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Religious coping and perceived stress in emerging adults

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Pepperdine University

Graduate School of Education and Psychology

RELIGIOUS COPING AND PERCEIVED STRESS IN EMERGING ADULTS

A dissertation submitted in partial satisfaction of the requirements for the degree of

Doctor of Psychology

by

Gila Frank, M.A.

September, 2014

Edward Shafranske, Ph.D., ABPP – Dissertation Chairperson

This clinical dissertation, written by

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under the guidance of a committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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Clinical Psychology – M.A. (August 2010)
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Certifications/Awards

Parent-Child Interaction Therapy for Traumatized Children (2012)- *National Crime Victims Research and Treatment Center*
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National Psychologist Trainee Register Credentialing Scholarship-National Register of Health Service Psychologists (2013)
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Kaiser Permanente Los Angeles Medical Center, Los Angeles, CA (APA Accredited)
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• Providing brief psychotherapy to a diverse population of individuals, couples, and families
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- Consult liaison for children and adolescents admitted to the pediatric intensive care unit, providing crisis intervention and case management

Bienvenidos Children's Center Inc., Montebello, CA
Psy.D. Extern (September 2011 to July 2012)
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- Provided psychotherapy and administered integrative cognitive-emotional assessments for adults, youth and their families at a Department of Mental Health-funded agency
- Provided trauma-focused psychotherapy for adults who were direct or indirect witnesses/victims to a crime as part of the *Victims of Crime* program

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Psy.D. Trainee (September 2010 to August 2013)
Supervisors: Anat Cohen, Ph.D.; Dity Brunn, Psy.D.; Sepideh Sazgar; Psy.D.
- Provided psychotherapy for adults, children, adolescents, couples, and families in various domains including anxiety, depression, relationship difficulties, mood disorders, adjustment disorders, and substance abuse
- Participated in non-profit organization, *Children of the Night*, by providing individual psychotherapy to adolescent girls involved in sex-trafficking and sexual exploitation (ages 11-18)
- Served as coordinator and liaison for school-based therapy program in conjunction with Lanai Road elementary, developing program content, workshops, and assemblies

Jewish Family Service, Sherman Oaks, CA
Doctoral Trainee (August 2010 to July 2011)
Supervisors: Margaret Aveneri, Psy.D, LMFT; Mastaneh Moghadam, LCSW
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- Developed content and conducted group therapy sessions for individuals serving as caregivers
- Advocacy representative for Domestic Violence Task Force of Los Angeles

California State University: Parent Child Interaction Program, Northridge, CA
Group Leader (2009 to 2010)/ Family Intervention Specialist (2008 to 2010)
Supervisor: Dee Shepherd-Look, Ph.D.
- Educated, encouraged, and empowered parents whose children/adolescents have serious cognitive, behavioral, emotional, and social problems by developing and conducting lectures based on Applied Behavioral Analysis techniques

Research & Scholarship

Grants
Frank, G. (2009). *Iranian American college students' reports of perceived parental behaviors on their mental health.* Office of Graduate Studies. California State University Northridge. Funded for $800 from 10/08/09 to 12/20/09.

Publications
Frank, G., Rudoy, S., Hakimi, D., & Bryant-Davis, T. (in progress). Family reunification for sexually exploited youth.

Frank, G., Plunkett, S. W., & Otten, M. P. (in review). Perceived parenting, self-concept, and depression in Iranian American emerging adults.

Frank, G., Plunkett, S. W., & Otten, M. P. (2010). Perceived parenting, self-esteem, and general self-efficacy of Iranian American adolescents. *Journal of Child and Family Studies*, *19*, 738-746.

Conference Presentations
Finch, E., **Frank, G**., Behnke, A., & Plunkett, S. W. (2011, April). *Paternal behaviors and adolescent aggression: Youth and father reports.* Poster session at the biennial meeting of the Society for Research on Child Development, Montreal, Canada.

Finch, E., **Frank, G.**, & Plunkett, S. W. (2011, April). *Parenting behaviors, esteem, and depression in African American emerging adults.* Poster session to be presented at the annual meeting of the Western Psychological Association, Los Angeles, CA.

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Research Assistant (2009 to 2013)
Mentor: Scott Plunkett, Ph.D.
Adolescent Resiliency in Multi-Cultural Communities Project, Psychology Department, CSUN, Northridge, CA
• Assisted with research that focused on the relationship between neighborhood qualities, family characteristics, parenting, and adolescent well-being
• Created online survey (psychsurveys.org) and the corresponding codebook and SPSS syntax
• Collected self-report survey data from ethnically-diverse populations

Research Assistant (2005 to 2007)
Mentor: Connie Kasari, Ph.D. and Amanda Gulsrud, Ph.D.
Department of Education, UCLA, Westwood, CA
- Examined an early social-communication intervention with caregivers and their children with autism
- Coded video-tape data of child-parent interactions

ABSTRACT

The purposes of this study were to: (1) examine the use of religious/spiritual coping by emerging adults coping with perceived life stressors; (2) assess the relationship between positive and negative forms of religious coping, and overall religious/spiritual coping with perceived stress; and (3) identify the specific religious/spiritual coping behaviors used by emerging adults when in times of perceived stress. The study analyzed self-report data collected from 715 emerging adults from a diverse undergraduate public university in California. Frequency analysis indicated that emerging adults commonly use prayer for self and others, count their blessings, and try not to sin when under moments of stress. Additionally, many of the respondents reported frequently seeking G-d's love and care, asking for forgiveness for sins, and meaning making as a means of coping with stress. Zero-order correlations revealed a positive and significant relationship between negative religious coping and perceived stress. Furthermore, when comparing differences between religious views (conflicted, secure, doubting, seeking, and not interested) t-test results found decreased use of religious coping, spiritual coping and positive religious coping for those who endorsed "conflicted" religious views. Conversely, those who indicated feeling "secure" reported higher use of religious coping, spiritual coping, and positive religious coping. Emerging adults who identified themselves as "doubting" were less likely to use of religious coping, spiritual coping, and positive religious coping and reported greater use of negative religious coping. "Seeking" emerging adults, identified using less spiritual coping. Finally, those who endorsed "not interested" reported less use of religious coping, spiritual coping, and positive and negative religious coping. Clinical implications for emerging adults and clinicians are discusse.

Introduction

Religion has long been recognized as a source of comfort for many people, particularly when they face personal hardship. In addition, scientific investigation has demonstrated robust associations between religious involvement and a host of indicators of health, including mental health, which suggests broad physical and psychological impacts (Koenig, 2009; Koenig, King, & Carson, 2012; Matthews et al., 1998; Richards, 1991; Shafranske, 2013). Religion has been considered integral to an individual's overall functioning, development of beliefs, and how one perceives or experiences daily events (Park, 2005). Additionally, it has been linked to multiple mental health outcomes and may moderate symptoms of depression and anxiety as well as protect one from engaging in high-risk behaviors (Barry & Nelson, 2005; Wright, Frost, & Wisecarver, 1993). Furthermore, when faced with life stressors individuals employ a variety of coping strategies to manage their stress; one such strategy is religious coping (Ano & Vasconcelles, 2005; Pargament, 1997).

Certain developmental periods have been recognized to be normatively stressful. Emerging adulthood is one of these periods. It has been described as a time of anxiety, uncertainty, and instability (Agliata & Renk, 2008; Arnett, 2004) in which young adults find themselves questioning their belief systems, worldviews, and understanding of morality that were developed through their adolescent years (Arnett, 2000; Barry & Nelson, 2005; Schwartz, Cote, & Arnett, 2005). Moreover, during the early adult years, one must learn to manage multiple life stressors such as secondary education adjustment and planning, occupational/financial instability, and potentially entering marriage and parenthood (Arnett, 2004; Schwartz, Cote, & Arnett, 2005).

Religion and spirituality may serve as resources in addition to other naturally occurring sources of support, e.g., friends, mentors, experiences of efficacy, etc., as these emerging adults address the challenges this stage presents. For some, personal religious/spiritual beliefs and practices may be integral to their coping, for others religious conflicts may increase stress. Given the stressors these emerging adults may also seek support and treatment from psychologists or other mental health professionals. Diversity and cultural competency in professional psychology has become an increasing focus in advances for education, training, and research (Vogel, McMinn, Peterson & Gathercoal, 2013). Thus, there is an ethical imperative for clinical psychologists and other treatment providers to become familiar with multiple dimensions of diversity including the role that religion and spirituality may play in individual's life (Shafranske, 2014). This study intends to add to the growing literature on religion and spirituality by examining one specific form of coping -- religious coping -- as one mechanism for support to aid emerging adults in managing the developing life stressors of emerging adults.

Background

The following section presents background on the nature of religion and spirituality, i.e., what we know about religious coping and how it's measured, as well as a review of literature on stress, coping, and religious coping in emerging adults.

Religion and Spirituality

Religion and spirituality are clinically relevant, integral to clinical practice, and have become an increasing point of clinical research and theory-building (Pargament, Mahoney & Shafranske, in press; Saunders, Miller & Bright, 2010), however, there still appears to be inconsistency in how the terms are defined and conceptualized (Hill et al., 2000; Zinnbauer et al.,

1997). Pargament (1997) highlights that the way in which religion is defined may be unique to each individual and that a universal definition may be inadequate. In the literature religion is often referred to as "religiosity" and defined as both formal, institutional beliefs and sets of values or informal acts and behaviors of religious participation such as prayer, religious service attendance, and meditation (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006; Miller & Thoresen, 2003). Spirituality is defined as an internal process of personal and/or emotional expression and can be measured through spiritual connectedness, peace, and overall spiritual well-being (Cotton et al., 2006; Miller & Thoresen, 2003; Worthington & Sandage, 2001). It is often conceptualized on an individual level of transcendence and one's feeling of presence and meaningfulness (Spilka & McIntosh, 1996). However, studies have found that, although religion and spirituality may define separate constructs, they are not mutually exclusive particularly in the perspectives of the public. For example, in a sample of 346 individuals from various churches, institutions, and age groups religion and spirituality were highly correlated (Zinnbauer et al., 1997). Those who characterized themselves as religious also described themselves as spiritual as well. This is not entirely surprising given the perspective that spirituality emerges out of larger cultural, and for some, institutional contexts and religion involves highly personal, individual experiences (Pargament, Mahoney, Exline, Jones, & Shafranske, 2013). However, the literature suggests that both religiosity and spirituality should be further investigated to determine the role of both constructs play in one's life. Despite the challenges in finding a unitary definition for religion and spirituality, it appears that both religion and spirituality play a significant role in the lives of many individuals, including emerging adults, and should be further examined. Thus, for purposes of this study, an integration of Pargament's (1997) conceptualization and a social psychological perspective taken by Lun & Bond (2013), the current research views religion and

spirituality collectively as one's values, beliefs, behaviors, and identity that may center around the sacred or functional facets of religion. Lun and Bond (2013) also noted that this understanding of religion and spirituality also maximizes the ability to capture variations in theologies, philosophies, and practices across individuals from varying cultures as would be seen in a multi-cultural college setting.

Stress and Perceived Stress

Early theories conceptualized stress as a response to any noxious stimuli, in which an individual reacts to a trigger perceived as threatening that lead to a variety of responses and/or disruptions in an individuals functioning (Seyle, 1983). Multiple negative psychological and health outcomes have been associated with stress including, anxiety, depression, cardiovascular difficulties, respiratory problems, and irritable bowel syndrome (Bovier, Chamot, & Perneger, 2004; Dancey, Taghavi, & Fox, 1998; Neilson, Kristensen, Schnohr, & Gronbaeck, 2008). In defining stress, an integrated and widely used theory by Lazarus & Folkman (1984) is used. The researchers hypothesize that stress is a transactional model, in which stress is not only defined in terms of its triggers (environmental, intrapersonal, or intrapersonal) or response to stimuli, but rather a transaction between the person, the environment, and their perception of their own capabilities to cope. Thus, psychological stress involves interpretation of the meaning of an event and the interpretation of the adequacy of coping resources—leading to the term, perceived stress (Cohen, Kessler, & Gordon, 1997; Holmes & Rahe, 1967). More recently, perceived stress has been viewed in a multidimensional manner along a variety of domains that impact an individual's life (Cohen, Kamarck, & Mermelstein, 1983; Rice, 1992). Given that perceived stress is multifaceted in nature, it would be imperative for clinicians to empower clients with a

myriad of adaptive coping skills, including the possible integration of religious coping, to be responsive to their stress and serve as a moderator to negative mental health outcomes.

Perceived Stress and Emerging Adults

Emerging adulthood can be described as a time of great instability and uncertainty in which young adults are faced with numerous life decisions and stressors (Dyson & Renk, 2006; Schwartz, Cote, & Arnett, 2005). As a result these young adults may question their belief systems and struggle in their transition adjust (Arnett, 2004; Barry & Nelson, 2005; Meeus, 2011; Schwartz, Cote, & Arnett, 2005). Emerging adults face stressors that combine both the stress of college life and the necessity to plan for the future (Agliata & Renk, 2008; Smith & Renk, 2007). Common stressors include financial independence, meeting parental expectations, and meeting the demands of their academic requirements (Agliata & Renk, 2009; Smith & Renk, 2007). Studies have characterized college students as a vulnerable population, as they are susceptible to multiple stressors, enhance preexisting stress, and exposed to potential traumatizing events in short span of time (Galatzer-Levy, Burton, & Bonanno, 2012; Vaez & LaFlamme, 2008). In response to these stressors studies have found a higher occurrence of experiencing anxiety, guilt, depression, fear, and anger (Misra, McKean, West, & Russo, 2000; Rawson, Bloomer, & Kendall, 1994). Thus, emerging adults must pull from multiple resources to adaptively manage and cope with these stressors and demands.

In the Student Stress Survey, 40 stressful triggers were examined, which included interpersonal, intrapersonal, academic, and environmental sources of stress (Ross, Niebling, Heckert, 1999). In administering this survey, researchers found in a sample of 100 college students that change in sleeping habits, change in eating behaviors, increased work load, and new responsibilities were amongst the leading causes of stress. In a similar study, it was found

amongst a population of college students that academic demands, highly demanding schedules, and financial concerns were identified as the leading causes of stress (Olpin, 1997). Furthermore, studies have shown that college students, especially freshman, may be particularly susceptible to stress as they are required to adjust to college life and the associated pressures, such as living away from home for the first time, academic pressures, and social demands (D'zurilla & Sheedy, 1991; Towbes & Cohen, 1996).

Prior research has also found that perceptions of high stress levels are associated with negative outcomes such as poor self-concept, poor health habits, anxiety, and depression (Hudd et al., 2000; Nelson, Padilla-Walker, Christensen, Evans, & Carroll, 2011). Significant reports of perceived stress have been found to lead to other deleterious outcomes such as poor academic performance, school attrition, increased risk for suicidality, and serious psychological and physical problems (Hudd et al., 2000; Misra et al., 2000). For example, in a study of 1,257 undergraduate students, researchers found that stress has a consistently strong negative correlation to mental health (Bovier et al., 2004). Hence, it is possible that those who endorse higher levels of stress may be experiencing high levels of distress that impact their well-being. Thus, attention to stress amongst emerging adults appears critical as their perceived stress may overtax their resources to cope and potentially lead to deleterious outcomes correlated to depression, social anxiety, and other mental health issues (Bovier et al., 2004; Cohen et al., 1983). When emerging adults are faced with life stressors and demands, their perception of threat may rise and exceed their felt ability to cope effectively with these stressors (Bovier et al., 2004; Carver, Scheier, & Weintraub, 1989). The amount of stress these emerging adults experience is influenced by the ability an individual has to effectively cope or react to these stressors (D'zurilla & Sheedy, 1991).

Coping

As a means to reduce stress, coping strategies are utilized. One's ability to cope is defined as an individual's strategy of responding to perceived threat (Lazarus, 1966; Lazarus & Folkman, 1984). Regardless of one's cultural and diversity factors individuals must find ways to adapt, manage, and/or resolve their distress, however, the ways in which one does so may differ (Chun, Moos, & Cronkite, 2006; Kuo, 2010). Two general types of coping are problem-focused coping, in which the emphasis is on solving a specific situation to alter the source of stress; and emotion-focused coping, in which the emphasis is placed on regulating or managing one's emotional response to a stressor (Carver et al., 1989; Smith & Renk, 2007). Similarly, studies have found that coping styles include appraisals of threatening and stressful situations through both cognitive and affective lenses (Beutler, Moos, & Lane, 2003). Common ways in which individuals cope include emotional expression, seeking social support, escape and avoidance of stressful situations, and seeking familial support (Carver et al., 1989; DeLongis & Holtzman, 2005). In a meta-analysis of cross-cultural coping styles, Kuo (2010) found that avoidance, emotion-focused and problem-focused coping were commonly seen among Asian populations, while spiritual and religious based and familial support coping were common among African-Americans and Latino/Latina backgrounds.

Coping and Emerging Adults

As aforementioned there are an abundant amount of stressors emerging adults' face that may have deleterious mental health outcomes (Sargent, Crocker, & Luhtanen, 2006; Vaez & LaFlamme, 2008), thus highlighting the need to find effective ways of managing their stressors and responses to the stress. Studies have investigated the various copying styles young adults may utilize to aid them in managing their stress including, better study habits, finding guidance

on career choices, and cultivating social and familial support (Blake & Vandiver, 1988; Mattlin,

Wethington & Kessler, 1990; Hong & Lei, 2011). However, the literature also recognizes the use

of maladaptive and negative coping styles such as drug and alcohol use, unhealthy eating habits,

and the use of self-harm strategies (e.g., suicide and cutting; Hudd et al., 2000; Ham & Hope,

2003). Hence, the necessity of finding and implementing responsive ways to manage and cope

with the growing stress in college is necessary to prevent negative and at times fatal outcomes is

integral for these emerging adults.

Religious Coping

One mechanism by which individuals cope with stress is through religious coping,

whereby behavioral and/or cognitive strategies developed from an individual's religious or

spiritual beliefs are used as means to cope with stress (Maynard, Gorusch, & Bjorck, 2001;

Pargament, 1996, 1997; Tix & Frazier, 1998). Further investigation revealed three proposed

religious coping styles and identified as: (1) self-directing, in which the individual utilizes

personal resources without the help of G-d[1] to solve a problem; (2) collaborative style in which it

is believed that situations are resolved collaboratively with G-d; and (3) deferring style, in which

individuals rely solely on G-d to solve problems (Pargament et al., 1988; Plante, Saucedo, &

Rice, 2001). Furthermore, one can understand religious coping through negative and positive

behaviors. Positive religious coping patterns include seeking spiritual support, religious

forgiveness, and spiritual connection (Pargament, Smith, Koenig, Perez, 1998). Negative

religious coping patterns include spiritual discontent, punishing G-d reappraisals, and

interpersonal religious discontent (Pargament, Smith, Koenig, Perez, 1998). Positive and

negative religious coping styles have been associated with distinct psychological and heath

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[1] Variation used to respect denominations of religion that refrain from using His name in vain.

outcomes. Those who engaged in positive religious coping reported lower levels of depressive symptomatology, lower rates of risky behavior engagement, and higher quality of life (Cole, 2005; Stoltzfus & Farkas, 2012). Conversely those who engaged in negative religious coping patterns reported higher incidences of a major depressive episode, less life satisfaction, and increased alcohol use (Pearce, Singer, & Prigerson, 2006; Stoltzfus & Farkas, 2012).

Religion has been investigated in relation to mental health outcomes. Wright et al. (1993) hypothesized that religion can provide meaning to one's life as evidenced in a sample of 451 high-school students. The researchers found that those who attended church regularly and who viewed religion as the basis for meaning in their lives reported lower levels of depression on the Beck Depression Inventory. In a study that examined religious devoutness in 268 college students found that lower levels of depression and emotional maladjustment were reported by those who endorsed higher levels of religiosity (Richards, 1991). Similarly, religiosity was found to be significantly and negatively correlated with general anxiety in a sample of college students (Harris, Schoneman, & Carrera, 2002). Meta-analysis of prior literature, Matthews et al. (1998) found that religious commitment may play an integral role in the prevention of mental and physical illness and in the ability for individuals to cope effectively with mental and physical illness. Furthermore, positive religious coping patterns were significantly correlated with few symptoms of psychological distress, feelings of spiritual growth, confidence in handling problems, and an overall sense of positive well-being (Ano & Vasconcelles, 2005; Merrill, Read & LeCheminant, 2009; Pargament et al., 1998). Religious coping has also been found to act as a buffer for psychopathology, in which those who utilize positive religious coping skills endorse fewer symptoms of anxiety or depression even when faced with negative and distressing events (Bjorck & Thurman, 2007; Lee, 2007; Powers, Cramer, Grubka, 2007). One can understand the

importance of enhancing these coping strategies to improve psychological wellbeing and protect one from the deleterious impacts of stressful situations and negative life events. Thus, the purpose of this study was to contribute to the literature about emerging adulthood and specifically investigate the role that religious coping plays in an emerging adults life. Furthermore, this study intended to add to clinical literature, providing psychologists with valuable information about the importance of implementing one's use of religious/spiritual coping to enhance treatment and provide culturally responsive interventions.

Purpose of the Study

The study investigated three questions: (a) Do emerging adults utilize religious and/or spiritual coping in their lives as a means of coping with perceived life stressors? (b) What is the relationship between positive, negative, and overall religious and spiritual coping with perceived stress? and (c) What are the specific religious and spiritual coping behaviors most commonly used by emerging adults when in times of perceived stress?

Methodology

Research Approach

This study used an archival research method in which the author obtained a preexisting data set from another researcher (Creswell, 2007; Mertens, 2010). The principal investigator of the study in which the selected data set was obtained, utilized a survey method approach to collect self-report data from the student subject pool in a psychology department at one southern California public university. There are several distinct advantages to archival research. The first is pragmatic, since the data was previously collected there are minimal concerns about institutional reviews, thereby, increasing the efficiency of the study. Another advantage is empirical, in which human behavior and development can be researched over time when researchers have access to archival data. This allows for comparative studies to be conducted in the future and to understand human growth and change. However, there are some disadvantages to archival data that pose as threats to the research design. The data may not be formatted in a way that is simple to use to answer the research question investigated. Thus, researchers may need to develop new coding schemas and other methods to create an efficient and "clean" data set. Furthermore, the principal investigator may not have collected pertinent data variables that are needed to better understand the research questions. These can include certain demographic information such as income level, ethnicity, religion, and/or housing status. However, for the purposes of this study, archival research method appears to be most effective as the principal investigator has been able to obtain the necessary variables and measures need to study the religious coping in emerging adults.

Procedure

Archival dataset consisted of participants who took part in the principal investigator's study were enrolled in an introductory psychology class at a diverse public university in Southern California. Participants were required to partake in a number of studies in order to receive credit for a portion of their class requirement. The students in the upper division general education class completed a paper pencil survey. They did not receive course credit. All students were informed of their rights (anonymous survey, confidential, and could skip questions or stop at any time while still receiving applicable credit). No pressure was given to complete the survey. This was done to ensure that participants did not feel coerced should they experience any discomfort answering the questions during the survey. Although most of the students were allowed to participate, there was one exclusionary criterion that the participant needed to be between 18 to 30 years old.

Participants

Data were collected from 715 emerging adults. Participants ranged in age from 18-25 years ($M = 19.98$) with 26.6% males and 73.4% females. Most of the participants identified their current marital status as 99.0% single and 1.0% married. Additionally, 45.2% of participants reported being in a current romantic relationship with 54.8% of the participants not. The ethnic background of these emerging adults follow: 47.1% Hispanic/Latino, 18.7% Asian, 12.7% Caucasian, 4.8% African American, 4.2% Persian/Middle Eastern, 4.5% Armenian, 0.3% Native American, and 7.7% Other/Mixed. Their self-identified religion follows: 2.9% Jewish, 68.3% Christian, 1.5% Hindu, 1.5% Islamic, 0.1% LDS/Mormon, 3.2% Buddhism, 5.7% Atheist, 8.7% Agnostic, and 8.3% other. Participants school classification included 33.1% freshmen in college, 23.4% sophomore in college, 29.0% junior in college, 13.8% senior in college, and 0.7%

master's students. A majority of the participants reported living with their parents (71.0%). The aforementioned demographics appear to reflect the overall university demographic data of 35,000 students. The data revealed that when these emerging adults were to asked their current religious and/or spiritual views 51.3% reported feeling secure, 14.7% conflicted, 13.4% doubting, 15.8% seeking, and 29.4% indicated that they were not interested. Participant demographics are displayed in Table 1.

Instrumentation

Characteristics of the sample were identified using standard demographics. These items included sex, age, years in college, relationship status, ethnicity, and identified religion. An additional variable in the study is the inclusion of previously concluded self-report assessments, as explained below.

Spiritual/Religious views. A one-item scale examined how emerging adults described their current spiritual and religious views. Options included secure, conflicted, doubting, seeking, and not interested. Participants were asked to mark all that apply (Astin et. al., 2005).

Brief R-COPE scale. The 14-item Brief R-COPE scale was used to examine emerging adults use of religious coping with major life stressors (Pargament, Koenig, & Perez, 2000). The Brief R-COPE was developed by integrating Pargament's theory of religious coping with reviews of narratives about religious coping (Pargament, 1997; Pargament et al., 2011). The Brief RCOPE stemmed from the RCOPE, which was 21-items and designed to provide researchers an efficient scale of religious coping as the original RCOPE was found to be difficult to include in a standard battery due to its length (Pargament et al., 2011). The scale measures both positive forms of religious coping (i.e.: "*Focused on religion to stop worrying about my problems*") and negative forms of religious coping (i.e.: *"Questioned God's love for me").*

Response choices follow: 1 = *not at all,* 2 = *somewhat,* 3 = *quite a bit*, 4 = *a great deal.* For the current sample, Cronbach's alpha was .97 for positive religious coping and .87 for negative religious coping.

Spiritual coping. Spiritual coping was measured using a 15-item scale developed to assess what spiritual coping strategies individual's use in dealing with various stressors in life. The survey asked participants "How often do you do the following in times of stress?" Two sample items follow: (1) "Ask for forgiveness for yourself or others," and "Make meaning out of my hardships." The response choices follow*: 0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, and 4 = very often.* The items were averaged. Using the current data, Cronbach's alpha was .94 for overall spiritual coping. The religious and spiritual coping scale shared 53% of the variance indicating a strong convergent validity between both scales.

Perceived stress scale. The Perceived Stress Scale was developed to identify the extent to which a situation in a person's life is stressful (Cohen et al., 1983). Therefore, this measure was used to target global stressors and measure one's feelings of uncertainty and of being strained by outside pressures. A sample of these items include, "In the last month, how often have you felt confident about your ability to handle your personal problems?" Following the questions, the responder is given several choices: 1 =*Never,* 2 = *Almost never,* 3 = *Sometimes*, 4 = *Fairly often,* 5 = *Very often.* Cronbach's alpha for the current data was .87 for overall perceived stress.

Data Analysis

The principal investigator provided the de-identified dataset with the responses on each of the questions on the survey along with the demographics of the participants. After receiving all the data from the study, The Statistical Package for the Social Science (SPSS) Version 20.0

was for all data analysis. The following analyses were used: descriptive statistics, frequencies,

bivariate correlations, statistical profiles, and independent samples T-tests to answer the

following questions: (a) Do emerging adults utilize religious and/or spiritual coping in their lives

as a means of coping with life stressors? (b) What is the relationship between positive, negative,

and overall religious and spiritual coping with perceived stress? and (c) What are the specific

religious and spiritual coping behaviors most commonly used by emerging adults when in times

of stress?

Results

Frequencies

Frequencies were conducted to determine the most commonly used spiritual and religious coping behaviors by emerging adults during and after times of stress. As shown on Table 2, emerging adults endorsed the most of use of behaviors including prayer for self and others, counting their blessings, and trying not to sin. The behaviors that were least endorsed as used by emerging adults during times of stress included applying a religious story to their situation and/or getting support from religious people, leaders, and counselors. As shown in Table 3, emerging adults most commonly endorsed the positive religious coping behaviors of seeking G-d's love and care, asking for forgiveness for sins, and meaning making. The least commonly used religious coping behaviors included deciding that the devil made the situation happen, wondering if the church had abandoned the individual, and questioning G-d's love.

Zero-Order Correlations

Zero-order correlations were calculated to examine the strength and direction of bivariate relationships between each independent and dependent variables (see Table 4). The correlations indicated that overall religious coping and spiritual coping were not significantly related to perceived stress. Results revealed a positive and significant relationship between negative religious coping and perceived stress; indicating that when stress was higher, negative religious coping was higher. Positive religious coping was not significantly related to overall perceived stress.

Statistical Profiling

Religious and spiritual coping profiles were developed for those who are secure vs. not secure, conflicted vs. not conflicted, doubting vs. not doubting, seeking vs. not seeking, and

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interested vs. not interested groups. Results indicated that emerging adults who have a secure religious view report higher use of positive religious coping and spiritual coping than those who have a non secure religious view. Emerging adults who have a not conflicted religious view report higher use of positive religious coping and spiritual coping than those who are conflicted. Similarly emerging adults who are not doubting in their religious views endorsed higher use of positive religious and spiritual coping and lower use of negative religious coping versus those who endorsed they were doubting in their religious views. Those who endorsed seeking indicated a higher use of positive religious and spiritual coping versus those who were not seeing in their religious views. Furthermore, those emerging adults who endorsed interested in their religious view reported higher use of positive religious and spiritual coping. The following results are detailed in Figures 1 through 5.

Independent Samples T-Tests

Independent samples t-test were conducted to examine whether there were significant differences between religious views (conflicted vs. not conflicted, secure vs. not secure, doubting vs. not doubting, seeking vs. not seeking, and interested vs. not interested) on emerging adults' reported use of religious and/or spiritual coping. Participants who endorsed feeling conflicted in their religious views reported significantly lower use of religious coping, $t(704) = 3.62, p < .001$ than those who did not feel conflicted (see Table 5). Similarly, those who were conflicted reported significantly lower use of spiritual coping, $t(713) = 2.49, p < .001$ and positive religious coping, $t(704) = 3.10, p < .001$. However, no significant differences were found on the use of negative religious coping between those who were conflicted versus not conflicted in their religious views.

When comparing endorsements of secure versus not secure religious views in emerging adults, the t-tests indicated a significantly higher use of religious coping, (t[704] = -14.88, p < .001), spiritual coping, (t[713] = -15.30, p < .001), and positive religious coping, (t[704] = 14.62, p < .001) by those who felt secure in their religious values (see Table 6). No significant differences were found in the use of negative religious coping between those who identified secure versus not secure religious views. The t-tests indicated that participants who identified doubting religious views (as compared to non doubting) reported significantly lower use of religious coping, (t[704] = 8.69, p < .001), spiritual coping, (t[713] = 5.65, p < .001), and positive religious coping, (t[704] = 5.81), p < .001 (see Table 7). Doubting participants also endorsed a more frequent use of negative religious coping, t(702) = -4.10, p < .001.

As shown in Table 8, emerging adults who endorsed seeking versus not seeking religious views reported a significantly lower use of spiritual coping, t(713) = -2.21, p < .001. However, no significant differences were found in the use of religious coping, positive religious coping, or negative religious coping. Furthermore, when comparing those who endorsed not interested in their religious views, results indicated a significantly lower use of religious coping, (t[704] = 16.74, p < .001), spiritual coping, (t[713] = 19.75, p < .001), positive religious coping, (t[704] = 18.85, p < .001), and negative religious coping, (t[702]= 3.11, p < .001).

Discussion

The purposes of this study were to examine: (1) emerging adults use of religious and spiritual coping in their lives as a means of coping with perceived life stressors; (2) the relationship between positive, negative, and overall religious and spiritual coping with perceived stress; and (3) the specific religious and spiritual coping behaviors most commonly used by emerging adults when in times of perceived stress. Consistent with previous data collected of university students (Astin et. al., 2003), when emerging adults were asked, "How would you describe your current views about spiritual and religious matters?" more than half of the respondents indicated that they felt secure in their views.

These emerging adults endorsed high frequency use of spiritual behaviors including the use of prayer for self and others, counting their blessings, and trying not to sin. Additionally, the use of positive religious coping such as seeking G-d's love and care, asking for forgiveness for sins, and making meaning were highly endorsed by these emerging adults. Furthermore, these emerging adults endorsed less frequent use of negative religious coping such as deciding that the devil made the situation happen, wondering if the church had abandoned the individual, and questioning G-d's love when faced with stress. This pattern of response is consistent with previous studies in which individuals tend to turn towards more positive than negative religious coping styles in the face of adversity (Pargament et al., 1998; Bjorcke & Thurman, 2007; Stoltzfus & Farkas, 2012). Schafer (1996; 1997) theorizes that religion allows individuals to gain perspective and reframe negative events as an opportunity for growth and part of their developmental plan by a higher power. This belief that religion and faith gives meaning provides individuals with support and motivation to manage life stressors and its psychological sequela (Merrill et al., 2009; Park, 2005). Additionally, when believing that G-d is aware of their needs

and listens to their prayers it may provide individual with comfort thereby reducing stress

(Masters, Hill, Kircher, Benson & Fallon, 2004). Furthermore, when these emerging adults

choose a collaborative approach of dealing with stress through religious coping more positive

mental health outcomes and overall well-being have been noted (Harris et al., 2002; Fabricatore,

Handal, Rubio, & Gilner, 2004; Lee, 2007).

   The data revealed a positive and significant relationship between negative religious

coping and perceived stress suggesting that when these emerging adults experience stress they

may question G-d's love and wonder whether they have been abandoned. Lazarus and Folkman

(1984) postulates that as stress and/or negative events increase without relief an individual may

reappraise their view of G-d and lead to more negative styles of religious coping. In a study by

Bjorcke and Thurman (2007) findings indicated that negative religious coping increased more

than positive religious coping in response to increased negative and stressful life events.

Reciprocally, when these emerging adults question their faith and G-d's support this may lead to

increased stress and it's negative sequela. In a meta-analysis of 49 studies on religious coping

and psychological adjustment to stress, Ano & Vasconcelles (2005) found that negative religious

coping was related to poorer psychological adjustment to stress and was associated with more

experiences of depression an anxiety.

   The way in which emerging adults identified their religious views appeared to have an

impact on the frequency and use of religious/spiritual coping. Those who endorsed feeling

"conflicted, doubting, and not interested" in their religious views reported less use of religious

coping, spiritual coping and positive religious coping. Those who endorsed a "secure" religious

view reported more frequent use of religious coping, spiritual coping, and positive religious

coping. Emerging adults who stated they were "doubting" endorsed more frequent use of

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negative religious coping. These findings were further evidenced through statistical profiling which indicated that those who were more secure versus feeling conflicted, doubting, or not interested in their religious/spiritual views reported higher use and engagement in positive religious coping and spiritual coping. One can postulate that when emerging adults feel secure or are in search of support from a higher power they are more likely to engage in activities that promote this as seen in religious and spiritual coping. Additionally, based on the tenets of cognitive dissonance, emerging adults will engage in spiritual and religious coping based on their personal views and beliefs to reduce and prevent psychological discomfort (Pargament, Mahoney, & Shafranske, 2013).

Limitations

While the aforementioned findings provide new data on religious and spiritual coping in emerging adults, there are some noted limitations. The study was conducted in one large public university in California. While the population is demographically similar to other universities, emerging adults from different states may respond differently to the items on the survey. Additionally, utilizing a cross-sectional, correlational design precludes the ability to make any causal inferences. Another limitation was shared method variance. Specifically, using individuals' reports to assess the independent and dependent variables could result in inflated relationships between the variables. Furthermore, given that self-report methods were utilized, it is important to note the possibility of social desirability biases in participants responses.

Conclusion

The literature indicates that over a third of the student population experience mental health difficulties (Zivin et al., 2009). Thus, augmenting the understanding of this complex population of emerging adults is imperative especially in a context of limited resources in the

rising demand for students seeking mental health services (Gallagher, 2007). As emerging adults experience stressors and negative events it is essential that they find adaptive and responsive modes of coping; one such form of coping is religious and spiritual coping. This study aimed to increase fundamental understandings regarding emerging adults specifically in relation to the use religious and spiritual coping as a means of managing perceived stress. Findings supported the use of multiple religious and spiritual coping behaviors during times of stress. Additionally, a negative and positive relationship was found between negative religious coping and stress. Furthermore, religious/spiritual views appeared to impact the frequency in the use of religious and spiritual coping. Given the increased focus on diversity and cultural responsiveness as an ethical guideline, it is crucial for clinicians to become familiar with the multiple dimensions of stressors and strengths each individual brings to the therapeutic process to enhance and maximize treatment. Furthermore results indicated that those who were more secure in their religious views endorsed higher utilization of positive religious coping and spiritual coping which as aforementioned lead to more positive academic, health, and mental health outcomes. It may be beneficial for clinicians, educators, and religious leaders to collaborate to aid these emerging adults in developing a more secure and less conflicted or avoidant view on religion in an effort to promote more positive coping styles.

Future research may focus on increasing methodology strength by utilizing a mixed method approach in which narratives from interviews may be utilized to best capture the use of spiritual and religious coping as means of managing perceived life stressors.

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Table 1

Participant Demographics

Characteristic	*n*	*%*
Gender		
Women	525	73.4
Men	190	26.6
School classification		
Freshmen	237	33.1
Sophomore	167	23.4
Junior	207	29.0
Senior	99	13.8
Master	5	.7
Racial/ethnic identification		
African American / Black	34	4.8
Armenian	32	4.5
Asian	134	18.7
Caucasian	91	12.7
Hispanic / Latino	337	47.1
Native American	2	0.3
Persian / Middle Eastern	30	4.2
Other / mixed	55	7.7
Religious preference		
Agnostic	62	8.8
Atheistic	41	5.8
Christian	481	68.3
Hindu	5	0.7
Islamic	11	1.6
Judaism	21	2.9
LDS / Mormon	1	0.1
Other	59	8.4
Missing	11	1.5
Religious/spiritual view		
Conflicted	105	14.7
Doubting	96	13.4
Secure	367	51.3
Seeking	113	15.8
Not interested	210	29.4

Table 2

Percentage of Respondents Who Answered for Each Response Choice on the Spiritual Coping Scale

How often do you do the following in times of stress?	Never	Almost Never	Sometimes	Fairly Often	Very Often
Pray for self and/or others.	22.8%	17.5%	26.9%	16.2%	16.6%
Count blessings.	35.5%	11.8%	20.4%	17.2%	15.2%
Try not to sin.	27.5%	12.7%	27.2%	21.4%	11.2%
Ask for forgiveness for yourself or others.	26.5%	13.5%	30.0%	18.3%	11.6%
Make meaning out of my hardships.	30.5%	15.3%	25.2%	17.4%	11.5%
Put problem in God's hands.	38.8%	16.0%	19.4%	11.8%	13.9%
Confess to God.	35.6%	16.2%	22.5%	12.5%	13.2%
Attend religious activities/institution.	45.9%	17.7%	17.0%	10.7%	8.8%
Donate time or money to religious causes.	46.8%	21.1%	18.0%	7.9%	6.2%
Atone/compensate for my sins.	40.1%	17.2%	26.3%	10.9%	5.5%
Read/recite religious text/scripture.	56.8%	20.4%	12.4%	5.2%	5.2%
Apply a religious story to my situation.	64.6%	19.6%	9.0%	3.7%	3.1%
Meditate.	43.2%	25.2%	21.6%	7.3%	2.7%
Get support from other religious people.	64.0%	16.2%	11.4%	5.8%	2.7%
Get support from a religious leader/counselor.	67.9%	17.3%	9.1%	3.6%	2.1%

Note. (N = 715)

Table 3

Percentage of Respondents Who Answered for Each Response Choice on the Religious Coping (Brief RCOPE)

How often do you use the following when dealing with a significant trauma or negative event?	Not At All	Somewhat	Quite A Bit	A Great Deal
Sought God's love and care. (PRC)	33.6%	26.4%	18.9%	21.1%
Asked forgiveness for my sins. (PRC)	35.6%	25.5%	16.7%	22.2%
Tried to see how God might be trying to strengthen me in this situation. (PRC)	39.5%	22.9%	17.6%	19.9%
Looked for a stronger connection with God. (PRC)	35.2%	28.5%	17.0%	19.3%
Sought help from God in letting go of my anger. (PRC)	42.5%	21.5%	17.5%	18.6%
Tried to put my plans into action together with God. (PRC)	44.9%	23.1%	14.8%	17.2%
Focused on religion to stop worrying about my problems. (PRC)	57.8%	21.5%	10.4%	10.4%
Felt punished by God for my lack of devotion. (NRC)	68.4%	18.9%	8.5%	4.1%
Wondered what I did for God to punish me. (NRC)	71.3%	18.4%	6.1%	4.1%
Wondered whether God had abandoned me. (NRC)	73.5%	16.7%	5.8%	4.0%
Questioned the power of God. (NRC)	76.0%	14.8%	5.3%	4.0%
Questioned God's love for me. (NRC)	80.8%	12.2%	4.4%	2.6%
Wondered whether my church had abandoned me. (NRC)	89.7%	7.0%	1.4%	1.9%
Decided the devil made this happen. (NRC)	83.9%	11.1%	3.3%	1.7%

Note. PRC indicates positive religious coping items while NRC indicates negative religious coping items.
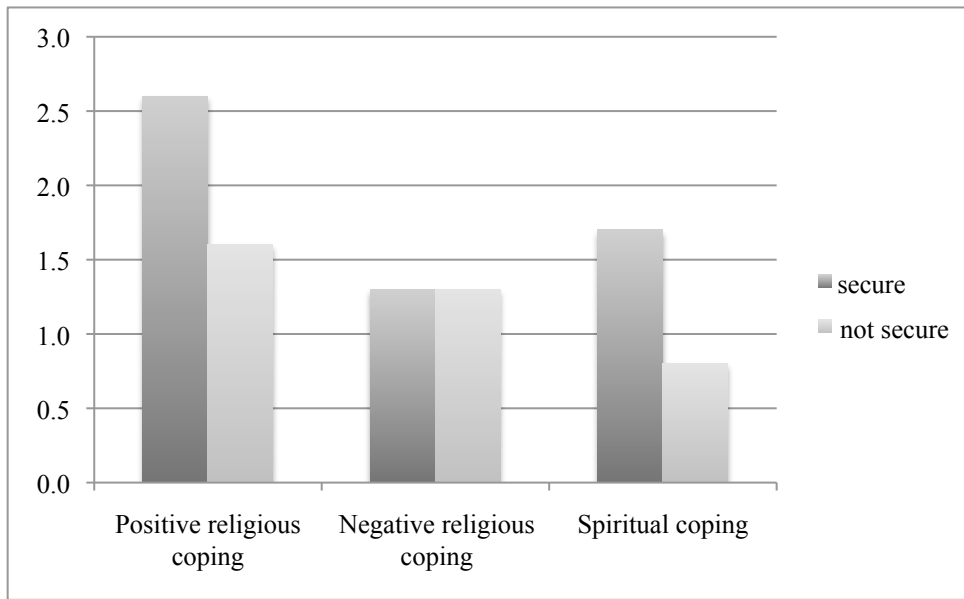
Table 4

Bivariate Correlations Between Emerging Adults Reports of Perceived Stress, Spiritual Coping, Religious Coping, Positive Religious Coping, and Negative Religious Coping

	1	2	3	4	5
1. Perceived stress	1.00				
2. Spiritual coping	-.05	1.00			
3. Religious coping	-.05	.68**	1.00		
4. Positive religious coping	-.04	.73**	.93**	1.00	
5. Negative religious coping	.33**	.13**	.22**	.27**	1.00

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

Figure 1. Statistical profile comparing secure versus not secure religious views on religious and spiritual coping

Note. Y-axis are mean scores of religious and spiritual coping use as reported by emerging adults

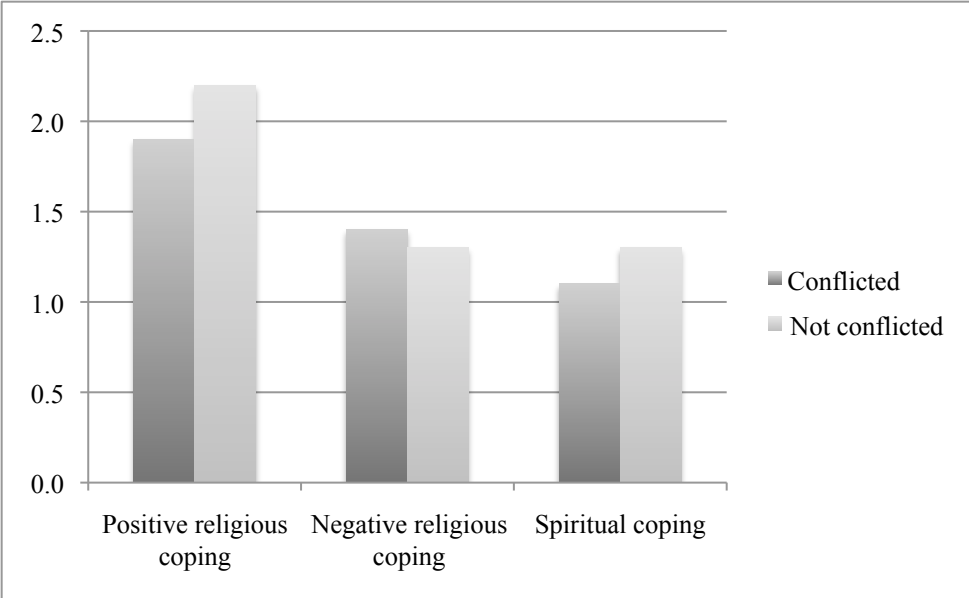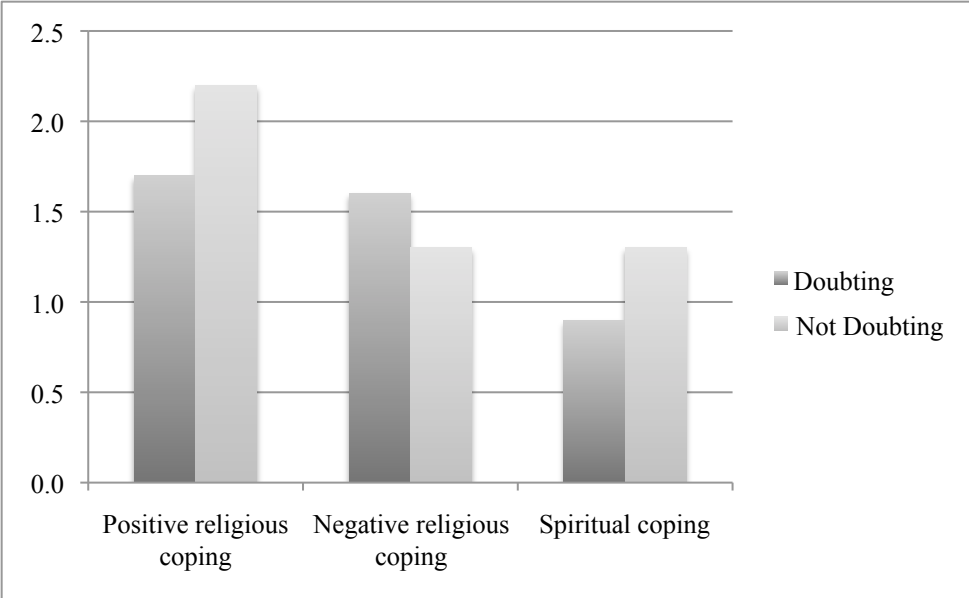*Figure 2.* Statistical profile comparing conflicted versus not conflicted religious views on religious and spiritual coping

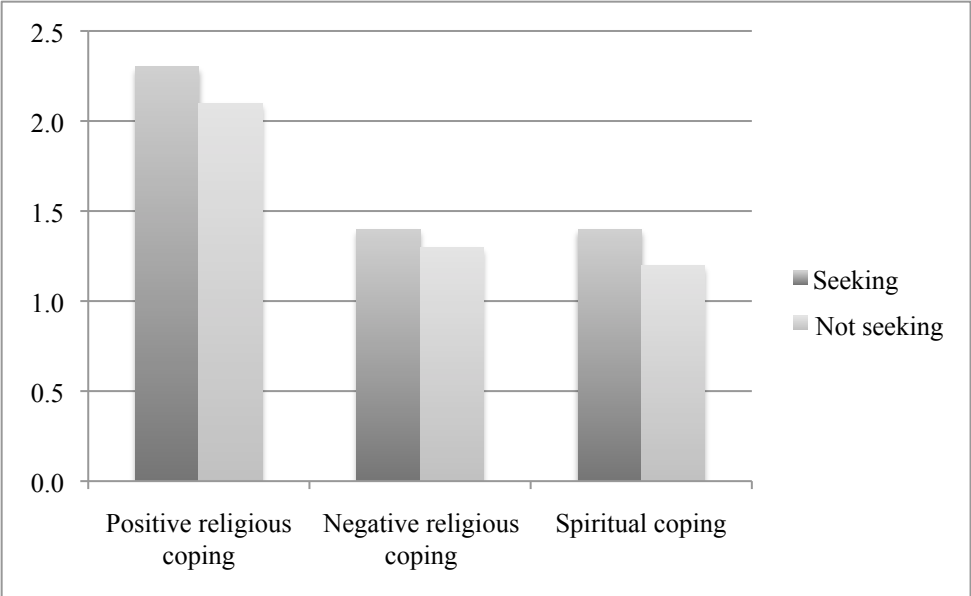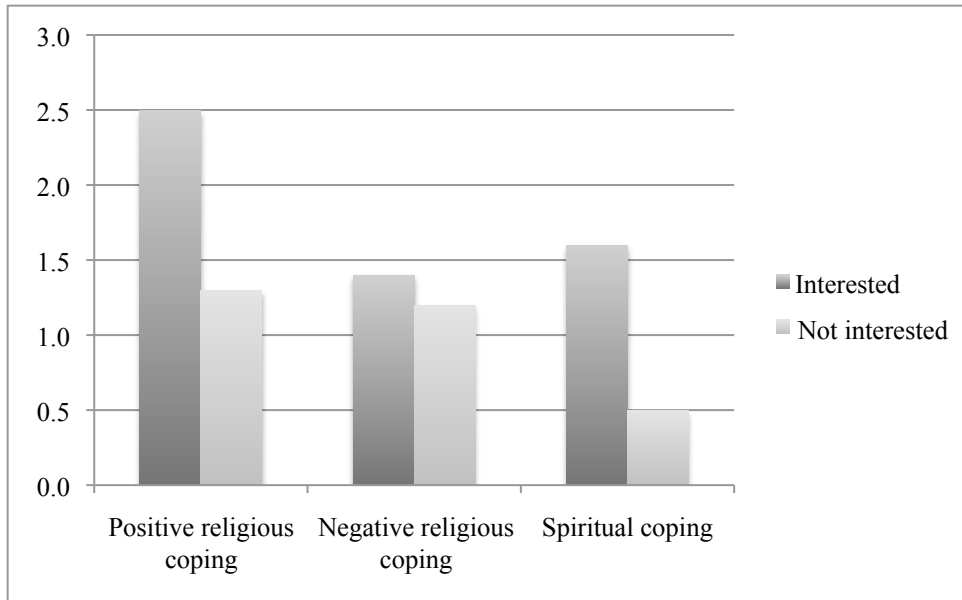*Figure 3.* Statistical profile comparing doubting versus not doubting religious views on religious and spiritual coping

Figure 4. Statistical profile comparing seeking versus not seeking religious views on religious and spiritual coping

Figure 5. Statistical profile comparing interested versus not interested religious views on religious and spiritual coping

Table 5

Independent Samples T-Tests Comparing Conflicted Versus Non Conflicted Religious Views on Religious And Spiritual Coping

Coping Category	Conflicted (N=105)		Non Conflicted (N=610)		t-value	df	p-value
	M	*SD*	*M*	*SD*			
Spiritual coping	1.08	.75	1.28	.95	2.49	713	<. 001
Overall religious coping	2.73	.48	2.92	.51	3.62	704	<. 001
Positive religious coping	1.87	.87	2.16	1.04	3.10	704	<. 001
Negative religious coping	1.40	.52	1.33	.53	-1.30	702	.63

Table 6

Independent Samples T-Tests Comparing Secure Versus Non Secure Religious Views on Religious And Spiritual Coping

Coping Category	Secure (N=367)		Non Secure (N=348)		t-value	df	p-value
	M	*SD*	*M*	*SD*			
Spiritual coping	1.70	.90	.78	.69	-15.30	713	<. 001
Overall religious coping	3.13	.49	2.64	.39	-14.88	704	<. 001
Positive religious coping	2.60	.98	1.61	.80	-14.62	704	<. 001
Negative religious coping	1.33	.51	1.34	.55	.37	702	.20

Table 7

Independent Samples T-Tests Comparing Doubting Versus Non Doubting Religious Views on Religious And Spiritual Coping

Coping Category	Doubting (N=96)		Non Doubting (N=619)		t-value	df	p-value
	M	*SD*	*M*	*SD*			
Spiritual coping	.88	.64	1.31	.95	5.65	713	<. 001
Overall religious coping	2.54	.41	2.94	.50	8.69	704	<. 001
Positive religious coping	1.67	.76	2.19	1.04	5.81	704	<. 001
Negative religious coping	1.59	.68	1.30	.49	-4.10	702	<. 001

Table 8

Independent Samples T-Tests Comparing Seeking Versus Non Seeking Religious Views on Religious And Spiritual Coping

Coping Category	Seeking (N=113)		Non Seeking (N=602)		t-value	df	p-value
	M	*SD*	*M*	*SD*			
Spiritual coping	1.42	.85	1.22	.94	2.21	713	<. 001
Overall religious coping	2.95	.56	2.88	.50	-1.30	704	.12
Positive religious coping	2.31	1.03	2.08	1.02	-2.22	704	.80
Negative religious coping	1.43	.57	1.32	.52	-1.92	702	.20

Table 9

Independent Samples T-Tests Comparing Interested Versus Not Interested Religious Views on Religious And Spiritual Coping

Coping Category	Interested (N=505)		Not Interested (N=210)		t-value	df	p-value
	M	SD	M	SD			
Spiritual coping	1.56	.89	.52	.51	19.75	713	<. 001
Overall religious coping	3.03	.52	2.54	.26	16.74	704	<. 001
Positive religious coping	2.45	.99	1.33	.56	18.85	704	<. 001
Negative religious coping	1.38	.54	1.25	.49	3.11	702	<. 001

APPENDIX A

Literature Review Tables

Religious and Spiritual Coping – Empirical Studies

Author/ Year	Research Questions /Objectives	Research Approach/ Design	Instrumentation	Sample	Major Findings
Ano & Vasconcelles (2005)	Synthesize research on specific religious coping methods and examine their efficacy for individuals dealing with stressful situations	Meta-analysis	N/A	N/A	▪ Positive and negative forms of religious coping are related to positive and negative psychological adjustment to stress
Bjorck & Thurman (2007)	Examined moderating effects of positive and negative religious coping patterns	Correlational	Life experience survey; Brief RCOPE; Satisfaction with life scale; Center for epidemiological studies-depressed mood scale	336 adult Protestant church members	▪ Negative events were related to increased use of positive and negative religious coping and decreased psychological functioning ▪ High use of positive religious coping buffered the deleterious effects of negative events
Cole (2005)	Examine the efficacy of spiritually focused therapy	Correlational	The brief symptoms inventory; The functional assessment of cancer therapy scale-general; The brief RCOPE	16 participants diagnosed with cancer	▪ G-d and positive religious coping were associated with less depression and anxiety reports, greater physical well-being, and less pain severity. ▪ Negative religious coping correlated with greater depression, anxiety, and pain severity and poorer reports of physical well-being
Harris, Schoneman & Carrera (2002)	Define correlation between anxiety and religious coping	Correlational	Prayer Function Scale; Anxiety Control Questionnaire; State Trait Anxiety Inventory; Religious Commitment Inventory; Scriptural Literalism Scale; Fowler Religious Attitudes Scale; Frequency of	85 college students	• Religiosity was found to be negatively correlated with general anxiety ▪ that a constellation of religious variables—which involves religious commitment; aspects of one's prayer life, and relating to others in the religious reference group—has a significant negative relationship with trait anxiety.

			Prayer and Frequency of Attendance.		
Lee (2007)	To investigate the relationship between religious/spiritual coping and mental health	Correlational	Graduate stress inventory-revised; Center for epidemiological studies depression scale; RCOPE	127 masters in social work students	▪ Significant moderating effects were found between stress and religious/spiritual coping ▪ Religious/spiritual coping buffered impact of stress on depression
Matthew et al., (1998)	To explore relationship between religious participation and mental health	Meta-analysis	N/A	N/A	• Religious commitment may play an integral role in the prevention of mental and physical illness • May enhance ability for individuals to cope effectively with mental and physical illness ▪ Suggests that health professionals incorporate questions of religious coping into practice especially for those with chronic and severe medical illness
Pargament, Smith, Koenig & Perez (1998)	Identify positive and negative patterns of religious coping methods	Correlational	Brief RCOPE	296 participants with church affiliation	▪ There was more use of positive than negative religious coping patterns ▪ Positive religious coping patterns associated with more positive outcomes and vice versa
Pearce, Singer & Prigerson (2006)	To investigate the association between religious coping and mental health	Correlational	Brief RCOPE	162 caregivers of terminally ill cancer patients	▪ Increased use of positive religious coping was associated with more burden and more satisfaction ▪ Increased use of negative religious coping strategies related to more burden, poor quality of life, and less satisfaction
Richards (1991)	To define relationship between religious coping and mental health	Causal Comparative	Religious orientation scale; center for epidemiological studies depression scale; the existential well-being subscale; the beall shame guilt scale; the	268 college students	• Religiously devout intrinsic and proreligious subjects did not differ from less devout extrinsic and nontraditionally religious students in depression, shame, and existential well-being. • Intrinsic and proreligious subjects scored higher on guilt proneness and

			psychological separation inventory		religious well-being and lower on functional, attitudinal, and emotional separation from parents than did nontraditionally religious subjects ▪ Lower levels of maladjustment and depression were reported by those who endorsed higher levels of intrinsic religiosity
Stolzfus & Farkas (2012)	Examine the relationship between religious coping and outcomes	Correlational	Inventory of college student recent life experiences; The brief RCOPE	423 undergraduate students	▪ Positive religious coping significantly related to lower reports of alcohol use and daily hassles stress
Wright et al. (1998)	To define relationship between religion and mental health	Correlational	Beck Depression Inventory; Church Attendance items	451 high school students	• Those who attended church regularly and viewed religion as a provider of meaning had lower BDI scores. • Religion can play as a protective factor for adolescents • Religion can be used as a mental health tool when running effective community based programs ▪

Perceived Stress and Emerging Adulthood – Empirical Studies

Author/ Year	Research Questions /Objectives	Research Approach/ Design	Instrumentation	Sample	Major Findings
Arnett (2004)	Critical Review of the research on emerging adulthood	Literature Review	N/A	N/A	• Emerging adulthood has been described as a time of anxiety, uncertainty, and instability • Important to develop effective coping skills to manage multiple life stressors such as secondary education adjustment and planning, occupational/financial instability, and entering marriage and parenthood • Period where individual creates identify and meaning for self which includes religious identity ▪ This may have little to do with beliefs as children or from their heritage: "self-

					chosen beliefs."
Bovier, Chamot & Perneger (2004)	To examine the impact perceived stress, social support, and internal resources have on mental health	Correlational	SF-12 health survey; Brief encounter psychosocial instrument	1257 university students	▪ Perceived stress was found to be a significant risk factor for lower reports of mental health in young adults
Hudd et al. (2000)	To examine stress in college students	Correlational	Perceived stress scale; Health status scale; Self-esteem scale	145 college students	▪ Students under greater stress display lower levels of self-esteem and lower reports of positive health status
Misra, McKean, West & Russo (2000)	To examine perceptions of academic stress	Correlational	Gadzella's student-life stress inventory	249 college students and 67 faculty members	▪ Students reported emotional stress including fear, anxiety, anger, guilt, grief, and depression.
Olpin (1997)	To assess perceived levels of stress experienced by college students	Correlational	Perceived stress scale; The inventory of college students' recent life experiences; The relaxation frequency inventory	559 college students	▪ Results indicated that students perceived that during college they have increased responsibilities, struggle to meet own academic standards, engage in too many activities at once, have to make important decisions about their future and education, experience financial burdens, and are impacted when receiving lower grades than they hoped for
Rawson, Bloomer & Kendall (1994)	To investigate the relationship between stress, anxiety, depression, and physical illness in college students	Correlational	State-trait anxiety inventory; Life experiences survey; Health questionnaire; North American depression inventory	184 undergraduate students	▪ Correlations were found between stress-illness, anxiety-illness, depression-illness, and anxiety-illness
Ross, Niebling & Heckert (1999)	To identify the major sources of stress among college students	Correlational	Student stress scale	100 college students	▪ Daily hassles were reported as the highest source of stress followed by change in sleeping habits, vacation/breaks, change in eating habits, increased work load, and new responsibilities

APPENDIX B

IRB Exemption Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

March 11, 2014

Protocol #: N0214D04
Project Title: Religious Coping and Perceived Stress in Emerging Adults

Thank you for submitting your application, *Religious Coping and Perceived Stress in Emerging Adults,* for exempt review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your faculty advisor, Dr. Shafranske have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations (45 CFR 46 - http://www.nihtraining.com/ohsrsite/guidelines/45cfr46.html) that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b)(2) states:

> (b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

> **Category (2) of 45 CFR 46.101**, research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: a) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Because your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the GPS IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at http://www.pepperdine.edu/irb/graduate/).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact Kevin Collins, Manager of the Institutional Review Board (IRB) at gpsirb@peppderdine.edu. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,

Thema Bryant-Davis, Ph.D.
Chair, Graduate and Professional Schools IRB

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives
       Mr. Brett Leach, Compliance Attorney
       Dr. Edward Shafranske, Faculty Advisor