

ABSTRACT

God Image, Self-Efficacy, and Religious Coping: An Analysis of Their Relationship in College Student and Prison Samples

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Personal efficacy—that is, an individual’s belief in their ability to perform particular actions that will produce desired results—governs the amount of effort an individual exerts, their perseverance when hindered by obstacles, the nature of one’s cognitions as either self-aiding or self-hindering, and the degree to which one succeeds. Despite some disagreement among theorists, the recognition of the general self-efficacy construct seems theoretically consistent with empirical findings that self-efficacy beliefs can vary in generality. General self-efficacy refers to an individual’s broad confidence in their ability to cope for a period of time with new and demanding life circumstance. Difficult life situations often catalyze individuals who espouse religious faith to utilize their religion/spirituality, either positively or negatively, as a mean of coping. Theoretically, the degree to which one feels confident and competent in their ability to engage in religious coping behaviors is related to one’s perception of God—the extent to which they believe God to be engaged in their life and critical of their actions/behavior. Little attention has been given to this relationship, however. Similarly, the relationship between God image and positive and negative religious coping has been ignored in the literature. Therefore, the current study sought to explore the relationship between general self-

efficacy, God image, and religious coping. Questionnaires were given to three samples: a college student sample, a treatment court sample, and a prison sample. Mediation and moderation analysis were used to explore the nature of the relationship between the three variables within the three samples. Results suggested that the relationship between general self-efficacy and positive religious coping was moderated by the degree to which one perceived God to be engaged in their life. Clinical implications of this moderation are explored and discussed.

God Image, General Self-Efficacy, and Religious Coping:
An Analysis of Their Relationship in College and Prison Samples

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DEDICATION

I dedicate this work first and foremost to the One in Whom “I live and move and have my being,” without whose constant grace and aid I care not to think about where I’d be. To my wife Brittany, love of my life and partner on this journey, without your care and support none of this would be possible. To Asher, Amelia, Oliver and Benedict, you bring my life joy, meaning, and purpose. I am so happy that I am your Dad. To my Mom, Dad, Drew, and Nana, your love, support, and encouragement have shaped me into the man I am today. I love you. Thank you.

CHAPTER ONE

Introduction

According to Bandura, personal efficacy beliefs—beliefs about one’s ability to perform particular actions that will produce desired results—are the most important component of human agency (Bandura, 1997). Personal efficacy beliefs are intimately related to an individual’s motivation to engage in particular behaviors as well as their perceived options and actual choice of coping strategy when dealing with a specific life stressor (Bandura, 1997). In particular, certain efficacy beliefs may hinder or aid individuals for whom religion is a salient variable by increasing or decreasing their coping motivation in general and their religious coping motivation in particular. These increased or decreased levels of religious coping motivation may influence not only the type of religious coping strategies in which the individual believes they are capable of engaging, but also the actual religious coping strategy chosen. While self-efficacy beliefs are considered situation specific, these beliefs can vary in their degree of generality based on context and the nature of the specific actions/behaviors in question (Scholz, Doña, Sud, & Schwarzer, 2002). As such, it seems theoretically consistent to suggest that general self-efficacy—as an expectancy about broad, diverse coping ability—should govern not only coping motivation, but through influencing coping motivation, should exercise its effects on the type of coping strategies chosen and employed.

While there are numerous means for coping with stressful life events, religion can help provide a sense of meaning, control, comfort, intimacy, life transformation, and satisfaction (Ellison, Gay, & Glass, 1989; Pargament, Koenig, Perez, 2000). Recently,

religious coping has been conceptualized as falling into two broad domains: positive and negative religious coping. This conceptualization posits that individuals can utilize their religious faith in positive ways that aid an individual's psychological adjustment to stress during stressful periods of life or in negative ways that decrease their psychological adjustment, potentially leading to negative psychological outcomes (Ano & Vasconcelles, 2005). Therefore, it seems reasonable to suggest that an individual's beliefs about themselves and the skills and tools they possess in order to cope with a life stressor (general self-efficacy) would be intimately related to the type of religious coping style they adopt.

The act of choosing which coping style to adopt and subsequently engaging in that coping strategy invites consideration of the concept of human agency. The idea of human agency suggests that human beings are capable of intentionality in their cognitions, motivations, and actions. Individuals are able to look at situations, assess various courses of actions, anticipate their capability to engage in necessary behaviors and predict possible outcomes. Human agency, similar to efficacy beliefs, implies a sense of confidence or belief in one's ability to self-generate action and/or movement in one's life. Belief in one's ability to actively choose and generate action relates directly to the construct of locus of control—the notion of whether one perceives their life to be dictated by them and their own actions or by external circumstances. As such, a strong sense of agency or internal locus of control has implications for discussions concerning an individual's image of God. In theory, an individual's image of God should be consistent with their image of themselves. That is, the degree to which an individual believes God to be an active agent engaged in their life can influence their thoughts about themselves,

others and the world, their motivations, and actions. Superficially, human agency and Divine agency seem to be opposed (and are often treated as such) as suggested by Bandura (1997): “Belief in supernatural systems of control gave way to conceptions that acknowledged people’s power to shape their own destiny” (p.1). Without a notion of non-competitive causality the intentionality and the ability to shape one’s life rests either with the individual or with God. In this way one’s sense of personal efficacy seems to compete with their perceptions of God’s activity. Some researchers (Froese & Bader, 2010) have suggested that across religions individuals fundamentally conceive God’s character (i.e. God image) on two dimensions: engagement and judgment. Since God image encompasses the degree to which one perceives God to be engaged and active in the world it seems reasonable to suggest that it is likely related to and even capable of shaping an individual’s sense of self-efficacy. That is, an individual’s beliefs about their own agency may depend on their sense of God’s agency. Ultimately, by influencing self-efficacy one’s perception of God may subsequently affect the type of coping strategy chosen and employed by the individual.

CHAPTER TWO

Literature Review

Self-Efficacy

Definition

Self-efficacy emerged as an important construct within the context of Albert Bandura's social learning theory (1977). Bandura posited that regardless of the method used to induce psychological change (i.e. the particular treatment) cognitive processes mediate all psychological change. According to Bandura, the experience of mastery that arises from successfully completing a particular behavior is the most effective means of altering cognitions and beliefs. According to Bandura, psychological treatments primarily function by changing expectancies regarding an individual's efficacy. He defined efficacy as "the conviction that one can successfully execute the behavior required to produce...outcomes" (Bandura, 1977a, p.79; Bandura, 1977b). Self-efficacy expectancies are beliefs about one's *competence* (Volkman, 2010)—that is, the scope and quality of the cognitive generativity and behavioral abilities of which one is capable and their ability to create a myriad of behaviors under the right circumstances (Mischel, 1973). As beliefs about particular competencies, self-efficacy beliefs concern specific situations and contexts.

Efficacy Expectations vs. Outcome Expectations

Bandura noted that efficacy expectations must be distinguished from outcome expectations (1977a; 1977b). Outcome expectations comprise beliefs that a certain behavior will terminate in a particular result. These beliefs concern the relationship between behaviors and outcomes, rather than beliefs about the ability of an agent to execute a behavior. Individuals can be confident that particular behaviors will lead to certain outcomes while still believing that they do not have the ability to perform the necessary behaviors. Cervone, Mor, Orom, Shadel, & Scott (2004) conceptualize the distinction as being between means-end relations (outcome expectancies) and agent-means relations (i.e. self-efficacy beliefs) (Figure 1).

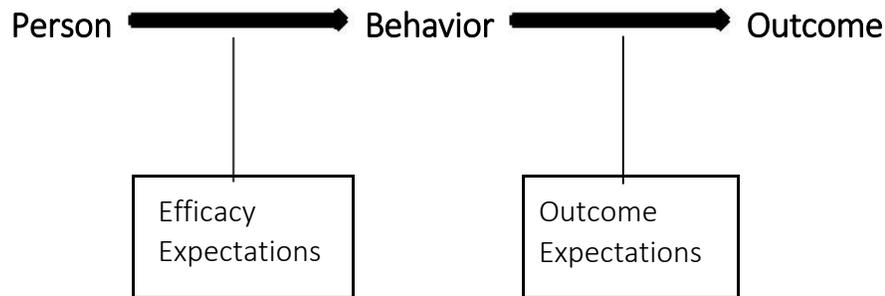


Figure 1. Difference between efficacy and outcome expectations.

Sources of Efficacy Expectations

Social learning theory posits that while cognition mediates behavioral changes, successful experiences of performance mastery are the most effective means of creating and changing cognitions (Bandura, 1977a). According to Bandura (1977a, 1977b), changes in efficacy expectations give rise to subsequent cognitive, behavioral, and motivational changes. Bandura suggests that this change in perceived self-efficacy is the common mechanism underlying all behavioral changes that result from psychological

treatments. The level of an individual's self-efficacy belief or the level to which it is raised through intervention has been raised is able to predict performance attainments (Bandura, 1997). He suggests that efficacy expectations are based on four primary sources of information: performance accomplishments, vicarious experience, verbal persuasion, and emotional arousal. These sources of efficacy information are not discrete categories, however. Multiple sources of efficacy information can be salient and influential for an individual depending on how a psychological treatment is implemented (Bandura, 1977b). For example, experiences of masters (performance accomplishments) not only increase influence perceived self-efficacy and increase behavioral accomplishments, but they also reduce anticipatory fear (emotional arousal). This reduction in emotional arousal is then able to function as a source of subsequent efficacy beliefs.

Performance accomplishments. Performance accomplishments (sometimes called enactive mastery) provide the strongest sources of efficacy expectations because they are rooted in personal experiences of mastery. Successful performances increase expectations of mastery, while performance failures lower mastery expectations, especially in cases where failure occurs early in a sequence of events (Bandura, 1977a, 1977b). A study conducted with a sample of phobics by Sherman (1972) showed that performance-based desensitization consistently created greater behavioral change than imaginal (symbolic) desensitization. Other studies (Bandura, Adams, & Beyers, 1977; Biran & Wilson, 1981; Feltz, Landers, & Raeder, 1979; Gist, 1989; Gist, Schwoerer & Rosen, 1989) comparing performance mastery with other sources of efficacy information such as vicarious experience, imaginal experience, or verbal instruction consistently evidenced that

enactive mastery creates more enhanced and generalizable efficacy expectations (Bandura, 1997). The degree to which performance accomplishments affect self-efficacy is determined in part by biases in the individual's pre-existing self-belief structure (Bandura, 1992). Appraisal of the relative value of a success or failure experience for determining personal efficacy depends upon the difficulty of the task as well as salient contextual factors (Bandura, 1982). Effort expenditure also influences self-efficacy appraisals (Bandura & Cervone, 1986). Trope (1983) found that performance failure had little effect on self-efficacy beliefs when low effort was expended. Ability is more easily appraised when performance failure occurs with significant effort exerted under optimal conditions on moderately to highly demanding tasks (Bandura, 1997). Studies have also shown that self-monitoring biases can increase personal efficacy when successful aspects of performance accomplishments are highlighted and remembered (Dowrick, 1983; Schunk & Hanson, 1989). Finally, evidence suggests that there is an interactive effect between the rate and pattern of performance accomplishments and the cognitive representations of these experiences, which subsequently influences self-efficacy appraisals (Bandura, 1997).

Concerning performance accomplishments Bandura also noted that the negative effect of sporadic failure is reduced by the acquisition of strong perceived self-efficacy beliefs and that efficacy beliefs are enhanced when intentional effort is exerted to overcome failures. Studies suggest that increased self-efficacy can generalize, enacting behavior changes across substantially different domains if the new performance situations were once impacted by feelings of inadequacy/inability (Bandura, Adams & Beyers, 1977; Bandura, Jeffery, & Gajdos, 1975). Importantly, similarity to the original situation

in which self-efficacy was enhanced most readily predicts the likelihood of generalization (Bandura, Blanchard, & Ritter, 1969).

Vicarious experience. Efficacy expectations can also be influenced through observing other individuals perform and/or experience actions/events (Bandura 1977a, 1977b). Vicarious experience operates through several modes—actual modeling, symbolic modeling, videotaped self-modeling, and cognitive self-modeling.

An individual's expectancy of mastery can be influenced by a number of factors (including which mode of modeling is employed) associated with the modeling procedure. Similarities between the individual and the model can enhance the modeling procedures effect on mastery expectations (Bandura, 1982; Schunk, Hanson & Cox, 1987). Similarities that provide information which allow an individual to judge personal efficacy exist both at the level of actual performance and of agent attributes and personal characteristics (Suls & Miller, 1977). Zimmerman and Ringle (1981) found that models who exemplify confidence while in stressful situations encourage greater self-efficacy than those that doubt themselves in the face of obstacles. Individuals look to those similar and slightly superior to them in performance ability to judge their own capabilities and performance expectations (Bandura, 1997). Kazdin (1974a) and Meichenbaum (1971) found that observing fearful models gradually succeed in the face of obstacles caused greater benefit to phobics than watching competent models easily succeed. Kazdin (1974a) also found that modeling experiences in which beneficial outcomes were observed provided greater benefit for an individual than modeled scenarios in which no benefit was observed. Other studies (Bandura & Menlove, 1968; Kazdin, 1974b) have shown that the success of models who evidence varied characteristics/traits shows greater

effectiveness that repeated performances by the same model. This suggests that an individual has reason to increase their own self-efficacy if they see numerous other individuals of varying characteristics succeeding. Maibach and Flora (1993) found that when modeling was paired with cognitive rehearsal self-efficacy beliefs were stronger than those induced by modeling alone. Takata and Takata (1976) observed that when individuals lack immediate knowledge of their own abilities they are more likely to rely upon indicators provided by a model to assess their self-efficacy. Dowrick (1983, 1991) found that self-efficacy is also enhanced by self-modeling—a strategy by which agents observe themselves performing skills or coping strategies effectively. Studies (Gonzales & Dowrick, 1982; Schunk & Hanson, 1989) have shown that even when an individual observed positive results attached to their own mediocre skillfulness performance improvements are created as effectively as when they observed themselves actually modeling skillfulness. Illusory skillfulness enhances performance through strengthening self-efficacy beliefs rather than improving skillfulness.

Bandura et al. (1982) found that modeling performances that seek to change an individual's coping behavior do so through highlighting two factors: predictability and controllability. Predictability results in stress reduction and increased readiness to cope with threat (Averill, 1973; Miller, 1981), while controllability demonstrates the ability to exercise strategies for coping with the threat in a myriad of situations (Bandura, 1997).

Verbal persuasion. Verbal persuasion represents another source of efficacy information. Bandura (1997) noted that efficacy beliefs are more easily maintained when important others verbally affirm an individual's capabilities rather than expressing doubt in them. While verbal persuasion often fails to create lasting, long term enhancements in

self-efficacy, it can strengthen self-change if the positive affirmation is realistic (Bandura, 1997, 1977a). Chambliss and Murray (1979a, 1979b) found that verbal persuasion was most effective when an individual believed they were capable of producing the desired effects or results through their behavior. A number of factors influence the effects of verbal persuasion. The framing of performance feedback influences the degree to which verbal persuasion affects self-efficacy. Studies (Schunk, 1982; Schunk & Cox, 1986) have shown that self-efficacy beliefs are enhanced when one's abilities are highlighted by evaluative feedback. The same studies found that efficacy beliefs showed greater increase when individuals were told that their work output evidenced their capabilities, rather than when they were told that their effort/hard work was responsible for their work output. Consistent with research suggesting that individuals tend to be more motivated to avoid the prospect of immediate loss, rather than secure potential future gain, Meyerowitz and Chaiken (1987) found that self-efficacy beliefs were more readily strengthened by framing health communications in terms of losses due to non-adherence than in terms of possible health gains of adherence. Furthermore, Baron (1988) found that across equal performance levels, when criticism was couched in disparaging terms, self-efficacy and aspiration were lowered, but aspiration and self-efficacy were maintained and even sometimes strengthened when constructive criticism was offered.

The credibility and knowledgeable-ness of the person offering persuasion also effects the degree to which efficacy is influenced (Bandura, 1997). Studies (Crundall & Foddy, 1981; Webster & Sobieszek, 1974) suggest that verbal persuasion enhances self-efficacy more greatly when the individual offering feedback possesses skills in the

particular activity, an objective means of performance ability prediction, or significant knowledge attained by surveying various aspirants and their later performances. Finally, appraisal disparity influences the degree to which persuasion changes self-efficacy beliefs. Bandura (1997) suggests that level of disparity between an individual's judgment of their ability and the appraisal of the persuader should be lower for current experiences, but can be higher for future events. That is, the effect of the level of disparity in appraisal depends upon the proximity in time to the pursuit.

Bandura does not the confine persuasory modes of enhancing self-efficacy merely to short-term verbal affirmations. The influence of role models in one's early years serves to shape their beliefs about their capabilities and potential through what Bandura terms social persuasion (Bandura, 1997). Social persuasion often functions as an additional aide to fostering and promoting self-efficacy in conjunction with exercises that are efficacy enhancing.

Physiological and affective states. Information conveyed through somatic and affective states contributes to efficacy beliefs. Personal efficacy is particularly influenced by somatic events in areas of physical accomplishment, health functioning, and coping with stressors (Bandura, 1997). Individuals tend to expect success more in the absence of negative arousal than in the presence of aversive arousal. Bandura notes that autonomic arousal is not the only physiological informant of efficacy, however. Pain, fatigue and aches serve to inform one's sense of physical efficacy. Physical effort most frequently informs efficacy beliefs in health functioning, physical strength, and stamina domains. Physiological informants of personal efficacy are governed by the perceived source of activation. That is, the effect of physiological arousal on self-efficacy depends upon the

salience of particular situational factors and the meaning ascribed to those factors. Social cognitive theory suggest that continual pairings of situational elicitors, expressive reactions, and internal arousal leads to affective differentiation (Bandura, 1986). Thus, physiological arousal is often judged by which situational factors are most salient (Bandura, 1997). Level of arousal also informs the degree to which physiological arousal functions as a source of self-efficacy information. Following the Yerkes-Dodson Law, moderate levels of arousal often enhance the activation of skills and heighten attention, while high degrees of arousal causes performance to decrease. Ultimately, the ideal level of activation depends upon the nature of the activity being completed. Interpretations of physiological arousal can also be biased by the influence preexisting self-efficacy beliefs on attention, memory and interpretation (Bandura, 1997). Within performance areas in which individual's doubt their capability low self-efficacy can increase one's awareness of physiological arousal. Ehlers, Margraf, Roth, Taylor, Bribaumer (1988) demonstrated this principle by providing false physiological feedback to panic disorder patients, who subsequently misinterpreted the information as indicative of a panic attack. Salkovskis and Clark (1990) found that the same physiological arousal could be perceived as pleasant when a positive construal bias is induced, but aversive under a negative construal bias. Studies (Cioffi, 1991; Schachter, 1964; Skelton & Pennebaker, 1982) suggest that cognitive biases can influence which emotion is being experienced as well as the interpretation of the exact same arousal state along dimensions of pleasure-pain and harmless-harmful. Individuals who attribute their arousal to personal inadequacies rather than construing them as fleeting reactions experienced even by competent agents occasionally are more likely to lower their self-efficacy (Bandura, 1997). Studies

(Pennebaker, Gonder-Fredrick, Cox, & Hoover, 1985; Steptoe & Vogele, 1992) suggest that a significant discrepancy and high variability exists between actual autonomic reactions and perceived reactions, suggesting that self-efficacy judgments are likely more affected by perceived autonomic arousal than actual arousal in risk situations (Feltz & Albrecht, 1986). Katz, Stout, Taylor, Horne, Agras (1983) have found, however, that when combined with other sources of efficacy information, level of physiological arousal is often given less diagnostic weight because it is a temporary, diffuse experience of autonomic arousal.

Affective states tend to have self-efficacy implications in a number of different domains (Bandura, 1997). Affective states provide self-efficacy information in part because they bias attention and govern the interpretation, organization, and retrieval of events (Bower, 1981, 1983; Eich, 1995; Isen, 1987). Mood-biased recollection can occur through affective and cognitive priming processes. Bower (1983) suggests that memories include the storage of previous failures and successes along with the affect associated with them. According to Bower affective states activate memories within the affective network (consistent with the affect). Negative moods give rise to thoughts of past failures, while positive moods activate memories of successes. Ultimately, judgments are made based on these memories. Events associated with negative affect and depressed moods increase a general view of oneself as inadequate and worthless beyond simply activating negative memories (Teasdale, 1988). Similar studies (Forgas, Bower, & Moylan, 1990; Salovey & Birnbaum, 1989) suggest that when positive mood states are induced perceived self-efficacy is enhanced, but diminishes when a subsequent negative mood state is induced.

The cognitive priming view suggests that successes or failures that produce affect also cause cognitions that activate associated cognitions of past success and failure. Schwartz & Clore (1988) found that affective states could govern diagnostic judgment of self-efficacy through modifying its perceived informative value or through activating selective recall of mood-congruent memories. Kavanaugh (1983) found that affective processes, rather than cognitive processes, seem to be the primary means by which self-efficacy effects are created. Self-efficacy beliefs are intimately related to anxiety arousal because individuals who have strong self-efficacy believe they can manage distressing events and thus anxious thought patterns are not aroused. A lack of belief in one's abilities to control a particular threat leads to high anxiety arousal and ruminations about deficiencies in coping (Bandura, 1993a). Bandura (1993a) also found that self-efficacy beliefs affect the amount of stress and depression experienced by an individual who experiencing a difficult situation.

Dimensions of Efficacy Belief

Efficacy beliefs vary in three primary ways that can have significant effects on performance (Bandura, 1977a). The first way in which efficacy expectations can differ is *strength*. Some expectations may be weaker than others and thus be easily extinguished by negative experiences. Strong efficacy beliefs in performance accomplishment on the other hand will allow an individual to continue in their coping behavior despite difficulties and/or disconfirming experiences. Self-efficacy beliefs also vary in *generality*. Certain experiences induce self-efficacy beliefs that pertain only to the specific task at hand, while other experiences can instill a more general sense of personal efficacy. Finally, efficacy beliefs can differ in *magnitude*. Personal efficacy beliefs can be

limited to different levels of a particular performance task. Some individuals may have a sense of personal efficacy only on easier tasks, while others may have self-efficacy beliefs that pertain to moderately difficult or even extremely difficult tasks.

General Self-Efficacy (GSE)

As noted above, self-efficacy beliefs can extend to other performance situations in which behavioral functioning was impaired by beliefs of inability. Performance functioning enhancement may generalize to other substantially different domains as a result. Related to this idea, GSE has been conceptualized as a diffuse sense of efficacy in ones' coping abilities across diverse and demanding situations (Sherer et al., 1982; Skinner, Chapman, & Baltes, 1988). For the GSE construct focus rests on one's propensity to view themselves as able to cope with demands in a broader context (Chen, Gully, & Eden, 2001). Eden (1988) argues that GSE overflows into task-specific self-efficacy (SSE), which he suggests explains the positive relationship between GSE and SSE that studies have found (Shelton, 1990; Sherer et al., 1982). Studies (Eden & Aviram, 1993; Eden & Kinnar, 1991; Eden & Zuk, 1995) further suggest that GSE moderates the effects of external influences (e.g. external treatments on motivation and performance).

Acceptance of GSE as a legitimate construct is not unanimous; however, Stajkovic & Luthans (1998) argue that to remove self-efficacy beliefs from their specific context makes them abstract beliefs, which is inconsistent with the tenets of social cognitive theory as they related to efficacy beliefs. Scholz, Doña, Sud, & Schwarzer (2002) take a slightly different approach arguing that while self-efficacy should remain situation specific, the degree of specificity should fluctuate based on the nature of the

situation, i.e. certain research questions will involve more generalized senses of efficacy. Scholz et al. (2002) found evidence across 25 different countries for a universal and unidimensional self-efficacy construct (GSE). These results replicate Schwarzer & Born's (1997) work with GSE across 13 countries and Luszczynska, Gutierrez-Dona, and Schwarzer's (2005) study of GSE across 5 countries. Trait measures of self-efficacy have been developed and studied in research (Sherer et al., 1982; Schwarzer & Jerusalem, 1995; Chen et al., 2001) though they generally do not evidence predictive value above and beyond domain specific efficacy measures (Martin & Gill, 1991; Pajares & Johnson, 1994). Eden (2001) suggests, however, that specificity matching may account for this difference i.e. the specificity of the efficacy measured differs from the specificity of the outcome predicted. Consistent with this idea, Eden & Aviram (1993) found that GSE predicted general performance best, while SSE best predicted task specific performance (Eden & Granat-Flomin, 2000).

Self-efficacy and General Self-efficacy across Populations

Self-efficacy has been studied extensively within the college-aged population (Barry & Finney, 2009). Within academic samples self-efficacy has been shown to be predictive of career choice and college major (Bores-Rangel, Church, Szendre & Reeves, 1990; Lent, Brown, & Larkin, 1986), academic achievement among high school minority students (Bandura, 1993b), prosociality and social acceptance among children (Bandura, 1993b), writing and math abilities (Pajares & Johnson, 1996; Pajares & Kranzler, 1995), and positive affect in college students (Rottinghaus, Jenkins, & Jantzer, 2009). Self-efficacy beliefs have also evidenced significant relationships to depression among medical students (Mustafa, Nasir, & Yusoof, 2010) and overweight women with high

probabilities of having binge eating disorder (Linde et al., 2004). Among college students, self-efficacy beliefs have been predictive of smoking behavior and have been shown to mediate the relationship between smoking behavior and depression (Mee, 2014). Research has also examined the role of self-efficacy in helping chronic-pain patients cope with their illness (Wells-Federman, Amstein, & Caudill, 2002; Wells-Federman, Amstein, Caudill-Slosberg., 2003). In dealing with phobic stressors, coping self-efficacy has been shown to have immunoenhancing effects (Wiedenfield et al., 1990). Self-efficacy beliefs have also been studied with prison inmates in an attempt to understand its relationship to learning programs within the prison systems (Allred, Harrison, & O'Connell, 2013). Another study of self-efficacy beliefs within an incarcerated population found that strong criminal efficacy often remains despite past convictions, arrests, and incarcerations and is related to decreased intention to stop criminal behavior (Brezina & Topalli, 2012).

Studies of GSE among psychiatric patients show that they have lower levels of perceived GSE than control groups (Ramay, Shahzad, & Imran, 2010). GSE has also been psychometrically tested within a sample of patient's with spinal cord injury (Peter et al., 2014) and a morbidly obese sample (Bonsaksen, Kottorp, Gay, Fagermoen, Lerdal, 2013). GSE has been investigated in its relationship to chronic conditions and quality of life in adolescents (Cramm, Strating, Roebroek, & Nieboer, 2013), mental illness in general (Andersson, Moore, Hensing, Krantz, & Staland-Nyman, 2014), coping styles in Iranian teenagers (Poorkord, Ghorbani, Khodarahmi, 2013), drinking behavior in community and clinical samples (Oei, Hasking, & Phillips., 2007), and homesickness in Iranian college students (Shal, Sharbaf, Abdekhodae, Masoleh, & Salehi, 2011).

Religious Coping

The importance of religion in its use as a coping tool by individuals dealing with mental illness and stressful life events has been well-documented in the research literature. People often turn to religion as a means of dealing with difficult, negative or stressful life events. Neighbors, Jackson, Bowman, & Gurin. (1983) found that African Americans stated that prayer helped them more than other nonreligious coping strategies in dealing with personal problems. McCrae & Costa (1986) found that a sample of elderly community residents ranked faith as the most effective coping strategy from a list of 27 options.

Historically, religious coping has been measured globally, using a one or two-item measure of religion or religious involvement (e.g. frequency of prayer, church attendance) and correlating it with an outcome of interest (Ano & Vasconcelles, 2005; Lazarus & Folkman, 1984; McIntosh et al., 1993). Some researchers have utilized a trait-like approach to measuring religion conceptualizing religious coping as a disposition or orientation (i.e. attachment to God, attitude toward the church, and intrinsic, extrinsic, quest or fundamentalist religious orientation) (Pargament, 1997).

Ascertaining the specific function of religion in the coping process was limited by the lack of a functional definition and functional assessment tools—tools that could investigate *how* religion serves to assist individuals in coping with stressful life events. In an attempt to bridge this gap Pargament defined religious coping as one's "effort to understand and deal with life stressors in ways related to the sacred" (Pargament, Feuille, Burdzy, 2011 p.52). Pargament, Koenig, & Perez (2000) developed the RCOPE as a means of measuring a number of different religious coping methods. Pargament's theory

of religious coping highlights a number of significant points: 1) religious coping has five major functions; 2) religious coping varies with situation, context and time; 3) religious coping can be either helpful or harmful; 4) religious coping's concern with sacred matters may contribute something unique to the coping process

Five Major Functions of Religion

The RCOPE measures specific methods of religious coping based on five broad, theoretical functions that religion has been suggested to serve: Those five major functions of religion are: meaning, control, comfort/spirituality (closeness to God), intimacy with others/spirituality, and life-transformation. An individual may use religion in one or more of these five ways to cope with a stressor, engaging in specific coping strategies within a domain that can be classified as either positive or negative strategies.

Meaning. Religion provides a framework or hermeneutic for the interpretation and understanding of difficult and stressful life events. Pargament et al. (2000) posited four ways in which an individual could use religion to create meaning and develop understanding in and through a stressful situation: benevolent religious reappraisal, punishing God reappraisal, demonic reappraisal, and reappraisal of God's power. Benevolent reappraisal involves reframing the stressor through the lens of religion as possibly beneficial and a potentially positive event. Punishing God reappraisal involves assessing the stressor as God's punishment for sins. Conceptualizing the stressor as an act of the devil represents demonic reappraisal. Finally, reappraisal of God's power involves a redefining of God's power as limited in the face of certain stressors.

Control. Religion can also serve to help an individual experience a sense of control/mastery over certain life events, particularly when those events push one past his/her own resources (Pargament et al., 2000). Pargament suggested five ways of utilizing religious coping to gain control: Collaborative religious coping, active religious surrender, passive religious deferral, pleading for direct intercession, and self-directed religious coping. Collaborative religious coping seeks to gain control through a mutual partnership with God in coping. The intentional act of turning over control to God in problem solving represents the active religious surrender coping method. Passive religious deferral involves sitting back and waiting for God to control the situation. Pleading for direct intercession represents a means of trying to gain indirect control by begging for Divine intercession. Finally, self-directing entails an individual directly taking control of a problem or life event through self-initiation rather than through God's help.

Comfort/closeness to god. Freud classically (1927/1961) formulated the view that religion's primary function is to alleviate one's fears about the unpredictable and possibly disastrous consequences of living in the world. Pargament et al. (2000) acknowledge the difficulty in parsing out comfort oriented religious coping strategies from ones aimed at authentic spiritual ends (such as connecting with the Divine), though they believe they remain distinct constructs. Pargament posited six particular religious methods of coping to gain comfort/closeness to God: Spiritual support, religious focus, religious purification, spiritual connection, spiritual discontent, and religious boundaries. Spiritual support refers to seeking the comfort and encouragement provided by God's love.

Religious focus occurs when one participates in religious activities for the purpose of

removing attention from the stressor. Religious purification refers to engaging in religious actions aimed at spiritual cleansing. Spiritual connection occurs when one pursues a deeper spiritual connection with the Divine. Spiritual discontent refers to expressing confusion and frustration with one's relationship to God in times of crisis. Finally, religious boundaries concerns when one pursues comfort/spirituality by marking out and remaining within the delineated acceptable religious behaviors.

Intimacy with others/closeness to god. Religion can also function as a means of creating social identity and cohesiveness (Pargament et al., 2000). This intimacy often is created through spiritually methods e.g. spiritual help or spiritual support. Three primary means of coping to gain intimacy with others and God emerge: Seeking support from clergy/members, religious helping, and interpersonal religious discontent. In seeking support from clergy/members one looks for care and encouragement through the love and comfort offered by clergy and congregation members. Religious helping is a form of coping through offering spiritual support and comfort to others. Finally, interpersonal religious discontent as a method of religious coping entails sharing one's confusion and unhappiness with the relations of clergy to the individual during a stressful time.

Life transformation. Religion can also serve to help motivated individuals to make major life changes though giving up old objects of value and finding new sources of meaning. Religious methods of coping to achieve a life transformation often take three forms: seeking religious direction, religious conversion, and religious forgiving. Seeking religious direction entails using religion to search for a new direction in life when the one's previous way of life is no longer possible or viable. Religious conversion involves

seeking a radical spiritual change in life through religion. Finally, religious forgiveness refers to helping one move from a place of hurt, anger and/or fear related to an offense to a place of peace and forgiveness.

Religious Coping Varies with Situation, Context, and Time

Pargament (1997) notes that religious coping evidences situational sensitivity. In the Project on Religion and Coping Pargament et al. (1992) found differences in the religious coping strategies employed as well as the purpose for which religion was engaged based on the group into which an individual was placed, as determined by the experience of particular negative events. Those who experienced the death of a loved were more likely to appraise the event as the will of God than those in other situations. They were more likely to use religious involvement as a means of shifting attention away from their loss as well as to engage in religion as a means of increasing social intimacy (sharing and closeness). This suggests religious coping can and does differ depending on the nature of the situation to which it is being applied.

Cultural context also shapes the type of religious coping in which one engages. McReedy and Greeley (1976) compared how individuals from different ethnic backgrounds responded to painful scenarios and found that Polish and Spanish Catholics were more likely to be religious optimists and hopeful than Catholics of an Irish, German or Italian background. Despite being of the same faith, religious coping was influenced by the cultural heritage of the individual.

Religion and its doctrines, dogmas, and theology shapes the way that one views, interprets, and handles situations (Pargament, 1997). Ebaugh, Richman, & Chafetz. (1984) found that Catholics charismatics, Christians Scientists and those of the Baha'i

faith utilized different religious coping strategies based upon the particular theologies of their religious group. Religious coping is also shaped by individual forces, such as an individual's religious orientation—how they generally tend to utilize and engage their faith (Allport & Ross, 1967). The Project of Religion and Coping corroborated this proposition finding that among the three most commonly studied religious orientations—*intrinsic*, *extrinsic*, and *quest*—significant differences in religious coping methods emerged based on the religious orientation (Steenwyk et al., 2010).

Finally, it should be noted that Pargament (1997) states that context, situation and individual forces shape not only the type religious coping in which one engages, but also the mode within which coping occurs. According to him, religious coping is multimodal; it involves various dimensions of human functioning including behaviors, emotions, relationships, and cognitions. Ebaugh et al.'s (1984) study supported this multimodal theory of coping by finding that members of the Christian Science religion were more likely to engage in positive thinking as a primary coping strategy to deal with life events, while Baha'is and Catholic charismatics were more likely to look for support. Even within the desire for relationships (support) the charismatics seemed to desire emotional support, while the Baha'is sought support aimed at helping them read their sacred texts.

Positive and Negative Religious Coping

While religious coping has primarily been studied for its positive, beneficial effects (Boudreaux, Catz, Ryan, Amaral-Melendez, Brantley, 1995; Carver, Scheier, & Weintraub., 1989), the RCOPE's subscales also measure more negative, harmful methods of coping engaged in by individuals. Studies (Pargament, 1997; Pargament et al., 1990) have suggested that greater short term distress is associated with negative religious

coping (NRC) strategies such as pleading for direct intercession, interpersonal religious discontent, spiritual discontent, demonic reappraisals, and punishing God reappraisals. NRC strategies often indicate spiritual struggles as well as struggles with others and one's Divinity. The negative religious coping scale of the Brief RCOPE has also shown predictive validity for health-related outcomes (Pargament et al., 2011). Positive religious coping (PRC) on the other hand evidences a secure relationship with a Divinity, a sense of being spiritually connected to others, and a positive view of the world. Overall, PRC has been associated with more positive psychological adjustments to stressors, while negative religious coping has been associated with greater negative psychological adjustment to stress (Ano & Vasconcelles, 2005).

Religion's Unique Contribution to the Coping Process

Some studies have sought to determine whether religious coping strategies help individuals deal with life-stressors better than non-religious coping methods through between-group comparisons. Weisner, Beizer, & Stolze (1991) found that when coping with a young child with significant developmental delays, no differences emerged between the families using religious coping and families employing non-religious coping on measures of overall family adjustment, degree to which the child was accepted, or feelings of disappointment, concern, or depression. Dufton and Perlman (1986) found that when comparing conservative and non-conservative believers against nonbelievers in the way they coped with loneliness, no difference emerged in overall level of loneliness. Finally, when comparing elderly individuals who had used religious coping strategies to deal with a stressful life event to those who had not, Koenig, Siegler, & George (1989) found that no significant differences emerged on 12 measures of coping and adaptation.

As Pargament (1997) notes, these studies fail, however for three important reasons. First, these studies do not account for various types of religious coping that may contribute to significant, unique differences in the coping process. Second, religious coping has its most significant effects in times of great stress; therefore, the literature's lack of attention to when religious coping is employed may make the comparison dubious. Finally, Dufton and Perlman (1986) found that those exercising religious coping strategies utilized as many nonreligious coping strategies as secular individuals. This points to the overlap that can exist between religious and nonreligious coping strategies, suggesting that within-group comparisons by individuals using both religious and non-religious coping may be the best means for assessing religion's unique contribution to the coping process.

In within-group designs spiritual support has predicted unique adjustment beyond measures of the effects general social support (Kirkpatrick, Kellas, & Shillito, 1993; Maton, 1989). This corresponds to findings that even after controlling for the effects of social relationships, greater church-based social engagement is related to lower levels of loneliness (Johnson & Mullins, 1989) and higher life satisfaction (Ellison et al., 1989). Pargament et al. (1990) found that religious coping contributed unique variance beyond non-religious coping strategies on a general outcome measure that encompassed their perception of how much the event taught them, the degree to which they felt that they handled their feelings, how well they believed they handled the actual situation, and whether they felt better about themselves following the event. Using a sample of hospice caregivers Mickley, Pargament, Brant, & Hipp (1998) found that compared to nonreligious coping, religious coping (appraising the situation as part of God's plan or gaining strength or understanding from God) uniquely predicted greater meaning in life,

feelings of connectedness with God, spiritual growth, and reduced anxiety and depression symptoms above and beyond. Better mental and spiritual health outcomes were found among individuals who relied upon positive religious appraisal, rather than negative religious appraisal. Religious coping also uniquely predicts coping outcomes and symptoms of anxiety and depression among those waiting for loved ones in surgery (Carver et al., 1989), and adjustment to stressful life events among kidney transplant recipients (Tix & Frazier, 1998).

The question of what exactly about religion uniquely contributes improved outcomes in certain domains among certain populations remains an interesting question. As Pargament, Magyar-Russell, & Murray-Swank (2005) notes, the answer may depend on an ontological grounding that is outside of the measureable scope of psychology.

Psychology cannot speak to questions concerning God's existence or the truth-value of religious claims, so one possibility may be that religion's unique effects exist outside of the purview of empirical measurement. In this vein some theorists (Paden, 1992; Pargament, 1997; Pargament et al., 2005) have suggested that religion's unique contribution may be its concern with the sacred. The sacred may potentially serve as a unique source of significance-making above and beyond other sources of significance-making because sacredness implies that the natural order has been transcended and touched by the Divine (Eliade, 1957; Pargament et al., 2005). In their estimation the sacred has a *being* and reality *per se* for the religious individual and is not simply engaged for psychological or social reasons. Consistent with this hypothesis Emmons (1999) found in his work on religious/spiritual striving that unlike other goals, religious/spiritual goals are functionally architectonic. That is, they are the absolute

height of striving due to the fact that the content of the striving concerns the sacred. Another explanation offered by some theorists for religion's unique contribution to coping is that religious coping creates a schema for dealing with the "limits of personal knowledge, control, and resources in coping" (Pargament et al, 1990, p.818). That is, religious coping has access to the sacred—a dimension which transcends the individual—allowing this type of coping to step beyond an individual's limits in their attempt to cope with a negative situation.

Religious Coping across Populations

Positive and negative religious coping have been examined in their relationship to positive and negative psychological adjustment to stress with findings indicating that they are associated respectively (Ano & Vasconcelles, 2005). Religious coping has also been explored in its relationship to meaning in life in Latino/Latina immigrants (Dunn & O'Brien, 2009), positive affect and life satisfaction in urban early adolescents (Van Dyke, Glenwick, Cecero, & Kim, 2009), illness adjustment in cancer patients (Thune-Boyle, Stygall, Keshtgar, & Newman, 2006), adjustment to chronic pain (Bush et al., 1999) and mental health risks across diabetic, congestive heart failure in oncology patients (Fitchett et al., 2004). Religious coping has been evaluated in college samples looking at its relationship to bereavement (Lord & Gramling, 2014), alcohol use (Harrell & Powell, 2014), family support, and negative affect (Hovey & Seligman, 2007). Religiousness has been shown to be an important predictive factor in the number of times an inmate receives disciplinary confinement and adjustment to prison (Clear & Sumter, 2002). Koenig (1995) found that religion has been identified as the most important coping factor for a portion of older male inmates (32%). He also found that older prisoners with a

strong belief in God were more likely to be serving their first prison term and that fewer disciplinary actions tended to be found among high church attenders and those deemed to be moderate to high on religious coping and intrinsic religiousness.

God Image

The concept of God image has been used in the literature with some ambiguity. The term has been fettered by confusion arising from the use of similar, related terms such as God concept, God schema, and God representation (Davis, Moriarty, & Mauch, 2013). Some theorists distinguish between God image and God concept, suggesting that God concept is an individual's conscious, cognitive, theological beliefs about the characteristics of a God figure (Davis et al., 2013; Rizzuto, 1970). God image on the other hand refers to an internal relational model for a particular Divine attachment figure as well as the experience of the self as related to that Divine figure (Badenoch, 2008). Emotional experiences of one's Divine attachment figures are governed and integrated by these internal relational models. Evidence suggests that individuals likely develop aspects of their God image through parental modeling and attachment to early caregivers (McDonald, Beck, Allison, & Norsworthy, 2005; Birgegard & Granqvist, 2004). The literature (Davis, 2013; Hall, Fujikawa, Halcrow, Hill, Delaney, 2009) further notes that God images may be stored at the subsymbolic, nonverbal-symbolic level, corroborating Garzon's (2007) neurobiological hypothesis which posits that God images are context specific, affect laden neural representations. These mental representations can be triggered by learned interpersonal cues or situational cues (Davis, 2013). Moriarty and Davis (2012) suggest that these affect laden, mental representations (God image) are mediated in a unique way by implicit relational knowledge (implicit memories,

knowledge etc.)—the unspoken sense of how to interpret and behave in a relationship with a partner.

An individual's God image has been found to correlated to a number of psychological variables including self-worth (Francis, Gibson, & Robbins, 2001), self-esteem (Benson & Spilka, 1973), autonomy, and self-confidence (Aldredge-Clanton, 2001). Specifically, self-esteem was positively related to loving-accepting God images, while evidencing a negative relationship with rejecting God images (Benson & Spilka, 1973). A positive correlation was also found between self-worth and perceptions of God as loving and forgiving (Francis et al., 2001). Studies show that loving, supportive, or benevolent (positive) images of God correlate positively with higher levels of well-being and lower levels of depressive symptoms (Chukwu & Rauchfleisch, 2002; Eurelings-Bontekoe, Hekman-Van Steeg, Vershuur, 2005; Levin, 2002; Tisdale, Key, Edwards, Brokaw, 1997). Punishing and controlling (negative) God images on the other hand were correlated with higher levels of distress and symptoms of depression (Braam, Mooi, Jonker, Tilburg, Deeg, 2008; Eurelings-Bontekoe et al., 2005; Schaap-Jonker, Eurelings-Bontekoe, Verhagen, Zock, 2002).

Measuring God Image

One of the difficulties that often arise when trying to measure God image is the lack of a common language used to discuss God images (Jonker et al, 2008).

According to Jonker et al (2008) individuals in Western Europe are more likely to speak of God in abstract images than in personal images. Jonker et al. (2008) also argue that another difficulty associated with measuring God image is the inability of self-report measures to capture subconscious perceptions of God. Self-report measures are limited in

that they only capture an individual's conscious, reported perception of their image of God. An individual may feel pressure to report a particular image of God that is consistent with what they think they should believe based on religious or moral instruction, rather than the God image that they actually possess. Furthermore, while numerous measures exist that seek to describe one's understanding of God and God's meaning for them, these measures are often not compatible with the object relations perspective from which the construct of God image arose (Jonker et al., 2008; Hill & Hood, 1999b). Lastly, some researchers Braam et al. (2008) believe that God image is not a clean construct, suggesting that it may be indirectly measuring religious coping. The authors posit that positive and negative religious coping are distinguished by one's expectations of God and feelings about God.

Baylor Religion Survey and God Image

The Baylor Religion Survey (BRS)—a sociology project using a stratified, nationally representative sample of Americans for the purpose of discerning trends in religious ideas and attitude concerning God's personality—found that Americans' view of God can be reduced to two primary dimensions: engaged and judgmental (Froese & Bader, 2010). The judgmental dimension ranges from strict/demanding to nurturing, while the engaged dimension ranges from perceiving God as being an active agent directly involved in the world to a distant, amorphous force. Based on the possible configuration of these perceptions of God's character four possible God images were derived: authoritative, benevolent, critical, and distant.

Authoritative. Wave II of the BRS found that approximately 28.2% of individuals surveyed had an authoritative God image. The authoritative God image is comprised of individuals who believe that God is both highly engaged in the world and highly judgmental. Individuals who believe in an authoritative God believe that God judges human behaviors and that God sometimes acts upon this judgment (Froese & Bader, 2010). These individuals also tend to believe that God permits bad things to happen to those who act in displeasing ways. Individuals with an authoritative God image do not exclude notions of love and care from their image of God, but they tend to hold that a view that God actively judges and punishes and that the good and bad that happen in one's life are the direct result of God's agency.

Benevolent. Wave II of the BRS found that approximately 22.3% of individuals surveyed had a benevolent God image. The benevolent God image is comprised of individuals who believe that God is highly engaged in the world, but not judgmental. Individuals who hold a benevolent God image tend to believe that God functions mainly as a positive force who is less likely to be critical or condemning of others. The benevolent God is able to be called upon in all times by those who are pleasing and displeasing to God. Individuals who hold this God image are less likely to see God's hand in a tragedy, but more likely to attribute moments of happy coincidence or fortune to God's intervention. In this view tragedy becomes an opportunity for God to express love.

Critical. Wave II of the BRS found that approximately 20.9% of individuals surveyed had a critical God image. The critical God image is comprised of individuals

who believe that God is highly judgmental, but not highly engaged in the world. Those who hold this God image tend to think that God's judgment ultimately will prevail in the afterlife. The critical God is omnipotent and omniscient, but unlikely to exercise his justice in this world. In this view God's displeasure is experienced in the next life. This view of most often held by ethnic minorities, the poor, and the exploited (Froese & Bader, 2010).

Distant. Wave II of the BRS found that approximately 23.9% of individuals surveyed had a distant God image. The distant God image is comprised of individuals who believe that God is not highly engaged in the world and not highly judgmental. Individuals who hold such a view often believe that God set nature's laws in motions, but does not actively engage the world or have concerns about humans' activities in the world. Such individuals also often tend away from human characteristics being ascribed to God and tend toward describing God in terms of nature/creation. They also do not believe that God responds to an individual's wants and desires, but may still feel inspired by the knowledge that a higher power exists.

God Image across Populations

God image has been explored across a number of diverse populations. Jonker et al. (2008) examine God image within a psychiatric population and found that psychiatric patients were more likely to hold a negative and threatening image of God than non-psychiatric patients. Higher levels of personality pathology have been found to be associated with a negative image of God in a sample of psychiatric patients as well (Schaap-Jonker et al., 2002). God image has been explored in its relationship to the Five

Factor Model of personality in young international students (Braam et al., 2008), and in its association with happiness in chronic pain patients (Dezutter, Luyckx, Schaap - Jonker, Büssing, Corveleyn, & Hutsebaut, 2010), and across genders (Nelsen, 1985). God image has also been studied in its relationship to psychosis (Koohsar & Bonab, 2010) and overall mental health (Koohsar & Bonab, 2011) in an Iranian college student samples. Perceptions of God in a prison inmate samples have been compared to non-criminal samples (Jolley & Taulbee, 1986). God image has also been examined in its relationship to positive self-esteem in a sample of adolescents (Francis, 2005) as well as life satisfaction and hopelessness in a sample of college students (Steenwyk et al., 2010).

Samples Utilized for Current Study

The current study chose to examine God image, religious coping, and general self-efficacy within a Baylor student sample, a treatment court sample, and an incarcerated sample. These three samples were chosen for two primary reasons: pathology and likelihood of religious involvement. First, a clinical (pathological) and a normative sample (non-pathological) sample were desirable in order to determine whether religious coping, general self-efficacy, and religious coping differed between the two samples. Second, both the normative and pathological sample had to be comprised of individuals who were likely to profess belief in some deity, be coping with life stressors, and have some likelihood of utilizing religious coping.

The Baylor student (BS) sample was chosen because of strong religious commitment of the school and the religious participation endorsed by many Baylor students. High religious affiliation and participation suggests that God image may be a salient variable for many Baylor students. The BS sample was also chosen as the

normative, non-pathological sample. That is, Baylor students are actively participating in a positive, social behavior (college) and are on some level successfully engaging in behaviors sufficient to sustain them in college (at least at the time of testing). Furthermore, college represents a time of change across a number of domains (e.g. academic, social) for most individuals. As a result, being in college represents a time of potential stress for many students, creating an environment in which students may be likely to seek and utilize various methods to cope with such stressors. Due to its religious mission and identity, it seemed likely that religious coping may be one method of coping used by students at Baylor.

A treatment court (TC) sample, comprised of individuals with drug and alcohol related convictions, was chosen to assess the constructs of God image, general self-efficacy, and religious coping as well. The treatment court sample was chosen as the first of the clinical samples due to the fact that participation in the program required a diagnosis of a substance use disorder as well as criminogenic behavior. The rationale for using a treatment court sample was twofold. First, individuals engaged in the Lackawanna County treatment court program are offered drug and alcohol treatment (as well as consults with a psychiatrist and social work assistance). Individuals are encouraged and taught through individual and group treatment to engage in positive coping strategies to deal with and address the factors that may be contributing to their substance abuse problem. Second, one of the required coping strategies in which TC individuals must participate is Alcoholics Anonymous (AA). While AA participation does not require religious coping per se it does encourage and aim to teach participants how to utilize and rely upon a Higher Power (AA, 2001). Thus, it is likely that

individuals actively working the 12-steps of AA possess an image of God and as may be engaging in religious coping strategies as well.

Finally, a prison sample was utilized due to fact that previous research looking at religious involvement and coping in prisons suggests that religion and coping styles are a salient variable for many inmates (Clear & Sumter, 2002). Furthermore, previous research has indicated that inmates engaged in religious activities and programming as a means of personal enhancement while incarcerated. In one sample 32% of inmates reported participating in Bible studies or church services (Hallett & Johnson, 2014). Incarceration requires individuals to attempt to adjust to prison culture and find ways to cope with the vicissitudes of incarceration. As such, the prison sample represents a group of individuals who engage in coping behaviors and for whom religion is often an important variable. As such, it represents the second pathological population from which participants were drawn.

God Image, Religious Coping, and General Self-Efficacy: Possible Theoretical Models

It has been established in the literature that increased self-efficacy beliefs are related an enhancement in coping behaviors (Bandura, 1982; Bandura, 1997; Schaubroeck et al., 2000; Wiedenfeld et al., 1990). As noted above, GSE relates to a number of components that comprise positive coping (Scholz et al., 2002). Therefore, it is hypothesized here that since GSE concerns general coping abilities it should be related to positive religious coping—especially since positive religious coping and positive coping share a number of underlying constructs (reframing, utilizing social support etc.) The extent and nature, if any, of the influence of God image on the relationship between self-efficacy and coping emerges as a significant and interesting question.

An individual's image of God—their sense of God's character and interactional style with creation—can form the basis of a fundamental orienting system for the individual. As such, this image of God may influence the quantity and quality of religious coping strategies engaged in by an individual. Consistent with this hypothesis, Schreiber (2011) found, using the same Baylor Image of God Scale (BIGS) and the full version of the religious coping measure utilized in the current study, that early breast cancer survivors who perceived God's character as more engaged were more likely to engage in coping behaviors that strengthened or conserved their spiritual beliefs (spiritual conservation). Another study found that an image of God as personally engaged predicted religious coping strategies (van Laarhoven, 2010). As noted above by Braam et al. (2008), the relationship between God image and religious coping may emerge because positive and negative religious coping may indirectly measure God image. That is, because religious coping strategies are differentiated by one's expectations of God and feelings about God, measuring religious coping actually measures one's image of God.

The function of God image in the appraisal process also provides a theoretical basis for exploring the relationship between God image and religious coping as well as the association between God image and GSE. It seems reasonable to suggest that an individual's image of God can exert an effect on one's *primary* appraisal—that is, their assessment of an event as threatening or challenging. Depending on the degree to which one believes God is benevolently or judgmentally engaged in their life, they may be more likely to perceive a situation as negative, threatening, or stressful and subsequently be more likely to utilize negative religious coping strategies. Similarly, God image seems theoretically related to GSE through the *secondary* appraisal process—a judgment of the

individual's ability to meet the cope with a challenging even. An individual's God image may influence the degree to which one perceives themselves as having the ability to cope with a current stressor. For example, if an individual possesses a loving, supportive God image they may be more likely to positively evaluate their ability to cope with a situation. In this scenario the individual does not need to possess or utilize internal coping tools or skills, but rather possesses a God who can help them feel better about themselves even in the face of failure; God becomes the coping tool. Depending on the God image which one possesses, they may feel as if they are able to handle numerous and diverse situations because they have the comfort and support of God. It is conceivable in these situations that previous performance success no longer drives self-efficacy beliefs, but rather one's perceptions of their abilities to cope with a situation depends upon knowing that they will be comforted and supported by God—a positive experience—even if they do not exercise their coping abilities well.

Alluded to above, the hypothesis for this relationship among God image, GSE, PRC is rooted in the idea that certain God images allow God to function as the context in which life occurs. That is, if one perceives God to be actively engaged in such a way that God's being penetrates each and every moment and every activity in which the individual is engaged then it seems that an individual's sense of self-efficacy should generalize to those areas in which they believe God's presence to be active. This is because the generalizability of self-efficacy beliefs to new situations partially depends upon similarities between the new situation and the situation in which enhanced self-efficacy beliefs previously existed. It seems reasonable to suspect that one's perception of their ability to cope across diverse situations (GSE) with the help of religious resources (PRC)

may depend to some extent on the degree to which one perceives God as the pervading context in which all things occur.

It seems that in trying to determine the nature and extent of God image's influence on the hypothesized relationship between GSE and positive religious coping two possibilities emerge. The first possibility is that while GSE and PRC may have a direct relationship, God image may be an indirect pathway through which part of the relationship is explained (Figure 2).

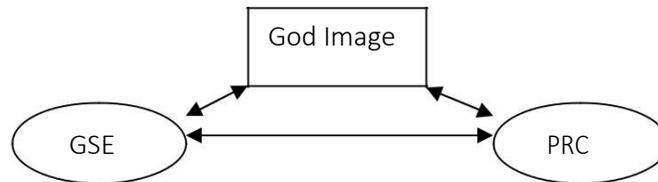


Figure 2. Mediation model of God image.

A second possibility is that the relationship between GSE and PRC depends upon an individual's God image (Figure 3). In this model the indirect pathways between God image and GSE and God image and PRC are of no concern.

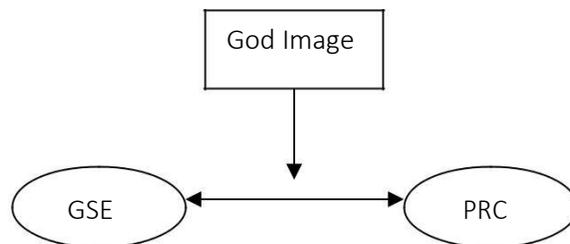


Figure 3. Moderation model of God image.

Hypotheses

Based on the information above the hypotheses for the current study are as follows:

1. Within each sample positive religious coping will have a positive correlation with the engagement dimension of the God image inventory.
2. Within each sample positive religious coping will be negatively correlated with the judgment dimension of the God image inventory.
3. Within each sample negative religious coping will be positively correlated with the judgment dimension of the God image inventory.
4. Within each sample negative religious coping will be negatively correlated with the engagement dimension of the God image inventory.
5. Within the BS and DP samples GSE will be positively correlated with the engagement dimension of God image.
6. Within the BS and DP samples GSE will be negatively correlated with the judgment dimension of God image.
7. Within the BS and DP samples GSE will be positively correlated with positive religious coping.
8. Within the BS and DP samples GSE will be negatively correlated with negative religious coping.
9. Within the BS and DP samples individuals with benevolent and authoritative God images will report significantly higher levels of GSE than individuals with critical and distant God images.
10. Within the three samples individuals with benevolent and authoritative God images will report significantly higher levels of positive religious coping than individuals with critical or distant God images.
11. Within each sample individuals with critical and distant God images will report significantly higher levels of negative religious coping than individuals with benevolent or authoritative God images.

CHAPTER THREE

Methods

Participants and Recruitment

Three primary groups were recruited for the current study. The clinical samples were drawn from Lackawanna County treatment court and DUI court participants (TC) as well as inmates from the State Correctional Institution (SCI) at Dallas in Pennsylvania (DP). Due to the limited access to pathological populations, two pathological samples were assessed. These samples remained discrete in most of the statistical analyses, however, since the TC sample differed significantly from the DP sample in that individuals in the TC sample were actively engaged in treatment and were being taught how to cope with stressors. The normative sample was drawn from Baylor University Students (BS).

The researcher contacted the presiding judge of the Lackawanna County treatment court program in order to inquire about his willingness to allow his TC population to be utilized as a study sample. The nature and purpose of the study was discussed as well as the methods and procedures that would be implemented. After giving his consent to the study the judge placed the researcher in contact with the managing director of both the TC and the DUI court. The procedures and purpose of the study were reviewed with the director. Discussion was given to her role in administering the surveys and returning the data to the researcher. The director was responsible for informing participants that participation was voluntary, providing informed consent, administering questionnaires to

participants in the courthouse prior to a treatment court session, collecting those that were completed, and mailing all completed surveys back to the researcher. The director agreed to this role and offered the opportunity to participate in the study to members of treatment court across the four phases of the program.

Intentionally offering the opportunity for members in different phases of treatment to participate in the study was important because as individuals progress to higher phases of the TC program they are no longer required appear in court as frequently. Thus, only offering the survey at one time point in time would naturally limit the number of participants in the second, third, and fourth phases that were provided the opportunity to participate. Therefore, to get an accurate representation on the sample, it was important for the TC director to intentionally seek out participants in the second, third, and fourth phase of treatment and offer them the survey. Individuals were informed that not participating in the questionnaire would not adversely affect their standing in the treatment court program in any way.

The researcher contacted a unit manager at SCI Dallas to assess the feasibility of utilizing the DP sample for the study and was referred to the Department of Corrections review board. Copies of the study questionnaire were sent to the review board for evaluation. Questions were raised by the review board including: how surveys would be distributed, collected, kept confidential, and which statistical analysis that would be conducted on the data. These questions were answered by the researcher. Following approval from the Department of Corrections the unit manager was contacted and informed of his role in distribution, collection, and returning via mail the completed surveys back to the researcher. The unit manager at SCI Dallas offered the survey to

inmates on the unit. Participation was voluntary and inmates were informed that not participating in the survey did not negatively affect their prison sentence or their conduct report on the unit. If inmates agreed to participate they were taken into a room in groups of approximately six at a time in order to fill out the survey. The survey was read out loud for inmates who desired to participate, but were illiterate.

Baylor University students were recruited through an online survey. Following approval from the Baylor Internal Review Board (IRB) a survey was placed on Qualtrics and students at Baylor University were given access to the survey. The survey provided informed consent documents and an option for students to cease participation at any time during the study. Students were informed that participating in the study was voluntary.

For the TC and DP samples the surveys were numbered in sequential order. Participants were not required to provide their name or prisoner ID numbers thus ensuring anonymity. Baylor University students who were participating in the study for credit in their Introduction to Psychology course were required to provide their Baylor ID numbers so that credit could be provided to them for participation. Participant names were never seen in conjunction with their questionnaires.

Measures

Brief measure of religious coping. The Brief Measure of Religious Coping (Brief RCOPE) is a 14-item measure of positive and negative religious coping methods to deal with significant life stressors. As noted above positive religious coping methods evidence a secure relationship to a higher power, spiritual connectedness with others and a worldview that is kind and generous. Negative religious coping reflects spiritual struggles

and difficulty within oneself, with other and with a higher power (Pargament et al., 2011). Both the positive and negative coping scales are composed of 7 items that are scored on a four point Likert scale.

A recent review of the Brief RCOPE that examined its use in 30 studies found that the median alpha for the positive coping scale was .92, while the median alpha for the negative coping scale was .81 (Pargament et al., 2011). These studies utilized primarily Christian participants from the U.S. and Europe, though there is some evidence in Muslim Pakistani students of internal consistency of the subscales. Most of the studies found no correlation between the positive and negative coping scales, though a positive association between the scales was found in Christian undergraduates at an urban university, a community sample of UK adult caregivers of terminal cancer patients, and advanced cancer patients. The Brief RCOPE also evidences concurrent and predictive validity. Finally, some evidence exists that supports the measure's sensitivity to change over time (Bay, Beckman, Trippi, Gunderman, & Terry, 2008; Piderman, Schneekloth, Pankratz, Maloney, & Altchuler, 2007).

General self-efficacy scale. The General Self-Efficacy Scale (GSES) is a 10-item measure of the general self-efficacy construct—a construct related to self-efficacy, but differs in that it is thought to be more trait-like and less domain specific. GSE represents one's confidence in their competence to deal with diverse, demanding situations. GSES is scored on a four point Likert scale.

In a number of research studies GSE has yielded internal consistency alphas ranging from .75 to .91 (Scholz, Doña, Sud, & Schwarzer, 2002). In one large study (Scholz et al., 2002) examining the GSE construct across 25 countries internal

consistency analysis yielded an alpha of .86. Factor analysis also supported a one factor (unidimensionality) solution. GSE also evidences stability (retest reliability) over time in a number of longitudinal studies, providing r -values from .47 to .75. A large study (Schwarzer & Jerusalem, 1999) examining the internal validity of the GSES found correlations with optimism ($r=.49$) and perception of challenge in stressful situations ($r=.45$). Positive correlations were also found with proactive coping and self-regulation. Strong negative correlations were found with emotional exhaustion, depersonalization, and lack of accomplishment.

Baylor Image of God Survey. The Baylor Image of God survey (BIGS) is a 12-item measure that seeks to measure an individual's underlying perception of God's nature (Froese & Bader, 2010). The scale was derived from questions that were given to participants in the Baylor Religion Survey (BRS). The current BIGS was derived from questions from Wave II of the BRS. The BIGS does not focus on a particular religious faith, but measures perceived aspects of a Higher Power or Transcendent Being's character. The scale is composed of two dimensions: God's engagement (ENG) and God's judgment (JDG). The ENG dimension is concerned with an individual's belief about God's level of involvement in the world, while the JDG dimension is concerned with God's critical and punishing stance toward creation. BIGS is scored on a 5 point Likert-type scale.

Among the large stratified sample from which the God image data was taken the BIGS provided good internal consistency. The engagement dimension yielded an alpha of .88 and the judgment dimension an alpha of .85 (Froese & Bader, 2010). Four categorical variables can be created by splitting these dimensions at their means: authoritative (high

engagement, high judgment), benevolent (high engagement, low judgment), critical (low engagement, high judgment), distant (low engagement, low judgment). Due to the relatively new nature of this scale there have not been any longitudinal studies done to test for stability (retest reliability) or construct validity.

Statistical Analysis

In order to test the proposed hypothesis a number of statistical analyses were performed. First, descriptive statistics were run on the data to determine the number of men and women in each sample, years of education completed, the average age of each sample, and mean scores for the God image dimensions, Brief RCOPE scales, and GSE. A chi-square test was used to compare the overall percentage of individuals within each God image category in the study with the nation distribution of God images attained by Froese and Bader (2010). Each sample was then independently compared to the national average using the same test. Finally, chi-square tests were performed to determine whether the percentage of individuals within each God image category varied significantly between the samples themselves and which samples in particular deviated from one another. A t-test was used to compare mean scores across the BS and DP samples to determine whether significant differences exist in the GSE means.

Pearson product-moment correlations were used to determine whether within each sample significant relationships existed between positive and negative religious coping styles, GSE, and God's perceived engagement and judgment. One-way analysis of variance (ANOVA) was used to determine whether group differences emerged between the samples on the four following dependent variables: ENG, JDG, PRC, and NRC.

One-way ANOVAs were also performed to determine whether within each sample the four God image categories evidenced significant differences on positive and negative religious coping. Finally, to determine whether a God image mediates the relationship between GSE and PRC, the BS and DP samples were collapsed into a unified sample, and preliminary linear regressions were performed on GSE, PRC, ENG, and JDG. A moderation analyses was performed using GSE, PRC, and ENG by JDG in order to determine whether the suspected relationship between GSE and PRC depended upon God image.

CHAPTER FOUR

Results

Participants

Data were collected from a Baylor student population (BS), Dallas Prison (DP) population and Lackawanna county treatment court population (TC). The initial purpose for data collection within each sample differed from the current aim of this study. Therefore, the data available for each sample differed slightly. Demographic information for the BS sample differed from the data available for the DP and TC samples. Available demographic information from the BS sample only included age, gender, grade, and current religious affiliation. Basic demographic information collected on the DP and TC samples were identical. Additional information relevant to each sample (e.g. phase within TC, length of sentence, particular crime committed etc.) was also gathered. It should be noted that in order to categorize individuals into the four God image categories a mean split for the engagement and judgment scale was used within each sample. If an individual was above the overall sample mean for a particular dimension they were categorized as high on the dimension. If they fell below the overall sample mean then they were classified as low on that dimension. Individuals who evidenced a score that fell exactly at one (or both) of the overall sample means for a dimension were not categorized into one of the God Images. These individuals were still used in analysis that utilized the overall dimension mean scores, but did not necessitate dichotomization of the continuous variable.

Participant Characteristics

Baylor students. Individuals within the Baylor student sample tended to be female (72.3%). The overall mean age of the sample was 19.15 years old ($n=393$, $SD=1.94$). The academic class that comprised the largest group of respondents was sophomores (34.9%). Protestant was the most commonly endorsed religious preference (43.1%) followed by Other Religion (31%). The high percentage of individuals reporting a preference for Other Religion is inconsistent with the overall Baylor religious demographic and may be accounted for by the fact that students did not understand that particular Protestant denominations (i.e. Baptist, Methodist etc.) fall under the general category of Protestant religious affiliation. Full demographic descriptive statistics for the Baylor sample are presented in Table 4.1.

Table 4.1

Baylor Student Demographics

Category	n	M(SD)	%
Gender			
Male	101	--	25.0
Female	292	--	72.0
No Response	11	--	2.7
Age	392	19.15 (1.94)	--
Grade			
Freshman	86	--	21.3
Sophomore	141	--	34.9
Junior	87	--	21.5
Senior	74	--	18.3
No Response	16	--	4.0
Religious Preference			
Protestant	174	--	43.1
Catholic	72	--	17.8
Other Religion	122	--	31.0
No Religion	25	--	6.2
No Response	11	--	2.7

Treatment court sample. Individuals in the TC sample tended to be Caucasian (72.9%). There was a relatively equal percentage of male (47.1%) and female (44.3%) participants. The modal age range for the sample was 31-40 (25.7%). Most of the individuals (57.1%) had graduated from high school or possessed a GED. None of the respondents had completed college, though 18.6% reported having completed some college courses. The majority (52.9%) of the participants in the sample identified as Protestant. Participants tended to be raised primarily by mothers in single parent homes (24.3%), although 21.4% reported being raised by both parents. Full demographic descriptive statistics are presented in Table 4.2.

Dallas prison inmates. Individuals in the DP sample tended to be African America (39.6%). All of the participants (100%) identified as male. The modal age range for the sample was 31-40 (29.7%). The majority of individuals (73.0%) reported that they had not completed any high school grade levels. The remaining respondents (19.8) reported completing only the 9th grade. The modal sentencing range (34.2%) for the sample was 25+ years with the most common charge among respondents (25.2%) being murder. Individuals tended (40.5%) to endorse currently identifying as Protestant. Most participants endorsed being raised in a single parent home by their mother (47.7%), while individuals raised by both parents (44.1%) closely followed. Full demographic descriptive statistics are presented in table 4.2.

Table 4.2

Demographic Information for TC and DP Samples

Category	TC		DP	
	n	%	n	%
Age				
18-21	14	20.0	6	5.4
22-30	10	14.3	20	18.0
31-40	18	25.7	33	29.7
41-50	9	12.9	26	23.4
50+	10	14.3	16	14.4
Gender				
Female	31	44.3	0	0
Male	33	47.1	100	100
No Response	6	8.6		
Race/Ethnicity				
Caucasian	51	72.9	35	31.5
Hispanic	3	4.3	21	18.9
African American	8	11.4	44	39.6
Asian	3	4.3	1	0.9
Other	--	--	8	7.2
No Response	5	7.1	2	1.8
Level of Education				
No high school/GED	3	4.3	81	73.0
9 th grade	4	5.7	22	19.8
11 th grade	5	7.1	--	--
High school diploma/GED	40	57.1	--	--
Some college	13	18.6	--	--
No Response	5	7.1	8	7.2
Religious Preference				
Catholic	12	17.1	15	13.5
Protestant	37	52.9	45	40.5
Other	2	2.9	15	13.5
No Religion	11	15.7	14	12.6
Spiritual	1	1.4	10	9.0
No Response	7	10.0	3	2.7
Primary Caregiver				
Mother	17	24.3	53	47.7
Father	5	7.1	4	3.6
Both	15	21.4	49	44.1
No Response	33	47.1	5	4.5

Demographic Contrasts among Samples

Individuals in the BS, TC, and DP samples were compared and analyzed using cross tabulation as well as chi-square tests to determine whether the percentage of individuals within each God image category was equal among each of the samples. Chi-square results showed that the God images were not evenly distributed among the three samples, $\chi^2 (6, n=544) = 20.11, p = .003$ (see table 4.3).

Table 4.3

Group by God Image Cross tabulation

Group	Authoritative	Benevolent	Critical	Distant
Baylor Students				
n	114	126	69	70
Expected n	108.7	122.6	78.7	69.0
% within Group	30.1%	33.2%	18.2%	18.5%
% of Total	21.0%	23.2%	12.7%	12.9%
Treatment Court				
n	10	26	23	6
Expected n	18.6	21.0	13.5	11.8
% within Group	15.4%	40.0%	35.4%	9.2%
% of Total	1.8%	4.8%	4.2%	1.1%
Dallas Prison				
n	32	24	21	23
Expected n	28.7	32.4	20.8	18.2
% within Group	32.0%	24.0%	21.0%	23.0%
Total %	28.7%	32.4%	20.8%	18.2%

As such, cross tabulations and chi-square tests were employed to compare the BS sample with the DP and TC samples and then to compare the TC and DP samples.

Results showed that the BS sample and the DP sample contained relatively equal percentages of individuals within each God image category, $\chi^2 (3, n=479) = 3.42, p = .33$.

Comparisons between the BS sample and the TC sample revealed a significant difference between the samples in the percentage of individuals within each God image category, χ^2

(3, n=444)=15.69, $p < .05$). Comparisons between the DP sample and the TC sample revealed a significant difference between the samples in the percentage of individuals within each God image category, χ^2 (3, n=165)=14.90, $p < .05$).

A chi-square test was run to determine whether the percentages of individuals who endorsed particular God images within the entire sample (created by collapsing the BS, DP, and TC samples into one) deviated from the expected percentages as determined by Froese and Bader's national survey of God image. Wave II of Froese and Bader's study found that 28.2% of individuals surveyed endorsed perceiving God as authoritative, 22% endorsed a benevolent God, 20.9% endorsed a critical God, and 23.9% endorsed a distant God image (Froese & Bader, 2010). Within this study's overall sample 28.7% endorsed perceiving God as authoritative, 32.4% endorsed a benevolent God, 20.8% endorsed a critical God, and 18.2% endorsed a distant God image. The chi-square test found that when compared to the expected N based on Froese and Bader's national percentages the current sample provided a distribution of God images that differed significantly from what was expected, χ^2 (3, n=544)=29.39, $p < .001$ (see table 4.4).

Table 4.4

Chi-Square Frequencies

God Image	Observed N	Expected N	Residual
Authoritative	156	161.0	-5.0
Benevolent	176	127.3	48.7
Critical	113	119.3	-6.3
Distant	99	136.4	-37.4
Total	544		

Since the overall sample deviated from Froese and Bader's percentages, each sample was individually compared to Froese and Bader's percentages using the chi-square

test. The God image distribution within the BS sample deviated from the national survey's percentages, $\chi^2(3, n=379)=24.73, p<.001$. The God image distribution within the TC sample also deviated from the nation survey's percentages, $\chi^2(3, n=65)=23.96, p<.001$. The DP samples, however, did not evidence a significant deviance from the national survey's distribution of percentages of individuals within a given God image category, $\chi^2(3, n=100)=.423, p<.93$.

A one-way ANOVA was used to compare the BS, DP, and TC samples on mean scores across four of the five administered scales (i.e. PRC, NRC, ENG, JDG). In a few cases Levene's test for homogeneity of variance showed that variance among the compared means was not homogeneous. Generally, the ANOVA remains a robust test of mean differences if the largest variance is less than or equal to four times greater than the smallest variance (Stevens, 2002). Therefore, in cases in which Levene's test revealed non-homogeneity of variance, the variance ratio test was applied. If the variance ratio exceeded the 4 times limit then a Welch test for comparison of means of unequal variance was utilized. Also, since the GSE was not administered to the TC sample a t-test was used to compare BS and DP GSE mean scale scores.

Comparing sample PRC mean scores revealed no significant difference between the groups, $F(2, 527)=1.79, p=.167$ (see table 4.5). Significant scale mean scores did emerge, however, for the NRC, ENG, and JDG scales (see table 4.5). In comparing NRC mean scores across samples a statistically significant difference between means was detected, $F(2, 527) = 5.94, p=.003$ (see table 4.5). Post hoc comparisons were performed using the Least Significant Difference (LSD) test, a test of all possible pair-wise comparisons of means composing a factor. LSD post hoc comparisons indicated that the

NRC mean score for the TC sample ($M=1.35$, $SD=.68$) was significantly lower than both the BS sample ($M=1.66$, $SD=.60$) and the DP sample ($M=1.62$, $SD=.60$). No statistically significant difference emerged between the DP and BS means on NRC, however.

ENG scale mean scores evidenced a significant difference across samples, $F(2, 541)= 12.42$, $p<.001$ (see table 4.5). LSD post hoc comparisons indicated that the ENG mean score for the TC sample ($M=3.53$, $SD=.48$) was significantly lower than both the BS sample ($M=4.09$, $SD=.90$) and the DP sample ($M=3.92$, $SD=.93$). No statistically significant difference emerged between the DP and BS means on the ENG scale mean score.

JDG scale mean scores did not evidence the necessary homogeneity of variance (or the stipulated acceptable variance ratio) as noted by Levene's test, $F(2, 541) = 18.742$, $p<.001$. Since the assumption of homogeneity of variance was not met and a variance ratio of four times was exceeded by largest and smallest variance, Welch's adjusted F-ratio was used. Using Welch's adjusted F ratio, the mean scores on the JDG scale showed significance difference between the sample groups, $F(2, 158)=52.40$, $p<.001$. Post hoc comparison's using LSD indicated that the TC sample mean ($M=2.25$, $SD=.54$) was significantly lower than both the BS sample ($M=3.05$, $SD=.86$) and the DP sample mean ($M=3.12$, $SD=1.13$). No statistically significant difference emerged between the DP and BS means on the JDG scale mean score.

The t-test comparing means between the BS and DP samples on GSE emerged as statistically significant with the DP sample evidencing higher reported GSE mean scores than the BS sample, $t(479)= -2.107$, $p=.036$.

Table 4.5

Between Groups ANOVA for Scale Means

Scale	BS		DP		TC		F	p
	n	M(SD)	n	M(SD)	n	M(SD)		
PRC	377	2.77(.75)	99	2.77(.83)	54	2.65(.78)	1.79	.167
NRC	377	1.66(.60)	99	1.62(.60)	54	1.35(.68)	5.94	.003
ENG	379	4.09(.90)	100	3.92(.93)	65	3.52(.48)	12.42	< .001
JDG	379	3.05(.86)	100	3.12(1.13)	65	2.25(.54)	52.40	< .001
GSE	374	3.04(.41)	107	3.17(.46)				

Proposed Theoretical Model Analysis

First, it should be noted that for the proposed theoretical model analysis the BS and DP sample were collapsed and considered as one sample. The TC sample was not used in model analysis. This occurred for two reasons. First, there was no GSE data collected for the TC sample. Second, based on the chi-square results previously reported, the BS and DP samples had similarly distributed percentages of each God image category within their sample. Thus, these samples were well suited to be collapsed into one large sample to increase the overall N and power of the model. The TC sample, on the other hand, evidenced significantly different percentages of individuals within each God image category from both the BS and DP samples, making it a poor fit to be combined with the BS and DP samples.

The first proposed model concerning the relationship between God image, GSE, and PRC suggested that God image mediated the relationship between GSE and PRC. A full mediation analysis was not performed because the suspected and necessary main effects relationship between GSE and PRC for this model was not found in linear regression analysis (see table 4.6). Assessing main effects, only ENG evidenced a significant relationship with PRC. Since God image is, in its fullest sense, a function of

the interaction between ENG and JDG, model 4 of the two-way interaction measures the effect of God image PRC. No significant relationship between God image and PRC was evident.

The second proposed model concerning the relationship between God image, GSE, and PRC posited that God image moderated the relationship between GSE and PRC. Interestingly, while no main effect relationship emerged between GSE and PRC,

Table 4.6

Linear Regression for PRC as Dependent Variable

Predictor(s)		B	S.E.(B)	R ²	p
Main Effects					
1	GSE	.070	.088	.002	.694
2	ENG	.544	.028	.414	<.001
3	JDG	-.002	.044	.000	.977
Two-way Interaction					
4	ENG	.546	.029		<.001
	JDG	.000	.031		.993
	ENG*JDG	-.023	.024		.336
				.415	
5	ENG	.528	.029		<.001
	GSE	.045	.066		.495
	ENG*GSE	.200	.059		.001
				.419	
6	JDG	-.004	.044		.928
	GSE	.070	.091		.443
	JDG*GSE	-.001	.095		.991
				.002	
Three-way Interaction					
7	GSE	.036	.066		.579
	ENG	.534	.030		<.001
	JDG	-.003	.032		.937
	ENG*JDG	-.038	.025		.138
	ENG*GSE	.216	.064		.001
	JDG*GSE	.105	.071		.141
	ENG*JDG*GSE	-.001	.070		.988
				.424	

when ENG was entered into the model the relationship became significant. JDG was not found to moderate the relationship between GSE and PRC. The interaction between ENG and JDE also did not moderate the relationship between GSE and PRC (see table 4.6).

Hypothesis Analyses

Hypothesis One

The first hypothesis predicted that within each sample PRC would have a positive correlation with the ENG dimension of the God image inventory. As hypothesized PRC was positively correlated with the perception of God’s engagement in one’s life for the BS, DP, and TC samples (see table 4.7).

Table 4.7

Within Group Correlations Across the Dependent Variables

Group	Scale	1	2	3	4
BS	1.PRC	--			
	2.NRC	-.009	--		
	3.ENG	.664***	-.170**	--	
	4.JDG	-.016	.247***	-.047	--
	5.GSE	.045	-.223***	.009	-.115*
DP	1.PRC	--			
	2.NRC	-.027	--		
	3.ENG	.577***	-.173*	--	
	4.JDG	.032	.339***	.54	--
	5.GSE	.024	-.137	.129	-.050
TC	1.PRC	--			
	2.NRC	.08	--		
	3.ENG	.640***	-.046	--	
	4.JDG	-.722***	-.012	-.736***	

* Correlation is significant at the .05 level (1-tailed)

**Correlation is significant at the .01 level (1-tailed)

***Correlation is significant at the .001 level (1-tailed)

In the BS sample a moderate correlation emerged between PRC and ENG, $r(364)=.664$, $p<.001$ (see table 4.7). Likewise, the DP sample evidenced a moderate correlation between the two scale means, $r(93)=.577$, $p<.001$. Finally, the TC sample also produced a moderate correlation between PRC and ENG, $r(54)=.640$, $p<.001$.

Hypothesis Two

The second hypothesis predicted that within each sample PRC would be negatively correlated with the JDG dimension of the God image inventory. Consistent with the hypothesis PRC showed a high negative correlation with the JDG dimension of God image within the TC sample, $r(54)= -.722$, $p<.001$ (see table 4.7). Inconsistent with the hypothesis, however, was the failure of both the BS and DP sample to evidence signs of a statistically significant relationship between PRC and JDG. Both the BS sample, $r(93)=.032$, $p=.38$, and the DP sample, $r(364)= -.016$, $p=.382$, evidenced non-significant relationships between PRC and JDG (see table 4.7).

Hypothesis Three

Hypothesis three predicted that within each sample NRC would be positively correlated with the JDG dimension of the God image inventory. Consistent with the hypothesis the BS and DP sample evidenced positive correlations between negative religious coping and the perception of God as characterized as judgmental. The Baylor sample showed a small, but statistically significant correlation, $r(364)=.247$, $p<.000$ (see table 4.7). Likewise the DP sample showed a small, statistically significant correlation, $r(93)=.339$, $p<.000$ (see table 4.7). The TC sample showed a no significant relationship, $r(54)=-.012$, $p=.466$ between the variables.

Hypothesis Four

The fourth hypothesis predicted that within each sample NRC would be negatively correlated with the ENG dimension of the God image inventory. Consistent with the hypothesis the BS and DP samples showed statistically significant negative correlations between NRC and perceiving God as engaged in one's life. The BS sample evidenced a weak, negative correlation, $r(364)=-.170$, $p=.001$ (see table 4.7). The DP showed a similarly weak, but significant correlation, $r(93)=-.173$, $p=.048$ (see table 4.7). The TC sample did not evidence a significant correlation, $r(54)=-.046$, $p=.371$.

Hypotheses Five

Hypothesis five predicted that within the BS and DP samples GSE would be positively correlated with the ENG dimension of God image. Unexpectedly, GSE did not show any statistically significant positive correlations with the engaged dimension of God image for either the BS sample, $r(361)=.009$, $p=.436$, or the DP sample, $r(99)=.129$, $p=.101$ (see table 4.7).

Hypothesis Six

Hypothesis six predicted that within the BS and DP samples GSE would be negatively correlated with the JDG dimension of God image. Consistent with the hypothesis the BS sample evidenced a weak, but statistically significant negative correlation, $r(361)=-.115$, $p=.014$. The DP sample, however, did not show a significant negative relationship between GSE and the JDG dimension of God image, $r(99)=-.050$, $p=.311$.

Hypothesis Seven

Hypothesis seven predicted that within the BS and DP samples GSE would be positively correlated with PRC. Contrary to the hypothesis positive coping did not evidence a significant positive relationship with GSE in either the BS sample, $r(367)=.045, p=.197$, or the DP sample, $r(97)=.024, p=.408$.

Hypothesis Eight

Hypothesis eight predicted that within the BS and DP samples GSE would be negatively correlated NRC. Consistent with the hypothesis GSE showed a weak, but statistically significant negative correlation with NRC in the BS sample, $r(368)= -.223, p<.001$. Contrary to the hypothesis the DP sample did not evidence a relationship, $r(97)= -.137, p=.090$ between GSE and negative religious coping.

Hypothesis Nine

Hypothesis nine predicted that within the BS and DP samples individuals with benevolent and authoritative God images would report significantly higher levels of GSE than individuals with critical and distant God images. Contrary to the hypothesis neither the BS, $F(3,357)=2.28, p=.079$, nor the DP, $F(3, 95)= 1.96, p=.125$, sample showed any significant variance in mean differences among the four God image categories on GSE (see table 4.8).

Table 4.8

Scale Means and F-scores for God image within Groups

Group	Scale	A		B		C		D		F	p
		n	M(SD)	n	M(SD)	n	M(SD)	n	M(SD)		
BS	PRC	100	3.14(.57)	120	3.06(.61)	66	2.27(.77)	68	2.18(.76)	53.55	<.001
	NRC	110	1.69(.57)	119	1.45(.46)	67	1.98(.64)	68	1.66(.64)	12.24	<.001
	GSE	108	3.04(.42)	119	3.16(.40)	67	3.02(.48)	67	3.04(.35)	2.28	.079
DP	PRC	29	3.05(.70)	23	3.05(.68)	19	2.41(.79)	22	2.44(.96)	4.91	.003
	NRC	29	1.68(.63)	23	1.34(.43)	19	1.95(.58)	22	1.61(.63)	3.85	.012
	GSE	31	3.22(.35)	24	3.32(.41)	21	3.06(.50)	23	3.04(.54)	1.96	.125
TC	PRC	9	2.68(.34)	20	3.07(.55)	19	1.90(.71)	6	2.78(.74)	12.15	<.001
	NRC	9	1.53(.81)	20	1.42(.86)	19	1.26(.45)	6	1.16(.40)	.543	.655

Hypothesis Ten

Hypothesis ten predicted that within the three samples individuals with benevolent and authoritative God images would report significantly higher levels of PRC than individuals with critical or distant God images. The one-way ANOVA for the BS, DP, and TC samples all evidenced significant mean differences among the different God image categories.

The BS sample showed significant mean difference between God image categories, $F(3, 360)=53.55$, $p<.001$ (see table 4.8). Consistent with the hypothesis LSD post hoc comparisons between group means indicated that those with a benevolent God image ($M=3.06$, $SD=.61$) reported higher levels of PRC than individuals with critical ($M=2.27$, $SD=.77$) and distant God images ($M=2.18$, $SD=.63$; see table 4.8). Also consistent with the hypothesis, individuals with an authoritative God image ($M=3.14$, $SD=.57$) reported higher levels of PRC than individuals with critical and distant God images.

The DP sample also showed significant mean differences between God image categories, $F(3, 89)=4.91$, $p=.003$ (see table 4.8). Consistent with the hypothesis LSD post hoc comparison between group means indicated that those with a benevolent God image ($M=3.05$, $SD=.68$) reported higher levels of PRC than individuals with critical ($M=2.41$, $SD=.79$) and distant God images ($M=2.44$, $SD=.96$). Also consistent with the hypothesis, individuals with an authoritative God image ($M=3.05$, $SD=.70$) reported higher levels of PRC than individuals with critical and distant God images.

The TC sample also showed significant mean differences between God image categories, $F(3, 50)=12.15$, $p<.001$ (see table 4.8). Consistent with the hypothesis LSD post hoc comparisons between group means indicated that those with a benevolent God image ($M=3.07$, $SD=.55$) reported higher levels of PRC than individuals with a critical ($M=1.90$, $SD=.71$) God image. Inconsistent with the hypothesis benevolent God image responders did not, however, report a statistically significant PRC mean difference with individuals who reported a distant God images ($M=2.78$, $SD=.74$). Similarly, individuals with an authoritative God image ($M=2.68$, $SD=.34$) reported higher levels of PRC than individuals with a critical God image, but not those with a distant God image.

Hypothesis Eleven

Hypothesis eleven predicted that within each sample individuals with critical and distant God images would report significantly higher levels of negative religious coping than individuals with benevolent or authoritative God images. One-way ANOVAs performed within the BS, DP, and TC samples revealed that significant NRC mean differences among the different God image categories existed within the BS and DP samples, but not the TC sample.

The BS sample evidenced a significant mean difference between God image categories, $F(3, 360)=12.24, p<.001$ (see table 4.8). Consistent with the hypothesis LSD post hoc comparisons between group means indicated that those with a critical God image ($M=1.98, SD=.64$) reported higher levels of NRC than individuals with benevolent ($M=1.45, SD=.46$) and authoritative God images ($M=1.69, SD=.57$; see table 4.8). Partially consistent with the hypothesis, individuals with a distant God image ($M=1.66, SD=.64$) reported higher levels of NRC than individuals with benevolent God images, but not, however, individuals with authoritative God images. Also, a significant difference in the amount of reported NRC emerged between individuals with distant and authoritative God images.

The DP sample showed significant mean differences between God image categories, $F(3, 89)=3.85, p<.05$ (see table 4.8). Partially consistent with the hypothesis LSD post hoc comparisons between group means indicated that those with a critical God image ($M=1.95, SD=.58$) reported higher levels of NRC than individuals with benevolent ($M=1.34, SD=.43$) God images, but not individuals with authoritative God images ($M=1.68, SD=.63$; table 4.8). Inconsistent with the hypothesis, individuals with a distant God image ($M=1.61, SD=.63$) did not reported higher levels of NRC than individuals with benevolent and authoritative God images. Those who endorsed an authoritative God image reported statistically significant higher levels of NRC than those with a benevolent God image. Inconsistent with the hypothesis, the TC sample showed no significant mean differences between God image categories, $F(3, 50)=.543, p=.655$.

CHAPTER FIVE

Discussion

The results just presented raise some interesting questions about the nature of religious coping, God image, and GSE within different populations. When considered as a unified sample, the percentage of individuals within each God image category in the current study differed significantly from the national God image percentages derived from Froese and Bader's study. Since consideration of the participants as one sample did not approximate the God image percentages within the nationally representative sample, no further analyses (apart from the chi-square to determine this difference) were performed in which the three samples were collapsed into one large sample. Treating each sample individually and comparing them to Froese and Bader's God image percentages revealed that only the DP sample evidenced similar percentages of individuals within each God image category to the national sample. This suggests that, compared to the BS and TC samples, the DP sample better approximates the general population concerning its composition of individuals' God images.

Surprising differences emerged when looking across the three samples. Comparing the samples on the percentage of individuals who fell within particular God image categories revealed significant differences between the groups. Possessing an authoritative God image was more prevalent in the BS sample (30.1%) and the DP sample (32.0%) than in the TC sample (15.4%). This suggests individuals within the BS and DP samples are more likely than those in the TC sample to perceive God as actively judging human actions and sometimes enacting judgment on displeasing individuals by

allowing bad things to befall them. Among the three groups the highest percentage of individuals with a benevolent God image was the TC sample (40.0%). This suggests that compared to BS and DP samples individuals in the TC are more likely to perceive God as actively engaged in the fortunate events in their lives, but less so in the tragic events. It also suggests that they are more likely to perceive God as a positive force with little concern for the condemnation or judgment of others. This may be accounted for by the fact that for many individuals the treatment court program represents a reprieve from incarceration in order to receive treatment for their addiction problems. TC individuals may be viewing their acceptance into and participation in the program as God's benevolence—a sign of God's love and desire to help them rather than punish them (despite their legal transgressions). Interestingly, the TC sample also possessed the highest percentage of individuals across the samples falling into the critical God image category (35%). This suggests that TC participants also tend to perceive God as an omniscient and omnipotent Being who expresses judgment and displeasure in the next life. One possible explanation for this is that certain TC individuals may view their participation in a treatment program as a suspension of God's judgment, believing that despite the earthly reprieve they will still be judged for their criminal behavior in the afterlife. Another possible explanation is that perhaps treatment court individuals adopt a critical God image in order to provide motivation and incentive to remain within the bounds of the program and ultimately the law. Finally, a distant God image was more prevalent in the BS (18.5%) and DP samples (23.0%) than in the TC sample (9.2%). TC individuals were less likely than BS and DP students to perceive God as indifferent and removed from their actions, needs, and desires. TC participants were more likely to

believe that God is either lovingly active in this life or critically active in the next, but not that God is removed from affairs all together.

As noted above, when comparing the percentage of individuals within particular God image categories across the three samples significant differences emerged. In order to isolate any particular differences between the samples pair-wise comparisons were done. Any significant difference in the percentage of individuals within the God image categories disappeared when comparing the BS and DP samples suggesting that the percentage of individuals in each God image category was roughly equivalent between the BS sample and DP sample. Unlike being incarcerated or in college, it seems that the treatment court invites an appraisal of God that leads the majority (75.4%) of individuals to fall into either the benevolent or critical God image category. TC individuals did not tend to think of God as distant and/or removed. Perhaps navigating the tension between being in a judicial program, but receiving treatment forces individuals to evaluate their perceptions of God's character more dichotomously (either benevolent or critical) than individuals who are in college or who are incarcerated. This may point to the idea that college and incarceration contain elements or experiences that allow the presence or absence of God's engagement and judgment to be experienced, whereas treatment court does not seem to readily provide such experiences.

Shifting perspectives away from looking across samples and toward examining percentages within each sample it becomes clear that within the BS sample higher percentages of individuals fell into the authoritative (30.1%) and benevolent (33.2%) God image categories than in the critical (18.2) and distant (18.5%) God image categories. Since the common factor among an authoritative and benevolent God image is

high engagement and the common factor between critical and distant God image is low engagement, the high and low groupings among these categories within the BS sample suggests that Baylor students tend to perceived God as actively engaged in their lives. As previously noted and discussed above, within the TC sample individuals tended to fall into either the benevolent (40%) or critical categories (35.4%) with far fewer individuals in the authoritative (15.4%) and distant (9.2%) God image categories. Finally, within the DP sample there appeared to be relatively equal percentages across the God image categories: authoritative (32%), benevolent (24%), critical (21%), and distant (23%). As noted above, these percentages are similar to the percentages derived from Froese's national survey on image of God.

Between Samples Comparisons

Due to the homogeneity of God image percentages found within the BS and DP samples, a unique opportunity emerged to combine the samples and evaluate the implicit hypothesis of Braam et al. (2008). As noted above, Braam et al. suggest that measures of religious coping indirectly measure an individual's image of God because positive and negative religious coping are distinguished by one's expectations of and feelings about God. If Braam et al.'s hypothesis is correct then it would be expected that reported levels of positive and negative religious coping would not significantly differ between the BS and DP samples. Evaluating the reported levels of NRC among all of the samples revealed significant differences. However, consistent with Braam et al.'s proposition, no significant difference emerged in the amount of NRC reported by the BS and DP samples. This suggests that the observed mean difference was driven solely by the TC sample reporting a significantly lower means score for negative religious than the BS and

DP samples. Further validating Braam et al.'s hypothesis, no significant difference emerged between the BS and DP samples on amount of reported PRC. It should be noted that the TC sample's reported level of PRC did not differ significantly from the BS and DP. As such, TC individuals reported engaging in less NRC than BS and DP individuals, but reported engaging in the same amount of PRC as participants from the other samples. This suggests that the treatment court program may not increase the amount of positive religious coping in which an individual engages, but may help decrease negative/harmful religious coping. One possible explanation for the lower levels of NRC in the TC sample may be that TC participants are required to engage in 12-step programs and outpatient addiction treatment, and frequent check-ins with their probation officers who are familiar with principles of recovery. Psychoeducation regarding negative or maladaptive coping that the participants receive in 12-step programs and in outpatient treatment in conjunction with the accountability provided by the courts may reduce NRC. It seems reasonable that the focus and priority of the TC program might be to reduce negative coping strategies (whether secular or religious). Increasing positive coping (secular or religious) may be of value, but may be perceived by the treatment court program to be secondary to decreasing the maladaptive coping strategies related to criminal behavior (e.g. drug use, physical violence etc.).

A similar pattern emerged within each sample for the ENG and JDG scale means. Individuals in the TC sample reported perceiving God as less engaged and less judgmental than individuals in the BS and DP samples. Participants in the BS and DP samples showed no differences in their report of perceiving God's character as engaged or judgmental. This suggests that individuals in the TC sample, while tending to perceive

God as benevolent or critical—categories driven exclusively by perceptions of God’s character as either engaged or judgmental—also perceived God as generally less engaged and judgmental on average than BS and DP samples.

The only scale on which the BS and DP samples significantly differed was GSE. Interestingly, the DP sample evidenced higher degrees of self-efficacy than the BS sample. This suggests that the incarcerated individuals reported a stronger belief in their abilities to cope across various and difficult situations. Why might incarcerated individuals have a stronger sense of their ability to cope with broader context demands? One possible explanation might be the age of the participants. The age of the Baylor sample generally ranged between 18-22 years old, while the majority of the DP sample was older (30-40 years old). Perhaps with age comes greater exposure to diverse experiences. As one ages they are likely to have a greater diversity of experiences that increase their sense of general coping abilities. Another possibility is that one’s perceived sense of coping abilities is more likely to be generalized if they successfully cope in situations that are perceived to be extreme. As noted previous, performance accomplishments are the most potent source of efficacy information. Therefore, the DP sample may have stronger GSE than Baylor students because inmates suspect that if they can successfully cope in a medium to maximum security prison then they will likely be able to cope across a number of other less extreme situations. The BS sample may believe that they have not yet had to cope with situations that would be perceived as difficult or extreme, which may cause their efficacy expectations to remain highly domain specific (rather than generalize). A third possibility for the BS sample’s lower GSE may be explained by the effect of a principle derived from the self-efficacy literature. The self-

efficacy literature states that an individual can assess their ability best when they (Bandura, 1997). One might argue that the BS sample has a more conducive environment to accurately assess their coping abilities. As such, their estimates of their abilities to deal with diverse and difficult situations may be more accurate and thus less inflated than participants in the DP sample, who are not in optimal conditions and may be facing highly demanding tasks (e.g. fighting for status and/or seeking belonging in a dangerous environment). Due to the nature of the prison system it is difficult to gauge whether most prisoners are exercising significant effort to cope with their situation. It seems reasonable that some prisons may exercise very little coping effort due to learned helplessness/hopelessness that the prison system may encourage.

Since the DP and BS sample do not significantly differ in their composition of individuals endorsing particular God images, the GSE difference is likely not due to differences in God image percentages. This was further evidenced by the fact that there were no significant mean differences on GSE between God image categories for either the BS or DP samples when assessed independently. This suggests that an individual's perceived ability to cope across diverse, difficult tasks seems to operate independently of which God image they report espousing. Interestingly, when DP and BS samples are combined into one sample a GSE mean difference between God image categories emerges. Those endorsing a benevolent God image reported higher GSE than those in the authoritative, critical, or distant, God image categories. This underscores the importance of perceiving God as engaged when it comes to increasing one's general sense of their ability to cope across diverse contexts. This lends some support to the notion that one's GSE may be related to their perception of God as the context within which all activities

occur. It seems that in the larger, collapsed sample perceiving God as being an active, engaged agent in the world may allow individuals to experience a more general sense of coping ability due to the fact that they are performing coping behaviors in the presence of an active, non-judgmental force that desires their good. The moment an individual perceives God as also being judgmental (authoritative God image) then their GSE diminishes to a commensurate level with those who view God as critical or distant.

Within Samples Comparisons

Within the BS sample individuals those who perceived God as being more engaged reported higher levels of positive religious coping behavior and lower levels of negative religious coping behaviors. Practically this suggests that the more an individual perceived God to be engaged the more likely they were to report behaviors like seeking a closer connection with God and turning to religion to decrease their anxiety. It also suggests that they are less likely to engage in behaviors such as questioning God's power or feeling punished for their lack of devotion. The degree to which one perceived God as judgmental did not relate to the extent in which they engaged in positive religious coping. One possible explanation for this is the fact that perceiving God as highly judgmental may actually increase the likelihood that some individuals would engage in (or report engaging in) positive religious coping for fear of eliciting God's judgment.

Conversely, other individuals with the same perception of God's character may perform fewer positive religious coping behaviors due to a desire to avoid their critical God. Those who viewed God as more judgmental did, however, reported performing more negative religious coping behaviors. The perception of God as judgmental may function as a filter through which situations are appraised, making an individual more

likely to feel punished by God, question God's love for them, and/or question God's power. Perceiving God as judgmental may increase the likelihood that an individual would appraise an event in their life as an act of punishment by God for a lack of devotion.

The same pattern emerged for the DP sample. Those who perceived God as more engaged were more likely to engage in positive religious coping and less likely to engage in negative religious coping. Likewise, perceiving God as judgmental was not related to the degree to which one engaged in positive religious coping. In the DP sample higher JDG means scores were associated with an increase in negative religious coping, as well.

Consistent with Braam et al.'s suggestion, based on the data from the DP and BS sample, it seems that religious coping may in fact implicitly measure individual's perception of God's character. As evidenced by its relationship to both positive and negative religious coping, it would seem that religious coping in this case is an implicit measure of God's engagement—the degree to which one perceives God to be an active agent in their life. That is, an individual's expectations and perceptions of God's character as engaged may drive whether they employ PRC or NRC. Positive and negative religious coping are not related in any of the samples suggesting that the degree to which one engages in positive religious coping has no relationship to the amount of negative coping in which one engages.

A different pattern emerged within the TC sample. Like the other two samples, individuals who perceived God as more engaged in the world were more likely to report engaging in PRC behaviors. Unlike the BS and DP samples, ENG had no relationship to NRC. Also unlike the other samples, within the TC sample the degree to which one

perceived God as judgmental was strongly related the amount of PRC behaviors in which one engaged. Individuals who reported more judgmental God images reported practicing less PRC. There was no relationship between perceived JDG and NRC behaviors. Ultimately, it seems reasonable to conclude that for these three samples there is a strong relationship between the degree to which one perceives God as engaged and the amount of positive religious coping in which they engage. Some evidence within the BS and DP samples suggests that perceiving God as engaged modestly relates to lower levels of NRC. Though positive and negative religious coping were not related to each other in the any of the samples, it is important and relevant that ENG is associated with both. This suggests that targeting ENG may be a potent domain for clinicians to address when trying to increase PRC and decrease NRC

Unlike the BS and DP samples, which evidenced no relationship between the ENG and JDG dimensions, the TC sample showed a strong negative correlation between the two dimensions. Those who reported perceiving God as more ENG also reported perceiving God as less JDG. While Froese and Bader do not report the correlations between the ENG and JDG dimensions, it is unlikely that scales with such high negative correlations would allow for Froese and Bader's four God image categories to emerge. This is because if the scales had a strong negative correlation and individual would rarely have scores that were both high (authoritative) or both low (distant). It is clear that Froese and Bader had an abundance of such scores considering authoritative (28.2%) and distant (23.9%) comprise the first and second largest God image categories. Thus, it seems that some element particular to individuals in the treatment court program or to

some aspect of the program itself accounts for the strong negative correlation between the dimensions.

Interestingly, participants engaged in positive and negative religious coping behaviors independent of an individual's level of GSE. Theoretically, as an efficacy belief, GSE— an individual's belief in their ability to produce diverse coping behaviors across broad circumstance—should govern the amount of effort an individual expends, the length of perseverance when hindered by obstacles, the nature of one's cognitions as either self-aiding or self-hindering, and the degree to which one succeeds (Bandura, 1997). While it seems likely that GSE should evidence a relationship with how an individual chooses to cope with a particular life stressor, this relationship did not emerge within the samples in the current data. A significant relationship between GSE and PRC did emerge when ENG was tested as a moderating factor, however. This relationship is further discussed below.

Within Sample Comparisons by God Image Category

While the above data utilized the underlying dimension of God image to examine its relationship to GSE, PRC, and NRC, it seemed useful to take a categorical approach to God image as well. Within the BS sample significant differences in the amount of PRC in which one engaged emerged among the four God categories. Individuals with authoritative and benevolent God images reported engaging in more PRC behaviors than individuals with critical and distant God images. Since benevolent and authoritative God images are differentiated from the other two categories based on the perceived degree of God's engagement, it seems that engagement likely drives the strongly relationship between these categories and PRC.

Within the BS sample significant mean differences among God image categories emerged for NRC. Benevolent individuals engaged in less NRC than individuals with authoritative, critical, or distant God images. Individuals who possessed a critical God image engaged in significantly more NRC behaviors than those with authoritative, benevolent, and distant God images. This suggests that within the BS sample the constructs of engagement and judgment may independently drive NRC behavior. Perceiving God as engaged makes you less likely to engage in NRC behaviors, while perceiving God as judgmental makes you more likely to engage in NRC behaviors.

The DP samples showed the same pattern concerning PRC as the BS sample. Individuals with authoritative and benevolent God images reported engaging in more PRC behaviors than those with critical and distant God images. This suggests that for the BS and DP samples ENG likely drives the relationship between God image category and PRC, since high ENG is the factor common to both authoritative and benevolent God images and the factor which differentiates them from critical and distant God images.

Within the DP sample individuals with an benevolent God image reported engaging in less NRC behaviors than individuals with either an authoritative or a critical God image. Interestingly, individuals with a distant God image did not differ significantly in NRC mean scores from individuals with authoritarian, benevolent, or critical God images.

The TC sample evidenced a different pattern from the BS and DP samples, however. Individuals with authoritative, benevolent, and distant God images in the TC sample evidenced greater PRC than those with a critical God image. High judgment in the absence of high ENG may be driving the reduction in PRC. Since an authoritative

God image also possesses high levels of JDG in conjunction with high levels of ENG, it seems that the increased ENG of those with an authoritative God image may play a critical role in maintaining higher levels of PRC. High JDG alone is not sufficient to account for decreased PRC (as evidenced by the lack of correlation between JDG and PRC in the TC sample). Rather, it seems that the mean difference is driven by the interaction between high JDG *and* low ENG. As previously noted, within the TC sample there was a relationship between ENG and PRC. This relationship is consistent with the higher rates of PRC among individuals with an authoritative and benevolent God image (characterized by high ENG). ENG alone, however, did not drive the increased PRC since individuals with distant God images (which have low perceived ENG) also evidenced higher PRC than those with a critical God image. Since the distant God image is characterized by perceiving God as removed from world affairs, one can see how an individual with a distant God image, by virtue of not perceiving God as engaged, might practice PRC behaviors, such as looking for a stronger connection with God and seeking God's love and care. That is, one might engage in PRC behaviors as the results of feeling the absence of God's presence, but desiring it.

Ultimately, within the TC sample it seems that perceiving God as likely to enact justice in the next life (a critical God image) makes one less likely to engage in PRC behaviors such as seeking connection with God in this life . One possible explanation for this may be that coping behavior implies the presence of a stressor. It is possible that an individual may feel responsible for having caused the stressor (e.g. a spouse left because of drinking habits) or may feel guilt for failing to cope with the stressor in a positive or effective manner. As such, practicing PRC—behaviors such as asking God for

forgiveness or focusing on religion to decrease worrying—may actually increase anxiety if one perceives God to be critical. Within the TC sample no mean differences emerged, suggesting that an individual's God image was not related to the amount of NRC behaviors in which they endorsed engaging.

Possible Theoretical Models (Collapsed BS and DP Samples)

Mediation and moderation models offered statistical means for testing the theory that certain perceptions of God allow God to be perceived as functioning as the overarching context in which life occurs and therefore subsequently influence the relationship between GSE and PRC. The mediation model posited that one's GSE would depend upon their God image and their PRC behaviors would subsequently depend upon their GSE. This model was not fully tested, however, since a relationship between GSE and PRC was not evident in the sample. Consistent with the emerging picture above, however, ENG but not JDG significantly predicted PRC. This finding further validates the importance of perceiving God as engaged for PRC behaviors.

Interestingly, the results of the moderation model supported the hypothesis that God might function and/or serve as the context thus influencing the relationship between GSE and PRC. Despite failing to evidencing the requisite relationship for the mediation model, a significant relationship between GSE and PRC emerged in the data when ENG was added to the model. This suggests that the relationship between GSE and PRC depends upon the degree to which one believes that God is an active, loving, supporting agent in their life. This relationship only depended upon perceiving God as engaged. No significant findings emerged for JDG or ENG by JDG. It seems that one could make the case that God's perceived engagement can be conceptualized as the degree to which God

is conceived of as the context of life—the degree to which life occurs in the company or activity of a loving, kind God. The more that one reports experiencing God as actively engaged and participating in one’s life, the more that God serves as an ever-present, common foundation, actively present in every moment. One thinks here of the metaphysic for God presented in the Christian Scriptures which conceives of God as the Being in which “we live and move and have our being” (Acts 17:28 New Revised Standard Version). That the relationship between GSE and PRC depends upon ENG suggests that perhaps increases in one’s belief in their general coping abilities and in their specific PRC occur because the individuals believes that God is actively present in and through all of the circumstances in their life. Therefore, it is possible that despite particular, domain specific coping deficiencies, the individual’s confidence rests in God’s active aid, rather than their own abilities, giving them a general confidence in their coping ability that aids them in enacting in PRC.

Practical Implications

Perhaps the most important practical implication of this study is the clear suggestion that the relationship between God image and religious coping seems to depend upon the particular context. That is, possessing a particular God image does not increase NRC behaviors in certain circumstances or contexts, but does in others. Having a distant God image in the treatment court context does not seem to have the same relationship to PRC as having a critical God image. In the college and prison contexts, however, a distant God image seems to have a similar relationship to PRC as a critical God image. This finding is consistent with the situational specificity of religious coping discovered by Pargament et al. (1992). What is interesting, however, is that this study suggests that

not only does religious coping vary depending on the situation, but the relationship between God image and religious coping seems to change based on the context.

Also of practical significance the dependence of the relationship between GSE and PRC's upon perceiving God as engaged. Helping an individual develop and foster an image of God who is actively engaged across domains in their life is likely to help that individual increase their GSE and their PRC behaviors. Therapists working with religious clients should consider ways of helping their clients engage in PRC behaviors since PRC is associated with it better overall psychological adjustment to stressors. If a client does not express GSE and has trouble activating PRC resources then a therapist may decide to focus time and attention on helping the client increase their perception of God's engagement in their life. Ultimately, this time and effort on the part of the therapist in assisting the client in adjusting their perception of God will not be in vein since GSE and PRC behaviors are associated with positive outcomes and psychological factors—outcomes that could be important for therapeutic progress.

Regardless of whether one practices PRC behaviors it is important also to reduce NRC behaviors, since NRC is associated with poorer psychological adjustment to stress. For the BS and DP sample perceiving God as engaged showed a strong positive relationship to PRC and a modest negative relationship with NRC. Perceiving God's character as judgmental showed a stronger relationship to NRC, especially within the DP sample. If a clinician desired to reduce NRC within the BS and DP samples they might provide psychoeducation on the types of and harms associated with the two types of religious coping. The therapist might then help the client acknowledge, label, and intentionally reduce NRC behaviors. Since the direction of the relationship is unclear,

however, the clinician might simultaneously invite the client to explore their image of God, particularly as it relates to judgment. Helping the client move toward a more benevolent, nurturing image of God may help reduce the NRC behaviors as well. Because of the modest negative correlation between NRC and ENG, reducing NRC may increase God's perceived engagement. While focusing on the image of God, the clinician may also seek to increase a perceived sense of God's engagement, which may also naturally decrease NRC behaviors. The relationship between NRC and GSE is particularly interesting for the BS sample. Reducing NRC and increasing GSE are especially important for a college student population since NRC is related to poor psychological adjustment and GSE is associated with optimism, pro-active coping, and self-regulation (Scholz et al., 2002)—factors that are essential for successfully navigating college life.

Interesting implications also emerge concerning God image categories. Within the BS sample having a critical or distant God image is related to a reduction in the amount of PRC that one practices. This is compounded by the fact that having a critical or distant God image within the BS sample also is associated with being more likely to engage in NRC. As such, within the BS sample the benevolent God image emerges as perhaps the most adaptive God image to possess since it is associated with utilizing religious coping in a healthy way to deal with a stressor. This suggests that focusing on a loving, nurturing God, who is intimately involved and active in one's life is likely to help Baylor students cope better with the stressors of college life. Like the BS sample, individuals with a critical or distant God image within the DP sample engaged in less PRC behaviors. Having a critical or authoritative God image within the DP sample was also associated

with an increase in the likelihood of engaging in NRC behaviors compared to individuals with a benevolent God image. As such, the benevolent God image emerges within the BS and DP samples as the most adaptive God image, since it is related to increased PRC and decreased NRC behaviors.

Within the TC court sample individuals with a critical God image reported less PRC behaviors. It is plausible that one might increase their PRC by focusing on cultivating an image of God that is more nurturing and loving—a task that might be further fostered or emphasized through 12-step participation. NRC behaviors did not show any differences across God image categories, which suggest that even individuals with a benevolent God image report engaging in as much NRC as those with a critical God image. Since the TC sample primarily endorsed perceiving God as either benevolent or critical this is particularly relevant. Psychoeducation about the nature of NRC and practical ways to reduce NRC behavior may help to create a difference in the reported level of NRC between these two God image categories. The lack of difference in NRC between benevolent and critical God images in this group may be due, in part, to individuals explicitly endorsing a particular God image for the purpose of impression management. Participants in the TC program may in fact be reporting that they perceive God as benevolent because this perception is reinforced in the 12-step program in which they are required to participate and because active 12-step engagement is associated with reinforcement from the court. Thus, one possible explanation for the lack of NRC disparity may be that individuals are explicitly reporting a benevolent God, while implicitly holding a critical God image, whose relation to NRC makes greater theoretical sense.

Limitations

There were a few limitations of the current study that should be noted. First, there were inconsistent sample sizes among the three groups. Second, due to its recent creation and limited use the BIGS has limited validity and reliability. Third, this study primarily examined main effects and did not look for interaction effects in relation to God image and religious coping. Finally, there are inherent difficulties with measuring God image since there can be differences between explicit and implicit perceptions of God.

Due to difficulties in recruiting individuals in the jurisprudence system, including those who are already incarcerated, the study suffers from significant differences in sample sizes. The BS sample had 401 participants, while the TC and DP samples enrolled 69 and 112 respectively. These varying sample sizes naturally influence the power of each statistical test when employed within a particular sample. As such, the Baylor sample, due to its larger sample size, is more readily able to detect statistically significant effects than the TC sample.

The current version of the BIGS was utilized in Wave II of Baylor's Religion survey. While it is derived from a representative, national sample, it has not been tested within different samples to test for validity and reliability. As such, this measure is being used within these samples without having tested its validity and reliability within the samples.

Also of importance is the fact that the current study looks primarily at main effect relationships (e.g. ENG and PRC, JDG and NRC, critical God image and PRC etc.). A limitation of the study is that indirect pathways and controls were not examined. For example, perhaps the TC samples propensity to dichotomize into benevolent and

judgmental God images is related to which phase of the treatment court program they find themselves. Likewise, God image and religious coping in the DP sample may be related to the type of crime they committed. These covariates and possible mediating/moderating factors were not examined and thus the more complex, contingent pathways and relationships between the variables remain unknown.

Finally, measuring God image is a difficult task due to the possibility for an individual to report their cognitive or didactically instilled image of God, but possess a more affectively laden internal working model of God that differs substantially from their explicitly reported image. This is particularly relevant for the BS sample since data analysis performed on the sample for another project (Breuninger, 2014) showed that while the majority of Baylor students reported having a benevolent God image, the majority also reported having an insecure attachment to God. This contradiction suggests that perhaps Baylor students explicitly report about their image of God in a manner consistent with what they have been taught or how they believe they should respond. This explicit report, however, seems to significantly differ from their internal, affective experience of interacting with God. As such, the God image data may not sufficiently account for how an individual perceives God (internal relational experience). For this reason, religious coping may be more directly related to God attachment—a construct which measures this affective, relational phenomena—than to God image, which may measure more of the participant’s knowledge about God than their experience of God.

Future Research Directions

A number of areas for further inquiry are suggested by the above research. First, the finding that individuals in the DP sample report higher levels of GSE suggests that

one's levels of GSE may be related to either age or the degree of stressor with which they have successfully coped. Future research might seek to determine whether GSE simply increases with exposure to the greater diversity of experiences that one is likely to encounter with age (quantity of stressors) or whether it increases from successfully navigating extremely difficult situations (quality of stressor), subsuming any activity which is appraised to be less challenging than what has been previously and successfully been navigated. Future forensic literature might also benefit from an examination of whether higher GSE correlates with more compliant, cooperative behaviors or more disruptive behavior within a prison population. It may be that increased GSE in an incarcerated population signals that they have learned how to successfully navigate the prison system through manipulation, violence, and antisocial behavior. It may also mean that they have found prosocial means of coping with their environment. Future research might inquire into the relationship between GSE and prosocial versus antisocial coping behavior and any factors that differentiate the two within the prison system.

Further research into the impact of treatment courts on God image and religious coping might provide further insight into the strong polarization of individuals endorsing a benevolent or critical God image. It may be that perhaps individuals in early phases of the treatment program tend to have a critical God image, which gradually becomes a benevolent God image as they progress through treatment. Or, perhaps the dichotomous nature of the program, being both therapeutic (benevolent), and yet jurisprudence (justice), lends itself to individuals perceiving the program according to either paradigm. It might also prove interesting to explore explanatory reasons for the lower levels of positive and negative religious coping within the treatment court sample. Tracking

religious coping behavior prior to treatment court and following its progression through the treatment program would offer some important insight in this domain. Furthermore, exploring the effects of AA—a program that neither endorses nor opposes religious involvement, but highlights the importance of spirituality—may provide insight into the lower levels of reported religious coping. Measures of spiritual coping, rather than religious coping may better capture the coping behaviors of individuals who are involved in 12 step programs. Since perceiving God as engaged in one's life seems to be related to a number of positive variables such as increased PRC and decreased NRC, determining variables that may mediate and/or moderate these relationships would be incredibly beneficial. Studies aimed at determining the direction of the pathway could help clinicians intervene through either increasing (or decreasing) particular religious coping behaviors to increase perceptions of God's engagement in one's life or by increasing God's perceived engagement in order to increase positive religious coping behaviors. Lastly, the God image literature may benefit from exploration into whether particular God image categories relate to better mental health and/or quality of life outcomes.

An individual's appraisal of God and their perception of their relationship with that God will always be an important field of study due to the implicit and explicit impact that God image can have on one's perception of the world, others, and themselves. Further inquiry into the construct of God image and its relationship to variables that promote or inhibit psychological, emotional, and spiritual flourishing may assist clinicians in developing strategies to address this salient topic and utilize it in a way that contributes to their clients' wellbeing.

APPENDICES

APPENDIX A

God Image Questionnaire

How well do you feel that each of the following words describe God

1. Loving

Very	Somewhat	Undecided	Not Very	Not at all
1	2	3	4	5

2. Critical

Very	Somewhat	Undecided	Not Very	Not at all
1	2	3	4	5

3. Punishing

Very	Somewhat	Undecided	Not Very	Not at all
1	2	3	4	5

4. Severe

Very	Somewhat	Undecided	Not Very	Not at all
1	2	3	4	5

5. Wrathful

Very	Somewhat	Undecided	Not Very	Not at all
1	2	3	4	5

Even if you might not believe in God, based on your personal understanding, what do you think God is like?

6. Angered by human sin

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

7. Angered by my sins

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

How well do you feel that each of the following words describe God?

8. Distant

Very	Somewhat	Undecided	Not Very	Not at all
1	2	3	4	5

9. Ever-present

Very	Somewhat	Undecided	Not Very	Not at all
1	2	3	4	5

Even if you might not believe in God, based on your personal understanding, what do you think God is like?

10. Removed from worldly affairs

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

11. Removed from my personal affairs

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

12. Concerned with the well-being of the world

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

13. Concerned with my personal well-being

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

14. Directly involved in worldly affairs

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

15. Directly involved in my affairs

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

16. How would you describe God?

APPENDIX B

Brief R-Cope

The following items deal with ways you have coped with a *significant trauma or negative life event*. These items ask what part religion played in what you did to cope with this negative event. Each item says something about the particular way of coping. We want to know to what extent you did what the items says. *How much or how frequently*. Don't answer on the basis of whether it worked or not—just whether or not you did it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

1 = Not at all

2 = Somewhat

3 = Quite a bit

4 = A great deal

1. Looked for a stronger connection with God _____
2. Sought God's love and care _____
3. Sought help from God in letting go of my anger _____
4. Tried to put my plans into action together with God _____
5. Tried to see how God might be trying to strengthen me in this situation _____
6. Asked forgiveness for my sins _____
7. Focused on religion to stop worrying about my problems _____
8. Wondered whether God had abandoned me _____
9. Felt punished by God for my lack of devotion _____
10. Wondered what I did for God to punish me _____
11. Questioned God's love for me _____
12. Wondered whether my church had abandoned me _____
13. Decided the devil made this happen _____
14. Questioned the power of God _____

APPENDIX C

Prison Demographics Questionnaire Packet

Dr. Matthew Stanford, Ph.D., Matthew Breuninger, M.A.

*Confidentiality Statement: The following questionnaire is for a study being conducted by the laboratory of Dr. Matthew Stanford of Baylor University. This information will remain strictly confidential. Your answers cannot and will not affect your status within the Pennsylvania Department of Corrections system or programming. As such, please **DO NOT** place your name anywhere on this sheet. Finally, please be as honest as possible.

I.D. Number _____

Age: _____

Gender:

Male _____ Female _____

Race/Ethnicity:

Caucasian _____ Hispanic _____ African American _____
Asian _____ Native American _____ Other _____

Prior non-alcohol/drug related arrests:

No priors _____ 1-2 priors _____ 3-4 _____ 5-6 _____ 7 or more _____

Comments: _____

Length of current sentence:

1-2 years _____ 2-5 years _____ 6-10 _____ 10-20 _____ 25 or greater _____

Current charge:

Assault _____ Armed robbery _____ Arson _____ Burglary _____ DWI/DUI _____

Forgery _____ Murder _____ Manslaughter _____ Possession of a Controlled
substance _____ Possession with Intent to Distribute _____ Rape _____ Sexual Assault

Other _____

Please Write the Charge and Comment on the nature of the charge:

Prior alcohol/drug related arrests:

No priors _____ 1-2 priors _____ 3-4 _____ 5-6 _____ 7 or more _____

Comments: _____

Primary Drug of Choice (If multiple primary drugs, check all that apply)

Alcohol _____ Cocaine _____ Crack _____
Marijuana _____ Prescription Medications _____ Hallucinogens _____
Heroin _____ Methamphetamines _____ Other _____

Prior substance abuse treatment:

No treatment _____ Detox _____ Individual Therapy _____
AA/NA _____ Inpatient _____ Outpatient _____ Educational class _____

AA/NA attendance in a week:

Less than 1 meeting a week _____ 1 meeting _____ 2 meetings _____ 3 meetings _____
4 meetings _____ 5 or more _____

AA/NA level of involvement (check all that apply):

Just go to meetings _____ Go to meetings and have a sponsor _____ Call sponsor regularly _____

Have worked the 12 steps _____ Read recovery literature regularly _____

Sponsor other AA/NA members _____ Involved in service work _____

Have a recovering support group _____

Academic/Vocational Skills (highest grade completed):

No high school diploma/ GED _____ 9th grade _____ 10th _____ 11th _____ High school diploma/ GED _____ Some college _____ College _____

Family relationships growing up (check all that apply):

Supportive _____ Not supportive _____ Emotional, Physical or Sexual Abuse _____

No Abuse _____ Warm and loving _____ Cold and distant _____

Primary Care Giver:

Mostly raised by mother _____ Mostly raised by father _____ Raised by both
parents* _____

****If raised by both parents were you significantly closer with one parent?***

Mother _____ Father _____

Current religious practice:

Catholic _____ Protestant _____ Muslim _____ No religion _____ Spiritual _____
Other _____

Religious practice as a child/adolescent:

Raised Catholic _____ Raised Protestant _____ Raised Muslim _____ Raised with no
religion _____
Other _____

APPENDIX D

General Self-Efficacy Scale

1 = Not at all true 2 = Hardly True 3 = Moderately True 4 = Exactly true

I can always manage to solve difficult problems if I try hard enough. _____

If someone opposes me, I can find the means and ways to get what I want. _____

It is easy for me to stick to my aims and accomplish my goals. _____

I am confident that I could deal efficiently with unexpected events. _____

Thanks to my resourcefulness, I know how to handle unforeseen situations. _____

I can solve most problems with my best the necessary effort. _____

I can remain calm increasing difficulties because I can rely on my coping abilities. _____

When I'm confronted with a problem, I can usually find several solutions. _____

If I am in trouble, I can usually think of a solution. _____

I can usually handle whatever comes my way. _____

APPENDIX E

Baylor University
Questionnaire Packet

Dr. Matthew Stanford, Ph.D., Matthew Breuninger, M.A.

*Confidentiality Statement: The following questionnaire is for a study being conducted by the laboratory of Dr. Matthew Stanford of Baylor University. This information will remain strictly confidential. Your answers cannot and will not affect your status within the Pennsylvania Department of Corrections system or programming. As such, please **DO NOT** place your name anywhere on this sheet. Finally, please be as honest as possible.

I.D. Number _____

Age: _____

Phase of treatment:

1 _____ 2 _____ 3 _____ 4 _____

Program:

Drug Court _____ D.U.I. Court _____ State IP/RIP _____ Other _____

Gender:

Male _____ Female _____

Race/Ethnicity:

Caucasian _____ Hispanic _____ African American _____

Asian _____ Native American _____ Other _____

Primary Drug of Choice (If multiple primary drugs, check all that apply)

Alcohol _____ Cocaine _____ Crack _____
Marijuana _____ Prescription Medications _____ Hallucinogens _____
Heroin _____ Methamphetamines _____ Other _____

Prior -alcohol/drug related arrests:

No priors _____ 1-2 priors _____ 3-4 _____ 5-6 _____ 7 or more _____

Comments: _____

Prior non-alcohol/drug related arrests:

No priors _____ 1-2 priors _____ 3-4 _____ 5-6 _____ 7 or more _____

Comments: _____

Prior substance abuse treatment:

No treatment _____ Detox _____ Individual Therapy _____
AA/NA _____ Inpatient _____ Outpatient _____ Educational class _____

AA/NA attendance in a week:

Less than 1 meeting a week _____ 1 meeting _____ 2 meetings _____ 3 meetings _____
4 meetings _____ 5 or more _____

AA/NA level of involvement (check all that apply):

Just go to meetings _____ Go to meetings and have a sponsor _____ Call sponsor regularly _____
Have worked the 12 steps _____ Read recovery literature regularly _____
Sponsor other AA/NA members _____ Involved in service work _____
Have a recovering support group _____

Academic/Vocational Skills (highest grade completed):

No high school diploma/ GED _____ 9th grade _____ 10th _____ 11th _____ High school diploma/ GED _____ Some college _____ College _____

Family relationships growing up (check all that apply):

Supportive _____ Not supportive _____ Emotional, Physical or Sexual Abuse _____
No Abuse _____ Warm and loving _____ Cold and distant _____

Primary Care Giver:

Mostly raised by mother _____ Mostly raised by father _____ Raised by both parents* _____

****If raised by both parents were you significantly closer with one parent?***

Mother _____ Father _____

Current religious practice:

Catholic _____ Protestant _____ Muslim _____ No religion _____ Spiritual _____
Other _____

Religious practice as a child/adolescent:

Raised Catholic _____ Raised Protestant _____ Raised Muslim _____ Raised with no religion _____
Other _____

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