PARENTING A CHILD WITH BEHAVIOR PROBLEMS: DIMENSIONS OF

RELIGIOUSNESS THAT INFLUENCE PARENTAL STRESS AND SENSE OF

COMPETENCE

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A dissertation

Presented to

The College of Graduate and Professional Studies

Department of Psychology

Indiana State University

Terre Haute, Indiana

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Clinical Psychology

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by

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August 2010

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ABSTRACT

Parenting a child with behavior problems has been associated with an increase in parental stress and a decrease in parental sense of competence. While parental religiosity has generally been associated with greater child and parent functioning, it has been suggested that when parenting a child with behavior problems, some aspects of parental religiousness (e.g., negative religious coping, biblical conservatism) might decrease functioning. One hundred and thirty-nine parents of children between the ages of three and twelve completed a questionnaire in order to examine the influence of religious variables (sanctification of parenting, negative religious coping, positive religious coping, biblical conservatism) on the relationship between child behavior problems and parental stress and sense of competence. Sanctification of parenting was found to moderate the relationship between child behavior problems and parental stress, such that parents high in sanctification showed little change in parenting stress as severity of behavior problems increased. Similarly, positive religious coping was found to play a protective role in the relationship between behavior problems and parental sense of competence. Overall, positive religious coping was related to increased stress in parents of children with few behavior problems while not decreasing stress for parents of children with more difficult behavior. Parents of children with greater perceived behavior problems reported significantly higher sanctification of parenting and parenting stress, as well as lesser use of positive religious coping and lower sense of competence. Negative religious coping and biblical conservatism did not moderate the relationship between child behavior problems and parental stress, nor sense of competence. This

study provides further clarification of the dimensions of religiousness that are relevant to the parenting experience. It also provides evidence to suggest that parental religiousness can have either a positive or negative influence on parental functioning, depending on parenting circumstances and personal perceptions of God and religion.

ACKNOWLEDGEMENT

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Chapter 1

Introduction

All parents face the challenge of addressing difficult child behavior on occasion. A smaller percentage of parents find themselves in the position of parenting a child with more extreme and chronic behavior problems. The current edition of the DSM-IV-TR indicates that 4-6% of children meet criteria for Attention Deficit/Hyperactivity Disorder (ADHD), 2-16% has Oppositional Defiant Disorder, and 1-10% has conduct disorder. In addition, a number of children display levels of behavioral difficulties that contribute to impairment in social, academic or family function, even though they do not meet full criteria for a disruptive behavior disorder (APA, 2000). Despite the prevalence of challenging child behaviors, there is surprisingly little literature that focuses on the impact of childhood behavior problems on family functioning (for a review see Johnston & Mash, 2001). The available literature suggests that parenting a child with behavior problems has a negative impact on a variety of parental and family factors including: decreasing the quality of the marital relationship (Johnston & Mash, 2001); increasing maternal sense of isolation (Podolski & Nigg, 2001); as well as increasing parental stress while decreasing ratings of parental efficacy, role satisfaction and competence (Alizadeh, Applequist, & Coolidge, 2006; Johnson & Reader, 2002).

On the other hand, parental religiosity has been related to an increase in effective parenting techniques such as support, communication, and monitoring (Snider, Clements, Vazsonyi, 2004), along with increased parental investment, competence, and satisfaction (Dumas

& Nissley-Tsiopinis, 2006). Additionally, a parent's religiousness has been linked to improvements in child functioning, including better overall health, higher academic achievement (Shottenbauer, Spernak, & Hellstrom, 2007), better social skills and decreased impulsive behavior (Bartkowski, Xu, & Levine, 2008), and more advanced moral development (Volling, Mahoney, & Rauer, 2009). While this body of literature has contributed to our understanding of the experience of religious families, the majority of available studies have utilized non-clinical samples and families with relatively little distress. In a review of the literature related to parental religiousness and child and parent functioning, Mahoney and colleagues (2001) point out the lack of research considering the impact of religion on families in distress due to child psychopathology or family dysfunction. Mahoney et al. hypothesize that parental religiousness may be an asset when parenting a child who has a disability perceived to be out of the parents' control (e.g., chronic medical illness, developmental disability). However, when parents have a child whose deviance is perceived to be within parental control (e.g., disruptive behavior disorders), Mahoney et al. suggest that religion might increase stress since parents may attribute child behavior problems to ineffective parenting or even sinfulness.

Two recent studies found a positive correlation between parental religiousness and better child functioning. Shottenbauer, Spernak, and Hellstrom (2007) found parental participation in religious activities to be linked to better general health, academic achievement, and social skills in children. Similarly, Dumas and Nissley-Tsiopinis (2006) found parental religiousness to be linked to greater levels of parental investment and perceptions of child competence. However, both studies also found that in some cases parental religiousness is associated with more negative child and/or parent outcomes. Dumas and Nissley-Tsiopinis suggested that religious parents who utilize negative religious coping when faced with a child who has behavior problems, might find

that adherence to religious principles and attendance at religious events results in stress-inducing, rather than a stress-buffering effects. In addition, Schottenbauer et al. (2007) found that while parental religious participation was linked to better child functioning outcomes, simply believing in a higher power but not participating in religious activities had a negative impact on child functioning, leading to more behavior problems.

In the past ten years, research has focused on identifying specific dimensions of religiosity and spirituality that might provide a more comprehensive picture of the impact of religiosity, as it is subjectively experienced by each individual. For instance, Pargament, Smith, Koenig, and Perez (1998) have written about the importance of discriminating between positive and negative religious coping when analyzing the stress responses of religious individuals. Similarly, Pargament and Mahoney (2005) introduced the term *sanctification* to describe certain religiously benign aspects of a person's existence that come to be considered sacred in their significance and importance. Finally, Ellison (1996) has identified differences in the theology and beliefs of biblically liberal and conservative parents and related parenting styles. In the available literature, sanctification of parenting, religious coping, and biblical conservatism have all demonstrated relevance to the experience of parenting and subsequent child and parent functioning (Dumas & Nissley-Tsiopinis, 2006; Ellison, 1996; Mahoney, Pargament, Murray-Swank, & Murray-Swank, 2003; Murray-Swank, Mahoney, & Pargament, 2006; Shautenbauer et al., 2007).

In the following review of research on parental religiousness and its effect on parental functioning, particular emphasis will be placed on religious parenting in difficult circumstances. Various dimensions of religiousness that likely impact parenting and subsequent parental functioning will be explored, including positive and negative religious coping, sanctification of

parenting, and biblical conservatism. The current study, which focuses on religious factors that moderate the relationship between having a child with behavior problems and increased parental stress and decreased sense of competence, will then be described and discussed.

Parenting a Child with Behavior Problems

Parenting a child with behavior problems, particularly behavior problems that are severe enough to meet diagnostic criteria for a disruptive behavior disorder, has a negative effect on familial relationships (Johnston & Mash, 2001; Johnson & Reader, 2002, Mash & Johnston, 1990). This section will provide an in-depth overview of the literature that has shaped understanding of the relationship between raising a child with behavior problems and subsequent family functioning.

In a review of the literature on parenting stress in families of hyperactive children, Mash and Johnson (1990) propose a model focusing on determinants of stress in the parent-child relationship. This model attempts to explain the impact of child functioning and environmental characteristics on parent-child interactive stress, as it is moderated by parental characteristics such as parental mental health and perceptions of the problem behavior. This model suggests that parental stress that is experienced in families of children with hyperactivity cannot be attributed solely to the undesirable behavior of the child, but is instead a culmination of the stress associated with the behavior of the child, environmental stressors (e.g., financial strain, death in the family) and parental perceptions of both. Thus, when considering stress in families of a child with behavior problems, it is important to consider parental and environmental characteristics in addition to the characteristics of the child.

Anastopoulos, Guevremont, Shelton, and DuPaul (1992) examined which aspects of the child-parent-environment equation accounted for the most variance in the differential stress

levels of parents of children with ADHD compared to control parents. Their results suggested that three child characteristics (presence of health concerns, presence of aggressive behavior, and severity of ADHD symptoms) followed by two mother-focused variables (presence of maternal psychopathology, lack of employment) predicted a higher level of parental stress. The researchers did not find a significant relationship between family-environmental circumstances (e.g., socio-economic status, mother's marital status, number of children in the family, paternal psychopathology) and parental stress. In a 2001 review, Johnston and Mash concluded that adverse family-environmental circumstances contribute to an increase in aggressive behavior in children with ADHD and might also contribute to a higher incidence of comorbidity with Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD).

Parents of children with diagnosable behavior problems have been found to differ significantly from controls on a number of factors. In fact, research has found higher levels of psychopathology among parents of children with diagnosable behavior problems (Murphy & Barkley, 1996), as well as reduced social functioning and connectedness (Hurt, Hoza, & Pelham, 2007). For instance, parents of children with diagnosable behavior problems tend to have less self-confidence (Alizadeh et al., 2002), lower self-esteem (Mash & Johnston, 1983), display higher base rates of depression and anxiety (Johnston & Mash, 2001; Mash & Johnston, 1983) and have been found to be younger, less educated, of lower SES and report more symptoms of psychological distress (Murphy & Barkley, 1996).

In consideration of parental functioning more specifically, parents of children with behavior problems display higher levels of stress and lower levels of perceived parental competence and satisfaction when compared to control families (Abidin, 1992; Anastopoulos et al., 1992; Johnston & Mash, 2001, Johnson & Reader, 2002). Mash and Johnston (1983) found

that parents of children with behavior problems reported lower levels of competence and felt as if they did not have the skills or knowledge necessary to deal with their children. Similarly, Dumas and Nissley-Tsiopinis (2006) found low levels of parental satisfaction to be associated with having a child with a diagnosis of ADHD and ODD. Perhaps as a result of increased stress and a decrease in perceived effectiveness in parenting, there also seems to be a relationship between having a child with behavior problems and marital dissatisfaction (Murphy & Barkley, 1996) although this relationship is not present in all studies (e.g., Johnston & Mash, 2001).

Research has shown that the presence of more than one disruptive behavior disorder in a single child leads to higher levels of parental stress (Anastopoulos et al., 1992; Podolski & Nigg, 2001); however, more research is needed to address the variability in the severity of childhood behavior problems and subsequent parental stress levels (Johnston & Mash, 2001). For instance, Anastopoulos et al. (1992) found that the presence of ADHD combined with aggressive symptoms predicts greater parental stress. Similarly, Podolski and Nigg (2001) found that for fathers, oppositional and aggressive behaviors in children were associated with greater parental distress than symptoms of ADHD. Mothers of children who displayed inattentive, oppositional, and conduct symptoms, but not hyperactive symptoms, reported higher levels of parenting stress. In both mothers and fathers, parental stress was positively correlated with the severity of the behaviors associated with ADHD or ODD. The same study found that both mothers and fathers were more distressed by behavior problems in girls as compared to boys. Finally, the results of a study by Mash and Johnston (1983) suggested that parents of older children who displayed above average hyperactivity reported significantly higher levels of stress when compared to parents of younger children.

In conclusion, it is clear that parenting a child with behavior problems is associated with decreased parental and family functioning. The aforementioned model outlined by Mash and Johnson (1980) suggests that parent variables will moderate the relationship between having a child with behavior problems and parent stress levels. Drawing from this model, the current study assumes that various factors of parental religiousness, which will be explored in the next section, will moderate the level of stress experienced by parents of children with behavior problems.

Parenting and Religion

Religious affiliation and spiritual connection has a significant place in the lives of many individuals in our society. In fact, the US General Social Survey (2006) found that 88 percent of Americans describe themselves as religious or spiritual while only fifteen percent of Americans indicated that they never attend religious services. Therefore, it is important for researchers to understand how religious or spiritual issues may impact parent functioning, disciplinary practices, and the parent-child relationship. Researchers have identified relationships between parental religiousness and parenting styles (Ellison, 1996; Murray-Swank, Mahoney, & Pargament, 2006; Snider, Clements, Vazsonyi, 2004), parental sense of competence and level of stress (Dumas & Nissley-Tsiopinis, 2006), and various aspects of child functioning including health, academic achievement, presence of behavior problems, and social skill development (Shottenbauer et al., 2007).

A review of the literature completed by Mahoney and colleagues (2001) indicated that parental religiousness was related to better overall parent and child health, less parental and child psychopathology, and more community support. However, the authors criticized the available literature for conceptualizing religion narrowly and measuring it in a manner that provided little

room for the acknowledgement of subjective religious experiences. In fact, prior to 2000, many researchers assessed parental religiousness through a single item measure of global religiousness, asking parents to rate their perceived level of religious devotion. It is apparent that a single measure of religiousness fails to account for the differences in individual religiousness or spirituality that exist between the major religions (e.g. Judaism, Christianity, Islam, etc.), different sects within these religions, and even within religious denominations. The authors call for research to develop more extensive and robust measure of religiousness that might better explain the mechanisms that constitute religiousness and spirituality for each individual.

Another major critique of the available literature, as identified by Mahoney and her colleagues (2001), was that many studies have failed to consider the possibility that religious participation or beliefs might cause harm for some families. Mahoney et al. expressed particular interest in situations where parental, child, or environmental characteristics might be considered "sinful" in reference to the values of a particular religious institution. For example, how might parental religiousness influence views of child misbehavior, given the value placed on obedience and self-control in many religions? In order to gain a more complete understanding of the complexity of religious experiences for parents, Mahoney et al. proposed that future research include the identification and validation of different dimensions that comprise religiousness and spirituality which may either be beneficial or detrimental, depending on the specific circumstances of each family. The identification of different dimensions of religion and related parental and child functioning outcomes would also allow for the identification of religious practices or beliefs that might be harmful to families.

In 2008, Bartkowski, Xu, and Levine completed a study examining the positive and negative impacts of parental religiousness on child development. This study provided several

important contributions to available research in that the authors considered both the negative and positive aspects of parental religiousness. Furthermore, the authors used a more robust measure of "religiosity" that measured "parental religiousness" by asking parents to report the religious structures that exist within the home (i.e., participation in a religious community, mother actively involved in religious group, etc.). Bartkowski et al. utilized data collected from parents as part of the Early Childhood Longitudinal Study and therefore were able to achieve an impressive sample size of over 15,000 parents that yielded ratios of demographic characteristics very similar to those present in the entire United States population. Results of this study suggest that maternal and paternal religiousness are associated with a decrease in child impulsivity/hyperactivity, problem behaviors, loneliness and sadness, as well as increased interpersonal skills. When parents argued about religion in the home, parental religiousness was not as closely related to positive child outcomes. This study provides evidence to suggest that parental religiousness can be associated with either positive or negative child outcomes, dependent upon the nature of the religious structures in the home.

Previous research has demonstrated that religiousness is best understood from a multi-dimensional approach (Mahoney et al., 2001). The remainder of this section will provide an overview of the dimensions of religiousness that have demonstrated relevance to parenting, including: sanctification of parenting, religious coping, and biblical conservatism.

Sanctification of Parenting. Mahoney, Pargament, Jewell et al. (1999) introduced the term *sanctification* as a way to describe aspects of life that have sacred qualities and religious or spiritual significance. This term was originally applied to the experience of marriage and the spiritual significance that many couples attribute to this institution. In Mahoney et al. (1999), it was found that the majority of participants described their marriage relationship as being related

to spiritual experiences and being a manifestation of God. Sanctification of the marriage

relationship was related to greater global marital satisfaction, more perceived personal benefits,

less marital conflict and greater collaboration in the marital relationship. The authors concluded

that the term *sanctification* is adequate to explain the ways that individuals attribute spiritual

significance to certain aspects of their lives.

Mahoney et al. (2003) suggest that the psychological use of the word sanctification

should be viewed as conceptually different from theological meanings of the word. In other

words, sanctification from a Christian perspective refers to the mysterious process through which

God transforms religiously benign objects into a sacred entity, such as when, through the

sacrament of Holy Matrimony, two individuals are entered into a "spiritual union" becoming one

before God. Mahoney et al. (2003) defines the psychological concept of sanctification as "a

psychological process through which aspects of life are perceived by people as having spiritual

character and significance (p.221)." In other words, the psychological view of sanctification

focuses on perceptions rather than processes, and is therefore best understood from a social

psychological perspective as opposed to a theological one. Sanctification has been suggested to

occur in one of two ways. The first involves an individual's perceptions of an object being a

manifestation of one's images, beliefs or experience of God. This type of sanctification is most

commonly utilized by individuals who have a belief in an omnipotent entity such as God. The

second method of sanctification involves attributing sacred qualities to an object or relationship

that is typically reserved for divine entities. This type of sanctification is often seen in

individuals who do not consider themselves to be religious or spiritual, and includes describing

the object or relationship as being transcendent, timeless, or having great purpose or value. These

two methods of sanctification have been shown to represent distinct constructs (Mahoney et al., 2003).

A review of the literature by Pargament and Mahoney (2005) suggests that sanctification can occur in a wide range of circumstances and is relevant across many of the major religions. Examples of situations which might elicit connections with the sacred include surviving a near-death experience, helping someone who is less fortunate, or the experience of parenting a child. Furthermore, the authors propose that sanctification has demonstrated significance for individuals who follow a wide range of religions, including Christianity, Islam, Hinduism, and Judaism. In reference to sanctification of the parenting role specifically, Mahoney et al. (2003) suggested that family relationships are frequently sanctified because many people view these relationships as having significance that extends beyond a biological or sociological connection. In reference to the parent-child relationship, sanctification might be even more relevant as the very act of conceiving and giving birth has religious significance in many religious traditions.

Volling, Mahoney, and Rauer (2009) examined the relationship between sanctification of the parenting relationship, parental disciplinary strategy and the development of young children's conscience in a sample of 58 two-parent families. In this study, sanctification of the parenting relationship was positively associated with the parenting techniques most closely associated with the development of moral consciousness in children. In other words, parents who perceived their relationship with their child to be sacred were more likely to parent the child in a manner that helped them develop a sense of empathy for others and guilt following wrong doing.

This was an important study in that it not only provided evidence to suggest that sanctification of the parenting role leads to enhanced development of moral consciousness in children, but it also provided a more in depth understanding of the parenting practices utilized by

religious parents. Conservative Protestantism has often been associated with greater use of corporal or physical punishment for disobedience, which has been linked to poor outcomes in children (Ellison & Sherkat 1993a, 1993b). This study suggests that parental religiosity is also associated with use of positive socialization disciplinary procedures, characterized by a focus on praising positive behavior and conditional approval based on obedience, which is useful in developing moral consciousness in children.

Currently, there are few studies that examine the effect of sanctification of parenting in families facing a high level of stress. It is suggested by Mahoney et al. (2003) that when faced with unavoidable challenges, one may be distressed by the discrepancy that exists between what their family looks like and what the sacred family relationship *should* look like. In other words, it is important to consider the impact of sanctification of the parenting role on parents of children with significant behavior problems as this might be reflective of their perceived inability to fulfill a divine task successfully.

Biblical Conservatism. It has been suggested that parents with conservative Protestant beliefs uphold distinct parenting values that have an impact on their parenting styles (Ellison & Sherkat, 1993b). Traditionally, conservative Protestantism has been linked to a greater emphasis on obedience and more emphatic endorsement of corporal punishment (Ellison & Sherkat 1993a, 1993b). There have been a number of reasons proposed for the differences found in parents with conservative Protestant beliefs when compared to members of other religious denominations or members of the general population. A study by Ellison and Sherkat (1993a) found that three common theological beliefs typically found within the conservative Protestant denomination of Christianity contribute to an emphasis on obedience and endorsement of corporal punishment, including the doctrine of biblical literalism, beliefs in original sin, and punitive attitudes towards

sinners. Therefore, it seems that the emphasis placed on punishment of sin, the idea that individuals are born evil and must be taught how to yield to authority, and the rigid adherence to biblical principles distinguishes conservative Protestant theology from other religious theology. When taking these theological beliefs into consideration, it becomes clear that childhood obedience becomes more than a desirable childhood characteristic, but also a clear reflection of the parent's ability to instill within the child a desire to yield to a greater authority and engage in self-control leading to adherence to God's will (Ellison, 1996).

Current research has failed to consider whether conservative Protestant religious parenting philosophies are successful in decreasing childhood misbehavior. However, it has been suggested that corporal punishment is associated with an increase in childhood aggression, academic failure, and substance abuse (Agnew 1983 as cited in Ellison, 1996). Although not confirmed empirically, it is possible that parental stress may be higher among parents with conservative Protestant beliefs, particularly those having children with behavior difficulties, given beliefs associated with children being obedient and yielding to a higher authority. Finally, a major criticism of the current literature is that it focuses exclusively on conservative Protestant parents and not conservative parents from other religions, such as Islam or Catholicism that also place a major emphasis on obedience. More research is needed in order to understand the impact of religious conservatism (in general) on parenting philosophies.

Religious Coping. For many individuals, personal religiousness or spirituality provides a reservoir of coping resources which may be effective in alleviating the distress associated with a given stressor. Religious coping is a common method of handling major life stressors and has been a topic of research since the early sixties (Pargament, Smith, Koenig, & Perez, 1998). Pargament and his colleagues advanced understanding of the concept of religious coping when

they introduced the idea of positive and negative religious coping into the empirical literature in 1998. Pargament first wrote about this concept in his book entitled *Psychology of Religion and Coping: Theory, Research, and Practice,* published in 1997. In this book, the author outlined the resources for strength and support inherent in religious practice that have clear implications for better overall mental and physical health and established religious coping as a topic of relevance within mainstream psychology.

The conceptualization of both positive and negative coping strategies assumes that religious coping can be either beneficial or detrimental, depending largely upon an individual's concept of God and religion. Positive religious coping has been characterized as "a sense of spirituality, a secure relationship with God, belief that there is meaning to be found in life and a sense of spiritual connectedness with others" (Pargament et al., 1998, p. 712). Behaviors associated with positive religious coping include seeking social support, having a spiritual connection, forgiveness, helping others, and actively seeking help from religious leaders. Individuals who display negative religious coping can be described as having an insecure relationship with God and a tenuous or ominous view of the world. Behavioral definitions of negative religious coping include expressing discontentment with spirituality and one's relationship with others of the same religion, losing faith in God's powers, and engaging in religious coping in isolation.

More recently, the term negative religious coping has been used interchangeably with the term *spiritual struggles.* As understanding of negative religious coping has increased, researchers have suggested that negative religious coping strategies emerge when a stressor causes a person to question God, faith, or their religious community (McConnell, Pargament, Ellison, & Flannelly, 2006). Therefore, research has suggested that perhaps the term spiritual struggles

better describes a person's tendency to react to a stressor by having a crisis of faith. A study by Krumrel, Mahoney and Pargament (2009) found that amongst individuals who were recently divorced, spiritual struggles were related to an increase in symptoms of depression, while more adaptive spiritual coping was related to fewer depressive symptoms. In the current study, the term negative religious coping will be used in order to more clearly illustrate the relationship between positive and negative religious coping.

Pargament and colleagues (1998) developed a scale called the R-COPE in order to measure an individual's tendency to utilize positive or negative religious coping strategies. It should be noted that this same scale is used to identify the presence of spiritual struggles in more recent research (McConnell et al., 2006; Krumrel et al., 2009). The scale includes five subscales addressing behaviors associated with reasons to utilize religious coping including: to find meaning, gain control, gain comfort and closeness to God, gain intimacy with others and God, and to achieve a life transformation. These five subscales were designed to reflect the strivings of individuals as they attempt to identify a coping resource that will be successful in alleviating stress or suffering. In a validation study of positive and negative religious coping, Pargament et al. (1998) considered three groups of individuals that were experiencing or had experienced a major life stressor: survivors of the Oklahoma City bombings, patients in a hospital who were coping with medical illness, and college students who had experienced a serious negative event during the last three years. The results of this study showed that positive and negative religious coping represent two distinctly different methods of dealing with a major life stressor. Those who engaged in a higher level of positive religious coping displayed fewer symptoms of psychological distress including fewer depressive symptoms, a decrease in callousness towards others and an increase in quality of life. Individuals utilizing negative religious coping strategies

displayed signs of emotional distress, had a poorer quality of life, and displayed greater

callousness toward others. Results suggest that religious beliefs can affect a person positively or

negatively in a time of crisis depending on what coping methods are utilized.

A review of the literature on religious coping by Harrison, Koenig, Hays, Eme-Akwari

and Pargament (2001) encouraged both clinicians and researchers to assess for use of religious

coping in populations experiencing a wide range of stressors and/or psychological issues.

Subsequent research has found that, after controlling for demographic and religious variables, a

strong relationship exists between negative religious coping and a number of symptoms of

psychopathology including anxiety, phobic anxiety, depression, paranoid ideation, obsessive-

compulsiveness, and somatization (McConnell, Pargament, Ellison, & Flannelly, 2006). In

summary, research strongly supports the existence of both positive and negative religious coping

and the associated benefits as well as harmful effects of each coping strategy.

Interactions between Religious Factors. The majority of literature focusing on parental

religiousness and subsequent parent and child functioning examines multiple factors of parental

religiousness, including sanctification of parenting, positive and negative religious coping, and

biblical conservatism. Of particular interest is the ways in which these factors interact with each

other. For instance, Murray-Swank and Mahoney (2006) studied biblical conservatism and

sanctification of parenting in a sample of 85 mothers of children between the age of four and six

in order to determine if these religious factors were related to more positive parent-child

interaction and use of corporal punishment. Mothers who displayed higher levels of

sanctification of the parenting role reported greater perceived control of child behavior and more

positive parent-child interactions. The authors did not find a significant relationship between

biblical conservatism and positive parent child interactions or use of corporal punishment.

However, it was determined that biblical conservatism moderated the relationship between sanctification of parenting and use of corporal punishment and positive parent-child interactions. In other words, their results suggested that greater sanctification of parenting was associated with greater use of corporal punishment in biblically conservative mothers, but was related to less use of corporal punishment in biblically liberal mothers. Also, in biblically conservative parents, increasing degrees of sanctification of the parenting role led to more positive parent-child interactions. The same was not true for parents low in biblical conservatism, as these parents tended to have positive parent-child interactions regardless of level of sanctification. Although this study contributed to the understanding of biblical conservatism and sanctification of parenting, the sample was predominately Caucasian Christian mothers, therefore the authors suggest that these religious factors should be examined in a more diverse population, something that was only partially accomplished by the current study.

Dumas and Nissley-Tsiopinis (2006) examined levels of sanctification of parenting, global religiousness, and positive and negative religious coping in an ethnically and economically diverse sample of 149 preschool parents. The authors were particularly interested in utilization of these religious factors and their impact on three factors of parental functioning (satisfaction, efficacy, investment) plus two factors of child functioning (behavior problems, coping competence). The authors found that higher levels of negative religious coping and global religiousness were individually related to increased parental report of ADHD symptoms. Also, higher levels of sanctification of parenting and positive religious coping were both individually related to increased parental investment while positive religious coping was related to increased perceived child coping competence (parent report). The most interesting interaction effect found in this study was between global religiousness and negative religious coping on parental

investment. The authors found that among participants who reported higher levels of negative religious coping, global religiousness was negatively correlated with parental investment. In other words, parents who considered themselves to be very religious, and utilized negative religious coping strategies, reported lower scores on a self-report measure of parental investment. The results of this study represent one of the only studies that considered circumstances when parental religiousness was related to poorer parental and child functioning.

The results of these studies support the use of a multi-dimensional approach to religion in order to gain a more accurate understanding of the types of religious experiences that either enhance or suppress parental and child functioning. As will be explored further in the next section, researchers have examined the influence of religion among parents of children with physical and developmental problems, but very little research has addressed the potential moderating influence of religion on parental functioning among parents of children with behavior problems.

The Effect of Religiousness on Parenting in Difficult Circumstances

Intuitively, it seems that religiousness would be an asset for individuals facing a difficult circumstance. Religiousness offers the opportunity to feel connected to and loved by an omnipotent being, and also offers direct access to a community of individuals with similar beliefs. In fact, multiple studies have found a direct link between religiousness and psychological well-being (e.g., Lewis, Maltby, & Day, 2003). Similarly, Schieman, Nguyen, and Elliott (2003) found that among individuals of higher socioeconomic status, religiousness can increase a perceived sense of mastery, or the perception that events are within a person's control. Given the results of these studies, it seems reasonable to assume that when faced with difficult parenting situations, parents may use religiousness in order to decrease distress or increase perceived

control. Research to date has tended to focus on parental religiousness and coping with child or family related problems that are perceived to be out of parental control such as developmental disabilities (Poston & Turnbull, 2004; Rogers-Dulan & Blacher, 1995; Tarakeshwar & Pargament, 2001) and chronic or severe medical illness (Cardella & Friedlander, 2004; Rutledge, Levin, Larson, & Lyons, 1995).

Research to date has not addressed the potential connection between religious belief and coping with situations that may be perceived as being within the realm of parent control, such as child misbehavior (including disruptive behavior disorders), or chronic parent-child conflict (Mahoney et al., 2001). If parents view stressors such as child misbehavior or marital dysfunction to be within their control, then these stressors could be associated with shame and guilt. The additional stress associated with shame and guilt may mean that religious belief or participation would have a negative effect on the parents' ability to cope with the stressor. It is important that research begin to examine the effect of religiousness on child stressors that are perceived to be within the parent's control in order to provide information as to how to best make use of religious and spiritual beliefs in a way that is helpful and not potentially harmful. The subsequent sections of this paper will include an overview of the available literature on parenting in difficult circumstances.

Parenting a Child with Chronic or Severe Medical Illness. Despite the significant stress placed upon parents coping with the illness of a child, there are very few studies that that examine religious coping methods in parents of a child with a chronic medical illness (Cardella & Friedlander, 2004; Rutledge et al., 1995). In general, research suggests that the use of religious coping has a stress buffering effect for this population. Rutledge et al. examined changes that occur in coping strategies during the course of a variety of childhood chronic illness including

juvenile diabetes, juvenile rheumatoid arthritis, cystic fibrosis, epilepsy, and spina bifida. In general, as the severity of the illness increased, parents who considered religious coping to be effective in alleviating stress, do not perceive a change in use of religious, social, or financial coping resources to be neccessary. However, for parents whose religious coping resources were not meeting their emotional needs, additional social, family, and financial support was needed. This suggests that while religious coping may be sufficient for some, families who are under a good deal of stress may require support from additional sources, other than their religious community, in order to cope.

Cardella and Friedlander (2004) examined the degree of psychological distress experienced by parents dealing with a child with cancer in relationship to scores on the Religious Coping Methods to Gain Control subscale of the R-COPE (Pargament et al., 2000). This subscale measures utilization of religious behaviors including: collaborative religious coping, active religious surrender, pleading for direct intercession, passive religious deferral, and self-directed religious coping. Results of this study suggested that Protestants, Roman Catholics, and parents with other Christian religious affiliations reported more collaborative religious coping than Jewish and Greek/Eastern Orthodox participants. Roman Catholics were the most likely to engage in pleading for direct intercession, which was also positively related to the amount of parental distress. These results suggest that religious coping behaviors might differ depending on the religious affiliation of the parents. Type of religious coping was also predicted by the severity of the child's illness. As the severity of the child's illness intensified, parental pleading for direct intersession was increased, leading to an increase in parental stress. The results of this study suggest that religious coping is utilized by many parents who are faced with a child who has

cancer and therefore more research is needed in order to better understand the positive and negative effect of religious coping behavior in this population.

Parenting a Child with a Disability. Several studies on parental religiousness and parenting a child in difficult circumstances have included a sample of parents of a child with a learning or developmental disability. A review of the literature pertaining to religious factors in African American families of children with disabilities completed by Rogers-Dulan and Blacher (1995) suggested that religious coping may be particularly relevant for African American families as the members of this particular religious community understand their unique cultural needs and values. The authors suggest that service providers should consider forming alliances with African American religious communities in order to provide services that augment, and not replace, the support already provided by these groups. In general, results of this review suggested that religious belief systems are viewed as having a positive impact on African American parents raising a child with disabilities given that these parents use religion to ascribe greater meaning to the disability and also as a mechanism for social support and integration into a community.

Tarakeshwar and Pargament (2001) examined religious coping in parents of children with autism. Parents who reported greater use of positive religious coping since having a child with autism reported an increase in spiritual growth and feeling closer to God and their church. Similarly, parents who utilized positive religious coping also indicated that they had experienced positive changes in their social relationships and coping skills since having a child with autism. On the other hand, negative religious coping strategies predicted perceptions of distance in the parent's relationship to God or the church and were related to an increase in depressive symptomlogy. Overall, the results of this study suggest that religiousness can have either a positive or negative effect on coping efforts among parents of a child with autism, depending on

the coping strategies utilized by the parents. A more recent study completed by White (2009) found that parental religiosity was positively correlated with parental well-being and acceptance of their child's autistic disorder. This study also found that amongst parents who were highly religious, increased stress was positively related to well being. In other words, amongst parents who were religious, experiencing the inevitable stress associated with parenting a child with autism did not have a negative impact on their overall sense of well-being.

Poston and Turnbull (2004) collected qualitative data regarding family quality of life, factors that help the family run more smoothly, and factors that cause periods of great difficulty from parents of children with mental retardation or a developmental disability (MR/DD). The qualitative design of this study differed significantly from the other studies reviewed thus far and contributes a very rich understanding of the relationship between challenging life circumstances and religiousness. Without being specifically prompted to discuss religious issues, many parents discussed the importance of having faith, praying, and having an active spiritual life on the resulting quality of life of their family. The parents also indicated that religious beliefs helped them attribute meaning to the difficult situations their family faced as a result of their child's disability. By utilizing an open-ended interviewing method to collect data, parents were not primed to discuss religious beliefs, thus providing further support for the consideration of the relevance of religiousness within parents with children with MR or DD.

Parenting a Child with Behavior Problems. Religiousness plays a significant role in the lives of many parents of children who have a chronic or severe medical illness or disabilities. However, parents of children with behavior problems also face a great deal of stress in their daily lives and religious participation is likely to also be relevant to their experiences. Given that obedience to authority is a highly regarded value in many organized religions, it is easy to see

how a disobedient or disrespectful child may contribute to stress for parents who are religious. A study by Hathaway, Douglas, and Grabowski (2003) is one of the only studies to examine religiousness in children with behavior problems and found that children with ADHD demonstrated greater difficulty in faith-situations (i.e., sitting through church) as compared to children without ADHD. The most difficult type of faith situation identified was when children were expected to remain quiet during silent portions of a worship service. This study provides preliminary evidence to suggest that parents of children with behavior problems, in this case related to ADHD, may experience greater stress in faith-related situations as compared to parents of less challenging children.

The influence of religious participation on parents who are raising a child with behavior problems is important to consider as these parents often experience a great deal of stress and are, therefore, in need of support. Other studies have analyzed parental religiousness and its effect on parental and child functioning and unintentionally discovered interesting relationships between parental religiousness and the presence of behavior problems in children. For example Schottenbauer et al. (2007) found that parental ratings of the presence of behavior problems increased with parental belief in a higher power. Dumas and Nissley-Tsiopinis (2006) found that the presence of oppositional and ADHD-related behaviors was related to parents' use of negative religious coping. It is clear that more research is needed to understand the relationship between these variables. It is possible that parents engaging in religious activities as a way to gain social and religious support may experience even greater stress related to managing child behavior in the religious setting or sensitivity to perceived criticism in regard to their parenting, resulting in greater feelings of isolation and hopelessness. However, it may also be the case that religious

participation provides parents with the community support needed to manage the stress related to parenting a child with behavior problems.

The Current Study

A summary of the available research shows that parents of children with behavior problems tend to report a significantly elevated level of stress. On the other hand, religious belief and participation has been linked to higher levels of parental competence and decreased levels of distress. While religious coping has been shown to be a beneficial resource for parents of a child suffering from a chronic or severe medical illness as well as children who have a developmental disability, research has failed to examine the effect of parental religiousness on coping with child behavior problems. Previous research has found that dimensions of religiousness, such as religious coping methods, sanctification, and conservatism interact so that religious beliefs have a different impact on each individual, depending on the significance of each dimension to their personal religiosity. In other words, it is possible that religiousness might have a positive or negative impact on an individual depending on the way that individual subjectively views God and religion and utilizes these sacred concepts in their everyday life. Most research up to this point, however, has examined religiousness only as it relates to the benefits that it provides an individual and has failed to take into consideration the negative impact that it might have on a person's ability to cope.

It has been suggested that certain aspects of religious participation and belief might have the effect of increasing stress in families facing greater than typical challenges (Mahoney et al., 2001). However, there is no research currently available to validate this idea. Furthermore, there is no current research that examines religious variables that may influence parental functioning among parents of children with behavior problems. Because children with behavior problems

often act in a way that can be perceived as disobedient or disrespectful, parents of children who are religious might have particular difficulty accepting their child's misbehavior in light of their own values and beliefs. These parents might even feel hesitant to actively participate in organized religious activities due to the embarrassment associated with their child's behavior. Because individuals who volunteer to work in children ministries at many religious institutions have little formal training in dealing with children who have behavior problems, it is possible that parents may feel that their children are not welcome to participate in activities geared towards children in a religious setting. Given concerns about others' ability to manage their child's behavior, parents might find religiousness and church attendance to be a source of stress as opposed to a source of support or a coping resource.

The current study examines the moderating influence of specific religious factors on the relationship between level of child behavior difficulties and parental stress as well as parental competence. This study differs from previous research in that it considers both positive and negative influences of parental religion on parental functioning. The religious factors that were examined in this study as potential moderators of the relationship between parenting a child with perceived behavior problems and parental stress and competence include sanctification of parenting, religious coping, and biblical conservatism as these are the religious factors that have demonstrated relevance to parenting (Dumas & Nissley-Tsiopinis, 2006; Murray-Swank & Mahoney, 2006). The following hypotheses were developed to examine the association between level of child behavior difficulty and parental levels of stress and competence as moderated by levels of religious coping, sanctification of parenting, and conservatism.

1. Higher levels of perceived child behavior problems will be associated with an increase in parental stress and a decrease in parental competence. Thus, there will be a main

effect between degree of child behavior problems and parental stress and competence levels.

2. Sanctification of parenting will moderate the relationship between child behavior problems and stress, leading to increased stress. This hypothesis is somewhat exploratory in nature but is based upon the suggestion of Mahoney et al. (2003) that sanctification of a relationship that triggers the feeling of inadequacy or failure might exacerbate individual or relationship maladjustment.

3. Based on the findings of Murray-Swank et al. (2006) it is suggested that biblical conservatism will moderate the relationship between behavior problems and stress, leading to increased stress. It is also hypothesized that biblical conservatism will moderate the relationship between behavior problems and parent sense of competence, leading to decreased competence.

4. Drawing from research on parenting in difficult circumstances (Cardella & Friedlander, 2004; Tarakeshwar & Pargament, 2001), it is also proposed that negative religious coping will moderate the relationship between behavior problems and parental stress and competence, leading to greater stress and less competence. On the other hand, positive religious coping will moderate the relationship in the opposition direction, leading to decreased stress and increased competence.

5. In reference to the results of Dumas and Nissley-Tsiopinis (2006), it is hypothesized that sanctification of parenting and positive religious coping will interact and moderate the relationship between behavior problems and parental stress and competence, leading to decreased stress and increased competence.

6. It is hypothesized that sanctification of parenting and biblical conservatism will interact and moderate the relationship between behavior problems and parental stress and competence, so that parents who are high on both sanctification of parenting and biblical conservatism will display higher levels of parental stress and decreased parental competence.

Chapter 2

Methods

Design

The current study utilized a correlational design with one independent variable (degree of parental-perceived childhood behavior problems), two dependent variables (level of parental stress, level of parental competence), and four variables (degree of positive religious coping, degree of negative religious coping, degree of sanctification of parenting, degree of Biblical conservatism) that were hypothesized to have a moderating effect on the relationship between the independent variables and dependent variables.

Participants

Participants were recruited from two mental health facilities, local churches, preschools, and from the students, faculty, and staff of a mid-sized state university in a medium-sized mid-western city. Participants were recruited in this manner to facilitate a range of child behavior difficulty as well as religiosity. Parents/guardians of a child between the ages of three and twelve years old were invited to participate. In general, only one parent from each family was permitted to participate, unless the family included more than one child between the ages of three and twelve years old. Parents were entered to win one of two $75 gift cards to Wal-Mart in exchange for participation. If the parent was a student at the university, the participant was also offered extra credit in exchange for participation. Approximately five hundred questionnaires were distributed and 139 completed questionnaires were returned for a response rate of 28%.

However, it should be noted that some agencies opted to hand out questionnaires to all parents without soliciting agreement to participate first, thus contributing to the low return rate.

Participants in this study were 139 parents (120 female, 17 male, 2 sex unknown) of children between the ages of 3 and 12 years old ($M = 7.4$, $SD = 2.83$). Respondents were between the ages of 21 and 58 years old, with a mean age of 35.9 years old ($SD = 7.7$). The majority of participants (90.6%) described themselves as White/Caucasian, whereas 3.6 % of participants described themselves as multi-racial, 2.9% described themselves as African American, and 2.2% participants described themselves as Asian/Pacific Islander. The majority of the sample (46%) described themselves as being Protestant-Christian. Other reported religious affiliations included Catholic (18%), Christian-LDS (3.6%), Muslim (2.9%), and atheist or agnostic (2.1%).

The majority of participants described themselves as moderately religious (52%) and very spiritual (49%). Sixty-nine percent of participants reported a belief that God exists, while 4.3% indicated that they are pretty confident that God does not exist. These results are very similar to the 2008 Gallup poll data which indicated that in America, 78% of people believe that God exists compared to 6% who do not. Approximately a quarter of participants (26.6%) indicated that they attended religious services once a week, while 13.7% indicated that they never attended religious services. Again, the 2008 Gallup poll indicated that 30% of Americans attend religious services once a week while 16% never attend, which is very similar to our sample. Reported household income ranged from less than $15,000 to more than $100,000, with 37 percent reporting an income less than $35,000 (low income). Another 28.1% percent reported a family income between $36,000 and $75,000 (middle income) with 15.8% reporting a family income above $75,000 (upper income group). Considering education level of participants, 16.5%

percent reported a high school education only, 15.1% reported some college, 26% reported a college degree, and 22.3 % reported post-bachelor's level education.

Measures

Demographics. Parents were asked to provide basic demographic information including parent age, gender, number of adults in the home who care for the child, marital status of parent, parent and child ethnicity, parental educational level, religious affiliation and participation, household income, number of children in family, number of children in family who the parent perceives to have behavior problems, and gender and age of child of interest (See Appendix A).

Child Behavior Problems. The extent to which a child is displaying behavior problems was measured using the CHAOS (Conduct-Hyperactive-Attention Problems-Oppositional Scale; Kronenberger, Dunn, Giauque, 2007) which is a 22-item measure of child externalizing behaviors. Parents were asked to indicate the frequency of each problem behavior using a four point scale, 0 (never) to 3 (very often). The CHAOS includes four sub-scales (Attention-Problems, Hyperactivity-Impulsivity, Conduct Problems, Oppositional Behavior) with five questions each. The final two questions are designed to detect parental under-reporting and include two very common childhood behaviors (being unhappy when denied own way, complaining when asked to do something undesirable). In previous research this scale has demonstrated excellent internal consistency with alphas of .91, .88, .88, and .80 for the items composing the Attention-Problems, Hyperactivity-impulsivity, Oppositional Behavior, and Conduct Problem Scales (Kronenberger et al., 2007). Test-retest reliability was also high, with correlations ranging between .70 and .87 for all scales when parents completed the measure 10-26 weeks following initial administration. The CHAOS was found to be highly correlated with lengthier child behavior measures, with correlations ranging between .71-.82 for all

corresponding clinical scales with the exception of the conduct disorder scale, which correlated at .58.

Additionally, seven questions from the Conners' Global Index-Parent Version (Conner, 2003) were modified and included in the measure of child behavior problems. The Conners' Global Index was designed to provide a measure of behavior problems commonly experienced by parents. The original index includes 10 items that are rated on a 4-point scale from 0 (never, not true) to 3 (Very Much True or Very Often). Three items on the original index were excluded because they closely resembled a question that was already included on the CHAOS. These seven items were included in order to provide a more robust measurement of child behavior problems, including the more commonly occurring challenging behaviors that are not necessarily indicative of a diagnosable behavior disorder. A total score across all 29 items (range of 0 to 87) was calculated to determine an overall level of parental-perceived behavior problems in the child of interest.

Religious Coping. The degree to which each participant utilizes positive and negative religious coping strategies was measured using the Brief R-COPE (Pargament, Smith, Koenig, & Perez, 1998). The Brief R-COPE is a 14-item measure of religious coping that was created by Pargament et al., (1998) to measure religious coping strategies utilized by individuals facing a major adverse life event. This scale has two subscales, one which measures positive religious coping and one which measures negative religious coping. Both dispositional and situational versions of the Brief R-COPE exist, and for the purpose of this study, a version that is specific to parenting was used. The parenting version of the Brief R-COPE has been utilized in previous research on parenting and religiosity. Respondents are asked to indicate their level of agreement to a given statement on a four-point Likert type scale, 0 (*not at all*) to 3 (*a great deal*). Internal

consistency for the parenting version of this measure has been shown to be .85 and .83 for positive and negative religious coping subscales respectively, and correlations between the two scales is minimal ($r = .10$; Dumas & Nissley-Tsiopinis). In this study, items were totaled separately for each scale in order to determine a total score of both positive and negative coping strategies for each participant.

Sanctification of Parenting. The degree to which parents view their care giving role as sacred was measured using two scales, *The Sacred Qualities of Parenting Scale* and the *Manifestation of God in Parenting Scale* (Murray-Swank, Mahoney, Pargament, 2006; Mahoney et al., 1999). *The Sacred Qualities of Parenting Scale* was designed to measure the degree to which a parent considers their relationship with their child as related to divine or transcendent phenomena. This scale asks respondents to describe how closely a list of ten adjectives (e.g., blessed, heavenly, awesome) describes their relationship with their child using a 7-point Likert-type scale, 1 (does not describe at all) to 7 (very closely describes). The *Manifestation of God in Parenting Scale* is designed to assess the degree to which the parent views their role as a parent to be related to their experiences with God. It is comprised of fourteen items which ask the participant to rate their level of agreement to statements, such as 'God is present in my role as a parent', on a 7-point Likert-type scale, 1 (strongly disagree) to 7 (strongly agree). Both scales have demonstrated good internal consistency with alpha levels of .74 and .94 for the *Sacred Qualities of Parenting Scale* and the *Manifestation of God in Parenting Scale* respectively (Murray-Swank et al., 2006). Ratings on both scales were totaled to obtain an overall score of sanctification of parenting for each participant.

Biblical Conservatism. Biblical conservatism was measured using a four-item index. Two of the questions have been used in previous research on the topic (Ellison & Sherkat, 1993;

Murray-Swank et al., 2006), and two were created for this study in order to increase the range of possible scores on this measure. Participants were asked to indicate their level of agreement to the four items on a 4-point Likert-type scale, 1 (*strongly disagree),* 4 (*strongly agree).* The two items which have been used in previous research are: 'The Bible/Koran/Torah/other religious text is God's word and everything will happen exactly as it says', and 'The Bible/Koran/Torah/other religious text is the answer to all important human problems.' The two items created for this study are: 'I believe that people are born sinful' and 'I believe that my religion, which is informed by the Bible/Koran/Torah/other religious text, provides clear instructions about how we are to behave.' These items were chosen based upon Ellison and Sherkat's (1993) discussion of the theological beliefs that are common in parents who are high in biblical conservatism. These authors suggest that conservative protestant parents often adhere to a literal interpretation of the bible and believe that all humans--even very small children--have a propensity towards sinful behavior, because of the fall of humanity that occurs in the story of Adam and Eve. Among participants in the current study, all four items were significantly correlated with one another (r = .256 to .722). It should be noted that although this variable is called biblical conservatism, the wording of these items has been altered to include other religious texts. Ratings on each item were summed in order to provide an overall score of biblical conservatism.

Parental Functioning*.* Parental functioning was measured on two dimensions including parenting stress and parental competency. Parenting stress was measured using the Parental Stress Scale (Berry & Jones, 1995). This scale has demonstrated usefulness in clinical and non-clinical populations and has been shown to discriminate between parents who are under a good deal of stress and those who are not. The scale includes 18 items which require the respondent to

indicate the extent to which they agree with each statement from one to five on a Likert-type scale (1= strongly disagree, 5= strongly agree). Degree of parental stress was calculated by totaling the participant's ratings on all items of this measure. This measure has demonstrated good reliability with an alpha level of .83.

Parental sense of competence was measured using the Parenting Sense of Competency Scale which is a 17-item scale with two subscales measuring parental efficacy and satisfaction (Johnston & Mash, 1989). On the original scale, participants were asked to rate, on a scale from 6 (strongly disagree) to 1 (strongly agree) how closely they agreed with each item. For this study, the Likert type scale was reversed (1 = strongly disagree, 6 = strongly agree) to avoid confusion on the part of the participants as all other measures are anchored in this manner. In previous research, this scale has demonstrated good internal consistency levels with an overall alpha level of .79, and alpha levels of .75, and .76 for the parental satisfaction and parental efficacy subscales, respectively (Johnston & Mash, 1989). Parent ratings on all items were totaled in order to achieve an overall rating of sense of parenting competency for each participant.

Procedure

Participants were recruited from various locations in a medium-sized community in the Midwest, including places of worship, preschool facilities, at a local university, and a private secondary school. In most cases, the lead investigator contacted the director of the facility directly and provided information about the study. The director of each facility determined if they preferred to recruit participants from their facility themselves or whether they preferred that the lead investigator recruit in person at their facility. Potential participants were provided with a flyer which provided information about the study (See Appendix B). If a parent expressed interest in participating in the study, they were provided with a copy of the questionnaire, a cover

letter explaining the study (Appendix C), a consent form, an entry form for the drawing, and a self-addressed stamped envelope to return the questionnaire. On average, parents took 15-20 minutes to complete the questionnaire packet.

Parents who had more than one child between the ages of 3-12 years old were instructed to choose the child who demonstrated the most challenging behavior problems and to respond to questionnaire items based on this child. Parents were also provided with contact information for two local mental health centers in the event that they became concerned about their child's behavior, or their ability to parent as a result of participation in the study. Participants were also provided with the contact information of the primary investigator in case they had any concerns or questions about the study.

Chapter 3

Results

Preliminary Analyses

Table 1 presents mean scores, standard deviation and range for parenting variables as well as measure of religiousness and spirituality. As described earlier, extent of religious participation, religious and spiritual belief and belief in God within this sample are very similar to those reported by the National Gallup Poll in 2008. In general, the sample can be described as moderately religious and spiritual, with the majority believing in God and approximately one quarter reporting regular attendance at worship services. Considering parent ratings of child behavior difficulty, the mean score on the adapted CHAOS ($M = 30.42$) suggests that most parents endorsed moderate behavior difficulties. The adapted CHAOS had 29 items, thus if parents endorsed the majority of the items (e.g. 16 items) as occurring at least "often"(rating of 2 on 0-3 scale), a total score of 32 would indicate moderate report of child behavior difficulty. While the majority of participants endorsed only moderate behavior problems, the sample also included parents reporting child behavior problems in the moderate to severe range. More specifically, approximately 6% of the sample endorsed behavior problems that were two standard deviations above the mean for the sample, while 17% endorsed behavior problems one standard deviation above the sample mean.

Inherent in the current study is the idea that parental religiousness will have a significantly different effect on parents of children with higher behavior problems when

compared to parents of children with lesser behavior problems. In order to test this hypothesis, a median split based on parent rating of child difficulty (CHAOS) was used to group parents reporting greater/lesser levels of child difficulty. A series of independent t-tests revealed that parents of children in the high behavior problems group ($n = 51$) differed from those reporting lower behavior problems ($n = 86$) in scores on the PSS, PSOCS, Sanctification of Parenting scores, and positive religious coping scores (see Table 2). Means for biblical conservatism and negative religious coping were not significantly different for the high/low behavior difficulty groups. As seen in Table 2, means for the parenting stress scores were greater for the higher behavior problems group as compared to the lower behavior difficulty group. Likewise, parenting sense of competence was higher among parents in the low behavior difficulty group as compared to the high behavior difficulty group. Parents of children with lesser behavior problems reported higher scores on the positive religious coping scale when compared to the mean scores of parents with greater behavior problems. Finally, parents of children with lesser behavior problems had a significantly higher mean on the Sanctification of Parenting scale as compared to parents of children with greater behavior problems.

Correlational Analyses

Table 3 presents the zero order correlations between the religious and parenting variables. As predicted in the first hypothesis, parent report of child behavior problems (CHAOS) was positively associated with Parenting Stress (PSS) and negatively associated with scores on the Parenting Sense of Competence Scale (PSOC). As suggested by Cohen (2001) a correlation of .75 or greater between independent or modifying variables would indicate an issue with multicollinearity. Although no modifying or independent variables were correlated with one another at a level greater than .75, there appears to be a strong correlation between positive

religious coping and sanctification of parenting ($r = .71$). Since no demographic variables were significantly related to PSS or PSOC scores (see Table 4), initial analysis revealed no confounding demographic variables. In order to provide further support for this, two correlational analyses were completed, one predicting parental stress and the second predicting parental sense of competence. In both regression analyses, biblical conservatism, positive religious coping, negative religious coping, sanctification of parenting and the demographics that were predicted to be associated with the outcome variables (i.e., participant educational level, socio-economic status, gender, and age) were entered simultaneously. None of the demographic variables were significantly associated with either parental stress or sense of competence, therefore no demographic variables were included in the regression analyses.

Multiple Regression Analyses

A series of multiple regression analyses were completed in order to test each hypothesis. The following statistical procedures and results will be discussed as they relate to each individual hypothesis. Please note that the means for all study variables that were included in interactions were centered prior to being entered into the regression.

Hypothesis 1. Hypothesis 1 suggested that behavior problems would be positively associated with parental stress and negatively associated with parental sense of competence. Two regression analyses were conducted in order to test this hypothesis The first regression model, which predicted stress, was significant and accounted for 19.3% of the variance, $p = .000$. See Table 5 for details regarding this model. The second model predicted parental sense of competence and was also significant, accounting for 24% of the variance, $p = .000$ (Table 6).

Hypothesis 2. Hypothesis 2 assumed that sanctification of parenting would have a moderating influence on parent perceived behavior problems, leading to increased stress. In

order to test this hypothesis, a regression analysis was conducted with PSS scores as the predictor variable and CHAOS scores, sanctification scores, and the interaction between the two entered in one step. The final model was significant and accounted for 25% of the variance, $p = .000$. The interaction between sanctification of parenting and CHAOS scores was significant, $B = .004$, $p = .005$ (see Table 7). Using a method for post hoc probing of interactions suggested by Aiken and West (1991), the relationship between variables in the interaction term was further explored. As seen in Figure 1, which depicts the relationship of these variables based on results of the post-hoc analysis, the strongest relationship between behavior problems and increased stress was seen in the group of parents reporting the least level of sanctification of parenting. Among parents of children who reported high levels of sanctification of parenting, the positive relationship between stress and behavior problems was less pronounced, suggesting that sanctification of parenting moderated this relationship, but not in the expected direction.

Hypothesis 3. In the first part of Hypothesis 3, it was suggested that biblical conservatism would moderate the influence of behavior problems on parental stress, leading to increased stress. In order to test this hypothesis, biblical conservatism scores, CHAOS scores, and the interaction between the two were entered simultaneously. The final model was significant and accounted for 20% of the variance, $p = .000$. However, the interaction between biblical conservatism and CHAOS scores was not significant, $p = .528$, suggesting that biblical conservatism did not significantly moderate stress in this sample (See Table 8).

Hypothesis 3 also suggested that biblical conservatism would moderate the influence of behavior problems on sense of competence, leading to less competence. In order to test this hypothesis, biblical conservatism scores, CHAOS scores, and the interaction between the two were entered simultaneously. The final model was significant and accounted for 25% of the

variance, $p = .000$. The interaction between biblical conservatism and CHAOS scores was not significant, therefore the interaction between the two variables was not explored further (See Table 9).

Hypothesis 4. In order to determine if negative religious coping moderated the relationship between behavior problems and parental stress scores, a regression was conducted entering CHAOS scores, negative religious coping scores, and the interaction between the two simultaneously. The final model was significant and accounted for approximately 20% of the variance, $p =.000$. However, the interaction between negative religious coping and CHAOS scores was not significant, therefore the interaction between these two variables was not explored further (See Table 10). A similar regression model was conducted which predicted parental sense of coping by entering CHAOS and negative religious coping scores, and the interaction between the two, simultaneously. Again, the final model was significant and accounted for approximately 26% of the variance (See Table 11). Again, the interaction between negative religious coping scores and CHAOS scores was not significant; therefore the interaction between the two was not explored further.

For the second part of hypothesis 4, two regression analyses were conducted entering CHAOS scores, positive religious coping and the interaction between the two as predictors of parental stress and parent sense of competence, respectively. As seen in Table 12, the model was significant and accounted for 24% of the variance, $p = .000$. The interaction between positive religious coping and CHAOS scores approached significance, $B = -.009$, $p = .051$. Post hoc analyses of the interaction was completed in order to better understand the relationship between these variables. Figure 2 presents the results of these analyses and shows that stress levels are greatest in parents who utilize the most positive religious coping, regardless of the level of

behavior problems. However, the relationship between behavior problems and stress seems to be the greatest in parents who utilize the least amount of positive religious coping.

When predicting parenting sense of competence in hypothesis 4, CHAOS scores, positive religious coping scores, and the interaction between the two were entered simultaneously. Again, the final model was significant, accounting for 28% of the variance, $p = .000$ (See Table 13). The interaction between positive religious coping scores and CHAOS scores was significant, $B = .017$, $p = .006$. Post hoc analysis was completed in order to better understand the relationship between these variables and the results of this analysis is presented in Figure 3. PSOC scores were the lowest amongst parents of children with low positive religious coping and high behavior problems, and PSOC scores were highest amongst parents with low behavior problems and low positive religious coping. Parents of children who displayed the greatest amount of positive religious coping displayed the least amount of change in PSOC scores, regardless of behavior problems.

Hypothesis 5. It was hypothesized that an interaction between positive religious coping and sanctification of parenting would moderate the relationship between child behavior problems and stress and competence. In order to test this hypothesis, two regression analyses were performed, the first predicting parenting stress and the second predicting parenting competence. In both models, CHAOS scores, positive religious coping scores, sanctification of parenting, the interaction between sanctification of parenting and behavior problems, the interaction between positive religious coping and behavior problems, the interaction between sanctification of parenting and positive religious coping, and the three-way interaction between positive religious coping, sanctification of parenting, and child behavior problems were entered simultaneously. In the first regression predicting parenting stress, the final model was significant and accounted for

31% of the variance, $p = .000$. The three way interaction between positive religious coping, sanctification of parenting, and child behavior problems was not significant therefore the relationship between these variables was not explored further, $p =. 595$. See Table 14 for details regarding this regression model.

Predicting parenting competence, the final model was also significant and accounted for 34% of the variance, $p = .000$. The three way interaction term was not significant, therefore the relationship between these variables was not explored further, $p = .621$. See Table 15 for details regarding this regression model.

Hypothesis 6. It was hypothesized that the interaction of sanctification of parenting and biblical conservatism would moderate the relationships between child behavior problems and parental stress and sense of competence. In order to test this hypothesis, two separate regression analyses were completed: the first predicting parenting stress (PSS) and the second predicting parenting competence (PSOC). In both models, CHAOS scores, biblical conservatism, sanctification of parenting scores, the interaction between CHAOS scores and sanctification of parenting, the interaction between biblical conservatism and parenting, the interaction between sanctification of parenting and biblical conservatism, and the three way interaction between CHAOS scores, biblical conservatism, and sanctification of parenting were entered simultaneously. Predicting parenting stress, the final model was significant and accounted for 26% of the variance, $p = .000$. However, the interaction between CHAOS scores, biblical conservatism, and sanctification of parenting was not significant, therefore the relationship between these variables was not explored further, $p = .780$ (See Table 16). When predicting parenting competence (see Table 17), the model accounted for 29% of the variance and was significant, $p = .000$. The interaction between CHAOS scores, sanctification of parenting, and

biblical conservatism was not significant, $p = .802$. Therefore, the relationship between these

variables was not explored further.

Chapter 4

Discussion

The focus of the current study was to examine the moderating influence of various dimensions of religiousness on the relationship between parental stress, sense of competence and level of child behavior problems. In general, parenting a child with behavior problems has been associated with decreased parental functioning (Alizadeh et al., 2006; Johnson & Reader, 2002). On the other hand, parental religiousness has been associated with increased parental satisfaction, competence and investment (Dumas & Nissley-Tsiopinis, 2006). Furthermore, research suggests that when a parent is faced with the challenge of parenting a child with a severe developmental disorder or chronic medical illness, religious beliefs and participation are often associated with improved parental functioning (Poston & Turnbull, 2004; Rogers-Dulan & Blacher, 1995; Tarakeshwar & Pargament, 2001). However, prior to this study, research had not considered the impact of religiousness on parents dealing with a stressor that may be perceived to be within their control (i.e., child behavior problems). Consistent with previous research (Abidin, 1992; Anastopoulos et al., 1992), current results suggest that the experience of parenting is different (i.e. greater stress, lower feelings of competence) for parents who perceive their child to have greater behavior problems, when compared to those parents who perceive lesser behavior difficulties. Secondly, results suggest that parental religiousness can have a positive or negative impact on parental functioning depending on degree of parental perceived behavior problems, as well as personal beliefs about God, religion, and spirituality.

Considering the relationship between level of child difficulty and religious variables, parents of children with greater behavior problems displayed lower mean ratings of positive religious coping and higher ratings of sanctification of parenting when compared to the group of parents who endorsed less severe behavior problems. One explanation for this finding is that parents of children with more significant behavior problems use strategies, in addition to positive religious coping strategies that may seem to be more appropriate for the this specific stressor, such as seeking out help from a mental health professional. It is unclear why parents reporting greater child behavior problems displayed higher mean ratings of sanctification of parenting when compared to parents of children with less behavior difficulty. It is possible that as parents face frequent challenges because of their child's behavior problems, they have begun to make meaning of their experience by relating it to transcendent phenomenon. In other words, if a relationship is not particularly challenging, a person may not be as motivated to relate their experiences within the relationship to transcendent, religious, or spiritual phenomenon.

The first research hypothesis suggested that there would be a positive association between child behavior problems and parental stress and a negative association between child behavior problems and parental sense of competence. Results of the current study support this hypothesis. This finding is not surprising, and is consistent with previous research linking parental perceived child behavior problems and increased stress (Abidin, 1992; Anastopoulos et al., 1992), decreased competence (Johnston & Mash, 2001; Johnson & Reader, 2002), and decreased parental satisfaction (Dumas & Nissley-Tsiopinis, 2006). Therefore, the results of the current study support the idea that parenting a child with behavior problems is a significant stressor that can have a profound effect on parental and family functioning. This hypothesis was very important to consider prior to exploring the additional five hypotheses, because it

establishes a relationship between the independent and dependent variable prior to considering religious variables that may moderate this relationship.

The second hypothesis suggested that sanctification of parenting would moderate the relationship between parent perceived child behavior problems and parental stress, leading to increased stress. Results of the current study revealed that sanctification of parenting moderated the relationship between child behavior problems, but in the opposite direction as was expected. In other words, the present results suggest that sanctification of parenting may protect parents against the stress associated with parenting children with behavior problems..Interestingly, parents who reported the highest levels of sanctification of parenting and lesser levels of child behavior difficulty, reported more stress when compared to parents who reported lower scores on the sanctification of parenting scale. It is important to note that the relationship between child behavior problems and parental stress was the most consistent in parents of children with high sanctification of parenting, regardless of the degree of behavior problems faced by the parents. Therefore, despite the fact that sanctification of parenting may contribute to increased stress in parents of children with fewer behavior problems, when more challenging behavior problems arise, parental functioning is likely to be less impacted in parents who sanctify the relationship they have with their child. This finding perhaps provides further clarification of previous research that has linked sanctification of a family relationship to improved parental and child functioning (Dumas & Nissley-Tsiopinis, 2006; Murray-Swank & Mahoney, 2006).

Our prediction of increased stress in hypothesis two was based on Mahoney et al., (2003) who suggested that sanctification of a family relationship that deviated from perceptions of what the *typical* religious family *should* look like may contribute to increased parental stress. Clearly, parenting a child with significant behavior problems may represent one instance when a family

relationship deviates from what may be considered "ideal" in a religious community. However, results of the current study suggest that sanctification of the parenting roles has a positive influence on parental functioning, especially when parents are faced with parenting a child with challenging behavior problems.

Hypothesis three suggested that biblical conservatism would moderate the relationship between parent perceived child behavior problems and stress and sense of competence, leading to increased stress and decreased competence. Results of the current study did not support this hypothesis, as the interaction between biblical conservatism and behavior problems did not significantly predict either stress or competence. This hypothesis was largely exploratory in nature, as there are no available studies which have examined parent stress and sense of competence as related to biblical conservatism amongst parents of children with behavior problems.

Ellison and Sherkat (1993) suggest that biblically conservative protestant denominations place great emphasis on obedience. These authors indicate that from a theological perspective, conservative Protestant parents may perceive a direct link between obedience toward parental authority, adherence to biblical principles, and submission to God's will in adulthood. For these reasons, parenting a child with challenging behavior problems may be particularly stressful for biblically conservative parents. Therefore, the finding that biblical conservatism did not predict parental stress or sense of competence in our sample was surprising. Previous studies that considered the impact of biblical conservatism on parenting outcomes included only parents from a protestant Christian background, whereas the current study included parents from a variety of religious backgrounds. While a significant portion of the sample identified themselves as Protestant-Christian (46%), an additional 24.5% identified themselves as Catholic, Christian-

LDS, and Muslim. Therefore, it is possible that conservatism may have less impact on the parenting practices of individuals who are not Protestant-Christian.

Hypothesis four suggested that negative religious coping would moderate the relationship between parent perceived child behavior problems and parental stress and sense of competence, leading to increased stress and decreased competence. Results of regression analyses found that the interaction between negative religious coping and child behavior problems was not associated with either parental functioning variable. This is inconsistent with previous research which found use of negative religious coping to be associated with increased stress among those who are parenting in difficult circumstances (e.g.,Cardella and Friedlander, 2004; Tarakeshawar & Pargament, 2001). As has been mentioned before, the presence of child behavior problems is a stressor that differs from parenting a child with a developmental disability or a chronic medical illness as it could be considered a stressor that is under the parent's control. Parents may be less likely to associate child behavior problems with religious beliefs, leading to lower scores on negative religious coping items such as "Question the power of God" and "Feel as if God has abandoned me."

The second part of hypothesis four suggested that positive religious coping would moderate the relationship between child behavior problems and parental stress and sense of competence, leading to decreased stress and increased competence. The interaction between positive religious coping and parent perceived child behavior problems significantly predicted both parental stress and sense of competence. Considering parenting stress, parents reporting higher levels of positive religious coping also reported higher levels of parenting stress in parents of children with medium to low behavior problems, while parents who faced with the greatest behavior problems displayed similar amounts of stress, regardless of whether they utilized

positive religious coping strategies or not. Exploration of the interaction between positive religious coping and child behavior difficulty also revealed that the relationship between child behavior problems and parenting stress was greatest (e.g. increase in behavior problems associated with the greatest increase in stress) for parents reporting lower levels of positive religious coping. Thus, there does appear to be some support for the effectiveness of positive religious coping in moderating the relationship between parenting stress and behavior problems. Further exploration of this interaction in a clinical sample (e.g. parents of children with externalizing diagnoses) may better reveal the moderating influence of positive religions coping on parenting stress.

In regards to parental sense of competence, results suggest that amongst parents of children with the least behavior difficulty, use of positive religious coping is related to the lowest ratings of parental sense of competence. However, in the higher behavior problems group, greater use of positive religious coping strategies was related to higher ratings of parental sense of competence. Overall, the presence of behavior problems had the least amount of impact on a parent's sense of competence in parents who utilize positive religious coping strategies. This, again, suggests that parental use of positive religious coping can be beneficial, particularly when coping with higher levels of child behavior difficulty.

Tarkeshwar and Pargament (2001) found positive religious coping to be related to spiritual growth and positive changes in social relationships amongst parents of children with autism. Results of the current study suggest that when considering child behavior problems, the influence of positive religious coping may be somewhat complex. Higher use of positive religious coping is not associated with decreased stress; however less use of positive religious coping may lead to greater stress for parents of child with greater behavior difficulty. Positive

religious coping also appears to lessen the impact of child behavior problems on a parent's sense of competence. It is possible that parents who utilize greater positive religious coping strategies may take a more active role in controlling their child's behavior problems, leading to an increase in stress, but also an increase in their perceived ability to manage these behavior problems. Unfortunately, the current study did not examine parental strategies for managing child misbehavior; therefore future research should consider this variable in order to better understand the relationship between positive religious coping and parental functioning in parents of children with behavior problems.

In hypothesis five, it was conjectured that the interaction between sanctification of parenting and positive religious coping would moderate the relationship between child behavior problems leading to decreased stress and increased competence. It was assumed that sanctification of parenting and positive religious coping would interact to create the most benefit for parents of children with behavior problems because they are both considered to be adaptive ways of managing stress. Furthermore, a study by Dumas and Nissley-Tsiopinis (2006) found that positive religious coping and sanctification of parenting were each individually associated with increased parental investment. Surprisingly, results of the current study found that the interaction between positive religious coping and sanctification of parenting had very little impact on the models predicting parenting stress or sense of competence. The interaction effect did not even approach significance in either model, thereforeit is unlikely that a larger sample size would have resulted in a significant relationship. One possible explanation for these results is that sanctification of parenting and positive religious coping were strongly correlated ($r = .71$) in the present sample. Although these concepts have been found to individually predict parenting behaviors in the current study and past studies (Dumas & Nissley-Tsiopinis, 2006), parents in

the present study tended to respond to items on the two scales very similarly, thus making it unlikely that the interaction between the terms would emerge as significant.

In the final hypothesis it was suggested that biblical conservatism and sanctification of parenting would interact and moderate the relationship between child behavior problems and parental stress and sense of competence, leading to increased stress and decreased competence. Contrary to this hypothesis, neither sanctification of parenting, biblical conservatism, nor the interaction of these variables with child behavior problems was significantly associated with parent stress or sense of competence. This hypothesis was created based on the idea that parents who are biblically conservative tend to place emphasis on obedience and submission to parental power (Ellison & Sherkat 1993a, 1993b). Sanctification of parenting measures the degree to which parents associate spiritual significance to the relationship with their child. Therefore, it was hypothesized that parents who attributed the most spiritual significance to their relationship with their child and who also emphasized obedience and submission would experience the most stress, particularly as child behavior problems increased. However, current results do not provide support for this idea. Biblical conservatism was not significantly related to either parenting variable in any of the analyses competed for the current study. Therefore, it is possible that biblical conservatism is irrelevant to the experience of parenting a child with behavior problems, and that other variables, such as parental attribution of behavior problems plays a more significant role in parental functioning in this population.

Conclusion

Results of the current study provide helpful information regarding the relative influence of dimensions of religiousness on the association between child difficulty and parent stress and sense of competence. Overall, results of the current study suggest that certain dimensions of

religiousness, such as positive religious coping and sanctification of parenting can contribute to slightly lower sense of competence and slightly higher stress, respectively, in parents of children with lesser behavior problems. However, when examining the group of parents who displayed the greatest degree of sanctification of the parenting role, there was very little change in stress levels amongst parents of children with lesser behavior problems when compared to parents of children with the most significant behavior problems. Similarly, when examining parents who displayed the greatest amount of positive coping strategies, there was very little difference between parental sense of competence when comparing parents of children with few behavior problems and parents of children with the most behavior problems. It therefore seems that sanctification of parenting and positive religious coping are protective factors, because parents who are high in each dimension experience very little change in their functioning even when faced with challenging behavior problems.

This is good news for parents of children who have a diagnosable behavior problem, as these parents have been found to have less self-confidence (Alizadeh et al., 2002), lower self-esteem (Mash & Johnston, 1983), and display higher base rates of depression and anxiety (Johnston & Mash, 2001; Mash & Johnston, 1983). If sanctification of the parenting role and positive religious coping strategies can help to reduce stress and increase sense of competence in this population, it is possible that they would also prevent the development of further decline in parental functioning. This is also good news for most parents whose children are generally well-behaved, but who are inevitably faced with challenging behavior problems at some point in their child's development. Parents who sanctify the parenting role and who use positive religious coping strategies may experience very little change in their functioning when faced with challenging behaviors, which in turn may allow them to manage these challenges in a more effective and efficient manner. These results are consistent with previous research which found that sanctification of parenting to be related to more positive parent-child

interactions and a greater perceived control over a child's behavior (Murray-Swank & Mahoney, 2006). However, future research should continue to explore the hypothesis that sanctification of a relationship is stressful in nature or deviates from the expectations of one's religion (i.e., having a disobedient or sinful child) may contribute to increased stress levels (Mahoney et al., 2003). Use of a larger sample that includes parents facing more significant child behavior problems as well as higher levels of parenting stress may reveal a different relationship between sanctification of parenting and parenting stress. It may also be interesting to examine stress levels in parents of children with severe emotional or thought disorders and the moderating impact of dimensions of religiousness in this population.

Future research should also re-examine the influence of positive religious coping on stress levels, as the aforementioned was associated with increased stress in parents of children with few behavior problems and had no effect on parent of children with greater behavior problems. Therefore, while positive religious coping was associated with increased sense of competence, it was related to increased stress in parents of children with behavior problems below the mean, at the mean, yet had no effect on stress levels in parents of children with the greatest behavioral difficulty. When examining these results intuitively, it is possible that religious parents take a more active role in managing behavior problems, leading to increased stress, but improvement in their perceived ability to manage these problems effectively. Complicating this interpretation is the fact that positive religious coping did moderate the relationship between parental stress and behavior problems, despite the fact that stress levels were highest amongst parents who utilized the most positive religious coping. Future research should focus on further clarifying the relationship between positive religious coping and stress and sense of competence. If these results are replicated in future research, it may suggest that

religious coping strategies are ineffective in decreasing stress in this population. Thus, providing support for the idea that parental religiousness can have either a positive or negative impact on parental functioning depending on parental views of God, religion, and spirituality. In any case, this study provides support for the idea that parents of children with behavior problems should be encouraged to utilize additional methods of coping, such as seeking help from a mental health professional, in addition to seeking support from their religious community.

Although several significant relationships emerged between dimensions of religiousness, parent perceived behavior problems and parental stress and competence, the predictor variables included in the study accounted for little more than 30% of the variance found in ratings of parental stress and sense of competence. Therefore, it is likely that there are other variables, not included in this study, that better predict levels of parental stress and competence. It may be interesting, for example, to consider the interaction between parental attributions of child behavior problems, the use of religious coping strategies and associated levels of parental stress and competence. Attribution theory explains a person's tendency to assign causes to behavior as a way to explain it (Heider, 1958). Attributions can be either external or internal. External attributions are characterized by perceiving behavior to be caused by an outside force, while internal attribution includes the feeling that one is in control, or able to influence behavior or the outcome of a situation. The belief that child behavior problems are a result of the child's decision to be disobedient due to temperament or poor judgment is an external attribution for parents. The belief that the child is disobedient due to parental failure is an internal attribution for the parent. It may be helpful to examine the interactions between parental attribution of behavior problems and sanctification of parenting and biblical conservatism, as each of these variables could be predicted to increase or decrease parental stress, depending on whether the parents considers

child misbehavior to be related to their child's temperament or their own parenting style. For example, if parents have internal attributions for their child's misbehavior, and are also high on sanctification of parenting, they may be disappointed in their perceived inability to control their child's behavior, leading to increased stress and decreased competence.

Limitations. Although this study provided helpful insight into the experience of parents of children with behavior problems, there were several limitations to the study that are important to discuss. First and foremost, this study was limited by the relatively small sample size. Several parents expressed interest in the study and took a questionnaire packet home but did not return it. This might suggest that the content of the questionnaire was perceived too long or perhaps too difficult by some parents. It is also possible that some parents elected not to share personal information (i.e. religious views) after reading over the questionnaire items. Future research should consider alternative methods of collecting data that may lead to a better return rate, perhaps having a research assistant available to answer questions about specific items and/or to alleviate any concerns about confidentiality. A second limitation involves the relative homogeneity of the present sample, particularly in terms of ethnic/cultural diversity. Future research would ideally include a wider range of gender, religious, racial, and socio-economic diversity.

Many participants included qualitative remarks on their questionnaire that expressed frustration regarding the objective nature in which the researchers were attempting to measure religious experiences. Participants reported feeling as if the questionnaire did not allow them to report their individual views regarding religion and its relationship to parenting and chose not to respond to some of the items related to religious views. In the future, it may be helpful to include a statement recognizing the limitations of the religious measures to capture the unique way that

each individual views religion and its relevance to the parenting role in the instructions letter provided with the packet of questionnaires. Parents would be encouraged to provide the answer that "best describes" their experience. It may also be helpful to include a space for qualitative comments, as this may be both interesting and may improve participant response rates.

Some parents who were recruited from mental health clinics expressed confusion regarding whether they should rate their child's behavior on or off medication. This was a question that was unfortunately not considered prior to data collection. Therefore, participants were encouraged to make their own choice and to then be consistent throughout the questionnaire when completing both the questions regarding their parenting experiences and their child's behavior. Future research may wish to include use of medication as a variable of interest to explore the relationship between use of medication for a child and religious beliefs.

Research regarding the relationship between religiosity or spirituality and well-being is rapidly expanding and changing. The Sacred Loss and Desecratation Scale (Pargament, Magyar, Benore, & Mahoney, 2005) has been created to measure the degree to which a person considers the stressor to be a desecration or loss of something they considered to be sacred. Future research that focuses on the impact of religiousness on parental functioning in parents of children with behavior problems may include this scale in order to determine if a parent perceives having a child with behavior problems as a sacred loss. While many parents attribute spiritual significance to their relationship with their child, it is unclear whether the presence of challenging behaviors would contribute to the development of a sacred loss or whether this is more accurately defined as a stressor.

Overall, the current study lays the groundwork for future studies on the impact of dimensions of religiousness on parents of children with behavior problems. Results of the current

study provide support for the idea that parents of children with greater behavior problems experience the connection between parenting and religion in a manner that differs from parents of children with lesser behavior problems. The results also indicate that religion can have either a positive or negative impact on parental functioning depending on personal views of God, religion, and spirituality. Furthermore, this study provided evidence to suggest that the influence of religion is different for parents coping with child behavior difficulties as compared to parents of children with a developmental disorder or a chronic medical illness; however this should be examined more closely in future studies. Future studies should examine the relationship between religiousness and parental functioning in parents of children with behavior problems with a focus on families with more diverse religious and ethnic backgrounds. Those studies should also examine more severe behavior problems in order to contribute to a more complete understanding of the experience of these parents and the most effective ways to help them cope.

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APPENDIX A

Study Questionaire

1. Age of child of focus:_____   2. Gender of Child of focus (circle one) male   female

3. Ethnicity of child of focus (circle all that apply)

      a. Caucasian/Euro-American   b. African-American

      c. Hispanic/Spanish   d. American Indian

      e. Asian/Pacific Islander   f. other: _____

4. # of children in family (who live in your household for the majority of the year):_____

      4a. Ages of children in home: _____

      4b. Number of children in home whom you consider to have challenging behavior problems (example:

      often misbehaves, often breaks rules): _____

5. # of adults in the home who help with childcare: _____

6. Your gender (circle one): male   female   7. Your age: _____

8. Your ethnicity (circle all that apply):

      a. Caucasian/Euro-American   b. African-American

      c. Hispanic/Spanish   d. American Indian

      e. Asian/Pacific Islander   f. other: _____

9. Your marital status (circle one):

      a. married   b. separated/divorced

      c. single   d. living with romantic partner

      e. other: _____

10. Your combined household income (circle one):

      a. less than $15,000   b. $15,000-25,000

      c. $26,000-$35,000   d. $36, 000-50,000

      e. $51,000-75,000   f. $76,000-100,000

      f. more than $100,000

11. Your highest level of completed education (circle one):

      a. some high school   b. high school degree/GED   c. voc/tech school degree

      d. some college   e. college degree   f. some graduate school

      g. masters degree   h. doctoral level degree   i. other: _____

12. To what extent do you consider yourself a religious person? (circle one)

      a. Not religious at all   b. Slightly religious   c. Somewhat religious

      d. Moderately religious   e. Very religious

13. To what extent do you consider yourself a spiritual person? (circle one)

      a. Not spiritual at all   b. Slightly spiritual   c. Somewhat spiritual

      d. Moderately spiritual   e. Very spiritual

14. Which of the following best describes your current belief about God? (circle one)

      a. I know that God does not exist

      b. I am pretty confident that God does not exist

      c. I think that God probably does not exist

      d. I am not sure what to think about the existence of God

      e. I think there is probably a God

      f. I am pretty confident that God exists

      g. I know that God exists

15. How often do you attend religious services?

      a. Never   b.less than once a year

      c. about once or twice a year   d. Several times a year

      e. about once a month   f. 2-3 times a month

      g. nearly every week   h. every week

      i. several times per week

16. How often to you pray or meditate privately in places other than church or your place of worship?

      a. Never   b. less than once a year

      c. about once or twice a year   d. several times a year

      e. about once a month   f. 2-3 times a month

      g. nearly every week   h. every week

      i. several times per week   j. daily

17. If any, what is your religious denomination (Please select the one item that best describes your current religious identification):

      a. Agnostic   b. Atheist   c. Buddhist

      d. Christian-Catholic   e. Christian-Lutheran   f. Christian-Methodist

      g. Christian-Baptist   h. Christian-Other Protestant

      i. Christian-LDS (Mormon)   j. Christian- Other Denomination

      k. Hindu   l. Muslim/Islam   m. Jewish

      n. Taoist   o. Pagan/Wican   p. Unitarian-Universalist

      q. Other (Please describe): _____

The Parental Sense of Competence Scale (Johnston & Mash, 1989) is omitted due to copyright restrictions.

CHAOS (Kronenberger, Dunn, Giauque, 2007) omitted due to copyright restrictions.

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The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

_____ 1. I am happy in my role as a parent.

_____ 2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.

_____ 3. Caring for my child(ren) sometimes takes more time and energy than I have to give.

_____ 4. I sometimes worry whether I am doing enough for my child(ren).

_____ 5. I feel close to my child(ren).

_____ 6. I enjoy spending time with my child(ren).

_____ 7. My child(ren) is an important source of affection for me.

_____ 8. Having child(ren) gives me a more certain and optimistic view for the future.

_____ 9. The major source of stress in my life is my child(ren).

_____ 10. Having child(ren) leaves little time and flexibility in my life.

_____ 11. Having child(ren) has been a financial burden.

_____ 12. It is difficult to balance different responsibilities because of my child(ren).

_____ 13. The behavior of my child(ren) is often embarrassing or stressful to me.

_____ 14. If I had it to do over again, I might decide not to have child(ren).

_____ 15. I feel overwhelmed by the responsibility of being a parent.

_____ 16. Having child(ren) has meant having too few choices and too little control over my life.

_____ 17. I am satisfied as a parent.

_____ 18. I find my child(ren) enjoyable.

Parenting is a hard job. Difficulties and problems often come up in trying to raise a child. Parents deal with these challenges in different ways. The following questions ask to what extent you do any of the following to cope with the difficulties and problems of parenting:

	Not at All	A Little Bit	Some	Quite a Bit	A Great Deal
1. Look for a stronger connection with God	1	2	3	4	5
2. Question the power of God	1	2	3	4	5
3. Seek God's love and care	1	2	3	4	5
4. Wonder if God has abandoned you	1	2	3	4	5
5. Wonder what you have done for God to punish you	1	2	3	4	5
6. Ask God to help you let go of your anger	1	2	3	4	5
7. Try to create a plan for parenting together with God	1	2	3	4	5
8. Wonder if your church or religious community has abandoned you	1	2	3	4	5
9. Try to see how God might be trying to strengthen you as a parent	1	2	3	4	5
10. Question God's love for you	1	2	3	4	5
11. Decide that the devil made this happen	1	2	3	4	5
12. Focus on religion to stop worrying about parenting Issues	1	2	3	4	5
13. Feel punished by God for your lack of devotion	1	2	3	4	5
14. Ask God for forgiveness	1	2	3	4	5

The following questions ask about your spirituality and religion. Remember that there is no right or wrong answers.

1. _____ I believe that people are born sinful.
     1- Strongly Disagree   2- Disagree Somewhat   3- Agree   4- Strongly Agree

2. _____ I believe that my religion, which is informed by the Bible/Koran/Torah/other religious text, provides clear instruction on how people are to behave.
     1- Strongly Disagree   2- Disagree Somewhat   3- Agree   4- Strongly Agree

3. _____ The Bible/Koran/Torah/other religious text is God's word and everything will happen exactly as it says
     1 – Strongly Disagree   2 – Disagree Somewhat   3 – Agree   4- Strongly Agree

4. _____ The Bible/Koran/Torah/other religious text is the answer to all important human problems.
     1 – Strongly Disagree   2- Disagree Somewhat   3- Agree   4- Strongly Agree

Please indicate the degree to which you agree or disagree with the following statements using the following scale.

←1----------2-----------3-----------4-----------5-----------6----------7→
Strongly Disagree   Neutral   Strongly Agree

1. _____ God played a role in the development of my role as a parent

2. _____ God is present in my role as a parent

3. _____ My role as a parent is a reflection of God's will.

4. _____ In my parenting, I express my spirituality or religiousness.

5. _____ My role as a parent is symbolic of God and what I believe about God.

6. _____ God is part of my role as a parent

7. _____ My role as a parent is consistent with my spiritual or religious identity.

8. _____ I experience God through my role as a parent.

9. _____ My role as a parent reflects my image of what God wants for me.

10. _____ My role as a parent is influenced by God's action in my life.

11. _____ My role as a parent is a holy duty.

12. _____ My role as a parent represents God's presence in my life.

13. _____ In my role as a parent, I follow scripture and what it teaches.

14. _____ In my role as a parent, I follow the teachings of my place of worship.

Please indicate the degree to which each of the following adjectives describes your relationship with your child using the following scale.

←1----------2-----------3-----------4-----------5-----------6----------7→
Does not describe at all   Neutral   Very closely describes

1. _____ Holy

2. _____ Inspiring

3. _____ Blessed

4. _____ Everlasting

5. _____ Awesome

6. _____ Heavenly

7. _____ Spiritual

8. _____ Religious

9. _____ Mysterious

10. _____ Miraculous

APPENDIX B

Participant Information Letter

Dear Parent:

Thank you for agreeing to participate in our study on religiousness and parenting. Please keep the following in mind as you complete the questionnaires.

If you have more than one child that is between the ages of 3 and 12 years old, please complete the following questions based on the ONE child that displays the greatest level of challenging or difficult behavior.

Please answer all questions on the questionnaire to the best of your ability. Remember that your responses will not be attached to any identifying information, so you are encouraged to answer each question openly and honestly.

Once you have completed the questionnaire, please return using the self-addressed postage paid envelope provided. You may also drop off the completed questionnaire at the ISU Psychology Clinic located in Root Hall, 450 N. 7th Street, Terre Haute, IN. If you are completing the questionnaires during a scheduled session, please return the questionnaires to the researcher when you are done.

As a result of participating in this study, you may gain valuable insight into the way in which your religiosity or spirituality informs your parenting. In addition, you will be entered to win one of two $75 gift cards to Wal-Mart in exchange for your participation.

If you become concerned about your child's behavior problems or your own parenting ability after completing this questionnaire, you are encouraged to contact one of the local mental health facilities that are listed below to discuss your concerns with a professional.

If you have any questions or concerns regarding this study, please contact Liz O'Laughlin, Ph. D at 812-237-2455.

Your participation is greatly appreciated!

Sincerely,

Chelsea Weyand, M. S.　　　　　　Liz O'Laughlin, Ph.D.
Indiana State University　　　　　　Indiana State University

Mental Health Resources:
ISU Psychology Clinic　　　　　　　　Hamilton Center-Child and Adolescent Services
450 N 7th St　　　　　　　　　　　　500 8th Ave
Root Hall　　　　　　　　　　　　　　Terre Haute, IN 47804
Terre Haute, IN 47809　　　　　　　　812-231-8376
812-237-3317

APPENDIX C

Consent to Participate

Dr. Elizabeth O'Laughlin, Ph.D. and Chelsea Weyand, M.S. of the Psychology Department at Indiana State University, are conducting a study to examine the relationship between religiousness and parenting. Parents of children between the ages of 3 and 12 years old are invited to participate. Parents/guardians who agree to participate will be asked to complete a questionnaire requiring approximately 20-30 minutes to finish. Participation in this study is voluntary. If you decline to participate or later withdraw from the study, there will be no penalty.

In general, participating in this study involves no more risk than is generally associated with day-to-day activities. There are no costs to you for participating in the study. The information you provide will help the researchers understand the relationship between parenting and religiousness. The information collected may help you better understand your parenting style and will also contribute to a greater understanding of the experience of parenting in general. If you become concerned about your ability to parent or your child's behavior as a result of completing this survey, you are encouraged to contact a professional to discuss your concerns. The contact information for two local mental health facilities has been provided on the following page.

 In addition, benefits of participation include being entered in a drawing to win one of two $75 dollar gift cards to Wal-mart. For some undergraduate students at ISU, benefits also include receiving extra credit in a psychology course.

All information gathered from this study will be kept confidential. It will be identifiable only by a randomly assigned code number. All researchers, including Dr. O'Laughlin, will review results identified by code number only. If a publication or presentation results from this study, no individual participants will be identified and only average results for groups of participants will be presented.

This study has been reviewed and approved by the ISU Institutional Review Board (IRB) as adequately protecting the rights of participants. **Any concerns or questions regarding your rights and welfare as a research study participant may be addressed to the IRB chairperson at (812) 237-8217 or irb@indstate.edu.** Questions specifically about this study should be directed to Liz O'Laughlin at (812) 237-2455 or Chelsea Weyand at (812) 237-7355.

I, _____,   (print name)

have received a copy of this consent form describing the procedures and the risks and benefits of participating in this study. I understand that by signing this document I am consenting to participate in this study and to complete the questionnaire that is part of the study. I also understand that I may withdraw from participation at any time by informing the researcher or by contacting Dr. O'Laughlin at any time at the phone number above.

_____   _____
(Participant Signature)   (Date)

Table 1

Descriptive Statistics for Scores on all Study Measures

Variable	Range of Measure	Range of Scores	Mean	Standard Deviation
Conduct-Hyperactive-Attention-Oppositional-Scale (CHAOS)	0-87	0-86	30.42	19.14
Parent Stress Scale (PSS)	18-90	20-66	36.37	8.94
Parent Sense of Competence Scale (PSOCS)	16-96	36-96	70.04	11.75
R-COPE-Positive Subscale	7-35	3-35	20.61	7.62
R-COPE-Negative Subscale	7-35	1-35	9.2	4.38
Sanctification of Parenting	24-168	31-168	118.62	28.93
Biblical Conservatism	4-16	1-16	10.07	3.4

Table 2

Difference in Means between the High Behavior Problems Group and the Low Behavior

Problems Group

Variable	High Behavior Problems		Low Behavior Problems		*t*	*df*	*M* Difference	*P value*
	M	*SD*	*M*	*SD*				
Parent Stress Scale	40.1	9.91	34.18	7.57	3.68	84.27	5.91	.000
Parent Sense of Competence	64.57	11.07	73.09	11.04	-4.32	135.0	-8.52	.000
Sanctification of Parenting	109.88	26.01	123.6	28.47	-2.71	133.0	-13.73	.008
R-COPE: Positive	18.96	7.27	21.59	7.7	-1.97	136.0	-2.63	.051
R-COPE: Negative	9.92	4.9	8.8	3.94	1.4	86.6	1.15	.163
Biblical Conservatism	9.49	3.1	10.4	3.4	-1.53	136.0	-.91	.129

Note. Religious Coping - Positive Subscale (R-COPE: Positive), Religious Coping Scale - Negative Subscale (R-COPE: Negative).

Table 3

Zero-order Correlations for All Study Variables

	PSOC	PSS	R-COPE-Pos.	R-COPE-Neg.	Bib. Conserv.	Sanctification of Parenting
CHAOS	-.492**	.440**	.005	.220**	-.004	-.156
PSOC		-.689**	-.110	-.234**	-.111	.110
PSS			.166	.142	.103	-.078
R-COPE-Pos				.269**	.601**	.712**
R-COPE-Neg					.214*	.010
Bib. Conserv					.501**	.501**

Note. Conduct-Hyperactive-Attention Problems-Opposition Scale (CHAOS), Parent Sense of Competence Scale (PSOC), Parent Stress Scale (PSS), Religious Coping – Positive Subscale (R-COPE-Pos.), Religious Coping – Negative Subscale (R-COPE-Neg.), Biblical Conservatism (Bib. Conserv).

**p <.01, *p < .05

Table 4

Correlations between Dependent Variables and Demographic Variables

Demographic Variable	PSS	PSOC
Number of adults in home	-.041	.034
Number of children in home	.012	-.068
Participant Age	-.041	.066
Household Income	-.111	.103
Level of Education	-.009	.134

Note. Parent Stress Scale (PSS), Parent Sense of Competence (PSOC).

Table 5

Behavior Problems Predicting Parental Stress

Variable	B	SE B	β	t
CHAOS Scores	.205	.036	.440	5.707**

Note. F (1,136) = 32.567; p = .000, R^2 = .19. Conduct-Hyperactivity-Attention Problems-

Oppositional Scale (CHAOS).

**p = .000

Table 6

Behavior Problems Predicting Parent Sense of Competence

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	-.300	.046	-.492	-6.575**

Note. $F(1,135) = 43.205$; $p = .000$, $R^2 = .242$. Conduct-Hyperactivity-Attention Problems-

Oppositional Scale (CHAOS).

**$p = .000$

Table 7

Sanctification of Parenting and Behavior Problems Predicting Parental Stress

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	.192	.037	.407	5.208**
Sanctification of Parenting	-.012	.024	-.038	-.484
CHAOS Scores*Sanctification	-.004	.001	-.222	-2.863*

Note. F (3,133) = 14.266; *p* = .000, R^2 = .248. Conduct-Hyperactivity-Attention Problems-Oppositional Scale (CHAOS).

**p = .000, *p =.005

Table 8

Biblical Conservatism and Behavior Problems Predicting Parental Stress

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	.207	.036	.443	5.699**
Biblical Conservatism	.258	.205	.098	1.261
CHAOS Scores*Biblical Conservatism	-.007	.011	-.049	-.633

Note. F (3,136) = 11.428; *p* = .000, R^2 = .205. Conduct-Hyperactivity-Attention Problems-Oppositional Scale (CHAOS).

**p = .000

Table 9

Biblical Conservatism and Behavior Problems Predicting Parental Sense of Competence

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	-.442	.106	-.722	-4.182**
Biblical Conservatism	-.328	.264	-.093	-1.245
CHAOS Scores*Biblical Conservatism	.020	.014	.252	1.455

Note. F (3,135) = 16.226; p = .000, R^2 = .269. Conduct-Hyperactivity-Attention Problems-Oppositional Scale (CHAOS).

**p = .000

Table 10

Negative Religious Coping and Behavior Problems Predicting Parental Stress

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	.202	.037	.432	5.407**
R-COPE: Negative	.142	.174	.069	.816
CHAOS Scores*R-COPE: Negative	-.006	.009	-.059	-.700

Note. F (3,133) = 10.881; p = .000, R^2 = .197. Conduct-Hyperactivity-Attention Problems-Oppositional Scale (CHAOS), Religious Coping Scale: Negative Subscale (R-COPE: Negative).

**p = .000

Table 11

Negative Religious Coping and Behavior Problems Predicting Parental Sense of Competence

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	-.285	.047	-.467	-6.067**
R-COPE: Negative	-.343	.219	-.128	-1.567
CHAOS Scores*R-COPE: Negative	.000	.011	-.003	-.035

Note. F (3,132) = 15.619; p = .000, R^2 = .262. Conduct-Hyperactivity-Attention Problems-

Oppositional Scale (CHAOS), Religious Coping Scale: Negative Subscale (R-COPE: Negative).

**p = .000

Table 12

Positive Religious Coping and Behavior Problems Predicting Parental Stress

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	.207	.035	.444	5.863***
R-COPE: Positive	.175	.089	.148	1.952**
CHAOS Scores*R-COPE: Positive	-.009	.005	-.149	-1.965*

Note. F (3,136) = 14.000; p = .000, R^2 = .24. Conduct-Hyperactivity-Attention Problems-

Oppositional Scale (CHAOS), Religious Coping Scale: Positive Subscale (R-COPE: Positive).

***p = .000, **p =.053, *p = .051

Table 13

Positive Religious Coping and Behavior Problems Predicting Parental Sense of Competence

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	-.310	.045	-.507	-6.938**
R-COPE: Positive	-.125	.115	-.080	-1.093
CHAOS Scores*R-COPE: Positive	.017	.006	.206	2.800*

Note. F (3,132) = 18.719; *p* = .000, R^2 = .298. Conduct-Hyperactivity-Attention Problems-Oppositional Scale (CHAOS), Religious Coping Scale: Positive Subscale (R-COPE: Positive).

**p = .000, *p <.05

Table 14

Interaction between Positive Religious Coping, Sanctification of Parenting, and Child Behavior

Problems Predicting Parenting Stress Scores

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	.170	.041	.360	4.144**
Sanctification of parenting	-.102	.040	-.326	-2.538**
R-COPE: Positive	.440	.137	.371	3.206*
Sanctification*CHAOS Scores	-.002	.002	-.117	-1.258*
R-COPE: Positive*CHAOS Scores	-.006	.006	-.099	-1.004
Sanctification*R-COPE: Positive	.000	.003	-.021	-.241
R-COPE: Pos*Sanctification*CHAOS	---	.000	.053	.534

Note. $F (7, 126) = 8.112$; $p = .000$, $R^2 = .311$. Conduct-Hyperactivity-Attention Problems-

Oppositional Scale (CHAOS), Religious Coping Scale: Positive Subscale (R-COPE: Positive).

**$p = .000$, *$p < .05$

Table 15

Interaction between Positive Religious Coping, Sanctification of Parenting, and Child Behavior

Problems Predicting Parental Sense of Competence

Variable	B	SE B	β	t
CHAOS Scores	-.274	.053	-.444	-5.154**
Sanctification of parenting	.131	.052	.320	2.523**
R-COPE: Positive	-.491	.182	-.311	-2.704*
Sanctification*CHAOS Scores	-.001	.002	-.058	-.628*
R-COPE: Positive*CHAOS Scores	.021	.008	.246	2.538
Sanctification*R-COPE: Positive	.001	.004	.032	.337
R-COPE: Pos*Sanctification*CHAOS	.000	.000	-.049	-.495

Note. $F(7, 125) = 9.068$; $p = .000$, $R^2 = .337$. Conduct-Hyperactivity-Attention Problems-

Oppositional Scale (CHAOS), Religious Coping Scale: Positive Subscale (R-COPE: Positive).

**$p = .000$, *$p < .050$

Table 16

Interaction between Child Behavior Problems, Biblical Conservatism, and Sanctification of

Parenting Predicting Parenting Stress

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	.191	.039	.406	4.862**
Sanctification of parenting	-.024	.032	-.077	-.752
Biblical Conservatism	.307	.274	.114	1.121
Sanctification*CHAOS Scores	-.003	.001	-.196	-2.332*
Biblical Conservatism*CHAOS Scores	-.002	.014	-.013	-.132
Sanctification*Biblical Conservatism	.003	.008	.041	.421
Biblical Cons*Sanctification*CHAOS	.000	.000	.028	.280

Note. F (7, 126) = 6.258; *p* = .000, R^2 = .26. Conduct-Hyperactivity-Attention Problems-

Oppositional Scale (CHAOS).

**p = .000, *p < .050

Table 17

Interaction between Child Behavior Problems, Biblical Conservatism, and Sanctification of

Parenting Predicting Parental Sense of Competence

Variable	*B*	*SE B*	β	*t*
CHAOS Scores	-.288	.051	-.466	-5.645**
Sanctification of parenting	.060	.041	.148	1.472
Biblical Conservatism	-.595	.364	-.166	-1.633
Sanctification*CHAOS Scores	.001	.002	.064	.770
Biblical Conservatism*CHAOS Scores	.019	.018	.101	1.044
Sanctification*Biblical Conservatism	.000	.010	.005	.048
Biblical Cons*Sanctification*CHAOS	.000	.001	-.025	-.251

Note. F (4, 128) = 12.147; p = .000, R^2 = .275. Conduct-Hyperactivity-Attention Problems-
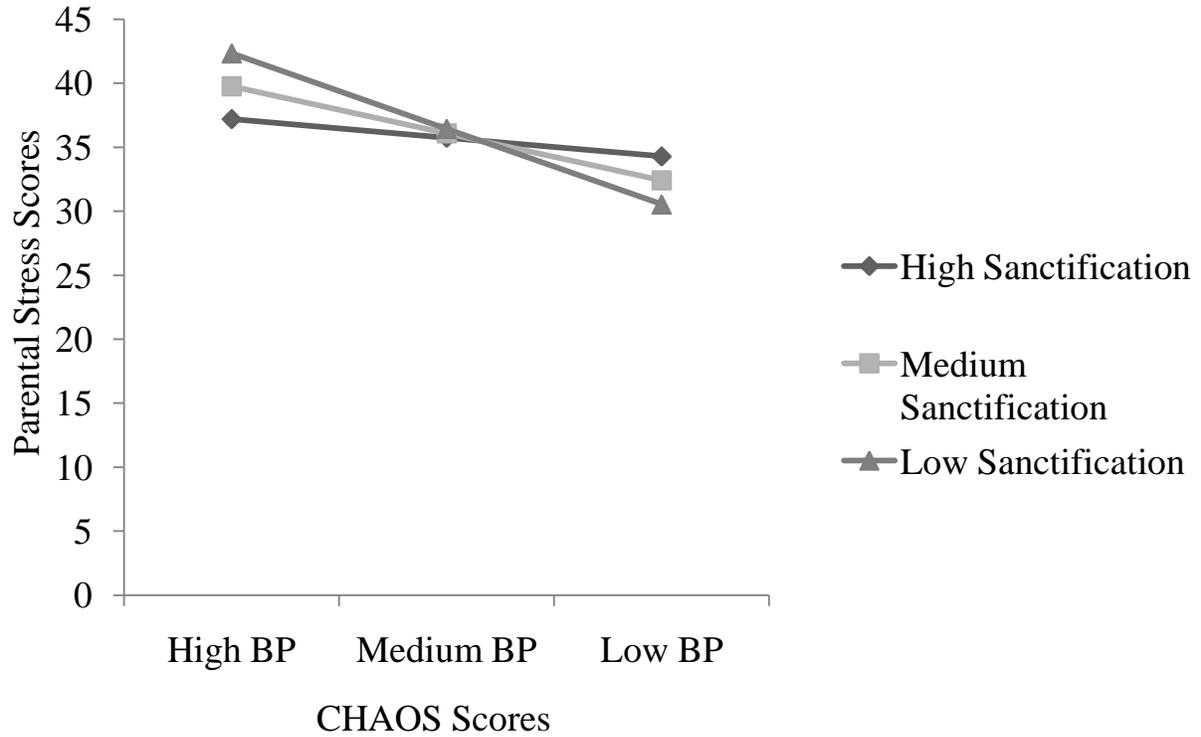
Oppositional Scale (CHAOS).

**p = .000

Figure 1. Influence of Behavior Problems on Parental Stress Scores as Moderated by Sanctification of Parenting.

Note. High CHAOS Scores (High BP), Medium CHAOS Scores (Medium BP), Low CHAOS Scores (Low BP). High Sanctification of Parenting Scores (High Sanctification), Medium Sanctification of Parenting Scores (Medium Sanctification), Low Sanctification of Parenting Scores (Low Sanctification).
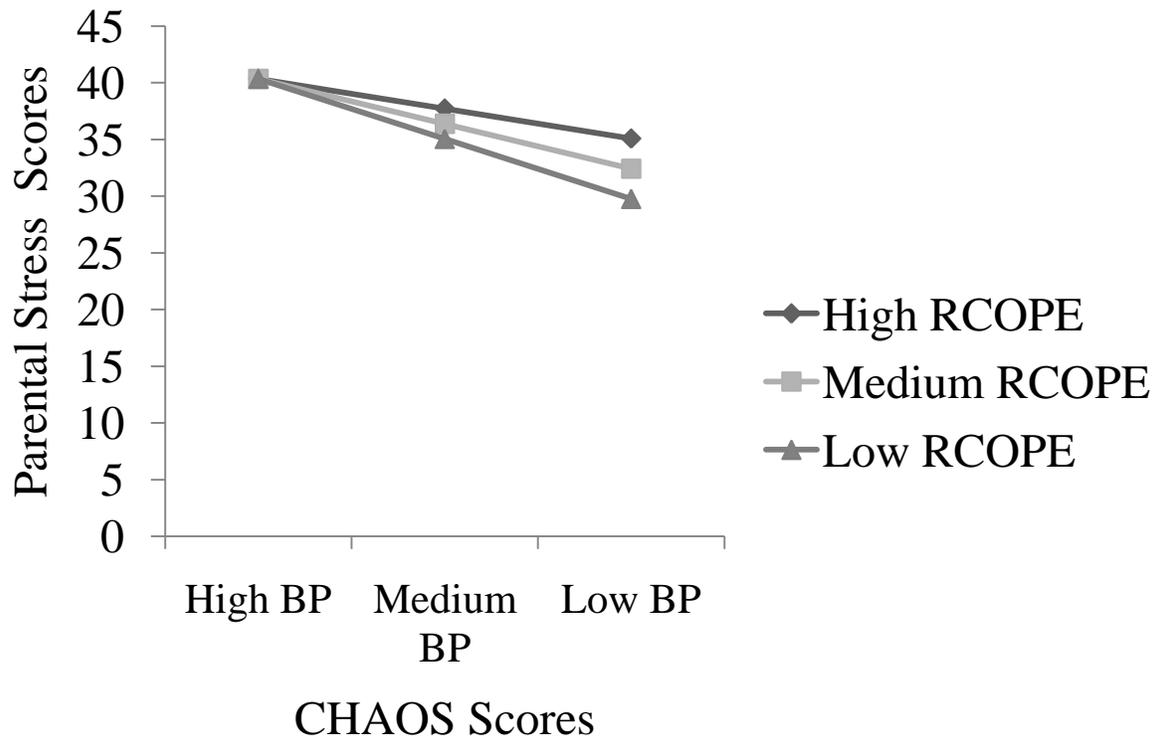
Figure 2. Influence of Behavior Problems on Parental Stress Scores As Moderated by Positive

Religious Coping.

Note. High CHAOS Scores (High BP), Medium CHAOS Scores (Medium BP), Low CHAOS

Scores (Low BP). Conduct-Hyperactivity-Attention Problems-Oppositional Scale (CHAOS).

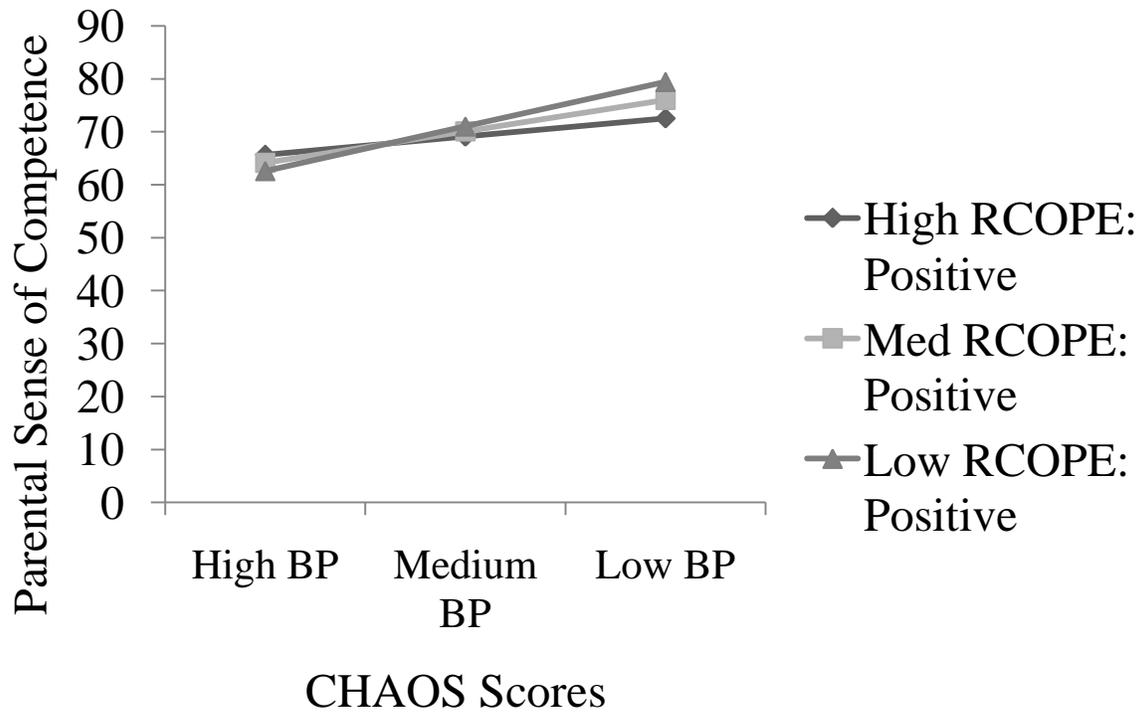Religious Coping Scale: Positive Subscale (R-COPE: Positive).

Figure 3. Influence of Behavior Problems on Parental Sense of Competence as Moderated by

Positive Religious Coping.

Note. High CHAOS Scores (High BP), Medium CHAOS Scores (Medium BP), Low CHAOS

Scores (Low BP). Conduct-Hyperactivity-Attention Problems-Oppositional Scale (CHAOS).

Religious Coping Scale: Positive Subscale (R-COPE: Positive).