SPIRITUAL STRUGGLE
&
PATIENTS’ RELIGIOUS COPING

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University of Pennsylvania Health System

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Outline

1) terms & background

2) current research
   - measures / indicators
   - study results

3) clinical implications, pastoral perspective, and discussion
Terms / Concepts Currently Used in the Health Care Literature

SPIRITUALITY

vis-à-vis

RELIGION
Number of Medline-Indexed English Articles by Year, with Keywords RELIGION, RELIGIOSITY, RELIGIOUS or RELIGIOUSNESS

Year:
- 1980
- 1982
- 1984
- 1986
- 1988
- 1990
- 1992
- 1994
- 1996
- 1998
- 2000
- 2002
- 2004

Articles:
- 0
- 200
- 400
- 600
- 800
- 1000
- 1200
Number of Medline-Indexed English Articles by Year, with Keywords SPIRITUAL or SPIRITUALITY
Number of Medline-Indexed English Articles by Year, with TITLES Using the Terms *Religion/Religiosity/Religious/Religiousness* and *Spiritual/Spirituality*
Characteristics of Definitions/Descriptions in the Current Health Care Literature:

**RELIGION** — associated with established theistic traditions and their social context, dogma, practice (especially ritual), often with implication of set behaviors and sometimes extrinsic motivation

**SPIRITUALITY** — associated with a personal sense of meaning/values (often connected to religious traditions but not “confined” to these traditions or to theism), with here-and-now individual experience, with intrinsic motivation, and often with an emphasis on positive feelings and relationships and on healthiness
A typical definition of spirituality in the current health care literature

Spirituality can be defined broadly as that which gives people meaning and purpose in life. The definition that is used as a basis for medical school courses on spirituality and health is as follows: Spirituality is recognized as a factor that contributes to health in many persons. This concept is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in a religion, but it can be much broader than that, such as, belief in God, family, naturalism, rationalism, humanism, and the arts.

Working Definitions for Discussion

**Spiritual Struggle:**
Any personal tension/conflict involving one’s sense of relation to the Divine, to religious institutions or to their teachings.

**Religious Coping:**
One’s attempt (“positive” or “negative”) to manage stressors that in any way involves religious beliefs, practices or resources.
What is the prevalence of *spiritual struggle*?

Since the concept remains variously and imprecisely defined in the research literature, assessments of *spiritual struggle* in the general population are vague.

(Note: The research-based health care literature follows a largely separate stream of thought from that of the pastoral and theological literature.)
A Study of “Religious Conflict” in a General Population

When a convenience sample of 202 adults in the southeastern US was asked about experiences of religious conflict that had occurred “in a religious setting or with religious overtones,” 65% responded with descriptions of conflicts that were generally inter-personal in nature but whose resolution was intra-personal.

A Study of “Religious Doubt” in a Denominational Population

A national sample of Presbyterians (1996-1997, excluding pastors) was asked whether they had experienced doubts about their faith because of a) evil in the world, b) personal suffering, or c) feeling that life really has no meaning. The authors report: “only 35% of the participants in this study indicated they never experienced doubts about their faith.”

### General Social Survey (GSS) for 1988-1991

A random sample 1,481 adults in the US was asked: How often have these problems caused doubts about your religious faith:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evil in the world</td>
<td>49.8</td>
<td>36.2</td>
<td>10.7</td>
<td>2.1</td>
</tr>
<tr>
<td>Personal suffering</td>
<td>44.4</td>
<td>43.9</td>
<td>8.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Feeling that life really has no meaning</td>
<td>74.8</td>
<td>18.2</td>
<td>3.6</td>
<td>2.2</td>
</tr>
</tbody>
</table>

—Nat’l Opinion Research Ctr, U of Chicago
http://webapp.icpsr.umich.edu/GSS
A random sample 1,445 adults in the US was asked:
How often have these problems caused doubts about your religious faith:

<table>
<thead>
<tr>
<th></th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>Evil in the world</td>
<td>51.9</td>
</tr>
<tr>
<td>Personal suffering</td>
<td>51.4</td>
</tr>
</tbody>
</table>

—Nat’l Opinion Research Ctr, U of Chicago
http://webapp.icpsr.umich.edu/GSS
More Results from the GSS for 1998

The 1998 sample was also asked:

Think about how you try to understand and deal with major problems in your life. To what extent is each of the following involved in the way you cope:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Some-what</th>
<th>Quite a bit</th>
<th>A great deal</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wonder whether God has abandoned me</td>
<td>85.3</td>
<td>9.3</td>
<td>1.7</td>
<td>1.2</td>
<td>1.0</td>
</tr>
<tr>
<td>I feel that God is punishing me for my sins or lack of spirituality</td>
<td>74.8</td>
<td>17.0</td>
<td>3.7</td>
<td>1.9</td>
<td>1.2</td>
</tr>
</tbody>
</table>

—Nat’l Opinion Research Ctr, U of Chicago
http://webapp.icpsr.umich.edu/GSS
Methodological Issues

Because of the nascency of Spirituality & Health as a field of research, basic methodological issues are quite unsettled.

For example:

What can we measure and in what ways?

How can we talk about the subject and interpret how others talk about it?

How can we explore causal relationships between spirituality and health?
Problems in the study of spiritual struggle

• language of inquiry (e.g., *spiritual* vs. *religious* or *struggle* vs. *conflict*)

• social expectation bias in responses

• private and personal nature of the subject matter

• quantitative measures still in an early phase of overall development

• role of *change* in spiritual struggle

• complex relationship to health issues
Brief RCOPE

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

- Surveyed 71 diabetic outpatients, 70 congestive heart failure outpatients, and 97 oncology inpatients (separately)

- Used the Brief RCOPE’s Negative Religious Coping subscale to measure negative religious coping
Results from Fitchett… (2004)

- 52% of the total sample indicated *no* negative religious coping on the seven-item subscale of the Brief RCOPE

- 15% of the total sample responded “quite a bit” or “a great deal” to 2 or more of the negative religious coping items

  —which the researchers assert constitutes significant struggle that may place patients at risk for poor mental or physical health outcomes
### Negative Religious Coping Responses (%)

<table>
<thead>
<tr>
<th>Response</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wondered whether God had abandoned me</td>
<td>76.5</td>
<td>12.6</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Felt punished by God for my lack of devotion</td>
<td>79.4</td>
<td>11.3</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Wondered what I did for God to punish me</td>
<td>79.4</td>
<td>11.8</td>
<td>3.4</td>
<td>5.5</td>
</tr>
<tr>
<td>Questioned God’s love for me</td>
<td>81.9</td>
<td>9.7</td>
<td>2.1</td>
<td>6.3</td>
</tr>
<tr>
<td>Wondered whether my church had abandoned me</td>
<td>92.4</td>
<td>3.8</td>
<td>0.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Decided the devil made this happen</td>
<td>88.2</td>
<td>6.7</td>
<td>1.7</td>
<td>3.4</td>
</tr>
<tr>
<td>Questioned the power of God</td>
<td>79.0</td>
<td>7.6</td>
<td>5.9</td>
<td>7.6</td>
</tr>
</tbody>
</table>
More Results from Fitchett… (2004)

- Age was inversely related to negative religious coping scores.

- Those who attended worship at least once a week had the lowest negative religious coping scores, while those who rarely attended had the highest.

- Negative religious coping scores were associated with higher levels of emotional distress and depressive symptoms in all three patient groups.

- Higher levels of positive religious coping were associated with higher levels of negative religious coping, except for those with mid-range positive religious coping scores.

- Surveyed 596 inpatients, aged 55 and older
- After two years (1996-1997), 176 had died, 268 participated in the follow-up, and 152 either couldn’t be located or declined to participate further
- Used the Brief RCOPE to assess for religious coping
Results from Pargament… (2001)

Three items on the Brief RCOPE were significantly associated with increased risk for mortality after controlling for demographic, physical health, and mental health variables:

- Wondered whether God had abandoned me
- Questioned God’s love for me
- Decided the devil made this happen

[NOTE: The item, “Felt punished by God for my lack of devotion,” was marginally predictive of mortality after controlling for demographic variables but not after controlling for physical health and mental health.]

—See p. 1883
More Results from Pargament… (2001)

• Increased risk of death for main predictor items:
  - Wondered whether God had abandoned me 28%
  - Questioned God’s love for me 22%
  - Decided the devil made this happen 19%

• The overall magnitude of the effects associated with religious struggle was relatively small (6%-10% increased risk of mortality), but the effects remained significant even after controlling for a number of confounding variables.

• Frequent “church attendance” was associated with lower risk of mortality, but it was not as strong a predictor of mortality as religious struggle.

• Further analysis of the authors’ 2001 study data

• Considered, among other things, the role of stability or change in negative religious coping as predictive of poorer health outcomes.

• Hypothesis: the chronicity of negative religious coping affects health outcomes
Results from Pargament… (2004)

When the sample was broken down into four groups:

<table>
<thead>
<tr>
<th>Group</th>
<th>Baseline</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>chronic negative religious copers</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>transitory negative religious copers</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>acute negative religious copers</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>non-negative religious copers</td>
<td>no</td>
<td>no</td>
</tr>
</tbody>
</table>

…only the chronic negative religious copers showed greater risk for poorer health outcomes: they declined in indices of quality of life and became somewhat more depressed and physically dependent from baseline to follow up.

—See p. 724
More Results from Pargament… (2004)

The Negative Religious Coping subscale of the Brief RCOPE (at follow-up) was predictive of declines in spiritual outcomes* and quality of life, increases in depressed mood and declines in independence in daily activities.

In contrast, the Positive Religious Coping subscale of the Brief RCOPE (at follow-up) was predictive of increases in stress-related growth, in spiritual outcomes* and in cognitive functioning.

*Three-item measure of perceived changes in closeness to God, closeness to the Church, and spiritual growth in response to physical illness.

—See pp. 726 and 717
Clinical Implications

While research in this area has only begun to explore the concept of spiritual struggle and its relationship to health, studies suggest that some forms of patients’ religiously-based struggles call for special clinical assessment and intervention, because they may put patients at risk for poor outcomes.

Some questions about assessment and intervention:

• Can spiritual assessment be standardized?
• Who will perform assessments and interventions?
• How might assessments and interventions favor or discriminate against certain religious traditions?
Questions for General Discussion

• What are some indicators of “spiritual struggle” that you might look for in patients? What sorts of interventions might these indicators trigger for you?

• What seems to be, from your experience, the incidence of spiritual struggle in patients that might cause an increased risk of poor health outcomes?

• How do patients view spiritual struggles? Do patients tend to see purpose in them? Do patients ever not want to be helped to resolve spiritual struggles?

• Should the significance of spiritual struggles in the clinical setting be understood primarily in terms of health outcomes?
Some On-Line Resources for Further Reading in the Spirituality & Health Research Literature

• Select bibliographies of Medline-indexed articles on the UPHS Pastoral Care web site:

  www.uphs.upenn.edu/pastoral
  (see the “Research and Education” section)

• Bibliographic links and various articles noted on the ACPE Research Network web site:

  www.acpereresearch.net
john.ehman@uphs.upenn.edu