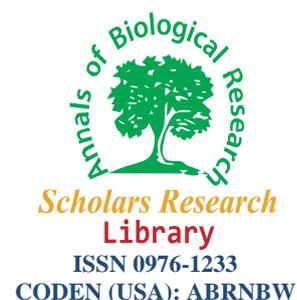




Scholars Research Library

Annals of Biological Research, 2012, 3 (12):5729-5733
(<http://scholarsresearchlibrary.com/archive.html>)



Examining the relationship between religious orientation and coping strategies

Ali Mostafaei

Department of Psychology, Payame Noor University, Tehran, IR. IRAN

ABSTRACT

The purpose of this research was to study the relationship between religious orientation and coping strategies among male and female university students. Hundred students (54 male and 46 female) were selected randomly. Tehran Coping Style Scale (TCSS) and Intrinsic-Extrinsic Religious Orientation Scale (IEROS) were used to carry out the study. Data analyzed by Pearson correlation coefficient. The results of the study showed that there is a positive significant relationship between internal religious orientation and problem focused coping strategies; and there is a negative significant correlation between external religious orientation and problem focused coping strategies. Also, there is a negative significant correlation between internal religious orientation and emotion focused coping strategies; and there is positive significant correlation coefficient between external religious orientation and emotion focused coping strategies.

Key words: religious orientation, coping style strategies, students

INTRODUCTION

Some researchers have demonstrated that individuals differ in their religious orientation and that these differences are related to variations in personality, happiness, religious experience and religious and nonreligious attitudes [1, 2, and 3]. Allport & Ross (1967) has proposed two main religious orientations: intrinsic and extrinsic. Extrinsic religious orientation is a method of using religion to achieve non-religious goals, essentially viewing religion as a means to an end [4]. Those with an extrinsic orientation used religion as a means to provide participation in a powerful in group protection, consolation and social status. It is used by people who go to religious gatherings and claim certain religious ideologies to establish or maintain social networks while minimally adhering to the teachings of the religion. People high in external religious orientation are more likely to conform to social norms and demands rather than what the religion requires, and are often prone to twist religious beliefs to serve their own political goals. Individuals with an intrinsic orientation toward religion were described as wholly committed toward their religious beliefs and that religiosity was evident in every aspects of their life.

Saroglou [5] In a Meta –analysis study, using the five factors model of personality as a framework, found that general religiosity was related to extroversion, agreeableness and conscientiousness. He found that Intrinsic religious, was related to low agreeableness, low neuroticism and low openness, while extrinsic religion was related to neuroticism.

Researchs result of Dezutter, Socnes & Husebaut [6] showed that the religious orientations and social-cognitive approaches to religion were significantly related to well-being outcomes, whereas religious involvement was not. The social-cognitive approaches to religion were predictive of both distress and well-being. Specifically, literal approaches to religion were negatively related to well-being and positively to distress. The religious orientations were predictive of well-being only.

Also, other studies are consistent in reporting a significant negative relationship between the intrinsic orientation toward religion and depressive symptoms and trait anxiety and a significant positive relationship between extrinsic orientation toward religion, and depressive symptoms and trait anxiety [7].

Individuals described as having an intrinsic orientation toward religion are described as wholly committed to their religious beliefs, and the influence of religion is evident in every aspect of their life [2].

Those who demonstrate an extrinsic orientation toward religion have been described as using religion to provide participation in a powerful in-group, protection, consolation, and social status, religious participation, and an ego defense. However, due to a number of studies investigating the extrinsic orientation toward religion, there is the strong suggestion that the extrinsic orientation towards religion comprises two dimensions, extrinsic-personal (protection, consolation) and extrinsic-social (religious participation, social status) [2].

Freud and Ellis express a negative view about the role of religion in the psychological wellness or well-being of humans. Yet others such as Yung, Adler, and Fromm, believe that religion can have a positive effect on the overall health of human psychological behavior. Gorsuch argues that this distinction between the intrinsic and extrinsic orientations to religion has been the most useful to the research on the relationship between religiosity and wellbeing. The second dominant perspective is that of religious coping. This theoretical perspective views religion as a coping process.

Pargament uses and extends coping theory by arguing that religion may enter the coping process in a number of ways, be it in terms of using religious coping to appraise the causes of stressful events, using religious coping to cope with stressful events, or using religious coping to come to terms with critical life events. Furthermore, Pargament views religious coping as a mediating factor in the relationship between religious orientation and psychological well-being.

However, [8] suggest a two-factor model of religious coping in response to stressful life events; positive and negative religious coping. This model of coping encompasses a number of positive and negative religious coping styles including religious forgiveness, collaborative religious coping, spiritual connection, and religious purification. These authors report that positive coping is associated with fewer symptoms of psychological distress, while negative religious coping is associated with higher levels of depression and reporting of psychological symptoms.

According to Whitley and Kite [9], a person with an Intrinsic Religious Orientation sincerely believes in their religion and all its teachings and attempt to live their lives as their religion preaches that they should. This agrees with what Daniel Batson would say; that while a person with an extrinsic religious orientation sees religion as a means to an end, a person with an intrinsic orientation sees their religion as that end. To them their religion is, "An active directing force, not just a tool used to reach self-serving ends." [10] Those with this orientation find their religion to be the most important aspect of their life and seek to contextualize other aspects of their life through their religion.

Another variable is coping styles. Coping, which is classified in different yet empirically supported ways, can be defined as the conscious cognitive and behavioral efforts activated to mediate a challenge given specific demands. All contemporary theories of coping emphasize the fact that it appears to be multidimensional and somewhat context-dependent. Coping can be classified by the focus of the coping strategy (emotion vs. problem) or the method of coping (cognitive vs. behavioral). Moos' model, employed extensively in health psychology research with physically ill, psychiatrically ill, and nonclinical populations, is particularly useful because it combines measures on the focus of coping with the method of coping in a relatively brief instrument. Moos' division of coping into "approach" and "avoidance" categories classifies behaviors and cognitions into those which are used by the subject to face the problem squarely (approach), and those which divert the individual's attention away from the problem (avoidance) [10].

To address the mentioned issues, current study aimed to determine relationship of religious orientation with coping styles in university students.

MATERIALS AND METHODS

2.1. Participants

Through multi-stage cluster sampling, 100 subjects were selected randomly from university students in Mahabad City. Among the subjects mentioned above, 15 subjects were educated in literature, 40 subjects in psychology, 25 subjects in accountancy, and 20 subjects in management (46 female and 54 male).

2.2. Materials

Tehran Coping Style Scale (TCSS): This device first time provided by Lazarus and Folkman [11]. It has 60 items and examines three styles of problem-focused, positive and negative emotion-focused copings in four graded Likert scale. Minimum and maximum score of participant in each subscale would be in a range of 0 to 60. Azarivand [11] examined reliability and validity of this scale. Test-retest reliability coefficient from $r=0.66$ to $r=0.79$ was endorsed for different scales. Convergent and differential validities of Tehran Coping Styles Scale were studied and confirmed according to correlation between subscales of questionnaire and other scales including optimism, self-esteem, hardiness, type A and anxiety.

Intrinsic-Extrinsic Religious Orientation Scale (IEROS) [12] : The IEROS included two dimensions intrinsic and extrinsic religious orientation. This scale was developed by Allport & Ross [12]. Based on its original construction, nine items are related to Intrinsic (INT) and 11 items represent the extrinsic (EXT) scale. Validity and reliability in this scale were acceptable by Taylor & Mac Donald [13]. Values of Cronbach alpha for this study were .76 and for extrinsic .84 intrinsic scale.

RESULTS

Table 1: mean and std. deviation of internal religious orientation and problem focused strategies in university students

Variables	Mean	Std. deviation
Internal religious orientation	12.56	.38
Problem focused strategies	18.02	2.66

As can be seen in table 1, mean of religious orientation in students is 12.56, and std. deviation is .38; mean of problem focused strategies is 18.02, and std. deviation is 2.66

Table 2: correlation coefficient between internal religious orientation and problem focused strategies

Variables	Correlation	Sig.
internal religious orientation and Problem focused strategies	.65	.001

Results showed (table 2) that there is a significant correlation coefficient between internal religious orientation and problem focused coping strategies. That is, increasing of internal religious orientation is associated with an increase in the problem focused coping strategies.

Table 3: mean and std. deviation of external religious orientation and problem focused strategies in university students

Variables	Mean	Std. deviation
External religious orientation	15.54	.56
Problem focused strategies	10.04	3.66

As can be seen in table 3, mean of external religious orientation in students is 15.54, and std. deviation is .56; mean of problem focused strategies is 10.04, and std. deviation is 3.66

Table 4: correlation coefficient between external religious orientation and problem focused strategies

Variables	Correlation	Sig.
external religious orientation and Problem focused strategies	-.75	.001

Results showed (table 4) that there is a negative significant correlation coefficient between external religious orientation and problem focused coping strategies. That is, increasing of external religious orientation is associated with a decrease in the problem focused coping strategies.

Table 5: mean and std. deviation of internal religious orientation and emotion focused strategies in university students

Variables	Mean	Std. deviation
Internal religious orientation	12.56	.38
Emotion focused strategies	8.20	2.56

As can be seen in table 5, mean of internal of religious orientation in students is 12.56, and std. deviation is .38; mean of emotional focused strategies is 8.20, and std. deviation is 2.56

Table 6: correlation coefficient between internal religious orientation and emotion focused strategies

Variables	Correlation	Sig.
internal religious orientation and emotion focused strategies	.85	.001

Results showed (table 6) that there is a negative significant correlation coefficient between internal religious orientation and emotion focused coping strategies. That is, increasing of internal religious orientation is associated with a decrease in the emotion focused coping strategies.

Table 7: mean and std. deviation of external religious orientation and emotion focused strategies in university students

Variables	Mean	Std. deviation
external religious orientation	15.54	.56
Emotion focused strategies	19.27	4.16

As can be seen in table 7, mean of external of religious orientation in students is 15.54, and std. deviation is .56; mean of emotional focused strategies is 19.27, and std. deviation is 4.16

Table 8: correlation coefficient between external religious orientation and emotion focused strategies

Variables	Correlation	Sig.
external religious orientation and emotion focused strategies	.81	.001

Results showed (table 8) that there is a positive significant correlation coefficient between external religious orientation and emotion focused coping strategies. That is, increasing of external religious orientation is associated with an increase in the emotion focused coping strategies.

DISCUSSION

The present study was conducted by the aim of investigate the relationship between religious orientation and coping strategies in university students. The research findings showed that there is a positive significant relationship between internal religious orientation and problem focused coping strategies; and there is a negative significant correlation between external religious orientation and problem focused coping strategies. Also, there is a negative significant correlation between internal religious orientation and emotion focused coping strategies; and there is positive significant correlation coefficient between external religious orientation and emotion focused coping strategies.

These results with published findings about religious orientation and coping strategies is consistent [14, 15, and 16].

The results of [16] indicated that Neuroticism was negatively correlated with positive emotional-focused coping style and was positively correlated with negative emotional-focused coping style in female students, while it was positively correlated with negative emotional-focused coping styles in male students. Extraversion was positively correlated with problem-focused and positive emotional-focused coping style in both male and female students. Openness was positively correlated with problem- focused coping styles in female students. Agreeableness was positively correlated with problem-focused and positive emotional- focused coping styles and negatively correlated with negative emotional-focused coping style in male, while it was positively correlated with problem- focused coping style and negatively correlated with negative emotional-focused coping style in female students. Conscientiousness were positively correlated with problem-focused coping style and negatively correlated with negative emotional-focused coping style in both male and female students. Personality dimensions were associated with coping strategies.

REFERENCES

- [1] D [1] W Barrett, J A Patock-Peckham, G T Hutchinson, C T Nagoshi. *Personality and Individual Differences*, **2005**, 38, 2, 461-474
- [2] M Ghavam, M Mazidi, S Sadati. *Procedia - Social and Behavioral Sciences*, **2010**, 9, 63-69
- [3] C A Lewis, J Maltby, L Day. *Personality and Individual Differences*, **2005**, 38, 5, 1193-1202
- [4] Batson, Daniel. *Religion and the Individual*. New York: Oxford University Press, **1982**.
- [5] V Saroglou. *Personality and Individual Differences*, **2002**, 32, 1, 15-25
- [6] J Dezutter, B Soenens, D Hutsebaut. *Personality and individual differences*, **2006**, 40, 4, 807-818
- [7] J Maltby, L Day. *ersonality and Individual Differences*, **2003**, 34, 7, 1209-1224

- [8] KL Pargament, BW Smith, HG Koenig, L Perez. *Journal for the scientific study of religion*, **1998**, 37, 4, 710-724
- [9] Wikipedia. *Religious orientation*, **2012**.
- [10] H Steiner, SJ Ericson, NL Hernandez, R Pavelski. *Journal of adolescent health*, **2002**, 30, 5, 326-335
- [11] F Azarivand, UG thesis, Payame Noor, (Mahabad, Iran, **2012**).
- [12] GW Allport, JM Ross *Journal of Personality and Social Psychology*, **1967**, 5, 432-443.
- [13] A Taylor, DA McDonald. *Personality and individual differences*, **1999**, 27, 1243-1259.
- [14] MH Anshel, T Sutarso. *Psychology of Sport and Exercise*, **2007**, 8, 1-24
- [15] K Amiri, HA Zeinali, FS Arfai, MS Sharifian. *Procedia Social and Behavioral Sciences* , **2011**, 15 , 613-616
- [16] A Karimzadeh, MA Besharat. *Procedia Social and Behavioral Sciences*, **2011**, 30, 797-802