

Religious Coping Styles and Depression, Well-being, Life Satisfaction, and Post-traumatic Growth for Cancer Patients

Mia Hoogeveen, Laird Edman
Psychology Department, Northwestern College

Introduction

The aim of this study is to find support for the impact of religious coping styles on patients' mental and physical health and overall growth after their diagnosis. The current study focuses on the relationship between cancer patients' religious coping style and their posttraumatic growth after their cancer diagnosis. Previously it has been found that the stress of cancer and the adjustments made in regard to that are associated with religious coping (Tedeschi & Calhoun, 1996). It also hopes to identify the relationship between religious coping styles and depression, well-being, and life satisfaction. Previous research has consistently shown that negative religious coping predicts worse overall mental health, greater depression, and lower life satisfaction (Herbert et al., 2015). However, there are mixed results between positive religious coping methods and depression scores, life satisfaction, and well-being (Pargament et al., 2000).

Sources

- Hebert, R., Zdaniuk, B., Schulz, R., & Scheier, M. (2009). Positive and negative religious coping and well-being in women with breast cancer. *Journal of Palliative Medicine*, 12(6), 537-545. doi:<http://dx.doi.org/10.1089/jpm.2008.0250>
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56, 519-543. [http://dx.doi.org/10.1002/\(SICI\)1097-4679\(200004\)56:4<519::AID-JCLP6>3.0.CO;2-1](http://dx.doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1)
- Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9(3), 455-472. doi:<http://dx.doi.org/10.1002/jts.2490090305>

Methodology

Participants

Participants for this study were recruited from the Avera McKennan Hospital and University Health Center in Sioux Falls, South Dakota. It included 29 patients (11 males and 18 females) between the ages of 24 and 80.

Scales

- Brief RCOPE
- Posttraumatic Growth Inventory
- MOS 36-item Short-Form Health Survey
- Center for Epidemiologic Studies Depression Scale
- Satisfaction with Life Scale

Hypotheses

Hypothesis 1:

religious coping will be a significant predictor for posttraumatic growth, as positive religious coping will lead to higher levels of growth

Hypothesis 2:

positive religious coping methods will lead to a great physical and mental well-being, reduced levels of depression, and a higher life satisfaction

Hypothesis 3:

negative religious coping will lead to worse physical and mental well-being, higher levels of depression, and a lower life satisfaction

Results

Hypothesis 1:

Positive religious coping statistically significantly predicted post-traumatic growth, $F(2, 24) = 4.559, p < .05, R^2 = .215$

Hypothesis 2:

Contrary to previous findings, my results found that positive religious coping methods had no effect on:

- physical well-being ($r(27) = -.08, p = .669$)
- mental well-being ($r(27) = -.03, p = .880$)
- levels of depression ($r(27) = .07, p = .721$)
- life satisfaction ($r(27) = .22, p = .269$)

Hypothesis 3:

There was a strong negative correlation between negative religious coping and

- self-reported mental well-being ($r(28) = -.59, p = .001$)
- life satisfaction ($r(28) = -.41, p = .03$)
- depression ($r(27) = -.54, p = .004$).

Conclusion

This research implicates that choosing a positive religious coping method will lead to more positive psychological changes than a negative religious coping method after a cancer diagnosis. This research also implicates that negative religious coping methods lead to worse mental well-being, higher levels of depression, and a lower life satisfaction.

Future Research

Future research should focus on utilizing different, and shorter scales in hope of increasing the participant pool. It should also consider the age of participants, the stage of their cancer diagnosis, and if this is a relapse patient are a first time admit. Replication of this research could help urge hospitals to have a very active chapel and religious programs as to help ensure positive religious coping methods.

Implications

The implications of this research are that positive religious coping methods are a significant predictor of posttraumatic growth while negative religious coping methods lead to worse mental well-being, higher levels of depression, and a lower life satisfaction. These results are important for those who work with individuals who have or have had a cancer diagnosis, such as healthcare professionals. Healthcare workers can look at this research and predict that people with significant traumatic experiences, like a cancer diagnosis, will benefit most from developing positive religious coping methods. In addition, this research helps medical practitioners become aware of the various influences on health outcomes. This research can help urge hospitals to have a very active chapel and religious programs as to help ensure positive religious coping methods.