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To Study the Effect of Religious Coping Strategy on Psychological Distress among Young Adults: A Gender-based Perspective

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Abstract

Background: Religion is an integral part of human civilization. Religious coping strategies have a wide range of impacts on individual's mental and physical health. A religious coping strategy is how an individual uses religious beliefs and practices to cope with stressful situations.

Objective: The aim of this research is to study the effect of religious coping strategy on psychological distress among young adults - A Gender based perspective. This study assess the impact of religious coping among young adults age ranging from 18 –25

Methodology: This study includes a sample of 100 participants (50 males, 50 females), selected through simple random sampling. The tools used for this study are the brief RCOPE and DASS-21.

Results: The results showed that females are more likely to practices positive coping strategies than males. There is significant difference in the group of individuals in the sample who practices positive religious coping than negative religious coping between males and females. (p=0.008) from Mann-Whitney U test.

Conclusion: The study finding highlights that there is a significant difference in males and females in practicing positive religious coping strategies and the way it affects its psychological wellbeing.

Keywords: Religious coping strategies, psychological distress, gender

Introduction

Religion is an integral part of human civilization. It has a substantial impact on society and human behaviour. Across the globe, people follow various religious beliefs. Religion acts as a double-edged sword, as it unites people and divides people. Religion influences coping positively and negatively. The coping theories explain religion-coping connections. Religion also acts as a stress buffer to cope with the stress associated with illness (Siegel et al., 2001). Religious coping strategies have a wide range of impacts on individual's mental and physical health. A religious coping strategy is how an individual uses religious beliefs and practices to cope with stressful situations.

Many studies proved that religious beliefs and practices could help people cope with various situations such as physical illness, stress, depression and some other psychological distress. Kenneth Pargament (1997) is the most well-known and pioneering scholar in the field of religious coping. He defined religion as a search for meaning in the holy and discovered that it becomes an intrinsic aspect of many people's meaning systems, a unique perspective from which to comprehend the universe, interpersonal interactions, and a global reference frame to order and interpret human occurrences. An Indian study in remitted schizophrenia patients revealed that individuals using religious and spiritual coping adapt better to their life stress and illness-related stress (Das et al., 2018). A study conducted in Nigeria estimated religious coping among people with depression and diabetes. It was found that older people with depression often have positive religious coping. Similarly, individuals from low socioeconomic status with diabetes have higher positive religious coping compared to individuals from higher socioeconomic status (Amadi et al., 2016). These findings indicate that several socio-demographic characteristics primarily influence religious coping.

To understand how coping strategies of religion and practices help in distressing situations, we need to understand the types of religious coping strategies. There are two types of religious coping strategies, i.e., positive and negative coping strategies. Negative religious coping strategy encompasses interpersonal, intrapersonal, and divine categories, including conflict with religious others, questioning guilt and perceived distance from or negative views of higher power. Simply it means an individual believes that he/she is feeling abandoned by the anger of God or punished by God. During the last few months, the COVID-19 pandemic has adversely affected people's lives globally.

During this pandemic, people experience anxiety, depression, and panic related to

COVID-19, and there is a higher perceived mental healthcare need (Roy et al., 2020). Failure of coping measures results in mental health issues (Kar et al., 2020). A recent study evaluated religious coping among the American orthodox Jewish population during this COVID-19 pandemic. In this study, it was seen that positive religious coping is associated with less stress, and negative religious coping is associated with more stress (Pirutinsky et al., 2020). Whereas, positive coping ensures a secure relationship with God and improves life quality. This means a feeling of partnering with God or looking up to God for help, strength, support, guidance and religious forgiveness. Positive religious beliefs help strengthen trust, which helps develop resistance (Teismann et al., 2017). Studies show that through a process comparable to what happens in social relationships, belief in God can become an internal interlocutor to encourage personal activities (Luhrmann, 2020). As a result, people with high levels of religiosity can perceive God as a safe haven, a figure in whom strong attachment feelings converge, similar to those created with parents, a caring God who is attentive to believers' needs and interested in human affairs. All of this provides a sense of intimacy and faith in God, which provides comfort in difficult situations. Those who have become more aware of sin and sinfulness, which is frequently accompanied by emotions of moral inadequacy and personal deprivation, may have lower levels of life satisfaction and self-esteem (Jung, 2015)

Objective of the study

To assess the impact of religious coping strategy on increase or decrease in the symptoms of psychological distress such as stress, anxiety, depression etc. among young adults and compare the difference for impact between males and females.

Aim of the study

To understand the effect of religious coping strategies on psychological distress among males and female age ranging from 18-25 years

Review of Literature

A study was conducted J Palliat Med et al. (2009) where 198 women with stage I or II breast cancer, 86 women with stage IV stage breast cancer were examined to explore the relationships between positive and negative religious coping and overall physical and mental well-being, depression, and life satisfaction. The results have shown that 76% of the women who practiced positive religious coping were not associated with any measures of well-being and 15% of Negative religious coping practitioners predicted worse overall mental health, depressive symptoms, and lower life satisfaction.

A study conducted by Carpenter, T. P., Laney, T., & Mezulis, A. (2012), aimed to study examined prospective associations between religious coping, stress, and depressive symptoms among 111 young adults (80 female, 31 male). Results indicated that, negative religious coping significantly moderated the effects of stress on depressive symptoms across the 12-week study, with depressive symptoms being highest among youth with high stress exposure and high negative religious coping.

A study conducted by Nicole Da Silva et al. (2017), examined relations between dimensions of religious coping, acculturative stress, and psychological distress on 530 young latin women (ages 18-23 years). The results indicated that Participants experiencing higher levels of acculturative stress reported greater psychological distress when they indicated more negative religious coping. Positive religious coping was not linked with acculturative stress or psychological distress.

A study which was conducted by Eunice M. Areba et al. (2018) aimed to examine the associations between positive and negative religious coping, symptoms of depression and anxiety, physical and emotional well-being among Somali college students in Minnesota. An online cross-sectional survey study was conducted on 156 participants (ages 18–21). Results showed that people with Negative religious coping was associated with an increase in symptoms of both depression (b = .06, p = .003) and anxiety (b = .04, p = .05), and positive religious coping was associated with a decrease in symptoms of depression (b = −.04, p = .05).

A different critical issue, equally important in adolescent development, is related to eating disorders, and here religious coping also appears as relevant. The studies carried out to date show that religious and spiritual variables play an

important sociocultural influence in such pathological attitudes (Castellini et al., 2014; Inman et al., 2014). Analysing a non-clinical sample with subjects at risk associated with their dissatisfaction with, or distortion of their body image, and belonging to different religions groups, it was observed how an increase in levels of religiosity prevents the incidence of such developmental disorders (Latzer et al., 2015). Positive religious adaptation has been shown to be associated with an improvement in psychological adjustment, reduced anxiety, and higher life quality for people who suffer chronic diseases or who have suffered some trauma in interpersonal relationships (Pirutinsky et al., 2012), producing better results in mental and physical health (Carpenter et al., 2012). On the contrary, these same studies agree that higher rates of negative religious adaptation are significantly related to lower levels of self-esteem, an important risk factor linked to eating disorders. Consequently, religious or spiritual factors could exacerbate or mitigate symptoms depending on the individual's coping style (Rider et al., 2014).

Some studies have addressed the relationship between stress and religion. In general, the available research revealed a moderate positive association between religious attendance or participation and reduced anxiety in middle adolescence, especially for those grown up in societies in which God is more frequently invoked, becoming an appropriate and acceptable practice for most social segments (Jung, 2015;
Peterman et al., 2014). The negative results obtained in some cases result from: voluntary abandonment of religious practices; perceived conflict in personal relationships with God and others; doubts and confusion when trying to respond to problems related to stress (Carpenter et al., 2012; Pargament et al., 2003).

A recent study, which was, conducted Religious coping in the time of COVID-19 Pandemic in India and Nigeria (Huma Fatima et al., 2020) aimed to assess the religious coping in the time of COVID-19 pandemic showed that significant percentages of people after the COVID-19 pandemic took religious coping steps to overcome their problems. During this pandemic, positive religious coping among the Indian and Nigerian communities is more prevalent than negative religious coping.

Based on studies, working hypotheses advanced are:

- Religious coping moderates the impact of negative life events on young people through cognitive and attitudinal mechanisms.

- Adolescents and young adults use religious coping in times of crisis as coping methods when struggling with life difficulties.

Hypothesis

- There is a significance difference in symptoms of psychological distress among males and females practicing positive coping and negative religious coping strategies
- Female Individuals are more likely to practice religious coping strategies as compared to male individuals.

Method

Sample

A sample of 100 individuals belonging to the age group of 18-25 years (both males and females) was considered for this study. The data was collected using a convenient sampling technique as the data would be collected through *Google forms*, in which people receiving the message would be requested to complete the survey and then forward the link to their close contacts in various WhatsApp groups, Facebook, Email, and Twitter platforms.

The inclusion criteria would be individuals who are belonging to the age group of 18-25 years, having completed a few years of formal education, have internet access and individuals diagnosed with or without any psychological distress was considered for the study.

The exclusion criteria would include individuals beyond the age group of the selected population, who could not have access to the internet and could not understand the language.

Tools/Measures

The brief RCOPE scale (Religious Coping Questionnaire) ,which is a 14-item measure of religious coping with major life stressors. The scale developed out of

Pargament's (1997) program of theory and research on religious coping. The positive Religious Coping subscale assesses efforts to maintain a positive connection with God, collaborate with God, find positive meaning in the stressor,

and let go of negative emotions. The Negative Religious Coping subscale assesses perceptions of a disrupted or conflictual relationship with God and one's faith community, as well as a loss of faith in God's power and belief that the devil caused the stressor (Pargament & Park, 1997). The respondents were asked to give a yes or no, as a response. It has good validity and reliability (Pargament et al., 2011).Empirical studies provide support for the construct validity, predictive validity, and incremental validity of the subscales

DASS-21 was used to measure the dimensions of psychological distress such as depression, anxiety and stress.The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content

Procedure

Ethical approval was obtained from the Institutional Review Board (IRB). Participants for the study were selected from diverse colleges and universities across the country within the age group of 18-25 years. An online google form questionnaire with Informed consent form and Demographic information sheet was circulated among the population of the selected age group. They were given briefings about the reason and use of the information. The participation would be voluntary. The participation were confirmed once the participants gave their consent for the same. Responses were collected through the same online platform.

Data Analysis

For analyzing data descriptive statistics were used. SPSS version 22 and JAMOVI for statistical analysis. Descriptive statistics such as mean and standard deviation were computed to understand the nature of distribution of the data, along with the normality tests. The Shapiro-Wilk test was used to determine whether the continuous variables are normal. In the case of distributed data. Mann-Whitney U test would be used to measure the significance relation among the variables between males and females.

Results

In the following results,

DASS-21: Depression Anxiety Stress Scale - 21
DEP - Depression subscale
ANX - Anxiety subscale
STR - Stress subscale
PRC - Positive Religious Coping subscale from Brief RCOPE
NCR - Negative Religious Coping subscale Brief RCOPE

Table 1

Descriptive:

	Gender	DEP	ANX	STR	DASS21	PCR	NCR
Mean	1	15.2	14.0	15.9	45.2	8.11	4.58
	2	15.1	16.1	17.7	48.8	11.5	5.94
Median	1	14	12	16	40.0	8	3
	2	12	14	16	44.0	11	4
Standard deviation	1	9.20	9.32	9.35	26.1	6.25	4.96
	2	10.4	10.2	9.05	28.0	6.89	6.38

Note: 1=males, 2=females

This table shows the results of 106 participants (young adults) who are included in the study in the age range of 18-25. Among the 106 participants, 53 are males and 53 are female individuals.

The descriptive data was calculated using JAMOVI. Table 1 describes the descriptive statistics of the given data set. In the above table, 1 indicates the male participants from the data set and 2 indicates the female participants. The mean values indicate the significant difference between males and females among different variables. Considering the mean rate (Males = 8.11, Females = 11.5) from the results, it is shown that females are more likely to practices positive

coping strategies than males, which is in line with the hypothesis of this study. There is significant difference in the DASS 21 mean rate (Males=45.2 , Females=48.8), indicating that females are relatively more likely to experience psychological distress (anxiety, depression, stress) as compared to females. There are no missing values from the data.

Table2

Normality test

		DEP	ANX	STR	DASS21	PCR	NCR
Shapiro-Wilk	1	0.960	0.949	0.964	0.947	0.938	0.849
	2	0.912	0.957	0.980	0.960	0.955	0.854
Shapiro-Wilk p	1	0.071	0.023	0.114	0.020	0.009	< .001
	2	<.001	0.055	0.495	0.073	0.042	< .001

Note: 1 = males, 2 = females

The p-values from the Shapiro-Wilk test are used to test the normality of the data.

If the p value is less than 0.05, then data is not normally distributed. So as the data is not normally distributed, a non-parametric test is performed for obtaining normality using an independent t-test. The p – values from independent t-test helps us understand the significant relation of the variables between males and females. From Table 1, the p value is <.001 for NRC and Depression (females)

Table 3

Mann-Whitney U Test:

	P value	Statistics
DASS	0.521	1303
ANX	0.329	1250
STR	0.345	1255

DEP	0.764	1357
PCR	0.008***	987
NCR	0.470	1292

*Note: * p <.05, **p <.01, ***p <.001,* Levene's test is significant (p < .05), suggesting a violation of the assumption of equal variances

Table 3 shows the U-test values of variables and its p-values. Mann-Whitney U test is a non-parametric test, which was performed to normalize the data. The p-value of this U-test indicates the significance of the variable among the sample. According to the results from table 2, a significant difference was observed in males and females in Positive religious coping strategies (p<.001), with a Mann- Whitney U score of p = 0.008. This shows that there is significant difference in the group of individuals in the sample who practices positive religious coping than negative religious coping between males and females. This proves the hypothesis that there would be significant difference for distress among males and females who are practicing positive coping strategies. Since the p value of NCR (negative religious coping) is not <0.05, there is no significant difference found in the sample practicing negative coping strategies

Discussion

Intense research attention has recently been paid to psychological well-being. Psychological health is a function of an individual's experiences. It might be described, as a state of being when one feels satisfied, at ease, enjoying themselves, and having peace of mind. It addresses how people feel about routine daily events and activities. These emotions can range from ones that have been associated with poor mental health, such as anxiety, depression, stress, frustration**,** and emotional tiredness, to ones that have been associated with good mental health. Religious beliefs are closely linked to psychological well-being and provide a wealth of information for examining the connection between various aspects of religious involvement and other aspects of psychological well-being. In psychological literature, there is an apparent rise in interest in how religion affects mental health and psychological well-being. The persons with stronger religious faith have also reported higher levels of life satisfaction, greater personal happiness and fewer negative psychosocial consequences of traumatic life events. Religiosity is positively related to a number of measures of psychological wellbeing (Shobhana Joshi et al., 2008)

There have been studies which shows that, people who practice positive religious coping strategies are less prone to psychological distress like depression, anxiety, stress etc. the findings from a research by Susana P Ramirez et al., 2012 showed that Positive religious coping was associated with better overall, mental and social relations health related quality of life and these associations were independent from psychological distress symptoms, socio-demographic and clinical variables. There was a research to find the association Between Positive Religious Coping, Perceived Stress, and Depressive Symptoms During the Spread of Coronavirus (COVID-19) and results showed that there was a statistically significant negative correlation between positive religious coping and depressive symptoms ($r = -.17$, $p < .01$). Results also indicated a statistically significant negative correlation between positive religious coping and perceived stress ($r = -.15$, $p < .01$) (Fayez Azez Mahamid et al., 2021). There are many other research studies that explained the relationship between religious coping strategies and psychological distress. Therefore, the has been an established correlation between these two variables from the literature.

Hence, this study is a gender based perspective, which compares the significant difference in males and females and how the religious coping strategies would have an impact on psychological distress among young adults and how it is different from males and females. A very limited research has been done in the area of gender perspective but according to a study by Jacob Hjelmborg et al., 2014 has been found that substantial gender differences in both

religiousness and religious coping. Nearly, 60 % of the women believed in some sort of spirit or in God compared to 40 % of the men. However, there were studies which showed Gender differences exist in religious involvement and depression, with women reporting significantly higher levels of both (William A. Mirola et al., 1999)

This study primarily focused on how the effect of religious coping strategies on psychological distress among young adult in age ranging from 18-25 years differ from males and females. The results from this study shows that there is a significant difference in males and females in practicing positive religious coping strategies and the way it impacts its psychological wellbeing. It is also found from the results that females are more likely to prone to psychological distress and females are more likely to practice positive religious coping strategies during the times of distress. These findings have aligned with the study conducted on females with breast cancer and the results showed that Depressed mood and negative R/S coping are intertwined across time suggesting that women from both diagnostic groups may experience emotional and spiritual struggle in their adjustment to the threat of breast cancer.(Terry Lynn Gall, 2019).

Researches have shown that women has always been religious when compared to men and this has been explained by the theory of double deprivation (Woodhead, 2007) and explained how motherhood makes women more religious due to their socialisation (Mie A. Jensen, 2019). Despite the fact that recent data indicates that women continue to be more religious than men, some researchers wonder if polls truly reflect the complicated views that many females have about their faith or the relationship between gender and religion.

There might be few potential limitations to this study, which could be small sample size which might lead to lack of generalisability, implementation of data collection method. Despite few limitations there are fair amount of implications to this study.

The effect of psychological distress among young adults is prevailing in the current situation. How religion and its practices contribute to the fact of developing symptoms of this kind of distress is to be learned and acknowledged. Understanding the impact of negative religious coping strategy on an individual's psychological and physical health is important to be known and taken care of. The ethical principles and guidelines were followed while conducting the study. Respect for participants, informed consent, confidentiality of responses, and voluntary participation were taken into consideration during the study. The participant was given the complete right to withdraw from the participation.

References

Ahles, J. J., Mezulis, A. H., & Hudson, M. R. (2016). Religious coping as a moderator of the relationship between stress and depressive symptoms. *Psychology of Religion and Spirituality, 8*(3), 228–234. https://doi.org/10.1037/rel0000039

Areba, E.M., Duckett, L., Robertson, C. *et al.* (2018) Religious Coping, Symptoms of Depression and Anxiety, and Well-Being Among Somali College Students. *J Relig Health* **57,** 94–109. https://doi.org/10.1007/s10943-017-0359-3

Carpenter, T. P., Laney, T., & Mezulis, A. (2012). Religious coping, stress, and depressive symptoms among adolescents: A prospective study. *Psychology of Religion and Spirituality, 4*(1), 19–30. https://doi.org/10.1037/a0023155

Cydney J. Van Dyke, David S. Glenwick, John J. Cecero & Se-Kang Kim (2009) The relationship of religious coping and spirituality to adjustment and psychological distress in urban early adolescents, Mental Health, Religion & Culture, 12:4, 369-
383, DOI: 10.1080/13674670902737723

Da Silva, N., R. Dillon, F., & De La Rosa, M. (2017). *Acculturative stress, psychological distress, and ... - sage journals*. Retrieved November 21, 2022, from https://journals.sagepub.com/doi/10.1177/0011000017692111

Fatima, H. (2020). *Religious coping in the time of covid-19 pandemic in ... - sage journals*. Religious coping in the time of COVID-19 Pandemic in India and Nigeria: Finding of a cross-national community survey. Retrieved November 21, 2022, from https://journals.sagepub.com/doi/full/10.1177/0020764020984511

Goeke-Morey, M. C., Taylor, L. K., Merrilees, C. E., Shirlow, P., & Cummings, E. M.
(2014). Adolescents' relationship with God and internalizing adjustment over time:
The moderating role of maternal religious coping. *Journal of Family Psychology, 28*(6), 749– 758.

Hawthorne, D., Youngblut, J. A. M., & Brooten, D. (2011). *Psychometric evaluation of the Spanish and English versions of the spiritual coping strategies scale*. Journal of nursing measurement. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3124707/

Joshi, S. (n.d.). Religious belief and its relation to psychological well-being. Religious Belief and Its Relation to Psychological Well-being. Retrieved January 2008, from https://www.researchgate.net/publication/268277124_Religious_Belief_and_Its_Re lation_to_Psychological_Well-being

Jensen, M. A. (2019). *Why are women more religious than men?* Inquiries Journal. Retrieved October 27, 2022, from http://www.inquiriesjournal.com/articles/1770/why-arewomen-more-religious-thanmen

Pargament, K., Feuille, M., & Burdzy, D. (n.d.). *The Brief RCOPE: Current Psychometric Status of a Short Measure of Religious Coping*. MDPI. Retrieved February 10, 2022, from https://www.mdpi.com/2077-1444/2/1/51

Taylor & Francis. (n.d.). *Principles for ethical research involving humans: Ethical Professional Practice in Impact Assessment Part I*. Retrieved February 22, 2022, from https://www.tandfonline.com/doi/full/10.1080/14615517.2013.850307

William A. Morila. *A refuge for some: Gender differences in the relationship ... - JSTOR*. (n.d.). Retrieved October 27, 2022, from https://www.jstor.org/stable/3712024