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## The relationship between religious coping and psychological adjustment to college

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THE RELATIONSHIP BETWEEN RELIGIOUS COPING AND  
PSYCHOLOGICAL ADJUSTMENT  
TO COLLEGE

Thesis

Submitted to

The Graduate School of the  
UNIVERSITY OF DAYTON

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The Degree

Master of Arts in Psychology

by

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Dayton, Ohio

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## ABSTRACT

### RELIGIOUS COPING AND ADJUSTMENT TO COLLEGE

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This study examined the relationship between religious coping and psychological adjustment to college in participants ( $N=211$ ) recruited from undergraduate introductory psychology classes at a Catholic university in the Midwest. Participants completed self-report questionnaires measuring psychological adjustment (i.e. Anxiety, Depression, Alcohol Consumption), religious problem-solving style (i.e., Deferring, Self-Directing, Collaborative) and nonreligious coping (i.e., Denial, Seeking Social Emotional Support, Planning). This study addressed the following questions: 1) To what extent do first year college students use religious coping? The study produced partial support for the hypothesis that first-year students use religious coping 2) How does religious coping relate to adjustment to college? The hypothesis that religious coping would be related to alcohol consumption was supported. 3) Does religious coping predict adjustment beyond nonreligious coping? Collaborative coping was negatively correlated with Weekend Drink total. Deferring coping was negatively correlated with Weekend Drink total, but was not related to Binge Drinking.

Self-Directing coping was the only religious coping style to have a significant positive relationship to alcohol measures. Religious coping contributed uniquely to the prediction of alcohol consumption. Study limitations and implications of the results for future research are presented.

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## CHAPTER I

### INTRODUCTION

Students in their first year of college often experience significant stressors, such as challenging academic requirements, homesickness, and social adjustment (Brissette, Scheier, & Carver, 2002; Park & Fenster, 2004). Because first-year students face more complex challenges in college than they experienced as seniors in high school, they often need new coping strategies (Crespi & Becker, 1999). Many people turn to religious coping when facing stressful life transitions. Although research has examined how religion relates to transitional coping in populations such as the medically ill (e.g., Feher & Maly, 1999; Fitchett, Rybarczyk, & DeMarco, 1999; Jenkins, 1995), elderly (e.g., Koenig, 1998), and victims of natural disasters (e.g., Pargament et al., 1998), fewer studies have examined how religious coping relates to adjustment to college. This study seeks to better understand the role of religious coping in adjustment to college. More specifically, the following questions will be addressed: (1) To what extent do first-year college students use religious coping? (2) How does religious coping relate to adjustment in college? (3) Does religious coping predict adjustment beyond nonreligious coping?

A review of the literature will be organized in the following manner. First, common stressors encountered by first-year college students will be examined,

along with possible consequences of failing to cope with these challenges in an adaptive manner. Second, theories and research on nonreligious coping will be discussed. Third, theories and research on religious coping will be presented. Finally, research on religious coping in the college population will be reviewed.

### *Stressors Faced by First Year College Students*

Researchers have identified several stressors that can be particularly difficult for first-year college students. To begin, first-year college students face more demanding and time consuming academic work as compared to high school students. Park and Fenster (2004) found that almost one third of undergraduate students in their sample experienced stress due to academic problems. Frequently, first-year students must learn new study skills and time management techniques in order to avoid academic problems.

In addition, first-year students, many of whom are living away from home for the first time, are confronted with the challenges of developing a new social network (Brissette, Scheier, & Carver, 2002). Research shows that students who develop new social networks in college experience significantly lower levels of social anxiety and homesickness (Urani, Miller, Johnson, & Petzel, 2003). Moreover, students who develop a good social network of friends experience the lowest levels of college burnout (Jacobs & Dodd, 2003).

Residential college students must adjust to living with other students in close quarters over prolonged periods of time (Baker & Siryk, 1984; Kaya 2003). As students normally live with one or more roommates, interpersonal problems and discord occur frequently. Indeed, the residence hall environment can have a

large impact on adjustment to college. Students who live in environments where they experience social support, less disturbance, and less interpersonal conflict perform better academically and experience better social and emotional adjustment (Kaya, 2003).

Family relationships also have a significant impact on adjustment for first-year students. In one study, all twelve of the first-year students surveyed reported that family relationships critically impacted their adjustment to college (Crespi & Becker, 1999). Students who do not have support at home have a particularly difficult time adjusting. For instance, research has found that students who experience a high level of conflict within their families do not adjust as well as students who come from families with lower levels of conflict (Feenstra, Banyard, Rines, & Hopkins, 2001).

Some groups of students experience greater stressors than others. For instance, Phinney and Haas (2003) found that many minority college students experience more financial problems, higher academic pressures, and more familial and domestic responsibilities than their Caucasian classmates. These greater demands, may put minority students experiencing such stressors at higher risk of not completing college (Phinney & Haas, 2003).

#### *Consequences of Adjustment Problems*

First-year college students who do not adequately adjust to college are at greater risk for psychological problems. Not surprisingly, Baker and Siryk (1984) found that students who were better adjusted to college life visited their college counseling centers less frequently. First-year college students commonly

experience a variety of psychological problems including depression (Furr, Westefeld, McConnel, & Jenkins, 2001), anxiety (Oliver, Reed, & Smith, 1998), and alcohol abuse (Wechsler, Lee, Kuo, & Lee, 2002).

Depression is one of the most common psychological problems faced by first-year college students. One study found that approximately 10% of first and second-year college students have been either diagnosed or treated for depression (Lenz, 2004). Another study found that approximately 50% of college students experience depression in the beginning of their first year of college (Furr et al., 2001). Differences in prevalence findings may revolve around the differences in perceived vs. diagnosed depressive symptomatology.

Nonetheless, depression is a real problem for many first-year students, sometimes leading to suicidal thoughts. Research suggests that almost 10% of college students have seriously considered attempting suicide (The American College Health Association National College Health Assessment {ACHA-NCHA}, 2005). Although students who are characteristically more dependant are more susceptible to depressive symptoms, even students who are highly autonomous upon entering college are not immune to depression and adjustment related distress (Beck, Taylor & Robbins, 2003).

Anxiety, which frequently coexists with depression, is also commonly reported among college students. More specifically, 12% of all students interviewed reported having experienced anxiety in the last year (ACHA-NCHA, 2005). Research suggests that higher levels of anxiety in first-year college students are predicted by higher levels of stress (Morrison & O'Connor, 2005).

Individuals with anxiety problems are significantly more likely to report general health problems such as cardio-vascular problems, fibromyalgia, headaches, and high blood pressure (Stordal, Bhjelland, Dahl, & Mykletun, 2003). Anxiety can also contribute to heavy drinking behavior (Lawyer, Karg, Murphy, & McGlynn, 2002).

Binge drinking is common among first-year college students. Binge drinking is usually defined as consuming 5 or more drinks in one setting for males and 4 or more drinks in one setting for females (Wechsler et al., 2002). Findings from an extensive longitudinal study on alcohol consumption among college students indicate that approximately 42% of first-year college students engage in binge drinking behavior (Wechsler et al., 2002). Binge drinking can be dangerous and has been known to cause blackouts, hangovers, and alcohol poisoning (Zeigler et al., 2005). The risks of alcohol poisoning and cognitive deficits increase when binge drinking is followed by periods of abstinence (Zeigler et al., 2005). Young college students are especially susceptible to damage in the areas of the brain controlling memory and learning, due to the fact that their brains have not yet fully developed (Zeigler et al., 2005). In one study of first-year college undergraduates, deficits were found in motor speed and visuospatial abilities of students who abused alcohol (Sher, Martin, Word, & Rutledge, 1997). Binge drinking can also compromise problem-solving abilities resulting in less rational decisions and poor choices (Dreer, Riban, Ronan, Dash, & Elliot, 2004). For example, approximately 38% of college students reported having driven after drinking in the last 30 days of having completed the survey (ACHA-NCHA, 2005).



According to one study, approximately 39% of students who drank later regretted something they did while under the influence of alcohol (Southern Illinois University Core Institute, 2005).

### *Conceptualization of Coping*

Lazarus (1993) defines coping as "ongoing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p.237). Coping may produce positive as well as negative outcomes. Coping is affected by both interpersonal characteristics and situational variables (Lazarus & Folkman, 1984; Pargament, 1997). Two college students facing an identical challenge can experience markedly different outcomes based upon their coping strategies. Consider the hypothetical example of two students (i.e. Student A and Student B) who are both faced with the challenge of making new friends shortly after arriving at college. Student "A" ruminates about her lack of friends in her new environment and views the prospect of meeting new friends to be beyond her capabilities. Consequently, she isolates herself in her room and chooses not to participate in school activities. In addition, she engages in alternate activities, such as watching television, as means of avoiding making new friends. She sometimes goes on eating binges in an attempt to improve her mood temporarily. She begins to experience symptoms of depression and blames others for not making enough efforts to include her in residence hall activities. Student "B" also experiences the challenge of making new friendships in her new environment. However, she interprets the task of relationship building as a challenge with

potential rewards and begins to problem-solve by becoming involved in campus residence hall activities. This leads to her meeting other students socially, making friends, and developing a support network.

### *Cognitive Appraisals*

As shown in the examples above, the interpretation of events plays a major role in how individuals experience challenging life events. As Pargament (1997) noted "...events in and of themselves, are not sufficient conditions for stress" (p.92). Both the interpretation of the event (appraisal) and the action taken by individuals can influence outcome. Folkman and Lazarus (1985) make a distinction between primary and secondary appraisals.

#### *Primary appraisals*

Primary appraisals involve considering how the stressor affects one's values, beliefs, and goals (Lazarus, 1999). There are three types of primary appraisals. Events can be appraised as *irrelevant*, *benign-positive*, or *stressful* (Folkman & Lazarus, 1985). When events are interpreted as irrelevant to one's values, beliefs, and goals, there is little risk that the person will experience distress. Similarly, events interpreted as benign or as having positive outcomes for the individual are unlikely to cause distress. Distress occurs when an event is appraised as stressful.

Stressful appraisals of events fall into three subcategories: *threat*, *harm-loss*, or *challenge* (Folkman & Lazarus, 1985). A *threat* appraisal occurs when individuals anticipate danger from a stressful encounter which is to occur. For example, student A is afraid of the possibility of failing at the task of making new

friends which could negatively affect her self esteem. Threat appraisals produce negative emotions such as fear and anxiety (Folkman & Lazarus, 1984). In contrast, a harm-loss appraisal involves focusing on how the event has already caused harm or led to the loss of something the person values. Student A, who valued her position in her social network back home, ruminates about the loss of her friends. She not only feels a void in her life from the lack of social support she is receiving, but also blames herself for her failure and feels less valuable as a human being. Harm-loss appraisals are usually associated with negative feelings, such as anger, disappointment, guilt and sadness (Folkman & Lazarus, 1985). Interestingly, not all stressful primary appraisals, are associated with negative emotions. Some stressors are appraised as *challenges* (Lazarus, & Folkman, 1984). Challenge appraisals involve thinking about how one might grow personally by gaining mastery over a stressor. Student B sees the task of making friends as a challenge. She views the prospect of making new friends as an opportunity to expand her support system and to enhance her quality of life.

### *Secondary appraisals*

After individuals consider how the event will affect their life, they engage in secondary appraisals. Secondary appraisals involve considering whether one has adequate resources to effectively handle the stressor (Folkman & Lazarus, 1985). This includes considering coping options, contemplating how to initiate them, and evaluating the efficacy of those coping efforts (Lazarus & Folkman, 1985). Coping strategies are then initiated in an attempt to regulate distressing emotions associated with the stressful event and engaging in actions to change

the environment (Folkman & Lazarus, 1985). Several types of coping strategies are outlined below.

### *Coping Strategies*

#### *Emotion-focused*

Lazarus and Folkman (1984) identified two types of coping strategies: *emotion-focused* coping and *problem-focused*. The function of emotion-focused coping is two-fold. First, emotion-focused coping is aimed at altering "the relational meaning of what is happening or to change the way the stressful relationship with the environment is attended to" (Lazarus, 1993, p.238). The second function of emotion-focused coping is to engage in behaviors and thoughts that can either reduce or make one's distress more manageable (Lazarus & Folkman, 1984). This may be done through a variety of means. Consider the example of the students who were faced with the task of making friends. Student A employed an emotion-focused strategy by binge eating her favorite foods to temporarily make herself feel better. However, over the long term, this behavior does not remove her feelings of loneliness and isolation.

Generally, research on emotion-focused coping strategies in college students has shown them to be related to poor adjustment. For example, Endler and Parker (1990) found that emotion-focused coping strategies such as self-blaming and expression of hostility were positively related to neuroticism in a group of undergraduates. Another study found that first-year college students who vented and focused on their emotions in response to stress experienced higher levels of depression and anxiety (Leong & Bonz, 1997). However, in some

circumstances emotion-focused coping is more helpful than others. For example, Phinney and Haas (2003) found that seeking social support was an important and successful coping strategy in a sample of minority students.

### *Problem-focused*

The function of problem-focused coping is to "change the troubled person-environment relationship by acting on the environment or oneself" (Lazarus, 1993, p.238). This process involves cognitive problem solving and behavioral strategies such as weighing costs and benefits, seeking out information, taking direct action, contemplating alternative solutions, and defining the characteristics of the problem (Lazarus & Folkman, 1984). In essence the problem-focused strategy involves taking proactive measures in response to stress. Student B employs a problem-focused coping strategy. She constructed and implemented a plan which included joining extra-curricular activities as a means of broadening her social support network.

Studies have found that problem-focused coping is related to positive academic, social, and emotional adjustment to college in first year undergraduates (Feenstra et al., 2001; Leong & Bonz, 1997). Another study of undergraduates found that students who utilized problem-focused strategies experience lower levels of stress than those using emotion-focused coping (Kariv & Heiman, 2005). Problem-focused coping also relates to lower rates of depression among undergraduate students. For example, one study of female college undergraduates showed problem-focused coping was negatively related

to depression and physical symptoms associated with depression, such as headaches, stomachaches etc. (Nakano, 1991).

### *Avoidance-oriented*

In addition to the problem-focused and emotion-focused strategies, Endler and Parker (1990) describe a third type of coping strategy called *avoidance-oriented* coping. Avoidance-oriented coping involves strategies designed to avoid the stressor and its consequences. Avoidance strategies include denying the problem or keeping distracted by engaging in other activities. For example, student A watched television as a means of distracting herself. The different types of coping are not mutually exclusive and avoidance-oriented coping strategies can be either emotion-focused or problem-focused.

Research on avoidance-related coping strategies has shown that it generally relates to maladjustment. For example, Bray, Braxton, and Sullivan (1999) found that students who consistently deny and distance themselves from their problems experience lower levels of social integration within the college setting, higher rates of departure, and lower intent to reenroll. Similarly, Pizzolato (2004) found that avoidance-oriented coping was associated with greater maladjustment to college and poorer grades. In addition, denying one's problems was related to alcohol-related consequences in a group of undergraduate students (Britton, 2004). Moreover, Kim and Seidlitz (2002) found that avoidance coping and denial techniques were associated with negative affect and physical problems in a study of college students coping with daily stress. In addition, Larson (1995) found that college students who use avoidance-oriented strategies

experienced higher levels of depression, anxiety, suicidal ideation, interpersonal problems, and greater difficulty adjusting to college.

### *Use and Effectiveness of Coping Strategies*

Individuals often use different types of coping concurrently (Folkman & Lazarus, 1980; Folkman & Lazarus, 1985; McCrae, 1984). Moreover, the coping strategies employed by individuals can change during an ongoing stressor. Folkman and Lazarus (1985) demonstrated this through their study of college students coping through the various stages of a college exam. In the anticipatory stage, when students were preparing for the exam, they utilized more information seeking and social support strategies. While waiting for the exam results, students employed more distancing strategies than in any other phases. After the students received their grades, their coping strategies were affected by the types of grades they received. Students who performed poorly on the exam utilized more emotion-focused coping techniques.

In addition, coping strategies can be difficult to classify. Consider the strategy of seeking social support. Seeking social support for instrumental reasons (i.e. seeking advice, information, and assistance) is characteristic of problem-focused coping (Carver, Scheier, & Weintraub, 1989). However, seeking social support for emotional reasons (i.e. gaining understanding, moral support, and sympathy) is characteristic of emotion-focused/ process-oriented coping (Carver, Scheier, & Weintraub, 1989). Lastly, seeking social support as a way of procrastinating from studying for a test is avoidance-oriented coping (Carver, Scheier, & Weintraub, 1989).

The effectiveness of various coping strategies depends in part on the perceived controllability of the stressor and on the context of the stressor. For example, Folkman and Lazarus (1980) found that situations perceived as more controllable generally favor problem-focused coping and situations perceived as less controllable favor emotion-focused coping. Moreover, their study suggested that although individuals used both forms of coping in different contexts, more problem-focused coping strategies were used in work-related contexts and more emotion-focused strategies were used in illness related contexts. Some studies suggest that this controllability goodness of fit model applies more to problem-focused coping than emotion-focused coping (Park, Armeli, & Tennen, 2004). More specifically, problem-focused coping is a better predictor of adjustment in controllable situations than emotion-focused coping is in uncontrollable situations (Park, Armeli, & Tennen, 2004).

### *Religion in the Coping Process*

Researchers have often ignored the role of religious coping in spite of the fact that 70%-90% of individuals in the US utilize religion when coping with distress (Conway, 1985-1986; Ellison & Taylor 1996; Koenig, 1998; Pargament, Ensing, et al., 1990). Individuals are most likely to incorporate religion into the coping process when the stressor is significant, such as long-term illness or the death of a loved one (Mattlin et al., 1990). For example, Holland et al. (1999) found that after experiencing the initial cancer diagnosis, 37% of participants reported an increase in their religious practice while 7% reported some decrease. Koenig et al., (1998) found that religious coping activities often increase as



illness worsens, the diagnosis becomes more severe, cognitive functions deteriorate, and functional impairments increase.

### *Prevalence of Religious Coping among College Students*

Although a number of studies have examined religious coping among adult populations confronting illnesses, there is a dearth of research on specific types of religious coping among first-year college students. However, there is evidence that many first year students use some form of religious coping in their daily lives. For example, a study conducted on over 3,600 first year students from 50 different colleges indicated that almost 50% of first year students attend religious services frequently in the beginning of their first year (Bryant, Choi, & Yasuno, 2003). Results from an extensive study on the spiritual lives of students indicate that 75% of first-year college students believe in God and 61% pray weekly (UCLA, 2003). When asked what they pray for, 58% of students indicated they pray for help in solving problems (UCLA, 2003).

### *Similarities and Differences in Coping*

#### *Similarities Between Religious and Nonreligious Coping*

Religious coping and nonreligious coping have several similarities. Both nonreligious coping and religious coping are multidimensional constructs. Both types of coping consist of experiential, intellectual, and ideological dimensions (Pargament et al, 1990). Furthermore, nonreligious emotion-focused coping efforts such as seeking social support and expressing anger can be integrated with religion. Lastly, religious coping is similar in terms of some of its goals. Just as individuals employ specific non-religious coping strategies to reduce distress,

they also employ specific religious coping strategies to reduce distress (McRae & Costa, 1986).

### *Differences Between Religious and Nonreligious Coping*

Pargament (1997) argues that there are differences between religious and nonreligious coping. One difference involves the reasoning behind choosing a particular coping strategy. Pargament (1997) argues that people turn to religious coping because they believe that it offers a more convincing path to understanding the significance of their pain and hardship than nonreligious alternatives. Fehrer and Maly (1999) found that 60% of respondents claimed that their religious faith provided them with a sense of meaning and identity in their lives. Moreover, religious coping can provide an individual with perceived access to divine guidance and help. Fehrer and Maly (1999) found that for many individuals, religious coping served as a moral compass. They also found that that 91% percent of participants surveyed felt that the greatest benefit they received from their religious faith was emotional support. Examples of support that were cited included guidance, comfort, strength, sense of well being, reliance on faith/God, and the feeling of being taken care of. Research on first-year students parallels these findings. Seventy-four percent of first-year college students felt a "sense of connection with God that transcends personal-self," and approximately 50% of all first-year college students experience God as a protector and endorse feeling loved by God (UCLA, 2003).

### *Religious Problem-Solving*

Pargament et al., (1988) identified three types of religious problem-solving: deferring, self-directing, and collaborative. These styles differ with respect to the perceived degree of control or responsibility that God has for their problem (Pargament, 1997). Each style is briefly described below, along with research on how each approach relates to outcome.

#### *Deferring Religious Coping*

The deferring style of religious coping involves depending upon God to solve problems without taking any steps to address the problem (Pargament et al., 1988). It is a passive approach that most resembles emotion-focused and avoidance oriented coping approaches. Studies on the deferring religious style of coping have produced mixed findings. Pargament et al. (1988) found that deferring coping was related to lower self-esteem, lower sense of personal control over problems, and less tolerance for individual differences in a group of church members. Pargament et al., (1988) note that the deferring approach may be useful in some circumstances. Specifically, the approach might help when an individual is facing a situation which is not personally controllable, such as death, illness, or natural disasters. Schaefer and Gorsuch (1991) found that the deferring style of coping was negatively related to several aspects of anxiety, such as instability, apprehension, tenseness, suspiciousness, uncontrollability and general anxiety in a group of undergraduate students from four church-affiliated colleges. The differences in findings across studies illustrate the need to study religious coping as a multidimensional construct.

### *Self-Directing Religious Coping*

In contrast, individuals who utilize a self-directing approach play an active role in the problem-solving process and do not rely on God to take away their distress or solve their problem (Pargament et al., 1988). Studies of self-directing coping and adjustment have produced mixed results. Some studies show that self-directing coping is ineffective. For example, Schaefer & Gorsuch (1991) found that undergraduates utilizing the self-directing style were more anxious and more psychologically maladjusted. Similarly, a study by Pargament et al., (1990) of Christian church members found that the self-directing approach related consistently to poorer mental health outcome. In addition, Schaefer & Gorsuch (1993) found that individuals who perceive higher stressors rely less on the self-directing style of coping indicating that it may be perceived as being a less effective coping option.

Other studies show that self-directing style can be an effective way to cope. For example, Pargament et al. (1988) found that the self-directing styles were related to higher levels of psychological resourcefulness in times of stress. The self-directing approach was also related to greater feelings of personal effectiveness, higher self-esteem and a more positive attitude towards the world. The differences in findings across studies may be accounted for by the differences in the life-problems the respondents of the surveys were facing. In the studies where self-directing coping was maladaptive, respondents may have perceived less control over their problems, thereby making the self-directive style ineffective due to its emphasis on self-responsibility.

### *Collaborative Religious Coping*

The collaborative approach to problem solving involves working with God together to solve problems. Thus, the individual who exhibits a collaborative style views problem solving as a joint responsibility between oneself and God (Pargament et al., 1988). This style is an active approach which most resembles problem-focused coping. In general, collaborative coping has been associated with greater levels of psychological adjustment. For instance, the collaborative style of coping was related to higher levels of psychosocial adjustment in a group of cancer patients (Nairn & Merluzzi, 2003). Pargament et al. (1988) found that individuals who cope collaboratively experienced less anxiety, higher psychological resourcefulness, greater self-esteem, more feelings of personal effectiveness, and a more positive attitude toward the world. Pargament et al. (1988) further noted that collaborative coping may encourage greater exploration and learning about the world, as well as acquiring more effective living skills.

Research findings on college students utilizing collaborative coping suggests that it is generally related to positive adjustment. Pargament et al. (1998) found that in a group of college students coping with major life stressors such as such problematic romances, collaborative coping was identified as part of a positive pattern of coping. In addition, Schaefer and Gorsuch (1991) found that collaborative coping in college students was negatively related to anxiety and positively related to general psychological adjustment. In contrast, Kaiser (1991) found that the collaborative style of coping in a group of college students related positively to feelings of guilt. Kaiser (1991) explained that individuals who

use collaborative coping may not necessarily consider guilt to be a negative emotion, but may see it as a positive opportunity to grow spiritually.

### *Present Study*

The present study examined the relationship between religious coping and adjustment to college. Specifically, the following questions were addressed: 1) To what extent do first year college students use religious coping? It was hypothesized that the majority of first-year college students use some form of religious coping when adjusting to college. 2) How does religious coping relate to adjustment to college? It was hypothesized that collaborative religious coping would be negatively correlated to anxiety, depression, and alcohol abuse, while deferring and self-directive coping would be unrelated to mental health. 3) Does religious coping predict adjustment beyond nonreligious coping? It was hypothesized that religious coping would predict adjustment to college beyond nonreligious coping.

## CHAPTER II

### METHOD

#### *Participants*

Participants included 211 (127 female, 84 male) first-year college students recruited from introductory psychology classes at a Midwestern Catholic university. Participants ranged in age from 18 to 19 ( $M = 18.21$ ,  $SD = .41$ ). They were recruited approximately one month after they had started college and were awarded class credit for participation. As shown in Table 1, the majority of participants were Caucasian (97.2%), Catholic (82.9%), and lived in residence halls (96.2%). In addition, the majority of students reported being satisfied with their social lives ( $M = 3.96$ ,  $SD = .91$ , possible range 1-5) and with their academics ( $M = 3.28$ ,  $SD = .96$ , possible range 1-5). In addition, participants experienced a moderate level of adjustment to college ( $M = 2.57$ ,  $SD = 1.02$ , possible range 1-5), and experienced low levels of conflict in their families of origin ( $M = 1.91$ ,  $SD = .87$ , possible range 1-5). On average, participants had been away from home for two months or longer .47 times prior to entering college.

Participants listed their top three challenges to adjusting to college and their responses were categorized (see Table 2). The greatest challenges involved academics (32.9%), homesickness (20%), social relationships (14.3%), and time

management (13.3%). Other challenges listed involved residential living (7.6%), alcohol (4.8%), and other (7.1%).

### *Measures*

Participants completed a self-report questionnaire that includes measures of background/demographic information, religiousness (HOGE), nonreligious coping (COPE), religious coping (Religious Problem-Solving Scale) and psychological adjustment (Center for Epidemiological Studies-Depression Inventory, Comrey-Costello Anxiety Scale, alcohol consumption questions inquiring about weekend drinks and binge drinking incidents). These measures are described below.

#### *Demographic/Background Information*

Participants completed a 12-item questionnaire examining demographic/background information (Appendix A). Items 1-5 inquired about background information, such as age, gender, race, current year in college, current living arrangement and religious affiliation. It is important to note that results of students who indicated they were not at least 18 years of age or students who indicated they were not in their first year of college were not used in this study. On items 6-10, participants were asked to rank their social satisfaction, difficulty in adjusting to college, conflict within their family and academic satisfaction. Scale items were arranged in a Likert-type format. Responses ranged from 1 (*Not Satisfied*) to 5 (*Very Satisfied*) for the social satisfaction and academic satisfaction items. Additionally, responses ranged from



Table 1

*Demographic /Background Characteristics of Participants*

Variable	<i>n</i>	(%)	Mean	SD
Age (range 18-19)			18.21	0.41
Gender				
Male	84	60.2		
Female	127	39.8		
Race				
American Indian	1	.5		
Asian/Pacific Islander	1	.5		
Latino/a	2	.9		
Caucasian	205	97.2		
Other	2	.9		
Living Arrangement				
Residence Hall	203	96.2		
Parents	6	2.8		
Off-Campus Residence	1	.5		
Other	1	.5		
Religious Affiliation				
Protestant	18	8.6		
Catholic	174	82.9		
Muslim	1	.5		
Other	17	8.1		
Social Satisfaction			3.96	.91
1 ( <i>not satisfied</i> ) to 5 ( <i>very satisfied</i> )				
Academic Satisfaction			3.28	.96
1 ( <i>not satisfied</i> ) to 5 ( <i>very satisfied</i> )				
Difficulty Adjusting to College			2.57	1.02
1 ( <i>not at all difficult</i> ) to 5 ( <i>very difficult</i> )				
Familial Conflict			1.91	.87
1 ( <i>no conflict</i> ) to 5 ( <i>frequent conflict</i> )				
Times Away from Home for 2 Months or Longer			.47	1.88

Table 2

*Types of Adjustment Challenges Participants Listed in Response to Open-Ended Questions.*

Variable	Challenge 1		Challenge 2		Challenge 3	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Academic	69	32.9%	59	28.2%	49	24.3%
Homesickness	42	20.0%	33	15.8%	31	15.3%
Social Relationships	30	14.3%	42	20.1%	44	21.8%
Time Management	28	13.3%	29	13.9%	32	15.8%
Residential Living	16	7.6%	31	14.8%	26	12.9%
Alcohol	10	4.8%	4	1.9%	5	3.0%
Other	15	7.1%	11	5.3%	15	7.4%

1( *No Conflict*) to 5 ( *Frequent Conflict*) for the question inquiring about family conflict.

Questions 11 and 12 asked participants to list their three biggest challenges since arriving in college, rank ordered from most difficult to least difficult. In addition, participants were asked to rank each of their challenges via a Likert-type format. Responses ranged from 1 ( *No control*) to 5 ( *A lot of control*). Lastly, participants were asked to list their top three coping strategies. Once again, participants were asked to list them by rank from the most helpful (number 1) to the strategy which they found to be the least helpful (number 3).

### *Religiousness*

Participants completed the Hoge Intrinsic Religious Motivation Scale (Hoge, 1972; Appendix B). The scale contains ten items arranged in a Likert-type format. Possible responses vary from 1 ( *Strongly disagree*) to 4 ( *Strongly agree*). Sample questions include: "My faith involves all my life," and "I try hard to carry my religion over into all my other dealings in life." Scores can range between 10 and 40, with higher scores indicating higher intrinsic religious motivation.

The scale is internally consistent (Kuder-Richardson = .90). The Hoge scale correlated highly with other scales measuring similar constructs such as the Feagin Factor 1 Intrinsic Scale ( $r = .85$ ). Predictive validity with ministers' judgments about intrinsic/extrinsic individuals was found ( $r = .58$ ). In the present study, the Cronbach's alpha for this scale was .86.

### *Nonreligious Coping*

Nonreligious coping strategies were measured using several subscales of the COPE Inventory (Carver et al., 1989; Appendix C). The original COPE is a 60-item instrument with 15 subscales. Each subscale contains 4 items constructed using a Likert-type format with response possibilities ranging from 1 (*I usually don't do this at all*) to 4 (*I usually do this a lot*). For purposes of this study, only three subscales were selected, each representing a type of coping (i.e., emotion-focused, problem-focused, and avoidant). The Seeking Emotional Social Support subscale was used to assess nonreligious emotion-focused coping. Sample questions include, "I talk to someone about how I feel," and "I get sympathy and understanding from someone." The Planning subscale was used to assess nonreligious problem-focused coping. Sample questions include: "I make a plan of action," and "I try to come up with a strategy about what to do." The Denial subscale was used to assess nonreligious avoidance coping. Sample questions include: "I refuse to believe that it has happened," and "I say to myself 'this isn't real'." Scores range from 4-16 on each subscale with higher scores indicating higher levels of that type of nonreligious coping.

Carver et al. (1989) found that the COPE has good internal consistency, with Cronbach's alphas for the three selected subscales as follows: Planning ( $\alpha = .80$ ); Seeking Emotional Social Support ( $\alpha = .85$ ); Denial ( $\alpha = .71$ ). Test-retest reliabilities using an eight week interval for the three subscales were as follows: Planning ( $r = .63$ ); Seeking Emotional Social Support ( $r = .77$ ); Denial ( $r = .71$ ). In the present study, the Cronbach's alphas for the three selected subscales

were as follows: Planning ( $\alpha = .82$ ); Seeking Emotional Social Support ( $\alpha = .88$ ); Denial ( $\alpha = .76$ ).

### *Religious Coping*

Religious coping was measured using the Religious Problem-Solving Scale (RPSS) (Pargament et al., 1988; Appendix D). Participants rate the frequency with which they engage in various religious coping strategies. The scale consists of 36 items constructed using a Likert-type format with response possibilities ranging from 1 (*Never*) to 5 (*Always*). The RPSS contains three subscales with 12 items each. The Collaborative subscale measures the degree to which individuals work together with God to solve their problems. Sample questions include: "When a hard time has passed, God works with me to help me learn from it," and "God and I talk together and decide upon the best answer to my question." The Deferring subscale measures the extent to which the individual leaves the problem-solving responsibility to God. Sample questions include: "When faced with a decision, I wait for God to make the best choice for me," and "God solves problems for me without me doing anything." The Self-Directing subscale measures the extent to which the individual solves the problem themselves. Examples of questions include: "When I feel nervous or anxious I calm myself down without relying on God," and "God doesn't put solutions to my problems into action; I carry them out myself." Scores can range from 12-60 on each subscale with higher scores indicating greater use of that religious problem-solving style.

All of the subscales have good internal consistency, with Cronbach's alphas of .91, .94, and .94 for the Deferring, Collaborative, and Self-directing styles respectively (Pargament et al., 1988). One week test-retest was strong for all three subscales (Deferring = .87; Collaborative = .93; Self-directing = .94). Significant negative correlations were found between the Self-directing subscale and measures of religiousness, such as Hoge's (1972) Intrinsic Religious Motivation Scale, ( $r = -.38$ ); Kopplin's (1976) God Control Scale ( $r = -.35$ ) and Bateson's (1984) Religious Orthodoxy Scale ( $r = -.38$ ) (Pargament et al., 1988). The Deferring subscale was positively related to Bateson's (1984) Religious Orthodox Scale ( $r = .25$ ) and Kopplin's God Control (1976) ( $r = .44$ ) (Pargament et al., 1988). Lastly, the collaborative subscale was positively related to Hoge's Intrinsic Motivation Scale ( $r = .23$ ) and Religious Salience ( $r = .32$ ) (Pargament et al., 1988). In the present study, Cronbach's alphas for each of the subscales were as follows: Deferring ( $\alpha = .92$ ); Collaborative ( $\alpha = .96$ ); Self-directing ( $\alpha = .96$ ).

### *Adjustment*

*Depression.* Participants' depressive symptoms were measured by the Center for Epidemiologic Studies-Depressed Mood Scale (CES-D) (Radloff, 1977; Appendix E). Participants rated how often they experienced a variety of depressive symptoms on 20 items organized in a Likert format with responses ranging from 0 (*Rarely or none of the time*) to 3 (*Most or all of the time*). Sample questions include: "I felt lonely" and "I felt depressed." The score range for this

scale is 0-60, with higher scores indicating increased levels of depressive symptoms.

The scale has good internal consistency with a Cronbach's alpha of .85 for a non-clinical population and .90 for a psychiatric sample (Radloff, 1977). Test-retest reliability was .51 to .67 at two and eight weeks, respectively. The scale discriminates well between the psychiatric and general populations, as evidenced by significantly higher scores in the inpatient sample (Radloff, 1977). CES-D was correlated with other scales for depression such as Lubin Depression Adjective Checklist and Bradburn Negative Affect Scale, with correlations ranging from .37-.70, demonstrating excellent concurrent validity (Radloff, 1977). Cronbach's alpha for the scale in this study was .90.

*Anxiety.* Anxiety was assessed using the anxiety subscale of the Costello-Comrey Depression and Anxiety Scale (CCDAS) (Costello & Comrey, 1967; Appendix F). Participants rate the frequency with which they experience a variety of anxiety symptoms. The scale consists of 9 items arranged in a Likert-type format with responses ranging from 1 (*never*) to 9 (*always*). Sample questions include: "I get easily rattled" and "It makes me nervous when I have to wait." Possible scores for the anxiety scale range between 9-81, with higher scores representing higher levels of anxiety.

Split-half reliability for the Anxiety scale within a psychiatric sample was .70 (Costello & Comrey, 1967). The anxiety scale demonstrated fair stability with a test-retest correlation of .72 on psychiatric patients on admission and before discharge. The anxiety scale positively correlates ( $r = .69$ ) with the Taylor

Manifest Anxiety Scales (Costello & Comrey, 1967). In the present study, the scale's Cronbach's alpha was .87.

*Alcohol abuse.* Alcohol abuse was assessed by several questions (Appendix G). The first two questions are gender-specific and inquire about the frequency with which participants have engaged in binge drinking during the past two weeks. The next question inquires about the number of drinks consumed over the previous Thursday, Friday, and Saturday. The questions were derived from several sources including Southern Illinois University CORE Institute and University of Dayton Campus Alcohol Survey. The number of drinks consumed each night was summed to form a total weekend drink score. The Cronbach's alpha for the weekend drink total was .79.

#### *Procedure*

Students in Introductory Psychology classes were notified about the opportunity to participate in the study through a department website. The researcher met with students in groups of approximately 100. Participants read and signed an informed consent form (Appendix H) prior to completion of the survey. They were informed that they could withdraw at any time and that their responses were confidential. Confidentiality was maintained by assigning a code number to each participant. Participants were instructed not to place their names on any questionnaires. A list of participants' names and code numbers were maintained in a separate location. After participants completed the informed consent form, the researcher administered a survey that took approximately 40 minutes to complete. The researcher was available to answer questions through



all phases of the testing procedure. Upon completion of the study, participants were given a debriefing letter (Appendix I) which explained the purpose of the study and provided suggestions for resources concerned with coping with adjustment to college.

## CHAPTER III

### RESULTS

The results section will be presented as follows. First, the preliminary analyses will be presented. Means, standard deviations and Cronbach alphas for major study variables will be reported. Next, the relationship between demographic/background variables and adjustment measures will be presented. Specifically, correlations were computed for continuous demographic/background variables and ANOVAS were computed for categorical variables. Intercorrelations were computed between all religious variables (i.e., Religiousness, Self-directing, Collaborative, and Deferring), between all nonreligious coping variables (i.e., Denial, Seeking Emotional Social Support, and Planning) and between all psychological adjustment measures (i.e., Depression, Anxiety, Weekend Drinks, and Binge Drinking).

Next, results from the major study questions will be discussed. The first major study question concerns the extent to which first-year students use religious coping. This was examined by studying the frequency with which first-year students spontaneously reported religious coping techniques in response to an open ended question. In addition, means of religious coping measures were examined. The second major study question concerns how religious coping relates to adjustment to college. This was studied by computing partial

correlations between religious coping variables (i.e., Denial, Seeking Emotional Social Support, and Planning) and adjustment measures (i.e., Depression, Anxiety, Weekend Drinks, and Binge Drinking) while controlling for demographic/background variables. Similarly, partial correlations were computed between nonreligious coping variables (i.e., Planning, Denial, Seeking Emotional Support) and adjustment measures. The last major study question concerns whether religious coping predicted adjustment to college beyond nonreligious coping. This was examined by computing hierarchical multiple regression equations.

### *Preliminary Analyses*

Means, standard deviations, and Cronbach's alphas were computed for all study variables (see Table 3). Correlations were computed between continuous demographic/background variables (i.e. Social Satisfaction, Difficulty Adjusting, Level of Familial Conflict, Academic Satisfaction, Times Away from Home, and Perceived Control Over Problems) and adjustment measures (i.e. Anxiety, Depression, Weekend Drinks and Binge Drinking) (see Table 4). Age was not included in these analyses because nearly all students were between 18 and 19 years old. Social Satisfaction was significantly correlated with all adjustment measures: Anxiety ( $r = -.18, p < .01$ ), Depression ( $r = -.35, p < .01$ ), Weekend drinks ( $r = .31, p < .001$ ), Binge Drinking ( $r = .30, p < .001$ ). Greater social satisfaction was related to less depression and anxiety but related to more heavy drinking behaviors. In addition, difficulty adjusting to college was positively correlated with Anxiety ( $r = .42, p < .001$ ) and Depression ( $r = .47, p < .001$ ), and

Table 3

*Means, Standard Deviations, and Cronbach Alphas of Major Study Variables*

	Possible Range of Scores	Mean	SD	Alphas
<i>Adjustment Measures</i>				
Depression	(0-60)	16.13	10.16	.89
Anxiety	(9-81)	39.03	11.40	.87
Weekend Drinks		12.29	10.31	.78
Binge Drinking		3.17	2.64	
<i>Religious Coping Measures</i>				
Religiousness	(10-40)	24.92	5.66	.86
Deferring	(12-60)	21.71	7.54	.92
Self-Directing	(12-60)	32.52	12.49	.96
Collaborative	(12-60)	27.18	10.52	.96
<i>Non-Religious Coping Measures</i>				
Denial	(4-16)	5.66	2.05	.77
Seeking emotional social support	(4-16)	11.81	3.04	.88
Planning	(4-16)	12.26	2.52	.82

Table 4

*Zero-Order Correlations Between Continuous Demographic/Background Variables and Adjustment Measures*

Variable	Anxiety	Depression	Weekend Drinks	Binge Drinking
Social Satisfaction	-.18**	-.35**	.31***	.30***
Difficulty Adjusting to College	.42***	.47**	-.19**	-.08
Level of Familial Conflict	.20**	.32***	-.07	-.04
Academic Satisfaction	-.14*	-.18**	-.00	-.01
Times Away from Home	-.05	.12	.08	.06
Perceived Control Over Problems	-.18**	-.25***	.06	.06

\*p&lt;.05 \*\*p&lt;.01 \*\*\*p&lt;.001

negatively correlated with Weekend Drinks ( $r = -.19, p < .01$ ). Level of Familial Conflict was positively correlated with Anxiety ( $r = .20, p < .01$ ) and Depression ( $r = .32, p < .001$ ). Academic Satisfaction was negatively correlated with both Anxiety ( $r = -.14, p < .05$ ) and Depression ( $r = -.18, p < .001$ ). Times Away from Home was not correlated with any adjustment measures. Lastly, perceived control over problems was negatively correlated to Anxiety ( $r = -.18, p < .01$ ) and Depression ( $r = -.25, p < .001$ ). Each demographic/background variable that was significantly related to an outcome measure was controlled for in subsequent analyses.

Analyses of Variance (ANOVAs) were computed on two categorical variables (i.e., gender and religious affiliation), using the adjustment measures (i.e., Anxiety, Depression, Weekend Drinks, and Binge Drinking) as the dependant variables. Due to the majority of students being Catholic, religious affiliation was recoded into two categories of "Catholic" and "Other". The variables of race and living arrangement were not included in these analyses due to the small degree of variance within those categories (i.e., almost all participants identified as Caucasian and lived in residence halls). As indicated in Table 5, gender was the only categorical variable that was significantly related to adjustment measures. Specifically, males ( $M = 16.44, SD = 11.51$ ) reported consuming more drinks on the weekend than did females ( $M = 9.51, SD = 8.41$ ),  $F(1,209) = 25.29, p < .001$ . In addition, males ( $M = 3.63, SD = 2.45$ ) reported more Binge Drinking incidents in the last two weeks than females ( $M = 2.88, SD = 2.72$ ),  $F(1,208) = 4.19, p < .05$ .

Table 5  
ANOVA Results for Categorical/Demographic/Background Variables and Adjustment Measures

	F-Values			
	Anxiety	Depression	Weekend Drinks	Binge Drinking
Gender	1.52	2.17	25.29***	4.19*
Religious Affiliation	2.48	.00	.54	1.71

\*p<.05 \*\*p<.01 \*\*\*p<.001

*Intercorrelations within Classes of Measures*

Correlations among religious coping predictors (i.e., Religiousness, Deferring, Self-Directing, Collaborative) were computed (see Table 6). As expected, all religious coping predictor variables correlated with each other. Deferring Problem-Solving correlated positively with Religiousness ( $r = .63$ ,  $p < .01$ ). Self-Directing problem-solving correlated negatively with Religiousness ( $r = -.68$ ,  $p < .01$ ) and Deferring ( $r = -.52$ ,  $p < .01$ ). Collaborative problem-solving correlated positively with Religiousness ( $r = .77$ ,  $p < .01$ ) and Deferring problem-solving style ( $r = .77$ ,  $p < .01$ ) and negatively correlated with Self-Directing coping ( $r = -.71$ ,  $p < .01$ ).

Correlations among nonreligious coping predictors (i.e., Denial, Seeking Emotional Social Support, and Planning) of adjustment were computed (see Table 7). Planning correlated positively with Seeking Emotional Social Support ( $r = .21$ ,  $p < .01$ ). No other correlations were significant.

Finally, correlations among adjustment measures (Depression, Anxiety, Weekend Drinking, and Binge Drinking) were computed. As indicated in Table 8, two significant correlations were found. Depression was positively correlated to Anxiety ( $r = .60$ ,  $p < .01$ ), and Binge Drinking was positively correlated with Weekend Drinks ( $r = .76$ ,  $p < .01$ ).



Table 6  
Zero-Order Correlations Between Religious Variables

Variable	1	2	3	4
1. Religiousness	--			
2. Deferring	0.63**	--		
3. Self-Directing	-0.68**	-0.52**	--	
4. Collaborative	0.77**	0.77**	-0.71**	--

\*p<.05 \*\*p<.01 \*\*\*p<.001

Table 7  
Zero-Order Correlations Between Non-Religious Coping Variables

Variable	1	2	3
1. Denial	--		
2. Seek Emotional Social Support	.02	--	
3. Planning	-.02	.21**	--

\*p<.05 \*\*p<.01 \*\*\*p<.001

Table 8  
Zero-Order Correlations Between Adjustment Measures (Anxiety, Depression, Weekend Drinks, and Binge Drinking)

Variable	1	2	3	4
1. Anxiety	--			
2. Depression	.60**	--		
3. Weekend Drinks	.06	-.32	--	
4. Binge Drinking	.03	.04	.76**	--

\*p<.05 \*\*p<.01 \*\*\*p<.001

### *Analysis of Major Study Questions*

#### *The Extent to which Students Use Religious Coping*

The frequency with which students spontaneously report using religious coping was examined. Students were asked to identify their top three strategies for coping with their adjustment problems. As shown in Table 9, only 4.4% of students spontaneously reported religious coping as one of their top three strategies. In addition, only 1% ( $n=2$ ) of the students cited this strategy as being their most helpful coping strategy. Although most students did not spontaneously report use of religious coping strategies, participants reported using religious coping when they were presented with Likert-type questions (Self-Directing  $M = 32.52$ ,  $SD = 12.49$ ; Deferring  $M = 21.71$ ,  $SD = 7.54$ ; Collaborative  $M = 27.18$ ,  $SD = 10.52$ ). However, on average, participants reported using each strategy occasionally. The most popular strategy endorsed by students in response to the open-ended question was Talking To/Seeking Out Others (37.3%, Table 2). Other top coping strategy reported by participants involved Manage Time/Study Differently (34%), and Relax/Engage in Other Activities (14.8%).

#### *Relationships Between Religious Variables and Adjustment Measures*

Partial correlations were computed between religious variables and adjustment measures, controlling for demographic/background variables (Table 10). Social Satisfaction and Difficulty Adjusting were not controlled for in the partial correlation involving all adjustment measures, due to those variables naturally occurring within the context of the adjustment measures. All of the religious measures were related to either Weekend Drinks and/or Binge Drinking.

Table 9

*Types of Adjustment Strategies Participants Listed in Response to Open-Ended Questions*

Variable	Strategy 1		Strategy 2		Strategy 3	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Talk to Others	78	37.3%	46	36.0%	69	33.2%
Manage Time/ Study Differently	71	34.0%	58	27.5%	42	20.2%
Relax/Engage in Other Activities	31	14.8%	43	20.4%	59	28.4%
Religious	2	1.0%	5	2.4%	2	1.0%
Attitude Change	14	6.7%	16	7.6%	14	6.7%
Other	13	6.2%	13	6.2%	22	10.6%

Table 10  
*Partial Correlations Between Coping Variables and Adjustment Measures, Controlling for Demographic/Background Variables*

Variable	Anxiety	Depression	Weekend Drinks	Binge Drinking
Religious				
Religiousness	-.05	-.06	-.25***	-.19**
Collaborative Coping	.01	-.02	-.24***	-.12
Self-Directing Coping	-.09	-.04	.22**	.20**
Deferring Coping	-.02	-.02	-.18**	-.05
Nonreligious				
Denial	.31***	.42***	.19**	.16**
Emotional Social Support	.16*	.05	-.09	-.05
Planning	-.08*	-.08	.03	.00

Note: Variables were controlled for as follows: Anxiety- Family Conflict, Academic Satisfaction, and Perceived Control; Depression- Family Conflict, Academic Satisfaction, and Perceived Control; Weekend Drinks- Gender; Binge Drinking-Gender  
 \* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

More specifically, Weekend Drinks was positively correlated with Religiousness ( $r = -.25, p < .001$ ), negatively correlated with Collaborative coping ( $r = -.24, p < .001$ ), positively correlated with Self-Directing coping ( $r = .22, p < .01$ ), and negatively correlated with Deferring coping ( $r = -.18, p < .01$ ). Binge Drinking was negatively correlated with Religiousness ( $r = -.19, p < .01$ ) and positively correlated with Self-Directing coping ( $r = .20, p < .01$ ). None of the religious variables were significantly related to Anxiety or Depression.

#### *Relationships Between Nonreligious Variables and Adjustment Measures*

Partial correlations were also computed between nonreligious variables and adjustment measures, controlling for demographic/background variables (Table 10). Social Satisfaction and Difficulty Adjusting were not controlled for in the partial correlation involving all adjustment measures, due to those variables naturally occurring within the context of the adjustment measures. Denial was the only nonreligious coping predictor that was significantly correlated with all the adjustment measures. More specifically, Denial was positively correlated with all of the following adjustment measures: Anxiety ( $r = .31, p < .001$ ), Depression ( $r = .42, p < .001$ ), Weekend Drinks ( $r = .19, p < .01$ ), and Binge Drinking ( $r = .16, p < .01$ ). In addition, Emotional Social Support correlated positively with Anxiety ( $r = .16, p < .05$ ).

#### *Do Religious Coping Variables Predict Adjustment Beyond Nonreligious Coping Variables?*

The only adjustment measures that had both religious and nonreligious predictors were Weekend Drinks and Binge Drinking. Therefore a series of

hierarchical multiple regressions were computed using these variables. The first regression utilized Binge Drinking as the criterion variable with predictors entered in the following manner: demographic/background variables (Step 1); nonreligious variable (Step 2); religious variables (Step 3). As shown in Table 11, religious coping predicted Binge Drinking beyond Denial and demographics (incremental  $R^2 = .04$ ,  $p < .01$ ). The next regression also utilized Binge Drinking as the criterion variable. However, this time predictors were entered in the following manner: demographic/background variables (Step 1); religious variables (Step 2); non-religious variable (Step 3). As shown in Table 12, nonreligious coping style of Denial predicted Binge Drinking beyond religious coping (incremental  $R^2 = .02$ ,  $p < .05$ ).

The next two hierarchical multiple regression analyses utilized Weekend Drinks as the criterion variable. First predictors were entered in the following manner: demographic/background variables (Step 1); nonreligious variable (Step 2); religious variables (Step 3). As shown in Table 13, religious coping problem-solving styles predicted Weekend Drinks beyond Denial (incremental  $R^2 = .06$ ,  $p < .01$ ). The last hierarchical multiple regression also utilized Weekend Drinks as the criterion variable. However, this time predictors were entered in the following manner: demographic/background variables (Step 1); religious variables (Step 2); non-religious variable (Step 3). As shown in Table 14, nonreligious coping styles of Denial predicted Weekend Drinks beyond religious coping styles of Self-Directing, Deferring, and Collaborative (incremental  $R^2 = .03$ ,  $p < .05$ ).



Table 11

*Hierarchical Multiple Regression Analyses (with Betas) Examining the Prediction of Binge Drinking by Demographic/Background Variables (Step 1), Nonreligious Variables (Step 2), and Religious Variables (Step 3)*

Variable	Beta	t	R <sup>2</sup> Δ
Demographic/Background Characteristics			.11*** <sup>a</sup>
Gender	.15*	2.28	
Social Satisfaction	.30***	4.62	
Nonreligious Variable			.02* <sup>b</sup>
Denial	.15*	2.36	
Religious Variables			.04** <sup>c</sup>
Self-directing	.23*	2.56	
Collaborative	.03	.38	

<sup>a</sup> This incremental R<sup>2</sup> represents the unique contribution of the demographic/background variables to the prediction of Binge Drinking.

<sup>b</sup> This incremental R<sup>2</sup> represents the unique contribution of the nonreligious variable to the prediction of Binge Drinking when controlling for demographics/background variables.

<sup>c</sup> This incremental R<sup>2</sup> represents the unique contribution of the religious variables to the prediction of Binge Drinking when controlling for demographics/background variables and denial.

\*p<.05 \*\*p<.01 \*\*\*p<.001

Table 12

*Hierarchical Multiple Regression Analyses (with Betas) Examining the Prediction of Binge Drinking by Demographic/Background Variables (Step 1), Religious Variables (Step 2), and Nonreligious Variables (Step 3)*

Variable	Beta	t	R <sup>2</sup> Δ
Demographic/Background Characteristics			.11 <sup>***a</sup>
Gender	.15*	2.28	
Social Satisfaction	.30 <sup>***</sup>	4.62	
Religious Variables			.05 <sup>***b</sup>
Self-directing	.23*	2.55	
Collaborative	.02	.19	
Nonreligious Variable			.02 <sup>*c</sup>
Denial	.14*	2.11	

<sup>a</sup> This incremental R<sup>2</sup> represents the unique contribution of the demographic/background variables to the prediction of Binge Drinking.

<sup>b</sup> This incremental R<sup>2</sup> represents the unique contribution of the religious variables to the prediction of Binge Drinking when controlling for demographics/background variables.

<sup>c</sup> This incremental R<sup>2</sup> represents the unique contribution of the nonreligious variable to the prediction of Binge Drinking when controlling for demographics/background variables and religious variables.

\*p<.05 \*\*p<.01 \*\*\*p<.001

Table 13

*Hierarchical Multiple Regression Analyses (with Betas) Examining the Prediction of Weekend Drinks by Demographic/Background Variables (Step 1), Nonreligious Variables (Step 2), and Religious Variables (Step 3)*

Variable	Beta	t	R <sup>2</sup> Δ
Demographic/Background Characteristics			.22*** <sup>a</sup>
Gender	.33***	5.33	
Difficulty Adjusting	-.07	-1.04	
Social Satisfaction	.30***	4.60	
Nonreligious Variable			.04** <sup>b</sup>
Denial	.20**	3.26	
Religious Variables			.06** <sup>c</sup>
Self-directing	.08	.99	
Deferring	-.14	-1.44	
Collaborative	-.06	-.49	

<sup>a</sup> This incremental R<sup>2</sup> represents the unique contribution of the demographic/background variables to the prediction of Weekend Drinks.

<sup>b</sup> This incremental R<sup>2</sup> represents the unique contribution of the nonreligious variable to the prediction of Weekend Drinks when controlling for demographics/background variables.

<sup>c</sup> This incremental R<sup>2</sup> represents the unique contribution of the religious variables to the prediction of Weekend Drinks when controlling for demographics/background variables and denial.

\*p<.05 \*\*p<.01 \*\*\*p<.001

Table 14

*Hierarchical Multiple Regression Analyses (with Betas) Examining the Prediction of Weekend Drinks by Demographic/Background Variables (Step 1), Religious Variables (Step 2), and Nonreligious Variables (Step 3)*

Variable	Beta	t	R <sup>2</sup> Δ
Demographic/Background Characteristics			.22*** <sup>a</sup>
Gender	.33***	5.33	
Difficulty Adjusting	-.07	-1.04	
Social Satisfaction	.30***	4.60	
Religious Variables			.07*** <sup>b</sup>
Self-directing	.09	1.01	
Deferring	-.09	-.90	
Collaborative	-.12	-1.07	
Nonreligious Variable			.03*** <sup>c</sup>
Denial	.18**	2.89	

<sup>a</sup> This incremental R<sup>2</sup> represents the unique contribution of the demographic/background variables to the prediction of Weekend Drinks.

<sup>b</sup> This incremental R<sup>2</sup> represents the unique contribution of the religious variables to the prediction of Weekend Drinks when controlling for demographics/background variables.

<sup>c</sup> This incremental R<sup>2</sup> represents the unique contribution of the nonreligious variable to the prediction of Weekend Drinks when controlling for demographics/background variables and religious variables.

\*p<.05 \*\*p<.01 \*\*\*p<.001

## CHAPTER IV

### DISCUSSION

#### *Major Study Questions*

##### *The Extent to which Students Use Religious Coping*

The hypothesis that the majority of college students use religion when coping with adjustment to college was only partially supported. When presented with an open-ended question concerning their top three coping strategies, the majority of participants did not list religious strategies. In fact, only 4.4% of participants reported religious coping as one of their top three strategies. This is somewhat surprising given that 1) the participants attend a Catholic institution 2) the majority participants (83%) were Catholic and 3) participants scored as moderately religious on a measure of intrinsic religiousness. On the other hand, when presented with Likert-type scale items concerning religious coping, participants' responses indicate they occasionally use religious coping. For example, on the Collaborative scale, the mean score was 27.18 ( $SD = 10.52$ , possible range 12-60); on the Deferring scale, the mean score was 21.71 ( $SD = 7.54$ , possible range 12-60); on the Self-Directing scale, the mean score was 32.52, ( $SD = 12.49$ , possible range 12-60). The self-directing style of coping may be viewed as the least religious of the three styles, due to it lacking the incorporation of the Divine into decision-making processes. The means for the

present study are similar to other studies examining college students' use of religious problem solving styles (e.g., Schaefer and Gorsuch, 1993).

So why did the participants fail to report religious coping in response to an open-ended question, yet they reported using religious coping on Likert-type scales? One possibility is that participants use religious coping when adjusting to college, but not as their top strategy. It's also possible that students use religious coping in other areas of life, but not necessarily in adjusting to college. Another possibility is that the types of stressors students reported may not necessarily elicit religious coping responses. For example, the most commonly reported stressors pertained to academics. Academic stress may be more likely to elicit nonreligious problem-focused responses (i.e. studying more, managing time better, etc). Students may have more control over an academic stressor than one which is not as controllable, such as an illness. Folkman and Lazarus (1980) note that stressors perceived as more controllable elicit more problem-focused coping strategies. Another possibility is that college students might be in a developmental stage in which religious coping is used less often than in other times of life. College offers an environment in which students are encouraged to question previously held beliefs. This may contribute to religious doubting, which research shows is relatively common among some new college students (Pascarella & Terenzini, 1991). Furthermore, there is evidence for a polarization effect with regard to religiousness. This means that the level of religiousness, which is established early in life, becomes stronger for highly religious individuals and weaker for less religious individuals during a time of transition such as

college (Ozorak, 1989). In the present study, students provided brief responses to the open-ended question. The brevity of responses did not illuminate the specifics of some coping strategies which were reported. For example, one common response was "I talk to others." Talking to others could potentially indicate religious coping, if the "other" was a pastor, or if the student spoke to another as a way of gaining spiritual support. Finally, college students may be exposed to a greater diversity of peer and other influences, which may not enforce religion (Spilka, Hood, Henderson, & Gorsuch, 2003).

It should be noted that other research has found that first-year college students utilize religious coping strategies (Bryant, Choi, & Yasuno, 2003). For example, Compas, Forsythe, and Wagner (1988) found that 29.2% of college students involve religion as one of their coping strategies with problems such as academics. Differences in findings among students' use of religious coping points to its multidimensional nature and highlights the importance of assessing religious coping using multiple means.

### *Coping and Adjustment*

#### *Relationship Between Religious Variables and Alcohol Consumption*

The hypothesis that religious coping would be related to alcohol consumption was supported. However, the direction of the relationships were not entirely consistent with hypotheses. As expected, intrinsic religiousness was negatively correlated with both binge drinking and number of drinks students consumed on the weekend. The inverse relationship between religiousness and substance use is a robust finding across numerous studies (Spilka et al., 2003).

For example, Nonnemaker, McNeely, and Bloom (2003) found that religiosity was related to lower alcohol consumption in adolescents. UCLA (2003) found that students who are more spiritual and religiously engaged (i.e. praying, attending services, etc.) were more likely to abstain from alcohol. Britton (2004) found a negative relationship between religious coping and drinking in a college sample. Patock-Peckham et al., (1998) found that intrinsic religiousness was related to lower drinking frequency in a group of college students. Moreover, Hope and Cook (2001) found that religiousness related to lower alcohol consumption in a sample of thousands of religiously affiliated youths, ages 17-30. The inverse relationship between religiousness and alcohol use is not surprising, because many religious traditions discourage alcohol abuse and, in some cases, encourage abstinence from alcohol consumption.

Although most research suggests religiousness is inversely related to alcohol use, studies have suggested the relationship is complex. Interestingly, there is evidence that intrinsic religiousness combined with being Catholic is related to alcohol problems in college students. Patock-Peckham et al., (1998) found intrinsic Catholicism related to pathological and celebratory reasons for drinking, neuroticism, and drinking problems. With Protestants, intrinsic religiousness was negatively correlated with alcohol consumption. The authors concluded that the level of intrinsic religiosity interacts with the social drinking norms set by a religion. Drinking norms within Catholicism may differ from Protestants.



A unique and important contribution of this study is that it also examined the relationship between specific religious coping strategies and alcohol use. As expected, Collaborative coping was negatively correlated with weekend drink total. This is consistent with most research on the effectiveness of collaborative religious coping. Pargament et al., (1990) notes that collaborative coping is related to a variety of positive outcomes, such as higher levels of psychological adjustment in times of stress. Studies have also found that collaborative coping related to positive outcomes and general psychological adjustment in college students dealing with life stressors (i.e., Pargament et al., 1998; Schaefer and Gorsuch, 1991). In addition, collaborative coping related to higher psychosocial adjustment in cancer patients (Nairn & Merluzzi, 2003). Research on the relationship between collaborative coping and alcohol also suggest its relationship to positive outcome. For example, one study suggested that collaborative coping is superior to other coping styles in predicting a better quality of life in recovering male alcoholics (Spalding & Metz, 1997). Moreover, another study examining Alcoholics Anonymous members showed that collaborative coping was related to 3.25 years of longer sobriety than sobriety for individuals who felt no sense of control over their problems (Murray, Malcarne, & Goggin, 2003).

Deferring coping negatively correlated with Weekend Drinks, but was not related to Binge Drinking. There is a dearth of research on the relationship between deferring coping style and alcohol use. The few studies that have been conducted are mixed regarding its general effectiveness. Some research has

found deferring coping to be related to positive outcomes. For example, Gorsuch (1991) found the deferring style to be related to less apprehension and anxiety in a group of church-affiliated college students. However, Spalding and Metz (1997) found that the deferring style of coping is not a helpful method of coping in a population of recovering alcoholics. It is possible that the deferring coping style is most helpful in situations seen as less controllable (i.e., Pargament et al., 1988).

Interestingly, Self-Directing was the only religious coping style that was positively related to Binge and Weekend Drinking. Other studies have found a relationship between self-directing style and poor outcomes. For example, Yangarber-Hicks (2004) found that self-directing coping related positively to poor life satisfaction and lack of participating in recovery activities in a group of severely mentally ill individuals. In addition, Schaefer & Gorsuch (1991) found that undergraduates utilizing the self-directing style were more anxious and more psychologically maladjusted. Pargament et al., (1990) also found self-directing coping to be related to poor mental health. However, self-directing coping has been shown to relate positively to mental health in other studies. For example, in one study, self-directing coping was positively correlated with long-term sobriety from alcohol (Murray, Malcarne, & Goggin, 2003).

What explains the positive relationship found in this study between self-directing coping and alcohol consumption? Pargament (1997) notes that one dimension of religious coping is attempting to transcend one's problems through a connection with the divine. Both collaborative and deferring religious coping strategies incorporate one's connection with the divine in order to transcend life's

difficulties. However, individuals who engage in self-directing coping are not choosing to rely upon their connection with the divine. Alcohol may offer a substitute or alternative approach to trying to experience transcendence.

### *Religious Coping and Negative Affect*

The hypothesis that religious coping would be related to anxiety and depression was not supported in this study. Some studies have similarly shown no relationship between religious coping and negative affect. Park and Cohen (1993) found that engaging in religious rituals and good deeds was unrelated to depression in a group of students dealing with the death of a friend. Additionally, Carey (1977) found that intrinsic religiousness was unrelated to depression in a group of widows/widowers. However, other studies have shown that religious variables are positively related to adjustment. For example, Harris, Schoneman, and Carrera (2002) found that prayer and religious commitment related to lower levels of anxiety in college students. Previous research has also demonstrated an inverse relationship between collaborative coping and negative affect in college students (i.e. Pargament et al., 1988; Schaefer and Gorsuch, 1991). Schaefer and Gorsuch (1991) found that the deferring style of coping was negatively related to general anxiety in a group of church affiliated undergraduate students. Another study found that for Catholic college students, religion served as a stress moderator and a stress deterrent (Park, Cohen, & Herb, 1990). More specifically, for Catholic college students, intrinsic religious coping was related to lower levels of depression, but only when the perceived controllability of the

stressor was high. In contrast, for Protestants, intrinsic religiousness was related to lower levels of depression when controllability of the stressor was low.

One possible reason why religious coping was not significantly related to depression and anxiety is that participants were not selected for this study based upon level of distress. Generally, the rates of depression and anxiety were low for these participants, as evidenced by the group means (Depression,  $M = 16.13$ ,  $SD = 10.16$ , scale range of 0-60; Anxiety,  $M = 39.03$ ,  $SD = 10.16$ , scale range of 9-81). It is also possible that the connection between religious coping and negative affect is not as strong during college as in other developmental phases. Some studies suggest that religious coping changes throughout college years. For example, UCLA (2003) suggests that students' belief in the importance of integrating spirituality into their daily lives increases as they progress through their college years.

#### *Relationship Between Nonreligious Variables and Adjustment*

Only one nonreligious coping variable, denial, predicted adjustment after the effects of the demographic/background variables were controlled for. Denial was positively correlated with both alcohol consumption measures. The fact that denial, which is a type of avoidance coping, positively correlated with weekend drinks and binge drinking, is consistent with previous research. For example, Britton (2004) found that use of the denial coping strategy predicted alcohol-related consequences in a group of undergraduate students. Similarly, Evans and Dunn (1994) found that avoidance coping predicted higher levels of drinking in college undergraduates. Moos and Moos (2006) found that greater use of

avoidance coping predicted greater likelihood of relapse among individuals with alcohol problems. However, in this study, alcohol consumption was used as a measure of adjustment, because alcohol abuse is a significant problem among college students. Alcohol can be conceptualized as a form of avoidance coping for some people; some students may use alcohol as a means to forget or distance themselves from their problems.

Denial was also positively correlated with anxiety and depression, which is supported by previous research. For example, Maltby and Day (1999) found that among both male and female undergraduates, avoidance coping was a predictor of depression. Penland, Masten, Zelhart, Fournet, and Callahan (2000) found that depressed students who exhibited negative self-schemas reported using more avoidance type coping strategies. Ward and Kennedy (2001) found that avoidance coping was the greatest predictor of depression among individuals adjusting to cross-cultural transitions. One possible explanation for the relationship between avoidance coping and negative affect is that avoidance coping strategies do nothing to solve the problem. In fact, the problem may intensify when not directly dealt with. This, in turn, may contribute to increased feelings of depression and anxiety.

Planning was not significantly related to adjustment measures. Other research suggests that planning, a problem-focused technique, is part of a positive pattern of coping (i.e. Leong & Bonz, 1997) and correlates to lower levels of depression among some undergraduates (Nakano, 1991). Emotion-focused coping has been shown to relate to poor outcomes in some circumstances. One

study suggested that first-year students who vent their emotions experienced higher levels of depression and anxiety (Leong & Bonz, 1997). As noted earlier, the fact that participants were not experiencing high levels of distress may help explain the lack of significant relationships.

*Do religious and nonreligious coping contribute uniquely to the prediction of alcohol abuse?*

The hypothesis that religious coping predicts adjustment beyond nonreligious coping was supported in this study. Religious coping predicted Binge drinking and Weekend Drinks beyond Denial and demographics. This study demonstrated that both Denial and religious coping contribute uniquely to alcohol abuse. Other studies have similarly found that religious coping is able to predict adjustment beyond nonreligious coping style of social support (i.e. Pargament et al., 1990; Tix and Frazier, 1998). These findings suggest that it is important to study how both religious and nonreligious coping relate to adjustment.

*Study Limitations*

Several limitations need to be taken into consideration when interpreting this study. First, this study consisted of primarily Caucasian students attending a private Catholic university. It is unclear to what extent these findings generalize to the population of first-year college students, as well as a group of older students. Another limitation of this study was that participants were from a non-clinical population and generally scored low on measures of depression and anxiety. The restricted range made it more difficult to adequately examine the

relationship between coping strategies and anxiety and depression. The correlational nature of the study does not allow researchers to draw conclusions regarding the direction of causality between coping strategies and adjustment. Lastly, all measures were self-report. Future researchers should consider using observer-report measures to corroborate findings. Despite these limitations, the findings of this study have important implications for researchers and clinicians.

### *Suggestions for Researchers*

Although a large body of research has found an inverse relationship between religiousness and alcohol consumption, fewer studies have examined how specific religious coping strategies relate to alcohol consumption. This study provided evidence that the self-directing style of religious coping is possibly related to alcohol use. Additional research in this area might provide a deeper understanding of how certain types of religious problem-styles increase or decrease problematic drinking behavior in young people. It may also be beneficial to researchers to further explore the relationship between social satisfaction and alcohol consumption in young people. In addition, the results of this study suggest that researchers assessing religious coping among college students should consider multiple assessment techniques (e.g., open-ended questions and Likert-type measures).

### *Suggestions for College Counselors*

This study has provided some interesting insight into the complex relationship between religiosity and alcohol use. The findings of this study suggest that counselors may want to consider the role of religious coping when

working with clients who abuse alcohol. Although not all clients will want to address these issues in therapy, some may appreciate the opportunity to integrate spirituality into treatment. Therapists need to be aware that religion relates to alcohol use in complex ways and that college students who use self-directing coping might be more likely to consume alcohol. In addition, this study also provided further evidence that avoidance coping strategies (e.g. denial) relate to poorer outcomes. Therapists may wish to communicate this to clients with avoidance coping styles and help them to develop more adaptive coping styles. Lastly, several research studies have suggested that as a religious group, Catholics have some of the highest drinking rates (i.e., Patock-Peckham, et al., 1998), especially in the teen years (Merrill, Folsom, and Christopherson, 2005). Campus based prevention and intervention programs may be helpful in reducing alcohol problems among first-year students and helping them to better adjust to the demands of college life.



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APPENDIX A  
DEMOGRAPHICS

1. Age \_\_\_\_\_
2. Sex: 1. Female \_\_\_\_\_ 2. Male \_\_\_\_\_
3. Race: 1. American Indian \_\_\_\_\_ 2. Asian or Pacific Islander \_\_\_\_\_  
3. African-American \_\_\_\_\_ 4. Latino(a) \_\_\_\_\_  
5. Caucasian \_\_\_\_\_ 6. Other (please specify) \_\_\_\_\_
4. Current living arrangement
  1. Residence Hall \_\_\_\_\_
  2. UD owned home \_\_\_\_\_
  3. Parents \_\_\_\_\_
  4. Off campus residence \_\_\_\_\_
  5. Other \_\_\_\_\_
5. Religious affiliation:
  1. Protestant \_\_\_\_\_
  2. Catholic \_\_\_\_\_
  3. Jewish \_\_\_\_\_
  4. Muslim \_\_\_\_\_
  5. Other (please specify) \_\_\_\_\_

6. On a scale of 1-5, please identify your satisfaction with your social life since you arrived at college.

1	2	3	4	5
not satisfied	somewhat satisfied		very satisfied	

7. How difficult has your adjustment to college been?

1	2	3	4	5
not at all difficult	somewhat difficult		very difficult	

8. On a scale of 1-5, please identify the level of conflict in your family.

1	2	3	4	5
no conflict	some conflict		frequent conflict	

9. On a scale of 1-5, please identify your satisfaction with your academic progress since arriving at college.

1	2	3	4	5
not satisfied	somewhat satisfied		very satisfied	

10. Prior to leaving for college, how many times have you been away from home for two months or longer? \_\_\_\_\_

11. List the three biggest challenges (rank ordered starting with the most difficult) that you have faced since you have arrived at college. Next to each challenge, on a scale of 1-5, please indicate how much control you generally have over that particular problem.

1) _____	1	2	3	4	5
	no control		some control		a lot of control
2) _____	1	2	3	4	5
	no control		some control		a lot of control
3) _____	1	2	3	4	5
	no control		some control		a lot of control

12. Please list the top three strategies that you use when coping with the problems you have faced since arriving at college. The strategy you have found most helpful should be listed first, the next most helpful strategy should be listed second, and the next most helpful strategy should be listed third.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## APPENDIX B

### HOGE INTRINSIC RELIGIOUS MOTIVATION SCALE

Please use the following scale to indicate your response to each statement listed below:

	Strongly Disagree	Moderately Disagree	Agree	Strongly Agree
1. My faith involves all my life.	1	2	3	4
2. One should seek God's guidance when making every important decision.	1	2	3	4
3. In my life I experience the presence of the Divine.	1	2	3	4
4. My faith sometimes restricts my actions.	1	2	3	4
5. Nothing is as important to me as serving God as best I know how.	1	2	3	4
6. I try hard to carry my religion over into all my other dealings in life.	1	2	3	4
7. My religious beliefs are what really lie behind my whole approach to life.	1	2	3	4
8. It doesn't matter so much what I believe as long as I lead a moral life.	1	2	3	4
9. Although I am a religious person, I refuse to let religious considerations influence my everyday affairs.	1	2	3	4
10. Although I believe in my religion, I feel there are many more important things in life.	1	2	3	4

## APPENDIX C

### COPE

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by blackening one number on your answer sheet for each, using the response choices listed just below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

- 1 = I usually don't do this at all
- 2 = I usually do this a little bit
- 3 = I usually do this a medium amount
- 4 = I usually do this a lot

- \_\_\_ 1. I say to myself "this isn't real."
- \_\_\_ 2. I discuss my feelings with someone.
- \_\_\_ 3. I make a plan of action.
- \_\_\_ 4. I refuse to believe that it has happened.
- \_\_\_ 5. I try to get emotional support from friends or relatives.
- \_\_\_ 6. I try to come up with a strategy about what to do.
- \_\_\_ 7. I pretend that it hasn't really happened.



- ☐ 8. I get sympathy and understanding from someone.
- ☐ 9. I think about how I might best handle the problem.
- ☐ 10. I act as though it hasn't even happened.
- ☐ 11. I talk to someone about how I feel.
- ☐ 12. I think hard about what steps to take.

Items 1,4,7,10 represent Denial

Items 2,5,8,11 represent Seeking Emotional Social Support

Items 3,6,9,12 represent Planning

## APPENDIX D

### RELIGIOUS PROBLEM SOLVING SCALE

Please read the statements listed below and for each statement please indicate to what extent each of the following was involved in your coping with the event. Please use the following scale to record your answers:

1. When I have a problem, I talk to God about it and together we decide what it means.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

2. Rather than trying to come up with the right solution to a problem myself, I let God decide how to deal with it.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

3. When faced with trouble, I deal with my feelings without God's help.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

4. When a situation makes me anxious, I wait for God to take those feelings away.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

5. Together, God and I put my plans into action.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

6. When it comes to deciding how to solve a problem, God and I work together as partners.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

7. I act to solve my problems without God's help.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

8. When I have difficulty, I decide what it means by myself without help from God.
- |       |              |              |            |        |
|-------|--------------|--------------|------------|--------|
| 1     | 2            | 3            | 4          | 5      |
| Never | Occasionally | Fairly Often | Very Often | Always |
9. I don't spend much time thinking about troubles I've had; God makes sense of them for me.
- |       |              |              |            |        |
|-------|--------------|--------------|------------|--------|
| 1     | 2            | 3            | 4          | 5      |
| Never | Occasionally | Fairly Often | Very Often | Always |
10. When considering a difficult situation, God and I work together to think of possible solutions.
- |       |              |              |            |        |
|-------|--------------|--------------|------------|--------|
| 1     | 2            | 3            | 4          | 5      |
| Never | Occasionally | Fairly Often | Very Often | Always |
11. When a troublesome issue arises, I leave it up to God to decide what it means for me.
- |       |              |              |            |        |
|-------|--------------|--------------|------------|--------|
| 1     | 2            | 3            | 4          | 5      |
| Never | Occasionally | Fairly Often | Very Often | Always |
12. When thinking about a difficult situation, I try to come up with possible solutions without God's help.
- |       |              |              |            |        |
|-------|--------------|--------------|------------|--------|
| 1     | 2            | 3            | 4          | 5      |
| Never | Occasionally | Fairly Often | Very Often | Always |
13. After solving a problem, I work with God to make sense of it.
- |       |              |              |            |        |
|-------|--------------|--------------|------------|--------|
| 1     | 2            | 3            | 4          | 5      |
| Never | Occasionally | Fairly Often | Very Often | Always |
14. When deciding on a solution, I make a choice independent of God's input.
- |       |              |              |            |        |
|-------|--------------|--------------|------------|--------|
| 1     | 2            | 3            | 4          | 5      |
| Never | Occasionally | Fairly Often | Very Often | Always |
15. In carrying out the solutions to my problems, I wait for God to take control and know somehow He'll work it out.
- |       |              |              |            |        |
|-------|--------------|--------------|------------|--------|
| 1     | 2            | 3            | 4          | 5      |
| Never | Occasionally | Fairly Often | Very Often | Always |
16. I do not think about different solutions to my problems because God provides them for me.
- |       |              |              |            |        |
|-------|--------------|--------------|------------|--------|
| 1     | 2            | 3            | 4          | 5      |
| Never | Occasionally | Fairly Often | Very Often | Always |

17. After I've gone through a rough time, I try to make sense of it without relying on God.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

18. When I feel nervous or anxious about a problem, I work together with God to find a way to relieve my worries.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

19. When I'm upset, I try to soothe myself, and also share the unpleasantness with God so He can comfort me.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

20. When faced with a decision, I make the best choice I can without God's involvement.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

21. God solves problems for me without my doing anything.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

22. When I have a problem, I try not to think about it and wait for God to tell me what it means.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

23. In carrying out solutions, I work hard at them knowing God is working right along with me.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

24. When a difficult period is over, I make sense of what happened on my own without involvement from God.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

25. When faced with a question, I work together with god to figure it out.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

26. When I feel nervous or anxious, I calm myself without relying on God.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

27. God doesn't put solutions to my problems into action; I carry them out myself.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

28. I don't worry too much about learning from difficult situations, since God will make me grow in the right direction.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

29. When I am trying to come up with different solutions to troubles I am facing, I do not get them from God but think of them myself.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

30. When a hard time has passed, God works with me to help me learn from it.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

31. God and I talk together and decide upon the best answer to my question.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

32. When faced with a decision, I wait for God to make the best choice for me.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

33. I do not become upset or nervous because God solves my problems for me.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

34. When I run into trouble, I simply trust in God knowing that He will show me the possible solutions.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

35. When I run into a difficult situation, I make sense out of it on my own without divine assistance.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

36. The Lord works with me to help me see a number of different ways that a problem can be solved.

1	2	3	4	5
Never	Occasionally	Fairly Often	Very Often	Always

## APPENDIX E

### CENTER FOR EPIDEMICAL STUDIES-DEPRESSED MOOD SCALE (CES-D)

Using the scale below, indicate the number which best describes now often you felt or behaved this way-DURING THE PAST MONTH.

0= Rarely or none of the time (less than 1 day)

1= Some or a little of the time (1-2 days)

2= Occasionally or a moderate amount of time (3-4 days)

3= Most or all of the time (5-7 days)

DURING THE PAST WEEK:

- \_\_\_ 1. I was bothered by things that usually don't bother me.
- \_\_\_ 2. I did not feel like eating: my appetite was poor.
- \_\_\_ 3. I felt that I could not shake off the blues even with help from my family or friends.
- \_\_\_ 4. I felt that I was just as good as other people.
- \_\_\_ 5. I had trouble keeping my mind on what I was doing.
- \_\_\_ 6. I felt depressed.
- \_\_\_ 7. I felt that everything I did was an effort.
- \_\_\_ 8. I felt hopeful about the future.
- \_\_\_ 9. I thought my life had been a failure.
- \_\_\_ 10. I felt fearful.
- \_\_\_ 11. My sleep was restless.
- \_\_\_ 12. I was happy.
- \_\_\_ 13. I talked less than usual.
- \_\_\_ 14. I felt lonely.
- \_\_\_ 15. People were unfriendly.
- \_\_\_ 16. I enjoyed life.
- \_\_\_ 17. I had crying spells.

- \_\_\_ 18. I felt sad.
- \_\_\_ 19. I felt that people disliked me.
- \_\_\_ 20. I could not get "going."



# APPENDIX F

## COSTELLO-COMREY ANXIETY SCALE

Please circle the number that best describes your response to each item.

- 1 I get rattled easily.
 

Almost	Very	Fairly	Almost
Always	frequently	often	never
9	8	7	6
			5
			4
			3
			2
			1
- 2 When faced with excitement or unexpected situations, I become nervous and jumpy.
 

Almost	Very	Fairly	Almost
Always	frequently	often	never
9	8	7	6
			5
			4
			3
			2
			1
- 3 I am calm and not easily upset.
 

Almost	Very	Fairly	Almost
Always	frequently	often	never
9	8	7	6
			5
			4
			3
			2
			1
- 4 When things go wrong 'I get nervous and upset instead of calmly thinking out a solution.
 

Almost	Very	Fairly	Almost
Always	frequently	often	never
9	8	7	6
			5
			4
			3
			2
			1
- 5 It makes me nervous when I have to wait.
 

Almost	Very	Fairly	Almost
Always	frequently	often	never
9	8	7	6
			5
			4
			3
			2
			1

- 6 I am tense, "high-strung" person.
- |        |        |      |            |              |              |              |
|--------|--------|------|------------|--------------|--------------|--------------|
| Always | Almost | Very |            |              |              |              |
| 9      | 8      | 7    | Frequently | Fairly often | Occasionally | Rarely       |
|        |        |      | 6          | 5            | 4            | 3            |
|        |        |      |            |              |              | 2            |
|        |        |      |            |              |              | Almost never |
|        |        |      |            |              |              | 1            |
|        |        |      |            |              |              | Never        |
- 7 I am more sensitive than most other people.
- |        |        |      |            |              |              |              |
|--------|--------|------|------------|--------------|--------------|--------------|
| Always | Almost | Very |            |              |              |              |
| 9      | 8      | 7    | Frequently | Fairly often | Occasionally | Rarely       |
|        |        |      | 6          | 5            | 4            | 3            |
|        |        |      |            |              |              | 2            |
|        |        |      |            |              |              | Almost never |
|        |        |      |            |              |              | 1            |
|        |        |      |            |              |              | Never        |
- 8 My hand shakes when I try to do something.
- |        |        |      |            |              |              |              |
|--------|--------|------|------------|--------------|--------------|--------------|
| Always | Almost | Very |            |              |              |              |
| 9      | 8      | 7    | Frequently | Fairly often | Occasionally | Rarely       |
|        |        |      | 6          | 5            | 4            | 3            |
|        |        |      |            |              |              | 2            |
|        |        |      |            |              |              | Almost never |
|        |        |      |            |              |              | 1            |
|        |        |      |            |              |              | Never        |
- 9 I am a nervous person.
- |        |        |      |            |              |              |              |
|--------|--------|------|------------|--------------|--------------|--------------|
| Always | Almost | Very |            |              |              |              |
| 9      | 8      | 7    | Frequently | Fairly often | Occasionally | Rarely       |
|        |        |      | 6          | 5            | 4            | 3            |
|        |        |      |            |              |              | 2            |
|        |        |      |            |              |              | Almost never |
|        |        |      |            |              |              | 1            |
|        |        |      |            |              |              | Never        |

## APPENDIX G

### ALCOHOL CONSUMPTION

For the questions below, one drink = 12 ounces of beer, one 4 ounce glass of wine, one shot of liquor, or one mixed drink containing one ounce of liquor

1. If you are a male, how many times have you had five or more drinks in a sitting during the last 2 weeks? \_\_\_\_\_
2. If you are a female, how many times have you had four or more drinks in a sitting during the last 2 weeks? \_\_\_\_\_
3. Consider your drinking behavior during the past weekend. Indicate the number of drinks that you consumed each of the following days. If you drank between midnight and 6:00 am, include these drinks in the previous night's drinks. For example, drinks consumed after midnight on Saturday would be included in Saturday's rather than Sunday's total.

Thursday total # of drinks \_\_\_\_\_

Friday total # of drinks \_\_\_\_\_

Saturday total # of drinks \_\_\_\_\_

## APPENDIX H

### INFORMED CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

<b>Project Title:</b>	Religious Coping and Adjustment to College
<b>Investigator(s):</b>	Monika Harasim-Pieper and Dr. Rye (faculty sponsor)
<b>Description of Study:</b>	Participants will complete a series of questionnaires concerning adjustment to college. Participants will be asked questions concerning demographic information, current stressors, religious and nonreligious coping strategies, anxiety, depression, and alcohol consumption designed to assess coping religious and nonreligious coping strategies. All of the questionnaires add up to a total of 102 items.
<b>Adverse Effects and Risks:</b>	Minimal discomfort is anticipated. However, it is possible that some participants may experience some discomfort when recalling stressors which have contributed to their difficulties with adjusting to college. The following examples are some items you may endorse on your questionnaires which may present clinical concern (e.g. "I had crying spells"; "I felt depressed"; "I felt my life had been a failure.") If you endorse items such as these, then you may be someone who would benefit from talking to a counselor at the UD Counseling Center. If you would like to do this, you can contact the center at 229-3141 and arrange an appointment to speak with a counselor. Services are free and confidential.
<b>Duration of Study:</b>	It is expected the average participants will take approximately 40 minutes to complete the study.
<b>Confidentiality of Data:</b>	Responses to questions are strictly confidential and names will be replaced with research codes at the top of all questionnaires. Questionnaires will be kept in a secure and locked location to which only the researchers will have access to.

**Contact  
Person:**

If students have questions or problems they may contact Monika Harasim-Pieper (phone: (937) 432-2458; email monika\_harasim@hotmail.com) or Dr. Mark Rye, the faculty sponsor. He may be reached at phone: (937) 229-2160; email: Mark.Rye@notes.udayton.edu, office: SJ 310. Students may also contact Dr. Charles E. Kimble, chair of the Research Review and Ethics Committee. He may be reached at (937)229-2167; email: Charles.Kimble@notes.udayton.edu; office: SJ 319.

**Consent to  
Participate:**

I have voluntarily decided to participate in this study. The investigator named above has adequately answered any and all questions I have about this study, the procedures involved, and my participation. I understand that the investigator named above will be available to answer any questions about research procedures throughout this study. I also understand that I may voluntarily terminate my participation in this study at any time and still receive full credit. I also understand that the investigator named above may terminate my participation in this study if s/he feels this to be in my best interest. In addition, I certify that I am 18 (eighteen) years of age or older.

---

Signature of Student	Student's Name (printed)	Date
----------------------	--------------------------	------

---

Signature of Witness
----------------------

Date
------

## APPENDIX I

### DEBRIEFING LETTER

Dear Participant:

Thank you for completing the questionnaire. The primary goals of this study were to: 1) Examine to what extent first year college students use religious coping. It is hypothesized that the majority of first-year college students use some form of religious coping in their everyday lives. 2) Examine how religious coping relates to adjustment to college. It is hypothesized that certain types of religious coping will have stronger relationships to anxiety, depression, and alcohol abuse than others. 3) Examine which coping strategy (religious or nonreligious) best predicts adjustment to college. It is hypothesized that religious coping will predict adjustment beyond nonreligious coping.

You were asked to complete a survey with a variety of questions that relate to religious coping, psychological adjustment, and nonreligious coping. These questions will be examined to determine the relationship between these variables. Remember that your responses to these questions are strictly confidential and names were replaced with research codes at the top of your questionnaire. I am interested in your answers as a group.

Many first year college students have difficulty adjusting to college and if you are one of those students you are not alone. Many valuable books and websites are designed to assist you with your transition into college. If you would like more information about adjustment go to:

1. <http://www.udayton.edu/~psych/handbook/SUPPOR~1.HTM>
2. <http://www.aboutcollege.com/>
3. <http://fastweb.monster.com/fastweb/resources/index/205?id=>

The following examples are some items you may have endorsed on your questionnaires which may present clinical concern (e.g. "I had crying spells"; "I

felt depressed"; "I felt my life had been a failure.") If you endorsed items such as these, then you may be someone who would benefit from talking to a counselor at the Counseling Center here at UD. If you would like to do this, you can contact the center at 229-3141 and arrange an appointment to speak with a counselor. Again, thank you for participating in this study. If you are interested in obtaining a summary of the results please provide us with your name and address. If you have any additional questions, please feel free to contact Monika Harasim-Pieper (phone: 937-432-2458; email: [monika\\_harasim@hotmail.com](mailto:monika_harasim@hotmail.com)) or Dr. Mark Rye (phone: 937- 229-2160; email: [Mark.Rye@notes.udayton.edu](mailto:Mark.Rye@notes.udayton.edu); office: SJ 310.) You may also contact Dr. Charles E. Kimble, chair of the Research Review and Ethics Committee (phone: 937-229-2167; email: [Charles.Kimble@notes.udayton.edu](mailto:Charles.Kimble@notes.udayton.edu); office: SJ 319). Thank you.

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