The relationship between religious coping strategies and mental health in MS patient" 

Mehrangiz Shoaa Kazemi
Alzahra University, psychology faculty

Abstract

This article studies the relation between religious coping strategies and mental health and also
The application of these strategies, especially the cognitive ones in ms (multiple-sclerosis) patients
for example: trust in god, praying, philanthropies, believe in death and the world after death.
The subjects were 50 male and female MS patients who were in the age of 25-40 old... and all were received drug-therapy in one of
the Tehran psychiatric hospitals.
The main hypothesis is: patients who are in stressful conditions like: MS disease but have strong religious believe, and also they
apply religious coping strategies, will attain a higher mental health...
The instrument was: researcher-made questionnaire with 13 items in cognitive, avoidance and behavioral domain. Its content validity
was confirmed by psychiatrists and religious specialists... and its reliability was detected as %80 by test–retest methods in 2
weeks. T test and R correlation were used in this research.
Results showed: there is not any significant difference between male/female patients in applying of religious coping. But it was: there
is significant correlation between high religious beliefs and mental health. Patients with high religious tendency have higher mental
health. (p<0/5)
In conclusion, we can say that in frustrating situations, some religious beliefs such as: trust in god and having metaphysics beliefs
can increase peoples mental health and even help people cope with conditions like death.

Keywords: religious coping-mental health-ms patients-

Introduction

Recently role of coping strategies and life style in people mental health have been specifically considered in
health psychology. Coping strategies are specific cognitive and behavioral ability which are used by individuals who
are under stress in order to match the internal and external needs to the individual resources (Hynes, 1996).
Therefore religious coping has been defined as a method which is using the religious resource such as praying
in order to cope with the stress. Recent finding have indicated that since these coping strategies are helpful as an
emotional support and positive interpretation of life events and also a facilitator of using other coping strategies, they
can be useful for most of individuals. (carver, 2002)
Witter(2003) indicated that 20-60% of individuals mental health variables are determined by religious beliefs. Chamberlin(2000) showed that being religious is related to marital satisfaction in both men & women and is related to occupational satisfaction in men. In another study done by the same researcher, It has been indicated that being religious is significantly related to the individuals mental health and life meaning (Pane 2002).

Methodology

The research method was analysis-comparative correlation which studied the relationship between the kind and the range of religious coping strategies usage and individuals mental health.

Tools

A. Religious coping strategies questionnaire: A research-made questionnaire containing 11 sentences about religious coping strategies. The scale reliability was calculated 80% using test–retest method (Shoaa Kazemi 2009).

   A: Physical symptoms.
   B: Anxiety symptoms & sleeping disorder.
   C: Social dysfunction.
   D: Depression symptoms.

Research society: containing 200 MS patient checked in Tehran MS INSTITUte in 1387. 50 participants (25 men, 25 women) aged in the range of 25-40 being diagnosed with MS for at least 5 years, were randomly chosen.

Data

Table (1) Average, standard of deviation and T-test strategies coping with stress in two group.

<table>
<thead>
<tr>
<th>variable scale</th>
<th>N</th>
<th>M</th>
<th>S</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>women</td>
<td>25</td>
<td>23</td>
<td>3.85</td>
<td>48</td>
<td>1.6</td>
<td>.5</td>
</tr>
<tr>
<td>men</td>
<td>25</td>
<td>27.2</td>
<td>3.94</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

We couldn’t see any different between women & men in strategies coping.

Table (2) Average, standard of deviation and result of t-test about general health in two group women and men.

<table>
<thead>
<tr>
<th>variable scale</th>
<th>N</th>
<th>M</th>
<th>S</th>
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<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low religious</td>
<td>25</td>
<td>34</td>
<td>12.2</td>
<td>48</td>
<td>4.50</td>
<td>.5</td>
</tr>
<tr>
<td>High religious</td>
<td>25</td>
<td>17</td>
<td>6.8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We see who people use of high religious coping strategies have high mental health than another people use of low coping religious strategies.

Table (3) Summary of result T-TEST in kind of religious strategies & low/high religious tendency.

<table>
<thead>
<tr>
<th>variable scale</th>
<th>Group</th>
<th>N</th>
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</table>
Table shows people with high belief religious in stressful situation used of cognitive coping resource, after that use of behavioral coping and then they choose avoidance coping. Then mental health in first group is high than another group.

**Conclusion**

Finding indicates that religious beliefs and functions can be appropriate and effective strategies for coping with the stress and problem caused by aggressive disease such as MS.

There was no significant difference between men and women in coping strategies. The difference between religious persons in coping strategy usage was significant.

Individuals with high religious beliefs use cognitive–behavioral coping strategies, on the other hand individuals with low religious beliefs use avoidance coping strategies.

Religious functions have a positive impact not only on patients but also on family members and friends.

If patients have religious beliefs while using medical treatment can easily cope with the disease, have better general health or accept the death reality.

**Suggestions**

- Using religious beliefs.
- Educating multiple treatments such as pharmatherapy.
- Counseling, psychotherapy and social support.
- Educating religious coping strategies to the society member.
- Considering their cultural background.

E-mail: m_shkazemi@yahoo.com

0912 4786832-021 88049937