

The Effects of Religious Coping Mechanisms on Psychological Distress Following Reproductive Loss



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Introduction

Research suggests that the loss of a pregnancy can be a traumatic event for a woman, often followed by intense grieving and psychological distress. This study aims to investigate the effects of utilizing religion as a form of coping with the loss of a pregnancy on levels of psychological distress.

The study will assess negative and positive religious coping mechanisms utilized within four weeks following pregnancy loss. We hypothesize that the degree of *positive* religious coping utilized after the loss of a pregnancy will be negatively correlated to levels of grief and psychological distress, including lower levels of depressive and anxiety symptoms/disorders and guilt attribution.

This poster presents information on the background, significance, hypotheses and preliminary data of this work in progress as data collection is in its early stages.

Significance of Pregnancy Loss

- Over 500,000 women in the US experience spontaneous pregnancy loss annually.
- Up to 45% - 50% of all pregnancies end in miscarriage (~20% of clinically recognized)
- Risk of Psychopathology
 - Generalized Anxiety Disorder
 - Obsessive – Compulsive Disorder
 - Panic Disorder
 - Phobic Disorders
 - PTSD
 - Depressive Disorders
 - Guilt

Factors Often Overlooked

- Intense grieving – feelings of losing a baby
- Earlier pregnancies are still painful to lose
- Insensitivity of culture
 - burial rights
 - birth certificates (miscarriage – no certificate, stillbirth – no place to put name)
 - health care providers
- Not an open topic of discussion, sometimes community makes it harder

Religious Coping

Religion as a form of coping with negative life events has been assessed by many researchers, yielding mixed results.

- Several studies reported lower levels of grief and psychological distress when religious coping mechanisms were implemented (e.g., Cook & Wimberley, 1983; McIntosh et al, 1993; The Fetzer Institute, 1999; Tix and Frazier, 1998)
- Some indicated a mix of positive and negative correlations with grief and certain aspects of religious coping (e.g., Lasker et al., 1989; Schafer, 1997)
- Other studies found no indication of religion having any significance on coping (e.g., Lewis et al., 1997).

Patterns of Religious Coping

Positive

- reflects a secure relationship with God
- a belief that there is a greater meaning to be found in life
- sense of spiritual connectedness with others

Negative

- expressions of a less secure relationship with God
- a tenuous and ominous view of the world
- a religious struggle to find and conserve significance in life

The relationship between mental health and religiousness varies in three general categories:

1. Ideological Religion – emphasizes beliefs involved in religious activity

2. Institutional Religion – emphasizes social and behavioral aspects of religion

3. Personal Devotion – emphasizes aspects of internalized, personal devotion

Pregnancy Loss & Religious Coping

Lasker, Lohmann & Skumanich (1989) [N = 194]

- Those with stronger beliefs in “God’s will” had a more difficult time adjusting to the loss than those who did not believe.
- A negative correlation between reported faith in God and total grief.
- A positive correlation between church attendance and reports of good mental and physical health prior to the loss.
- Individuals who considered themselves more religious perceived their family and friends as more supportive than those who did not consider themselves religious.

Methods: Participants

Inclusion criteria:

- Female
- 18 years of age or older
- Miscarriage or stillbirth in previous four weeks at Hahnemann University Hospital
- Fluent in English

Exclusion criterion:

- Actively psychotic

Methods: Measures

Assessed via Interview:

- Demographics Questionnaire
- SCID for DSM-IV-TR Axis I Disorders

Assessed via self-report:

- Perinatal Grief Scale (PGS) short version
- Brief Religious Coping Scale (RCOPE)
- State Trait Anxiety Inventory (STAI)
- Center for Epidemiologic Studies-Depression Scale (CES-D)
- Pregnancy Loss Attributional Questionnaire (PLAQ)
- Interpersonal Aspects of Care Scale (IAC)

Research Hypothesis

The use of *positive* religious coping mechanisms after the loss of a pregnancy will have a negative association with levels of grief and psychological distress; including lower levels of depression, anxiety disorders, guilt attribution and other psychopathology.

Conclusions

This study aims to:

- Add to the existing literature on pregnancy loss and religious coping.
- Examine whether the use of religious coping mechanisms can either decrease psychological distress or assist in predicting greater psychological distress in women who have experienced pregnancy loss.

Clinical Implications

- It is hoped that the findings of this study will allow identification of women who are at greater risk for psychological distress following pregnancy loss.
- The findings of this study may help increase society's, mental health practitioners/medical providers' understanding of how to help women following the loss, in that they can assess women's religious/spirituality beliefs to determine if their beliefs are likely to support or complicate their grief process.