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ABSTRACT

This study examined the role of religion in coping with daily stressors. Specifically, daily hassles, religious and nonreligious coping, Positive and Negative Affect, and Depression were assessed in a sample of college students (n=222). It was expected that religious coping would predict adjustment over and above the effects of nonreligious coping with daily hassles. Pargament's Indiscriminate Proreligiousness-Personal scale was used to detect any positive response bias to religious material. Other instruments used were: The Brief College Hassles Scale; Life Experiences Survey; Religious Coping Activities Scale; COPE; Positive Affect and Negative Affect schedules; and the Beck Depression Inventory. The hypothesis was supported. This study also assessed the types of religious coping that may be helpful in dealing with daily stressors. Pleading was related to higher levels of Depression and Negative Affect and lower levels of Positive Affect. Religious Avoidance was related to lower levels of Depression and Negative Affect. Religious Social Support was related to higher levels of Positive Affect. Contains 49 references and 4 data tables. (JBJ)

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The Role of Religion in Coping With Daily Hassles

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ABSTRACT

The current study examined the role of religion in coping with daily stressors. Specifically, daily hassles, religious and nonreligious coping, Positive and Negative Affect, and Depression were assessed in a sample of college students. It was expected that religious coping would predict adjustment over and above the effects of nonreligious coping with daily hassles. This hypothesis was supported. This study also assessed the types of religious coping that may be helpful in dealing with daily stressors. Pleading was related to higher levels of Depression and Negative Affect and lower levels of Positive Affect. Religious Avoidance was related to lower levels of Depression and Negative Affect. Religious Social Support was related to higher levels of Positive Affect.

INTRODUCTION

For the past twenty-five years, a great deal of research has been conducted concerning stress and coping. This research has focused on how people generally cope with stress in their lives, how people differ in their coping strategies, how consistently people cope, and how people cope with different types of stressful situations. For the most part, these studies have focused on major stressors such as death of a loved one (Cook & Wimberley, 1983), involuntary work disruption (Pearlin, Menaghan, Lieberman, & Mullan, 1981; Brown & Gray, 1988), illness (Beckham, Keefe, Caldwell, & Roodman, 1991), or a severe accident (Bulman & Wortman, 1977).

More recently, the role of religion in the coping process has been considered. Recent studies have shown that religion is involved in the coping process for many people who experience major life events. For example, Pargament et al. (1990) found that 78% of their sample reported that religion was involved in some way in coping with their major negative life event.

Like the nonreligious coping literature, much of the religious coping research has focused on major life events.

Only one study thus far has considered the role religion plays in coping with daily hassles or minor stressors (Hathaway, 1992). It is unclear as yet whether religion makes a difference in the ways people handle daily hassles. The present study examined the role of religion in coping with daily hassles.

Hassles and Major Life Events

Kanner and his associates (Kanner, Coyne, Schaefer, & Lazarus, 1981) compared measures of major life events and daily hassles as a basis for stress measurement. Kanner defined hassles as "the irritating, frustrating, distressing demands that to some degree characterize everyday transactions with the environment" (Kanner et al., 1981, p.3). Their subjects longitudinally completed the Hassles scale which consisted of 117 hassles that are related to areas of work, health, family, friends, environment, practical considerations, and chance occurrences. They also completed various questionnaires from health measures such as a life events scale, the Hopkins Symptoms Checklist which measures psychological symptoms, and the Bradburn Morale Scale to measures positive and negative emotions.

The data showed that hassles were correlated with

negative affect ($r=.34$, $p.<.001$). Hassles frequency was correlated with the Hopkins Symptoms Checklist at both month 2 ($r=.60$, $p.<.001$) and month 10 ($r=.49$, $p.<.001$). Kanner et al. (1981) also pointed to group differences in the report of hassles. Students tended to report hassles concerning academic and social problems such as wasting time, concerns about meeting high standards, and loneliness. Middle-age respondents reported hassles concerning economic problems. A group of health professionals were most concerned with work and home responsibilities and pressures. The findings also showed that hassles were a more powerful predictor of psychological symptoms than major life events. Kanner, however, did not dismiss the importance of major life events. Instead he suggested the effects of major life events on symptoms may be mediated by the hassles that major events can cause.

Delongis, Coyne, Dakof, Folkman, & Lazarus (1982) made a similar argument. They hypothesized that the stronger relationship of hassles to symptoms occurs because the hassles are "proximal" while the major life events are "distal" to the outcomes. Using hierarchical regression, when life events were entered first they accounted for 7% of

the variance in health status. When hassles were entered on the second step, they accounted for an additional 9% of the variance. The authors concluded that both frequency and perceived intensity of daily hassles which served as a proximal measure showed a stronger relationship with overall health than the distal measure of major life events (DeLongis et al., 1982). Others have found similar results when comparing hassles to major life events as predictors of adjustment (Holahan, Holahan & Belk, 1984; Monroe, 1983; Chamberlin & Zika, 1990; Weinberger, Hiner, & Tierney, 1987).

In the studies that have attempted to look at coping with hassles or minor stressors, little consideration has been given to the role of religion. With the exception of Hathaway (1992) researchers have not examined the role of religion in coping with daily hassles.

Religion and Coping

In recent years, there has been a growing body of research on the role of religion in coping with stress. Studies have focused on how people use religion in coping with major life events and adversities such as raising a handicapped child (Barsch, 1968; Friedrich, Cohen, &

Wiltner, 1988), cancer (Yates, Chalmer, St. James, Follansbee, & McKegney, 1981; Gibbs & Achterburg-Lawlis, 1978), the death of a child (McIntosh, Silver, & Wortman, 1990), widowhood (Siegel & Kuykendall, 1990; Harvey, Barnes, & Greenwood, 1987; Bahr, 1979), and accidents (Dalai & Pande, 1988; Bulman & Wortman, 1977).

Religion appears to be used frequently when responding to negative events. Neighbors, Jackson, Bowman, and Gurin (1982) reported that prayer was the most frequently mentioned coping resource among Blacks who were confronted with a personal problem. McCrae (1984) found that coping through the use of faith was the most common approach employed by subjects experiencing loss events.

Theorists have suggested that religion can play a role in every aspect of the coping process. Religion can affect appraisals of an event such that the event is seen as a lesson from God rather than as aversive. Pargam (1990) states that religion can contribute to an individual's repertoire of coping activities. A person may seek support from God or clergy in dealing with their stress. They may look to God for guidance on how to resolve the situation. Individuals may also change how they think, feel, or act

about an event, depending on the role that their religion plays in dealing with stressors. Hathaway and Pargament (1992) theorize that religion can provide people with a range of coping strategies. Individuals are able to draw on social, cognitive, spiritual, and behavioral aspects of their faith when they are faced with a problem.

Pargament's group (1990) developed situation-specific scales of coping and then examined religious coping and nonreligious coping activities as predictors of the outcome measures of major life events such as illness, death, divorce, or losing a job. When religious coping was compared to nonreligious coping the measures of religious coping predicted outcomes above and beyond the contributions of standard religious dispositional variables (church attendance, prayer, Bible reading, Intrinsic, and Extrinsic religiousness) and nonreligious coping variables.

In their most recent project, Pargament et al. (1993) studied religious coping activities as predictors of adjustment to the Gulf War. Their measures included religious and nonreligious coping scales that have been used in previous research as well as a measure of war-related hassles which included items such as "calling up of troops,"

"media censorship," and "Israeli involvement." The outcome measures used were state measures of positive and negative affect as well as the General Health Questionnaire. The religious coping measures were found to be significant predictors of the three outcome measures, accounting for 8 to 23% of the variance beyond that accounted for by demographics. Religious coping accounted for 6%, 11%, and 7% of the unique variance in positive affectivity, negative affectivity, and the General Health Questionnaire respectively. It was unclear from this study whether religion was involved in dealing with the hassles which were identified.

Religion and Coping with Hassles

Previous research has assumed that religion is most relevant for coping with major life events and studies have focused on major stressors rather than daily hassles (Hathaway & Pargament, 1992). However, religion may also serve the same psychological and social purposes in dealing with hassles as it does in dealing with major life events such as the desire for meaning, comfort, esteem, and intimacy. Religion may contribute to the ways in which people appraise daily hassles. For example, a belief that

God is directing one's life toward some special goal may help make a tedious job more tolerable (Hathaway & Pargament, 1992). A person may evaluate an event as a reward from a loving God or as a punishment from an angry God. In order to make sense out of an event, a person may attribute it to the mystery of God (Pargament, 1990). Religion can also contribute to the ways in which people cope with minor stressors. An individual may look to God for strength in dealing with hassles they experience from day to day. Prayer may serve as a means of asking God to alleviate hassles or for the ability to cope with them. Individuals may turn to clergy or members of their congregation to help relieve minor burdens.

Hathaway (1992) carried out the first research dedicated to religious coping with daily hassles. His study provided initial evidence that religion may be involved with the daily coping process as both a source of religious coping strategies and as an ecological variable (Hathaway, 1992). For the entire sample, religious coping strategies were reported over at least 23% of the rating period. For 7 out of 10 subjects, religious coping strategies were employed over 50% of the time in dealing with daily hassles.

In the Gulf War study (Pargament et al., 1993), religion was as helpful or harmful in coping with lower levels of stress as it was in coping with higher levels of stress. Hassles may be conceptualized as involving lower levels of stress than major life events. If this is so, one can expect religion to be as helpful in dealing with hassles as it is in dealing with major life events. This finding, consistent with what has been called the stress-deterrent model has been supported by other researchers as well (Wheaton, 1985; Ensing, 1991; Krause & Van Tran, 1989). According to the stress-deterrent model, religion is equally as helpful in coping with lower levels of stress as it is in dealing with higher levels of stress. The stress-deterrent model can be contrasted with the stress moderator view of religious coping where religion is believed to be more relevant for the coping process primarily under high stress conditions than low ones (Acklin, Brown, & Mauger; Cook & Wimberley, 1983; Spilka, Shaver, & Kirkpatrick, 1985).

The present study examined the role that religion plays in coping with daily stressors as conceptualized by Kanner et al. (1981). Rather than assess the largest stressor of the past week as Lazarus has done, all of the stressors that

individuals have experienced in the previous week were assessed. The present research had the following goals: 1) to determine if religious coping played a significant role in coping with daily hassles: 2) to determine if religious coping predicted outcomes over and above that of nonreligious coping; and 3) to identify types of religious coping that may be helpful in coping with daily stressors.

METHOD

Subjects

Without some religious background, Hathaway and Pargament (1992) argue, religion is unlikely to be available as a source of interpretation and solution to problems. Following this argument, the sample for this study consisted of a group of students who defined themselves as at least slightly religious. A screening item on the questionnaire asked subjects to rate their level of religiosity on a scale of 1 to 5 with 1 being "not at all religious" and 5 being "very religious." Subjects who rated themselves as 1 (N=16) were not used in the study.

The final sample consisted of 222 individuals (66 males, 156 females) who were enrolled in undergraduate psychology courses at Bowling Green State University. The

sample was 70% female and 92% Caucasian. The mean age for this sample was 19 years. The mean rating of religiousness for this sample, based on the screening item, was 3.23, indicating that they were moderately religious.

Measures

Demographic Information and Control Variables

Demographic information was assessed in order to allow for statistical control of variables that may affect relationships among the variables under investigation. The subjects were asked to indicate their gender, age, and race.

Pargament et al.'s (1987) Indiscriminate Proreligiousness- Personal (Pro-P) scale was used to detect any positive response bias to religious material regardless of its plausibility. Pro-P consists of twelve highly improbable true/false items relating to the individual's religion. To control for response bias, seven of the items are worded positively and five are worded negatively.

In Pargament et al.'s (1987) development and validation of this scale, they found a low Cronbach alpha internal consistency coefficient of .59 for a sample of students. Pro-P's validity has been shown through its relationship with other variables such as the Marlowe-Crowne ($r=.49$) and

measures of religiousness such as Intrinsic, frequency of prayer, church attendance, and control by God.

Hassles. Blankstein and Flett (1991) developed The Brief College Hassles Scale (BCHS) as a measure of hassles for a college population. The BCHS consists of 20 items that were taken from Kanner et al.'s (1981) Hassles Scale. These hassles reflect the academic, social, and financial concerns of college students.

Blankstein and Flett (1992) found high internal consistency ($\alpha=.89$) with this measure. The item-total correlations ranged between .33 and .68. The BCHS was also found to correlate positively with measures of depression (BDI) in males and females ($r=.40$, $p.<.05$ for males and $r=.24$, $p.<.05$ for females).

The subjects rated frequency of hassles and severity of hassles separately on a 4-point Likert scale. Ratings for frequency ranged from 1- "did not happen during the past month" to 4-"occurred frequently during the past month." Ratings for severity ranged from 1-"not at all severe" to 4-"extremely severe." This method allows for the assessment of a threshold model for coping with daily hassles where the occurrence of any stressor separately is of little

importance, but the accumulation of several may be overwhelming. It also allows for the weighting of each stressor in order to assess the relative importance of each stressor for the person involved. Previous studies have not taken this approach (Folkman, Farber, & Primavera, 1987; Lazarus & DeLongis, 1983; Dolan & White, 1988) but instead have focused on the most severe stressor in a given time period.

Major Life Events. A measure assessing the occurrence and impact of major life events during the past six months was included in the present study. The events were taken from the Life Experiences Survey (Sarason, Johnson, & Siegel, 1978). The events chosen were those that were most likely to affect a college-based sample. Subjects indicated whether the event occurred in the past six months. If the event had occurred, the subject then rated the impact of the event on a four-point Likert scale (1=no impact, 4=extremely negative impact). The results from this survey were used for additional analyses.

Coping Measures

Religious Coping. Religious coping was measured with Pargament et al.'s (1990) Religious Coping Activities Scale.

This scale consists of 31 items which measure various religious coping activities. The scale is comprised of six subscales: 1) Spiritually Based Coping- (alpha=.92) reflecting the individual's experiencing and trusting in God's love, deriving strength from God, and looking to God for guidance; 2) Good Deeds- (alpha=.82) reflecting activities that focus on living a better, more religious life; 3) Religious Discontent- (alpha=.68) reflecting expressions of anger or distance from God and a questioning of one's faith; 4) Religious Social Support- (alpha=.78) reflecting support from clergy and other church members; 5) Religious Pleading- (alpha=.61) reflecting questioning of God why the event occurred, asking for a miracle, and bargaining with God; and 6) Religious Avoidance- (alpha=.61) reflecting activities which divert the person's attention from the problem. Evidence for the validity of this scale is presented in the introduction. The subjects responded to how often they had used each coping strategy within the past month in dealing with their hassles.

General Coping. General coping was measured with the COPE which is a 53-item measure consisting of various coping methods that are divided into 13 subscales (Carver, Scheier,

& Weintraub, 1989). Subjects responded to this scale on a 4-point Likert scale (1=I didn't do this at all; 4=I did this alot). The following COPE scales were used for this study: Active coping, Planning, Suppression of competing activities, Restraint coping, Seeking social support for instrumental reasons, Seeking social support for emotional reasons, Positive reinterpretation and growth, Acceptance, Focus on and venting of emotions, Denial, Behavioral disengagement, Mental disengagement, and Alcohol/drug disengagement. The subjects responded to how often they had used each coping strategy within the past month.

Cronbach's alpha reliabilities for the subscales ranged from .45 to .92 (Carver et al., 1989). Test-retest reliabilities for the subscales ranged from .51 to .89. COPE scales have been found to correlate to relevant criteria. For example, hardiness correlated negatively with behavioral disengagement ($r=-.29$) and positive reinterpretation and growth correlated positively with optimism ($r=.41$) (Carver et al., 1989).

Adjustment Measures

Affect. The Positive Affect and Negative Affect Schedules (PANAS) were used to assess affect of the subjects

in the week preceding the study (Watson, Clark, & Tellegen, 1988). The PANAS consists of two 10-item scales, one measuring positive affect (PA) and the other measuring negative affect (NA). This scale uses a five-point Likert scale (1=very slightly or not at all; 5=a great deal).

Cronbach internal consistency coefficients for PA ranged from .86 to .90 and from .84 to .87 for NA. Test-retest reliability for both PA and NA was found to be .47, $p < .05$. The PANAS scales correlated significantly with the Beck Depression Inventory (BDI) ($r = .58$ for NA, $r = -.36$ for PA). The PANAS has also been found to correlate with the Hopkins Symptom Checklist ($r = .74$ for NA, $r = -.19$ for PA) (Watson et al., 1988).

Depression. The Beck Depression Inventory (BDI) was used to assess the level of depression of the subjects (Beck, 1967). The BDI is a 21-item measure of cognitive, motivational, behavioral, and somatic symptoms of depression within the past week. The BDI has been used previously in assessing depression in college students (Bumberry, Oliver, & McClure, 1978). Lightfoot and Oliver reported a test-retest correlation of .90 for the BDI over a two week interval. Scheafer et al. (1985) compared the BDI, MMPI-D,

and the Zung Self-rating Depression scale in a group of psychiatric patients and a group of drug abusers. All of the correlations of the BDI with the Zung scale and the MMPI-D were greater than .55 for both groups.

RESULTS

Preliminary Analyses

Cronbach alphas, used to assess internal consistency, were all within acceptable ranges for this study (range=.61-.92). However, the alphas for the Religious Support scale and the Pro-P scale were low, .56 and .54 respectively.

A principal components factor analysis with a varimax rotation was used to reduce the number of nonreligious coping scales (COPE) into a more manageable number of factors. A four factor solution was the most meaningful. Only factors with an eigenvalue greater than 1 were considered in the solution. Cumulatively, the factors accounted for 57 percent of the variance in nonreligious coping. The factors were labelled Active/Problem Focused, Avoidant, Social Support and Expression, and Acceptance. The Active/Problem focused factor consisted of high scores on the Active, Planning, Suppression, and Restraint scales. Items on this factor reflect concern for taking direct

action to alleviate the problem, making a plan of action for solving the problem, ignoring competing activities, and waiting for the appropriate time to act on the problem. The Avoidant factor consisted of high scores on the Denial, Behavioral Disengagement, Mental Disengagement, and Alcohol Use scales. These scales contain items which assess beliefs that the event has not occurred, reduction in the efforts put forth for solving the problem, mental activities to help forget about the problem, and the use of alcohol in order to think less about the problem. The Social Support and Expression factor consisted of high scores on the Seeking Social Support for Instrumental Reasons, Seeking Social Support for Emotional Reasons, and the Venting scales. The items in these scales measure attempts to obtain advice or assistance in solving the problems, receiving emotional support from others, and expressing emotions about the problem. The Acceptance factor consists of high scores on the Positive Interpretation and Growth and the Acceptance scales. These items reflect attempts to see the problem event in a more positive light and acceptance of the event's occurrence.

It was expected that hassles would relate to the

outcome measures. Hassles severity and frequency were significantly related to Negative Affect ($r=.35$, $p<.001$; $r=.29$, $p<.001$) and Depression ($r=.20$, $p<.001$; $r=.16$, $p<.05$). Hassles severity and frequency were not related to Positive Affect in the present study.

Table 1 presents correlations between the religious coping scales and the nonreligious coping scales. As expected, modest correlations between the religious coping and the nonreligious coping scales were found (r 's ranged from $-.06$ to $.30$). Spiritual and Pleading, in particular, were found to relate to the nonreligious coping factors.

It was expected that hassles would trigger religious and nonreligious coping. Table 2 presents the results of correlations among religious and nonreligious coping variables and hassles frequency, hassles severity, and major life event measures. Moderate intercorrelations were found for all of the nonreligious coping factors and hassles frequency (r 's ranged from $.04$ to $.38$). Similar relationships were also found for hassles severity (r 's ranged from $.12$ to $.40$). Three of the religious coping scales were moderately correlated with both hassles severity and hassles frequency: Spiritual ($r=.23$, $p<.001$; $r=.23$, $p<.001$), Religious

Discontent ($r=.23$, $p<.001$; $r=.17$, $p<.01$), and Pleading ($r=.40$, $p<.001$; $r=.37$, $p<.001$).

Correlational analyses were also conducted to determine which demographic variables (gender, age, religious involvement, and Pro-P) were correlated with the outcome variables (Depression, Positive Affect, and Negative Affect) in order to determine which demographic variables to control for in later analyses. Gender was the only demographic variable consistently related to outcome measures. Female status was associated with lower Positive Affect ($r=-.21$, $p<.001$) and higher Depression ($r=.17$, $p<.01$). Attempts were made to control for gender and indiscriminate proreligiousness in the present study.

Question 1: Does religion play a significant role in coping with daily hassles?

To determine if religious coping played a significant role in coping with daily hassles, hierarchical regression analyses were performed. On the first step, gender and Pro-P were entered and an R^2 was obtained. On the next step, the religious coping scales were entered into the equation as a block and an incremental R^2 was obtained. The results of these regressions can be found in table 3. Religious coping

was a significant predictor of Depression ($R^2=.09$, $F(6,215)=3.83$, $p<.001$), Positive Affect ($R^2= .07$, $F(6,215)=2.66$, $p<.05$), and Negative Affect ($R^2= .16$, $F(6,215)=7.06$, $p<.001$). Religious coping accounted for 9%, 7%, and 16% of the variance in Depression, Positive Affect, and Negative Affect respectively after controlling for the effects of gender and Pro-P.

Question 2: Does religious coping predict outcomes over and above that of nonreligious coping?

To determine if religious coping predicted adjustment over and above that of nonreligious coping a set of hierarchical regression analyses were performed. On the first step demographic variables were entered and an R^2 was obtained. On the second step nonreligious coping variables were entered and an incremental R^2 was obtained. On the final step of the equation the religious coping variables were entered and an incremental R^2 was obtained. The results of these analyses can be found in table 4. The results indicate that religious coping accounted for a significant amount of variance in the outcome measures over and above that accounted for by nonreligious coping. Religious coping accounted for 6%, 5%, and 7% of the unique variance in

Depression ($F(6,215)=2.88, p<.01$), Positive Affect ($F(6,215)=2.33, p<.05$), and Negative Affect ($F(6,215)=3.41, p<.001$) respectively.

To determine if there was an interaction between religious coping and hassles, two sets of hierarchical regressions were performed for each of the three outcome measures. In one set hassles frequency was used and in the other hassles severity was used as an interaction term with religious coping. On the first step, demographics, hassles, and religious coping were entered and an R^2 was obtained. On the second step the interaction terms were entered as a block and an incremental R^2 was obtained. None of the interactions was found to be significant.

Question 3: What types of religious coping may be helpful in coping with daily stressors?

To determine which types of religious coping were significant independent predictors of adaptational outcomes, beta weights were analyzed for the religious coping scales in table 3. Religious Pleading was significantly positively related to Depression ($b=.23, p<.001$) while Religious Avoidance was significantly negatively related to Depression ($b=-.20, p<.01$). Religious Support was positively related to

Positive Affect ($b=.13$, $p<.05$) while Religious Pleading was negatively related to Positive Affect ($b=-.15$, $p<.05$). Spiritual coping and Pleading were positively related to Negative Affect ($b=.30$, $p<.001$; $b=.31$, $p<.001$) while Religious Avoidance was negatively related to Negative Affect ($b=-.16$, $p<.05$).

Additional Analyses

The relationship between religious coping with hassles and outcomes could have been confounded by the relationship between daily hassles and major life events since an increase in daily hassles may follow a major life event. To control for the effects of major life events, a set of hierarchical regressions were performed. On the first step, demographics were entered and an R^2 was obtained. On the second step, the Major Life Event scale was entered and an incremental R^2 was obtained. On the final step, the religious coping variables were entered and an incremental R^2 was obtained. This was performed for each outcome measure. These results show that religious coping remained a significant predictor of the outcome measures after major life events were partialled out, accounting for 8%, 7%, and 14% of the variance in Depression ($F(6,215)=3.34$, $p<.001$),

Positive Affect ($F(6,215)=2.65, p<.01$), and Negative Affect ($F(6,215)=6.18, p<.001$) scores respectively.

DISCUSSION

This study assessed the role of religious and nonreligious coping with daily hassles. Support was found for the hypothesis that religious coping plays a significant role in a person's experience with minor stressors on a day-to-day basis. It appears that religious coping is not only "reserved" for coping with major life events such as the death of a loved one or the acquiring of a fatal illness, but also for coping with less traumatic events, such as receiving a bad grade on an exam or getting a traffic ticket.

Religious coping with daily hassles was associated with adjustment even after statistically controlling for the effects of gender, indiscriminate proreligiousness, and the occurrence of major life events. Therefore, the results cannot be attributed to the confounding effects of demographic variables, a favorable response bias due to religion's involvement in this study, or the effects of coping with a major life event that had recently occurred.

The stress suppressor model of coping, proposed by

Wheaton (1985), received some support in the present research. This is an additive model in which religion does not act on the relationship between stress and adjustment. Instead, stress increases religion and religion has a positive effect on adjustment. In this additive model, religion's positive effect on mental health suppresses the negative impact of stress on adjustment.

Hassles, which served as a measure of stress, were related to religious coping in the present research. Religious Avoidance and Religious Social Support were also related to better adjustment. Conversely, Pleading and Spiritual coping were related to poorer adjustment. It should be noted that this latter finding is not consistent with the stress suppressor model. Instead, this supports a stress exacerbation model in which religious coping may lead to poorer adjustment. It is important to note, however, that the models are difficult to test cross-sectionally since it posits change over time; that is, an increase in religion should follow from an increase in stress (Ensing, 1991). Religion should then have a suppressing or exacerbating effect on the detrimental effect of stress on mental health. Further longitudinal research is needed to test this model.

The present research does not support the religious stress deterrent model (Ensing, 1991; Krause & Van Tran, 1989; Wheaton, 1985). According to this model, religion and stress produce independent and opposite effects on adjustment during stressful times. Religion's effects on adjustment are totally independent of the level of stress. This model cannot be supported since daily hassles were related to religion in the present research.

Support for the stress moderator model of coping was not found in the present research. The stress moderator model proposed by Wheaton (1985) is an interactive model in which religion affects the relationship between stress and adjustment. This model states that the effects of religion in coping are manifested during times of high stress but not during times of low stress. Because religion acts as a coping resource, the effects of stress on adjustment are less for those high in religiousness than for those low in religiousness. This model was tested by examining the statistical significance of the Stress by Religion interaction terms in the hierarchical regressions. None of the terms was significant.

This study also found support for the hypothesis that

religious coping predicts outcome over and above that of nonreligious coping. Pargament et al. (1990; 1993) previously found a similar relationship between religious coping and major life events. In this study, religious coping added a unique dimension to the prediction of adjustment in the process of coping with daily hassles. Thus, the measures of religious coping were not redundant with the measures of nonreligious coping with daily hassles. In the general coping literature, those studies that include religion consist of a few items that tap global religious involvement. This strategy cannot adequately assess the contribution of religion to the coping process. Religious coping should be measured in more detail rather than as one or two items included on a nonreligious coping scale. More generally, this finding further supports the need for increased study of the religious dimension of coping.

This study also attempted to discern the types of religious coping that had positive and negative relationships with adjustment. Pleading was related to higher levels of Depression and Negative Affect, and lower levels of Positive Affect in the present study. This study appears to have identified Pleading as an ineffective coping

strategy for coping with daily hassles. A similar relationship between Pleading and adjustment was found by other researchers (Pargament et al., 1990; Pargament et al., 1993; Park & Cohen, 1992). It may be that the individuals who employed Pleading as a coping strategy in the present study could have been better served with a coping strategy that took direct action against the stressor. However, it is important to note that Pargament et al. (1993) found that, longitudinally, Pleading related positively to adjustment. In this case the subjects were coping with the stress associated with the Persian Gulf War, a stressor over which the subjects had no control. Perhaps, the individuals who used Pleading to cope were successful because their prayers were answered with a quick victory for the allied forces and limited casualties (Pargament et al., 1993).

It may be that characteristics of the stressful situation such as level of controllability play a role in whether or not Pleading is a helpful coping strategy. In situations that are beyond the control of the individual Pleading may be a useful coping strategy, while in other situations which call for a more active strategy Pleading may not be as helpful.

Religious Avoidance was related to lower levels of Depression and Negative Affect. In contrast, the nonreligious Avoidant scale was the most strongly related to outcome. Avoidant nonreligious coping was related to higher levels of Depression and Negative Affect. It was also related to lower levels of Positive Affect. Thus, nonreligious Avoidant coping was not helpful in coping with daily hassles, while Religious Avoidance appeared helpful in such situations. Previous research has found similar results (Pargament et al., 1990). This suggests that there is a difference in the kinds of avoidant coping that individuals employ.

This discrepancy may be explained by examining the items that comprise religious and nonreligious avoidance in the present study. The religious avoidance items describe a strategy which places the problem or stressor in God's hands, whereas the nonreligious avoidance items describe a denial of the problem or giving up attempts to combat the stressor. In other words, the religious avoidant coping strategy offers an alternative involving a higher power, while the nonreligious avoidant method offers no alternative other than giving up.

Religious Social Support was related to higher levels of Positive Affect. People who turned to clergy or others in their congregations appeared to receive benefits from this form of coping. Relationships that have been established through involvement in a congregation appear to play a supportive role in times of stress. Others have found similar results (Anson, Carmel, Bonneh, Levenson, & Maoz, 1990; Pargament et al., 1993; Sered, 1989). It is difficult to say what it is about religious Social Support that plays a significant role in coping. The Religious Social Support scale consisted of only two items that tap whether support was received from other congregation members and clergy. Further research is needed to assess in greater detail the social role that the congregation and clergy play in the coping process.

Spiritual coping was related to higher levels of negative affect. This puzzling finding contradicts previous studies of major life events (Pargament et al., 1990; Park & Cohen, 1992). Perhaps, in this instance, Negative Affect is acting as a proxy measure for daily hassles, and the Negative Affect is, in essence, eliciting more Spiritual coping. If this is the case, then support is given to a

variant of the stress suppressor model. An alternative explanation that must be considered is that Spiritual coping interferes in coping with daily hassles. Spiritual coping may not be the most advantageous form of coping with daily hassles because it does not directly combat the stressor. For the most part, Spiritual coping takes the form of trusting in and experiencing God's love, looking to God for guidance in solving the problem, and relying on faith for direction in combatting the stressor. Depending on the specific characteristics of the event, these forms of coping may be a poorer choice than more direct forms which attempt to alleviate the stressor more directly. However, these results are cross-sectional. It may also be that Spiritual coping is related to negative affect cross-sectionally but not longitudinally as earlier researchers have found with other form of religious coping (see Pargament et al., 1993).

The present research challenges the belief that religion is reserved only for coping with traumatic life events or crises. Religion is involved in the ways that people handle the stress that occurs in their life on a daily basis. This finding points to the need for future research to assess for possible differences in the ways

people cope religiously with major life events and daily hassles as well as look at what methods of religious coping may be helpful or harmful in dealing with each type of situation.

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Table 1

Correlation Matrix of Religious Coping Scales and
Nonreligious Coping Scales

	Active	Avoidant	Social	Acceptance
Spiritual	.16*	.18**	.06	.22***
Good Deed	.07	-.01	-.06	.16*
Rel. Discontent	.17**	.12	.02	.13
Pleading	.23***	.30***	.26***	.03
Rel. Support	.16*	.06	.02	.08
Rel. Avoidance	.08	.19**	-.06	.07

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 2

Correlation Matrix of Coping, Hassles, and Major Life Events

	Hassles Frequency	Hassles Severity	Major-life Event
Religious Coping Scales	.28***	.31***	.17**
Spiritual	.23***	.23***	.07
Good Deed	.12	.10	.11
Rel. Discontent	.17**	.23***	.30***
Pleading	.37***	.40***	.23***
Rel. Soc. Support	.12	.12	.10
Rel. Avoidance	.04	.12	.00
Nonreligious Coping Scales	.38***	.39***	.17**
Factor 1 Active/Problem Focused	.28***	.29***	.10
Factor 2 Avoidant	.18**	.28***	.14*
Factor 3 Social Support/ Expression	.24***	.19***	.07
Factor 4 Acceptance	.19***	.15*	.08

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 3
Ability of Religious Coping Scales to Predict Adjustment

SET OF REGRESSION PREDICTOR VARIABLES	DEPRESSION		NEGATIVE AFFECTIVITY		POSITIVE AFFECTIVITY	
	R ² Change	Beta	R ² change	Beta	R ² Change	Beta
SET A: Demographics	.05		.01		.06	
Gender		.16**		.04		-.18**
Pro-P		-.13		-.08		.08
F value (df=6,215)	F= 5.28**		F= 1.00		F= 7.43***	
SET B: Religious Coping Variables	.09		.16		.07	
Spiritual		.20		.30***		-.04
Good Deed		.12		.17		.11
Religious Discontent		.02		.00		.04
Pleading		.23***		.31***		-.15
Religious Avoidance		-.20		-.16*		-.01
Religious Support		.07		.00		.18*
F value (df=6,215)	F= 3.83***		F= 7.06***		F= 2.66*	

*p<.05

**p<.01

***p<.001

Table 4

Ability of Religious Coping Scales to Predict Adjustment over and above the ability of nonreligious coping variables

SET OF REGRESSION PREDICTOR VARIABLES	DEPRESSION		NEGATIVE AFFECTIVITY		POSITIVE AFFECTIVITY	
	R ² Change	Beta	R ² change	Beta	R ² Change	Beta
SET A: Nonreligious Coping Variables	.20		.19		.22	
Active/Prob. Focused		.04		.14*		.12
Avoidant		.38***		.29***		-.28***
Soc. Sup./ Expression		.03		.09		-.02
Acceptance		-.20***		-.11		.29***
F value (df=6,215)	F= 14.41***		F= 13.15***		F= 16.09***	
SET B: Religious Coping Variables	.06		.07		.05	
Spiritual		.14		.22*		-.06
Good Deed		-.01		-.05		.04
Religious Discontent		.01		.01		-.02
Pleading		.12		.20**		-.08
Religious Avoidance		-.27***		-.20**		.06
Religious Support		.03		-.04		.20**
F value (df=6,215)	F= 2.88**		F= 3.41***		F= 2.33*	

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* $p < .05$

** $p < .01$

*** $p < .001$

NOTE: The effects of gender and Pro-P were removed from these analyses on a prior step.

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