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Comparison of Religious Problem-Solving Styles on the Use of Problem-Focused and Maladaptive Emotion-Focused Coping Related to Financial Strain and Stress

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COMPARISON OF RELIGIOUS PROBLEM-SOLVING STYLES ON THE USE OF
PROBLEM-FOCUSED AND MALADAPTIVE EMOTION-FOCUSED COPING
RELATED TO FINANCIAL STRAIN AND STRESS

by

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A dissertation submitted to the Graduate College
in partial fulfillment of the requirements
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Kirk A. Vander Molen, Ph.D.

Western Michigan University, 2018

Poverty negatively impacts individuals and society as a whole in various ways, including emotional and physical health, relationships, education, crime, stress, and the economy (Adler & Ostrove, 1999; Anakwenze & Zuberi, 2013; Caplan & Schooler, 2007; Yoshikawa, Aber, & Beardslee, 2012). How people cope with the stress of poverty and engage with its causes and potential solutions impacts their capacity to survive, manage, and work toward improving their situation (Caplan & Schooler, 2007; Cohen & Wills, 1985; Santiago, Etter, Wadsworth, & Raviv, 2012). Problem-focused coping involves a person's engagement to make plans, mobilize resources, and take action to manage or alter the problem (Folkman & Lazarus, 1985). Emotion-focused coping is directed at the regulation of emotional responses to circumstances (Folkman & Lazarus, 1985) and can be negative or positive. Negative (or maladaptive) emotion-focused coping responds to situations in maladaptive ways, such as self-blame, behavior disengagement, and denial of circumstances. Religious belief and practice has been identified as influential on the coping process of people experiencing stressful life events (Harrison, 2001) and as a contributing factor in the use of emotion-focused and problem-focused coping (Caplan & Schooler, 2003, 2007; Cohen & Wills, 1985; Raikes & Thompson, 2005; Thoits, 1995). This dissertation explores the relationship between a person's Religious Problem Solving Style

(RPSS) and self-efficacy with the use and interaction of problem-focused and maladaptive emotion-focused coping on financial strain and stress. The RPSS scale measures religious coping related to problem-solving on two dimensions of a person's perspective of God: (1) locus of responsibility for the problem-solving process, and (2) level of divine involvement in the problem-solving process. The three RPSS styles are Self-directing, Collaborative, and Deferring. This is a cross-sectional study involving participants in a faith-based poverty alleviation class and mentoring program. The sample ($N = 43$) was recruited from two affiliates of Love In the Name of Christ (Love INC), one from Michigan and the other from Idaho. The survey was a paper-and-pencil instrument containing a total of 39 questions. Variables of the study were financial strain, financial stress, religious problem-solving styles, self-efficacy, problem-focused coping, and maladaptive emotion-focused coping. Of the three RPSS styles, only Collaborative RPSS had a statistically significant correlation with self-efficacy (.32, $p < .05$). Problem-focused coping had a significant positive relationship with self-efficacy (.33, $p < .05$) and Collaborative RPSS (.40, $p < .01$) and a significant negative relationship with Self-directing RPSS ($-.34$, $p < .05$). Maladaptive emotion-focused coping had a significant positive relationship with Self-directed RPSS (.34, $p < .05$) and a significant negative relationship with Deferring RPSS ($-.33$, $p < .05$). Regression analyses did not indicate statistically significant findings with the interaction between problem-focused and maladaptive emotion-focused coping on financial strain or stress with any RPSS style. Slopes from regression analyses were calculated and presented graphically to identify direction and intensity of the interactions of study variables. Suggestions for practice and future research are presented.

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CHAPTER I

INTRODUCTION

Three-Paper Dissertation: Explanation and Related Purposes

This three-paper dissertation is made up of three independent, stand-alone papers that collectively contribute to the overall goal of exploring the relationship between a person's perspective of divine locus of control and self-efficacy with problem-focused and maladaptive emotion-focused coping of participants in a faith-based poverty alleviation program. This chapter provides a statement of the problem, research questions, background information, significance of the research, and broad methodology. Chapters II to IV include one paper each related to the research topic. Each paper includes the following sections: introduction, methods, results, discussion, implications, limitations, and conclusion. Chapter V provides a summary of each paper and discusses the collective findings and implications.

Research Questions

Overall Research Question: What is the association of religious problem-solving styles and self-efficacy on the use and interaction of problem-focused and maladaptive emotion-focused coping on financial strain and stress in a faith-based poverty alleviation program?

Research Question – Paper I: What is the association of religious problem-solving styles and self-efficacy on the use of problem-focused coping of participants in a faith-based poverty alleviation program?

Research Question – Paper 2: What is the association of religious problem-solving styles and self-efficacy on the use of maladaptive emotion-focused coping of participants in a faith-based poverty alleviation program?

Research Question – Paper 3: What is the interaction of problem-focused and maladaptive emotion-focused coping on financial strain and stress between religious problem-solving styles of participants in a faith-based poverty alleviation program?

Figure 1.1. identifies the research model of this study.

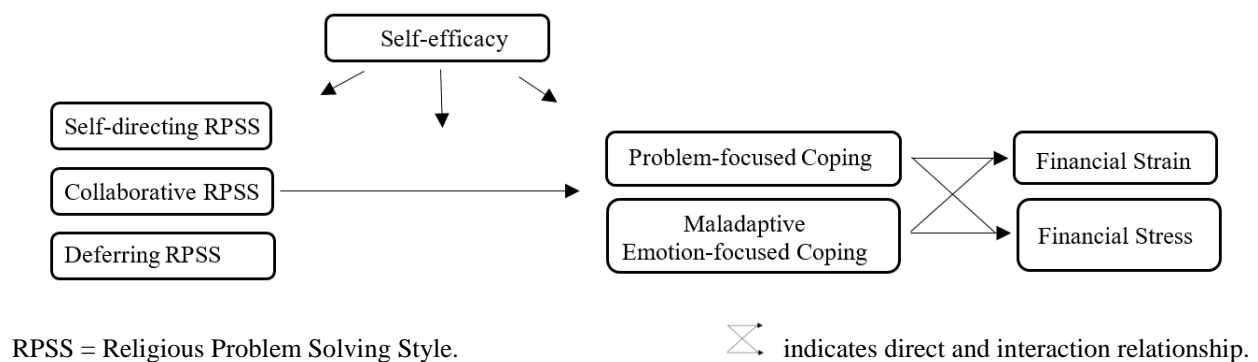


Figure 1.1. Conceptual model of research.

Background and Significance

Prevalence and Challenges of Poverty

In 2015, 13.5% of the U.S. population (43.1 million people) lived in poverty (U.S. Census Bureau, 2016a). For a family of four with two children under the age of 18, the poverty threshold was \$24,036 per year (U.S. Census Bureau, 2016b). The individual and societal causes and negative effects of poverty are complex and interrelated, including various types of discrimination; personal aptitudes, skills, and motivation; education; crime; and the economy (Adler & Ostrove, 1999; Anakwenze & Zuberi, 2013; Caplan & Schooler, 2007; Yoshikawa,

Aber, & Beardslee, 2012). How people cope with poverty is important as it impacts their capacity to survive, manage, and work toward improving their situation (Caplan & Schooler, 2007; Cohen & Wills, 1985; Santiago, Etter, Wadsworth, & Raviv, 2012).

Coping is the behavioral, emotional, spiritual, and cognitive means by which a person attempts to regulate stressful emotions, appraise situations, and alter the cause of the distress (Folkman, Lazarus, Gruen, & Delongis, 1986; Thoits, 1995). Poor coping can cause people to experience a snowball effect of increasing life challenges leading to discouragement and fatigue. Helplessness and resignation can easily set in, causing a downward spiral as challenges compound and coping capacity decreases (Caplan & Schooler, 2007). This impact has generational consequences. For example, children growing up in poverty can face developmental disadvantages in cognition and emotional, physical, and mental health, which are extended into challenges experienced in adulthood (Fass, Alden Dinan, & Aratani, 2009). Nearly half (45%) of children who live in poverty for more than half of their childhood (birth to age 15) will also live in poverty at age 35 (Fass et al., 2009). What can help change this trajectory? Broadly, this study explores factors related to how people cope in poverty. Specifically, it focuses on the relationship of religion/spirituality (R/S), self-efficacy, problem-focused and maladaptive emotion-focused coping, and financial strain and stress.

Coping

Folkman and Moskowitz (2004) categorized coping in four categories: problem-focused, emotion-focused, meaning-focused, and social-focused. Of these, problem-focused and emotion-focused coping are a common dyad of discussion. Problem-focused coping involves a person's engagement to make plans, mobilize resources, and take action to manage or alter the problem (Folkman & Lazarus, 1985). Problem-focused coping is positive in that it proactively

engages people to improve their circumstances. Emotion-focused coping is directed at the regulation of emotional responses to circumstances (Folkman & Lazarus, 1985) and can be negative or positive. Negative emotion-focused coping responds to situations in maladaptive ways, such as self-blame, behavior disengagement, and denial of circumstances. Positive emotion-focused coping strategies, such as venting, humor, and positive reframing, can allow a person to stabilize, adjust, and move forward with problem-focused coping.

Heppner, Cook, Wright, and Johnson (1995) offered the concepts of engaging or disengaging as alternative categories of coping through which other steps, aspects, or categories can be understood. Within this framework, Heppner et al. suggested that aspects of emotion-focused and problem-focused coping can come together to further a person's engagement or disengagement of circumstances. Research has identified a link between low socioeconomic status and greater use of emotion-focused coping and lesser use of problem-focused coping (Caplan & Schooler, 2007). For those who are already struggling, this decreases the likelihood of one's ability to address the underlying issue of the problem. Caplan and Schooler characterized this as "a double disadvantage" (p. 56) for those who are poor. Said in another way, people most exposed to financial hardship may be least equipped to address its causes. Problem-focused coping will be further explored in Chapter II, maladaptive (negative) emotion-focused coping in Chapter III, and their interaction in Chapter IV.

Religion/Spirituality Related to Coping

Religion and spirituality are closely related concepts that are often used interchangeably. In this dissertation, I combined the terms using "R/S" when other research was not specific. When able and appropriate, the individual terms were used to identify their specific meanings. Religion can be defined as organized beliefs, practices, and rituals adhered to by a particular

group of people who share a common belief related to the transcendent or the divine (Koenig, 2011). Spirituality is understood as a personal quest for understanding of the ultimate questions about life, and meaning related to the sacred or transcendent (King & Koenig, 2009). Taken together, religion/spirituality (R/S) involves a person's cognitive, emotional, behavioral, interpersonal, and psychological dimensions of life (Hill & Pargament, 2008). R/S is a reference point in the lives of a majority of people in the United States. Recent findings from a nationally representative sample indicated that approximately 79% of the adult population in the U.S. identify with a religion, 74% with Christianity (Gallup, 2016a). Fifty-three percent of those surveyed identified religion as very important to their lives (Gallup, 2016b). Fifty-four percent stated they believe that religion can answer all or most of today's problems (Gallup, 2016b). Given these statistics, R/S is an important consideration regarding how people cope.

Two meta-analysis studies (Ano & Vasconcelles, 2005; Koenig, 2012) have identified a positive relationship between R/S with both mental and physical health. In analysis of 454 studies related to a wide range of illnesses and stressors, Koenig (2012) identified that, in the vast majority of studies, R/S was identified as helpful. Religion/Spirituality also had a positive relationship with well-being, hope, optimism, and self-esteem in at least 68% of related studies (Koenig, 2012).

Ano and Vasconcelles (2005) analyzed 49 studies related to religious coping and adjustment to psychological stress. They found that positive religious coping was positively correlated with psychological adjustment variables such as self-esteem, life satisfaction, and quality of life. Additional research has identified religious belief and faith practice as influential on the coping process of people experiencing stressful life events (Harrison, 2001), and as a contributing factor in the use of emotion-focused and problem-focused coping (Caplan &

Schooler, 2003, 2007; Cohen & Wills, 1985; Raikes & Thompson, 2005; Thoits, 1995). It is important to note that while religious coping is often experienced as positive, it is not always experienced as such. Positive religious coping typically reflects a secure relationship with a transcendent force, positive religious appraisal of circumstances, forgiveness, and seeking religious support. Negative religious coping methods reflect spiritual tension, struggles, and an appraisal that God may be punishing a person, resulting in increased stress and interpersonal struggles (Ano & Vasconcelles, 2005).

In 2000, Pargament, Koenig, and Perez developed a measure of religious coping called the RCOPE. The development of RCOPE first involved the identification of five areas of key religious functioning in daily life: meaning, control, comfort/spirituality, intimacy/spirituality, and life transformation. Then to each of these areas, specific religious coping methods were attributed and then categorized as positive or negative. A person's perception of control related to religious coping is a primary focus of this study. The next sections will discuss the concept of locus of control in general, relate it to R/S, and then introduce the Religious Problem-Solving Style (RPSS) scale as a measure of control related to R/S coping.

Locus of Control

Locus of control is the extent to which one believes events or outcomes in life are in one's control (internal locus of control) or out of one's control (external locus of control). People with a greater sense of internal control believe their decisions or actions determine what happens in their lives. Credit or blame for outcomes is attributed to themselves. Those with a greater sense of external control believe outside forces, other people, social systems, chance, or divine direction determine what happens in their lives (Levenson, 1981; Rotter, 1966).

Locus of control is related to other psychological concepts such as fatalism, self-confidence, learned helplessness, and self-efficacy (Caplan & Schooler, 2003). Literature has identified locus of control as being related to coping strategies, socioeconomic status, and as a mediator between socioeconomic status and emotional well-being (Caplan & Schooler, 2003; Mirowsky & Ross, 2003). Additional research has identified a relationship between locus of control and religion, specifically divine control (Furnham, 1982; Pyle, 2006; Schieman, 2008; Smith & Faris, 2005). As would be expected, internal locus of control has been shown to negatively relate to divine control (external control). However, some research has identified a positive relationship, particularly if religion is practiced intrinsically, meaning that religious is personally practiced and integrated in life (Schieman, 2008).

RPSS Related to Locus of Control

Religious coping related to locus of control and problem-solving process was the focus of Pargament, Hathaway, Grevengoed, Newman, and Jones' (1988) work and resulted in the development of the Religious Problem-Solving Style (RPSS) scale. The goal of Pargament et al. was to better understand consistent patterns (or styles) of religious coping related to the problem-solving process on two dimensions of a person's perspective of God: (1) the locus of responsibility for the problem-solving process, and (2) the level of divine involvement in the problem-solving process.

The problem-solving process is generally understood to include six phases: definition of problem, generation of alternative solutions, selection of solution, implementation of solution, redefinition of the problem, and self-maintenance (Pargament et al., 1988). Initial identification of religious problem-solving styles was formulated through interviews of 15 people about their religious problem-solving approaches related to each step of the problem-solving process in

challenging situations. Three styles of religious problem-solving were identified: (1) Self-directing, (2) Collaborative, and (3) Deferring. Self-directing RPSS emphasizes a person's sense of independence and individual responsibility, without God, to cope, plan, and take action to solve the problem. Collaborative RPSS is a partnership between a person and God in appraising, coping with, and taking action to respond to situations. Deferring RPSS refers to people who believe God is responsible for the situation, and wait for God to guide and take action to resolve it.

The RPSS scale was developed by identifying two questions for each religious problem-solving style for every phase of the problem-solving process (a total of 36 questions). For example, the first phase of problem-solving is defining the problem. A Self-directing RPSS question for this phase is "When I have difficulty, I decided what it means by myself without help from God"; a Collaborative RPSS question is "When I have a problem, I talk to God about it and together we decide what it means"; and a Deferring RPSS question is "When a troublesome issue arises, I leave it up to God to decide what it means for me." Another example is from the fourth phase of problem-solving: implementing a solution. A Self-directing RPSS question for this phase is "I act to solve my problems without God's help"; a Collaborative RPSS question is "Together, God and I put my plans into action"; and a Deferring RPSS question is "In carrying out the solutions to my problems, I wait for God to take control and know somehow God will work it out" (Pargament et al., 1988).

Further development and testing of the RPSS scale was done with a sample of 197 church members from a Presbyterian and a Missouri Lutheran church, both in the Midwest. The demographics of the participants were 57% female, 69% married, varied educational backgrounds, and an average age of 46 years. On average, participants belonged to the church

for 11 years and 95% attended services at least once a month. Factor analysis was computed and a scree plot indicated three distinct factors along the three identified RPSS, accounting for 86% of the common variance of the sample (Pargament et al., 1988). Internal consistency results using Cronbach's Alpha were .94 for collaborative, .94 for Self-directing RPSS, and .91 for Deferring RPSS. A shorter version of the scale using six questions per style was also developed and was highly correlated to the full scale: Collaborative RPSS ($r = .97$), Self-directing RPSS ($r = .98$), Deferring RPSS ($r = .97$) (Pargament et al., 1988).

For the current study, the RPSS scale was modified to accommodate survey length needs. Instead of asking questions related to each of the six steps of the problem-solving process, only three steps were explored. The steps that were chosen were definition of the problem, implementation of a solution, and self-maintenance. Definition of the problem was selected because how one understands causality and attributes meaning to a problem is the first step of the process that impacts how other steps in the process are approached. Implementation of the solution was selected because it is an action step that incorporates and is based on the alternative solution generation and selection steps. Finally, self-maintenance was selected because it is an ongoing step that can involve all previous steps.

Self-Efficacy

Self-efficacy is a belief about one's ability to function competently and effectively in a particular task or setting (Raikes & Thompson, 2005). Also referred to as mastery, it is related to other psychological concepts such as self-esteem, self-confidence, self-direction, and control (Caplan & Schooler, 2003). Its relationship to locus of control can be described as the extent that one can control specific outcomes of life as opposed to being externally controlled.

Self-efficacy has an influence on how one copes in different situations. It has been identified to have a significant, positive relationship with problem-focused coping (Caplan & Schooler, 2007; Chesney, Neilands, Chambers, Taylor, & Folkman, 2006; Raikes & Thompson, 2005; Thoits, 1995). Conversely, the use of emotion-focused coping is likely to be greater when problems are appraised as less controllable (Caplan & Schooler, 2007). Perceived level of control can impact the appraisal process in determining the extent that something is stressful and, if so, the availability of response options. Research has reported that people in poverty have lower levels of self-efficacy (Raikes & Thompson, 2005). Because perceived control over life and high self-esteem are consistently observed to buffer the negative health effects of stress, researchers have reasoned that these characteristics probably increase the use of effective coping strategies (Thoits, 1995). For example, Raikes and Thompson (2005) summarized that self-efficacy is a reliable predictor of parenting stress levels and moderates the relation between parenting stress and income. Cohen and Wills (1985) stated:

Feelings of helplessness arise because of the perceived inability to cope with situations that demand effective response. Loss of esteem may occur to the extent that the failure to cope adequately is attributed to one's own ability or stable personality traits, as opposed to the some external cause. (p. 312)

Financial Strain and Stress

Financial strain and stress are indicative of those experiencing poverty. Financial strain is the degree to which a person is experiencing financial difficulties, and financial stress is how people feel when they think about their financial situation (Caplan & Schooler, 2007). As a response to financial strain, financial stress can lead to a lower perception of personal control, which, in turn, can lead to an increase in psychological distress (Caplan & Schooler, 2007). For this study, financial strain and stress provide important demographic information and will be

used in Chapter IV as dependent variables for the interaction of problem-focused and maladaptive emotion-focused coping. The financial strain and stress measures were based on a survey used by Caplan and Schooler (2007), adapted from items originally used by Pearlin and Schooler (1978). Pearlin and Schooler's original reliability factor loadings were all above .80 for the negatively worded questions, and -0.70 and -0.69 for the positively worded questions. For financial strain, respondents were asked three questions about how often they did not have enough money to buy or pay for three important categories of life necessities: food, clothing, and household bills (e.g., "How often does it happen that you do not have enough money to buy . . ."). For financial stress, respondents were asked how likely they were to feel certain emotions when they think about their financial situation. Six emotions were listed: bothered/upset, tense, content, worried, frustrated, and relaxed. For both scales, responses were rated on a 5-point scale (1 = "never" to 5 = "always").

General Methodology

Design and Sample

This study received Human Subjects Institutional Review Board approval from Western Michigan University. Participants were recruited through affiliate locations of Love In the Name of Christ (Love INC). Love INC is a U.S. national, non-profit ministry that mobilizes local churches to help people experiencing financial difficulties. Eight affiliates known to have poverty alleviation programs were invited to participate in the study and two accepted. At these affiliates, invitation to participate in the study was offered to established clients in their weekly poverty alleviation programs (classes and mentoring). In all, 43 people agreed to participate in the study, 21 from an affiliate in Michigan and 22 from an affiliate in Idaho. Participation in this cross-sectional study was anonymous and without incentive. Females represented 74% of

participants, 53% were between the ages of 30 and 50, and 63% had some sort of education post high school diploma/GED. Household income was low with 57% of participants reporting income less than \$30,000 and 33% between \$30,000 and \$60,000.

Survey Instrument

The survey was a paper-and-pencil instrument containing a total of 39 questions, which took approximately 40 minutes to complete. Six questions solicited demographic information on age, income, education, and number of household members. The remaining 33 questions used existing scales to explore the following variables of the study: financial strain, financial stress, religious problem-solving styles, self-efficacy, problem-focused coping, and emotion-focused coping. Specifics on the scales used for each variable are described in subsequent chapters of this dissertation.

Summary

Poverty presents many challenges to those who experience it. How people cope impacts their ability to survive and work toward improving their situation. Various factors are related to how people cope, including religion/spirituality and a person's sense of self-efficacy. Research has shown that those of lower socioeconomic status use emotion-focused coping more so than problem-focused coping. This study specifically focused on how RPSS and self-efficacy are related to the use of problem-focused and maladaptive emotion-focused coping.

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CHAPTER II

WHAT IS THE ASSOCIATION OF RELIGIOUS PROBLEM-SOLVING STYLES AND SELF-EFFICACY ON THE USE OF PROBLEM-FOCUSED COPING OF PARTICIPANTS IN A FAITH-BASED POVERTY ALLEVIATION PROGRAM?

Background and Significance

In 2015, 13.5% of the U.S. population (43.1 million people) lived in poverty (U.S. Census Bureau, 2016a). For a family of four with two children under the age of 18, the poverty threshold was \$24,036 per year (U.S. Census Bureau, 2016b). Poverty is well-known to have a negative impact on various aspects of a person's life and society in general: socioemotional, education, health, crime, stress, and the economy (Adler & Ostrove, 1999; Anakwenze & Zuberi, 2013; Caplan & Schooler, 2007; Yoshikawa, Aber, & Beardslee, 2012). How people cope with the stress of poverty and engage with its causes and potential solutions impacts their capacity to survive, manage, and work to improve their situation (Caplan & Schooler, 2007; Cohen & Wills, 1985; Santiago, Etter, Wadsworth & Raviv, 2012). Coping is the behavioral, emotional, spiritual, and cognitive means by which a person attempts to regulate stressful emotions, appraise situations, and alter the cause of the distress (Folkman, Lazarus, Gruen & Delongis, 1986; Thoits, 1995). Folkman and Moskowitz (2004) categorized coping as problem-focused, emotion-focused, meaning-focused, and social-focused. The use of problem-focused coping among those experiencing poverty is the interest of this study, specifically how it is influenced by religious problem-solving styles and self-efficacy.

Problem-focused coping involves a person's engagement to make plans, mobilize resources, and take action to manage or alter the problem (Folkman & Lazarus, 1985). In a longitudinal study of 351 men and 355 women from 1974 to 1994/1995, Caplan and Schooler (2007) found that socioeconomic status was positively correlated with problem-focused coping ($.15, p < 0.05$). Problem-focused coping is encouraged because it has been shown to result in higher levels of quality of life (McLaughlin et al., 2013; Panthee, Kritpracha, & Chinnawong, 2011; Ransom, Jacobson, Schmidt, & Andrykowski, 2005; Wolters, Stapert, Brands, & Van Heugten, 2010).

Broadly, research has identified religious belief and practice as influential on the coping process of people experiencing stressful life events (Harrison, 2001). Religious beliefs and practices vary, and faith has many complex dimensions: cognitive, emotional, behavioral, interpersonal, and physiological (Hill & Pargament, 2008). Pargament, Hathaway, Grevengoed, Newman, and Jones (1988) identified three religious problem-solving styles that vary on two dimensions of a person's perspective of God: the locus of responsibility for the problem-solving process, and level of divine involvement in the problem-solving process. The three styles are Self-directing, Collaborative, and Deferring. Self-directing emphasizes a person's sense of independence and individual responsibility, without God, to cope, plan, and take action to solve the problem. Collaborative is sense of partnership between a person and God in appraising, coping with, and taking action to respond to situations. Deferring refers to people who believe God is responsible for the situation and wait for God to guide and take action to resolve it. Pargament et al. formulated a Religious Problem-Solving Style (RPSS) scale to identify these styles, which is further explained in the Method section. It is important to understand how a person's religious problem-solving style is associated with problem-focused coping.

A search for studies that examined how RPSS relate to problem-focused coping yielded only one, a study by McLaughlin et al. (2013). However, it focused only on Deferring RPSS with a sample focused on breast cancer patients, irrespective of socioeconomic status. Data were collected on 192 women with breast cancer as a part of randomized trial funded by the National Cancer Institute (McLaughlin et al., 2013). Results indicated a significant, negative relationship between deferring control to God and problem-focused coping. Given the importance of coping among those in poverty, this relationship needs to be examined in this population, which has not been done in any other study.

Self-efficacy is another variable that is known to influence coping. Also referred to as mastery, self-efficacy is a psychological resource concerning one's ability to perform competently and effectively in a particular task or setting (Raikes & Thompson, 2005). As defined, it would be expected and has been identified to have a significant, positive relationship with problem-focused coping (Caplan & Schooler, 2007; Chesney, Neillands, Chambers, Taylor & Folkman, 2006; Raikes & Thompson, 2005; Thoits, 1995). Research has reported that people in poverty have lower levels of self-efficacy (Raikes & Thompson, 2005). The relationship between self-efficacy and religious problem-solving styles is of interest because of the shared construct with locus of control. For instance, if a person has a low sense of self-efficacy, might he or she be more apt to choose or default to Deferring RPSS? Does a person with high self-efficacy tend to choose or default to a collaborative or self-directive style? Or perhaps self-efficacy has a negligible impact on religious problem-solving style?

In summary, given that problem-focused coping is important to a person's overall coping and ability to improve one's circumstances, it is important to learn more about the factors that influence it. Research is lacking in how a person's religious problem-solving style relates

directly to problem-focused coping among those experiencing poverty. In investigating this relationship, it is important to also consider self-efficacy as a factor related to problem-focused coping.

Method

Participants

Participants were recruited through affiliate locations of Love In the Name of Christ (Love INC). Love INC is a U.S. national, non-profit ministry that mobilizes local churches to help people experiencing financial difficulties. Eight affiliates known to have poverty alleviation programs were invited to participate in the study and two accepted. At these affiliates, invitation to participate in the study was offered to established clients in their weekly poverty alleviation programs (classes and mentoring). In all, 43 people agreed to participate in the study (an estimated 90% response rate), 21 from an affiliate in Michigan and 22 from an affiliate in Idaho. Participation in this cross-sectional study was anonymous and without incentive.

Measures

The survey was a paper-and-pencil instrument containing a total of 39 questions, which took approximately 40 minutes to complete. Six questions solicited demographic information on age, income, education, and number of household members. The remaining 33 questions used existing scales to explore the following variables of the study: financial strain, financial stress, religious problem-solving styles, self-efficacy, and problem-focused coping.

Demographics. Demographic information gathered included gender (male or female), age in years ($18 \leq 29$, $30 \geq 49$, 50 and older); household income (less than \$30,000, \$30,000 < \$60,000, \$60,000 or more); education (no high school diploma/GED, high school diploma/GED, post high school diploma/GED); and number in household. Number of members in the

household was a scale variable divided into two measures, number of adult providers/caregivers and number of dependent children.

Financial strain and stress. Questions on financial strain and financial stress were asked to better understand people's economic status and their emotional responses to it. The measures were based on a survey used by Caplan and Schooler (2007), adapted from items originally used by Pearlin and Schooler (1978). Pearlin and Schooler's original reliability factor loadings were all above .80 for the negatively worded questions, and -0.70 and -0.69 for the positively worded questions. Financial strain assessed respondents on the degree to which they were experiencing financial difficulties. Respondents were asked three questions on how often they did not have enough money to buy or pay for three important categories of life necessities: food, clothing, and household bills (e.g., "How often does it happen that you do not have enough money to buy . . ."). Responses were rated on a 5-point scale (1 = "never" to 5 = "always"). Financial stress questions were used to ask people how likely they were to feel certain emotions when they think about their financial situation. Six emotions were listed: bothered/upset, tense, content, worried, frustrated, and relaxed.

Religious Problem-Solving Style scale. An abbreviated version of the RPSS (Pargament et al., 1988) was used to identify the following religious problem-solving styles: Self-directing, Collaborative, and Deferring. The original scale included 12 questions per style, of which Cronbach's Alpha reliability test produced a score of at least .91 for each style. A shorter version of the scale, using six questions per style, also demonstrated high internal consistency and reliability (Pargament et al., 1988). Because of survey length, a total of nine questions were selected for use, three questions per style. Questions used a 5-point Likert scale ranging from "never" to "always." A sample Self-directing RPSS question is "I act to solve my

problems without God's help." A sample Deferring RPSS question is "When a troublesome issue arises, I leave it up to God to decide what it means for me." A sample Collaborative style question is "Together, God and I put my plans into action."

Self-efficacy. The Pearlin Mastery Scale-Short (Pearlin & Schooler, 1978) was used to assess self-efficacy. Participants were asked to respond to seven questions on a 5-point Likert scale from "strongly disagree" to "strongly agree." Examples of questions include: "I have little control about things that happen to me"; "There is not much that I can do to change important things in my life"; "I often feel helpless dealing with the problems of life"; and "Some of my problems I can't seem to solve at all." Recoding of reverse scoring needed to take place on five questions for this variable. Factor loadings for the five negatively worded questions range from 0.76 and 0.56 and the two positively worded questions both have factor loadings of -0.47 (Brady, 2003).

Coping. Subscales from the Brief COPE (Carver, 1997) were selected to identify use of problem-focused coping. The problem-focused coping subscales identified were active coping and planning. Active coping is taking steps to try to remove or circumvent the stressor (Carver, Scheier, & Weintraub, 1989). A sample question for active coping example is "I've been concentrating my efforts on doing something about the situation I'm in." Planning involves developing action strategies to best handle the problem (Carver et al., 1989). A sample question for planning is "I've been trying to come up with a strategy about what to do." A total of four questions, two each for the subscales, were asked using a 4-point Likert scale ranging from "not at all" to "a lot." Factor analyses for these two subscales exceeded .60, supporting internal reliability (Carver et al., 1989). The scores were summed to create a total problem-focused coping variable for analysis.

Statistical Analysis

The statistical program IBM SPSS version 21 was used to analyze the data. Frequencies were analyzed for each demographic variable, as well as the mean and standard deviations with self-efficacy, religious problem-solving styles, and problem-focused coping. As indicated, Likert-type questions were used to assess each dependent and independent variable.

Distributions were examined on all variables taking note of skewness and kurtosis, as well as indicating the mean and standard deviation. This analysis was followed by bivariate correlations and scatterplot graphs. Finally, problem-focused coping was regressed on the three religious coping styles with interaction of self-efficacy controlling for financial stress.

Results

Demographic Characteristics

Demographic characteristics with means and standard deviations on self-efficacy, religious problem-solving and problem-focused coping are shown in Table 2.1. Females represented 74% of participants, 53% were between the ages of 30 and 50, and 63% had some sort of education post high school diploma/GED. Household income was low with 57% of participants reporting income less than \$30,000 and 33% between \$30,000 and \$60,000. Higher mean scores of self-efficacy were reported by males (27.10) and those with income greater than \$60,000 (26.50). Those with no high school diploma/GED reported the lowest mean score for self-efficacy (22.25) and the highest mean of Self-directing RPSS (9.40). People earning over \$60,000 report the lowest mean of Self-directing RPSS (5.5). The mean scores of Collaborative and Deferring RPSS did not vary significantly within the demographic characteristics. Those with a high school diploma/GED and those earning over \$60,000 reported the highest means for Collaborative RPSS (11.27 and 11.25, respectively). Those aged 18 to 29 presented the lowest

Table 2.1

Demographics on Mean and Standard Deviation of Self-Efficacy, Religious Problem-Solving Style, and Problem-Focused Coping (N = 43)

	Self-Efficacy Mean (<i>SD</i>)	Religious Problem-Solving Style Mean (<i>SD</i>)			Problem-Focused Coping Mean (<i>SD</i>)	
		Self-Directing	Collaborative	Deferring	Planning	Active Coping
Gender						
Male (26%)	27.10 (3.07)	7.73 (2.65)	10.36 (2.62)	9.60 (2.80)	6.70 (1.25)	6.30 (1.70)
Female (74%)	23.81 (4.40)	7.78 (2.39)	11.00 (2.18)	10.03 (2.29)	6.66 (1.36)	6.56 (1.44)
Age						
18 to 29 (12%)	25.00 (4.06)	8.80 (3.70)	10.40 (2.07)	8.75 (1.71)	7.40 (0.55)	6.80 (1.10)
30 to 49 (53%)	25.52 (3.40)	7.70 (1.94)	11.13 (2.24)	10.17 (2.33)	6.65 (1.40)	6.39 (1.59)
50 and older (35%)	23.20 (5.36)	7.53 (2.72)	10.53 (2.50)	9.87 (2.67)	6.43 (1.34)	6.57 (1.50)
Education						
No high school diploma/GED (11%)	22.25 (1.26)	9.40 (2.61)	10.20 (1.30)	9.40 (1.52)	7.00 (0.00)	5.80 (1.10)
High school diploma/GED (26%)	23.00 (6.13)	7.73 (2.33)	11.27 (1.90)	10.00 (1.89)	6.91 (1.45)	7.00 (1.55)
Post high school diploma/GED (63%)	25.65 (3.39)	7.48 (2.41)	10.78 (2.58)	10.00 (2.72)	6.50 (1.39)	6.42 (1.50)
Income						
Less than \$30,000 (57%)	23.65 (4.54)	8.25 (2.36)	10.92 (2.02)	9.78 (2.32)	7.09 (1.08)	6.83 (1.34)
\$30,000 < \$60,000 (33%)	25.92 (3.80)	7.50 (1.95)	10.71 (2.46)	10.00 (2.22)	6.14 (1.41)	6.07 (1.59)
\$60,000 or more (10%)	26.50 (4.36)	5.50 (3.70)	11.25 (3.77)	10.75 (4.03)	6.50 (1.73)	6.50 (1.91)

mean for Deferring RPSS (8.75). For all ages, gender, and income groups, the highest RPSS mean reported of the religious problem-solving styles was Collaborative. The group with the highest mean of planning was ages 18–29 (7.40), and the lowest mean of active coping was among those with no high school diploma/GED (5.80).

Correlational Analyses

Bivariate correlations, means, and standard deviations of all study variables are presented in Table 2.2. Self-directing RPSS showed a statistically significant negative correlation with problem-focused coping ($-0.34, p < .05$). Self-directing also had a statistically significant negative relationship with the Collaborative and Deferring RPSS ($-.65$ and $-.58$, respectively, $p < .01$). The relationship between Collaborative and Deferring RPSS was statistically significant and positive ($.86, p < .01$). Collaborative RPSS had a statistically significant positive correlation with problem-focused coping ($0.40, p < .01$). The only statistically significant relationship between self-efficacy and a religious problem-solving style was with collaborative ($0.32, p < .05$). Self-efficacy also had a statistically significant and positive relationship with problem-focused coping ($0.33, p < .05$). Financial strain and financial stress had a statistically significant positive relationship of $.62$ ($p < .01$). Financial strain had a statistically significant relationship with self-efficacy ($-0.36, p < .05$).

Table 2.2

Bivariate Correlations, Means, and Standard Deviations of Study Variables (N = 43)

	Self-Efficacy	Religious Problem-Solving Styles				Problem-Focused Coping	Financial Stress	Financial Strain	Mean	SD
		Self-Directing	Collaborative	Deferring						
Self-Efficacy	1.00								24.61	4.32
Self-Directing	-.22	1.00							7.77	2.43
Collaborative	.32*	-.65**	1.00						10.84	2.29
Deferring	.09	-.58**	.86**	1.00					9.93	2.39
Problem-Focused Coping	.33*	-.34*	.40**	.26	1.00				13.17	2.69
Financial Stress	-.27	.29	-.29	-.26	.03	1.00			18.88	5.26
Financial Strain	-.36*	.17	-.09	.07	-.06	.62**	1.00		8.79	2.58

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

Scatterplot and Regression Analysis

Scatterplot and regression analysis were used to explore the interaction between RPSS and self-efficacy on problem-focused coping (Figures 2.1, 2.2, and 2.3). For those with low or high self-efficacy, as Self-Directing RPSS increased, problem-focused coping decreased slightly at about the same rate (Figure 2.1). For Collaborative and Deferring RPSS, the low and high self-efficacy groups presented similarly. As Collaborative and Deferring RPSS increased, so did problem-focused coping, but for those with low self-efficacy the increase was much greater. For instance, for those with low self-efficacy, Collaborative RPSS accounted for 29% of the variance with total problem-solving and for those with high self-efficacy it accounted for only 4% (Figures 2.2 and 2.3).

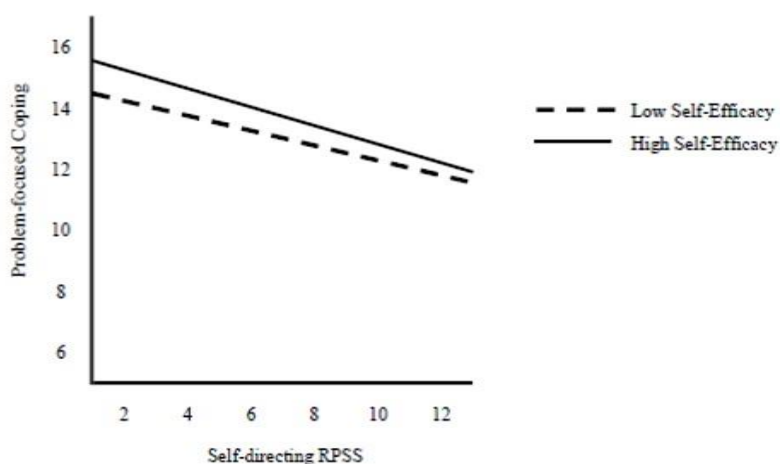


Figure 2.1. Self-directing RPSS and self-efficacy interaction with problem-focused coping.

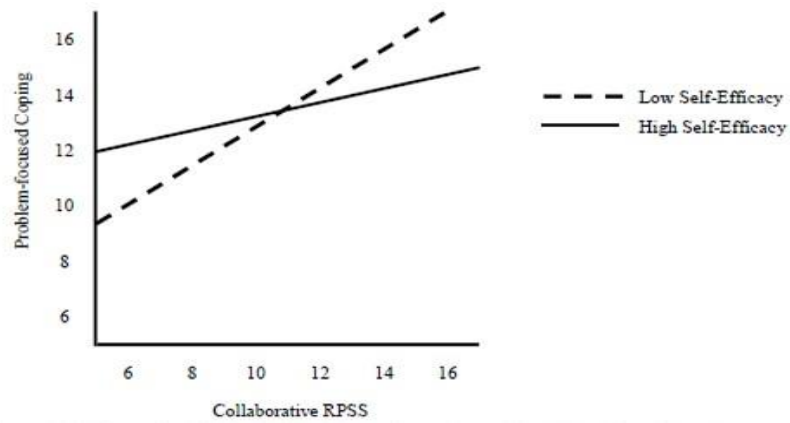


Figure 2.2. Collaborative RPSS and self-efficacy interaction with problem-focused coping.

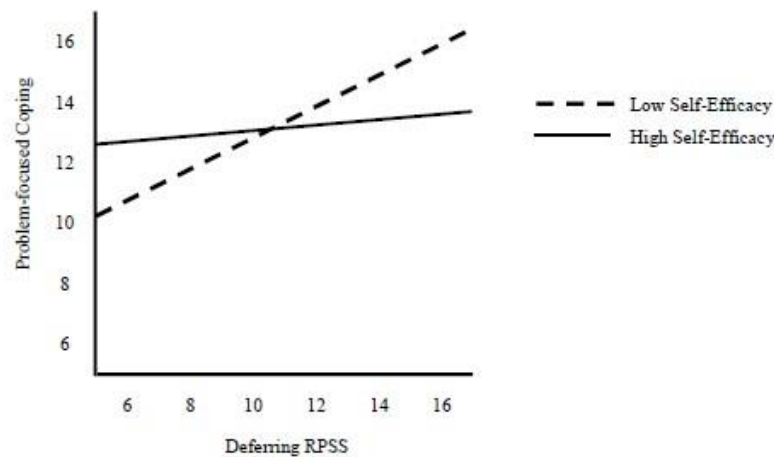


Figure 2.3. Deferring RPSS and self-efficacy interaction with problem-focused coping.

Separate regressions were carried out for each of the three religious coping styles, self-efficacy, and their interaction on problem-focused coping (Tables 2.3, 2.4, and 2.5). For each regression, financial stress was controlled for and was found significant at very similar strengths ranging from .327 to .368. Results indicate that the model for Self-directing RPSS was significant (adjusted $R^2 = .215$, $F[4, 34] = 3.608$, $p = .015$) and explained 21.5% of the variance in problem-focused coping. Self-directing RPSS was significant and negatively correlated with problem-focused coping ($\beta = -.417$, $p = .017$). There was no significance for self-efficacy, nor with the interaction of self-efficacy and Self-directing RPSS on problem-focused coping. The

second regression was focused on Collaborative RPSS, self-efficacy, and the interaction between them on problem-focused coping. Results indicated that the collaborative model was significant (adjusted $R^2 = .296$, $F[4, 34] = 4.992$, $p = .003$) and explained 29.6% of the variance in problem-focused coping. Self-efficacy and Collaborative were individually found to be significant and positively correlated to problem-focused coping ($\beta = .359$, $p < .05$, and $\beta = .481$, $p < .01$, respectively). In the third regression, Deferring RPSS model was significant (adjusted $R^2 = .208$, $F[4, 33] = 3.434$, $p = .019$) and explained 20.8% of the variance in problem-focused coping. Self-efficacy and Deferring SPSS were individually found to be significant and positively correlated to problem-focused coping ($\beta = .414$, $p < .05$, and $\beta = .392$, $p < .05$, respectively).

Table 2.3

Self-Directing RPSS, Self-Efficacy, and Problem-Focused Coping

Variable	B	SEB	β	p
Financial Stress	.191	.084	.368*	.029
Self-Efficacy	.190	.095	.306	.053
Self-Directing	-.471	.187	-.417*	.017
Self-Efficacy \times Self-Directing	-.010	.040	-.035	.812

Note. $N = 38$. $R^2 = .298$, Adjusted $R^2 = .215$, $p = .015$.

* $p < .05$.

Table 2.4

Collaborative RPSS, Self-Efficacy, and Problem-Focused Coping

Variable	B	SEB	β	<i>p</i>
Financial Stress	.170	.077	.327*	.034
Self-Efficacy	.233	.098	.359*	.029
Collaborative	.570	.182	.481**	.004
Self-Efficacy \times Collaborative	-.065	.045	-.218	.161

Note. $N = 38$. $R^2 = .370$, Adjusted $R^2 = .296$, $p = .003$.

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

Table 2.5

Deferring RPSS, Self-Efficacy, and Problem-Focused Coping

Variable	B	SEB	β	<i>p</i>
Financial Stress	.175	.083	.337*	.043
Self-Efficacy	.262	.108	.414*	.021
Deferring	.434	.174	.392*	.018
Self-Efficacy \times Deferring	-.044	.053	-.142	.410

Note. $N = 38$. $R^2 = .294$, Adjusted $R^2 = .208$, $p = .019$.

* $p < .05$.

Discussion

The relationship between self-efficacy and RPSS was of interest in this study because of the shared construct of control. Results did not indicate a significant relationship between self-efficacy and either Self-directed RPSS or Deferring RPSS, but did have a significant relationship with Collaborative RPSS (0.32 , $p < .05$). Those with high self-efficacy recorded higher mean scores of Collaborative and Deferring RPSS than those with low self-efficacy. But there should

be caution not to attribute a causal relationship between self-efficacy and RPSS. For instance, just because individuals have a high sense of self-efficacy doesn't necessarily mean they believe what happens in their circumstances is up to only them, absent of God's involvement. Or vice versa, just because individuals have a low self-efficacy doesn't necessarily mean they believe what happens in their circumstances is determined by God's involvement. This perspective is affirmed in that the only RPSS significantly related to self-efficacy was Collaborative, the in-between option of shared locus of control. Consistent with previous research (Caplan & Schooler, 2007; Chesney et al., 2006; Raikes & Thompson, 2005; Thoits, 1995), self-efficacy had a statistically significant, positive relationship with problem-focused coping ($0.33, p < .05$).

Self-directed RPSS had a significant negative relationship with problem-focused coping. This suggests that participants in this study who believe (1) God doesn't exist, (2) God doesn't care, or (3) God is not able to impact circumstances, were less likely to utilize problem-focused coping. In contrast to Self-directed, Collaborative RPSS had a significant positive correlation with problem-focused coping. What might explain this difference between the Self-directing and Collaborative RPSS in relationship to problem-focused coping? Perhaps those who "partner" with God find guidance, encouragement, and strength in that relationship, which in turn gives them direction and confidence to engage in problem-focused coping.

A question of this study was whether there was interaction between self-efficacy and the religious problem-solving styles related to problem-focused coping. Regression analysis did not indicate the interaction between self-efficacy and any religious problem-solving style as statistically significant. Scatterplots indicated very little interaction between those with low or high self-efficacy and the self-directed style, but high interaction between those with low self-efficacy and both Collaborative and Deferring RPSS.

Recommendations for Practice and Future Research

This study identified a positive relationship of Collaborative RPSS with problem-focused coping. This finding could impact staff training and program/curriculum design of faith-based poverty alleviation programs. As participants enter a program, the Religious Problem-Solving Style scale could be used as an assessment to identify their predominant religious problem-solving style. Caseworkers could engage participants to consider, if interested, growing in their understanding and embracing the Collaborative RPSS. In a Christian context, promoting the Collaborative RPSS could be done through the study of biblical stories and verses that demonstrate or promote the Collaborative RPSS. For instance, one could emphasize scriptures that speak of God's empowerment of people with wisdom and encouragement to act with God's strength. Given that Collaborative RPSS had a negative relationship with financial stress, it may have a relationship with different types of emotion-focused coping, directly or indirectly, through a covariant variable. The relationship of religious problem-solving styles and emotion-focused coping is one that warrants further research. Because self-efficacy had positive relationship with both Collaborative RPSS and problem-focused coping, further research is warranted to explore a covariant and potential moderating relationship between Collaborative RPSS and self-efficacy with problem-focused coping.

Limitations

The study has limitations that should be taken into consideration. First, the sample size of 43 participants using a convenience sampling method limits statistical power, particularly when examining within group differences. The second limitation is that the data are cross-sectional, which lacks the ability to compare differences over time among subjects and may not reflect consistent ratings over time. The third limitation is that the original RPSS scale was

altered out of concern for survey length. The original scale was composed of 36 questions (12 questions per style). For this study, 9 questions were selected (3 questions per style), limiting confidence in the original validity and reliability scores of the scale. The fourth limitation is that the survey did not ask participants to indicate identification with any specific religion or faith practice. This limits the ability to generalize across religions or to any specific religion or faith practice. The fifth limitation is the self-efficacy scale was general in nature, not specific to circumstances surrounding poverty. Adjusting the scale or use of another scale should be considered to gain specificity of the measures specifically related to the experience of poverty. Lastly, participants were all currently and voluntarily enrolled in a poverty alleviation program. This could skew the sample positively toward higher problem-focused coping, given they have already taken steps to help improve their situation.

Conclusion

It is beneficial for people facing the difficult challenges of poverty to be active and engaged in facing their circumstances and seeking to improve their situation. Seeking ways to increase perceived control can encourage and help people to improve their circumstances. This study contributed to the understanding of the relationship between religious problem-solving styles and self-efficacy with problem-focused coping, specifically in the context of poverty. Further research opportunities were identified between the relationship of religious problem-solving style and self-efficacy, and religious problem-solving style and emotion-focused coping.

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CHAPTER III

WHAT IS THE ASSOCIATION OF RELIGIOUS PROBLEM-SOLVING STYLES AND SELF-EFFICACY ON THE USE OF MALADAPTIVE EMOTION-FOCUSED COPING AMONG PARTICIPANTS IN A FAITH-BASED POVERTY ALLEVIATION PROGRAM?

Background and Significance

In 2015, 13.5% of the U.S. population (43.1 million people) lived in poverty (U.S. Census Bureau, 2016a). For a family of four with two children under the age of 18, the poverty threshold was \$24,036 per year (U.S. Census Bureau, 2016b). Poverty is well-known to have a negative impact on various aspects of a person's life and society in general: socioemotional, education, health, crime, stress, and the economy (Adler & Ostrove, 1999; Anakwenze & Zuberi, 2013; Caplan & Schooler, 2007; Yoshikawa, Aber, & Beardslee, 2012;). How people cope with the stress of poverty and engage with its causes and potential solutions impacts their capacity to survive, manage, and work toward improving their situation (Caplan & Schooler, 2007; Cohen & Wills, 1985; Santiago, Etter, Wadsworth & Raviv, 2012). Coping is the behavioral, emotional, spiritual, and cognitive means by which a person attempts to regulate stressful emotions, appraise situations, and alter the cause of the distress (Folkman, Lazarus, Gruen, & Delongis, 1986; Thoits, 1995). Related to each of these categories are different approaches to coping, including emotion-focused, problem-focused, meaning-focused, and social-focused (Folkman & Moskowitz, 2004). The use of emotion-focused coping among those experiencing poverty is the interest of this study, specifically how it is influenced by religious problem-solving styles and self-efficacy.

Emotion-focused coping is directed at the regulation of emotional responses to circumstances they face (Folkman & Lazarus, 1985). Emotion-focused coping can be understood as adaptive or maladaptive. Adaptive emotion-focused coping such as venting, humor, and positive reframing can allow a person to stabilize, adjust, and move forward with problem-focused coping. Examples of maladaptive emotion-focused coping are self-blame, behavior disengagement, and denial of circumstances that cause people to avoid problem-focused coping. In general, much of the emotion-focused coping research cited in this study characterizes it as negative, reactive, and counter-productive in altering the problematic event or circumstance and identify it as associated with higher levels of anxiety and depression (Jaser et al., 2005; Morillo, Belloch, & García-Soriano, 2007; Sarin, Abela, & Auerbach, 2005).

There is a link between low socioeconomic status and greater use of emotion-focused coping, and lesser use of problem-focused coping (Caplan & Schooler, 2007). For those who are already struggling, this decreases the likelihood of one's ability to address the underlying issue of the problem. Caplan and Schooler (2007) characterized this as "a double disadvantage" (p. 56) for those who are poor. Said in another way, people most exposed to financial hardship may be least equipped to address its causes. Research has identified an independent relationship of self-efficacy and faith as contributing factors to the use of emotion-focused coping (Caplan & Schooler, 2003, 2007; Cohen & Wills, 1985; Raikes & Thompson, 2005; Thoits, 1995).

Broadly, research has identified religious belief and practice as influential on the coping process of people experiencing stressful life events (Harrison, 2001). Religious beliefs and practices vary, and faith has many complex dimensions: cognitive, emotional, behavioral, interpersonal, and physiological (Hill & Pargament, 2008). Pargament, Hathaway, Grevengoed, Newman, and Jones (1988) identified three religious problem-solving styles that vary on two

dimensions of a person's perspective of God: the locus of responsibility for the problem-solving process and level of divine involvement in the problem-solving process. The three styles are Self-directing, Collaborative, and Deferring. Self-directing emphasizes a person's sense of independence and individual responsibility, without God, to cope, plan, and take action to solve the problem. Collaborative is sense of partnership between a person and God in appraising, coping with, and taking action to respond to situations. Deferring refers to people who believe God is responsible for the situation and wait for God both to guide and take action to resolve it. Pargament et al. formulated a Religious Problem-Solving Scale (RPSS) to identify these styles, which is further explained in the Method section. It is important to understand how a person's religious problem-solving style is associated with maladaptive emotion-focused coping.

In summary, given that emotion-focused coping plays a significant role in how a person copes overall, it is important to learn more about two prominent factors related to its use: self-efficacy and religious problem-solving styles. Research is lacking with regard to these specific relationships, and specifically in how they interact.

Method

Participants

This was a cross-sectional survey study using a convenience sampling method that was self-selected, anonymous, and without incentive. Participants were recruited at two different affiliate locations of Love In the Name of Christ (Love INC), a national, non-profit ministry that mobilizes churches to help people experiencing financial difficulties. An invitation to participate in the study was offered to established clients in the affiliates' poverty alleviation programs. It is estimated that over 90% of the clients attending the program when it was presented agreed. In all, 43 clients agreed to participate in the study, 21 from an affiliate in Michigan and 22 from an

affiliate in Idaho. This study received approval by the Human Subjects Institutional Review Board of Western Michigan University.

Measures

The survey was a paper-and-pencil instrument containing a total of 39 questions, which took approximately 40 minutes to complete. Six questions focused on demographic questions and the remainder of the survey consisted of four scales related to the variables of interest. The scales, example questions, and validity are explained below.

Demographics. Demographic information gathered included gender (male or female); age in years ($18 \leq 29$, $30 \geq 49$, 50 and older); household income (less than \$30,000, \$30,000 < \$60,000, \$60,000 or more); education (no high school diploma/GED, high school diploma/GED, post high school diploma/GED); and number in household. Number of members in the household was assessed on a scale variable divided into two measures, number of adult providers/caregivers and number of dependent children. Demographic information for this study can be found in Table 3.1 in the Results section.

Financial strain and financial stress. A commonality of participants in the sample was their self-selected participation in a poverty alleviation program. Household income information was requested of participants in the demographic questions. Further, questions on financial strain and financial stress were asked to better understand people's economic status and their emotional response to it. The measures were based on a survey used by Caplan and Schooler (2007), adapted from items originally used by Pearlin and Schooler (1978). Pearlin and Schooler's original reliability factor loadings were all above .80 for the negatively worded questions, and -0.70 and -0.69 for the positively worded questions. Financial strain assessed respondents on the degree to which they were experiencing financial difficulties. Respondents

were asked three questions on how often they did not have enough money to buy or pay for three important categories of life necessities: food, clothing, and household bills (e.g., “How often does it happen that you do not have enough money to buy . . .”). Responses were rated on a 5-point scale (1 = “never” to 5 = “always”). Financial stress questions asked people how likely they were to feel certain emotions when they think about their financial situation. Six emotions were listed: bothered/upset, tense, content, worried, frustrated, and relaxed.

Religious problem-solving styles. An abbreviated version of the Religious Problem-Solving Styles scale (Pargament et al., 1988) was used to identify the religious problem-solving styles of Self-directing, Collaborative, and Deferring. The original scale included 12 questions per style, of which Cronbach’s Alpha reliability test produced a score of at least .91 for each style. A shorter version of the scale using six questions per style also demonstrated high internal consistency and reliability (Pargament et al., 1988). Because of survey length, a total of nine questions were selected for use, three questions per style. Questions used a 5-point Likert scale ranging from “never” to “always.” A sample Self-directing RPSS question is “I act to solve my problems without God’s help.” A sample Deferring RPSS question is “When a troublesome issue arises, I leave it up to God to decide what it means for me.” A sample collaborative style question is “Together, God and I put my plans into action.”

Self-efficacy. The Pearlin Mastery Scale-Short (Pearlin & Schooler, 1978) was used to assess self-efficacy. Participants were asked to respond to seven questions on a 5-point Likert scale from “strongly disagree” to “strongly agree.” Examples of questions include “I have little control about things that happen to me”; “There is not much that I can do to change important things in my life”; “I often feel helpless dealing with the problems of life”; and “Some of my problems I can't seem to solve at all.” Recoding of reverse scoring needed to take place on five

questions for this variable. Factor loadings for five negatively worded questions range from 0.76 and 0.56 and the two positively worded questions both have factor loadings of -0.47 (Brady, 2003).

Coping. Subscales from the Brief COPE (Carver, 1997) were selected to identify use of maladaptive emotion-focused coping. The maladaptive emotion-focused coping subscales identified were self-distracting and behavioral disengagement. Self-distracting is defined as doing things to take one's mind off the stressor (Carver, 1997). A sample question for self-distracting is "I've been turning to work or other activities to take my mind off things." Behavioral disengagement is defined as reducing effort to engage the stressor or no longer pursuing goals that are creating the stress in the first place (Carver, Scheier, & Weintraub, 1989). A sample question for behavioral disengagement is "I've been giving up trying to deal with it." A total of four questions, two each for the subscales, were asked using a 4-point Likert scale ranging from "not at all" to "a lot." The scores were summed to create a total emotion-focused coping variable for analysis.

Statistical Analysis

The statistical program IBM SPSS version 21 was used to analyze the data. Frequencies were analyzed for each demographic variable, as well as the mean and standard deviations with self-efficacy, religious problem-solving styles, and problem-focused coping. As indicated, Likert-type questions were used to assess each dependent and independent variable. Responses to the individual questions were combined to create a composite score for each variable, as indicated by the scales. Distributions were examined on all variables taking note of skewness and kurtosis, as well as indicating the mean and standard deviation. This was followed by bivariate correlations and scatterplot graphs. Finally, maladaptive emotion-focused coping was

regressed on the three religious coping styles with interaction of self-efficacy controlling for financial stress.

Results

Demographic Characteristics

Demographic characteristics with means and standard deviations on self-efficacy, religious problem-solving, and maladaptive emotion-focused coping are shown in Table 3.1. Females represented 74% of participants, 53% were between the ages of 30 and 50, and 63% had some sort of education post high school diploma/GED. Household income was low, with 57% of participants reporting income less than \$30,000 and 33% between \$30,000 and \$60,000. Higher mean scores of self-efficacy were reported by males (27.10) and those with income greater than \$60,000 (26.50). Those with no high school diploma/GED reported the lowest mean score for self-efficacy (22.25) and the highest mean of Self-directing RPSS (9.40). People earning over \$60,000 reported the lowest mean of Self-directing RPSS (5.5). The mean scores of Collaborative and Deferring RPSS did not vary significantly within the demographic characteristics. Those with a high school diploma/GED and those earning over \$60,000 reported the highest means for Collaborative RPSS (11.27 and 11.25, respectively). Those ages 18 to 29 presented the lowest mean for Deferring RPSS (8.75). For all ages, gender, and income groups, the highest RPSS mean reported was Collaborative. Those who were younger, less educated, and with less income all reported higher total maladaptive emotion-focused coping mean scores. There was little difference between males and females with total maladaptive emotion-focused coping (7.78 and 7.94, respectively).

Table 3.1

Demographics on Mean and Standard Deviation of Self-Efficacy, Religious Problem-Solving Style, and Maladaptive Emotion-Focused Coping (N = 43)

	Self-Efficacy Mean (<i>SD</i>)	Religious Problem-Solving Style Mean (<i>SD</i>)			Maladaptive Emotion-Focused Coping Mean (<i>SD</i>)	
		Self-Directing	Collaborative	Deferring	Self-Distracting	Disengagement
Gender						
Male (26%)	27.10 (3.07)	7.73 (2.65)	10.36 (2.62)	9.60 (2.80)	5.00 (2.45)	2.78 (0.97)
Female (74%)	23.81 (4.40)	7.78 (2.39)	11.00 (2.18)	10.03 (2.29)	4.81 (1.69)	3.13 (1.38)
Age						
18 to 29 (12%)	25.00 (4.06)	8.80 (3.70)	10.40 (2.07)	8.75 (1.71)	4.60 (1.52)	4.25 (2.06)
30 to 49 (53%)	25.52 (3.40)	7.70 (1.94)	11.13 (2.24)	10.17 (2.33)	5.09 (1.98)	2.74 (1.14)
50 and older (35%)	23.20 (5.36)	7.53 (2.72)	10.53 (2.50)	9.87 (2.67)	4.57 (1.87)	3.23 (1.17)
Education						
No high school diploma/GED (11%)	22.25 (1.26)	9.40 (2.61)	10.20 (1.30)	9.40 (1.52)	5.60 (1.82)	4.40 (1.82)
High school diploma/GED (26%)	23.00 (6.13)	7.73 (2.33)	11.27 (1.90)	10.00 (1.89)	4.91 (2.02)	3.22 (1.39)
Post high school diploma/GED (63%)	25.65 (3.39)	7.48 (2.41)	10.78 (2.58)	10.00 (2.72)	4.69 (1.89)	2.73 (1.00)
Income						
Less than \$30,000 (57%)	23.65 (4.54)	8.25 (2.36)	10.92 (2.02)	9.78 (2.32)	5.17 (1.83)	3.52 (1.44)
\$30,000 < \$60,000 (33%)	25.92 (3.80)	7.50 (1.95)	10.71 (2.46)	10.00 (2.22)	4.50 (1.99)	2.43 (0.85)
\$60,000 or more (10%)	26.50 (4.36)	5.50 (3.70)	11.25 (3.77)	10.75 (4.03)	6.50 (1.73)	6.50 (1.91)

Correlational Analyses

Bivariate correlations, means, and standard deviations of all study variables are presented in Table 3.2. Self-directing RPSS showed a significant positive correlation with maladaptive emotion-focused coping ($0.34, p < .05$), and a significant negative correlation with Collaborative and Deferring RPSS ($-.65$ and $-.58$ respectively, $p < .01$). The relationship between Collaborative and Deferring RPSS was statistically significant and positive at $.86$ ($p < .01$). Deferring RPSS had a statistically significant negative relationship with maladaptive emotion-focused coping ($-0.33, p < .05$). Self-efficacy had a significant positive relationship with collaborative ($0.32, p < .05$). Financial strain and financial stress had a significant positive relationship of $.62$ ($p < .01$). Financial strain and self-efficacy had a significant negative relationship ($-0.36, p < .05$).

Scatterplot and Regression Analysis

Scatterplot and regression analysis were used to explore interaction between RPSS and self-efficacy on maladaptive emotion-focused coping (Figures 3.1, 3.2, and 3.3). For both low and high self-efficacy groups, as Self-directing RPSS increased, maladaptive emotion-focused coping increased slightly with low self-efficacy accounting for 7% of maladaptive emotion-focused coping variance and high self-efficacy accounting for 8% of maladaptive emotion-focused variance (Figure 3.1). As Collaborative RPSS increased, there was negligible interaction between the low self-efficacy group with maladaptive emotion-focused coping and only slight interaction with the high self-efficacy group accounting for 4% variance (Figure 3.2). As Deferring RPSS increased, maladaptive emotion-focused coping decreased for both the low and high self-efficacy groups at the same rate, accounting for 5% variance (Figure 3.3).

Table 3.2

Bivariate Correlations, Means, and Standard Deviations of Study Variables (N = 43)

	Self-Efficacy	Religious Problem-Solving Styles			Maladaptive Emotion-Focused Coping	Mean	SD
		Self-Directing	Collaborative	Deferring			
Self-Efficacy	1.00					24.61	4.32
Self-Directing	-.22	1.00				7.77	2.43
Collaborative	.32*	-.65**	1.00			10.84	2.29
Deferring	.09	-.58**	.86**	1.00		9.93	2.39
Emotion-Focused Coping	-.10	-.34*	-.25	-.33*	1.00	7.95	2.24
Financial Stress	-.27	.29	-.29	-.26	.03	18.88	5.26
Financial Strain	-.36*	.17	-.09	.07	-.06	8.79	2.58

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

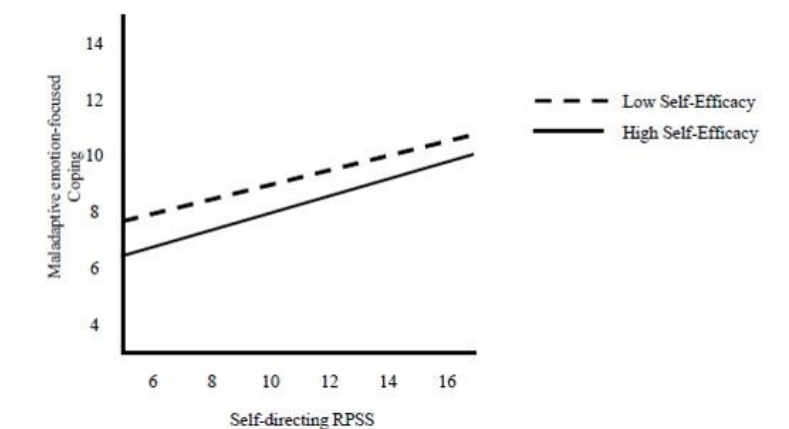


Figure 3.1. Self-directing RPSS and self-efficacy interaction with maladaptive emotion-focused coping.

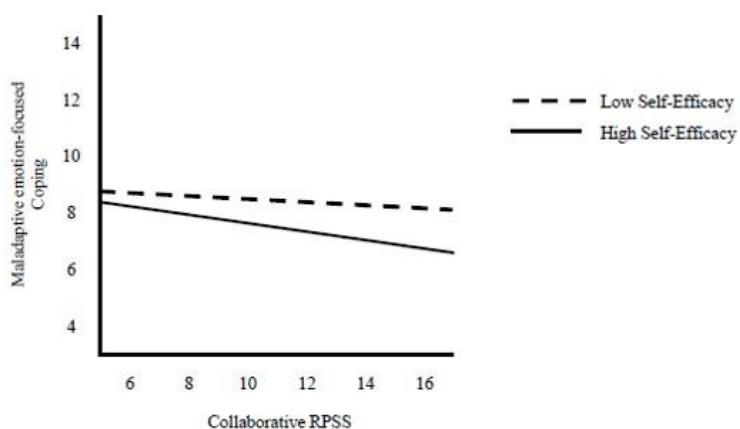


Figure 3.2. Collaborative RPSS and self-efficacy interaction with maladaptive emotion-focused coping.

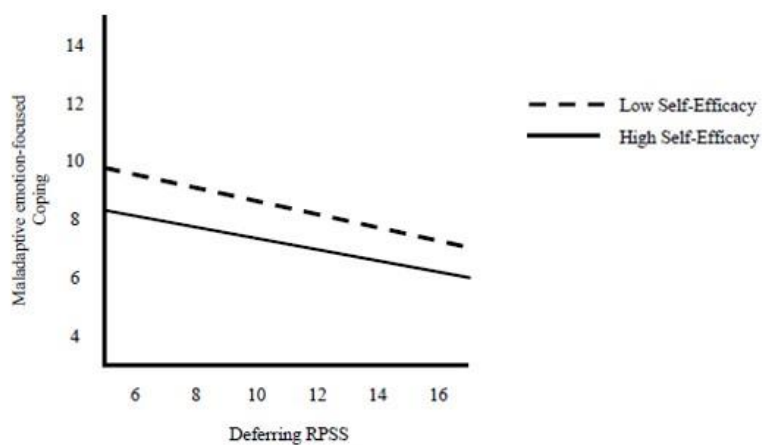


Figure 3.3. Deferring RPSS and self-efficacy interaction with maladaptive emotion-focused coping.

Separate regressions were carried out for each of the three religious coping styles, self-efficacy, and their interaction on maladaptive emotion-focused coping (Tables 3.3, 3.4, and 3.5). For each regression, financial stress was controlled for with no significant findings, strengths ranging from .112 to .142. Results indicated that the model for Self-directing RPSS was not significant (adjusted $R^2 = .081$, $F[4, 32] = 1.793$, $p = .155$) and explained 8.1% of the variance in maladaptive emotion-focused coping. No factors in the Self-directing RPSS model had a statistically significant relationship with maladaptive emotion-focused coping. The second regression was focused on Collaborative RPSS, self-efficacy, and the interaction between them on maladaptive emotion-focused coping. Results indicated that the Collaborative RPSS model was not significant (adjusted $R^2 = .040$, $F[4, 32] = 1.378$, $p = .264$) and explained 4% of the variance in maladaptive emotion-focused coping. No factors in the Collaborative RPSS model had a statistically significant relationship with maladaptive emotion-focused coping. The third regression focusing on Deferring RPSS was not statistically significant (adjusted $R^2 = .054$, $F[4, 33] = 1.509$, $p = .223$) and explained 5.4% of the variance in maladaptive emotion-focused coping. No factors in the Deferring RPSS model had a statistically significant relationship with maladaptive emotion-focused coping.

Table 3.3

Self-Directing RPSS, Self-Efficacy, and Maladaptive Emotion-Focused Coping

Variable	B	SEB	β	p
Financial Stress	.112	.074	.274	.141
Self-Efficacy	.017	.084	.034	.838
Self-Directing RPSS	.223	.172	.235	.204
Self-Efficacy \times Self-Directing	-.006	.040	-.024	.882

Note. $N = 37$. $R^2 = .183$, Adjusted $R^2 = .081$, $p = .155$.

Table 3.4

Collaborative RPSS, Self-Efficacy, and Maladaptive Emotion-Focused Coping

Variable	B	SEB	β	<i>p</i>
Financial Stress	.142	.073	.346	.060
Self-Efficacy	.013	.093	.025	.892
Collaborative	-.088	.172	-.093	.612
Self-Efficacy \times Collaborative	.000	.044	-.001	.994

Note. $N = 37$. $R^2 = .147$, Adjusted $R^2 = .040$, $p = .264$.

Table 3.5

Deferring RPSS, Self-Efficacy, and Maladaptive Emotion-Focused Coping

Variable	B	SEB	β	<i>P</i>
Financial Stress	.132	.074	.321	.085
Self-Efficacy	-.013	.100	-.026	.895
Deferring	-.131	.158	-.147	.415
Self-Efficacy \times Deferring	.015	.050	.061	.762

Note. $N = 37$. $R^2 = .159$, Adjusted $R^2 = .054$, $p = .223$.

Discussion

The relationship between self-efficacy and RPSS was of interest in this study because of the shared construct of control. Results did not indicate a significant relationship of self-efficacy with either Self-directed RPSS or Deferring RPSS, only with Collaborative RPSS ($0.32, p < .05$). Those with high self-efficacy recorded higher mean scores of Collaborative and Deferring RPSS than those with low self-efficacy. But there should be caution not to attribute a causal relationship between self-efficacy and RPSS. For instance, just because individuals have a high sense of self-efficacy doesn't mean they believe what happens in their circumstances is up to

only them, absent of God's involvement. Or vice versa, just because individuals have a low self-esteem doesn't mean they believe what happens in their circumstances is determined by God's involvement. This perspective is affirmed in that the only RPSS significantly related to self-efficacy was Collaborative, the in-between option of shared locus of control. Self-efficacy was not significantly related to maladaptive emotion-focused coping. However, the relationship was negative, which is consistent with other research (Srivastava & Sager, 1999; Terry, 1994).

Self-directed RPSS had a positive (.34, $p < .05$) and Deferring RPSS a negative (–.33, $p < .05$) relationship with maladaptive emotion-focused coping. The positive relationship between Self-directed and maladaptive emotion-focused coping could be understood as follows: Self-directed RPSS is any one or combination of: (1) God doesn't exist, (2) God doesn't care, or (3) God is not able to impact circumstances. If individuals have a high Self-directed RPSS, their perspective is that any proactive change in circumstances is solely up to them or other resources available to them. If that person does not sense the ability or opportunity to impact his or her situation, then emotion-focused coping becomes a plausible response and perhaps maladaptive. If related to perceived self-efficacy, then interaction between self-efficacy and Self-directed RPSS on maladaptive emotion-focused coping would be expected. However, scatterplot and regression analysis did not indicate a significant interaction between the two.

The Deferring RPSS negative relationship with maladaptive emotion-focused coping could be understood in a similar but contrasting way to that of Self-directed RPSS. If a person believes only God controls his or her circumstances, that could result in a state described as peace, trust, or positive resignation. If so, this could result in a person not responding with maladaptive emotion-focused coping, but instead perhaps in a more transcendent manner. This would depend on whether he or she perceives God as a benefactor. Deferring RPSS with

maladaptive coping also could be related to behavior, attitude, or perspective expectations of faith. These expectations may cause people to avoid use of maladaptive emotion-focused coping or to not honestly acknowledge them in a self-report survey.

Recommendations for Practice and Future Research

This study identified a positive relationship of Self-directed RPSS and a negative relationship of Deferring RPSS with maladaptive emotion-focused coping with no interaction effect of self-efficacy. This finding could inform faith-based programs in coming alongside people experiencing poverty to help them cope. For instance, as participants enter a program, an assessment could be used to identify the level and type of maladaptive emotion-focused coping, and the RPSS assessment to identify their predominant religious problem-solving style. If maladaptive emotion-focused coping is identified as a concern, addressing the RPSS style could be consideration. For example, if individuals had high maladaptive emotion-focused coping and Self-directing RPSS scores, a caseworker could engage them to consider, if interested, God becoming more active and involved in their coping (a movement toward Collaborative and Deferring RPSS). In a Christian context, this could be done through the study of biblical stories, meditation on verses, and prayer focusing on the presence and involvement of God in their life.

Self-directed and Deferring RPSS are opposite concepts that had an opposite relationship with maladaptive emotion-focused coping. Beyond the locus of control construct of RPSS, perhaps there could be another other reason for their opposite relationship with maladaptive emotion-focused coping. Further exploration of how someone practices faith within the different types of RPSS could provide a more refined understanding into the difference of Self-directing and Deferring RPSS in relationship to maladaptive emotion-focused coping. Perhaps it is less related to locus of control than it is to how a person practices faith. For instance, the difference

between Self-directing and Deferring RPSS could be related to if a person practices faith more extrinsically (religious attendance) than intrinsically (personal prayer and Bible study).

Limitations

The study has limitations that should be taken into consideration. First, the sample size of 43 participants using a convenience sampling method limits statistical power, particularly when examining within group differences. The second limitation is that the data are cross-sectional, which lacks the ability to compare differences over time among subjects and may not reflect consistent ratings over time. The third limitation is that the original RPSS scale was altered out of concern for survey length. The original scale was composed of 36 questions (12 questions per style). For this study, nine questions were selected (three questions per style), limiting confidence in the original validity and reliability scores of the scale.

The fourth limitation is that the survey did not ask participants to indicate identification with any specific religion or faith practice. This limits the ability to generalize across religions or to any specific religion or faith practice. The fifth limitation is the self-efficacy scale was general in nature, not specific to circumstances surrounding poverty. Adjusting the scale or other use of another scale should be considered to gain specificity of the measures specifically related to the experience of poverty. Lastly, the self-efficacy was general in nature, not specific to circumstances surrounding poverty. Adjusting the scale or other use of another scale should be considered to gain specificity of the measures specifically related to the experience of poverty.

Conclusion

How people cope with the stress of poverty and engage with its causes and potential solutions impacts their capacity to survive and work toward improving their situation. This study contributed to the understanding of the relationship between RPSS and self-efficacy with

maladaptive emotion-focused coping. It identified a positive relationship of Self-directed RPSS and a negative relationship of Deferring RPSS with maladaptive emotion-focused coping with no interaction effect of self-efficacy. Further research opportunities were identified and potential practice implications were addressed.

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CHAPTER IV

WHAT IS THE INTERACTION OF PROBLEM-FOCUSED AND MALADAPTIVE EMOTION-FOCUSED COPING ON FINANCIAL STRAIN AND STRESS BETWEEN RELIGIOUS PROBLEM-SOLVING STYLES OF PARTICIPANTS IN FAITH-BASED POVERTY ALLEVIATION PROGRAM?

Background and Significance

In 2015, 13.5% of the U.S. population (43.1 million people) lived in poverty (U.S. Census Bureau, 2016a). For a family of four with two children under the age of 18, the poverty threshold was \$24,036 per year (U.S. Census Bureau, 2016b). The individual and societal causes and negative effects of poverty are complex and interrelated, including various types of discrimination; personal aptitudes, skills, and motivation; education; crime; and the economy (Adler & Ostrove, 1999; Anakwenze & Zuberi, 2013; Caplan & Schooler, 2007; Yoshikawa, Aber, & Beardslee, 2012). How people cope with poverty is important as it impacts their capacity to survive, manage, and work toward improving their situation (Caplan & Schooler, 2007; Cohen & Wills, 1985; Santiago, Etter, Wadsworth, & Raviv, 2012). Coping is commonly defined as the behavioral, emotional, spiritual, and cognitive means by which a person attempts to manage difficult situations (Thoits, 1995). Poor coping can cause people to experience a snowball effect of increasing life challenges, leading to discouragement and fatigue. Helplessness and resignation can easily set in, causing a downward spiral as challenges compound and coping capacity decreases (Caplan & Schooler, 2007). Children growing up in poverty can face developmental disadvantages in cognition and emotional, physical, and mental

health, which are extended into challenges experienced in adulthood (Fass, Alden Dinan, & Aratani, 2009). Nearly half (45%) of children who live in poverty more than half of their childhood (birth to age 15) will also live in poverty at age 35 (Fass et.al., 2009). What can help change this trajectory?

Coping

Coping is the behavioral, emotional, spiritual, and cognitive means by which a person attempts to regulate stressful emotions, appraise situations, and alter the cause of the distress (Folkman, Lazarus, Gruen, & DeLongis, 1986; Thoits, 1995). Another way to describe coping is with categories such as problem-focused, emotion-focused, meaning-focused, and social-focused (Folkman & Moskowitz, 2004). Of these, problem-focused and emotion-focused coping have been a common dyad of discussion. Problem-focused coping involves a person's engagement to make plans, mobilize resources, and take action to manage or alter the problem (Folkman & Lazarus, 1985). It is positive in that it proactively engages a person to improve their circumstances. Emotion-focused coping is directed at the regulation of emotional responses to circumstances people face (Folkman & Lazarus, 1985) and can be negative (maladaptive) or positive (adaptive). Negatively, emotion-focused coping responds to situations in maladaptive ways such as self-blame, behavior disengagement, and denial of circumstances. Positively, emotion-focused coping strategies such as venting, humor, and positive reframing can allow a person stabilize, adjust, and move forward with problem-focused coping. Research has identified a link between low socioeconomic status and greater use of emotion-focused coping and lesser use of problem-focused coping (Caplan & Schooler, 2007). For those who are already struggling, this decreases the likelihood of one's ability to address the underlying problem(s). Caplan and Schooler characterized this as "a double disadvantage" (p. 56) for those who are

poor. Said in another way, people most exposed to financial hardship may be least equipped to address its causes.

Problem-focused and emotion-focused coping have been explored extensively in previous research. In a study of expatriates returning from overseas employment, Herman and Tetrick (2009) found a positive association of problem-focused coping and a negative association of emotion-focused coping (predominately maladaptive) with two scales of repatriate adjustment. One recommendation of Herman and Tetrick was to focus on support programs that increase problem-focused coping and reduce emotion-focused coping.

Rippetoe and Rogers (1987) explored the use of adaptive (problem-focused) and maladaptive emotion-focused coping in 153 women exposed to health education related to breast cancer. The sample was divided into groups of those with high-threat and low-threat for breast cancer. Each group was presented high and low response-efficacy information on breast self-exams (BSE) and high and low self-efficacy information on a women's ability to administer BSE. Results found that information maximizing BSE response-efficacy and self-efficacy to complete the exam produced higher levels of adaptive coping; conversely, minimizing the potential of one's ability to respond produced more maladaptive coping.

Caplan and Schooler (2007) explored the effects of socioeconomic status (SES) on the use of problem-focused and emotion-focused coping and the mediating role of control. The sample and data were drawn from the second and third phase (a period of 20 years) of a longitudinal survey of the National Opinion Research Center and consisted of 706 subjects (351 male and 355 female). The results found that self-control (measured by self-confidence and fatalism) were significantly related to problem-focused coping, where self-confidence was positive and fatalism was negative. There was no significant relationship between self-control

and emotion-focused coping. Caplan and Schooler also found that self-control mediated the relationship between SES and problem-focused coping, but not emotion-focused coping.

Thompson et al. (2010) investigated whether adaptive forms of coping (problem-focused) interacted with maladaptive coping (emotion-focused) to predict depressive symptoms.

Adaptive coping was divided into two categories: (1) primary control coping alters objective conditions such as reducing the stressor or one's emotional response, and (2) secondary control coping helps the individual adapt to the problem. Maladaptive coping focused on rumination, which was identified alongside other maladaptive coping such as emotional numbing, escape, and intrusive thoughts. The study consisted of three groups: 149 never-depressed adolescent girls, 41 never-depressed women, and 39 depressed women. In both non-depressed groups, the relationship between maladaptive coping and depressive symptoms was stronger in the presence of lower levels of adaptive coping and weaker in the presence of higher levels of adaptive coping, leading to the conclusion that high levels of adaptive coping appeared to serve as a protective guard against increased depressive symptoms in the presence of maladaptive coping.

Religion/Spirituality Related to Coping

Religion/Spirituality (R/S) is a reference point in the lives of a majority of people in the United States. Recent findings from a nationally representative sample indicate that approximately 79% of the adult population in the U.S. identify with a religion, 74% with Christianity (Gallup, 2016a). Of those, 53% identify religion as very important to their lives (Gallup, 2016b). Fifty-four percent state they believe that religion can answer all or most of today's problems (Gallup, 2016b). Research has identified religious belief and practice as influential on the coping process of people experiencing stressful life events (Harrison, 2001). Religious beliefs and practices vary, and faith has many complex dimensions: cognitive,

emotional, behavioral, interpersonal, and physiological (Hill & Pargament, 2008). Pargament, Hathaway, Grevengoed, Newman, and Jones (1988) identified three styles of religious problem-solving that vary on two dimensions of a person's perspective of God: the locus of responsibility for the problem-solving process and level of divine involvement in the problem-solving process. The three styles are Self-directing, Collaborative, and Deferring. Self-directing RPSS emphasizes a person's sense of independence and individual responsibility, without God, to cope, plan and take action to solve the problem. Collaborative RPSS is a sense of partnership between a person and God in appraising, coping with, and taking action to respond to situations. Deferring RPSS refers to people who believe God is responsible for the situation, and wait for God both to guide and take action to resolve it. Pargament et al. formulated a Religious Problem-Solving Style scale to identify these styles, further described in the Method section. This study categorizes RPSS into three groups—high Self-directing, high Collaborative, and high Deferring—and compares the interaction of problem-focused and maladaptive emotion-focused coping on financial strain and stress.

Financial strain and financial stress. A commonality of participants in the sample was their self-selected participation in a poverty alleviation program. Demographic information indicated that most were of low economic status. Questions on financial strain and stress were asked to better understand people's economic status and their response to it. Both served as the dependent variables of the interaction of problem-focused and emotion-focused coping in this paper.

Method

Participants

This was a cross-sectional survey study using a convenience sampling method that was self-selected, anonymous, and without incentive. Participants were recruited at two different affiliate locations of Love In the Name of Christ (Love INC), a national, non-profit ministry that mobilizes churches to help people experiencing financial difficulties. An invitation to participate in the study was offered to established clients in the affiliates' poverty alleviation programs. It is estimated that over 90% of the clients attending the program when it was presented agreed. In all, 43 clients agreed to participate in the study, 21 from an affiliate in Michigan and 22 from an affiliate in Idaho. This study received approval by the Human Subjects Institutional Review Board of Western Michigan University.

Measures

The survey was a paper-and-pencil instrument containing a total of 39 questions, which took approximately 40 minutes to complete. Six questions focused on demographic questions and the remainder of the survey consisted of four scales related to the variables of interest. The scales, example questions, and validity are explained below.

Demographics. Demographic information gathered included gender (male or female); age in years ($18 \leq 29$, $30 \geq 49$, 50 and older); household income (less than \$30,000, $\$30,000 < \$60,000$, \$60,000 or more); education (no high school diploma/GED, high school diploma/GED, post high school diploma/GED); and number in household. Number of members in the household was a scale variable divided into two measures, number of adult providers/caregivers and number of dependent children.

Financial strain and financial stress. The measures of financial strain and stress were based on a survey used by Caplan and Schooler (2007), adapted from items originally used by Pearlin and Schooler (1978). Pearlin and Schooler's original reliability factor loadings were all above .80 for the negatively worded questions, and -0.70 and -0.69 for the positively worded questions. Financial strain assessed respondents on the degree to which they were experiencing financial difficulties. Respondents were asked three questions on how often they did not have enough money to buy or pay for three important categories of life necessities: food, clothing, and household bills (e.g., "How often does it happen that you do not have enough money to buy . . ."). Responses were rated on a 5-point scale (1 = "never" to 5 = "always"). Financial stress asked people how likely they were to feel certain emotions when they think about their financial situation. Six emotions were listed: bothered/upset, tense, content, worried, frustrated, and relaxed.

Religious problem-solving styles. An abbreviated version of the Religious Problem-Solving Styles scale (Pargament et al., 1988) was used to identify the religious problem-solving styles of Self-directing, Collaborative, and Deferring. The original scale included 12 questions per style, of which Cronbach's Alpha reliability test produced a score of at least .91 for each style. A shorter version of the scale using six questions per style also demonstrated high internal consistency and reliability (Pargament et al., 1988). Because of survey length, a total of nine questions were selected for use, three questions per style. Questions used a 5-point Likert scale ranging from "never" to "always." A sample self-directing question is "I act to solve my problems without God's help." A sample Deferring RPSS question is "When a troublesome issue arises, I leave it up to God to decide what it means for me." A sample collaborative style question is "Together, God and I put my plans into action."

Coping. Subscales from the Brief COPE (Carver, 1997) were selected to identify the use of problem-focused and maladaptive emotion-focused coping. The problem-focused coping scales were identified as active coping and planning. Active coping is taking steps to try to remove or circumvent the stressor (Carver, Scheier, & Weintraub, 1989). A sample question for active coping is “I’ve been concentrating my efforts on doing something about the situation I’m in.” Planning involves developing action strategies to best handle the problem (Carver et al., 1989). A sample question for planning is “I’ve been trying to come up with a strategy about what to do.” A total of four questions, two each for the subscales, were asked using a 4-point Likert scale ranging from “not at all” to “a lot.” Factor analyses for these two subscales exceeded .60, supporting internal reliability (Carver et al., 1989). The scores were summed to create a total problem-focused coping variable for analysis. The maladaptive emotion-focused coping subscales were self-distracting and behavioral disengagement. Self-distracting is doing things to take one’s mind off the stressor (Carver, 1997). A sample question for self-distracting is “I’ve been turning to work or other activities to take my mind off things.” Behavioral disengagement is doing things to avoid thinking about the stressor, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. A sample question for behavioral disengagement is “I’ve been giving up trying to deal with it.” A total of four questions, two each for the subscales, were asked using a 4-point Likert scale ranging from “not at all” to “a lot.” The scores were summed to create a total emotion-focused coping variable for analysis.

Statistical Analysis

The statistical program IBM SPSS version 21 was used to analyze the data. Frequencies were analyzed for each demographic variable, as well as the mean and standard deviations of the three groups of RPSS: problem-focused and maladaptive emotion-focused coping, and financial

strain and stress. Bivariate correlations were run on all study variables. Two sets of multiple regressions were run for which the scores were centered for analysis. The first set regressed financial strain on problem-focused, maladaptive emotion-focused coping, and their interaction for each RPSS group. The second set regressed financial stress on the same variables and groups. To further explore the relationships, slopes from the regression analyses were calculated and graphically presented to identify the direction and intensity of the interaction between maladaptive emotion-focused coping and problem-focused coping on both financial strain and stress. This was done for each group: high Self-directing, high Collaborative, and high Deferring.

Results

Demographic Characteristics

Demographic characteristics with means and standard deviations on religious problem-solving styles, financial strain, and financial stress are shown in Table 4.1, and problem-focused and maladaptive emotion-focused coping in Table 4.2. Females represented 74% of participants, 53% were between the ages of 30 and 50, and 63% had some education post high school diploma/GED. Household income was low, with 57% of participants reporting income less than \$30,000 and 33% between \$30,000 and \$60,000. Those who were youngest (18 to 29), least educated (no high school diploma/GED), and earned the lowest income (less than \$30,000) had the highest means of Self-directing RPSS. Those middle-aged (30 to 49), with a high school diploma and earning over \$60,000 per year, had the highest means for Collaborative RPSS. Those middle-aged, with at least a high school education and earning more than \$60,000, had higher mean Deferring RPSS scores. As would be expected, those with the least education

Table 4.1

Demographics on Mean and Standard Deviation of Self-Directed and Collaborative Religious Problem-Solving Styles (RPSS) with Problem-Focused and Maladaptive Emotion-Focused Coping (N = 43)

	Religious Problem-Solving Style Mean (<i>SD</i>)			Financial Strain Mean (<i>SD</i>)	Financial Stress Mean (<i>SD</i>)
	Self-Directing	Collaborative	Deferring		
Gender					
Male (26%)	7.73 (2.65)	10.36 (2.62)	9.60 (2.80)	7.64 (2.11)	16.40 (4.70)
Female (74%)	7.78 (2.39)	11.00 (2.18)	10.03 (2.29)	9.19 (2.63)	19.68 (5.26)
Age					
18 to 29 (12%)	8.80 (3.70)	10.40 (2.07)	8.75 (1.71)	9.80 (4.09)	21.40 (7.50)
30 to 49 (53%)	7.70 (1.94)	11.13 (2.24)	10.17 (2.33)	8.83 (2.32)	18.52 (5.06)
50 and older (35%)	7.53 (2.72)	10.53 (2.50)	9.87 (2.67)	8.40 (2.47)	18.53 (4.88)
Education					
No high school diploma/GED (11%)	9.40 (2.61)	10.20 (1.30)	9.40 (1.52)	10.80 (3.70)	22.00 (7.26)
High school diploma/GED (26%)	7.73 (2.33)	11.27 (1.90)	10.00 (1.89)	8.82 (1.99)	20.70 (4.24)
Post high school diploma/GED (63%)	7.48 (2.41)	10.78 (2.58)	10.00 (2.72)	8.41 (2.49)	17.74 (5.12)
Income					
Less than \$30,000 (57%)	8.25 (2.36)	10.92 (2.02)	9.78 (2.32)	9.33 (2.63)	20.50 (5.28)
\$30,000 < \$60,000 (33%)	7.50 (1.95)	10.71 (2.46)	10.00 (2.22)	8.00 (2.22)	17.00 (4.90)
\$60,000 or more (10%)	5.50 (3.70)	11.25 (3.77)	10.75 (4.03)	7.75 (3.20)	16.00 (5.32)

Table 4.2

Demographics on Mean and Standard Deviation of Problem-Focused and Maladaptive Emotion-Focused Coping (N = 43)

	Problem-Focused Coping Mean (SD)		Maladaptive Emotion-Focused Coping Mean (SD)	
	Planning	Active Coping	Self-Distracting	Disengagement
Gender				
Male (26%)	6.70 (1.25)	6.30 (1.70)	5.00 (2.45)	2.78 (0.97)
Female (74%)	6.66 (1.36)	6.56 (1.44)	4.81 (1.69)	3.13 (1.38)
Age				
18 to 29 (12%)	7.40 (0.55)	6.80 (1.10)	4.60 (1.52)	4.25 (2.06)
30 to 49 (53%)	6.65 (1.40)	6.39 (1.59)	5.09 (1.98)	2.74 (1.14)
50 and older (35%)	6.43 (1.34)	6.57 (1.50)	4.57 (1.87)	3.23 (1.17)
Education				
No high school diploma/GED (11%)	7.0 (0.00)	5.80 (1.10)	5.60 (1.82)	4.40 (1.82)
High school diploma/GED (26%)	6.91 (1.45)	7.00 (1.55)	4.91 (2.02)	3.22 (1.39)
Post high school diploma/GED (63%)	6.50 (1.39)	6.42 (1.50)	4.69 (1.89)	2.73 (1.00)
Income				
Less than \$30,000 (57%)	7.09 (1.08)	6.83 (1.34)	5.17 (1.83)	3.52 (1.44)
\$30,000 < \$60,000 (33%)	6.14 (1.41)	6.07 (1.59)	4.50 (1.99)	2.43 (0.85)
\$60,000 or more (10%)	6.50 (1.73)	6.50 (1.91)	6.50 (1.73)	6.50 (1.91)

had highest mean scores of financial strain, and those in the highest category of income experienced the lowest mean scores of financial strain. Those who were youngest, least educated, and with the lowest income had the highest mean scores of financial stress. Those who were younger, with a high school/GED education, and with lower income had higher mean scores for problem-focused and maladaptive emotion-focused coping.

Correlational Analyses

Bivariate correlations are presented in Table 4.3. Self-directing RPSS had a statistically significant negative relationship with the Collaborative and Deferring RPSS ($-.65$ and $-.58$ respectively, $p < .01$). The relationship between Collaborative and Deferring RPSS was statistically significant and positive ($.86$, $p < .01$). Self-directing RPSS also showed a statistically significant negative correlation with problem-focused coping (-0.34 , $p < .05$). Collaborative RPSS had a statistically significant positive correlation with problem-focused coping (0.40 , $p < .01$). Self-directing RPSS showed a significant positive correlation with maladaptive emotion-focused coping (0.34 , $p < .05$). Deferring RPSS had a statistically significant negative relationship with maladaptive emotion-focused coping (-0.33 , $p < .05$). Financial stress had a significant positive relationship with maladaptive emotion-focused coping ($.35$, $p < .05$). Lastly, financial strain and financial stress had a statistically significant positive relationship of $.62$ ($p < .01$).

Table 4.3

Bivariate Correlations RPSS, Coping, Financial Stress, and Financial Strain (N = 43)

	Religious Problem-Solving Styles			Coping		Financial Stress	Financial Strain
	Self-Directing	Collaborative	Deferring	Problem-Focused	Maladaptive Emotion-Focused		
Self-Directed RPSS	1.00						
Collaborative RPSS	-.65**	1.00					
Deferring RPSS	-.58**	.86**	1.00				
Problem-Focused	-.34*	.40**	.26	1.00			
Maladaptive Emotion-Focused	.34*	-.25	-.33*	.13	1.00		
Financial Stress	.29	-.29	-.26	.03	.35*	1.00	
Financial Strain	.17	-.09	.07	-.06	-.06	.62**	1.00

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

Regression Analyses

Two sets of regressions were carried out for each group: high Self-directed RPSS, high Collaborative RPSS, and high Deferring RPSS. The first set regressed financial strain on problem-focused, maladaptive emotion-focused coping, and their interaction (Tables 4.4, 4.5, and 4.6). The second set regressed financial stress on the same independent variables and their interaction (Tables 4.7, 4.8, and 4.9).

Table 4.4

Regression Analyses for Financial Strain on Problem-Focused, Maladaptive Emotion-Focused, and Their Interaction for High Self-Directing

Variable	B	SEB	β	<i>p</i>
Problem-Focused	-.160	.943	-.063	.868
Maladaptive Emotion-Focused	.512	.989	.198	.614
Problem-Focused \times Maladaptive-Focused	-.643	.664	-.279	.352

Note. $N = 16$. $R^2 = .080$, Adjusted $R^2 = -.150$, $p = .792$.

Table 4.5

Regression Analyses for Financial Strain on Problem-Focused, Maladaptive Emotion-Focused, and Their Interaction for High Collaborative

Variable	B	SEB	β	<i>p</i>
Problem-Focused	.325	.666	.122	.643
Maladaptive Emotion-Focused	1.188	.662	.441	.096
Problem-Focused \times Maladaptive-Focused	-.285	.694	-.102	.687

Note. $N = 17$. $R^2 = .267$, Adjusted $R^2 = .098$, $p = .243$.

Table 4.6

Regression Analyses for Financial Strain on Problem-Focused, Maladaptive Emotion-Focused, and Their Interaction for High Deferring

Variable	B	SEB	β	<i>p</i>
Problem-Focused	.035	.638	.012	.958
Maladaptive Emotion-Focused	1.472	.634	.521	.036
Problem-Focused \times Maladaptive-Focused	-.598	.649	-.204	.373

Note. $N = 17$. $R^2 = .320$, Adjusted $R^2 = .174$, $p = .134$.

Table 4.7

Regression Analyses for Financial Stress on Problem-Focused, Maladaptive Emotion-Focused, and Their Interaction for High Self-Directing

Variable	B	SEB	β	<i>p</i>
Problem-Focused	-.013	1.569	-.003	.993
Maladaptive Emotion-Focused	1.968	1.647	.421	.255
Problem-Focused \times Maladaptive-Focused	-1.441	1.105	-.345	.217

Note. $N = 16$. $R^2 = .224$, Adjusted $R^2 = .031$, $p = .336$.

Table 4.8

Regression Analyses for Financial Stress on Problem-Focused, Maladaptive Emotion-Focused, and Their Interaction for High Collaborative

Variable	B	SEB	β	<i>p</i>
Problem-Focused	2.267	3.695	.391	.552
Maladaptive Emotion-Focused	1.260	3.323	.197	.712
Problem-Focused \times Maladaptive-Focused	-.270	4.707	-.035	.955

Note. $N = 15$. $R^2 = .270$, Adjusted $R^2 = .071$, $p = .306$.

Table 4.9

Regression Analyses for Financial Stress on Problem-Focused, Maladaptive Emotion-Focused, and Their Interaction for High Deferring

Variable	B	SEB	β	<i>p</i>
Problem-Focused	1.217	1.470	.192	.423
Maladaptive Emotion-Focused	2.765	1.450	.441	.079
Problem-Focused \times Maladaptive-Focused	-1.571	1.480	-.244	.308

Note. $N = 17$. $R^2 = .319$, Adjusted $R^2 = .162$, $p = .160$.

The model results of the first set were high Self-directed RPSS (adjusted $R^2 = -.150$, $F[3, 12] = .347$, $p = .792$) and high Collaborative RPSS (adjusted $R^2 = .098$, $F[3, 13] = 1.576$, $p = .243$), were not significant, and had no significant main or interaction effects on financial strain. In these two groups, no main or interaction effects produced significant results within the regression. The high Deferring RPSS group regression model was also not significant (adjusted $R^2 = .174$, $F[3, 14] = 2.191$, $p = .134$); however the main effect of maladaptive emotion-focused coping on financial strain was significant (.521, $p = .036$).

The model results of the second set of regressions on financial stress were not significant for any group. The model results were high Self-directed RPSS (adjusted $R^2 = .031$, $F[3, 12] = 1.158$, $p = .366$), high Collaborative RPSS (adjusted $R^2 = .071$, $F[3, 11] = 1.358$, $p = .306$), and high Deferring RPSS (adjusted $R^2 = .162$, $F[3, 13] = 2.028$, $p = .160$). No main independent effects or interaction were significant for any group on financial stress.

Discussion

This paper focused on the interaction of problem-focused and maladaptive emotion-focused coping on financial strain and stress between different styles of religious problem-solving. The dependent variables of financial strain and stress did not have any significant

bivariate correlations with the independent variables except a positive relationship between maladaptive emotion-focused coping and financial stress (.35, $p < .05$). Regression analysis indicated no statistically significant findings relating to the interaction between problem-focused and maladaptive emotion-focused coping on financial strain or stress with any RPSS style. Non-significant findings could be the result of low statistical power, given that each RPSS sample group numbered between 15 and 17 subjects. Despite the lack of statistical significance, the following considerations could prove helpful for future research.

Slopes from the regression analyses were calculated and are presented graphically to identify the direction and intensity of the interaction between maladaptive emotion-focused coping and problem-focused coping on both financial strain (Figure 4.1) and stress (Figure 4.2). Low and high problem-focused coping are plotted as slopes in relationship to low and high maladaptive emotion-focused coping (x -axis). This was done for each group of RPSS: high Self-directing, high Collaborative, and high Deferring.

Financial strain (Figure 4.1) is the degree to which people are experiencing financial difficulties. The effects of maladaptive emotion-focused coping on financial strain varied as a function of problem-focused coping for all three groups. Financial strain increased as maladaptive emotion-focused coping increased with problem-focused coping, but at a greater rate for those with low problem-focused coping. This was particularly true for those with high Deferring RPSS. Those with high problem-focused coping and low maladaptive problem-focused coping experienced higher financial strain than those with low problem-focused and low maladaptive emotion-focused coping. This observation was consistent in all groups. Why would high problem-focused coping experience higher financial strain? This could relate to the timing and setting from which this sample was drawn. All study participants were involved in a

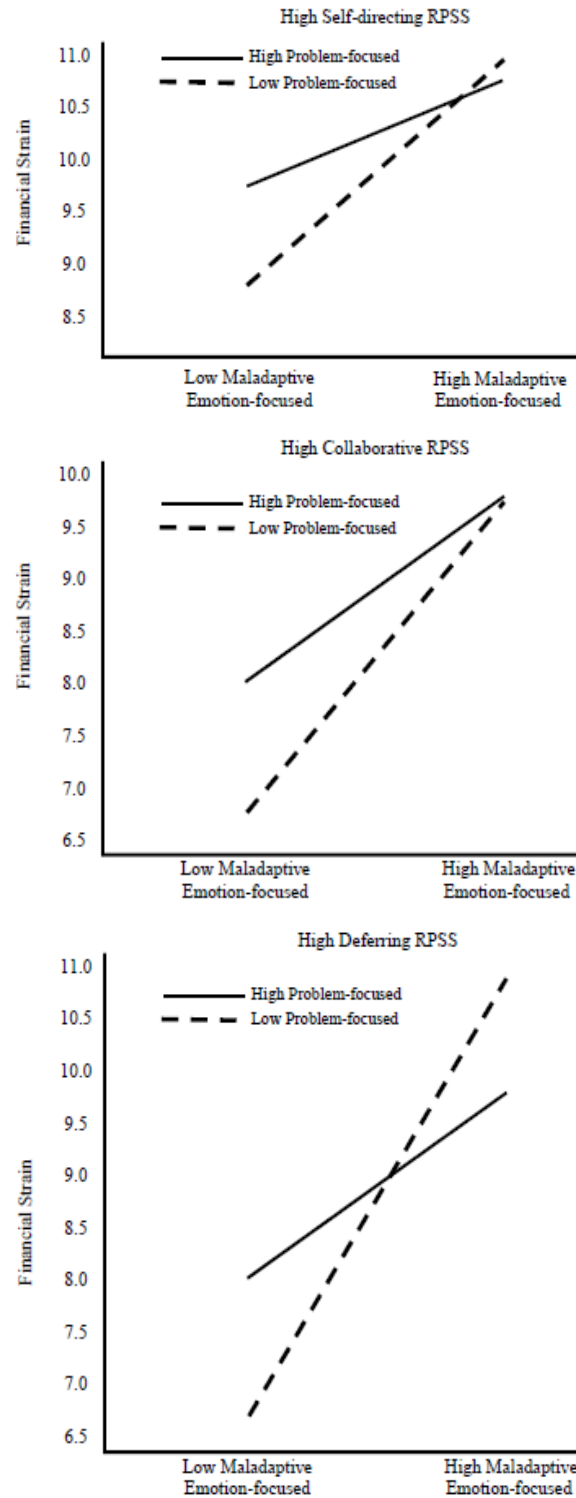


Figure 4.1. Slopes indicating direction and intensity of the interaction between maladaptive emotion-focused coping and problem-focused coping on financial strain for high Self-Directed, high Collaborative, and high Deferring RPSS.

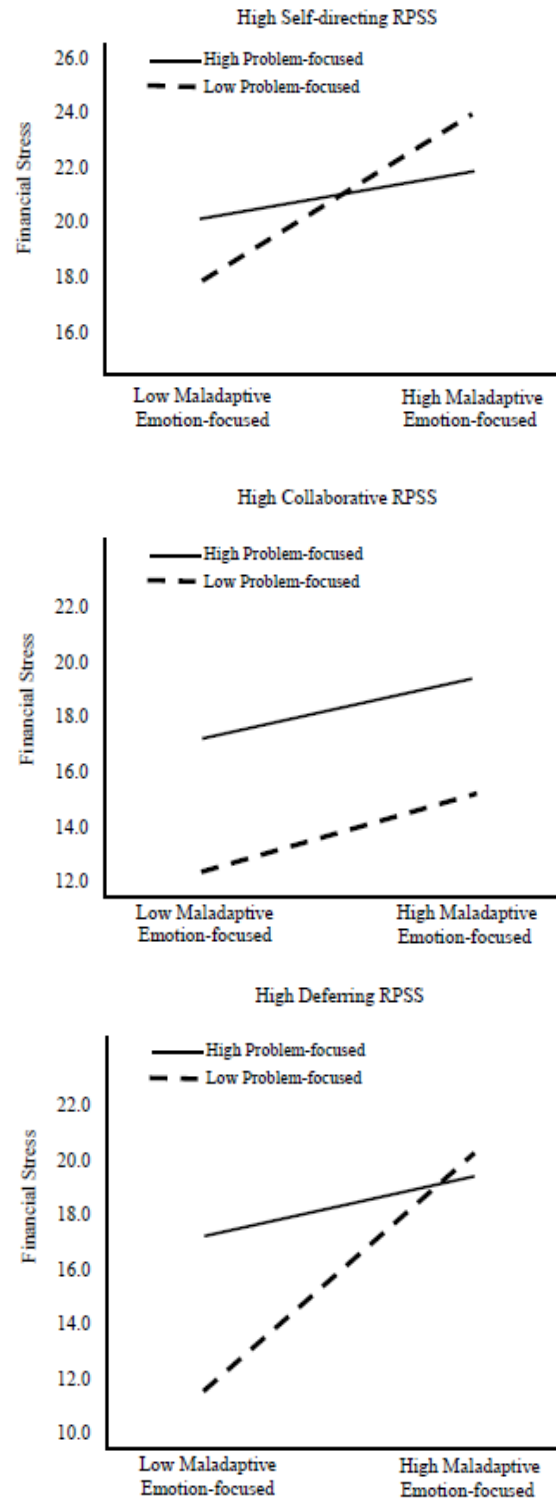


Figure 4.2. Slopes indicating direction and intensity of the interaction between maladaptive emotion-focused coping and problem-focused coping on financial stress for high Self-Directed, high Collaborative, and high Deferring RPSS.

voluntary weekly program of classes and mentoring when the survey was administered. So at the moment of taking the survey, most participants would have good reason to answer positively to questions about active coping and planning, such as “I’ve been concentrating my efforts on doing something . . .” and “I’ve been trying to come up with a strategy . . .” However, answers to questions about financial strain could be a result of longer-term interaction.

Financial stress (Figure 4.2) is how likely people were to feel certain emotions when they think about their financial situation. The effects of maladaptive emotion-focused coping on financial stress varied minimally as a function of high problem-focused coping for all three RPSS groups, but prominently with low problem-focused coping of the Deferring RPSS group.

Those with low maladaptive emotion-focused and low problem-focused coping presented with lower levels of financial stress, and, conversely, low maladaptive emotion-focused and high problem-focused coping presented with higher levels of stress. High problem-focused coping was associated with higher levels of financial stress than low problem-focused coping. Why would this be so? Problem-focused coping involves developing and implementing a plan. It requires individuals to acknowledge, assess, and engage their situation, which provides a greater sense of reality about their situation. This could reasonably increase a person’s experience of stress.

For both sets of regressions, financial strain, and financial stress, there were minimal differences in direction and intensity of slopes between the groups (high Self-directing, high Collaborative, and high Deferring) with two exceptions. First, in the financial stress regression, the slope of low problem-focused was much less for the high Collaborative group than the others. Second, for all groups in both sets of regressions, low problem-focused coping indicated more interaction (steeper) than high problem-focused coping except for high Collaborative in the

financial stress regression. Why could this be so? By definition, Collaborative RPSS is a sense of joining or partnership with God. Collaborative RPSS lends itself to intrinsic practice of religion/spirituality, a personal experience of living out one's faith with guidance and empowerment from God. Given this, Collaborative RPSS could provide a low problem-focused person more stability with low or high maladaptive emotion-focused coping.

Recommendations for Practice and Future Research

When considered together, maladaptive emotion-focused coping is more strongly related to financial strain and stress than problem-focused coping. This is in part supported by the significant main effect finding of maladaptive emotion-focused coping on financial strain in the high Deferring RPSS ($0.52, p = .36$). In addition to focusing on problem solving, programs may consider assessing and exploring how to help people reduce maladaptive emotion-focused coping. For instance, as participants enter a program, an assessment could be used to identify the level and type of maladaptive emotion-focused coping. This could be presented to a participant for awareness, discussion, and exploring ideas in how to reduce maladaptive emotion-focused coping. Courses could be taught on alternative coping techniques and management of emotions.

High Collaborative and Deferring RPSS groups had lower levels of financial strain and stress than high Self-Directed in all combinations of low/high problem-focused and low/high maladaptive emotion-focused coping. Given this, the Collaborative RPSS appears to be the most beneficial, and participants in programs could be engaged to consider a Collaborative RPSS perspective, if interested. In a Christian context, this could be done through study of biblical stories that demonstrate Collaborative RPSS. In addition, this could involve meditation on Bible verses focusing on God's empowerment of people with wisdom and encouragement. The mostly

nonsignificant findings of this study indicate a need for additional research with a larger sample size to determine if interactions are statistically significant.

Limitations

The study has limitations that should be taken in to consideration. First, the sample size of 43 participants using a convenience sampling method limits statistical power, particularly when examining within group differences. The second limitation is that the data are cross-sectional, which lacks the ability to compare differences over time among subjects and may not reflect consistent ratings over time. The third limitation is that the original RPSS scale was altered out of concern for survey length. The original scale was composed of 36 questions (12 questions per style). For this study, nine questions were selected (three questions per style), limiting confidence in the original validity and reliability scores of the scale. The fourth limitation is that the survey did not ask participants to indicate identification with any specific religion or faith practice. This limits the ability to generalize across religions or to any specific religion or faith practice.

Conclusion

How people cope with the stress of poverty and engage with its causes and potential solutions impacts their capacity to survive and work toward improving their situation. While most statistical results were nonsignificant, this study contributed to the discussion of the interaction between problem-focused and maladaptive emotion-focused coping on financial strain and stress between different styles of religious problem-solving. The effects of maladaptive emotion-focused coping on financial strain and financial stress varied as a function of problem-focused coping for all three groups. Financial strain and stress increased as maladaptive emotion-focused coping increased with problem-focused coping, but at a greater

rate for those with low problem-focused coping. Further research is warranted with a larger sample size to increase potential for statistically significant findings.

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CHAPTER V

CONCLUSION

Overall Research Goal

This study focused on the association of religious problem-solving styles and self-efficacy on the use and interaction of problem-focused and maladaptive emotion-focused coping on financial strain and stress. The purpose was to discover areas related to helping people in poverty increase problem-focused coping and decrease maladaptive emotion-focused coping.

Problem-focused coping involves a person's engagement to make plans, mobilize resources and take action to manage or alter the problem (Folkman & Lazarus, 1985). Problem-focused coping is associated with higher levels of quality of life, decreased psychological distress, and increased socioeconomic status. Emotion-focused coping is directed at the regulation of emotional responses to circumstances (Folkman & Lazarus, 1985) and can be negative (maladaptive) or positive (adaptive). This study looked at maladaptive emotion-focused coping, which is characterized by things such as disengagement, self-blame, and denial of circumstances. Emotion-focused coping is associated with higher levels of anxiety, increased depression, and lower socioeconomic status.

The Religious Problem-Solving Style scale (Pargament, Hathaway, Grevengoed, Newman, & Jones, 1988) assesses the problem-solving process on two dimensions of a person's perspective of God: (1) the locus of responsibility for the problem-solving process, and (2) the level of divine involvement in the problem-solving process. The three styles identified are Self-directing, Collaborative, and Deferring. Religious problem-solving style is an important

consideration related to coping and poverty for a variety of reasons. First, religion/spirituality is a reference point in the lives of a majority of people in the United States. Second, previous research has identified religion/spirituality as influential on the coping process of people experiencing stressful life events (Harrison, 2001), and as a contributing factor in the use of emotion-focused and problem-focused coping (Caplan & Schooler, 2003, 2007; Cohen & Wills, 1985; Raikes & Thompson, 2005; Thoits, 1995). Third, help is commonly offered by faith-based communities and sought out by those experiencing poverty. Individuals' RPSS may be important to assess in helping them cope with and alter their situation.

Self-efficacy was considered in this study because of its known impact on coping and its connection with the concept of locus of control, a key construct related to RPSS. Self-efficacy has been identified to have a significant, positive relationship with problem-focused coping (Caplan & Schooler, 2007; Chesney, Neilands, Chambers, Taylor, & Folkman, 2006; Raikes & Thompson, 2005; Thoits, 1995). Conversely, the use of emotion-focused coping is likely to be greater when problems are appraised as less controllable (Caplan & Schooler, 2007). Research has reported that people in poverty have lower levels of self-efficacy (Raikes & Thompson, 2005).

The three papers of this dissertation explored the focus of this study incrementally. The first paper explored the relationship of religious problem-solving styles and self-efficacy on the use of problem-focused coping. The second paper explored the relationship of religious problem-solving styles and self-efficacy on the use of maladaptive emotion-focused coping. The third paper explored the interaction of problem-focused and maladaptive emotion-focused coping on financial strain and stress between religious problem-solving styles.

Summaries of the Three Papers

Self-Efficacy and RPSS on Problem-Focused Coping

The first paper explored the relationship of religious problem-solving styles and self-efficacy on the use of problem-focused coping. Of the three RPSS, only Collaborative RPSS had a statistically significant correlation with self-efficacy ($.32, p < .05$). Problem-focused coping had a significant positive relationship with self-efficacy ($.33, p < .05$) and Collaborative RPSS ($.40, p < .01$), and a significant negative relationship with Self-directing RPSS ($-.34, p < .05$). Regression analysis did not indicate significant interaction between self-efficacy and any religious problem-solving style with problem-focused coping. Despite nonsignificance, scatterplots were run to gather indication of direction and intensity of any interaction.

Little interaction was observed between low/high self-efficacy and Self-directing RPSS. High interaction was observed between low self-efficacy and both Collaborative and Deferring RPSS. For those with low self-efficacy, as Collaborative or Deferring RPSS increased, problem-focused coping increased at a much greater rate than those with high self-efficacy. In summary, of the three RPSS styles, Collaborative RPSS demonstrated the most favorable relationship with problem-focused coping. It had the only positive bivariate correlation with problem-focused coping; the regression main effects of Collaborative RPSS, self-efficacy, and their interactions on program-focused explained the highest percentage of variance (29.6%) of problem-focused coping; and it also shared a positive bivariate correlation with self-efficacy, which is also positively correlated with problem-focused coping.

Self-Efficacy and RPSS on Maladaptive Emotion-Focused Coping

The second paper explored the relationship of religious problem-solving styles and self-efficacy on the use of maladaptive emotion-focused coping. Results indicated that only

Collaborative RPSS had a statistically significant correlation with self-efficacy (.32, $p < .05$). Maladaptive emotion-focused coping had a significant positive relationship with Self-directed RPSS (.34, $p < .05$) and a significant negative relationship with Deferring RPSS (−.33, $p < .05$). Regression analysis did not indicate significant interaction between self-efficacy and any religious problem-solving style with maladaptive emotion-focused coping. Despite nonsignificance, scatterplots were run to discover direction and intensity of any interaction.

For both low and high self-efficacy groups, as Self-directing RPSS increased, maladaptive emotion-focused coping increased slightly. As Collaborative RPSS increased, there was negligible negative interaction with low self-efficacy and only slight interaction with high self-efficacy group. As Deferring RPSS increased, maladaptive emotion-focused coping decreased for both the low and high self-efficacy groups at the same rate. In summary, Self-directed RPSS demonstrated an unfavorable relationship with maladaptive emotion-focused coping, and Deferring RPSS had a favorable relationship.

Interaction of Problem and Maladaptive Emotion-Focused Coping

The third paper explored the interaction of problem-focused and maladaptive emotion-focused coping on financial strain and stress between religious problem-solving styles. Regression analyses did not indicate statistically significant findings with the interaction between problem-focused and maladaptive emotion-focused coping on financial strain or stress with any RPSS. While not statistically significant, slopes were calculated from the regression analyses to identify direction and strength of interaction. The effects of maladaptive emotion-focused coping varied as a function of problem-focused coping on financial strain for all three RPSS groups. This was especially true for those with low problem-focused coping, most prominently in the high Deferring RPSS group.

The effects of maladaptive emotion-focused coping on financial stress varied minimally as a function of high problem-focused coping for all three RPSS groups, but prominently with low problem-focused coping of Deferring RPSS. Also, the slope of low problem-focused was much less for the high Collaborative group than the others. In summary, maladaptive emotion-focused coping seems to be more strongly related to financial strain and stress when interacting with problem-focused coping. High Collaborative and high Deferring RPSS groups had lower levels of financial strain and stress than high Self-directed RPSS.

Overall Findings and Recommendations for Practice

The relationships between RPSS styles in this study were consistent with previous research (Andrews, Stefurak, & Mehta, 2011; Creedon, 2015; Pargament, 1997; Pargament et al., 1988; Wong-McDonald & Gorsuch, 2000). Collaborative and Deferring RPSS were positively correlated with each other and both of them were negatively correlated with Self-directing RPSS. A primary connection factor of Collaborative and Deferring RPSS is their mutual association with external locus of control (Deferring more so than Collaborative). Uniquely, Collaborative RPSS was positively correlated with problem-focused coping. Why this uniqueness? For Collaborative RPSS, locus of control is shared (internal and external), a partnership between God and the individual. With Collaborative RPSS, there would be an expectation that change in a situation would in part involve action by a person. For Deferring RPSS, the locus of control is wholly external on God, which would presume individual passivity.

Caution should be exercised, however, not to automatically associate a positive correlation between internal control and problem-focused coping. This study found Self-directing RPSS to be significantly negatively correlated with problem-focused coping. This suggests participants in this study were less likely to utilize problem-focused coping if they

believed either (1) God doesn't exist, (2) God doesn't care, or (3) God is not able to impact circumstances. Just because one has the Self-Directing RPSS perspective doesn't mean that they have the ability, opportunity, or will to engage in problem-focused coping. If true, what might explain this difference between the Self-directing and Collaborative RPSS in relationship to problem-focused coping? Perhaps those who "partner" with God find guidance, encouragement, and strength in the relationship, which in turn gives them direction and confidence to engage in problem-focused coping.

As a well-known factor in coping, self-efficacy was considered in this study, specifically in how it may relate to and interact with RPSS in coping. Could a person's sense of self-efficacy influence his or her belief about God's control? As a cross-sectional study, causality between self-efficacy and RPSS could not be discerned. However, because of this study's correlational and regression findings (or lack thereof), there is no initial indication that self-efficacy would necessarily cause one to have a particular RPSS style or vice versa. This perspective is affirmed in that the only RPSS significantly related to self-efficacy was Collaborative, the in-between option of shared locus of control. Consistent with other research, self-efficacy was identified to have a significant, positive relationship with problem-focused coping (Caplan & Schooler, 2007; Chesney et al., 2006; Raikes & Thompson, 2005; Thoits, 1995).

Based on previous research and practice, it was expected that the interaction assessment of problem-focused coping and maladaptive emotion-focused coping on financial strain and stress would have been different. It was expected that those with high problem-focused coping and low maladaptive coping would have lower scores for financial strain and stress. For all three groups of RPSS, those with low problem-focused and low maladaptive coping presented the lowest scores for financial strain and stress. At least for financial stress, the reason could be that

problem-focused coping requires a person to acknowledge, assess, and engage his or her situation to develop and implement a plan. The reality of the situation and the challenge of addressing it sets in, resulting in increased stress.

Given the results of all three papers in this study, the Collaborative RPSS appears to be the most beneficial religious problem-solving style for participants in this study.

Generalizability is limited, but faith-based programs may consider incorporating an approach that offers those with the Self-directing RPSS or Deferring RPSS to move toward embracing and implementing more of a Collaborative RPSS perspective. Also, programs should be aware of the possibility that helping people engage in problem-focused coping could increase stress.

Techniques and coaching to healthily handle stress, alongside problem-focused coping, should be considered to help prevent increased use of maladaptive emotion-focused coping.

Limitations

The study has several limitations that should be taken in to consideration. First, the sample size of 43 participants using a convenience sampling method limits statistical power, particularly when examining within group differences. The second limitation is that the data are cross-sectional, which lacks the ability to compare differences over time among subjects and may not reflect consistent ratings over time. The third limitation is that the original RPSS scale was altered out of concern for survey length. The original scale was composed of 36 questions (12 questions per style). For this study, nine questions were selected (three questions per style), limiting confidence in the original validity and reliability scores of the scale. The fourth limitation is that the survey did not ask participants to indicate identification with any specific religion or faith practice. This limits the ability to generalize across religions or to any specific religion or faith practice.

Conclusion

How people cope with poverty is important as it impacts their capacity to survive, manage, and work toward improving their situation. Help is commonly offered by faith-based communities and sought out by those experiencing poverty. This study placed consideration of the independent and dependent variables into a sample and context specifically related to poverty, which, to this author's awareness, has not been done before. Results contributed additional information, which could inform practice approaches and further research.

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Appendix A

Humans Subjects Institutional Review Board Approval Letter

WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: December 5, 2013

To: Kieran Fogerty, Principal Investigator
Kirk Vander Molen, Student Investigator

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 13-11-07

This letter will serve as confirmation that your research project titled "Does Self-Efficacy, Social Support and Faith have a Moderating Effect on the Use of Emotion-Focused and Problem-Focused Coping of Those in Financial Distress" has been **approved** under the **exempt** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., ***you must request a post approval change to enroll subjects beyond the number stated in your application under "Number of subjects you want to complete the study."*** Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

Reapproval of the project is required if it extends beyond the termination date stated below.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: December 5, 2014