstances experience change due to their newfound religious faith. Specifically, we analyze in-depth interviews with 40 residents of a faith-based transitional center to identify the changes they have undergone since arriving at the center, the characteristics of the center they think helped bring about these changes, and their plans for maintaining these pro-social changes once they leave the facility. Doing so will provide insights into how religion can be used in institutional settings such as prisons, halfway houses, and treatment centers.

Research Methods

To achieve our study goals, we conducted 40 in-depth interviews at a faith-based transitional facility for women in the Southeastern United States (hereafter referred to as The Center). In operation since 2002, The Center is an outgrowth of the work of a local parishioner who started with a small scripture study group in a women’s prison. The parishioner then worked with the state department of corrections to create a transition program for inmates who were within one year of release. The Center now serves nearly 400 women and children. In addition to inmates still under state supervision, The Center also houses women who are there voluntarily because of drug or alcohol problems, domestic abuse victimization, and economic disadvantage.

We worked with staff members at the facility to recruit participants. Specifically, we asked staff members to make announcements during regular religious services and to post notices that volunteers were sought who were willing to discuss their experiences at the facility. Our only stipulations in recruitment were that volunteers should be at least 19 years old (the minimum age for adult status in the state) and have resided at the facility for at least two months. In compliance with Institutional Review Board guidelines, we informed all participants that the interviews would be conducted with a researcher not affiliated with the prison or state department of corrections, would be completely voluntary and confidential, and would not result in any special rewards for participating or punishments for declining participation.

We scheduled interviews with volunteers over the course of several weeks during the summer and fall months of 2010. All participants received oral and written summaries of the research project and were then asked to sign a consent form. We interviewed a total of 40 residents at The Center. The purpose of the semi-structured interviews was to investigate how women undergoing difficult life circumstances (including incarceration, drug and alcohol addiction, domestic violence, unemployment, and homelessness) articulate and maintain faith-based identities that allow them to reinterpret their past lives, give meaning to their current lives, and offer hope for the future. Each interview began with a discussion of the events leading to their admission to The Center. Interviewees were then asked to describe the religious and educational programs at The Center and how they were able to adjust to the facility. In particular they were asked about how they had changed since admission to The Center and whether the religious programs played a part in that change. Interviewees were then asked to describe the current and previous difficult situations they encountered and whether religion helped them to cope with these situations. Each interview ended with a discussion of the future for each resident. Interviewees were asked about their prospects for the future and what role their faith and The Center would play in accomplishing their goals and avoiding further negative situations.

The interviews were semi-structured to avoid imposing artificial concepts and categories on residents, thereby letting participants speak freely using their own terminology. The interviews lasted between 30 and 75 minutes and were audio-recorded with permission of each participant. Trained personnel transcribed all interviews, replacing identifying information (e.g., names) with aliases. Volunteers received \$20 upon completion of the interview. This amount was chosen because it was enough to encourage cooperation, but not enough to coerce participation. It is also consistent with previous remunerations in similar types of research [26].

To ensure inter-rater reliability, all investigators read each transcript to identify common themes. The team then convened to determine the overarching themes that had been identified by all. Initially the relevant, predetermined research issues were broadly coded into “nodes” or categories. This broad coding scheme left a great deal of scope for a more detailed analysis directed toward establishing “within issue” variations from one concept to the next. We carried out this analysis by reading the text for each category and, for each one, creating sub-categories that captured distinctions recognized by the participants themselves as important.

The median age of those interviewed was 30.5 and ages ranged from 19 to 66. The racial composition was 82.5 percent White and 17.5 percent African American, which is consistent with the racial make-up of The Center. Nearly half of the interviewees had not yet completed a high school degree, and almost 60 percent worked full or part time prior to admission to The Center. On average

interviewees reported approximately two felony arrests and one felony conviction. Among those arrests, nearly 60 percent were for drug offenses, about 20 percent were for property offenses, and only about 10 percent were for violent offenses. One quarter of interviewees were currently or previously incarcerated. About 80 percent of interviewees had been physically abused as children or adults, and about 60 percent had been sexually abused. Finally, for religious background, half of the interviewees attended church once per week or more as youths. Of those who attended church, nearly all were affiliated with a Protestant congregation, and about 75 percent attended a Baptist congregation. All but four interviewees reported a conversion or “born again” experience at some point in their lives. This level of exposure to and participation in evangelical Christian religion among interviewees was consistent with the religious background of all residents of The Center.

Making Claims of Change

Consistent with the work of Kerley and Copes [18] and Maruna *et al.* [22], we found that residents tended to redefine their past and current lives in terms of when they entered The Center. Most women offered a chronological narrative where coming to the Center was the start of a new period in their lives. It was here that their “clock was reset” or that their “time started over.” Throughout the narratives, participants made clear distinctions between the “old self” and the “new self.”

Although the articulation of this change and its manifestations varied widely, there appeared to be unanimity in residents’ claims that they made important changes in their lives. For the majority of them, the most important change they experienced while at The Center was an increase in self-respect and self-worth. This was the case especially for women who had been in prison. As Ellen noted, “The Center has helped me in so many ways. I feel like I am no longer just a piece of trash. No matter what anybody says to me I know that I am a woman of God now, and nobody can take that away from me.” Beulah said that besides the physical bondage of prison, “I was in bondage within myself. I really hated life. I didn’t feel worthy. I felt like I’ll never amount to much of anything.” Then asked whether this view of self had changed since coming to the facility, she replied, “Oh yeah, I’ve definitely overcome that. I love me!” Many residents claimed that The Center’s concept of creating “women of God” gave them much-needed self-worth and empowerment to take control over their circumstances.

Some of the women claimed that they did not care about themselves or others before they began their treatment at the facility. Avita noted, “I’ve been here over a year and it’s taken five relapses and getting kicked out for me to realize that I need to change. So I guess in the last two months I feel myself changing, because I just recently came back.” When asked how she knew she had changed given this history of relapse, Avita explained:

I can feel my heart softening. I’m not as quick to mouth off at someone. ‘Cause I had a really bad attitude. I didn’t care. I thought the world hated me and I hated the world, so I would just go off on people and it was one of my downfalls. If someone would look at me wrong I would say something. And now it just rolls off my back like water.

Similarly, Ursula summarized her ongoing change by noting that “I was hateful. I hated everyone and I can’t say I’m completely over it, because I’ve only been here three months. But now I walk around smiling and talking to everybody. It’s definitely softened my heart I guess you could say.”

Beyond mere claims of change, it is important to explore the types of change described by residents. We found significant variation in the narratives concerning the type of change experienced. We categorized these changes as (1) spiritual, (2) emotional, and (3) social/behavioral. All interviewees claimed at least one of these types of change, and the large majority reported at least two. We begin with change linked to the faith-based mission of the facility.

Spiritual Change

One of the primary goals observed at the facility was challenging residents to become women of God. Although spiritual conversion, especially among evangelical Protestant adherents, typically is treated as a singular or epiphanous moment [27], most residents noted that their spiritual change was a gradual process. Failen's account of gradual spiritual change is illustrative:

God works on you from the inside out. He doesn't do like an extreme makeover on you, you know what I am saying? Let's color your hair and put on some makeup and some new clothes and you are straight, it doesn't work like that. He is going to take you and try to work on you with your dirt on the inside—get all them skeletons out of your closet.

Hartley claimed that her change was linked to adopting a different view of a higher power. Instead of viewing God as distant and uncaring, she shifted to "believing that there's not nothing He can't do. You putting your all to Him, waking up every day praising God that you're here for another day."

In some cases residents admitted that because of their difficult circumstances, they had either abandoned their faith or believed that a higher power had abandoned them. This was the case particularly for victims of domestic violence. Patricia noted that "I never thought I would have faith again I really didn't. ... Now it's like I have this awesome relationship with God." Moreover, nearly all of the women interviewed claimed that this newfound spiritual change was what allowed their growth and fostered their improvement in self-worth and self-respect. It was the foundation upon which all other pro-social change was built.

Emotional Change

Despite the faith-based nature of The Center, residents seemed to understand the comprehensive nature of the facility and how changes other than spiritual ones were an important part of the experience. Many interviewees explained how they were better able to manage their emotions during their treatment at The Center. Delia contended that: "You have to have love, patience, and humility, and that's something you have to have in everything you do." Although these attributes may have a spiritual root, residents came to view them as important apart from their faith. Keira provides the best in-depth summary of the broader changes she experienced while at the facility:

I know I have a purpose in life now. Before, I thought I wasn't worth anything anymore. Basically, just lost my drive in life. ... I was still a parent that was there but I wasn't the parent I wanted to be. You understand what I'm saying? I had dealt with a lot of health issues too and struggled with that. So now just with getting my medication and stuff corrected, and getting my relationship with God back in order. My relationship with my family has never been better. You know, all around just everything is better.

Others claimed that The Center helped them to adopt a different perspective that prioritized God and others, which helped them overcome their struggles due to their own selfishness. Candice summarized the issue this way:

Well, for me, I knew about everything, but I was only living for me and my addiction. Once I opened myself up in here with what they were trying to drill in me with every class that I took was that if I didn't change my heart then it didn't matter because I wasn't going to be able to keep my sobriety unless I become a different person. So I started praying to God and eventually it was like I had a real relationship with him. Once that happened I just felt like a different person, I know that I'm not the same person I was when I got here.

Social/Behavioral Change

As we asked residents about the constituent elements of being women of God, we observed that they were taught both inward and outward manifestations. Beyond the spiritual and emotional changes that are internal, residents claimed important external changes in broad areas such as interpersonal relationships, lifestyle preferences, recreation, and attire. Some women noted change in their overall appearance, attire, and preferences. Quincy noted that “when I think of a woman of God I think of [the difference between] secular music and praise and worship music. I think of cursing and not cursing. I think of carrying yourself not trashy. You know, [being] respectful.”

Many residents noted a significant improvement in the way they interacted with others. Anya stated that that “now I respect anybody I talk to, because they respect me as well. You got to give respect to get respect. And just before, I would just not even talk to anybody, and if I did I was snappy with them, and just rude. And I see how wrong that was.” Lucy recalled a recent telephone conversation where her change in interaction style was evident: “I called my lil’ girl’s father the other day and I was like, ‘hello, hey how are you doing,’ and he was like, ‘um are you alright?’ I was like, ‘yeah!’ And I said, ‘why you say that?’ [And he said,] ‘because you not hollerin’, screamin’, and cursin.’”

Others observed not only changes in the quality of their interpersonal relationships, but also in the quantity. Felicity, for example, claimed to seek out more conversations with others, especially with those whom she knew were also dealing with difficult issues. She claimed that “My outlook on everybody else’s life and what they’ve gone through, it’s just changed. I’m not so stuck up anymore. I’ll talk to people because you realize people just need someone to talk to sometimes.”

Identifying The Center’s Role in Their Change

Religious Emphasis

When asked how The Center played a role in their changes, residents routinely attributed it to the faith-based courses, chapel services, and small-group scripture studies. This is not surprising given the overarching emphasis on religious change at the facility. Keira claimed that the facility taught her the primacy of a relationship with a higher power. She noted that “The Center is who helped me to understand how important it is for my relationship with God. And how to be a healthy functioning, living adult.” Carrie added that the programs “help me keep my connection with God. It keeps me on my toes. That and reading my Bible and studying the Word.”

The majority of residents described the faith-based approach of the facility as saturation. Roberta explained life in the facility in this way: “[This place] helped me, yeah, because all they talk about is a spiritual program and all you hear when you walk around the hall is Christian music all the time. And the classes [are] spiritual and the people that come talk to us and the people that do the classes, they talk to you and break it down to you.” Lydia reports a similar experience at the facility:

Always you learning about the Bible, you know, you always learning about the Bible. You can walk around and you gonna learn about the Bible, but then you’re learning about yourself and other people and how to treat people. And you learning how to be a successful person after [you leave] this place and they tell you little things in that the Bible that, you know, correspond with your life.

Resources

Although The Center identifies itself principally as a faith-based treatment center, it was clear from the narratives that there are numerous secular resources emphasized as well. Residents are required to enroll in educational and vocational courses while at The Center. These courses were offered by licensed instructors and topics included: GED preparation, accounting, computers, life skills, child care, and drug treatment. For residents there on a voluntary basis, failure to attend a minimum number of courses could mean being asked to leave the facility. While completing their coursework, residents were linked with local businesses and required to work at least on a part-time basis. Through donations of time and materials from local professionals, The Center also operated a health and dental clinic, counseling center, day care center, and styling salon. After graduation in 9–12 months, the facility assisted residents in obtaining independent housing, insurance, driver’s licenses, and full-time jobs. The Center’s determination to change women’s lives through faith and education was reflected in their promotional materials, in which they claim: “We refuse to be called a ‘half-way house,’ because there is nothing ‘half-way’ about it. This is a ‘whole-way program.’” Helen described the resources available during her time in this way:

When I came by I had no birth certificate, no ID, no social [security card] so they help with all that like doctor everything you need they schedule to get you back on the right track you know before you start working you know so you won’t have to miss work. ... They help you. They take you to your appointments. Everything you need is right here. You wanna go to college it’s right here. You need to get on a computer we have a computer lab. Everything is in this building that you need we got career closet if you don’t have interview clothes.

Social Support

In our analysis of the change narratives, it became apparent that a religious conversion was not in and of itself sufficient to bring about lasting change for the women. They recognized that they needed the support of others if they were to keep on the right track in their difficult situations. The narratives suggested that they relied on various social support mechanisms to keep themselves focused and inspired. In particular, they found it helpful to seek out assistance from others and to increase their social networks [28,29]. Felicity described the inspiration derived from interacting with women from

similar backgrounds: “It was cool to see people. [then] you know you’re not the only one that’s been through this. ‘Cause that’s kinda how I felt. I felt like, you know, you start feeling like, God why’d you let this happen to me? But other girls have been through it to. So it was nice to see that.” Beatrice recounted the uplifting nature of fellow residents during times of sadness and depression: “The other day I was just so sad. I was depressed and cryin’ and every time I turn around somebody tellin’ me you’re gonna be okay you just pray, just to have hope and faith. I mean, that helps you out a lot.”

False Starts and Returns to the Center

For all of the narratives of success in transitional and rehabilitation centers often heard from facilities across the United States, the majority of narratives end with relapse and hopelessness. In making claims of substantive conversions, residents seemed cognizant of the fact that change is difficult and that many in the general public are doubtful of the possibility of dramatic change, especially among those who have served time in prison and have drug and alcohol problems. Skeptics abound of “jailhouse conversions” and sudden instances of individuals “finding religion” while experiencing stressful life events [18,22,30-33]. Residents of The Center seemed aware that their chances for success were in some cases a “long shot,” and would be diminished with each relapse. Nevertheless, they seemed intent on their key goals of sobriety, responsibility, and faith. Tara explained that “I already been here before about two years ago but just like I said was coming for the wrong reasons. It really saved my life. I got saved and got baptized... I’m really tryin’ to change my life for the better cause the way I was living, it’s just not the way to live.” Our interviewees seemed to address these criticisms directly, but not in a defensive manner as might be anticipated. In one sense they routinely praised The Center for its role in their recovery, yet made it clear that the only change they could explain and justify was their own. Almost on a quest to prove the skeptics wrong, Felicity noted, “I was a completely different person when I first came in here. I wanna show that girls here, they can change.”

Delia shared a unique account of a cycle of short-term success followed by major relapse. She experienced multiple stints in prison and in various drug treatment facilities with only short periods of sobriety, but claimed that The Center had “broken the cycle.” She explained that “If it was not the love and support that I had here I would not have come back, and if I would’ve come back, I wouldn’t have come back clean. This is the first time that I’ve ever dealt with anything [in my] life that I’ve been clean.”

Maintaining Their Change

Despite people’s best intents, conversions may become less salient over time and fail to foster prosocial behavior. It is not uncommon for inmates to have an epiphany but eventually “backslide” and resort to their prior selves or the “old me” [25]. Thus, we thought it important to ask participants how they planned to maintain this change. Nearly all of the participants said they “knew” they would be successful because it was “God’s will” for them to succeed. They did acknowledge, however, that they must take an active role in their recovery. Their primary strategies for staying straight were to avoid negative influences and to seek positive ones.

Residents at The Center often described their lives as a daily struggle between “Godly” and “worldly” influences. Many noted the difficulties of being a woman of God when faced with major temptations from the outside world. They believed that it was important for their transformations that they avoid any temptations, and often had very strict standards for conduct, language, and relationships as a result. This approach is consistent with the important work of Iannaccone [34], who found that strict behavioral standards in fundamentalist congregations often fostered a stronger sense of accountability, identity, and cohesion than congregations with more open standards.

When asked what, if anything, she tried to avoid, Cordelia answered, “[I avoid] peoples, places and things. My old people, old places, old things, and old habits. ... I had a friend in here, on her cell phone she has a song called “White Bricks”—that’s talking about cocaine. Since I’ve heard that as her call tone on her phone, I don’t associate with her now.” Meredith provided a unique framework for maintaining a faith-based identity as she faced temptations. She stated repeatedly, “I don’t even speak death. I don’t do it.” She elaborated on her future, “I’m gonna accomplish my goals. That’s speaking that life thing, you know. You don’t speak death. I’m not gonna start getting that doubt in my head. No, ma’am. I’m gonna succeed. I’m gonna reach my goals, and that’s all I have to say about that.” It was clear that her goal was to be so focused on her faith and newfound commitment to a drug-free and crime-free lifestyle that she would not even entertain the possibility of another arrest or relapse.

The other side of the coin observed from the narratives was the importance of associating with the “right people.” As is typical among evangelical Protestant adherents, residents placed a strong focus on surrounding themselves with religious others. They believed that if they could surround themselves with other women of God, they would be less likely to end up at the facility again. Residents discussed their desires and attempts to rekindle dampened relations and to develop new ones with like-minded others who could provide positive support and encouragement. Asked her plans upon leaving The Center in a few weeks, Felicity noted, “I need a support group. And I wanna make sure I find the right support group [after I leave]. I don’t wanna fall back into wanting a man to live with and stuff like that, but I think The Center has helped tremendously.” This quote is reminiscent of Severance’s [35] findings from her interviews with women about to be released from prison. Just as in that study, our interviewees understood that their main hope of success in the outside world was to have “somebody in my corner.”

Discussion and Conclusions

The study of religion as an academic discipline is a rather recent development in colleges and universities in the United States and abroad. Beginning in about the 1960s, researchers from social science backgrounds (predominately sociology) have studied religion as a social force that may impact a wide range of individual and societal outcomes. Researchers from this sociology of religion tradition have studied the impact of religion on topics such as community involvement, coping with difficult life events, crime, drug use, environmental concern, family, health and mortality, interpersonal relations, political attitudes, psychological well-being, public life, and racial attitudes. A consistent finding is that religiosity operates as a social force for reducing negative behaviors and for increasing positive behaviors [1-9]. Historically, these studies have used quantitative methodologies such as surveys of the

general public and of religious congregants, but increasingly investigators are using in-depth interviews, participant observation, and content analysis [e.g., 18,22].

To add to this growing body of literature that explores the lived experiences of participants, we interviewed women in a faith-based transitional facility about how they have changed for the better since their arrival. Overall, these women claimed that they had changed dramatically as The Center allowed them to become new people and to distance themselves from their old selves. By providing them with religious classes, social support, and social resources, The Center allowed them to develop a sense of self-worth and self-respect. Although the women noted many difficulties and poor choices in their lives prior to entering The Center, their level of exposure to and participation in evangelical Christian religion was extensive. As a result, they seemed well-acquainted with religious narratives of redemption and change. They attributed their ability to grow spiritually, emotionally, and behaviorally to The Center's emphasis on religion. In addition, they believed strongly that they would be able to maintain this conversion because with "God on their side" they would be able to avoid negative influences and to sustain or build positive ones. In short, their ability to become new people and to maintain this identity was due to their restored or newfound faith in God, which was fostered by their stay at The Center.

Our study contributes to the growing literature on how religiosity operates as a social force to reduce antisocial attitudes and behaviors and to increase pro-social attitudes and behaviors. We find that change is a combination of self-motivation, social support, and religion. Specifically, our study contributes to the sociology of religion literature in three ways. First, we extend the literature on how religion may be used as a mechanism for coping and changing difficult life circumstances. Investigators who study religious coping methods and their implications for health and well-being typically have used psychological theories and quantitative methodologies in their research. We use an alternative approach to understanding the relationship between religion and difficult life circumstances by viewing religion as a social-psychological tool for reinterpreting situations and for creating new identities.

Second, we chose as our research site a faith-based transitional center for women. This facility is unique in that its residents include women completing terms of incarceration with the state department of corrections, as well as those there on a voluntary basis because of drug and alcohol issues, socio-economic issues, and domestic violence victimization. Despite the clear faith-mission of the facility, it also operates intensive educational and vocational training programs. Scarce academic research exists on women's transitional centers, especially on those with a faith-based emphasis. In contrast to the use of psychological theory and quantitative methodologies in previous research, we employ social psychological theories and a qualitative methodology in this study. Doing so allows us to understand the "lived experience" of dealing with difficult life circumstances and time spent at a women's transitional center.

Third, our findings have important implications for identity research and narrative theory [18,22,23,25]. Consistent with the work of Maruna [22,25], the new faith-based identities of women residents of The Center may be associated not so much with being a certain type of person, but with engaging in a spiritual struggle. This perspective may illuminate the concept of being "born again" and may help to make sense of how identity work and evangelical Protestant traditions may coalesce to help individuals attempting to be reformed. Put another way, the women are not claiming that they are

finished being “reborn” or transformed, but that they are better prepared for the ongoing struggles of their lives. In this way, the backsliding of the past is recast as part of that spiritual struggle that is likely to continue [22,25].

Although our focus in this study was on the experience of change in a faith-based transitional center, our findings may have implications for understanding the impact of secular treatment centers as well. If faith-based programs can help individuals experiencing difficult life circumstances to create and sustain positive identities through social support mechanisms, it may be that educational, vocational, and therapeutic programs work in much the same way. Interviewees from our study appear to value the positive relationships created in religious programs as highly as the religious content of those programs. Future research might determine whether residents of secular treatment facilities who participate in educational or vocational programs feel similarly about the importance of making positive connections with their teachers and program sponsors. If that were the case, it would follow that all any treatment program designed to bring about cognitive transformation would benefit from an enhanced focus on social support.

As with any qualitative study using a non-random sample, readers must be careful to avoid generalizing our results to all residents of faith-based treatment facilities or to women undergoing difficult life circumstances. Although we might anticipate similar results in other regions of the United States with a similar concentration of women from evangelical Protestant backgrounds, additional research would be needed to confirm this. Future research might include studies of transitional centers in regions with a different configuration of faith traditions. Our hope is that sociology of religion scholars will continue to conduct research on identity, religiosity, and faith-based prison programs.

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