

# **Daily Stress and Religion as a Coping Resource**

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## **Abstract**

Studies on religious coping often focus on major life stress. The present study proposes to show that religion, measured by church attendance and prayer use, would be an effective coping strategy in dealing with daily stress levels that would include both major and minor stressors. Optimism, self-efficacy and life satisfaction were also analysed in relation to religion. A convenience sample of 116 participants completed questionnaires consisting of demographic information including church attendance and prayer use along with scales on perceived stress, general self-efficacy, optimism, coping dimensions and life satisfaction. The results showed that religion, church attendance and prayer combined and prayer individually, was not significantly related to stress indicating that religion is not an effective coping method for daily stress.

## **Introduction**

The following introduction begins with an overview of stress and the negative effects it elicits concluding with the general approaches to coping with stress. The merits of religion as a coping measure are then discussed followed by approaches to coping that are specific to the area of religious coping. Optimism, self-efficacy and life satisfaction are then examined in relation to religion and convey why it is important to consider these variables when studying religion. The introduction will conclude with the rationale for the implementation of this study followed by the hypotheses that will be explored.

### **Stress:**

Stress is a fact of life unfortunately, with daily schedules becoming more frantic and rushed the need to find sensible and effective ways to deal with the stressors that we can encounter every day is very important to our health. Chronic levels of stress effects both our physical health, (Carey 2012, Taylor 2009, Hudd et al 2000 etc.) as well as our mental health (Ellison, Boardman, Williams & Jackson 2001, Pritchard, Wilson & Yamnitz 2007, Bean & Hammer 2006 etc) and the different ways we can be affected by stress are only outnumbered by the practices that are offered to alleviate this stress. Anything from doing various types of physical exercise (Fleshner 2005) to African dance, (West Otte, Geher, Johnson & Mohr 2004) to chewing gum (Smith & Woods 2012) have all been shown to reduce stress levels.

While Hans Selye originally focused on stress as a response to negative stimuli through his General Adaptation Syndrome (Passer, Smith, Holt, Bremner, Sutherland & Vliekl 2009), psychologist Richard Lazarus focused on stress as being more than merely a stimulus or a response, he saw stress as a relationship between the individual and the

environment based on the individual's appraisal of the situation and their perceived coping skills and resources, a process he called Cognitive Mediation (Lazarus and Folkman 1984; Lazarus 1999).

Lazarus argued that stress consists of three processes. *Primary appraisal* is the process of perceiving a threat to oneself, *Secondary appraisal* is the process of bringing to mind a potential response to the threat and *Coping* is the process of executing that response. Lazarus posits that the daily hassles of ordinary living may be even more harmful to health than major life events and that people can react to the same situation with different levels of distress (Lazarus 1999). He found this more evident when one moves away from the major life stressors that result in stress for everyone, to the more ordinary hassles of daily life that can be assessed with a greater degree of variability (Lazarus and Folkman 1984). Stress can thus be defined as “a particular relationship between the person and environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus and Folkman 1984, p. 21).

How individuals appraise an event will determine their degree of stress, according to Lazarus (1999). Appraisals in daily life typically occur at the unconscious level as defence mechanisms. There are two ways to think about how individual differences might influence coping. The first possibility is that there are stable coping ‘styles’ or ‘dispositions’ that people bring with them to the stressful situations that they encounter, meaning that they approach each encounter with preferred coping strategies. The second possibility argues that certain personality characteristics predispose people to having set ways in which they cope with stressful situations (Carver, Scheier & Weintrub 1989). Both a stressful condition and a vulnerable person are needed to produce a stress reaction because people respond to stress differently, depending on their personal history. Emotions are an important part in the

appraisal of a situation as it suggests how a person has appraised a situation and has perceived their coping skills. “When there is stress emotions are also present,” (Lazarus 1999, p. 35). If someone typically responds to many encounters with the same emotional reaction this may suggest an underlying trait that indicates a more deeply seated vulnerability to stress (Lazarus 1999). Aaron Antonovsky coined the term ‘salutogenesis’ which refers to the relationship between health, stress and coping and focuses on factors that support human health and well-being rather than focusing on factors that cause disease (Griffiths, Ryan & Foster 2011). Antonovsky’s Sense Of Coherence theory posits that our ability to cope, overcome and recover from challenges and setbacks that we all face in our life depends on the strength of an individual’s Sense Of Coherence which is determined by their general resistance resources and the effective implementation of these resources (Griffiths et al 2011). Antonovsky & Sagy (1986) found that an individual’s Sense Of Coherence develops with age becoming fully developed around the age of 30, furthermore they found that there was a clear relationship between Sense Of Coherence and trait anxiety meaning that the more one perceives one’s world as predictable, manageable and meaningful the less one will be inclined to react to stressful situations with anxiety and experience anxiety states.

There is a distinction between two general types of coping, both aimed at managing situations perceived as taxing the individual's resources. *Problem Focused coping* is aimed at problem solving or doing something to alter the source of the stress. *Emotion Focused coping* is aimed at reducing or managing the emotional distress that is associated with the situation. Although most stressors elicit both types of coping, problem-focused coping is more regularly used when people feel they can do something tangible to solve the problem, whereas emotion-focused coping tends to be used when people feel that the stressor is beyond their control and something that must be endured (Folkman & Lazarus, 1980).

Carver, Scheier & Weintraub (1989) describe 13 different coping strategies of which 7 are mentioned below as they are the types that are applicable for the types of coping used through prayer and church attendance. A kind of problem-focused coping, *Suppression of Competing Activities* is a strategy which entails putting every other activity or distraction aside in order to deal with the stressor. Suppression of competing activities may be seen as what is done while praying and attending church meetings. One must put aside all other distractions in order to communicate with God<sup>1</sup> through prayer and also while attending church meetings one must obviously be refraining from other activities in order to attend and must also be focused completely on the religious leader in order to receive their message. *Mental disengagement* is a variation on *Behavioural Disengagement* and is used when the individual is not able to use behavioural disengagement (Carver, Peterson, Follansbee & Scheier 1983). Individuals will use mental disengagement by distracting themselves through a wide variety of activities like sleep or daydreaming in order to take their mind off the problem. Behavioural disengagement is seen as an individual reduces their effort in dealing with the stressor, commonly seen as procrastination. Carver et al (1989) describes both of these coping strategies as being dysfunctional. Prayer could be seen as a type of mental disengagement distracting one's self from the identified stressor while the attendance of church can be identified as its behavioural equivalent. *Positive Reappraisal*, as originally described by Lazarus and Folkman (as cited in Carver et al 1989), is seen as a type of emotion-focused coping which is aimed at dealing with emotions and distress related to the stressor rather than the stressor itself. The benefit of using positive reappraisal not only reduces distress but transforms a stressful situation into a positive one.

<sup>1</sup> The term 'God' does not denote any specific religion but is a generic term to encompass any deity or celestial being.



Seeking social support can be both a form of problem-focused coping as well as emotion focused coping. *Seeking Social Support for Instrumental Reasons* is a problem focused approach by asking for guidance and assistance from others. *Seeking Social Support for Emotional Reasons* is an aspect of emotion-focused support where an individual seeks out support through sympathy and understanding. Seeking social support for emotional reasons and for instrumental reasons often co-occur (Aldwin & Revenson 1987). Both these types of social support can be seen as benefits derived from both prayer and more indirectly through church attendance. Prayer is seen as a way of communicating with God in order to receive insight and clarity on many trials and tribulations that may be affecting a person's life, though the level of your relationship with God may determine what type of response you receive. The message conveyed by the church leader during the church meeting may be seen as a type of response to these prayers or as a pre-emptive acknowledgement of current issues facing the congregation, its goal being to alleviate worry and offer advice. The results of seeking out emotional social support can be mixed. It can be seen as functional when a person made insecure by a stressor can be reassured by using this type of support enabling them to then return to a problem-focused approach to coping. On the other hand, one may use emotional social support as an avenue for venting one's frustrations which Costanza, Derlega & Winstead (1988) have found to not always be very adaptive. Those that do not practice prayer as often as others may be found to use prayer in this way, venting may also be exhibited in times of immense strain. Using venting as a type of emotional social support may be a result of negative religious coping patterns where the individual blames God for their misfortune rather than asking God for assistance with the problem (Pargament, Smith, Koenig & Perez 1998).

Carver and colleagues also specified *Turning to Religion* as a coping response.

Although research (McCrae and Costa 1986) suggests that such a coping tactic may be quite

important to many people to use, turning to religion as a specific coping resource is somewhat misleading though as it is more an umbrella term for many coping resources such as the ones mentioned above.

## **Religion:**

Koenig, McCullough & Larson (2001) describe religiosity as a system of beliefs and practices that include both internal and external forms of religious activity, such as prayer or attendance at religious services. These practices are designed to encourage a close relationship with God. They continue by explaining that religious coping is the extent to which people turn to religious or spiritual practices to cope with stressful events. Religion has been shown to have a positive effect on stress levels, but unfortunately, most research in this area focuses on the communal aspect of religion which incorporates the social benefits to coping that religion may have, as well as the private. For example research such as that performed by Miller, McConnell & Klinger (2007), Levin and Chatters (1998) and Jafari (2011) all have used religion as a variable in relation to aspects of health but all of them measure religiousness in a different way from each other and individually all these studies have many proponents that define religiosity. The research that has focused on the personal aspects of religion, that of prayer, have reinforced the body of work that shows that religion has beneficial effects on stress but these studies focus on certain types of prayers (Ferguson, Willemsen & Castañeto 2010, Ai, Tice, Huang, Rodgers & Bolling 2008 and Baesler 2002). Belding, Howard, McGuire, Schwartz & Wilson (2010) showed in their study, that to their surprise, prayer did not significantly relate to reduced stress, they theorised that this was because the majority of participants did not consider reading a prayer as praying. *Centring Prayer* has been shown to be effective in reducing stress levels (Ferguson et al. 2010, Wachholtz & Pargament 2008), but like many non-religious coping practices, although

shown to be effective, are very specific and usually require some sort of training or a certain physical ability to perform them. Religion and the stress reducing benefits received through prayer should be available to anyone, regardless of shape, size, colour or previous experience. Prayer is something personal, representing a personal relationship with their chosen deity, prayer should not have to be read, remembered or practiced to be an effective form of relieving stress.

While most previous research that has examined the relationship between major life stressors and religiosity has found that religious faith is positively correlated with coping well with stress (Jenkins 2005, Park 2005, Pargament et al. 1998), the research by Plante, Saucedo & Rice (2001) failed to find similar positive effects when relating religious faith with daily stress. Their research suggests that religiosity may not be associated with coping with daily stress and hassles but be related to reducing stress when used in conjunction with major life events. They concluded that this was not a surprising result in light of research such as that done by Jenkins (1995) who found that among HIV/AIDS patients, religion is associated with coping as the disease progresses. In other words, the sicker you are, the more likely you will turn to religion for coping. Therefore, it is possible that daily stressors independent of major life events, such as significant ill health, are not sufficient enough to illicit the need for religious assistance in coping. This may indicate that religion is only used when all other coping resources have been exhausted or found to be insufficient, or one believes that they do not have the coping resources to deal with the magnitude of the stressor.

Pargament, Kennel, Hathaway, Grevengoed, Newman & Jones (1988) suggests there are three different types of relationships one can have with God when dealing with a situation, in which all mirror different coping styles and therefore have different effects on how stress is managed. The first is the *deferring style* in which the individual is completely

passive shifting all the responsibility to God. An individual that uses this approach lets God decide the correct solution to the problem so that they do not have to make the decision themselves. This problem solving style is considered dysfunctional and used by individuals that see God as the authority who is able to deal with the problems they are not able to (Pargament et al 1988). Baker & Gorsuch (1982) found support for the classification that this type of problem solving is dysfunctional by showing that an extrinsic religious orientation, to which the deferring style is attributed, increases everyday anxiety while an intrinsic religious orientation was found to reduce anxiety. This approach to prayer can be used at different points of the coping process, it could be used as a first attempt to cope before any other strategies have been attempted to deal with the situation and it can also be used as a last resort after all other coping strategies have been exhausted. The point at when the deferring style is used, either first or last, could subsequently further influence its dysfunction.

The *collaborative style* indicates an intrinsic orientation to religion that has been found to be the most promising of the three styles in helping individuals manage their problems (Pargament et al. 1988). The collaborative style is where the responsibility for finding the solution to the situation is shared by both the individual and God, where the individual is trying to work with God to find a solution instead of relying completely on God to do it. The effectiveness of the collaborative style comes from the individual's optimism and competence in dealing with problems. The collaborative style represents a different type of relationship between the individual and God, a relationship that is more intimate and interactive than the relationship shown in the deferring style (Pargament et al. 1988).

The last is the *Self-Directing Style* which is the complete opposite to the Deferring Style. An individual that uses the Self-Directing Style takes complete responsibility upon themselves for finding a solution for the situation without seeking any assistance from God. Pargament et al. (1988) explains that this approach is considered to be effective when dealing with

personally controllable situations, but less effective when dealing with situations that may be out of the control of the individual, such as illness and bereavement. The Self-Directing Style would appear to be the one that is used prior to turning to religion for support or used by the non-religious, as many studies have shown how effective religion is when dealing with major life events such as illness (Maton 1989, Pargament et al 1998, & Krumrei, Mahony & Pargament 2011) and that the more serious the illness, therefore the less control over the situation the individual has, the more likely and often religion will be invoked in the coping process (Jenkins 1995). Depending on what style is used can determine the effectiveness of religion as a coping measure.

### **Optimism:**

Galanakis, Galanopoulou & Stalikas (2011) suggest that finding positive meaning may be the most important factor in developing positive emotions when facing stressful situations. Park & Folkman (1997) state that holding spiritual or religious beliefs can increase people's likelihood of finding positive meaning. Positive emotions not only feel good but the balance of positive and negative emotions can contribute to one's perception of life satisfaction (Hayes & Weathington 2007). According to Fredrickson's *Broaden-and-Build Theory* (1998), positive emotions in the present trigger an upward spiral increasing the chances of positive emotions in the future which build an individual's personal, physical, intellectual and social resources. The broaden-and-build theory states that while negative emotions narrows a person's thought action repertoire, positive emotions broaden thought action repertoires encouraging one to discover unique, new and original ways to think and act. Fredrickson (1998) posits that positive emotions also broaden attention and cognition. If positive emotions broaden attention and cognition, enabling flexible and creative thinking, they should also facilitate coping with stress and adversity (Aspinwall 1998). Fredrickson &

Levenson (1998) found that positive emotions lead to an increase in personal resources while decreasing negative emotions. Increasing positive emotions leads to an increase in our psychological resilience resulting in psychological health and well being. Carver et al (1989) theorise that optimism should be associated with active coping methods because optimists have a more assured and confident expectation of their future enabling them to make the best of every situation they encounter. Pessimists on the other hand should be associated with emotional coping strategies, disengagement and distress as they have a more disenfranchised outlook on the situations they find themselves in. This theory has been supported by Scheier, Weintrub & Carver (1986) who found exactly these patterns in coping with stressful situations.

### **Self-Efficacy:**

Albert Bandura (1995) describes self-efficacy as a constructive self-belief that is related to positive motivation and behaviour. Self-efficacy beliefs determine whether people think pessimistically or optimistically which can determine the actions they choose in difficult situations. Self-efficacy also determines what goals they set for themselves, the effort and commitment they put into achieving these goals and how much they will persevere towards the completion of the goal when faced with adversity. Self-efficacy, determining all these factors, will have an obvious effect on the achievements an individual can accomplish and how they react when goals are not achieved (Bandura 2003). Bandura (2003) explains that those devoted to religious faith often appeal to a proxy agency, especially in times of crisis or physical and emotional distress, through prayer to the divine agency to alter the course of detrimental events. In his theoretical paper Bandura (2003) continues by contemplating whether reliance on a divine proxy agency has a positive or negative effect on personal efficacy. The effect on self-efficacy may depend on one's conception of the divine

agency, the part they play in this relationship and their belief in the efficacy of prayer. If the relationship involves relinquishing control to a divine agency to solve one's problems, it can foster dependent passivity that detracts from the development and exercise of personal efficacy. It is a different matter if the divine agency is viewed in a guiding supportive relationship requiring one to exercise influence over the events in one's life. Viewing the agency as a partner can serve to enable one's beliefs that strengthen their sense of self-efficacy.

### **Life Satisfaction:**

Satisfaction with life as a subscale of subjective well-being, measured by the Satisfaction With Life Scale (Diener Emmons, Larsen & Griffin 1985), allows respondents to rate their satisfaction with life by their own definition, the scale does not denote satisfaction to anything specific e.g. material objects, work success etc. which makes it ideal to measure satisfaction with life with those that are religious and non-religious alike as their definitions of what is important and defines a satisfied life may vary drastically. Research into life satisfaction in relation to religion has been a topic that has been extensively studied but also extensively debated about not only what aspects of religion determine the relationship between religion and life satisfaction, feeling God's love ( Lim & Putnam 2010), attending religious services (Ellison 1991), prayer (Poloma & Pendleton 1989), social support received from fellow religious group members (Pargament, Magyur-Russell & Murray-Swank 2005), but whether religion is related to life satisfaction at all. A pivotal study into the relationship between life satisfaction and religion by Campbell, Converse & Rodgers in 1976 (as cited in Ellison, Gay & Glass 1989) found that there was no relationship between religion and life satisfaction, conversely when Hadaway (1978) analysed the same set of data he found that religion was related to life satisfaction. Interestingly Elliot & Hayward (2009) conducted a

cross-sectional study to analyse whether government regulation of individual liberties would have an effect on life satisfaction in religious people. They found that personal religious identity is positively associated with life satisfaction and that the association increases when government regulation is greater. In addition they found that there was also a positive association between participation in organised religion and life satisfaction and the association becomes negative under high government regulation. For this study they found that Ireland was in the group with the lowest amount of government regulation and that out of the 65 countries surveyed Ireland had the fourth highest score for life satisfaction.

### **Rationale and Hypotheses:**

Most people acknowledge a spiritual aspect to their lives, in the sense of seeking meaning and social connectedness to something greater than oneself without being tied to a formal religion. This study focuses on a belief system in general not one which is associated with any specific organised religion, a belief system that is accessible to any person at any time. As part of this belief system prayer plays a significant part and prayer in its purest form is free to anyone to perform, it is free of rules and is impromptu not practiced or recited. Genuine contemplative prayer may impact on stress reactivity through feelings of spiritual support, peace, calm, and reduced anxiety, which may assist in emotional moderation strengthening impulse control and contributing to a greater internal sense of control (Tice and Bratslavsky 2000). The regular practice of resting in the arms of a loving God may inspire an unburdening of emotional wounds from the past, which in turn may lower a person's susceptibility to stress. The beneficial effects of religiosity is often associated with the social support that comes as part of the religious experience, through congregational support, bible meetings and assorted church groups (Maton and Wells 1995). This study aims at the more personal aspect of religion through one's personal relationship with God, enabling an



individual to buffer the effects of day to day stress through religion without the reliance of any other person. The perceived stress levels that are being measured in this study can incorporate both, major life events and daily stressors, as stress does not affect a person through either a major life event or a concoction of daily hassles. At anytime any person can be coping with any combination of major life events, or remnants of, and a series of daily hassles. To exclude either daily hassles or major life events would be to ignore the impact that each has on how the other is coped with due to the taxing of resources.

This study will explore the following hypotheses:

- H<sup>1</sup> (a) Religion, as identified by frequency of church attendance and frequency of prayer use, will negatively correlate with perceived stress scores.
- (b) Prayer use, irrespective of church attendance, will negatively correlate with perceived stress scores.
- H<sup>2</sup> Optimism and self-efficacy will positively correlate with religion.
- H<sup>3</sup> (a) The perceived stress scores as determined by religion will negatively correlate with the satisfaction with life scores.
- (b) The combined scores of optimism and self-efficacy will positively correlate with satisfaction with life scores.

## **Method**

### **Participants:**

The total number of respondents was 116, and of those 116 participants 55 were Males and 59 Females (2 no data) and all participants had only to meet the criteria that they were adults (18 years or older). The average age of the participants was 38 years, ranging from 20 years old to 76 years old (SD 12.07) with just under 51% (n 59, 1 no data) of respondents attending church, and just over 56% (n 65) of respondents using prayer. The sample was a convenience and snowballing sample from the researcher's network along with 3 part-time law classes and one part-time computing class from Dublin Business School also participating. One participant (#108) was removed as they were more than 3 standard deviations above the mean and was subsequently excluded from analysis.

### **Design:**

The primary design of this study was correlational with initial analysis being done within the *Religious* group with follow up analysis being quasi-experimental in nature with the *Religious* group being compared with those that did not fit the criteria for the *Religious* group. The *Religious* group was selected on the basis of both church attendance and using prayer and was used in analysis of correlations between religiosity and perceived stress, optimism and self-efficacy. Prayer use was also used in correlation with perceived stress scores. Combined optimism and self-efficacy scores were used in association with satisfaction with life. Post hoc analysis was run within the group that did not meet the criteria

of the *Religious* group (not religious) and analysis was also run between the religious group and those that were not religious.

## **Materials:**

A questionnaire was used with demographic questions of age, gender, church attendance and frequency and prayer use and frequency. The questionnaire also consisted of five scales, the Perceived Stress Scale (Cohen, Kamarck & Mermelstein 1983), the General Self-Efficacy scale (Schwarzer & Jerusalem 1995), the revised Life Orientation Test (Scheier, Carver & Bridges 1994), Brief COPE (Carver 1997) and the Satisfaction With Life Scale (Diener et al 1985).

Cohen et al (1983) Perceived Stress Scale (PSS) consists of ten questions with Likert-type scale responses ranging from 0 (Never) to 4 (Often). The questions in the PSS ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way. The scores from positively worded questions 4, 5, 7 and 8 are reversed in analysis and added to the scores from the remaining items with a higher total score indicating the greater the amount of perceived stress the person is experiencing. Cohen and Williamson (1988) have shown that higher PSS scores have been associated with stress measures and health behaviours such as failure to quit smoking and a greater vulnerability to stressful life event elicited depressive symptoms. The PSS is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. The questions

are of a general nature and hence are relatively free of content specific to any subpopulation group. The PSS measures levels of appraised stress influenced by daily hassles, major life events and changes in coping resources which means that trying to measure events from more than a month ago can affect the effectiveness of the measure.

The Satisfaction With Life Scale (SWLS) (Diener et al 1985) is a five-item scale that “is designed around the idea that one must ask subjects for an overall judgement of their life in order to measure the concept of life satisfaction” (Diener et al., 1985, pp. 71-72). Individuals indicate their degree of agreement or disagreement on a 7 point Likert type scale. The 5 items of the SWLS were selected from a pool of 48 items based on factor analyses. Scores range from 5 to 35 with higher scores indicating greater life satisfaction. The SWLS has been found to be positively associated at statistically significant levels with other measures of subjective well-being and negatively associated with measures of psychopathology (Diener et al., 1985). Because life satisfaction frequently forms a separate factor from other components of subjective well-being and correlates with predictor variables in a unique way, it seems worthwhile to separately assess this construct (Pavot & Diener 1993). Life satisfaction refers to a judgmental process, in which individuals assess the quality of their lives on the basis of their own unique set of criteria. Although there may be some agreement about the important components of the ‘good life’ such as health and successful relationships, individuals are likely to assign different weights to these components (Diener et al. 1985). Individuals are also likely to have unique criteria for a good life as well, which in some cases might outweigh the common benchmarks in importance. Furthermore, individuals may have very different standards for ‘success’ in each of these areas of their lives. Thus, it is necessary to assess an individuals’ global judgement of his or her life rather than only his or her satisfaction with specific domains. Life satisfaction is a conscious cognitive judgement of one’s life in which the criteria for judgement are up to the person.

The General Self-Efficacy Scale (GSE) developed by Schwarzer & Jerusalem (1995) is a ten item scale with four point Likert type scale responses that range from “not at all true” to “exactly true”. The GSE is designed to assess optimistic self-beliefs to cope with a variety of difficult demands in life, in contrast to other scales that were designed to assess optimism; the GSE explicitly refers to personal agency, the belief that one's actions are responsible for successful outcomes. Self-efficacy is commonly understood as being very specific; that one can have more or less firm self-beliefs in different domains or particular situations of functioning. The GSE, instead, aims at a broad and stable sense of personal competence to deal efficiently with a variety of stressful situations. The construct of perceived self-efficacy reflects an optimistic self-belief (Luszczynska & Schwarzer 2003). This is the belief that one can perform novel or difficult tasks, or cope with adversity in various domains of human functioning. Perceived self-efficacy facilitates goal-setting, effort investment, persistence in the face of barriers and recovery from setbacks. Each of the ten items refers to successful coping and implies an internal-stable attribution of success. Criterion-related validity is documented in numerous correlation studies where positive coefficients were found with favorable emotions, dispositional optimism, and work satisfaction. Negative associations were found with depression, anxiety, stress, burnout, and health complaints. (Schwarzer, Boehmer, Luszczynska, Mohamed & Knoll 2005 & Boehmer, Luszczynska & Schwarzer 2007). Response from the ten items are combined to give a sum that indicates the level of self-efficacy, the higher the sum, the higher the level of perceived self-efficacy. There is no cut-off point of total scores that indicates whether someone has low or high self-efficacy.

Optimism was measured using the Life Orientation Test-Revised (LOT-R) (Scheier et al. 1994). The LOT-R is a ten item, self-report measure that includes four filler items, that evaluates respondents' generalized expectations of negative (three items) and positive (three items) outcomes. Sample items include, “In uncertain times, I usually expect the best,” “If

something can go wrong for me, it will.” Respondents are asked to indicate their level of agreement with each of the items on a five point Likert type scale, using the response format, “strongly agree” (5) to “strongly disagree”(1). The three negatively phrased questions were reverse scored and added to the three positively phrased questions to give a total score of optimism with higher scores indicating a more optimistic life orientation. An optimistic life orientation indicates a tendency to believe that good things as opposed to bad things will generally occur in one’s life in a wide variety of settings and optimists are likely to see the desired outcomes as attainable and to persist in their goal-directed efforts. The LOT-R is a brief measure with only ten questions making it ideal for this study as it brings a new facet to the study without adding excessive pressure on the respondents’ time resources.

The Brief COPE (Carver 1997) is the abridged version of the COPE inventory (Carver et al 1989) and presents fourteen scales, that all consist of two items each, that all assess different coping dimensions: active coping, planning, using instrumental support, using emotional support, venting, behavioural disengagement, self-distraction, self-blame, positive reframing, humour, denial, acceptance, religion, and substance use. Participants are asked to rate on a four point scale how they have been in general to cope with stressful situations. The Brief Cope gives scores on the individual coping dimensions and does not give an ‘overall’ coping score. The conceptual analysis of stress by Lazarus and Folkman (1984), explains that coping works with primary and secondary cognitive appraisals, performed by the person concerning the perception of a threatening situation and his or her available resources to deal with it. Coping involves a person’s cognitive and behavioural efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction. The Brief COPE shows that functional coping strategies (e.g., active coping) are linked to good self-esteem, to lower perceived stress, and to lower psychological distress, whereas less functional strategies (e.g., denial or self-blame) are widely linked to

poor self-esteem, to a high perceived stress, and to psychological distress (Muller & Spitz 2003). The Brief COPE was again used in an effort to keep to a minimum the time required for respondents to fill in the questionnaires with the brief COPE consisting of only 28 questions where the full COPE consists of 60 questions with the different types of questions being repeated more frequently.

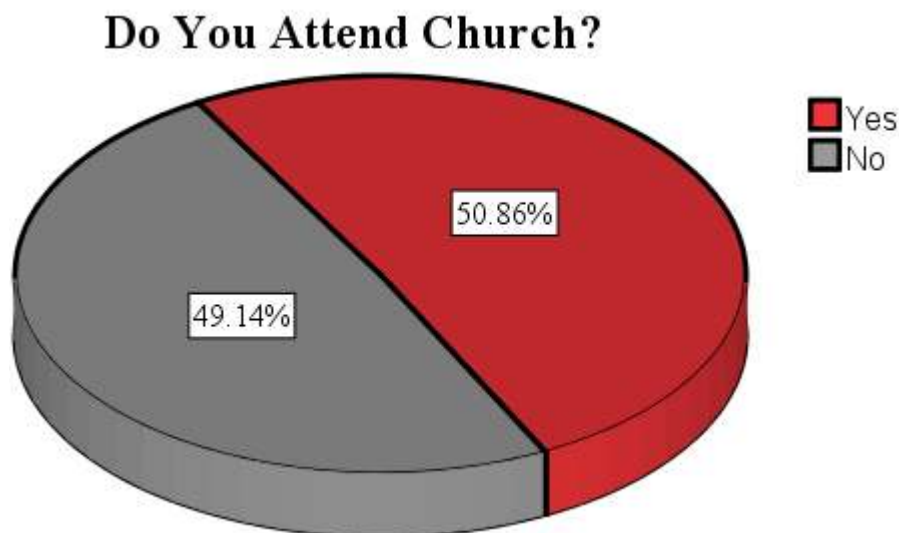
### **Procedure:**

Prospective participants were approached and verbally made aware of the purpose of the study and how long it was expected to take. Participants were then made aware that they were under no obligation to participate in the study and that all information received was completely anonymous and confidential and they were informed of their right to stop participating at any point once they started and their results would not be used in the study. All this information was also incorporated into the written introduction on the questionnaire, once verbal permission was given participants filled in the questionnaires and then returned them to the researcher. When all questionnaires were received they were numbered and entered into SPSS for analysis.

## Results

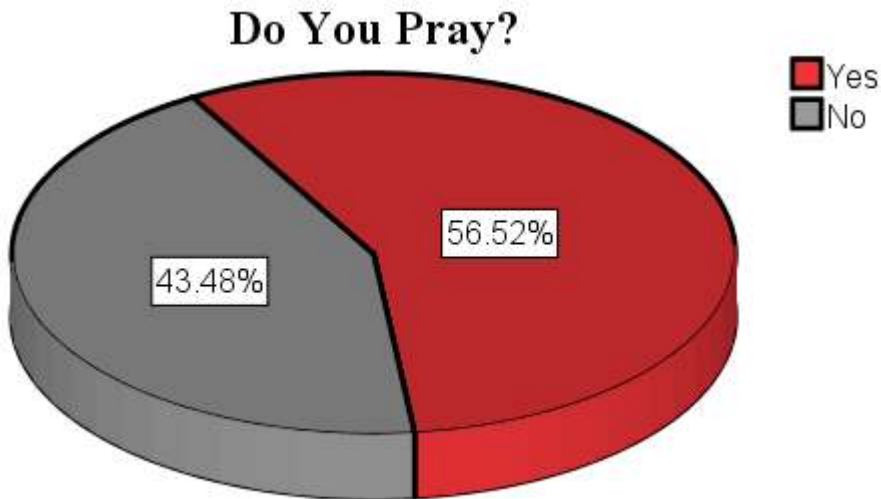
### **Descriptive Statistics:**

116 participants took part in this study inclusive of 55 Males and 59 Females (2 no data) that ranged in age from 20 to 76 years with a mean age of 37.88 years. This studies main aim was to assess the ability of religion as a measure for coping with stress. 50.86% (n 59) of respondents attended church while 56.52% (n 65) of respondents pray, represented in graph 1 and 2. To analyse religion, a group representing respondents that both pray and attend church was created to form the new *Religious* group, this group consisted of 41.4% (n 48) of the total respondents.



Graph 1: *How many people attend church and how many don't.*





Graph 2: *How many people pray and how many don't.*

The means and standard deviations for self-efficacy, optimism, satisfaction with life and perceived stress total scores are shown in table 1. Scores are shown separately for either sex and the total means and standard deviations are also given for all respondents.

Table 1: *Means and standard deviations of the variables used, for males, females and the totals for all respondents.*

Variable**	Males			Females			Totals			
	n	Mean	SD	n	Mean	SD	Valid	Missing	Mean	SD
Self-Efficacy	53	30.43	5.71	59	29.71	5.05	114	2	30.03	5.33
Optimism	52	21.04	5.13	58	21.98	4.75	112	4	21.52	4.89
SWL*	53	21.34	6.77	57	24.37	6.13	112	4	22.88	6.55
Perceived Stress	53	16.58	7.53	57	17.95	7.90	111	5	17.30	7.68

\* Satisfaction With Life \*\* Variable Totals

## Inferential Statistics:

H<sup>1</sup>(a) stated that the religion as defined by the frequency of prayer use and church attendance of the *Religious* group would be negatively correlated with perceived stress scores indicating that the higher a respondents religiousness the lower their perceived stress levels would be. Analysis of the data revealed that the mean total of the perceived stress scores was 17.30 (SD = 7.68) and religious scores was 104.15 (SD = 117.83). A Pearson correlation coefficient found that there was no significant relationship between perceived stress and religion ( $r = -0.09$ ,  $p = 0.52$ ). These results mean that the hypothesis must be rejected.

To assess whether this result was unique to religion a series of independent samples t-tests were run and found that there was not any statistically significant differences in perceived stress levels ( $t(109) = -1.93$ ,  $p = 0.056$ ) between those that did attend church (mean 15.89, SD = 7.54) and those that didn't (mean = 18.68, SD = 7.64). Also those that pray (mean = 17.07, SD = 7.17) were found to have similar perceived stress levels ( $t(108) = -0.36$ ,  $p = 0.719$ ) to those that did not use prayer (mean = 17.61, SD = 8.42). This indicates that although religion was not significantly relate to perceived stress scores, not being religious will not significantly relate to perceived stress scores either.

H<sup>1</sup> (b) stated prayer, as defined by its frequency, would have a significant negative correlation with perceived stress scores without the influence of church attendance. A Pearson correlation coefficient found that there was no significant relationship between the frequency of the use of prayer and total perceived stress scores ( $r = -0.94$ ,  $p = 0.332$ ). The mean scores for prayer was 17.30 (SD = 7.68) and for perceived stress was 22.26 (SD = 36.31). Analysing prayer frequency individually with perceived stress did not alter the outcome from when it was analysed with church attendance and therefore this hypothesis must also be rejected.

H<sup>2</sup> stated that optimism and self-efficacy would have a positive relationship with religion. Multiple regression was used to test whether optimism and self-efficacy were predictors for religion. The results of the regression indicated that the two predictors could not explain a significant amount of the variance ( $R^2 = 0.01$ ,  $F(2,43) = 0.31$ ,  $p = 0.730$ ). It was found that neither optimism ( $\beta = 0.01$ ,  $p = 0.914$ , 95% CI = -8.29 – 9.23) or Self-efficacy ( $\beta = 0.11$ ,  $p = 0.520$ , 95% CI = -6.00 – 11.70) significantly predicted participation in religion. The hypothesis must be rejected as the multiple regression did not find any significance in the relationship between optimism and self-efficacy and religion.

A series of post hoc independent t-tests were run to analyse if there were any significant differences between levels of optimism and self-efficacy between those that do pray and attend church and those that don't. Table 2 shows that there were no significant differences in levels of optimism and self-efficacy between those that do pray and attend church and those that don't.

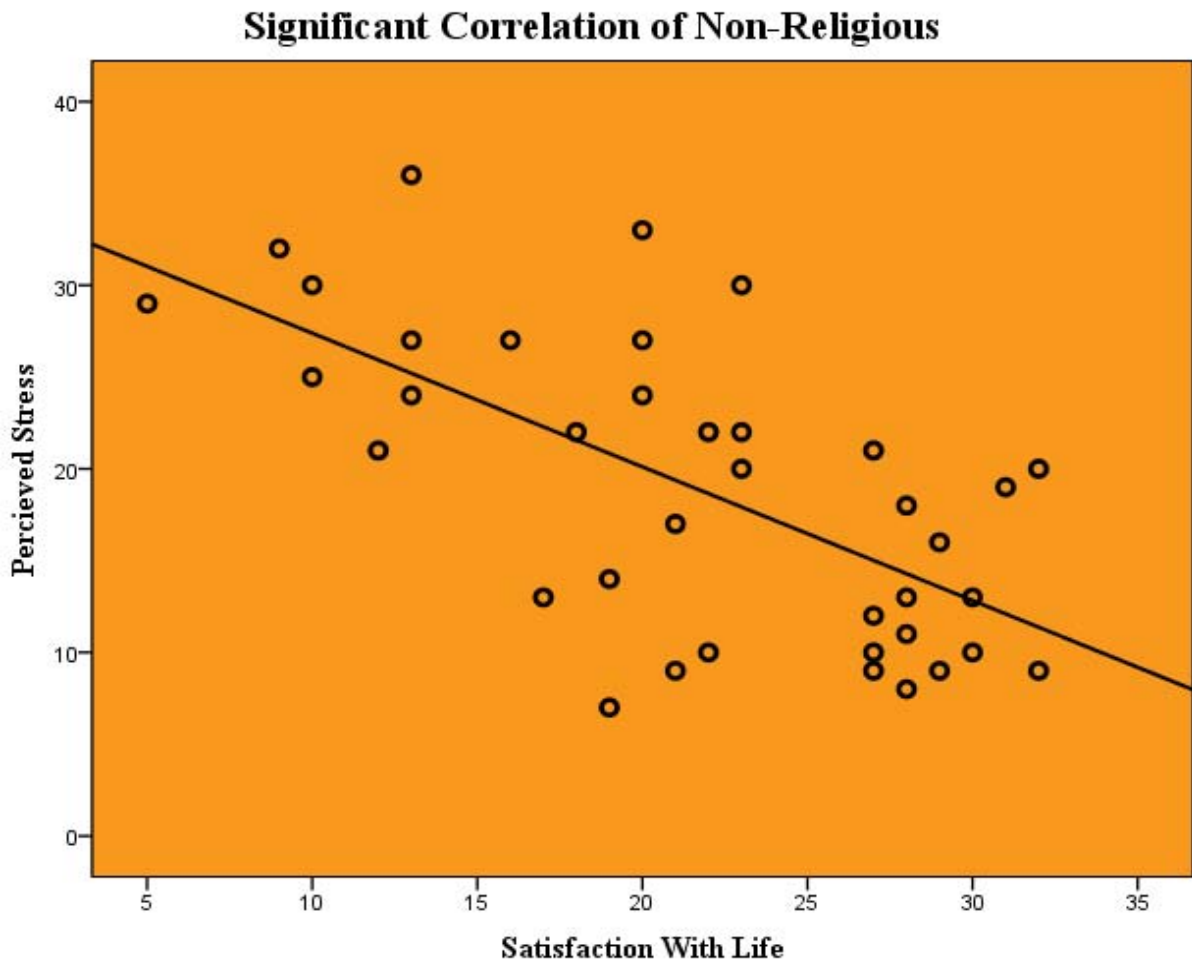
Table 2: *Independent samples t-test displaying differences in levels of optimism and self-efficacy of groups.*

Variables	Groups		Mean	SD	t	df	p
Optimism	Pray:	Yes	21.95	4.74	1.04	109	0.254
		No	20.88	5.11			
	Attend Church:	Yes	22.05	4.73	1.17	110	
		No	20.96	5.04			
Self-Efficacy	Pray:	Yes	30.38	4.71	0.74	111	0.455
		No	29.61	6.11			
	Attend Church:	Yes	30.09	4.97	0.12	112	
		No	29.96	5.72			

H<sup>3</sup> (a) stated that the perceived stress scores of the *Religious* group would be negatively correlated with their satisfaction with life scores. A Pearson correlation coefficient was run to test if there was a relationship between the perceived stress of the *Religious* group and their satisfaction with life. The mean scores for perceived stress was 16.56 (SD = 7.27) and satisfaction with life was 24.35 (SD = 5.79). The Pearson correlation coefficient found that there was no significant relationship between perceived stress and satisfaction with life in the religious group ( $r = -0.18$ ,  $p = 0.252$ ). The hypothesis that perceived stress is negatively correlated with satisfaction with life for the *Religious* group is rejected.

To analyse if there was any significance of the result to H<sup>3</sup> in relation to the population that are not religious a new group was created of those that did not attend church and did not pray. A Pearson correlation coefficient found that there was a strong negative significant relationship between perceived stress and satisfaction with life ( $r = -0.64$ ,  $p = <0.001$ ) for this new group. The mean scores of perceived stress was 18.82 (SD = 8.10) and satisfaction with life was 21.36 (SD = 7.35). See graph 3 for results represented on a scatterplot.

H<sup>3</sup> (b) stated that the combined scores for optimism and self-efficacy would be positively related to the satisfaction with life scores for all respondents. Using a simple linear regression, it was found that the combined scores of optimism and self efficacy significantly predicted satisfaction with life ( $F(1,106) = 24.32$ ,  $p = <0.001$ ,  $R^2 = 0.18$ ) (Optimism and Self-Efficacy,  $\beta = 0.43$ ,  $p = <0.001$ ). Confident limits were narrow, showing that we are 95% confident that the population slope is between 0.18 and 0.44. These results support the hypothesis that optimism and self-efficacy are positively correlated to satisfaction with life, therefore the hypothesis is accepted.



Graph 3: A scatterplot representing the significant negative correlation between satisfaction with life and perceived stress of respondents that do not pray and do not attend church.

## **Discussion**

### **Results:**

The purpose of defining religion in this study by those that attend church and pray was in an attempt to show that religion in its most individual form could be beneficial in reducing stress levels and therefore been seen as a valid coping mechanism. Both attending church and praying are practices that can be undertaken by an individual, without the influence that social support through other church groups and meetings may play. This distinction separates the benefits that religiosity specifically plays in reducing stress (Koenig 2009 & Moreira-Almeida et al. 2006) and the part that the social support that religion offers (Maton & Wells 1995 & Krause 2010) in the effectiveness of religion in reducing stress. The results of this study show that religion as defined by the frequency of prayer use and church attendance, without the factor of social support, is not significantly related to stress levels and that attending church and praying are not any more beneficial towards lower stress levels than those that do not pray and attend church. The purpose of identifying prayer individually is to further separate religion from the social aspects that it encompasses. Prayer is an aspect of religion that can be very personal and can be practiced anywhere at any time by anyone. This study intended to show that prayer use would be linked with lower perceived stress levels so that praying could be a facet of stress reduction that could be available to anyone at anytime. Prayer therefore would not have to be learned or practiced making it only available to certain people with specific skill sets. Prayer frequency was analysed to see if, by itself, it had a relationship with stress levels. The outcome for prayer frequency was the same as when paired with church attendance frequency in that there was no significant relationship found with stress. It was also found that there were not any significant differences between the stress levels of those that pray and those that do not pray.

Religious organisations have a unique position in society as they deal with hope. Religion holds the unique position of offering a meaning to life that goes beyond our physical existence, a meaning that extends into a world beyond that of our human experience. This enables religion to offer hope and with it optimism that in spite of the trials and tribulations that may befall an individual in life, they can be destined to achieve something more, attain something great and be rewarded for their devotion in an after-life (Bennett 2011). Optimism has a special relationship with self-efficacy in so much as it relies on the assured and positive outlook that is engraved in the optimist, this relationship consistently being found to be a strong one (Hulbert & Morrison 2006). With the special part religion plays in optimism for its participants, the third hypothesis proposed that including self-efficacy into the relationship would not alter the consistent positive correlation found between optimism and religion. The results of this study showed that adding self-efficacy with optimism in an attempt to find a positive relationship with religion did alter the routinely found outcome when self-efficacy is not considered. It was found that there was no significant relationship between self-efficacy and optimism with religion.

It was hypothesised that the perceived stress scores of the Religious group would be negatively correlated with their life satisfaction scores. This hypothesis was determined in accordance with the predicted negative relationship between perceived stress and the religious group. As was shown there was not a significant relationship found between the Religious group and perceived stress, consequently it was not surprising then that there was not a significant correlation found between the Religious groups perceived stress scores and their satisfaction with life scores. A surprising result that was found in respect to perceived stress and satisfaction with life was that when a group was created of the respondents that were not religious, a significant relationship was found between their perceived stress and life satisfaction. These results showed that while perceived stress did not relate to satisfaction

with life for those that were religious, those that didn't participate in religious practices, their perceived stress was shown to be lower for those that had higher levels of satisfaction with life.

Judge, Locke, Durham & Kluger (1998) describe self-efficacy as an individual's core belief in their abilities to cope with the demands of life and explain that someone that has a higher level of self-efficacy is inclined to appraise situations more positively and due to this dispositional makeup see their lives in a more positive light which leads to someone with a higher self-efficacy being more satisfied with their life. Hampton (2000) theorises that individuals who believe they possess the "ability to mobilise the motivation, cognitive resources, and courses of action need to exercise general control over events in their lives should be more satisfied with their lives than those who do not" (p 67). With the close relationship and shared qualities of optimism and self-efficacy the scores of these two variables were combined to give a total score for the final hypothesis to analyse if these combined scores would still have a positive relationship with life satisfaction. The results showed a similar outcome to previous research (Hayes & Weathington 2007, Judge et al 1998 & Hampton 2000) on self-efficacy and life satisfaction and found that the combined optimism and self-efficacy scores were a strong predictor of life satisfaction.

### **Limitations and Future Directions:**

Research by Krause & Chatters (2005) into the differences in prayer list five different aspects of prayer in which two are relevant to the present study. Krause & Chatters highlight a salient point when in the research of prayer acknowledging the *Substantive Content of Prayer*, referring to the things people pray for or the way in which they pray. This is an important point when considering the effect prayer may have when coping with stress,



blessing the food or giving thanks to God would presumably not have the same effect on stress levels as asking God for guidance or assistance with a problem. The *Length of Private Prayer* is related to researching the frequency of prayer, but it is suggested by Krause and Chatters that measuring the frequency of prayer does not reflect a person's total involvement in prayer. Instead, measuring the length of the prayer in addition to the frequency of prayer would deliver a more complete picture of prayer involvement. Poloma & Gallup (1991, as cited in Ai et al 2008) classify four major types of prayer *Ritual*, *Conversational*, *Petitionary* and *Meditative* prayers which are all used for different purposes and with different frequencies. Ai et al (2008) theorise that a proposed benefit of prayer lay in the relaxation that is inherent in prayer, this reaffirming the need for analysing the length of prayer as well as the frequency as the longer prayer offers more relaxing benefits which may lead to lower stress levels.

Optimism is understood to have a strong link with religion (Sethi & Seligman 1993, Mattis, Fontenot & Hatcher-Kay 2003). Tiger (1979) argues that religion developed as a response to fulfilling a biological need for people to be optimistic with religious thought mirroring that of optimism in its certainty. To have faith in religion there requires a certain amount of optimism to maintain the belief that a superior being will protect and save them, reserving a special place in the afterlife for them. Self-efficacy can be seen as a type of optimism that refers to the self-belief in one's capabilities to deal with the demands of life or having the personal ability to achieve a goal. Although self efficacy is strongly linked to optimism (Passer et al 2009, Lent et al 2005 & Baron, Branscombe & Byrne 2009) it can be, by definition, at odds with religion. Where religion can be seen, especially through prayer, as a form of shifting responsibility from one's self to another, God, self-efficacy can be the opposite in that it is the belief that one can deal with the given situation without anybody else, that one has the resources to deal with any challenges. This study showed that there was not a

significant relationship between religion and optimism and self-efficacy. This result could be caused by the majority of prayer being used in this study is using a *deferring style* (Pargament et al. 1988), with those that practice this type of prayer relying completely on God and shifting the responsibility off the individual indicating that those that use this approach would be low in self-efficacy. This extrinsic approach to religion, as researched by Baker & Gorsuch (1982), was shown to be dysfunctional and related to increased levels of daily anxiety. The *Self-directing* (Pargament et al 1988) approach to religion would indicate that the individuals that use this style would have a higher level of self-efficacy and show a belief in their own abilities to accomplish difficult tasks as they are shown to take all the responsibility for dealing with a situation onto themselves and don't rely on God at all. Individuals that use this approach cope without assistance from any other source, implying that religion would only be used as a coping measure when self-efficacy is low in the individual or when all attempts to cope have been found to be insufficient. Those that practice this style could be seen as those that use prayer for purposes other than dealing with stress, those whose *Substantive Content of Prayer* is for purposes other than asking God for guidance and assistance (Krause & Chatters 2005). Defining the style of prayers used in this study would benefit in giving a clearer indication to why prayer was shown to not be an effective coping resource.

Pargament and his colleagues (1998) found that both positive and negative patterns of religious coping were used in response to different situations illustrating that individuals use both negative and positive coping methods with varying degrees of effectiveness in coping with stress. The positive religious coping measures were found to be used more often and were reflective of a person with a strong and positive relationship with God while the negative types were associated with a strained relationship with God where individuals who questioned God's love and saw the stressors as a punishment (Moreira-Almeida, Neto &

Koenig 2006). Pargament et al (1998) found that positive patterns in religious coping were associated with fewer symptoms related to psychological distress and were shown to relate to psychological and spiritual growth as a result of the stressor. The negative religious coping pattern was associated to emotional distress and poorer quality of life suggesting that religion can be both a source of distress as well as a measure for coping with stress. Which type of coping measure is used, positive or negative, and the frequency it is used could depend on the personality type of the individual and whether they are generally optimistic or pessimistic. Scheier & Carver (1985) suggested that people tend to be either generally optimistic or generally pessimistic and those that are more optimistic will face challenges, whether good or bad, with an overall positive outlook. Consequently the general disposition of an individual, whether it is optimistic or pessimistic, could determine if the individual uses a positive or negative religious coping strategy in dealing with stressors. Not taking into account the positive and negative approaches to religious coping and the varying effect that they have on stress levels could help explain the results of this study. The current climate with a crippled economy and various religions constantly being in the news for all the wrong reasons may make it difficult for a religious individual to maintain their optimistic approach to life and religion. Optimism did not correlate with religiosity in this study indicating that there are an even spread of optimists and pessimists in this study which could justify why religion wasn't found to be significantly related to stress if those with a positive approach were being counter-balanced by those with a negative approach. To support this, a measure would have to be implemented to define optimistic and pessimistic approaches.

This study chose church attendance as an aspect of religious coping as it is a religious practice that can be engaged without any external influence other than the need for an organised meeting. To include church attendance in this manner was naïve on the part of the researcher as to just include church attendance in such a broad fashion camouflages all the

various reasons and intentions any individual may have for attending church. Using church attendance in such a broad manner also fails to exclude the possibility of social support that can inevitably result from any sort of group congregation. In an attempt to separate the religious aspect of church attendance from the social aspect, a measure of religious affection or closeness with God as a result of the service would have to be measured in exclusion of perceived social support, group size and received social support etc that are inherent in social situations. Why people attend church and what meaning or benefit they get out of it is unclear. Do they go to church to hear the sermon and go home? Do they go to church sit in the back isle and count the minutes until they leave, out of a sense of guilt or compulsion? Do they attend church to actively listen to the sermon and partake in the social aspect that naturally comes with public meetings? Does the size of average congregation matter, would a small regular congregation offer a tight knit group that is in tune with the emotions and needs of the rest of the group. Or would a bigger congregation be more useful when it comes to social support as a larger congregation may mean more avenues that can be explored in the need for support. George, Ellison & Larson (2002) explain that there are four dimensions of social support that are most commonly used, *Network Size*, which reflects how many are in the individuals social network, *Social Interaction* which represents how often the individual is in contact with their support network members, *Instrumental Assistance* which refers to the specific tasks that are performed for the individual by their support network, and finally the individuals *Satisfaction* with the support that they have received is considered. More clarification is needed to further this study in respect to church attendance, defining what is achieved from attending church.

When analysing aspects of the proposed benefits that may be associated with religion, a salient point becomes apparent, is religion being measured or is spirituality being measured? Pargament, Magyar-Russell & Murray-Swank (2005, p 667) describes religion as

“a search for significance in ways related to the sacred”. Similarly Koenig (2009 p 284) explains that central to the definition of religion is that “religion is rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the sacred”. Pargament et al (2005) continues by explaining that although religion may be central to the meaning systems of a lot of people the importance of the part religion plays in people’s lives differs from person to person. A definition for spirituality on the other hand is not so easily found, Koenig (2008) very broadly describes it as something that is personal to the individual, free of the rules and regulations that are associated with religion, and Behere, Das, Yadav & Behere (2013) adds that spirituality is the search for meaning that may or may not lead from or to religion. Those that describe themselves as spiritual may also deny that they are religious at all, which denotes an important point; spirituality can be considered without religion but religion cannot be mentioned without including spirituality. Therefore when you are measuring religious beliefs all you may be trying to do is measure the spirituality that is entrenched in that religion. The point that is being made is that religion or spirituality can not necessarily be defined as how often someone attends church or often someone prays or attends bible group. The pertinent aspect of studying religion lies in the reasons for their religious belief and the intensity and purity of the beliefs that are held more than how they are practiced

There are numerous limitations and future directions for this study, a few are referred to in the above paragraphs. The topic of stress and religion is such a broad and varying topic, without mentioning the other variables that aren’t even explored at all in this study. Some demographic aspects that were not included in this studied have been covered by other researchers finding results that could impact on the present study. Religiosity was found to have a relationship with age (Koenig, George & Titus 2004, Noor 2008, & Cohen & Koenig 2003), gender (Simpson, Cloud, Newman & Fuqua 2008, Levitt 1995 & Miller & Hoffmann

1995) and race (Krause & Chatters 2005, Ellison & Sherkat 1995 & Roff et al 2006) to mention a few important variations. A lot of what is important in respect to this study comes down to the salient point of whether stress is major or minor. The majority of previous research on religion and stress has measured stress when it is related to a major life stressor such as serious illness or bereavement and implies that religiosity increases and only becomes effective in these special situations. Plante et al (2001) found that when they separated major life stress from daily stress that religion was not significantly related to stress, additionally, Maton (1989) also found that spiritual support was not significantly related to well-being in low stress conditions. The present study intended to show that religion could be used as a coping measure when dealing with a combination of major and minor stress, both types of stress that an individual can be effected by at any given point in their lives. The failure to find a significant relationship between stress, that is incurred on a daily basis, could imply that a certain threshold of stress level was not reached in this study by not specifically targeting those known to be suffering from major stressful events.

An obvious critique of this study would be the size of the sample, not merely just on a 'bigger is better' basis but the sample of 116 revealed only 41.4% (n 49) were 'religious' which is in strong contrast to the 2011 census where just over 92% of the Irish population said that they are affiliated with an organised religion (Central Statistics Office p. 104). A bigger sample of the general population would be needed to get a more substantial count of religious people, or, religious groups would have to be targeted to get a similar type of response. Targeting certain religious groups can bring with it a new set of issues that will affect the outcome of the study.

**Conclusion:**

Although this study failed to find any significant relationship between church attendance and prayer and perceived stress it did support the previous research that frames religion as a valuable coping strategy, in so much as although it didn't find that religion was related to lower stress levels it showed that stress wasn't related to increased stress levels either. The discrepancy in numbers in those that associate themselves with organised religion 92% (Central statistics Office p. 104) and those that consider themselves to be religious, 47% (WIN-Gallup International p. 3), highlights the point between associated with a religion and practicing religion which mirrors the difference between measuring religion and spirituality. Measuring how often an individual practices religious activities like praying or attending church is not necessarily measuring how religious they are and the more important measure might be that of spirituality, a state of mind and practice that applies to religious and nonreligious alike. Religion, when researched in relation to stress, is often associated with major stressful life situations and is regularly found that religion is a valuable coping source for these situations. This study proposed that religion would also be an effective coping style when associated with day to day stress that may include major as well as minor stressful situations, though the results based on the variables used, showed that this was not the case and more specific scales of measurement are needed to more definitively support or reject the hypothesis that religion is not a valid coping measure when coping with daily stress.

## References

- Ai, A. L., Tice, T. N., Huang, B., Rodgers, W., & Bolling, S. F., (2008), Types of prayer, optimism and well-being of middle-aged and older patients undergoing open heart surgery, *Mental health, religion and culture*, 11(1), 131-150.
- Aldwin, C. M., & Revenson, T. A., (1987), Does coping help? A reexamination of the relation between coping and mental health, *Journal of personality and social psychology*, 53(2), 337-348.
- Antonovsky, H., & Sagy, S., (1986), The development of a sense of coherence and its impact on responses to stress situations, *Journal of social psychology*, 126(2), 213.
- Aspinwall, L. G., (1998), Rethinking the role of positive affect in self-regulation. *motivation & emotion*, 22(1), 1-32.
- Baesler, E. (2002). Prayer and relationship with God II: Replication and extension of the relational prayer model. *Review of religious research*, 44(1), 58-67.
- Baker, M., & Gorsuch, R. (1982). Trait anxiety and intrinsic–extrinsic religiousness. *Journal for the scientific study of religion*, 21(2), 119-122. doi:10.2307/1385497
- Bandura, A., (1995), *Self efficacy in changing societies*, UK, Cambridge University Press.
- Bandura, A., (2003), On the psychosocial impact and mechanisms of spiritual modeling. *International journal for the psychology of religion*, 13(3), 167.
- Baron, R. A., Branscombe, N. R., & Byrne, D., (2009), *Social psychology*, USA, Pearson Education Inc.



- Bean, A.N., & Hammer, D.P., (2006), Perceived stress levels in University of Washington pharmD students, *Paper presented at the annual meeting of the American Association of Colleges of Pharmacy*, retrieved November 20, 2012, from [http://www.allacademic.com/meta/p119331\\_index.html](http://www.allacademic.com/meta/p119331_index.html).
- Behere, P. B., Das, A., Yadav, R., & Behere, A. P., (2013), Religion and mental health, *Indian j psychiatry*, 55, 187-94.
- Belding, J. N., Howard, M. G., McGuire, A. C., Schwarz, A., & Wilson, J. H., (2010), Social buffering by God: Prayer and measures of stress, *Journal of religion and health*, 49, 179-187, doi:10.1007/s10943-009-9256-8.
- Bennett, O., (2011), The manufacture of hope: religion, eschatology and the culture of optimism, *International journal of cultural policy*, 17(2), 115-130, doi:10.1080/10286632.2010.543462.
- Bickel, C. O., Ciarrocchi, J. W., Sheers, N., Estadt, B. K., Powell, D. A., & Pargament, K. I., (1998), Perceived stress, religious coping styles, and depressive affect, *Journal of psychology and Christianity*, 17(1), 33-42.
- Boehmer, S., Luszczynska, A., & Schwarzer, R., (2007), Coping and quality of life after tumour surgery: Personal and social resources promote different domains of quality of life. *Anxiety, stress, and coping*, 20, 61-75.
- Carey, N. (2012). *The epigenetics revolution*. UK. Icon Books Ltd.
- Carver, C. S., (1997), You want to measure coping but your protocol's too long: Consider the Brief COPE, *International journal of behavioural medicine*, 4, 92-100.
- Carver, C. S., Peterson, L. M., Follansbee, D. J., & Scheier, M. F., (1983), Effects of self-directed attention on performance and persistence among persons high and low in test anxiety, *Cognitive therapy and research*, 7(4), 333-353. doi:10.1007/BF01177556.

- Carver, C. S., Scheier, M. F., & Weintraub, J. K., (1989), Assessing coping strategies: A theoretically based approach, *Journal of personality and social psychology*, 56(2), 267-283.
- Central Statistics Office (2011), Census 2011 – This is Ireland, Retrieved from <http://www.cso.ie/en/media/csoie/census/documents/census2011pdr/Pdf,8,Tables.pdf>
- Cohen, S., Kamarck, T., & Mermelstein, R., (1983), A global measure of perceived stress, *Journal of Health and Social Behaviour*, 24, 385-96.
- Cohen, A. B., & Koenig, H. G. (2003). Religion, religiosity and spirituality in the biopsychosocial model of health and ageing. *Ageing international*, 28(3), 215-241.
- Cohen, S., & Williamson, G., (1988), Perceived stress in a probability sample of the United States, Spacapan, S. and Oskamp, S. (Eds.) *The social psychology of health: Claremont symposium on applied social psychology*, Newbury Park, CA: Sage.
- Costanza, R. S., Derlega, V. J., & Winstead, B. A., (1988), Positive and negative forms of social support: Effects of conversational topics on coping with stress among same-sex friends. *Journal of experimental social psychology*, 24(2), 182-193, doi:10.1016/0022-1031(88)90020-0.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S., (1985), The Satisfaction With Life Scale, *Journal of Personality Assessment*, 49, 71-75.
- Elliott, M., & Hayward, R. (2009). Religion and Life Satisfaction Worldwide: The Role of Government Regulation\*. *Sociology Of Religion*, 70(3), 285-310. doi:10.1093/socrel/srp028
- Ellison, C. G., (1991), Religious involvement and subjective well-being, *Journal of health and social behaviour*, 32(1), 80-99.

- Ellison, C. G., Boardman, J. D., Williams, D. R., & Jackson, J. S., (2001), Religious involvement, stress and mental health: Findings from the 1995 Detroit area study, *Social forces (University of North Carolina press)*, 80(1), 215-249.
- Ellison, C. G., Gay, D. A., & Glass, T. A., (1989), Does religious commitment contribute to individual life satisfaction, *Social forces (University of North Carolina press)*, 68(1), 100.
- Ellison, C. G., & Sherkat, D. E. (1995). The 'Semi-involuntary institution' revisited: Regional variations in church participation among black Americans. *Social forces (University Of North Carolina Press)*, 73(4), 1415.
- Ferguson, J. K., Willemsen, W., & Castañeto, M. V., (2010), Centering prayer as a healing response to everyday stress: A psychological and spiritual process, *Pastoral psychology*, 59, 305-329, doi:10.1007/s11089-009-0225-7.
- Fleshner, M., (2005), Physical activity and stress resistance: Sympathetic nervous system adaptations prevent stress-induced immunosuppression, *Exercise and Sport Sciences Review*, 33, 120 –126, Retrieved from [http://journals.lww.com/acsmess/2005/07000/Physical\\_Activity\\_and\\_Stress\\_Resistance\\_4.aspx](http://journals.lww.com/acsmess/2005/07000/Physical_Activity_and_Stress_Resistance_4.aspx) doi:10.1097/00003677-200507000-00004.
- Folkman, S., & Lazarus, R. S., (1980), An analysis of coping in a middle-aged community sample, *Journal of health and social behaviour*, 21, 219-239.
- Francis, L. J., & Kaldor, P., (2002), The relationship between psychological well-being and Christian faith and practice in an Australian population sample, *Journal for the scientific study of religion*, 41(1), 179-184.
- Fredrickson, B. L., (1998), What good are positive emotions?, *Review of general psychology*, 2(3), 300-319, doi:10.1037/1089-2680.2.3.300.

- Fredrickson, B. L., & Levenson, R. W., (1998), Positive emotions speed recovery from the cardiovascular sequelae of negative emotions. *Cognition and emotion*, 12(2), 191-220, doi:10.1080/026999398379718.
- Galanakis, M., Galanopoulou, F., & Stalikas, A., (2011), Do positive emotions help us cope with occupational stress?, *Europe's journal of psychology*, 7(2), 221-240.
- Griffiths, C. A., Ryan, P., & Foster, J. H. , (2010). Thematic analysis of Antonovsky's sense of coherence theory, *Scandanavian journal of psychology*, 52(2), 58-67, doi:10.1111/j.1467-9450.2010.00838.x
- George, L. K., Ellison, C. G., & Larson, D. B. (2002). Explaining the relationships between religious involvement and health. *Psychological Inquiry*, 13(3), 190-200. doi:10.1207/S15327965PLI1303\_04
- Hadaway, C. K., (1978), Life satisfaction and religion: A reanalysis, *Social Forces*, 57(2), 636-643. doi:10.2307/2577686.
- Hampton, N. (2000). Self-efficacy and quality of life in people with spinal cord injuries in china. *Rehabilitation counselling bulletin*, 43(2), 66.
- Hayes, C. T., & Weathington, B. L., (2007), Optimism, stress, life satisfaction, and job burnout in restaurant managers, *Journal of psychology*, 141(6), 565-579.
- Hudd, S. S., Dumalo J., Erdmann-Sager, D., Murray, D., Phan, E., Soukas, N., & Yokozuka, N., (2000), Stress at college: Effects on health habits, health status and self-esteem, *College student journal*, 34 (2).
- Hulbert, N. N., & Morrison, V. V., (2006), A preliminary study into stress in palliative care: Optimism, self-efficacy and social support, *Psychology, health & medicine*, 11(2), 246-254. doi:10.1080/13548500500266664.
- Jafari, A., (2011), Relationship between religious orientation (internal-external)

- with methods of overcoming stress in students of Islamic Azad University of Abhar, *Psychology research*, 1(4), 239-243.
- Jenkins, R. A., (1995), Religion and HIV: Implications for research and intervention, *Journal of social issues*, 51(2), 131-144.
- Judge, T. A., Locke, E. A., Durham, C. C., & Kluger, A. N. (1998). Dispositional effects on job and life satisfaction: The role of core evaluations. *Journal of applied psychology*, 83(1), 17-34. doi:10.1037/0021-9010.83.1.17
- Koenig, H. G. (2008). Religion, spirituality and health: Research and clinical applications, *NACSW Convention Proceedings*, 1-55.
- Koenig, H. G., George, L. K., & Titus, P. (2004). Religion, spirituality, and health in medically ill hospitalized older patients. *Journal of the American geriatrics society*, 52(4), 554-562. doi:10.1111/j.1532-5415.2004.52161.x
- Koenig, H. G., McCullough, M. E., and Larson, D. B., (2001), Handbook of religion and health, Oxford, University Press.
- Krause, N. (2010). Receiving social support at church when stressful life events arise: Do Catholics and Protestants differ?. *Psychology Of Religion And Spirituality*, 2(4), 234-246. doi:10.1037/a0020036
- Krause, N., & Chatters, L. M., (2005), Exploring race differences in a multidimensional battery of prayer measures among older adults. *Sociology of religion*, 66(1), 23-43.
- Krumrei, E. J., Mahoney, A., & Pargament, K. I., (2011), Spiritual stress and coping model of divorce: A longitudinal study, *Journal of family psychology*, 25(6), 973-985, doi:10.1037/a0025879.
- Lazarus, R. S., (1999), *Stress and emotion: A new synthesis*, London, Free association books.
- Lazarus, R. S., & Folkman, S., (1984), *Stress, appraisal, and coping*. New York, Springer.

- Lent, R. W., Singley, D., Sheu, H., Gainor, K. A., Brenner, B. R., Treistman, D., & Ades, L. (2005). Social cognitive predictors of domain and life satisfaction: Exploring the theoretical precursors of subjective well-being. *Journal of counselling psychology*, 52(3), 429-442. doi:10.1037/0022-0167.52.3.429
- Levin, J. S., & Chatters, L. M., (1998), Religion, health and psychological well-being in older adults, *Journal of aging and health*, 10(4), 504-531.
- Levitt, M. (1995). Sexual identity and religious socialization. *British journal of sociology*, 46(3), 529-536.
- Lim, C., & Putnam, R. D. (2010). Religion, Social Networks, and Life Satisfaction. *American sociological review*, 75(6), 914-933. doi:10.1177/0003122410386686
- Luszczynska, A., & Schwarzer, R. (2003). Planning and self-efficacy in the adoption and maintenance of breast self-examination: A longitudinal study on self-regulatory cognitions. *Psychology and health*, 18(1), 93-108.
- Maton, K. I., (1989), The stress-buffering role of spiritual support: cross sectional and prospective investigations, *Journal for the scientific study of religion*, 1989, 28(3), 310-323.
- Maton, K. I., & Wells, E. A. (1995). Religion as a community resource for well-being: Prevention, healing, and empowerment pathways. *Journal Of Social Issues*, 51(2), 177-193.
- Mattis, J. S., Fontenot, D. L., & Hatcher-Kay, C. A., (2003), Religiosity, racism and dispositional optimism among African Americans, *Personality and individual differences*, 34(6), 1025.
- McCrae, R. R., & Costa Jr., P. T., (1986), Personality, coping, and coping effectiveness in an adult sample, *Journal of personality*, 54(2), 385, doi:10.1111/1467-6494.ep8970678.

- Moreira-Almeida, A., Neto, F. L., & Keonig, H. G., (2006), Religiousness and mental health: a review, *Rev bras psiquiatr.*, 28(3), 242-50.
- Miller, A. S., & Hoffmann, J. P. (1995). Risk and religion: An explanation of gender differences in religiosity. *Journal for the scientific study of religion*, 34(1), 63.
- Miller, J. F., McConnell, T. R., & Klinger, T. A., (2007), Religiosity and spirituality: Influence on quality of life and perceived patient self-efficacy among cardiac patients and their spouses, *Journal of religion and health*, 46(2), doi: 10.1007/s10943-006-9070-5.
- Muller, E., & Spitz, E., (2003), Multidimensional assessment of coping: Validation of the Brief COPE among French population, *L'Encephale*, 29(6), 507-518.
- Noor, N. M. (2008). Work and women's well-being: Religion and age as moderators. *Journal of religion and health*, 47(4), 476-490. doi:10.1007/s10943-008-9188-8
- O'Sullivan, G. (2011). The relationship between hope, stress, self-efficacy, and life satisfaction among undergraduates. *Social indicators research*, 101(1), 155-172. doi:10.1007/s11205-010-9662-z.
- Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., Haitsma, K., & Warren, R., (1990), God help me: I. Religious coping efforts as predictors of the outcomes to significant negative life events, *American Journal Of Community Psychology*, 18(6), 793-824. doi:10.1007/BF00938065.
- Pargament, K. I., Kennell, J., Hathaway, W., Grevengoed, N., Newman, J., & Jones, W., (1988), Religion and the problem-solving process: Three styles of coping, *Journal For The Scientific Study Of Religion*, 27(1), 90-104.
- Pargament, K. I., Magyar-Russell, G. M., & Murray-Swank, N. A., (2005), The sacred and the search for significance: Religion as a unique process, *Journal of social issues*, 61(4), 665-687, doi:10.1111/j.1540-4560.2005.00426.x.

- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L., (1998), Patterns of positive and negative religious coping with major life stressors, *Journal for the scientific study of religion*, 37(4), 710-724.
- Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal Of Social Issues*, 61(4), 707-729. doi:10.1111/j.1540-4560.2005.00428.x
- Park, C. L., & Folkman, S., (1997), Meaning in the context of stress and coping, *Review of general psychology*, 1(2), 115-144. doi:10.1037/1089-2680.1.2.115.
- Passer, M., Smith, R., Holt, N., Bremner, A., Sutherland, E., & Vliek, M. L. W., (2009), *Psychology: The Science of mind and behaviour*, Berkshire, UK, McGraw-Hill.
- Pavot, W., & Diener, E., (1993), Review of the Satisfaction With Life Scale, *Psychological Assessment*, 5(2), 164-172.
- Plante, T. G., Saucedo, B., & Rice, C., (2001), The association between strength of religious faith and coping with daily stress, *Pastoral psychology*, 49(4), 291-300.
- Poloma, M. M., & Pendleton, B. F., (1989), Exploring types of prayer and quality of life: A research note, *Review of religious research*, 31(1), 46.
- Pritchard, M. E., Wilson, G. S., & Yamnitz, B., (2007), What predicts adjustment among college students? A longitudinal panel study, *Journal of American college health*, 65(1), 15-22.
- Roff, L., Klemmack, D. L., Simon, C., Cho, G., Parker, M. W., Koenig, H. G., & ... Allman, R. M. (2006). Functional limitations and religious service attendance among African American and white older adults. *Health and social work*, 31(4), 246-255.
- Scheier, M. F., & Carver, C. S., (1985), Optimism, coping, and health: Assessment and implications of generalized outcome expectancies, *Health Psychology*, 4(3), 219-247. doi:10.1037/0278-6133.4.3.219.



- Scheier, M. F., Carver, C. S., & Bridges, M. W., (1994), Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*, 67, 1063-1078.
- Scheier, M. F., Weintraub, J., & Carver, C. S., (1986), Coping with stress: Divergent strategies of optimists and pessimists, *Journal Of Personality & Social Psychology*, 51(6), 1257-1264.
- Schwarzer, R., Boehmer, S., Luszczynska, A., Mohamed, N. E., & Knoll, N. (2005), Dispositional self-efficacy as a personal resource factor in coping after surgery, *Personality and individual differences*, 39, 807-818.
- Schwarzer, R., & Jerusalem, M., (1995), Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.
- Sethi, S., & Seligman, M. E. P., (1993), Optimism and fundamentalism, *Psychological Science*, 4, 256–259.
- Simpson, D. B., Cloud, D. S., Newman, J. L., & Fuqua, D. R. (2008). Sex and gender differences in religiousness and spirituality. *Journal of psychology and theology*, 36(1), 42-52.
- Smith, A. P., & Woods, M. (2012). Effects of chewing gum on the stress and work of university students. *Appetite*, 58(3), 1037-1040. doi:10.1016/j.appet.2012.02.054.
- Taylor, S. E., (2009). *Health Psychology*, New York, McGraw-Hill
- Tice, D. M., & Bratslavsky, (2000). Giving in to feel good: The place of emotion regulation in the context of general self-control, *Psychological inquiry*, 11(3), 149-159
- Tiger, L., (1979), *Optimism: The biology of hope*, New York, Simon & Schuster.

Wachholtz, A. B., & Pargament, K. I., (2008), Migraines and meditation: does spirituality matter?, *Journal of behavioural medicine*, 31(4), 351-366, doi:10.1007/s10865-008-9159-2.

WIN-Gallup International (2012) Global index of religiosity and atheism. Retrieved from [http://www.wingia.com/web/files/richeditor/filemanager/Global\\_INDEX\\_of\\_Religiosity\\_and\\_Atheism\\_PR\\_6.pdf](http://www.wingia.com/web/files/richeditor/filemanager/Global_INDEX_of_Religiosity_and_Atheism_PR_6.pdf)

West, J., Otte, C., Geher, K., Johnson, J., & Mohr, D. C., (2004), Effects of Hatha yoga and African dance on perceived stress, affect, and salivary cortisol, *Annals of behavioural medicine*, 28(2), 114-118.

## Appendix

Appendix A: questionnaire that was used for study.

As part of my final year I have to complete a research project. The topic that I have chosen to focus on is religion and prayer and the beneficial effects these two aspects may have on stress. It should not take any longer than ten minutes to fill in this questionnaire. Your participation is completely optional and you are not obliged to participate and you can choose to stop at any point. This questionnaire is entirely anonymous and all information received will be handled with complete confidentiality. Due to the anonymous nature of the questionnaire once the questionnaire has been completed therefore it cannot be returned.

**Age** \_\_\_\_

**Sex** Male/Female

**Do you attend church?** Yes/No

**If so, how often?**

\_\_\_\_ Times a week OR \_\_\_\_ Times a month OR \_\_\_\_ Times a year

**Do you pray?** Yes/No

**If so, how often?**

\_\_\_\_ Times a day OR \_\_\_\_ Times a week OR \_\_\_\_ Times a month

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

1 = **Strongly disagree** 2 = **Disagree** 3 = **Slightly disagree** 4 = **Neither agree nor disagree** 5 = **Slightly agree** 6 = **Agree** 7 = **Strongly agree**

\_\_\_\_ In most ways my life is close to my ideal.

\_\_\_\_ The conditions of my life are excellent.

\_\_\_\_ I am satisfied with my life.

\_\_\_\_ So far I have gotten the important things I want in life.

\_\_\_ If I could live my life over, I would change almost nothing.

These items deal with ways you've been coping with the stress in your life. These items ask what you've been doing in general to cope with stressful events. Think about what you usually do when you are under a lot of stress. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

1 = **I haven't been doing this at all**

2 = **I've been doing this a little bit**

3 = **I've been doing this a medium amount**

4 = **I've been doing this a lot**

1. I've been turning to work or other activities to take my mind off things. \_\_\_
2. I've been concentrating my efforts on doing something about the situation I'm in. \_\_\_
3. I've been saying to myself "this isn't real.". \_\_\_
4. I've been using alcohol or other drugs to make myself feel better. \_\_\_
5. I've been getting emotional support from others. \_\_\_
6. I've been giving up trying to deal with it. \_\_\_
7. I've been taking action to try to make the situation better. \_\_\_
8. I've been refusing to believe that it has happened. \_\_\_
9. I've been saying things to let my unpleasant feelings escape. \_\_\_
10. I've been getting help and advice from other people. \_\_\_
11. I've been using alcohol or other drugs to help me get through it. \_\_\_
12. I've been trying to see it in a different light, to make it seem more positive. \_\_\_
13. I've been criticizing myself. \_\_\_
14. I've been trying to come up with a strategy about what to do. \_\_\_
15. I've been getting comfort and understanding from someone. \_\_\_
16. I've been giving up the attempt to cope. \_\_\_
17. I've been looking for something good in what is happening. \_\_\_
18. I've been making jokes about it. \_\_\_
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. \_\_\_
20. I've been accepting the reality of the fact that it has happened. \_\_\_
21. I've been expressing my negative feelings. \_\_\_
22. I've been trying to find comfort in my religion or spiritual beliefs. \_\_\_
23. I've been trying to get advice or help from other people about what to do. \_\_\_
24. I've been learning to live with it. \_\_\_

25. I've been thinking hard about what steps to take. \_\_\_\_
26. I've been blaming myself for things that happened. \_\_\_\_
27. I've been praying or meditating. \_\_\_\_
28. I've been making fun of the situation. \_\_\_\_

Please read the sentences below and select an answer for each statement which indicates how much the statement applies to yourself.

1 = **Not at all true**   2 = **Hardly true**   3 = **Moderately true**   4 = **Exactly true**

1	I can always manage to solve difficult problems if I try hard enough.	
2	If someone opposes me, I can find the means and ways to get what I want.	
3	It is easy for me to stick to my aims and accomplish my goals.	
4	I am confident that I could deal efficiently with unexpected events.	
5	Thanks to my resourcefulness, I know how to handle unforeseen situations.	
6	I can solve most problems if I invest the necessary effort.	
7	I can remain calm when facing difficulties because I can rely on my coping abilities.	
8	When I am confronted with a problem, I can usually find several solutions.	

<b>9</b>	If I am in trouble, I can usually think of a solution.	
<b>10</b>	I can usually handle whatever comes my way.	

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. For each question circle one of the following options:

**0 = never 1 = almost never 2 = sometimes 3 = fairly often 4 = very often**

<b>1</b>	In the last month, how often have you been upset because of something that happened unexpectedly?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>2</b>	In the last month, how often have you felt that you were unable to control the important things in your life?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>3</b>	In the last month, how often have you felt nervous and stressed?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>4</b>	In the last month, how often have you felt confident about your ability to handle your personal problems?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>5</b>	In the last month, how often have you felt that things were going your way?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>6</b>	In the last month, how often have you found that you could not cope with all the things you had to do?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>7</b>	In the last month, how often have you been able to control irritations in your life?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>8</b>	In the last month, how often have you felt that you were on top of things?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

9	In the last month, how often have you been angered because of things that happened that were outside of your control?	0	1	2	3	4
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

1 = **I agree a lot**   2 = **I agree a little**   3 = **I neither agree nor disagree**  
4 = **I DISagree a little**   5 = **I DISagree a lot**

1. In uncertain times, I usually expect the best	
2. It's easy for me to relax.	
3. If something can go wrong for me, it will.	
4. I'm always optimistic about my future.	
5. I enjoy my friends a lot.	
6. It's important for me to keep busy.	
7. I hardly ever expect things to go my way.	
8. I don't get upset too easily.	
9. I rarely count on good things happening to me.	
10. Overall, I expect more good things to happen to me than bad.	

**Thank you for participating.**