

SECULAR AND RELIGIOUS COPING STRATEGIES IN WOMEN: THE AGE-RELATED ASPECT

Tetiana B. Partyko

partyko_tet@yahoo.com

I. Franko Lviv National University, Ukraine

Mariana Z. Iesyp

yankayesyp@gmail.com

I. Franko Lviv National University, Ukraine



ABSTRACT

This article highlights the research findings of the peculiarities of using secular and religious coping strategies by women of different age groups (from age 19 to 70). Focusing on describing age dynamics in coping strategies, it shows that the tendency to use one or other methods of coping with difficulties is age-related. The research revealed the differences with regard to the object of control in problematic situations and resource origin between two age groups: early and late adulthood. Additionally, it is assumed that women's subjective resource of overcoming difficulties includes emotional self-control, while their objective resource—educational level and employment.

Key words: secular and religious coping-strategies, age-related dynamics, adults, women.

Everyone faces problematic situations that have to be solved. In the process of interacting with the surrounding world, an individual develops coping strategies that are peculiar to him/her and which are liable to change during his/her lifetime. For a long period of time psychology was dominated by the idea that a person applies coping strategies only when the complexity of the situation exceeds the energetic capacity of that person's typical reactions (stressful situations). They necessitate an additional loss of energy since the adaptive resources the person was using under normal circumstances are no longer not sufficient for this person. Modern studies deploy the notion "coping" to describe a person's tendency to behave in a certain way not only in difficult life situations but also under typical circumstances, when it is necessary to solve minor everyday difficulties, for instance, family problems or difficulties in professional life. Nowadays, there is a wide variety of methods a person applies in difficult situations. Depending on his/her outlook, a person can resort to secular ones, as suggested by Scott C. Roesch, Gene Ano (2003, pp. 197–209), and/or religious coping strategies, which were introduced by Kenneth I. Pargament (Pargament, Grevengoed, Kennell, Hathaway, Newman, & Jones, 1988, p. 90-107). Secular and religious coping strategies of overcoming difficulties are integrated and interrelated.

Secular coping strategies form the focus of many studies. For instance, Richard R. Lazarus and Susan Folkman distinguish problem-oriented (concentration on the prob-

lem) and emotion-oriented (concentration on emotions) ways of overcoming difficulties. Another way they propose is to avoid the problem (avoiding the very process of problem solving) (Lazarus & Folkman, 1984, p. 218). Leonard I. Perlin and Carmi Schooler supplement this list with a change of attitude to the problem, restructuring the situation, finding its structural blocks and emotion management (Perlin, & Schooler, 1999, pp. 2-21). Tetiana M. Tytarenko divides problem-solving strategies into active-actional (taking a decision and acting) and active-cognitive (explaining the reasons for a difficult situation), as well as avoidance (ignoring the problem) (Tytarenko, 2009, p. 232). Rada M. Granovska and Irina M. Nikolska distinguish cognitive (analysis of difficulties), emotional (regulation of negative emotions appearance) and behavioral (resorting to specific actions) ways of overcoming difficult situations (Granovska, & Nikolska, 2001, p. 512).

In order to cope with difficulties, believers, who apply church or religious community teaching, resort to religious strategies. Psychological literature applies a number of other terms alongside this one, for instance, «Divine connection» (Melvin Pollner), «God as an Intermediary of Control» (Alida Westman, Erica Campbell). However, due to their emphasis on participation and interest in God and not on how a person solves a problem, these notions have enjoyed little currency within studies dedicated to coping strategies. Among religious coping strategies, there are those which are oriented towards sense searching, getting control over the situation, feeling interrelationships with God, achieving warm relationships with other members of a religious community and changing one's own life (Pargament, Koenig, & Perez, 2000, pp. 519-543).

The choice of one or another coping strategy is determined by many factors, in particular the age of a person, which is a powerful resource to deal with everyday problems and stresses. Susan Folkman, Richard S. Lazarus, Scott Pimley and Jill Novacek have shown that in early adulthood distancing and positive re-evaluation in problem solving are used more often (Folkman, Lazarus, Pimley, & Novacek, 1987, pp. 171-187). Compared to young people, elderly people use less active forms of coping strategies and thus focus more on their emotional state. Unlike the elderly, the young prefer active strategies which are oriented towards problem solving (Folkman, Lazarus, Pimley, & Novacek, 1987, pp. 171-187). Application of problem-oriented strategy takes place when a person evaluates the situation as being under control; if problems are accepted as considered difficult to solve, a person is more likely to choose an emotion-oriented strategy. It is necessary to state that with the development of reflection skills, adults do not only learn to overcome difficulties in a more effective way, but they also more frequently distort reality, as they tend to think that difficulties contribute to their personal and spiritual growth (Cramer, 2000, pp. 638-646).

Compared to young people, older people, who are more mature in terms of evaluating problematic situation, apply a cognitive reevaluation, escaping and distancing less often (Cramer, 2000, p. 638-646). At the same time, Diehl Manfred, Coyle Nathan, Labouvie-Vief Gisela have come up with the following idea: cognitive re-interpretation in people who are in late adulthood will take place in a situation which is viewed as a challenge to their life principles. Besides, older people are more inclined to stick to their principles in problematic situations and hide their negative feelings and thoughts. In contrast, young people are inclined to use more aggressive coping strategies which are object-oriented (Diehl, Coyle, & Labouvie-Vief, 1996, p. 127-139).

Age-related peculiarities of using coping strategies are actively studied in modern psychology. However, it is necessary to specify whether coping strategies in women depend on women's age and whether there is any age-related use of coping strategies in women during certain adulthood periods (19-70 years). This empirical study focuses on finding answers to these questions. Age division was based on Daniel J. Levison's periodization of adult person life stages (1978, p. 326). The choice of women as the target group of our study is determined by the fact that women more often take part in various religious practices and use religion as a way to overcome difficulties (Pargament, Koenig, & Perez, 2000, p. 519-543).

RESEARCH PROCEDURE

221 women of five age groups participated in the study: aged 19-21 (45 participants), 22-27 (58 participants), 28-39 (67 participants), 40-54 (23 participants), 55-70 (28 participants). 62,9% of them have higher education degrees, 24,4% - have not completed their higher education programmes, 11,8% - hold a vocational secondary education degree, and 0,9% - have completed a secondary education. With regard to their marital status, 61% participants are married, 33% are not married, 3,7% are divorced, 2,3% are widows. As to the employment field of the participants, 57,2% of them are employed (mainly in medicine, trade and education), 18,5% are still studying, 13,5% are unemployed, 10,8% are pensioners. Thus, the majority of the participants are married employed women with higher education.

The two empirical indicators of this research are women age and secular/religious ways of overcoming difficulties. In its part on secular coping strategies, this study is based on *The Methodology of Research of Ways to Overcome Difficulties* by R. S. Lazarus and S. Folkman as adapted by Selime I. Khayirova (2003, pp. 9-16). Integral indicators of this methodology are such types of coping strategies as problem- and emotion-oriented as well as avoidance. Ways of overcoming difficulties which presuppose application of church or religious community teachings were studied by means of *Methodology of Defining Religious Coping Strategies* (by Pargament, Koenig, Perez, 2000, pp. 519-543). Integral indicators of this methodology are positive and negative types of religious coping strategies.

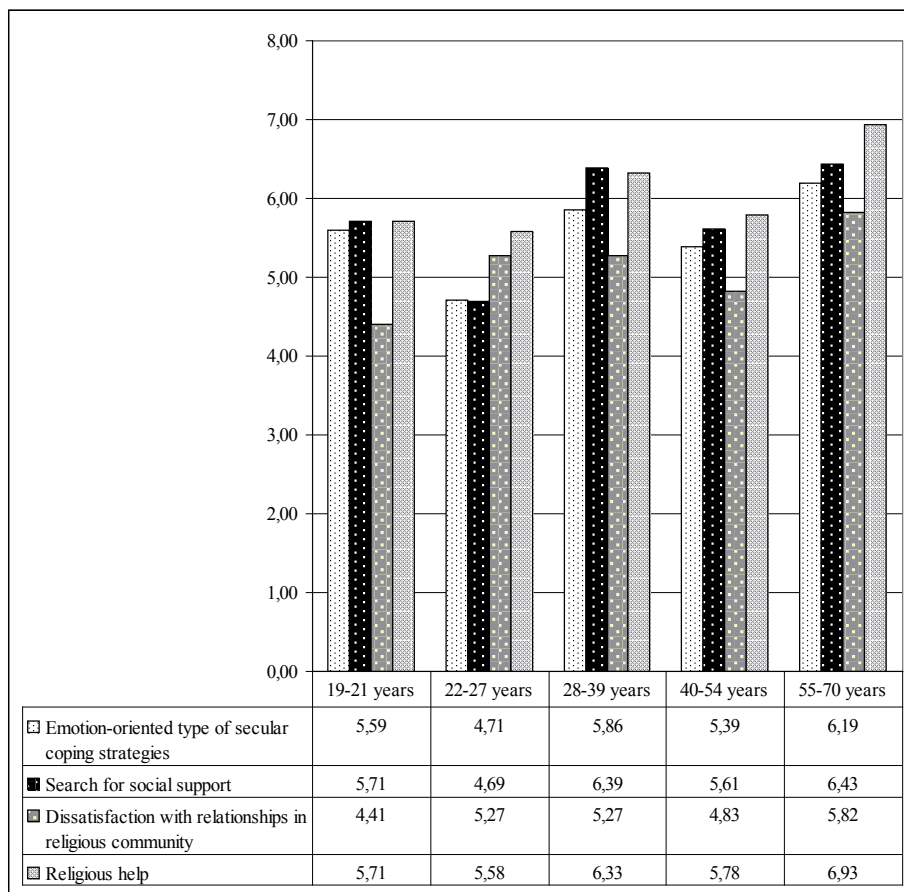
Further study of the peculiarities of coping strategies in women was done on the basis of *Methodology of Diagnosing of Dominating Psychic State* (by Leonid V. Kulikov) which suggests that it is essential to study the attitude to one's life situation, being contented with life, cheerfulness, openness, tranquility as well as emotional tone and the stability of a person's emotional tone.

To process the data received we have used quantity methods of mathematical and statistical analysis (computer package STATISTICA in version 8.0). In particular, these were the methods of descriptive statistics, cluster analysis (following the algorithm of k-means according to the studies), comparative analysis following Student's t-criterion, unifactor dispersion analysis (variations analysis and Henry Scheffe's test), correlation analysis, discriminatory analysis.

ARE COPING STRATEGIES DEPENDENT ON WOMEN'S AGE?

Prior to conducting a unifactor dispersion analysis (variations analysis and Henry Scheffe's test) the participants were divided according to the age indicator. The following differences were revealed for the groups of women of various ages (Fig. 1).

Fig. 1. Statistically significant differences of average values of coping strategies indicators for women of various ages



Source: Authors

The survey has shown that 50% of the women aged 55-70 often apply religious coping strategies and more than half (61%) of them often resort to secular ways of solving their life problems. These women are psychologically ready to help others and to devote much of their time to praying for successful solving of life problems of their relatives ($M=6,929$; $F=5,508$; $p=0,000$). In this respect, older women significantly differ from the younger ones (aged 19-27), who are less altruistic ($M_{19-21\text{ years}}=5,706$; $M_{22-29\text{ years}}=5,576$; $F=5,508$; $p=0,000$). It is worth mentioning that women of pre-pension

and pension age, while giving support to their family, expect the same in return: they more often ask others for material, information or emotional support ($M=6,429$) than people who are in the period of early adulthood ($M=4,697$; $F=4,492$; $p=0,001$). At the same time, older women come to realize that they are not given the support they expected and thus feel that they have to cope with any difficult situation on their own ($M=5,821$), unlike the people who are at the stage of transfer to early adulthood ($M=4,412$; $F=3,139$; $p=0,016$).

Thus, the search for resources to overcome difficulties in women of pre-pension and pension age is contradictory. Women analyze a problematic situation, reasons for its appearance; they also collect necessary information about alternative ways of solving it. Trying to get support, they either refer to competent people, whose opinions are important for them, or try to find comfort in God. They also consider whether they will achieve something in the future if they solve their problems. At the same time, elderly women are convinced that they do not get enough support from their family and friends and, therefore, they more and more convince themselves that those around have forgotten about them.

Being overwhelmed with dissatisfaction, these women have to reduce the level of emotional strain. They put an effort to experience happy and pleasant emotions and feelings. In their opinion, it is possible to achieve this by reevaluating the very problematic situation. To reduce emotional strain that has emerged due to this problematic situation, their attention is focused on discerning the positive sides of difficulties ($r=0,760$): they come to the conclusion that it is the difficulties they experience that will help them change for the better or promote their personal growth.

Planning one's actions ($r=0,722$) and adopting an optimistic attitude to life problems ($r=0,444$) also facilitate the process of overcoming difficulties in older age. It may be assumed that the more mentally prepared to cope with difficulties a person is and the greater faith in himself/herself this person has, the more frequently in the period of late adulthood this person will strive to solve his problems. It is worth mentioning that besides solving problems according to plan, a person can also use a different coping strategy, that is, confrontation. The essence of this method lies in the fact that a person takes risky decisions about ways of solving the problem (Lazarus, & Folkman, 1984, p. 218). An individual acts in the way that s/he considers proper, even if it conflicts with the ideas of people around him.

Thus, some women of older age who participated in this study had enough inner emotional resources to cope with their problems, which can be explained by the high level of education of the study participants (89% respondents of this age group have a higher education). Because of their college degree, these women are more likely to better understand the reasons for their bad mood. That is why they put all their efforts into changing that mood and improving their emotional state.

Among women in the older age group, there are those with a more passive attitude to overcoming problems. Rather than on problem solving, they concentrate on the activities related to pleasant events ($r=0,378$). Escaping from the necessity to solve everyday problems, older women concentrate their attention on religious practices ($r=0,535$). They pray, attend church services, ask forgiveness for their sins and also try to get spiritual rebirth through religion.

Favouring avoidance as a way of coping with difficulties is determined by the emotional state of older women. Exhausted, lacking in confidence and anxious, they refuse to overcome difficulties, thinking that they are incapable of changing anything in their life (value r varies from 0,509 to 0,669). Due to the low evaluation of their working abilities and personal successfulness, and the decline in physical health, they distance themselves from their problems and concentrate on such activities that will contribute to their emotional rebirth.

By contrast, women in the period of early adulthood less frequently tend to control their negative feelings which arouse in difficult situations ($M=4,712$; $F=4,182$; $p=0,003$). We assume that their lack of willingness to reduce their emotional strain when problems arise is determined by the growing confidence in their own capabilities ($r=0,382$). It is most probably connected with their marital status: 74% respondents of this age group are not married and ready to change their lives.

Confidence in their own strengths is supported by the belief of young women in the possibility of receiving spiritual support from the Supreme Force - God ($r=0,368$). In particular, they more often resort to positive types of religious coping strategies ($M=5,752$) than those which presuppose a constant control over one's own emotions ($M=4,948$; $F=3,906$; $p=0,004$). Among various coping strategies, women in early adulthood prefer those which involve cooperation with God, as they count on his direct protection. It is shown in the form of an individual prayer about his miraculous intervention in problem solving and getting desired results. Participation of the young person in religious practices also helps her overcome difficulties. By concentrating on religion, she can find new alternative solutions to the problem: does «good deeds», asks for forgiveness for her sins, helps her beloved ones, forgive others their faults.

Despite their attempts to live according to Christian values, the women in early adulthood who participated in the study are less prepared to help their near and dear (the average value for the two groups of participants aged 19-21 years and 22-27 years is 5,648; $F=5,508$; $p=0,000$) than the older women. They think that giving their loved ones spiritual support will not help them to overcome difficulties. In addition, they in return expect less help of any kind from their relatives ($M=4,697$; $F=4,492$; $p=0,001$) and, therefore, they seldom ask for such help. One can assume that a low tendency to rely on support from others is connected with a more stable economic condition of this subgroup: 71% of the surveyed women aged 22-27 are employed, while among 55-70-year olds only 14% of respondents were employed. It is likely that young women already have resources (material or information) which help them cope with difficulties independently.

The tendency to involve God in the process of overcoming difficulties can be observed in the period of «crossing the age of thirty years» and the culmination period of early adulthood (28-39 years) ($M=5,679$). Women at this age more often expect to get support from God in difficult situations and have less doubts about his abilities to perform their wish ($M=4,818$; $F=6,167$; $p=0,000$). Besides, they more often ask for support from other people belonging to their church community or members of the clergy, and also express their desire to help other people around them in difficult life moments.

If in the period of entering early adulthood women pay less attention to their negative feelings in problematic situations, then during the culmination period of this age

they put increasingly more effort into changing their attitude to life. In particular, the participants aged 28-39 demonstrate a higher score as to the indicator of the emotion-oriented type of secular coping strategies ($M=5,791$) when compared to the indicator of the negative type of religious coping strategies ($M=4,818$; $F=6,167$; $p=0,000$). Trying to influence their emotional state when a problematic situation happens, women in their thirties intentionally ignore those thoughts that conflict with their religious beliefs and that may cause them to question the omnipotence of God, on which they rely so much.

It is essential to point out that our study has not revealed any age-related peculiarities concerning coping with difficulties for women in the period of middle adulthood (40-54 years).

Thus, ways of coping with difficulties depend on a woman's age. First of all, age-related differences are connected with the periods of early and late adulthood when preference is given to different coping strategies, and different subjective (emotional states) and objective (educational level and employment) resources are used. The hypothesis has been confirmed that ways of coping with difficulties depend on women's age. However, what is still open and has not been answered yet is the question about age-related dynamics of secular and religious coping strategies.

AGE-RELATED DYNAMICS OF COPING WITH DIFFICULTIES IN WOMEN

Studying age-related dynamics of peculiarities of problem solving presupposes studying the issue of changes in the frequency of using secular and religious coping strategies with respect to the age of women. To do this, we conducted a cluster analysis according to the method of k-average, which involved all the respondents within a whole group. The first division of participants was made on the basis of results of the methodology to determine secular ways of coping strategies; the second was based on the methodology to determine religious coping strategies. A comparative analysis according to Student t-test for the distinguished two groups of participants as to the indicator of secular ways of overcoming difficulties has indicated the presence of statistically significant differences with $p=0,000$.

When compared with the second cluster of women, the first cluster shows lower indicators according to scales responsible for solving problems according to plan ($M=4,549$ versus $M=6,348$), confrontation ($M=4,415$ versus $M=5,420$), positive re-evaluation ($M=4,927$ versus $M=6,754$), searching for social support ($M=4,671$ versus $M=7,043$), avoidance ($M=4,609$ versus $M=5,841$), distancing ($M=4,902$ versus $M=6,058$) and self-control/accepting responsibility ($M=4,427$ versus $M=6,391$). Wilks' Lambda for these groups is 0,369, while indicator $F(7,143)=34,976$ with $p<0,000$. Based on the data obtained, the first group of participants is called „Women who are less inclined to use secular coping strategies“ (57% of those surveyed), the second - „Women who are more inclined to use secular coping strategies: (43% of those surveyed). The groups of study participants were determined in a correct way, as evidenced by the results of classification matrix of discriminatory analysis: 100% for the first cluster and 94% for the second one. Percentage ratio with regard to frequency indicators of using secular coping strategies and age is illustrated by Table. 1.

Table 1. Percentage ratio in women of different age with different tendency to use secular ways of overcoming difficulties

Age period Clusters	19-21 <i>years old</i>	22-27 <i>years old</i>	28-39 <i>years old</i>	40-54 <i>years old</i>	55-70 <i>years old</i>
Women who are more inclined to use secular coping strategies	44,2%	36,4%	45,5%	42,9%	60,9%
Women who are less inclined to use secular coping strategies	58,8%	63,6%	54,5%	57,1%	39,1%

Source: Author

Table 1 evinces that in the period of early and middle adulthood women are less inclined to use various secular ways of coping with difficulties. It can be noticed especially in the period of entering early adulthood (22-27 years old). In contrast, women who are mainly pensioners (86% respondents of the group aged 55-70) are more active in using secular coping strategies.

Having distinguished the two clusters of women according to the indicator of religious coping strategies, we have obtained the following results. When compared, the first cluster shows higher and statistically significant indicators according to scales that are responsible both for positive and negative type of religious coping strategies (value M for scales varies from 5,716 to 7,149) than the second cluster (value M for scales varies from 4,000 to 5,285). On the basis of these data, the first cluster of participants was called «Women who are more inclined to use religious coping strategies» (44% of respondents), while the second one – «Women who are less inclined to use religious coping strategies» (56% of respondents). The distinguished groups show a higher indicator of classification correctness, which is illustrated by the results of a discriminatory analysis: 96% for both the first and the second cluster. Percentage ratio as to the frequency indicators of using religious coping strategies and women age is illustrated by Table 2.

Table 2. Percentage ratio in women of different age with different tendency to use religious ways of overcoming difficulties.

Age period Clusters	19-21 <i>years old</i>	22-27 <i>years old</i>	28-39 <i>years old</i>	40-54 <i>years old</i>	55-70 <i>years old</i>
Women who are more inclined to use religious coping strategies	44,1%	34,2%	51,5%	34,8%	50%
Women who are less inclined to use religious coping strategies	55,9%	65,8%	48,5%	65,2%	50%

Source: Authors

A glance at Table 2 shows that every second woman of pension age (55-70 years) and the culmination period of early adulthood (28-39 years) more often uses religious practices to overcome life problems in comparison with the other groups. The lowest tendency to resort to religious strategies to overcome problems is demonstrated by women who have just entered early adulthood (22-27 years) and those in middle adulthood (40-54 years). These data coincide with the results obtained by Jacqueline L. Noffke, Susan H. McFadden, who discovered that people in early adulthood use religion less often as a means to overcome difficulties than the older generation (Noffke, & McFadden, 2001, p. 747-756).

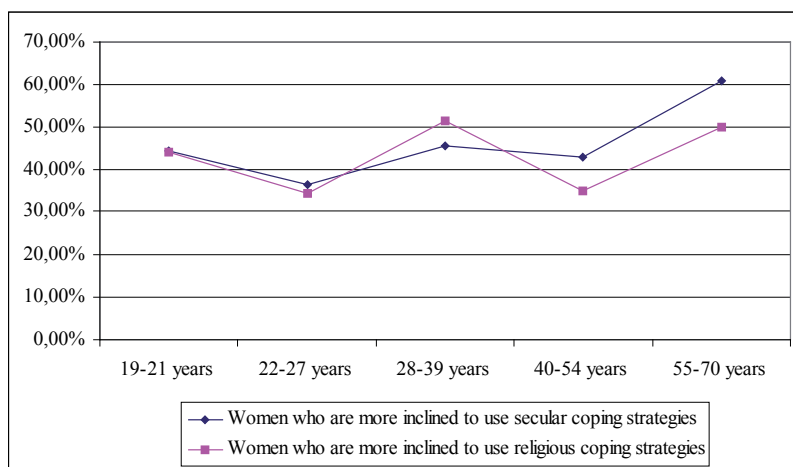
A question arises: what helps almost half of the women from the abovementioned age groups cope with difficulties if they do not use either secular or religious coping strategies? M. Diehl, N. Coyle, G. Labouvie-Vief assume that middle adulthood is a period when it is protective mechanisms and not specific ways of overcoming difficulties that become foregrounded (Diehl, Coyle, & Labouvie-Vief, 1996, pp. 127-139). Protective mechanisms are connected with the general process of cognitive and emotional differentiation which suggests reality re-evaluation and self-reevaluation. We assume that another period when protective mechanisms become activated is the period of entering early adulthood (22-27 years).

By comparing the results obtained for women from different age groups with regard to indicators of secular and religious coping strategies, there can be indicated the following age-related dynamics of using ways to overcome difficulties (Fig. 2).

In the period of early and middle adulthood (19-54 years old), the number of women who frequently use secular coping strategies is almost on the same level and is on average 45%. An increase is observed in the period of late adulthood (60.9%). As it was shown earlier, older women use a wide variety of coping strategies to achieve what they want, that is, to be freed of their problems: they try to change their attitude to problems, put an effort to overcome difficulties in an active way and consciously avoid problematic situations by concentrating on other types of activities.

If more than half of those surveyed within the older age group tend to use the whole range of secular coping strategies, then in terms of resorting to religious practices their number falls by 11% (Fig. 2).

Fig. 2. Age-related dynamics of percentage division of the number of women who tend to use coping strategies



Source: Authors

It can be explained by the aforementioned data. Thus, women in the period of late adulthood more often express their dissatisfaction with the fact that people in their surrounding, namely, members of their religious community, do not pay proper attention to their problems. Trying to find support beyond religious community they refer to other people, asking for social or financial help.

There can be noticed a decline in the use of religious coping strategies in comparison with secular ones, which starts already in middle adulthood (Fig. 2). When a problematic situation arises, women aged 40-54 more often resort to those ways of coping with difficulties which will not depend on their religious views. A certain rise in the frequency of using religious coping strategies is distinguished in the period of «crossing thirty years old period» and the culmination period of early adulthood (28-39 years). Almost half of the women surveyed (51,5%) try to involve God into the process of problem solving and confess that they feel his presence in their life, whereas secular coping strategies at this age are practiced somewhat less frequently (45,5%) (Fig. 2).

CONCLUSIONS

A significant number of adult women does not tend to use coping strategies – either secular (57%) or religious ones (56%). Probably they solve their problems using psychic protective mechanisms. When faced with a problematic situation, the other part of adult women resort to various ways of coping with difficulties. The frequency of using secular coping strategies in women remains stable in the period of early and middle adulthood; when it comes to late adulthood one may observe a significant growth. Thus, the tendency to frequently use religious ways of coping with difficulties varies depending on women's age.

The choice of specific ways of problem solving is contingent on women's age period. First of all, it concerns the first half of early adulthood (19-27 years) and late adulthood (55-70 years), when women differ as regards the object of control in problematic situations (older women tend to overcome difficulties through emotional self-control) and the resource's origin (older women attempt to find the resource in the external world). An objective resource of overcoming difficulties in women of early age is their employment, at older age – their educational level.

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