

Value systems and religiosity as predictors of non-religious and religious coping with stress in early adulthood

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Summary

Aim. The aim of this study was to investigate whether values and religiosity could be good predictors of non-religious and religious coping styles in early adulthood. Although previous research suggests that values and religiosity might be related to coping styles, the nature of this relationship remains unexplored.

Material and method. The study included 209 participants (111 women and 98 men) randomly recruited in southern Poland. Their ages ranged from 20 to 40 years, with a mean age of 28.4 years (SD = 6.44). All participants were asked to fill in four questionnaires: Scheler Values Scale, Centrality of Religiosity Scale, Coping Inventory for Stressful Situations and Brief RCOPE Scale.

Results. Aesthetic, truth and moral values were positively associated with task-oriented coping, while hedonic and vital values were positively linked to emotion-oriented and avoidance-oriented coping styles. As regards religious coping styles, vital, aesthetic, truth and moral values were positively associated with positive coping. Negative coping was positively related to hedonic values, but negatively related to sacred values. The centrality of religiosity dimensions was positively related to emotion-oriented coping, avoidance-oriented coping, social diversion and positive religious coping.

Discussion. Values and religiosity appeared to be predictors of participants' coping styles. The interpretations made on the basis of an individual's religious beliefs and values they hold important help them to better understand the situation and find means of overcoming its negative consequences.

Conclusions. Values and religiousness serve as a meaning system that enables individuals to interpret difficult events and effectively cope with distress.

values / religiosity / coping styles / meaning systems

INTRODUCTION

Values are specific elements of our personality that direct our thoughts, feelings and behaviours. From a psychological point of view, values can be understood in terms of the objectives, standards and rules of conduct that were acquired in the process of socialization and that allow personal development and achieving satisfaction in life. They also noticeably influence how individuals cope with challenging and stressful situations. This is based on the obser-

vation that a value system is related to such factors as goals, needs and motivation, which make an impact on individuals' responses to difficult events. Another factor that can play an important role in coping processes is religion which represents human endeavour to discover sacredness in the world. Although research has demonstrated links between religiousness and coping [1, 2], little is known of how religiousness and values could influence coping processes in early adulthood. Being associated with personality, a value system and religiousness are likely to affect people's responses to challenging and stressful situations, and to direct their coping strategies.

The period of early adulthood (from 20 to 40 years) is associated with many developmental changes that shape one's attitudes and behaviour. In contrast to late adolescents, younger adults have diverse educational experiences – some go to university and others find work. In early adulthood, individuals undergo a series of social and cultural shifts which are a result of getting married, setting up a family and starting a career [3]. All the changes are strongly related to the value system held by the individual. One of the first psychologists who thoroughly investigated values was Rokeach, who defined them as “enduring beliefs that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence” [4, p. 5]. Rokeach stated that people have values for themselves and values for society. He also distinguished between instrumental values and terminal values. Values that are modes of conduct are referred to as instrumental values, while values that are end-states of existence are named terminal values.

More recently, Schwartz conceptualized values as desirable, trans-situational goals, varying in importance and serving as guiding principles in people's lives [5, 6]. Being socially approved verbal representations of basic motivations, values are linked to motivational goals. Schwartz distinguished 10 distinct motivational goals that are expressed as the following types of values: power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity, and security. Brzozowski, on the basis of the value hierarchy introduced by Scheller, proposed 6 main groups of values arranged in a hierarchical order: hedonic, vital, aesthetic, truth, moral, and sacred [7, 8]. The source of this natural and universal hierarchy of values is deeply ingrained in individuals' minds, which enables them to discover standards and modes of conduct.

Values are perceived to be strongly related to religiousness. The reason is twofold. On the one hand, religion stresses the importance of some specific values while downplaying the importance of some others [9]. In addition, transmission of religion through socialization may be considered as part of a more general transmission of values. On the other hand, individuals

with specific value priorities tend to seek out religion, either because religion can positively or negatively reinforce these values or because religion can help individuals unify values, moral codes, emotions and community into an integrative whole [10].

Research to date has demonstrated that value systems are related to religiousness. Schwartz & Huisman [11] argued that religion was positively associated with tradition and conformity, and to a lesser extent, with security and benevolence, and negatively associated with hedonism, stimulation and self-direction, and to a lesser extent or not at all with achievement, power and universalism. Brzozowski demonstrated that hedonic, truth and religious values were linked to religious fundamentalism and religious exploration. However, the character of those relations was different – while hedonic and truth values were positively related to religiousness, religious values were negatively related [12]. Saroglou et al. [10] showed that religious people tend to favour values that promote the preservation of the social and individual order (tradition, conformity, and to a lesser extent, security), but conversely, dislike values that promote openness to change and autonomy (stimulation, self-direction). Religiousness was also positively related to values that allow for a limited self-transcendence (benevolence, but not universalism), and negatively related to hedonism, achievement and power [10]. Religion also shaped, to some extent, emotional values (feelings that people are good, virtuous and moral) [13] and work values [14].

The main research question of this study concerns relationships between values, religiousness and coping in early adulthood. Coping may be defined as cognitive and behavioural mechanisms by which a person reacts to stressors and attempts to manage difficulties and the emotions generated by these difficulties [15]. Many coping strategies and styles have been defined. The most prevalent classification was proposed by Endler & Parker, who developed a model of three coping styles which people utilise when they encounter a stressful situation: (1) task-oriented, (2) emotion-oriented and (3) avoidance-oriented [16, 17]. Task-oriented coping refers to purposeful efforts which are aimed at solving or cognitively reorganizing the problem, or attempts to alter the situation. Emotion-oriented coping rep-

resents emotional reactions that are self-oriented. Avoidance-oriented coping describes activities and cognitive changes which are designed to avoid the stressful situation. That style has two forms: distraction and social diversion. Distraction refers to searching for activities that turn one's attention away from stress, while social diversion consists in seeking out social support and distracting oneself through social means.

In addition to non-religious coping, the concept of religious coping has emerged. It was introduced by Kenneth I. Pargament, who conceptualized it as "the degree to which religion is a part of the process of understanding and dealing with critical life events" [18, p. 482]. In general, religious coping methods can be grouped into two wide, overarching categories: positive and negative coping. Positive religious coping styles relate to a secure relationship with God and a sense of spiritual connectedness with others. They tend to be more beneficial for people who experience stressful events. Negative religious coping styles reveal an insecure relationship with God and strained relationships between individuals, and as research indicates they are usually maladaptive [19].

Values and non-religious coping

The role of values in coping was highlighted in the meaning-making model proposed by Park & Folkman [20]. According to their model, the values, beliefs and goals that an individual holds important comprise their sense of meaning. A person can draw on values, beliefs and goals to modify the meaning of a stressful transaction, especially in cases of chronic stress, where applying problem-focused efforts is very difficult. To reduce stress individuals form positive reappraisals, which involve a reinterpretation of the event in terms of benefits to one's values, beliefs and goals. Therefore, positive reappraisals are linked to positive outcomes because they reaffirm one's values and help individuals to focus on those values while coping with the ongoing stressful event.

Although researchers point to an important role values play in coping processes, there is surprisingly little research demonstrating empirical findings in this field. Examining values in

coping within the meaning-making model, Park found that values and goals positively shaped the ways in which individuals deal with stressful situations, influencing their adjustment and coping strategies [21, 22]. Research also showed beneficial functions of different values in coping. Self-direction values were able to promote coping with challenges that individuals may face in times of crisis [23]. Intrinsic religious values enabled cancer patients to enhance their coping and well-being during the course of a life-threatening illness [24]. Life role values (e.g. values related to family and work) offered a unique and potentially important contribution to coping with conflicts and their consequences [25]. Yet other values, for instance hedonic, truth or moral values, have not been examined.

Religiousness and coping

More research has been conducted on religiousness and coping. Results indicate that religious beliefs and behaviour help individuals to cope more effectively with adversity, whether external (e.g. problematic and challenging environmental circumstances) or internal (detrimental genetic predispositions or vulnerability to mental disorders) [1, 2, 18]. Analysing the relationships between religion and coping, Pargament and colleagues concluded that religious coping acted as a mediator between general religious orientations and outcomes of negative life events [19]. Overall, positive coping strategies tend to lead to improved mental health through a reduction in harmful health behaviours and an improvement in psychological states, whereas negative coping strategies have a detrimental effect on mental health outcomes. Although religious beliefs can at times impede the coping process, they also enable people to understand and deal with stressful situations. In addition, religious practices may foster more effective ways of dealing with stressful situations and conditions [1, 26].

Religiousness was shown to be beneficial in coping with difficult situations socio-psychologically and processing difficult emotions among American adolescents [27], reduce the impact of life stress on adolescent substance use [28], and enable young mothers to deal with daily prob-

lems [29]. Some authors suggest that religion may play a positive role especially on the basis of emotion-focused coping [30]. One of the potential explanations may lie in the fact that people often derive benefits from private prayer and religious services. Positive reinterpretations of negative events were especially noticeable in religious and spiritual coping. Research demonstrated that self-directed religious coping was related to increased hopelessness, depression and suicide attempts, whereas collaborative coping was related to increased reasons for living [31].

Yet there are also studies that do not support those positive relations between religiousness and coping. Examining the psychological effects of religiousness on managing stress, Bryant-Davis & Wong revealed that negative religious and spiritual coping was also associated with increased psychological distress and decreased coping abilities [32]. This ambiguity suggests that the nature of relations between religiousness and coping can depend on the way in which religiousness is conceptualized and measured. Different dimensions of religiousness can influence coping styles in diverse ways.

Therefore, the findings require further investigation that would take into account different dimensions of religiousness, for example beliefs, private prayer and religious service attendance, and different coping styles, namely non-religious and religious. The current study will focus on the centrality of religiosity, which comprises five core dimensions: cognitive interest, ideology, prayer, experience and worship. They reflect the salience of religious meanings for a person [33, 34]. The concept of centrality of religiosity was developed by Stefan Huber and was based on George Kelly's personality theory of personal constructs. The central assertion is that a person's experiences and behaviours are contingent on their personal reality constructs [35]. Research showed that the centrality of religiosity was related to mental health indicators [36] and coping [37].

In summary, research evidence to date provides the rationale for the model proposed in the present study, which examines the relationships between values and religiousness, and non-religious and religious coping styles in a sample of young Polish adults. The aim is to investigate whether values and the centrality of religiosity

could be good predictors of different coping styles. As the study is to a large extent explanatory, the following research questions have been formulated: (1) What are the associations between values and non-religious and religious coping styles?; (2) What dimensions of religiosity are associated with particular coping styles?; (3) Which values and religious dimensions are the strongest predictors for non-religious and religious coping styles?

METHOD AND MATERIALS

Participants and procedure

There were 209 participants (111 women and 98 men), randomly recruited via various organizations, workplaces and universities in southern Poland. Individuals were invited to participate in research on the role of values and religiousness in human life. The participants ranged in age from 20 to 40 years, with a mean age of 28.4 years ($SD = 6.44$). They were equally drawn from different environments to form a representative sample of the Polish early adult population in terms of social status, gender and age. The majority of participants identified themselves as Christian (90.8%), which reflects the religious profile of Poland. Participants were given four questionnaires and asked to complete them in their own time. Afterwards, the questionnaires were either collected by the researchers or posted back to them. The study was anonymous.

MEASURES

Values

The Scheler Values Scale is used to measure the structure of values with regard to their importance in people's lives. It comprises six subscales that measure the following values: hedonic, vital, aesthetic, truth, moral and sacred [7, 8]. The subscales are based on the notion that individuals have a universal structure of values representing their internal modes of conduct and desirable, trans-situational goals. The scale contains 50 values, which are assessed on a 100-point scale, ranging from 0 – totally unimportant

tant to 100 – very important. The Cronbach alpha coefficients for the subscales ranged from 0.81 to 0.89.

Religiosity

The Centrality of Religiosity Scale is a measure of the centrality, importance or salience of religious meanings in personality [33, 34]. The scale consists of five dimensions: (1) cognitive interest – it reflects the intensity of one’s thinking about religious matters; (2) ideology – it represents the probability of God’s existence and religious doctrines; (3) prayer – it assesses the frequency of

contains three scales representing coping styles: (1) task-oriented coping (e.g. “I try to plan my time”); (2) emotion-oriented coping (e.g. “I accuse myself of delays”); and (3) avoidance-oriented coping (e.g. “I try to fall asleep”). The avoidance scale has two subscales: distraction and social diversion. Participants are asked to rate items on a 5-point Likert scale ranging from “not at all” to “very much”. Cronbach alpha coefficients range from 0.72 to 0.92.

The Brief RCOPE Scale is a 14-item questionnaire that assesses the extent to which the person uses specific methods of religious coping [38]. It consists of two subscales: (1) positive religious coping that measures seeking spiritu-

Table 1. Pearson r correlations between values with religious and non-religious coping styles

COPING STYLES	VALUES					
	Hedonic	Vital	Aesthetic	Truth	Moral	Sacred
Task-oriented coping	0.09	-0.01	0.19**	0.38***	0.30***	-0.03
Emotion-oriented coping	0.09	0.33***	0.16	0.10	-0.02	0.09
Avoidance-oriented coping	0.22***	0.17*	0.07	-0.07	-0.05	0.08
Distraction	0.23***	0.24***	0.10	-0.09	-0.10	0.06
Social diversion	0.19**	0.09	-0.04	-0.18*	0.04	0.07
Positive religious coping	0.01	0.22***	0.26***	0.11	0.34***	0.63***
Negative religious coping	0.23***	0.07	0.17*	0.01	-0.05	-0.23***

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$

prayer; (4) experience – it describes the strength of spiritual contact with God; and (5) worship – it reflects the frequency of church service attendance [34]. The scale contains 15 items, which are assessed on a 7-point Likert scale. It has good psychometric properties; Cronbach alpha coefficients for the individual dimensions and the whole scale ranged from 0.82 to 0.90.

Coping

The Coping Inventory for Stressful Situations is a 48-item self-report inventory measuring ways in which people respond to difficult, upsetting or stressful situations [17]. The Inventory

al support, seeking a spiritual connection, collaboration with God in problem-solving, religious forgiveness and benevolent religious appraisals of illness; and (2) negative religious coping that assesses punishing God appraisals, interpersonal religious discontent, demonic appraisals, spiritual discontent, and questioning God’s powers. People indicate how often they engage in each form of religious coping on a 4-point scale from 0 (not at all) to 3 (a lot). Cronbach alpha coefficients for positive coping and negative coping were 0.86 to 0.74, respectively.

RESULTS

First, statistical analysis of correlations between values and non-religious and religious coping styles was computed (Table 1).

The results revealed that hedonic values were positively correlated with avoidance-oriented coping, distraction, social diversion and negative religious coping. Vital values correlated positively with emotion-oriented coping, avoidance-oriented coping, distraction and positive religious coping. Aesthetic values showed positive associations with task-oriented coping and positive and negative religious coping. Truth values were positively associated with task-oriented coping, but negatively associated with social diversion. Moral values positively correlated with task-oriented coping and positive religious coping. Sacred values were positively associated with pos-

positively correlated to task-oriented coping, emotion-oriented coping and positive religious coping. Interestingly, there was no significant association between religious dimensions and negative religious coping.

In order to examine the relative contribution of values and the centrality of religiosity to non-religious coping, a stepwise regression analysis was conducted (Table 3). The predictors were values and religious dimensions. The dependent variables were, separately, non-religious coping styles.

In the first regression equation, the combined predictors accounted for a significant portion of variance (10%) in task-oriented coping ($F = 4.21$; $p < 0.01$). Examination of the beta weights revealed that truth and moral values as well as the religious dimension experience predicted higher levels of task-oriented activities. In the regression equation for emotion-oriented cop-

Table 2. Pearson r correlations between the centrality of religiosity and non-religious and religious coping styles

COPING STYLES	CENTRALITY OF RELIGIOSITY					
	Cognitive interest	Ideology	Prayer	Experience	Worship	Total result
Task-oriented coping	0.11	0.12	0.01	0.19**	0.05	0.08
Emotion-oriented coping	0.24***	0.31***	0.28***	0.29***	0.24***	0.26***
Avoidance-oriented coping	0.04	0.27***	0.18*	0.12	0.20**	0.19**
Distraction	-0.04	0.02	0.06	0.05	0.12	0.07
Social diversion	0.19**	0.25***	0.20**	0.14	0.21***	0.20**
Positive religious coping	0.62***	0.66***	0.78***	0.73***	0.74***	0.80***
Negative religious coping	-0.13	-0.15	-0.06	-0.12	-0.08	-0.14

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$

itive religious coping, but negatively associated with negative religious coping.

Next, correlations between the centrality of religiosity and non-religious and religious coping styles were calculated (Table 2).

The total centrality of religiosity was positively related to emotion-oriented coping, avoidance-oriented coping, social diversion and positive religious coping. As regards particular dimensions of the centrality of religiosity, cognitive interest positively correlated with emotion-oriented coping, social diversion and positive religious coping. Ideology, prayer and worship had positive associations with emotion-oriented coping, avoidance-oriented coping, social diversion and positive religious coping. Experience was

ing, the combined predictors accounted for 15% of variations ($F = 6.78$; $p < 0.001$). The results of beta weights indicated that vital values and the religious dimensions of ideology, experience and prayer predicted higher levels of emotional coping activities. Next, two predictors: ideology and hedonic values accounted for 9% of variations ($F = 3.85$ $p < 0.01$) for avoidance-oriented coping. The predicted level of this coping style is the stronger the higher are the ideology and hedonic values' levels. In the regression equation for distraction, one predictor accounted for 9% of variations ($F = 2.89$; $p < 0.01$). Vital values predicted greater use of distractive coping activities. Finally, ideology and hedonic values accounted

Table 3. Stepwise regression statistics for non-religious coping styles on values and the centrality of religiosity dimensions

	β	t	p
Task-oriented coping: $R = 0.31$; $R^2 = 0.10$; $F(3, 205) = 4.21$; $p < 0.01$			
Truth	0.31	2.46	0.022
Moral	0.24	2.21	0.032
Experience	0.19	2.11	0.041
Emotion-oriented coping: $R = 0.35$; $R^2 = 0.15$; $F(4, 204) = 6.78$; $p < 0.001$			
Vital	0.30	2.77	0.009
Ideology	0.22	2.36	0.018
Experience	0.20	2.78	0.008
Prayer	0.19	2.19	0.033
Avoidance-oriented coping: $R = 0.21$; $R^2 = 0.09$; $F(2, 206) = 3.85$; $p < 0.01$			
Ideology	0.17	2.06	0.032
Hedonic	0.15	1.99	0.043
Distraction: $R = 0.28$; $R^2 = 0.09$; $F(1, 207) = 2.89$; $p < 0.01$			
Vital	0.26	4.72	0.005
Social diversion: $R = 0.25$; $R^2 = 0.11$; $F(2, 206) = 5.29$; $p < 0.001$			
Ideology	0.20	3.51	0.002
Hedonic	0.18	2.77	0.012

Table 4. Stepwise regression statistics for religious coping styles on values and the centrality of religiosity dimensions

	β	t	p
Positive religious coping: $R = 0.78$; $R^2 = 0.64$; $F(3, 205) = 85.78$; $p < 0.001$			
Prayer	0.61	8.89	0.000
Cognitive interest	0.28	4.04	0.000
Experience	0.20	3.28	0.002
Negative religious coping: $R = 0.34$; $R^2 = 0.12$; $F(2, 206) = 4.31$; $p < 0.01$			
Sacred	-0.31	-2.67	0.008
Hedonic	0.23	2.42	0.016

for 17% of variations in social diversion ($F = 5.29$; $p < 0.001$). Both predictors were positively related to social diversion.

In the final set of stepwise regression analyses, values and religiosity dimensions were predictors, while religious coping styles were the dependent variables (Table 4).

Results revealed that in the regression equation for positive religious coping, the combined predictors accounted for 64% of variations ($F = 85.78$; $p < 0.001$). Beta weights indicated that the religiosity dimensions of prayer, cognitive interest and experience predicted higher levels of using the positive coping style. In contrast, two predictors, sacred and hedonic values accounted for only 12% of variations ($F = 4.31$; $p < 0.01$) in negative religious coping. Beta weights indicated that sacred values predicted weaker negative coping, whereas hedonic values predicted stronger negative coping.

DISCUSSION

The aim of this study was to assess whether values and the centrality of religiosity would be good predictors of coping styles. Two kinds of coping styles, non-religious and religious were employed, which gave us an opportunity to examine a potential impact of values and religious dimensions on different coping styles. The study provided a deeper insight into the complex relationships between diverse facets of a value system, religiosity and coping.

In line with previous research, the current results showed that a value system had a significant relationship with coping styles [21, 23, 39], yet its character differed depending on particular values and coping styles. Aesthetic, truth and moral values were positively associated with task-oriented coping, while hedonic and vital values were positively linked to emotion-oriented and avoidance-oriented styles. There were no significant associations between sacred values and the above coping styles. A different pattern of association was found between values and religious coping styles. Vital, aesthetic, truth and moral values were positively connected to positive coping, whereas negative coping was positively related to hedonic values, but negatively linked to sacred values. Expanding the existing literature, these findings help explain the role played by values in coping mechanisms in early adulthood. They demonstrate that a general value system (i.e. vital, aesthetic, truth, moral, sacred) in addition to self-direction and work values is able to stimulate coping with the challenges that people may face in times of crisis [23,

25]. A value system serves as an internal structure connected with desirable, trans-situational goals that enables adults to cope with difficult events and manage stressful situations. Being firmly embedded in one's personality, values play a motivational role in dealing with day-to-day challenges.

Having strong aesthetic, truth and moral values provides individuals with the potential to apply, in stressful situations, an active problem-solving approach as well as positive religious coping based on a secure relationship with God and a sense of spiritual connectedness with others. The individuals are able to constructively direct their efforts at solving the problem, cognitively restructuring the problem, or trying to alter the situation by using both non-religious and religious means. In contrast, hedonic and vital values appear beneficial in activating emotion- and avoidance-oriented styles and negative religious coping, which include emotional responses, cognitive and behavioural activities aimed at avoiding stressful situations, and forms of coping based on insecure relationships with God and strained relationships between individuals. This new evidence suggests that for adults values play diverse roles in coping processes.

Another interesting finding relates to relationships between the centrality of religiosity and coping styles. Results revealed close links between the two factors – the total centrality of religiosity was positively related to emotion-oriented coping, avoidance-oriented coping, social diversion and positive religious coping (Table 2). In contrast, there were no significant associations between religiosity and task-oriented coping and negative religious coping. The positive associations between religiosity and coping styles imply that religious beliefs and behaviour help individuals cope more effectively with problematic and challenging situations [18, 19, 21]. Broadening the existing ambiguous findings on the relationship between religiousness and coping [32], this study suggests that for adults religion may facilitate specific coping styles that use emotional reactions, aim at avoiding stressful situations, and apply religious resources. The strongest relationships were found between the centrality of religiosity and emotion-oriented coping and positive religious coping. In this sense, the findings are consistent with views expressed by Horwitz

et al. [31], who pointed out that religion may influence coping through emotional reactions, and also by Pargament et al. [19], who stressed the role of positive religious cognitions in coping mechanisms.

The relationships between the centrality of religiosity dimensions, emotion-oriented coping, avoidance-oriented coping and positive religious coping suggest that individuals who engage in the religious realm through religious beliefs, personal and communal prayer and transcendent experiences are able to more effectively use their emotional reactions, avoidance mechanisms and positive religious coping strategies in order to deal with challenging and stressful situations. There can be two main reasons why religion is helpful in coping. First, religion provides a belief system and modes of thinking about stressful events that reduce distress and enable individuals to find meaning and purpose in stressful events [21, 36, 40].

People turn to religion in order to gain comfort and find meaning in times of suffering and life's challenges. Second, religion offers a vital source of social support through religious services and communal meetings that provide a network of supportive individuals [36, 41]. The awareness of other people's presence tends to strengthen one's own sense of group identity and increase one's coping abilities.

The role of values and religion in coping can be better comprehended within the meaning-making model [20]. The model posits that an individual's important values and beliefs comprise their sense of meaning. As values and religiousness are interconnected, individuals can draw on their value system and religious beliefs to change the meaning of a stressful transaction. Values and religion to some extent enable people to discover and formulate reinterpretations of stressful events, which in turn entail positive reappraisals of the events and lead to stress reduction [22, 42]. Therefore, positive reappraisals formed on a basis of one's important values, religious beliefs and activities help individuals to more effectively focus on their mental resources while coping with stressful events.

Precise examination of the relationships between the researched factors may suggest that values and religiousness serve as a meaning system that enables individuals to interpret difficult

events according to their personal schemas and effectively cope with distress caused by these events. The meanings made on a basis of important values and religious beliefs help individuals better understand the situation and find means of overcoming its negative consequences [2, 21]. The task of dealing with stress and adjusting personal resources to existential pressures becomes less difficult as individuals tend to gradually shift their views of stressful events in a more positive direction. As a consequence, they are able to use coping strategies in the optimal way that fits their current needs.

Limitations

The current study has several limitations. First, data were collected at a single point in time. As a consequence, the study does not account for the cause and effect relationship between the variables. Longitudinal studies on values, religiousness and coping are needed in order to test causality. Other researchers may also specify causal relationships among the study constructs by using experimental methods. Second, the sample in this study comprised mainly Christians. Despite the fact that the sample did reflect the religious profile of the Polish population, which is predominantly Christian, the findings cannot be generalized on other cultures consisting of different religions or religious demographic segmentation. Third, only one measure of values was used, which limits the findings. There are other measures of values that might be useful to more deeply understand the relationships between a value system and coping, e.g. Schwartz's model of universal human values [6, 11]. Providing different results for individuals in early adulthood could broaden our understanding of relations between values and coping.

However, despite the study's limitations, it is one of the first empirical studies in Poland that examined the complex relationship between values, religiousness and coping. By revealing different types of associations between values, religiousness and non-religious and religious coping styles, the study contributes to the ongoing discussion on psychological factors that influence coping processes. The way in which young adults construct value systems and religiousness

is essential to their abilities to face challenging situations and cope effectively with their adverse outcomes. These findings may also be helpful for mental health professionals who might become more attentive to religion as a motivational factor in the context of crisis-related struggles in early adulthood.

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