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“When I find myself in times of trouble ...”

Pargament's religious coping scales in the Netherlands

By HANS ALMA, JOS PIEPER, MARINUS VAN UDEN

1. Introduction

One of the ways of measuring religious coping discussed by Pargament in his book *The Psychology of Religion and Coping* (1997), refers to the way people deal with issues of responsibility and control in religious coping activities. In this context he mentions three styles of religious coping: self-directing, deferring and collaborative. By a coping-style is meant: “(...) relatively consistent patterns of coping in response to a variety of situations” (Pargament et al., 1988, p. 91). The styles appear to be related to the individual's image of God and the nature of his relation to God, in particular with regard to the locus of responsibility for solving problems (with the individual or with God), and the extent to which the individual actively tries to find a solution and, while doing so, experiences the support of God. The three styles of religious coping that Pargament *et al.* distinguish can be characterized as follows:

1) *Self-Directing*

Solving the problem is the individual's responsibility and he makes an effort to accomplish this. God gives man scope and opportunity to direct his own life. The religious frame of reference is hardly used with this coping-style; compared to the other two styles there is a much looser connection with traditional religiousness.

2) *Deferring*

Responsibility rests with God; the individual passively waits to see what possible solutions will be offered by God. Research carried out by Pargament *et al.* shows that this coping-style is connected with a religious orientation in which external rules, convictions and authority are looked for in order to satisfy personal needs.

3) *Collaborative*

Responsibility is shared between God and the individual; both make an active contribution to the solution of problems. Research carried out by Pargament *et al.* demonstrates that the collaborative style correlates with an individual's religious orientation characterized by a personal relation to God, and in which religion is the paramount and motivating life force.

The scales developed by Pargament *et al.* to gain an insight in these religious coping-styles have been applied in a survey among members of Protestant churches (ecumenical-protestant, orthodox reformed and lutheran) and among

patients in an orthodox reformed psychiatric hospital in the Netherlands. In this article we will discuss some of the results of these surveys and compare them with Pargament's results. Furthermore, we will deal with some methodological questions and problems connected with the use of these scales. Finally we will present an attempt to develop an alternative scale: one that may offset some of the drawbacks inherent in the use of Pargament's scales.

2. *The results of the survey by Alma (1998)*

In Alma's survey (1998) the 'three styles of religious coping scales' were first of all used to select respondents for interviews. On the basis of the results of the survey carried out by Pargament *et al.* these coping-styles could be expected to correlate with the nature of the individual's relationship with God. Indeed, for Alma's survey, which was centred on entering into a religious relation, the instrument offered the interesting possibility of selecting people who differed as to this aspect.

The comprehensive version of the three scales consists of 36 items (12 statements for each coping-style). However, Pargament *et al.* have developed for each scale a shortened version of 6 items with a high level of internal consistency and a high rate of correlation with the comprehensive version. This led to the assumption that the shortened version was adequate for the limited aim of distinguishing three groups in our sample. The decision to opt for this version of 18 items in all was also based on our concern that having to go through 36 items bearing a strong resemblance to each other would lead to irritation with the respondents. We will come back to this concern in a later part of our article.

No validated Dutch version exists of the coping-style scales; this explains why the statements were translated as closely as possible to the original English text. Sometimes, however, it appeared necessary to formulate statements differently in order to express the same meaning. For example, the statement "When considering a difficult situation, God and I work together to think of possible solutions" was rendered with the Dutch equivalent of "When considering a difficult situation, I put it to God in my prayers in order to think of possible solutions together with Him". The original English statement finds its origin in the representation of God as the 'personified generalised other' who interferes in one's life, a representation that seems to be more common in the American context than in the Dutch one. Now that the translation places the collaboration with God within the context of prayer, the statement can also be empathised with by people who do not believe in God's direct interference in their lives.

While constructing the questionnaire, an attempt was also made to find a criterion related to the question of whether or not the various religious coping-styles are adequate: on the strength of connections with other scales, Pargament *et al.* consider the deferring style to be dysfunctional: "This problem-solving approach was related significantly to a lower sense of personal control, lower self-esteem, less active planful problem-solving skills, less tolerance for individual differences, and

a greater sense of control by chance" (1988, p. 101). As there is no experience with problem-solving scales in the Dutch situation, the conclusion that the deferring style would represent a less adequate way of coping with problems cannot be adopted without question. To gain an insight in this matter we used the so-called "Zelf-Beoordelingsvragenlijst (ZBV)", the Dutch adaptation of C.D. Spielberger's "State-Trait Anxiety Inventory" (Van der Ploeg, Defares and Spielberger, 1980). This consists of two scales which allow the measurement of state-anxiety and trait-anxiety, respectively. The latter gives a more general impression of the measure of psychological well-being and this makes it more suitable for our purpose (cf. Pieper et al., 1988). Furthermore, the questionnaire included questions about religious involvement, religious education, and religious role models.

The questionnaire was sent to 500 members of local congregations of protestant churches in the Netherlands (aged between 30 and 65). A total of 237 completed questionnaires were returned (a response-rate of 47%). 40% of the respondents were male, 60% female (N = 237). As regards their church-membership: 25% belonged to an orthodox reformed congregation, 40% were lutheran and 35% belonged to ecumenical-protestant congregations.

A factor analysis applied to the "Pargament-items" that we translated yielded three factors corresponding with the three defined religious coping-styles.¹

Table 1: Three religious coping-styles

Items	Factor loadings	
	Alma, 1998	Pieper & Van Uden, 2001
<i>Factor 1: Collaborative</i>		
When I have a problem, I talk to God about it in my prayers to decide together what it means	.79	.78
When putting my plans into action, I can work together with God.	.78	.74
When considering a difficult situation, I put it to God in my prayers in order to think of possible solutions together with Him.	.78	.47
When I feel anxious or nervous about a problem, I search in my prayers together with God for a way to relieve my worries.	.78	Not included
When it comes to deciding how to solve a problem, my faith makes it possible for God and me to work together as partners.	.76	.69
After solving a problem, I work with God to make sense of it.	.72	.72
<i>Factor 2: Self-directing</i>		
When I have some difficulty, I decide what it means by myself without help from God	.79	-.69

¹ Principal Components Analysis with varimax rotation; missing pairwise; factors = 3; explained variance 53.5% + 10.4% + 7.0% = 70.9%.

Table 1: Three religious coping-styles

Items	Factor loadings	
When faced with trouble, I deal with my feelings without God's help.	.77	-.76
I act to solve my problems without God's help.	.75	-.83
When thinking about a difficulty, I try to come up with possible solutions without God's help.	.71	-.74
After I've gone through a rough time, I try to make sense of it without relying on God.	.68	-.74
When deciding on a solution, I make a choice independent of God's input.	.66	-.62
<i>Factor 3: Deferring</i>		
Rather than trying to come up with the right solution to a problem myself, I let God decide how to deal with it.	.76	.78
I do not think about different solutions to my problems because God provides them for me.	.76	.78
When a troublesome issue arises, I leave it up to God to decide what it means for me.	.74	.49
When a situation makes me anxious, I wait for God to take those feelings away.	.74	.66
In carrying out solutions to my problems, I wait for God to take control and know somehow He'll work it out.	.72	.63
I don't spend much time thinking about troubles I've had; God makes sense of them for me.	.53	Not included

The first factor consists of 6 items from the scale indicating a collaborative style; the second factor contains 6 items from the scale suggesting a self-directing style and the third factor contains 6 items from the scale pointing to a deferring style. The styles appear to correlate, as was also the case in Pargament's study (see table 2). There is a particularly clear connection between the collaborative and deferring styles: a positive correlation of .62. In the case of a high score on the collaborative-style scale and the deferring-style scale, respectively, the score on the self-directing style scale will be lower: negative correlations of $-.76$ and $-.52$, respectively. The internal consistency of the scales is satisfactory: the reliability analysis yields an alpha equal to .94 for collaborative, an alpha of .92 for self-directing and an alpha of .85 for deferring.

The coping styles seem particularly connected with the respondent's current religious involvement: particularly respondents who state that they solve their problems together with God show a great degree of involvement and derive support from their faith. Many of them have few doubts about the religious convictions they adopted in their childhood. Respondents who indicate that they solve their

Table 2: Correlation between the religious coping-styles and some variables regarding religiosity (Spearman's rank- and partial correlations)

	Collaborative		Self-directing		Deferring	
	r_s	Partial	r_s	Partial	r_s	Partial
Collaborative						
Self-directing	-.76					
Deferring	.62		-.52			
Religious involvement	.56	.35	-.42	-.07	.31	-.07
Importance of faith	.62	.39	-.48	-.05	.41	-.02
Support from faith	.65	.41	-.54	-.07	.40	-.01
Doubts	-.35	-.01	.41	.20	-.31	-.12

problems without God's help score proportionally low on the variables concerning religious involvement. They are relatively frequently doubtful about the religious convictions that were handed down to them by their parents and they derive little or no support from their faith (which does not mean that there is a negative influence present). It is possible that they have a different attitude towards their faith than is apparent from our coping-questions, but table 2 shows clearly that this is a group which is less religiously involved and attaches less importance to the role faith plays in their lives than do the other two groups. Respondents with a deferring style show a similar pattern of answers to that which appears from the collaborative-style items, although in a less explicit manner. If the independent contribution of the deferring style to the correlations mentioned in the table is calculated (partial correlation), no correlation can be found any more among the deferring style and the respondent's religious involvement, the importance he attaches to his faith and the support he derives from his faith to cope with problems. In keeping with the findings of Pargament *et al.*, faith seems to be a central, motivating force in the lives of people who score high on the collaborative-coping style scale.

As for the trait-anxiety scale which was included in the survey: this scale consists of 20 statements with four alternative answers each; the score can therefore range from 20 to 80 points. A person who scores 20 points can be said to have a high degree of psychological well-being; a person who scores 80 points will generally feel anxious and tense. The average score in our sample is 38 points. Thirty-two respondents score 50 points or more, which shows that their attitude towards life is one of anxiety. There is hardly any connection with the variables regarding involvement with church and religiousness and religious education. There is, however, a weak positive correlation with a deferring coping-style ($r_s = .20$). This indicates that the attitude towards life of respondents who score high on the deferring coping style scale is, proportionally, more frequently one

of anxiety than is the case with respondents with a low score on this coping-style scale. This is in line with what Pargament *et al.* found in their study carried out among American church members. The correlation, however, is not strong and the other coping-styles do not show any correlation with the measure for well-being employed by us.

3. The findings of the study carried out by Pieper & Van Uden (2001)

The shortened and translated version of the 'three styles of religious coping scales', as used in Alma's study, was then employed in a study of patients in an orthodox reformed psychiatric hospital in the Netherlands. All 249 patients treated during the year 2000 received a questionnaire; 118 questionnaires were returned (a response rate of 47,4%). The age of the participants ranged from 18 to 79 years with a mean of 39 years and a median of 37 years ($N = 115$). 54% were male, 46% female ($N = 116$). 97% of the patients were members of a religious community: 63% Reformed and 35% Dutch-Reformed. Next to the religious coping scales, the questionnaire included questions about the religious life of the respondents, about the influence of their religion on their mental problems and about their religious, existential and psychological well-being.

From a confirming factor analysis it appeared that two items of the religious coping scales did not end up in the factors, contrary to what was theoretically expected. These two items were removed from the analysis. This leads to a factor solution² with three factors (see table 1). Of these three factors, scales were constructed with a reliability (alpha) of 0.87, 0.77 and 0.81 respectively. Scores were highest on the collaborative scale, with 3.15, followed by the self-directing scale (2.60) and the deferring scale (2.56).

From Pargament's study it appeared that the styles are interconnected. This is also the reason why we opted for an oblique rotation in the factor analysis. This study, too, shows a clear correlation. There is a positive correlation among the deferring and collaborative styles of .46. The self-directing style contrasts with the other two styles: with the deferring style a negative correlation of -0.43, but even more so with the collaborative style (a negative correlation of -0.63).

² Principal Components Analysis with oblique rotation; missing pairwise; factors = 3; explained variance 39.7% + 11.1% + 8.6% = 59.4%.

Table 3: Correlation between the religious coping-styles and some individual and religious characteristics (only significant correlations included)

	Self-directing	Deferring	Collaborative
Self-directing			
Deferring	-.43		
Collaborative	-.63	.46	
Intrinsic	-.54	.36	.48
Positive relation to God	-.63	.41	.62
Private religious activities	-.28		.27
Age	-.35		.25
Trait-anxiety			-.23

As table 3 shows, the self-directing style occurs less frequently with intrinsic believers, patients who have a positive relationship with God, patients who devote a great deal of time to private religious activities and with the elderly. The deferring style is more frequent with intrinsic believers and patients who have a positive relationship with God. The collaborative style is more frequent with intrinsic believers, patients who have a positive relationship with God, patients who devote a great deal of time to private religious activities and with the elderly. Again, it becomes apparent that the self-directing and collaborative styles in particular are contrasting styles. The collaborative style (as the only one of the three styles) is connected with the trait-anxiety scale: a negative correlation of -0.23 . This means that a collaborative coping-style coincides with lower anxiety levels.

4. Comparison of these findings with those of Pargament et al. (1988)

When we compare these findings with those of Pargament, we can conclude that the three-factor solution that was found by Pargament *et al.* in 1988 also emerged from the studies carried out by Alma and Pieper & Van Uden, although in the latter study two items had to be removed from the analysis. The findings of the studies show similarities on other points too. As for the correlations among the three factors: they are highest in the Alma study. The study by Pargament *et al.* shows a positive correlation between the collaborative and deferring styles ($r = .47$) and a negative correlation between the collaborative and the self-directing styles ($r = -.61$) and the deferring and the self-directing styles ($r = -.37$). This pattern is almost identical to what appears from the study carried out by Pieper & Van Uden.

As was the case with the study of Pargament *et al.*, the studies of Alma and Pieper & Van Uden show that people who use a collaborative style are most closely involved in religious matters. At this point, however, it must be remarked that different measuring instruments were employed to quantify this religious involvement. This also applies to the relation between coping-styles and the respondent's competence and well-being. And yet, the findings of Alma, Pieper & Van Uden are in line with the study of Pargament *et al.* who found that a collaborative religious coping-style has a more positive effect on the respondents' well-being than a deferring religious coping-style. On the whole, there is a great deal of similarity with regard to the findings of the three research projects that were carried out on different locations and among different populations. Still, we have some criticism.

5. Criticism

When developing the scales for the Alma study, there was a growing dissatisfaction with the statements that were meant to measure the religious coping-styles: careful translation into Dutch revealed their American character even more strongly (described by us as an 'unquestioning perception of faith'), and showed a specific and one-sided view of God (God as the interaction-partner who actively intervenes in a person's life). Another objection to this and comparable scales (for example, scales for measuring religious orientations) is that many statements which assess a certain style or orientation are in fact synonymous, so that even without a factor-analysis they can be predicted to form clusters on the strength of a shared background dimension. The validity concept will suffer from the objections mentioned: one runs the risk that, instead of measuring religious coping-styles, one measures, for example, the degree of resistance to a certain perception of God, or the extent to which respondents identify with the language used in a specific religious tradition. Another risk is that the statements are completely alien to the respondents, so that they will not be able to choose any of the possible answers on the 5-point Likert scale, or that they will opt for the neutral option, in the middle. This sort of choice is in fact a form of non-response. Furthermore, there is the objection that having to react to a multitude of items, closely resembling each other, arouses irritation. This appeared to be the case with a pilot questionnaire used with a group of researchers at the Free University in Amsterdam, and with 15 members of a protestant church community. The respondents found it annoying and difficult to react to the religious coping items. In the final survey, we tried to find out what the scales had evoked in the respondents by means of an open, evaluative question at the end of the questionnaire. The reactions gathered in this way (which were sometimes also put in the margin next to the statements) confirm that many respondents had problems, especially with the religious-coping items.

Although analysing the results of the survey yielded three groups of respondents that correspond with the three Pargament coping-styles, the selection of re-

spondents for interviews in the research conducted by Alma remained complex. The aim was to select five people from each of the groups for the interviews: respondents with the highest scores on the scale belonging to a particular style. In doing so, however, we had to take into account that there was an overlap between the collaborative and deferring styles, which correlated with each other to a great extent. We opted for either the 'purest' possible collaborative candidates or the purest deferring ones. It emerged clearly from the interviews that the high correlation between the two styles is a problem because of the poor differentiation between them. Furthermore, the different religious coping-styles are not 'pure types': it turns out that, especially within the group characterized by a deferring style, the respondents experience and describe their relationship with God in completely different ways.

By way of illustration we may mention the interview with K., a man in his thirties, who is a member of the Lutheran church. K.'s pattern of answers on the Pargament scales shows a *deferring religious coping-style*. However, a certain degree of tension between a deferring and a self-directing style can be detected during the interview. That he assumes a deferring attitude can be concluded from what K. says about God's control and guidance, and about acceptance: because of an illness and its consequences, K. had learned to accept that things are beyond his control and have to run their own course. However, a self-directing attitude is expressed by what he says about being in control of oneself wherever possible and about Jesus's example ("Simply stand your ground, believe in things. Act. Don't allow yourself to be run over."). K. thinks that healthy, prosperous people like himself can do a lot; they should assume responsibility for other people who have fewer opportunities. He does not rule out, however, that God's guidance could be at work when he actually assumes this responsibility, for example for his father. K.'s attitude towards life manifests a fighting spirit which, at first sight, cannot be directly reconciled with a deferring religious coping-style. The fact that he does not attain a higher score on the scale for the collaborative coping-style is presumably due to the God representation that is present in the statements of this Pargament scale. They presume an experience of God's closeness, which is foreign to K.

The results from the interviews reinforced our conviction that Pargament's grouping fails to do justice to the complexity of religious life. Naturally, we realise that over the past years Pargament has tried to optimize his instruments for assessment (for example the RCOPE in: Pargament, Koenig, Perez, 2000) and he himself stresses that "Of course, it would be practically unfeasible to develop scales that reflect methods of coping with all situations by all religious groups" (Pargament *et al.*, 2000, p. 525). We nonetheless believe that even the various scales of recent development ignore a crucial dimension. In particular, we find that the Pargament scales focus too much on a view of an active, personal God and that therefore, a diffuse relationship with a more impersonal God, certainly not uncommon in the secularised Netherlands, is not taken into account.

6. *In search of a complementary alternative*

Besides translating Pargament's religious coping-scales, we have developed a scale that takes into account that people are not always directly focused on the solution of problems, either with or without God. A receptive attitude might allow them to be open to what they cannot control. This does not refer to the passivity which seems to be characteristic for the deferring style. The point is that, in actively dealing with a problematic situation, people can be open to what might be in store for them. From our point of view, this receptive mode refers to a religious attitude (cf. Deikman, 1982; Schachtel, 1959/1984).

We have given this scale the working title of 'Fortmann-scale', in view of Fortmann's emphasis on man's capacity for self-actualization as well as his capacity for surrender as two poles of mental health (Fortmann, 1974). The scales for religious coping of Pargament *et al.* detach self-actualization from surrender, which at best can be found in a somewhat 'suspicious' form on the deferring-style scale.

Our religious-receptive scale consists of items in which no reference is made to a specific interpretation of a transcendent reality. The items are about trust, finding deeper meaning, about receptivity, and enlightenment. They were incorporated in a set of 12 items on the analogy of the religious coping scales. The central question of the other 9 items was whether people in troublesome situations assume responsibility and control themselves, or leave them with somebody else. Here also, three alternatives were possible: acting independently without help from anybody else (3 items), acting together with somebody else (3 items), waiting for somebody else to solve the problem (3 items).

A factor-analysis that we applied to the items yielded only one factor allowing adequate interpretation and that consisted of the items from the Fortmann-scale. This scale showed a weak positive correlation with both the collaborative style ($r_s = .28$) and the deferring style ($r_s = .23$). Consequently, this coping style is closer to the two explicitly God-related religious coping scales than to the self-directing scale.

But so far, unfortunately, the scale has not yielded enough information within the framework of our study. This is probably due to the fact that the 3-item version we used was too short: on the strength of the remarks made on the pilot survey, we had considerably shortened the scales discussed here. This was done to counteract further irritation triggered by answering questions on a list which was a long one as such. However, we think that more attention should be paid to this religious-receptive interpretation of coping in future research. So we aim at further developing our religious-receptive scale, now consisting of the following three items:

- When I am worried, earlier experiences make me trust that a way out will unfold.
- After a period of difficulties, things will fall into place: the deeper significance is revealed to me.
- When I find myself in times of trouble, I have faith in the eventual revelation of their meaning and purpose.

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