

Religious Coping as a Predictor of Positive Affect and Life Satisfaction during Epidemic Conditions of COVID-19

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Abstract

The present study is conducted to investigate the impact of positive and negative religious coping on life satisfaction, positive affect, and negative affect during the times of COVID-19 pandemic in Punjab, Pakistan. The hypotheses formulated are 1) Positive religious coping predicts positive effect during epidemic conditions of COVID-19 in residents of Punjab. 2) Positive religious coping has a significant impact on life satisfaction during epidemic conditions of COVID-19 in citizens of Punjab. 3) Negative religious coping predicts negative effects during COVID-19 conditions in citizens of Punjab, Pakistan. The study adopts the observational design and gathers data through demographic sheets, Subjective Well-Being Scale and Brief Religious Coping Scale (RCOPE). The population for the study is the residents of Punjab, Pakistan with data being gathered online. 200 participants were recruited online through convenience sampling. Data was statistically analyzed through the Statistical Package for Social Science version 22, and to test the research hypotheses descriptive statistics and Linear Regression Analysis were used. The Linear Regression results indicate that Positive Religious Coping significantly predicts Positive Affect ($R^2 = .239$, $F = 61.093$, $p < .00$) and life satisfaction ($R^2 = .239$, $F = 61.093$, $p < .00$) while Negative Religious Coping is significantly correlated with negative affect ($R^2 = .310$, $F = 87.568$, $p < .00$). Positive religious coping is positively correlated with life satisfaction and positive affect while negative religious coping is positively correlated with negative affect. These findings can be used to educate people about RC in Pakistan as it is a Muslim country and there is a culture of seeking help through religion in various stressful situations.

Keywords: Religious coping, Life satisfaction, positive Affect, Covid-19

Introduction

COVID-19 is not the first epidemic the world is facing rather there is a history of global epidemics that have been witnessed globally in the past; for example, Ebola, HIV, Zika etc (Hays, 2005). Epidemics and pandemics are characterized by life stressors that affect the physical, mental, and spiritual well beings of individuals in an adverse manner (Yao et al., 2020). There is evidence to believe that pandemics and epidemics are negatively correlated with stress-induced issues such as depression (Cao et al., 2020), anxiety, sleeplessness (Ferrando et al., 1997), and other mental and somatic diseases. It could thus be inferred that pandemic situations are mainly stressful events where the lives of people experiencing them are negatively affected due to inherent stressors in the phenomenon. Moreover, physical, and mental health outcomes are significant predictors of quality of life (Koeing et al., 1995) which in turn is a predictor of life satisfaction; the better the quality of life the higher the satisfaction (Thune-Boyle et al., 2006). In events such as pandemics, people turn to religion to deal with major life stressors and adopt religious coping styles (Vance et al., 2011) the background of which is discussed below.

Background

The existing body of literature finds that religious coping is a coping mechanism adopted by individuals to deal with stressful situations such as trauma (Gerber et al., 2011), cancer (Thune-Boyle et al., 2006), HIV (Trevino et al., 2010; Lee et al., 2014) and others. Pargament and Raiya (2007)

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remark that a growing body of research has addressed the relationship between spirituality, religion, and mental health. Originally, the focus of the research in the given field focused primarily on the impact of religious disposition or orientation (Astin et al., 1993; Park et al., 1996). Later, the focus shifted to developing a deeper understanding of the underlying mechanisms of the impact that distinct religious beliefs and practices have on the mental and physical health of individuals and not only on their religious orientations (Hill and Pargament, 2003). Pargament (1997) finds that the relationship between religious orientations and outcomes for individuals following the stressful experiences was mediated by specific religious coping (RC) mechanisms. Additionally, they suggested that the implications of specific coping mechanisms for the well-being of individuals are far greater than those of generic religious beliefs for them.

The present body of research acknowledges and broadly highlights two patterns of RC mechanisms; negative religious coping and positive religious coping (Pargament et al., 1998; Park et al., 2018). Positive religious coping (PRC) has been described as a phenomenon characterized by spiritual connection, collaborative religious coping, religious appraisals characterized by compassion, religious helping, looking for spiritual support, religious purification, religious forgiveness, and seeking help from members of clergy (Henslee et al., 2014). Negative religious coping (NRC) in contrast denotes demonic reappraisals of religious belief and values, punitive religious appraisals, spiritual dissatisfaction, reappraisals of powers of God, interpersonal discontent regarding religious values, and self-directing coping using religion (Ai et al., 2003). To sum it up PRC has been conceptualized by Pargament et al., (1998) as spiritual connectedness with the creation, a secure relationship with the creator, a sense of spirituality accompanied with a belief that life is not pointless. NRC is conceptualized as an ominous and tenuous view of the world, a not very secure relationship with the creator, and a constant struggle to find significance (Pargament et al., 1990).

Given the two styles of religious coping, the present body of literature is suggestive of NRC being positively, strongly, and statistically significantly correlated with depression, anxiety, and worry (O'Brien et al., 2019) which have been classified as negative effects by (Pargament et al., 1990). On the contrary, PRC is significantly correlated with positive affects (Hebert et al., 2009; Gerber et al., 2011) which implies that they contribute towards improved health and overall well-being of individuals while help buffer the impact of NRC on depression and anxiety. These findings agree with the other studies such as Pargament et al., (1990), Ai et al., (2003), Carpenter et al., (2012), and Henslee et al., (2015). Moreover, PRC as per the opinion of Pargament et al., (2001) is a significant predictor of improved well-being or quality of life thereby being a significant predictor of improved life satisfaction (Koeing et al., 1995; Thune-Boyle et al., 2006) but Ursaru et al., (2014) find no relationship between positive religious coping and improved life satisfaction or quality of life which implies that there is a possibility of religious factors being explanatory of variances in quality of life and contentment during stressful life events.

The world is experiencing the global pandemic of COVID-19 and Pakistan is among the South Asian country to report the greatest number of active cases (June 2020) of COVID-19 (Government of Pakistan, 2020). Given the fact that pandemics are stressful life events and evidence in the present body of research regarding people adopting religious coping to deal with stressful life events such as epidemics and pandemics, it is logical to assume that people of Pakistan too, must have adopted religious coping to deal with highly stressful aspect of the COVID-19 virus. In the light of all the arguments and the exponentially rising number of COVID-19 cases in Pakistan, the present study is conducted to achieve the following aims and objectives.

Aim

To investigate the Predictive associations between RC styles, positive affect, negative affect, and life satisfaction during pandemic conditions of COVID-19 among people of Pakistan.

Objectives

- To examine if positive religious coping predicts positive effect during epidemic conditions of COVID-19 in citizens of Punjab.
- To scrutinize if positive religious coping has a significant impact on life satisfaction
- To enquire if negative religious coping impacts negative affect are during COVID-19 condition in citizens of Pakistan.

Hypotheses

H1: Positive religious coping predicts positive effects during epidemic conditions of COVID-19 in residents of Punjab.

H2: Positive religious coping has a significant impact on life satisfaction during epidemic conditions of COVID-19 in citizens of Punjab.

H3: Negative religious coping (NRC) predicts negative effects during COVID-19 conditions in citizens of Punjab, Pakistan.

Methods

The study employs an independent design where participants have been recruited online. Special care has been exercised with regards to the protection of the rights of participants, anonymity, and informed consent to conduct the present research ethically. The advice of Saunders (2011) has been taken who emphasizes that ethics ensure the safety and confidentiality of the participants should they choose to remain anonymous and is an important aspect of research that involves human participants. The sample has been drawn online through convenience sampling. Though the members of the entire population did not have equal chances of being recruited as is the case with random sampling, the broader criteria of people being citizens of Pakistan reduces the chances of bias as anyone and everyone could participate but only those who had been available at the time of data gathering had been made part of the study in an ethical manner.

Measures

The instruments used to gather data included

Demographic sheet

Subjective Well-Being Scale (Moghal, 2012).

As the study aims to examine subjective well-being, quality of life, or life satisfaction of people in Pakistan during the COVID-19 pandemic Subjective Well-Being Scale is used as a tool to gather information regarding the experiences of people across various domains that fall into the category of indicators of well-being (Pontin et al., 2013). The scale is based on three subscales, the life satisfaction subscale consisted of 5 items, and the positive affect consisted of 12 items, whereas the subscale of negative affect also consisted of 12 items. Reliability analysis indicates that 0.767 value of reliability coefficient for positive affect, 0.731 value for negative affect, and 0.824 value for the life satisfaction sub-scale.

The Brief Religious Coping Scale (Pargament et al., 1998).

RCOPE or the brief religious coping scale was developed by Pargament in (1997), Urdu version was developed by Aziz in (2017) is a tool based on 14-items (seven PRC and 7 NRC) and is used to assess the role religion has and how it contributes towards dealing efficiently with stressful situations (Pargament et al., 2011).

Statistical Analysis

Multiple regression analysis has been employed using SPSS (Statistical Package for the Social Sciences) to tabulate the data gathered through the tools. The independent variables (IVs) for the present study are positive and negative religious coping while dependent variables (DVs) are positive affect, negative affect, subjective well-being, and life satisfaction.

Results

Table 1 indicates the demographic characteristics of the sample that was included in the present study.

Table 1: Characteristics of Demographic information

N=200		
	F	%
Age		
20-30 yr.	78	39
31-40 yr.	81	40.5
41-50 yr.	33	16.5
51-60 yr.	08	4.0
Education		
Matric	12	6.0
Intermediate	20	10
Graduation	48	24
Masters	71	35.5
M.Phil. & PhD	49	24.5

Socioeconomic status	F	%
Lower-Middle	6	3.0
Middle-Middle	185	92.5
Upper-Middle	9	4.5

PRC as a Predictor of Positive effect

Tables 2 and 3 show that the PRC as a Predictor of Positive Affect during epidemic conditions of COVID-19 in residents of Punjab. The results of Linear Regression analysis indicate that PRC was a significant predictor of Positive effect ($R^2 = .239$, $F = 61.093$, $p < .00$).

Table 2.

Regression Analysis with PRC as Predictor of Positive Affect during epidemic conditions of COVID-19 in residents of Punjab.

Predictor	R	R2	Df	F	Sig.
PRC	.489	.239	1,194	61.093	.000

Note: $PRC_sum = PRC_sum$, $p < .05^*$, $DF = 1,194$

Table 3:

Coefficients of Regression Analysis of PRC as Predictor of Positive effect during epidemic conditions of COVID-19 in residents of Punjab.

Model	B	SE B	B	T	Sig.
Constant	25.123	2.361		10.642	.000
PRC	1.093	.140	.489	7.816	.000

*Dependent variable: Academic Positive Affect, $p < .05^{**}$*

PRC as a Predictor of Life Satisfaction

Tables 4 and 5 shows that the PRC as a Predictor of Life Satisfaction in during epidemic conditions of COVID-19 in residents of Punjab. The results of Linear Regression analysis indicate that PRC was a significant predictor of life satisfaction ($R^2 = .129$, $F = 29.107$, $p < .00$).

Table 4

Regression Analysis with PRC as Predictor of Life Satisfaction during epidemic conditions of COVID-19 in residents of Punjab.

Predictor	R	R2	Df	F	Sig.
PRC	.359	.129	1,197	29.107	.000

Note: $PRC_sum = PRC_sum$, $p < .05^*$, $DF = 1,194$

Table 5:

Coefficients of Regression Analysis of PRC as Predictor of Life Satisfaction during epidemic conditions of COVID-19 in residents of Punjab.

Model	B	SE B	B	T	Sig.
Constant	8.808	1.437		6.131	.000
PRC	.459	.085	.359	5.395	.000

*Dependent variable: Life Satisfaction, $p < .05^{**}$*

NRC as a predictor of Negative Affect

Tables 5 and 6 shows that the NRC as a Predictor of Negative Affect in during epidemic conditions of COVID-19 in residents of Punjab. The results of Linear Regression analysis indicate that NRC was a significant predictor of Negative Affect $R^2 = .310$, $F = 87.568$, $p < .00$).

Table 5:

Summary of Regression Analysis with NRC as Predictor of Negative Affect during epidemic conditions of COVID-19 in residents of Punjab.

Predictor	R	R2	Df	F	Sig.
NRC	.557	.310	1,195	87.568	.000

Note: $NRC_sum = NRC_sum$, $p < .05^*$, $DF = 1,195$

Table 6:

Coefficients of Regression Analysis of NRC as Predictor of Negative Affect during epidemic conditions of COVID-19 in residents of Punjab

<i>Model</i>	<i>B</i>	<i>SE B</i>	<i>B</i>	<i>T</i>	<i>Sig.</i>
Constant	22.374	.833		26.850	.000
NRC	1.197	.128	.557	9.358	.000

*Dependent variable: Negative Affect, p<.05***

Discussion

The present study finds that PRC has a significant impact on Positive effect. The findings are consistent with studies such as Hebert et al., (2009) and Gerber et al., (2011) and Lyimo et al., (2014). Of these three studies, two of them have talked about stressful life events such as cancer and PTSD while Lyimo et al., (2014) specifically talks about the HIV epidemic highlighting that PRC is positively correlated with and is effective in improving psychological outcomes for people experiencing HIV.

The study further finds that PRC significantly impacts life satisfaction. This finding complements the findings of Koeing et al., (1995), Thune-Boyle et al., (2006), and Vance et al., (2011). While the other two gave observed effectiveness of religious coping in scenarios such as cancer and depression the latest study has dealt with the effectiveness of religious coping during an HIV epidemic. They are suggestive of religious having a strong faith, and a good personal relationship with the creator buffered the negatives impact of the epidemic while improved spirituality contributed to better biopsychosocial outcomes. However, these findings have been challenged by Ursaru et al., (2014) who did not find any relationship between RC and improved quality of life or life satisfaction for breast cancer patients. Cancer though is a stressful life event, but the same kind of relationship persists during an epidemic situation stays arguable as the present body of literature supports the relationship between positive coping and life satisfaction for epidemic situations.

The last finding of the study is that NRC is significantly correlated with negative affect. The findings are consistent with the conclusions of Pargament et al., (1998), Ai et al., (2003) and Vance et al., (2011). While the older studies have generalized the relationship between negative religious coping and negative affect Vance et al., (2011) as has been mentioned above examined the relationship for an epidemic situation and finds the same; negative religious coping can further exacerbate the negative effects of the epidemic, in turn, making it difficult to achieve better life outcome.

Conclusions

It could thus be concluded that all the alternate hypotheses have been accepted and that PRC is positively and statistically significantly correlated with positive affect and life satisfaction for residents of Pakistan during the COVID-19 pandemic situation. It could further be inferred out NRC is significantly and positively associated with negative affect during the COVID-19 pandemic in Pakistan.

Recommendations and limitations

These findings can be used to educate people about RC in Pakistan as it is a Muslim country and there is a culture of seeking help through religion in various stressful situations. While educating people about religious coping styles and strategies a supportive mechanism should be developed to enhance the positive effects of positive coping and life satisfaction such as community based religious coping sessions while observing standard operating procedures (SOPs) where people could refresh their spiritual knowledge and their connection with God.

The present study has been conducted based on a limited sample which though is representative of the wider population as the characteristics of the population for the present study had not been very extensive. However, better results with increased validity, reliability, and generalizability could be produced if the same study is replicated with a bigger sample.

References

Ai, A. L., Peterson, C., & Huang, B. (2003). The effect of religious-spiritual coping on positive attitudes of adult Muslim refugees from Kosovo and Bosnia. *The International Journal for the Psychology of Religion*, 13(1), 29-47.

- Astin, M. C., Lawrence, K. J., & Foy, D. W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. *Violence and Victims*, 8(1), 17.
- Cao, W., Fang, Z., Hou, G., Han, M., Xu, X., Dong, J., & Zheng, J. (2020). The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Research*, 112934.
- 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.
- Ferrando, S. J., Goldman, J. D., & Charness, W. E. (1997). Selective serotonin reuptake inhibitor treatment of depression in symptomatic HIV infection and AIDS: improvements in affective and somatic symptoms. *General hospital psychiatry*, 19(2), 89-97.
- Gerber, M. M., Boals, A., & Schuettler, D. (2011). The unique contributions of positive and negative religious coping to posttraumatic growth and PTSD. *Psychology of Religion and Spirituality*, 3(4), 298.
- Government of Pakistan. (2020). COVID-19 stats. Available online at: <http://covid.gov.pk/>
- Hays, J. N. (2005). *Epidemics and pandemics: their impacts on human history*. Abc-Clio.
- 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.
- Henslee, A. M., Coffey, S. F., Schumacher, J. A., Tracy, M., H. Norris, F., & Galea, S. (2015). Religious coping and psychological and behavioral adjustment after Hurricane Katrina. *The Journal of Psychology*, 149(6), 630-642.
- Hill, P.C., & Pargament, K. I. (2003). Review Advances in the conceptualization and measurement of religion and spirituality. Implications for physical and mental health research. *American psychologist*, 58(1), 64.
- Koenig H.G., Cohen J.J., Blazer D.G., Kudler H.S., Krishnan K.R.R., Sibert T.E. (1995) Religious coping and cognitive symptoms of depression in elderly medical patients. *Psychosomatics*; 36:369–375.
- Lee, M., Nezu, A. M., & Nezu, C. M. (2014). Positive and negative religious coping, depressive symptoms, and quality of life in people with HIV. *Journal of Behavioral Medicine*, 37(5), 921-930.
- Lyimo, R. A., Stutterheim, S. E., Hospers, H. J., de Glee, T., van der Ven, A., & de Bruin, M. (2014). Stigma, disclosure, copying, and medication adherence among people living with HIV/AIDS in Northern Tanzania. *AIDS patient care and STDs*, 28(2), 98-105.
- O'Brien, B., Shrestha, S., Stanley, M. A., Pargament, K. I., Cummings, J., Kunik, M. E., & Amspoker, A. B. (2019). Positive and negative religious coping as predictors of distress among minority older adults. *International journal of geriatric psychiatry*, 34(1), 54-59.
- Pargament K.I., Koenig H, Tarakeshwar N, Hahn J. (2001) Religious struggle as a predictor of mortality among medically ill elderly patients. *Archives of Internal Medicine*; 161:1881–1885.
- Pargament, K. I. (1997). The psychology of religion and coping: Theory, Research. *Practice*, 1.
- Pargament, K. I., & Raiya, H. A. (2007). A decade of research on the psychology of religion and coping: Things we assumed and lessons us learned. *Psyke & logos*, 28(2), 25-25.
- Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., Van Haitsma, K., & Warren, R. (1990). God help me :(I): Religious coping efforts as predictors of the outcomes to significant negative life events. *American journal of community psychology*, 18(6), 793-824.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the scientific study of religion*, 710-724.
- Pargament, K., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, 2(1), 51-76.
- Park, C. L., Cohen, L. H., & Murch, R. L. (1996). Assessment and prediction of stress-related growth. *Journal of personality*, 64(1), 71-105.
- Park, C. L., Holt, C. L., Le, D., Christie, J., & Williams, B. R. (2018). Positive and negative religious coping styles as prospective predictors of well-being in African Americans. *Psychology of religion and spirituality*, 10(4), 318.
- Pontin, E., Schwannauer, M., Tai, S., & Kinderman, P. (2013). A UK validation of a general measure of subjective well-being: the modified BBC subjective well-being scale (BBC-SWB). *Health and Quality of Life Outcomes*, 11(1), 150.

- Saunders, M. N. (2011). *Research methods for business students, 5/e*. Pearson Education India.
- Thune-Boyle, I. C., Stygall, J. A., Keshtgar, M. R., & Newman, S. P. (2006). Do religious/spiritual coping strategies affect illness adjustment in patients with cancer? A systematic review of the literature. *Social science & medicine, 63*(1), 151-164.
- Trevino, K. M., Pargament, K. I., Cotton, S., Leonard, A. C., Hahn, J., Caprini-Faigin, C. A., & Tsevat, J. (2010). Religious coping and physiological, psychological, social, and spiritual outcomes in patients with HIV/AIDS: Cross-sectional and longitudinal findings. *AIDS and Behavior, 14*(2), 379-389.
- Ursaru, M., Crumpei, I., & Crumpei, G. (2014). Quality of life and religious coping in women with breast cancer. *Procedia-Social and Behavioral Sciences, 114*(1), 322-326.
- Vance, D. E., Brennan, M., Enah, C., Smith, G. L., & Kaur, J. (2011). Religion, spirituality, and older adults with HIV: Critical personal and social resources for an aging epidemic. *Clinical Interventions in Aging, 6*, 101.
- Yao, H., Chen, J. H., & Xu, Y. F. (2020). Patients with mental health disorders in the COVID-19 epidemic. *The Lancet Psychiatry, 7*(4), e21.