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Relationship between pathological guilt and god image with depression in cancer patients

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Abstract

The aim of this study was to investigate the relationship between pathological guilt and image of God with depression in cancer patients. Participants were 100 (50 females and 50 males) cancer patients selected by convenient sampling and answered to three questionnaires: Pathological Guilt Questionnaire (PGQ), Beck's Depression Inventory (BDI) and God Image Inventory (GII). The results of the regression analysis showed that there was a significant relationship between depression and pathological guilt and also between the god image and depression. Moreover, the results of regression analysis showed that the pathological guilt has a significant role in predicting depression.

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1. Introduction

Each year, over 1.2 million people are diagnosed with cancer recurrence and more than half die. Despite the prevalence of cancer recurrence, psychological research on patients who recur is very limited. In addition, prospects for expansion in the near future may not be successful, as new funding initiatives focus on those who survive not those who recur and die of cancer. As behavioral research has increased our knowledge of patients' responses to the initial cancer diagnosis, understanding the psychological and behavioral aspects of cancer recurrence is similarly important (Jemal, Murry, Ward, 2005). People react differently to cancer; some ones become sad, disappointed, depressed and even some other people complained of the unfairness of destiny and their bad fortune. Physical problems are other consequences of cancer. Most of the patients suffer pain, tiredness and sleepiness. Moreover, it is possible that the person's body image changes and feels are unattractive and worthless.

Depression is a normal reaction to cancer and 15 to 25 percent of infected people experience it although not all of them have severe depression (Grov, Delhi, Moum, 2005). Sadness and sorrow are also normal reactions to cancer.

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All the people experience these periodic reactions and since sadness is something common among people, it is very important to differentiate usual sadness from depression and mood disorders (Black, 2000). Major depression is not a usual sadness or a blue mood. Because major depression affects 25 percent of the patients and their lives, it should be diagnosed and cured (Petersen, Quinn, Livan, 2002). A study of patients with advanced metastatic cancer showed that both plasma interleukin-6 (IL-6) concentrations and hypothalamic-pituitary-adrenal (HPA) axis dysfunction were markedly higher in patients with clinical depression (Jehn, Kuehnhardt, Bartholomae, 2006).

Guilt is also a patient's reaction to cancer. Feeling to be worthless, unforgivable and also focusing on God's anger may make a person depressed and disrupts his mental health (Zarrabiha, 2003). Finson and Cooper (1979) in their study found out that people infected by chronic diseases feel angry toward themselves, other people, and God. They feel guilty, and as a result, their mental health and pains are influenced by these kinds of feeling. It causes that they use weak and ineffective strategies to overcome the life problems (cited in Rippentrop, Altmaier, Chen, Found and Keffala, 2005). Guilt is an emotional condition derived from an awareness of violating a moral code. It is a condition of condemning the self and the need to be punished. In psycho-analysis feeling guilty refers to a person's neurotic need of punishment which is due to a conflict between self and conscience (Zarrabiha, 2003). Peck (1993) in a study refers to two types of feeling guilty; adaptive guilt and maladaptive guilt. Adaptive guilt is a person's awareness of his faults that ultimately makes him grow. Contradictorily, maladaptive or neurotic guilt postpones the person's growth (cited in Zarrabiha, 2003). Tangney and Dearing (2002) studied maladaptive guilt and shame. They believed when the guilt and shame come together, it becomes maladaptive. Shame and guilt with a feeling of shame give a little opportunity to become free and lead to mental ruination and condemning the self. Thus it can be concluded that this definition of shame has the same meaning as pathologic guilt.

Another factor that can affect these patients is the image of God. Roberts (1997) in a study of patients' infected by cancer found out that their belief in God increases their hope and help them face the uncontrollable situations of life. According to Greenway, Milne, Clarke (2003), an image of God is divided into positive and negative images. In positive image, it is believed that God is kind, protector, supporter, guide, and benevolent. In negative image, on the other hand, God is assumed as a punisher who rejects and is both angry and unkind. It caused the patients to experience despair, hate, and feeling of being guilty and low mood. Park and Cohen (1993) found out that those patients who believed that God is kind and lovely behave more compatibility while those who were angry at God and disappointed with him were more depressed and reclusive, and had lower compatibility (cited in Lin Gall, 2000). Considering all these problems related to diagnosing cancer, any effort to find and cure these problems is praiseworthy. Accordingly, the aim of the study is to find out whether pathological guilt and the image of God is related to depression in patients diagnosed with cancer.

2. Method

2-1. Participants

Research sample includes 100 patients (50 females, 50 males) infected by cancer from 30 to 50 years old in Imam Khomeini Hospital in Tehran. They had been under surgical operations and had experienced at least 1 period of chemical treatment. They were selected by a convenient sampling method.

2-2. Procedure

At first, each patient was individually interviewed. When it was assured that the patient was willing to participate in the study and had the essential conditions (awareness of their disease, age, condition, and disease stage), questions were read for him/her and his/her responses were recorded. The data were gathered about all kinds of cancer.

2-3. Instruments

Zarrabiha Guilt Inventory: This inventory has been constructed by Zarrabiha (2003). It includes 38 questions; 13 unpathologic guilt questions and 25 pathological ones. Correlation of the questions was estimated by the use of Cronbach's alpha Coefficient. It was 0.89 for pathology guilt questions and 0.68 for unpathologic ones.

Beck Depression Inventory: It was presented by Beck in 1961 for the first time and published in 1978. The inventory includes 21 questions. Its validity was calculated 0.93 by applying Spearman-Brown method (Beck and Steer, 1996). In our study, Cronbach's alpha Coefficient of this inventory was 0.87.

God Image Inventory: to investigate the patients' images of God, the related questions were adapted from Religious Status Inventory (RSI) (Greenway et al, 2003). It consisted of 27 questions and 3 sub-scales of God in life, God care, and negative image of God. The two first sub-scales together make the sub-scale of positive image of God. On the whole, the inventory is made up of two main sub-scales of the positive and negative image of God. Klein (1993) estimated the internal reliability of three sub-scales of God in life, God care, and negative image of God respectively 0.86, 0.82, and 0.69 (cited in Greenway et al,2003). In this study, reliability of the inventory was calculated by the use of Cronbach's alpha Coefficient; God in life 0.77, God care 0.89, positive image of God 0.86, and negative image of God 0.57.

3. Results

To analyze the data, methods of descriptive statistics (mean and standard deviation), Pearson correlation coefficient, and regression analysis were applied. The results of the study are presented in tables below:

Table 1. Means, Standard deviations and Correlation matrix of depression, pathological guilt, negative and positive God image

Variable	M	SD	1	2	3	4
1. Depression	13.98	19.90	1			
2. Pathological guilt	47.89	12.02	0.53**	1		
3. Negative God image	12.46	2.58	0.23*	0.51**	1	
4. Positive God image	91.68	7.82	0.17	-0.22*	-0.39**	1

P*=0. 05 P** = 0.01

According to table 1, variables of pathological guilt and negative God image significantly correlate with depression in cancer patients.

Table 2. . Regression analysis between Pathological guilt, Positive god image, negative god image, and depression

Groups	B	ß	t	P
(Constant)	- 0.49.4	---	-3.94	0.0001
Pathological guilt	0.47	0.58	6.18	0.0001
Positive god image	0.41	0.32	3.72	0.0001
Negative god image	0.22	0.05	0.58	0.56

Table 2 shows the results of regression analysis of Pathological guilt, Positive and negative God image on depression. R^2 (0.38), Adjusted R square (0.36), which are significant at the level of $P<0.05$. As a result, it can be said that 0.36 percent of depression variance can be anticipated by predicting variables. Moreover, regarding the results of ß in the above table, among predicting anticipatory variables, pathological guilt are the most important ones in predicting depression.

4. Discussion

The results of the present study showed that there was a significant positive correlation between pathological guilt and depression; with the increase of pathological guilt, patients' depression also increases. Tangney and et al, (1992, cited in Man, 2004) found out that shame has significant positive correlation with depression and an insignificant positive correlation with guilt. Moreover, Tangney and Dearing (2002) proved that there is a positive relation between being susceptible to shame and the tendency to depression but no correlation was found between being susceptible to guilt and the tendency to depression. Lot walk (1996) showed that repeated occurrence of shame is closely related to some cognitive behavioral experiences like depression, self-awakening, shyness, inner anxiety, and bewildered identity. According to Freud's opinions, guilt has begun since the age of 3 to 5. At these ages, the child does not know what is good or bad. If his parents frequently dictate him without giving him a criterion to distinguish these two, he just feels guilty. The more sever the parents, the more guilt the child feels. This feeling is pathological and makes the child consider himself inferior, weak, guilty, and full of sin. Feeling to be inferior, worthless, unforgivable, and inability to compensate for the real mistakes make the person depressed (Freud, 2001). Tangney and Dearing (2003) believe that neurotic guilt postpones the growth and bring mental rumination and self-condemning.

The other findings of the study indicate that there is a significant correlation between depression and the one's image of God; negative image of God is positively correlated with depression. The more negative the one's image of God, the more depressed he is. On the other hand, no significant correlation was observed between the positive image of God and depression. Park and Kohn (1993, cited in Lin Gall, 2000) found out that those patients who believed that God is kind and lovely behave more compatibly while those who were angry at God and disappointed of him were more depressed and reclusive, and had lower compatibility. Fehring, Miller and Shaw (1997) found a strong relationship between patients' recovery and their religious beliefs and relation with God. They observed that belief in God considerably relieves the patients' sufferings and give them a positive attitude toward themselves. They also found out that there is a positive relationship among religious practices, relation with God, hope, and the patients' decrease of anxiety and depression. Pragment (1997, cited in Greenway et al, 2003) indicate that those who believe that God is protector and supporter rely on him in crises and utilize positive strategies to deal with life. On the other hand, those who apply weak strategies when facing problems suffer from despair, have lower levels of mental health and a negative image of God. In fact, they believe that God is a punisher.

To discuss the findings, Balbi's affection theory (1973, cited in De Roos, Miedame and Iedema, 2001) believes that attachment is an emotional connection between two persons. The child develops effective mental patterns of self and his parents. These patterns which are mental representation of the self and the others are derived from the child's various experiences and interactions with his parents. This mental representation brings about child's specific behavior and perceptions. For example, one's mental model of God has been similarly achieved as a result of a close relationship with God. Therefore, the child's safe or unsafe affection relationship directly predicts his image of God (De Rous & et al, 2001). Kirkpatrick and Shiver (1992) believe that the children who don't have a good relationship with their parents, their image of God is more negative and severe. Contradictorily, those whose relationships with their parents is effective and good, have a lovely and revealing images of God. Kirkpatrick and Shiver concluded that people with a safe affection pattern have higher levels of positive image of God in comparison to those with avoiding patterns. Kirkpatrick (1999) states that the one's early affection relationship is a basis for his

image of God and religious beliefs. Balbi believes that damage to early affection paves the ground for depression and adulthood deprivations make a person to remind the childhood deprivations and accelerates depression.

Results of regression analysis showed that the image of God and pathological guilt in those patients' infected by cancer has a significant and decisive role in predicting depression. Greenway and et al, (2003) studied the relationship among personality characteristics, self-respect, depression, and image of God. They found out that positive image of God has a positive correlation with feeling relieved, self-satisfaction, and general self-respect. On the other hand, negative image of God has a positive correlation with depression and self-doubt. In their study, those with a positive image of God consider him a protector and supporter whiles those with a negative image, consider God punishes and register. Therefore, having a positive personal relation with God increases the person's compatibility and this reliance on God acts as a powerful protective source in facing depression and other problems. Freud (2001) states that superego severity, when a person violates a moral code, makes him severely condemn himself, feel guilty and worthless, and become angry at himself. Ultimately, this inner anger brings about depression.

The findings of our study indicate that mental reactions of the patients' infected by cancer are very important in their illness process. Depression, guilt, hopelessness, and negative view of the future are some of the problems these patients face. Moreover, the patients' image of God can considerably determine how they face these crises. It seems that having a positive image of God makes a person strong and hopeful against the life problems and crises. Therefore, it is suggested that in addition to physical treatment, patients' psychological aspects should be paid attention to and they should receive suitable psychotherapy services.

This study had some limitations like the limited number of samples and nonrandom sampling; these have limited the generalization of the results. Moreover, like other studies based on a self - report questionnaire, the participants may have not answered the questions honestly.

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