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## The Relationship between Religiosity and Coping Strategies

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THE RELATIONSHIP BETWEEN RELIGIOSITY  
AND COPING STRATEGIES

by  
Maureen O'Brien

A Thesis Submitted to the Faculty of the Department  
of Psychology of Loyola University Chicago in Partial  
Fulfillment of the Master's Degree Requirements  
in Psychology

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## VITA

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## CHAPTER 1

### INTRODUCTION

#### The Relationship Between Religiosity and Coping Strategies

Religion is an important contributor to the quality of a person's life. Empirical research has demonstrated that there is generally a positive relationship between religious beliefs and personal adjustment. Personal adjustment can be seen as a consequence of the manner in which a person copes with stressful situations (Folkman & Lazarus, 1980). People tend to cope better when they view themselves as having the resources to cope with the stressful encounter. Certain strategies may also be more effective than others.

It is still unknown how religion affects personal adjustment. It is possible that religion may impact on personal adjustment through a process that helps people to appraise stressful situations in ways that facilitate effective coping. If religion does, in fact, give people more effective strategies, the question of whether all definitions of religion do so to the same extent still remains. It is possible that people who view religion in one of many various ways will utilize different coping strategies, which may be more or less effective. Of the many ways that religion has been defined in the literature, two dimensions are of particular interest in this study. They are (1) commitment to religion in general and (2) the religious denomination that



one claims. The first dimension of commitment has been termed 'religiosity' in the literature. Religiosity refers to Allport's (1950) break down of religious commitment into intrinsic and extrinsic types. On the other hand, McClure and Loden (1982) and Park, Cohen, and Herb (1990) define religious commitment by examining denomination affiliations.

### Stress, Appraisal and Coping

In order to examine how religion impacts on quality of life and on coping, it is necessary to operationally define these terms. Stone, Helder, and Schneider define coping as "those thoughts and actions that enable individuals to handle difficult situations" (1988, p.183). Coping is thus differentiated by actions and thoughts, but it is also differentiated by attention to the problem itself or to the emotions associated with the problem. Coping has therefore been described as fulfilling two major functions. These two functions are regulating stressful emotions and altering the troubled person-environment relation causing the distress (Folkman et al., 1986) Problem-focused coping is typically directed at managing or altering the problem responsible for distress. Emotion-focused coping is directed at regulating the emotional response to the problem. An example illustrating this distinction is the coping strategy of social support. Problem-directed support is seeking assistance in dealing with the problem from family and friends. Emotion-directed support from one's friends and family would consist

of simply expressing one's feelings to and receiving sympathy without necessarily seeking advice (Stone, Heider, & Schneider, 1988). Coping, therefore, can be conceptualized as thoughts or actions directed at modifying problems or emotions.

The belief that one has the ability to cope with stressful situations also has a direct impact on the quality of the person's life. Bryant's (1989) research on perceived control reveals that people make separate self-evaluations of control regarding their ability to avoid and cope with negative outcomes and to obtain and savor positive outcomes. Perceived control over outcomes and the evaluations people make about resources they can use in coping with a stressful situation are therefore considered to be important in the coping process. For instance, there is evidence that internal locus of control is influential in determining the use of coping strategies.

Specifically, Parkes (1984) found that patterns of coping reported by internals were potentially more adaptive in relation to types of appraisal than those used by externals. Parkes (1984) indicates that internals and externals differ in their approaches to situations. Specifically, internals appear to be able to discriminate the nature of the demands of the stressful encounter and to focus their coping efforts on a limited number of coping strategies. They show higher levels of direct coping when the situation was clearly either

a "could change" or "must accept" appraisal. When the situation is more ambiguous, however, internals show higher levels of general coping. Externals do not show this pattern. Before any kind of coping strategy can be used, however, the individual first appraises the stressful situation. Folkman et al. (1986) refer to two types of cognitive appraisals: primary appraisal and secondary appraisal. Primary appraisal refers to judgments of what is at stake in a stressful encounter. The first factor in primary appraisal refers to items involving threats to one's self-esteem. The second primary appraisal factor includes items involving threats to a loved one's well-being.

Secondary appraisal involves a self-assessment of coping options. Folkman et al. (1986) discuss the possibility that bidirectional relations exist between appraisal and coping. They suggest that appraisal influences coping but that coping can also influence the person's decision as to what is at stake. Appraisal can also influence the person's decision concerning the availability of coping options, and certain forms of coping may be influenced by the outcome of the encounter (Folkman, et al., 1986).

Parkes' (1984) research on locus of control and coping also revealed three forms of coping. These three types were general coping, direct coping and suppression. General coping represents the number of cognitive and behavioral strategies that were utilized in a stressful situation. Parkes suggests

that this factor is an indicator of the range of strategies that a person has available to use in a stressful situation. Direct coping refers to a general tendency to use cognitive and behavioral coping strategies in response to stressful situations. In other words, direct coping involves an attempt to utilize specific strategies that are thought to be useful. Direct coping includes strategies that are rational, problem-focused attempts to manage the situation and strategies that are concerned with fantasy and with wishful thinking. Suppression was another factor that emerged from strategies involving attempts to suppress thoughts about the situation and to inhibit action.

Eventually, a person must evaluate the outcome of the stressful encounter. Folkman et al. (1986) have demonstrated that the coping strategies that one uses are related to one's evaluation of the stressful encounter. Satisfactory outcomes are characterized by higher levels of planful problem-solving and of positive reappraisal. Unsatisfactory outcomes are related to higher levels of confrontive coping and of distancing. Cognitive appraisal is also related to one's evaluation of the stressful encounter. Primary appraisal is related to a single outcome, such as that of losing respect for someone else. In this example where the outcome is that of losing respect for someone else, the relationship between the appraisal and the evaluation is linear. Encounters that involve more loss of respect are associated with more

unsatisfactory outcomes. The relation of secondary appraisal has also been found to be significant. Satisfactory encounters tend to be those with higher levels of perceived changeability and with lower levels of the perceived need to hold back from performing the intended behavior.

Variability in coping is seen as a function of people's judgments about the encounter. Encounters that subjects view as having to be accepted elicit different coping responses than do the encounters that they are viewed as changeable. "In changeable encounters, subjects used coping strategies that kept them focused on the situation: they confronted, did planful problem-solving, accepted responsibility, and selectively attended to the positive aspects of the encounter. In contrast, when subjects appraised encounters as having to be accepted, they turned to distancing and escape-avoidance, which are forms of coping that allow the person not to focus on the troubling situation" (Folkman et al., 1986 p.1000). People's judgments about the stressful nature of the encounter and the availability of resources that they can use to cope with the stressful situation can affect the nature of the evaluations that are made regarding the stressful situation. The stress of the encounter thus seems to depend on the appraisal of the person as to whether the event will exceed their capacities to cope with the event.

Parkes' (1984) research has already indicated that individual differences can influence the way in which the

individual appraises the situations and the strategies that are utilized. Her research indicates that the individual difference of locus of control differentiates people on the type of coping strategies that they utilized. Other individual differences such as Type A behavior (Eysenck, 1990), depression (Beck, 1979), and neuroticism (Innes & Kitto, 1989) may also affect the appraisal of stressful events and the coping strategies that an individual uses in a stressful encounter. One variable which typically displays great variety and which has demonstrated an impact on the quality of life is that of religion.

#### Religion and the Quality of Life

Religion has been viewed both as resource for people which helps them to be happier with their lives and as a compensation for those who are deprived. Most of the research supports the idea that religion is a resource (Hadaway, 1978, p.641). Donahue's (1985) meta-analysis suggests that there are at least two distinct types of religiosity, one of which can be viewed as a resource and one of which can be viewed as a compensation. These two types of religiosity are known as intrinsic and extrinsic. Intrinsic religiosity has been described as "a meaning-endowing framework in terms of which all of life is understood" (Donahue, 1985, p.400) and can be seen as viewing religion as a resource. Intrinsic religiosity has also been called "committed religion" (Allen & Spilka, 1967, p.198). Extrinsic

religiousness is "the religion of comfort and social convention, a self-serving, instrumental approach shaped to suit oneself" (Donahue, 1985, p.400). Allen and Spilka (1967) use the term "consensual religion" to denote this institutionalized type of religion.

Donahue's intrinsic and extrinsic subscales tend to form two separate, orthogonal factors, with few, if any, cross-loadings. These two subscales are also demonstrated to be different constructs because the correlates of each indicate different dimensions. Intrinsic religiosity is related to high self-esteem as well as a tendency to view death positively. It is also associated with "feelings of power, competence, and internal control" (Hood, Spilka, & Gorsuch, 1985, p.19). Extrinsic or consensual religion, on the other hand, tends to entail a superficial belief. These people tend to follow the rules and tend to use their religion as a means to other non-religious ends and in the service of personal desires other than having faith be the supreme value. They typically view God as stern and vindictive, and they have a negative orientation toward death. Extrinsic religiosity is also tied to powerlessness and feelings of external control (Hood et al., 1985, p.19). This relationship might exist because people with an extrinsic religiosity are unable to use their religion to change appraisals of stressful situations and can not evaluate religion as one of their resources when they are faced with a stressful encounter.

Other differences in types of religion exist besides the intrinsic-extrinsic dimension. The most obvious of these differences is that of denomination. McClure and Loden (1982) examined the differential influence of various major religious denominations such as Catholicism, Judaism, Protestantism, and Mormonism on people's feelings of well being, satisfaction, and stress in a mid-sized Southwestern city. They found that being an active member of the most widely accepted faith in the community was the most beneficial to one's sense of well being (McClure & Loden, 1982). Specifically, they found that although the Baptists felt cramped for time as a result of being involved in religious activities, they were also happy with their religious life and with their life in general. McClure and Loden hypothesized that the reason for this difference is that the Baptists were the dominant religious denomination in the city.

This study runs counter to the suggestion that differences in belief structures aid in coping strategies because coping is seen to be related to religion being accepted in the community. However, McClure and Loden defined religiosity as the subject's time involvement in religious activities, degree of religious responsibilities, happiness with religious associations, feelings of their families towards their religious activities, feelings about their success in reaching their religious goals, feelings about time pressures perceived, and whether beliefs or behavior were more



important in their religious commitment. This operational definition does not include the subject's own personal beliefs. Because McClure and Loden fail to discuss belief structures, they cannot be expected to find differences in religious commitment. Their definition of religion, instead, involved constructs which included perceptions of acceptance in the community and would, therefore, be especially prone to finding results in the direction observed.

Another study (Park et al., 1990) which examined religious denomination and coping as life stress moderators found a differential effect for specific denominations. Specifically, the study found that intrinsic religiosity is related to depression in opposite ways for Catholics and Protestants. Among Catholics, the study found an interaction between controllable life stress and religious coping in the prediction of depression. Religious coping was helpful to Catholics coping with a high level of controllable negative events. The relationship was reversed for Protestants. A negative relationship was found among Protestants between intrinsic religiosity and uncontrollable life stress in predicting depression.

The researchers hypothesized that these differences were the result of denominational differences in religious doctrine. They suggested that the characteristic message of Protestantism is of faith and the Catholic emphasis is on works. This difference may lead Catholics to cope better than

Protestants when they can perform action and may lead Protestants to cope better than Catholics when what is required is faith (Park, et al. 1990). However, Park et al. (1990) defined religious coping as intrinsic religiosity and failed to consider what coping strategies people were utilizing. In other words, although Park et al. discuss religion in terms of the person's beliefs, they fail to examine the specific appraisals and strategies that are being used.

#### Focus of the Present Study

In the present investigation, therefore, four areas of interest were examined. The relationship between intrinsic and extrinsic religiosity, as well as the relationship of different denominations to different types of coping strategies that are utilized, were investigated. Another area of interest in the present study was that of cognitive appraisal to intrinsic and extrinsic religiosity. The final area examined was the relation of the type of religiosity to the evaluation of the outcome of the stressful encounter.

Six specific hypotheses were examined in the present study. These hypotheses are as follows:

- 1.) It is expected that those who are intrinsically religious will indicate a higher number of general coping strategies utilized in regard to a stressful situation. In addition, it is specifically expected that religious coping operationalized as intrinsic religiosity will be positively

related to coping strategies that involve seeking social support and positive reappraisal.

2.) The relationship between religiosity and primary appraisal is expected to be such that those who are intrinsically religious will demonstrate lower primary appraisals than those who are extrinsically religious. This relationship indicates that intrinsically religious people see less at stake and therefore perceive less threat in situations which are threatening.

3.) The relationship of religiosity and secondary appraisal is expected to be such that those who are intrinsically religious view themselves as having more extensive coping options available to them than those who are extrinsically religious.

4.) The relationship of the type of religiosity and evaluation of the outcome of the stressful encounter will also be evaluated. Those subjects who are intrinsically religious are expected to evaluate outcomes more satisfactorily than those subjects who are extrinsically religious.

5.) Age is of interest in the present study because older people are expected to more religiously committed than the younger sample and the number of coping strategies will be even greater for older people who are intrinsically religious.

6.) Finally, it is expected that those who are intrinsically religious will cope better overall than subjects who are extrinsically religious. Denominational interactions

are expected between Catholics and Protestants concerning the type of coping strategies that are used but a total score which assesses coping will be more likely to differ by religious type rather than by denomination.

## CHAPTER 2

### METHOD

#### Subjects

The sample consisted of 115 undergraduates from a midwestern university and 66 of their parents. The undergraduates were asked to give experimental materials to their parents. The sex of the parent to whom each subject provided information was randomly assigned. The undergraduates participated to partially fulfill a course requirement.

#### Procedure

##### Assessing Religiosity

Subjects' religiosity was assessed by a procedure developed by Allen and Spilka (1967). Three measures of subjects' belief in their own religiosity were collected. Subjects also completed two other scales of religiosity adapted from Tate and Miller (1971). These scales were the religious individualism and institutionalism scales. These two scales indicate the amount that subjects are willing to make their own judgments as opposed to accepting the church as their primary point of reference. Subjects were given the instructions "Show how much you agree or disagree with each statement." Strong agreement was given a weight of seven, strong disagreement a weight of one, and the scores were summed. A high score on the religious individualism scale indicated intrinsic religiosity, and a high score on the religious institutionalism scale indicated extrinsic

religiosity.

#### Assessing Values

Subjects were instructed to rank order the terminal and instrumental values of the Rokeach Value Scale. This scale was used in this study because it has been empirically linked to the intrinsic-extrinsic religiosity dimension for certain of the values included (Tate & Miller, 1971). With respect to instrumental values, Forgiving, Loving, Helpful, and Responsible were related to intrinsicity, while Ambitious, Independent, and Capable were related to extrinsicity. With respect to terminal values, Salvation, Equality, and Family Security were related to intrinsic religiosity, while A Sense of Accomplishment, A Comfortable Life, Inner Harmony, Pleasure, and Social Recognition were related to extrinsic religiosity.

#### Assessing Cognitive Appraisals

Subjects chose an event that they had experienced and that they defined as stressful. Primary appraisal was assessed as Folkman et al. (1986, p.994) assessed it, by 13 items that describe various stakes. Subjects indicated on a five-point Likert scale (1=does not apply; 5=applies a great deal) the extent to which each stake was involved in the stressful encounter they were reporting. The specific stakes assessed were (1) losing the affection of someone important to you (2) losing your self-respect (3) appearing to be an uncaring person (4) appearing unethical (5) losing the

approval and respect of someone important to (6) appearing incompetent (7) harm to a loved one's health, safety, or physical well-being (8) a loved one having difficulty getting along in the world (9) harm to a loved one's emotional well-being (10) not achieving an important goal at your job or in your work (11) harm to your own health, safety, or physical well-being (12) a strain on your financial resources and (13) losing respect for someone else.

Secondary appraisal was assessed with four items measuring perceived coping options. The four options assessed were as follows: Was the situation one (1) which you could change, (2) which you needed to know more about before you could act, (3) which you felt you had to hold back from doing something you wanted to do and (4) which you had to accept.

### Assessing Coping

Coping was assessed using a four-point Likert scale to measure responses to the 67-item Ways of Coping instrument (Folkman & Lazarus, 1985). Outcomes were assessed by asking subjects to state which item best described the encounters that the subjects considered to be concluded. "Unresolved and worse," "not changed," or "unresolved, but not to my satisfaction" were defined as having unsatisfactory outcomes. Satisfactory outcomes were defined as those that were "unresolved but improved," or "resolved to my satisfaction." This procedure mirrors Folkman et al. (1986).

## CHAPTER 3

### RESULTS

#### Building Composite Indices

##### Coping Scales

In order to test the hypotheses of interest, reliable scales first had to be developed to operationally define coping, appraisal, and religiosity. In order to build these reliable indices, the literature on coping and on religiosity was examined for scales that had been used in the past. Two separate sets of coping scales have emerged from previous research with the Ways of Coping Questionnaire. One set of scales was derived from a community sample of middle-aged married couples, and the second from a sample of college students (Folkman & Lazarus, 1980, 1985). The reliabilities reported by Folkman and Lazarus (1980, 1985) for these scales assessed, using Cronbach's alpha as an index of internal consistency, are presented in Tables 1 and 2.



Table 1: Coping Scales and Reliability Coefficients Reported by Folkman and Lazarus (1980) for a Community Sample (N=150)

Community Scales	Cronbach's Alphas
Confrontive Coping	.70
Distancing	.61
Self-Controlling	.70
Seeking Social Support	.76
Accepting Responsibility	.66
Escape-Avoidance	.72
Planful Problem Solving	.68
Positive Reappraisal	.79

Table 2: Coping Scales and Reliability Coefficients Reported by Folkman and Lazarus (1985) for a Student Sample (N=108)

Student Scales	Cronbach's Alphas
Problem-focused Coping	.88
Wishful Thinking	.86
Detachment	.74
Seeking Social Support	.82
Focusing on the Positive	.70
Self-Blame	.76
Tension-Reduction	.59
Keep to Self	.65

Since the present sample consisted of undergraduates as well as their parents, I examined reliabilities for each set of scales to determine which would be the most reliable scales to use for my data. In order to make this assessment, I determined reliabilities (i.e., Cronbach's alphas) separately

for students and parents in my sample, as well as for the pooled data set. The reliability coefficients obtained for each of these analyses are presented in Tables 3 and 4.

Table 3: Student Coping Scales and Reliability Coefficients for Student, Parent, and Pooled Data

Coping Scales	Cronbach's Alphas		
	Students (n=115)	Parents (n=61)	Pooled (n=181)
Problem-focused Coping	.77	.83	.78
Wishful Thinking	.60	.65	.74
Detachment	.75	.74	.74
Seeking Social Support	.75	.74	.74
Focusing on the Problem	.58	.63	.61
Self-Blame	.70	.46	.70
Tension Reduction	.22	.24	.23
Keep to Self	.59	.54	.58

In addition, both the community and student scales of Folkman and Lazarus generated a scale termed "seeking social support." These two scales, however, consisted of slightly different items. In an effort to use the most reliable scale possible, two additional versions of a seeking social support scale were analyzed for reliability. One version consisted of the items (1) Talked to someone to find out more about the

situation (2) Talked to someone who could do something concrete about the problem (3) I asked a relative or friend I respected for advice (4) Talked to someone about how I was feeling and (5) Accepted sympathy and understanding from someone. A second composite social support scale was constructed with the item "I let my feelings out somehow" replacing the item "Talked to someone who could do something concrete about the problem". The reliabilities for these two scales are also included in Table 4.

Table 4: Community Coping Scales and Reliability  
Coefficients for Student, Parent, and Pooled Data

Community Scales	Cronbach's Alphas		
	Students (n=115)	Parents (n=66)	Pooled (n=181)
Confrontive Coping	.65	.73	.68
Distancing	.65	.64	.65
Self-Controlling	.43	.57	.48
Seeking Social Support	.76	.72	.74
Accepting Responsibility	.69	.52	.70
Escape-Avoidance	.65	.64	.66
Planful Problem Solving	.74	.78	.75
Positive Reappraisal	.65	.72	.69
Social Support 1	.74	.77	.76
Social Support 2	.77	.71	.75

In examining these reliabilities, criteria for inclusion

in the analyses included relatively high reliabilities that were also stable across sample groups. To this end, Table 5 presents reliabilities of the coping scales that were used in subsequent analyses.

Table 5: Reliability Coefficients of Coping Scales Included for Final Analysis

Coping Scales	Cronbach's Alphas		
	Students (n=115)	Parents (n=66)	Pooled (n=181)
Problem-focused Coping	.77	.83	.78
Student Seeking Social Support	.75	.74	.74
Confrontive Coping	.65	.73	.68
Distancing	.65	.64	.65
Escape-Avoidance	.65	.64	.66
Planful Problem Solving	.74	.78	.75
Positive Reappraisal	.65	.72	.69

These reliabilities are generally consistent with those found in the coping literature. The number of scales found to be reliable across age groups is also consistent with the literature. However, several scales that had previously been used in the literature were found to be unreliable in this

data set and were therefore not used. Only the seven scales reported in Table 5 were used for hypothesis-testing.

### Religiosity Scales

Religiosity was assessed in several different ways. Three scales were developed from the methods previously used to assess intrinsicity in the religiosity literature. Unfortunately, however, these methods resulted in scales that proved to be unreliable. In order to determine which combination of items might result in more reliable scales, the items from these religiosity scales were factor analyzed. Principle components analysis with varimax rotation resulted in three factors that were termed Religious Identity, Extrinsic Religiosity, and Intrinsic Religiosity. The items comprising these factors were standardized and then summed to create composite indices. These indices yielded the reliabilities shown in Table 6.

Table 6: Reliability Coefficients for the Religiosity Scales Developed by Allen and Spilka (1967)

Religiosity Scales	Cronbach's Alphas		
	Students (n=115)	Parents (n=66)	Pooled (n=181)
Religious Identity	.77	.67	.75
Extrinsic Religiosity	.70	.74	.71
Intrinsic Religiosity	.43	.54	.47

While the Religious Identity scale and the Extrinsic Religiosity scale performed fairly well, one scale of particular interest, the Intrinsic Religiosity scale, did not. The reliabilities for this scale were unacceptably low, indicating that it was not a reliable measure for parents, students, or the pooled sample.

In order to develop a more reliable scale for assessing intrinsic religiosity, the Rokeach Value method for assessing religiosity was examined for reliability. Several items on each of the terminal and instrumental value scales were combined as prescribed in the literature (Tate & Miller, 1971). Forgiving, loving, helpful, responsible, salvation, equality, and family security were combined to create the intrinsic religiosity scale, while a sense of accomplishment, a comfortable life, inner harmony, pleasure, social recognition, ambitious, independent, and capable were combined to form the extrinsic religiosity scale. These combinations yielded the reliabilities displayed in Table 7.

Table 7: Reliability Coefficients for the Rokeach Religiosity Scales (Tate & Miller, 1971)

Religiosity Scales	Cronbach's Alphas		
	Student (n=115)	Parent (n=66)	Pooled (n=181)
Intrinsic Religiosity	.90	.93	.91
Extrinsic Religiosity	.87	.93	.90

These scales were considered reliable enough to proceed with the analysis. Thus, the two religiosity scales developed from the Rokeach Values were used to operationally define intrinsic and extrinsic religiosity in the final analysis.

The intercorrelations of the five final religiosity scales are presented in Table 8.

Table 8: Intercorrelations of Five Religiosity Scales

	1.	2.	3.	4.	5.
Rokeach Intrinsic	—	.81**	-.03	.06	.05
Rokeach Extrinsic			-.02	.10	.02
Religious Identity				-.41*	.15
Intrinsic Religiosity					-.07
Extrinsic Religiosity					—

\*  $p < .05$

\*\*  $p < .01$

Three points seem noteworthy here. First, the Rokeach measure of intrinsicity is largely unrelated to the other measure of intrinsic religiosity ( $r = .06$ ). Second, the Rokeach measure of extrinsicity is also largely unrelated to the measure of extrinsic religiosity ( $r = .02$ ). These findings suggest that they are measuring different constructs. Finally, consistent with this observation, the Rokeach measures are more highly

related ( $r=.81$ ) than Intrinsic and Extrinsic for Allen and Spilka ( $r=-.07$ ). I will return to this point in the discussion.

### Hypothesis Testing

The first hypothesis I tested concerned an expected relationship between intrinsic religiosity and the amount of coping strategies utilized. In order to test this hypothesis, the intrinsic religiosity scale was first dichotomized by means of a median split and the resulting high and low groups were then used as the grouping variable a multivariate analysis of variance (MANOVA) with the seven coping scales as the dependent variable. Confirming predictions, the overall F-test indicates a significant main effect of intrinsicity,  $F(8,141)=2.05$ ,  $p<.05$ . This test as well as the univariate follow-up tests ( $df=8,141$ ) yielded the results presented in Table 9. Inspection of group means for significant effects revealed that, as predicted, those who were intrinsically religious endorsed strategies which involved seeking social support and positive reappraisal.



Table 9: Results of Analyses of Variance Relating Intrinsic Religiosity to Overall Coping and to Specific Types of Coping Strategies

	F (8,141)	p=
Overall F	2.05	.05
Problem-focused Coping	3.09	.08
Seeking Social Support	7.83	.006
Confrontive Coping	1.44	.23
Distancing	2.77	.10
Escape-Avoidance	0.69	.40
Planful Problem Solving	0.49	.49
Positive Reappraisal	5.41	.02

Also confirming expectations, as demonstrated in Table 10, separate ANOVAs ( $df=1,178$ ) indicate that intrinsic religiosity also has an effect on the number of coping strategies that a person utilizes as well as on the average level of strategy used. Inspection of group means indicate that those who were intrinsically religious utilized more coping strategies and used them at a higher average level.

Table 10: Results of Analyses of Variance Relating Intrinsic Religiosity to Strategy Use

	F (1,178)	p=
Average Level of Strategy Use	5.05	.03
Average Number of Strategies Used	4.93	.03

The second hypothesis predicted a relationship between primary appraisal and the type of religiosity. However, an ANOVA,  $F(4,175)=.54$ ,  $p=.70$ , disclosed a nonsignificant main effect of intrinsicity on the primary appraisal scale. A MANOVA was also conducted with the thirteen individual primary appraisal items as the dependent variable. The intrinsic religiosity scale was again dichotomized by a median split and used as the independent variable. Contrary to expectations, none of the primary appraisal items were significantly related to intrinsic religiosity,  $F(13,166)=1.02$ ,  $p<.44$ .

The third hypothesis indicated a relationship between intrinsic religiosity and secondary appraisal. Separate ANOVAs ( $df=1,178$ ) were conducted on each of the four different types of secondary appraisals, using the dichotomized intrinsic religiosity scale as the independent variable. As seen in Table 11, only one of the four types of appraisals was significantly related to intrinsic religiosity

Table 11: Results of Analyses of Variance Relating Intrinsic Religiosity to Secondary Appraisal

Type of Appraisal	F (1,178)	p=
Could Change	0.01	.93
Must Accept	0.02	.90
Had to Hold Back From Doing Something	0.22	.64
Needed to Know More Before Acting	4.38	.04

The fourth hypothesis was that intrinsic religiosity had an effect on the evaluation of the outcome of an event. However, the results did not support this hypothesis. ANOVAs indicated no relationship between intrinsicity and (a) evaluation of the current status of the event,  $F(1,178)=.57$ ,  $p=.45$ ), (b) an evaluation of how much the event bothered the subject at the time,  $F(=1,178)=.08$ ,  $p=.78$ , and (c) how long the event continued to bother the subject  $F(1,178)=.23$ ,  $p=.63$ .

The fifth hypothesis concerned the relationship of age to (a) religiosity and (b) the number and type of coping strategies utilized in stressful situations. The data set was divided into two groups consisting of parents (older) and students (younger) and the effect of age (older vs. younger) was then tested against the type of religiosity. The effect of age on religious identity was significant,  $F(1,179),=7.55$ ,  $p=.007$ , while age did not seem to have any effect on the other religiosity scales. In order to assess the effect of age on number and type of coping strategies, the independent variable (older vs. younger) was tested against the coping scales. The effect of age was significant in two of the scales: escape-avoidance,  $F(1,162)=7.12$ ,  $p<.01$ , and positive reappraisal,  $F(1,177)=10.62$ ,  $p<.01$ . Inspection of group means for significant effects revealed that students had a higher group mean for escape-avoidance, while parents had a higher mean for positive reappraisal.

In order to see if intrinsicity had an effect on coping

after controlling for age, ANCOVAs were done with the effect of the parent grouping used as the covariate ( $df=1,161$ ). The results of this analysis are presented in Table 12.

Table 12: Effects of Intrinsicity on Coping Scales with after the Effects of Age are Accounted For

	F	p
Problem-focused Coping	3.07	.08
Seeking Social Support	9.40	.003
Confrontive Coping	1.88	.17
Distancing	2.18	.14
Escape-Avoidance	0.77	.38
Planful Problem Solving	0.49	.48
Positive Reappraisal	7.05	.009

As can be seen from this table, the effects of intrinsicity on seeking social support and positive reappraisal are still significant after the effects of age have been accounted for.

## CHAPTER 4

### DISCUSSION

This study demonstrated that religion is, indeed, a resource in dealing with stressful situations. People who were intrinsically religious used more coping strategies and used them at a higher average level than those who were not intrinsically religious. In addition, intrinsically religious people endorsed coping strategies that specifically involved seeking social support and positive reappraisal. These findings support the research of Parkes (1984) in which individual differences, such as internal control, has been found to influence the kinds of coping strategies that a person uses in a stressful situation.

In this case, intrinsic religiosity was demonstrated to have an effect on coping strategies that were utilized. How should these findings be interpreted? These findings suggest that being intrinsically religious provides people with more coping resources than they would ordinarily have. Specifically, seeking social support may be utilized by those who are intrinsically religious because they identify with a religious group that is drawn on for coping. In addition, a religious framework may provide a framework for reappraisal.

Contrary to expectations, however, those who were high in intrinsicity and those who were not do not seem to differ in the amount of risk that they perceive in stressful situations. This finding suggests that, although intrinsic religiosity does not alter what is perceived as being at stake in the

situation, it may reduce the stress such risk evokes by providing more coping options. This interpretation is supported by the findings regarding secondary appraisal. Specifically, intrinsic religiosity was related to the specific appraisal of needing to know more before acting. This may be due to the fact that high intrinsic have more strategies available to them. Having more strategies available may mean that a person needs or is able to take more time to decide on a course of action in a stressful situation. Unfortunately, however, the measures used did not differentiate risk perceived and stress experienced. Without measures which differentiate the constructs of risk and stress, however, it is difficult to make statements concerning the outcome of stressful situations.

This study also found that age is related to intrinsic religiosity, at least to one's willingness to identify oneself as religious. In addition, age does not seem to alter the effect of religiosity on the actual coping strategies endorsed. It appears that, although the type of religious coping does not differ as a function of age, the willingness to label oneself as religious does. This result may simply indicate that the norms for the age groups are different. One can speculate that young people are not expected to identify themselves as religious or as using religious coping strategies, even if they do. It may be more acceptable for older people to say that they attend church regularly and that

they feel that they are religious.

The study also demonstrated a problem with the current approaches to the measurement of religiosity. Specifically, the study found a lack of correlation among the different intrinsic and extrinsic religiosity scales. This lack of correlation indicates that these measures, which have been considered previously in the literature as interchangeable, may not be as clear-cut and synonymous as once thought. It is interesting to note that the religiosity measures used in this study could be described as measuring different types of attitudes about religion. The Rokeach Value Scales may reflect a personal expression of religious values, while the other scales may simply reflect attitudes toward the institutions of religion. It may be no surprise, therefore, that these different types of scales did not correlate highly with each other. These findings emphasize the need for further research on measurement and construct clarification.

Several considerations limit the findings of this study, however. First, the generalizability of the results are restricted by the sample used in the study. The sample was drawn from the subject pool of a private Catholic university, for instance, and the vast majority of the respondents were Catholic. Expected denominational interactions could not be investigated as a result.

The sample was also relatively homogeneous along other important dimensions. For example, the majority of the

subjects were from the Midwest and most of the parent sample were probably middle class. Additionally, because all of the older sample were parents of college-age children, they were most likely within the same age bracket. In addition, the sample size was small, especially for the parent sample.

Besides age and socio-economic status, another potentially important variable which was not assessed, was gender. Coping is affected by gender (Folkman & Lazarus, 1980), but it is unknown whether religiosity is as well. Future research should investigate possible gender differences in the religiosity dimensions and in the relationship between religiosity and coping.

A final limitation of the present study concerns the Ways of Coping Checklist. Just as there are problems with the religiosity scales, there are also problems with the coping scales. These scales are all self-report and introspective. Simply because people endorse a scale is no guarantee that they actually engage in these behaviors. In addition, it is possible that the type of stressful situation that a person describes has an effect on the type of coping strategies they endorse (Stone et al., 1991). Stone et al. describe two alternative approaches to scoring the Ways of Coping Questionnaire which may prove to be useful in future research on coping strategies. Finally, as mentioned previously, it is possible that the Checklist did not measure the dimensions of interest for evaluation of outcome.



I strongly recommend that future research in this field concentrate primarily on defining and measuring the dimensions underlying the concepts of intrinsic and extrinsic religiosity. Without appropriate measurement tools, this research will continue to be hampered.

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THESIS APPROVAL SHEET

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The thesis is, therefore, accepted in partial fulfillment of the requirements of the degree of Master of Arts.

1/17/92  
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