



Secular, but not Religious, Coping Predicts Self-Control

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INTRODUCTION

- Religious beliefs are assumed to convey a powerful array of psychological and social benefits. For example, Americans believe that, if we were more religious: crime would go down (79%), the quality of parenting would increase (85%) and people would spend more time volunteering (87%; Farkas et al., 2001). This suggests a common assumption that religious beliefs enable a person to resist temptation, do what's right, and persist through difficult times. In psychological terms, most Americans believe that religious beliefs afford greater ability to regulate and control our behavior
- To test this assumption, we asked UW-EC students and online participants across the country to first consider a time in which they experienced a major life stressor (e.g., death of a family member, serious illness, academic difficulties). Then they completed measures of religious coping, secular coping, self-control/self-efficacy, and religious beliefs
- We hypothesized that religious coping would predict believer's self-control; whereas secular coping would predict nonbeliever's self-control. We also hypothesized that non-believers would evidence levels of self-control/self-efficacy equal to those of believers

METHODS

Participants

- N = 269 participants (local UW-EC students and global internet users)

Procedure

- Participants completed all materials through Qualtrics, were debriefed upon completion, and provided with evidence of participation

Predictor Variables

- Positive Religious Coping** (15 items, $\alpha = .98$, e.g., *worked together with God as partners; saw my situation as part of God's plan; focused on religion to stop worrying about my problems*)
- Negative Religious Coping** (18 items, $\alpha = .91$, e.g., *wondered what I did for God to punish me; didn't do much, just expected God to solve my problems for me; believed the Devil was responsible for my situation*)
- Positive Secular Coping** (15 items, $\alpha = .83$, e.g., *try to get advice from someone about what to do; make a plan of action; learned something from the experience*)
- Negative Secular Coping** (15 items, $\alpha = .77$, e.g., *would dwell on the situation; refuse to believe that it has happened; give up trying to reach my goal*)
- Demographics** (i.e., sex, age, presence/absence of academic impairment, and religious beliefs)

Criterion Variables

- Self-Control/Self-Efficacy Scale** (37 items, $\alpha = .92$) comprised of questions pertaining to participants' ability to regulate their behaviors (e.g., *how well can you study when there are other interesting things to do; how well can you stop yourself from skipping school when you are bored or upset; how well can you live up to what your parent's expect of you; sometimes I can't stop myself from doing something wrong, even if I know it is wrong*)

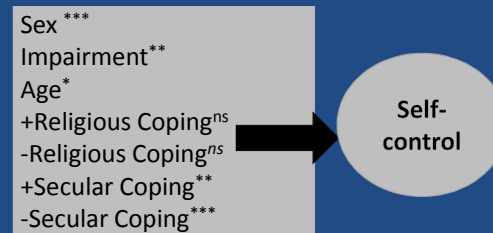
MODEL 1



MODEL 2



MODEL 3



RESULTS

Group differences between Believers and Nonbelievers

- Compared to nonbelievers, believers scored higher on use of positive, $t(232) = -14.27, p < .001$, and negative religious coping, $t(232) = -10.35, p < .001$. Nonbelievers scored higher than believers on use of positive secular coping, $t(232) = 2.34, p < .02$. There were no differences in scores between believers and nonbelievers on the negative secular coping or self-control measures

Analysis Strategy

- Counter to our predictions, we found that religious beliefs did not predict self-control. Given that being a believer or nonbeliever did not predict self-control, we removed this variable from consideration. We then performed a series of three regression analyses to parse out the variance in self-control explained by demographic variables (Model 1), religious coping (Model 2), and secular coping (Model 3)

Self-Control

- Model 1:** Being female ($\beta = .21, p < .001$), absence of an academic impairment ($\beta = -.18, p < .002$), and older age ($\beta = .20, p < .001$) accounted for 11.2% of the variance in self-control scores (Model 1 $R^2 = .11; F(3, 265) = 11.14, p < .001$)
- Model 2:** Being female ($\beta = .18, p < .002$), absence of an academic impairment ($\beta = -.20, p < .001$), older age ($\beta = .16, p < .007$), higher positive religious coping ($\beta = .14, p < .05$), and lower negative religious coping ($\beta = -.26, p < .001$) accounted for 15.3% of the variance in self-control scores in model 2. Including religious coping in the model increased the proportion of variance accounted for (Model 2: $\Delta R^2 = .04, F(2, 263) = 6.34, p < .002$; Model 2 $R^2 = .15; F(2, 263) = 9.49, p < .001$)
- Model 3:** Being female ($\beta = .19, p < .001$), absence of an academic impairment ($\beta = -.16, p < .003$), older age ($\beta = .12, p < .035$), higher positive secular coping ($\beta = .14, p < .015$), and lower negative secular coping ($\beta = -.35, p < .001$) accounted for 26.5% of the variance in self-control scores in model 3.
- Neither religious coping measures remained significant ($\beta < .07$) after positive and negative secular coping were included in the model. This significantly increased the proportion of variance accounted for (Model 3: $\Delta R^2 = .11, F(2, 261) = 19.97, p < .001$; Model 3 $R^2 = .265; F(2, 261) = 13.46, p < .001$)

CONCLUSION

- Regression analyses indicated that sex, age, and academically impairing conditions were significant predictors of self-control (Model 1). Religious beliefs did not predict self-control. Religious coping appeared to predict self-control (Model 2); however the inclusion of secular coping (in Model 3) negated the significance of religious coping
- Religious coping does not appear to provide self-control benefits as often claimed. Rather, the assumed self-control benefits of religious beliefs can be explained by secular coping
- One does not need to be a believer to have healthy self-control. However, among believers, religion may serve the function of motivating coping

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