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God, Can You Help Me? Effects of Religious Coping on Patients With Anxiety and Trauma

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Abstract

Historically, religion has been overlooked in psychology as a method of coping due to stigma and an apprehension to bring up religious beliefs. Recent literature suggests positive religious coping can help patients with anxiety and PTSD (Anastasi & Newberg, 2008; Areba et al., 2018; Plante et al., 2000; Starnino et al., 2019; Yazici et al., 2020). Religious coping, both positive and negative, appears to affect patients with anxiety and PTSD. Positive religious coping is thought to have a positive effect on both anxiety and PTSD and can lead to greater mental health outcomes (Areba et al., 2018; Harris et al., 2002; Plante et al., 2000), while negative religious coping may have an adverse effect on both anxiety and PTSD and may contribute to exacerbated symptoms (Areba et al., 2018; Bryan et al., 2016; Wang et al., 2018). Although coping with trauma and anxiety is multi-faceted, positive religious coping could be an effective method in treating both anxiety and PTSD. Future implications and treatment strategies are discussed.

Keywords: holistic therapy, integrative therapy, negative religious coping, positive religious coping, post-traumatic growth, post-traumatic stress disorder, PTG, PTSD, religiosity, religious coping
Effects of Religious Coping on Patients With Anxiety and Trauma

Every day, they wake up to the sounds of air-raid sirens and bomb shells going off. Every day, they must move to survive and to find food, water, and shelter. Every day, they fear for their lives and wonder what will happen to them and their loved ones. They have been driven out of the land their family has occupied for hundreds of years. They wonder if they will ever see it again. This is the anxiety-producing, traumatic reality for millions of refugees across the world who have faced forcible displacement, including risk of death. In such dire circumstances, daily survival is paramount, creating a dire need for effective coping strategies. Traditional methods of therapy, such as cognitive-behavioral therapy (CBT), eye-movement desensitization and reprocessing (EMDR), or narrative therapy can help, but another method is often overlooked in the world of psychology.

Religious coping (RC) is an important therapeutic coping strategy that should be prioritized to help traumatized individuals cope with anxiety and heal. Given that not all therapists are religious themselves, they typically do not see religion as an important aspect of patients’ lives. Vieten et al. (2013) found only 66% of therapists believe in God, while 95% of the general population holds some belief in God. Therapists, in general, do not tend to be religious, and this can cause apprehension when approaching the subject of religion with clients (Vieten et al., 2013). While this is understandable, religion is often an integral part of people’s lives, and in many cases, it is inseparably connected with their identities and how they process events in their life. Therapists should thus use patients’ religious practices, not their own, to help lead their patients to a better quality of life by means of meaningful coping strategies that may integrate aspects of religious belief.
RC is subdivided into two main categories: positive religious coping (PRC) and negative religious coping (NRC). PRC strategies can facilitate better mental health outcomes and reduce anxiety. RC that leads to increasing anxiety is known as negative religious coping (NRC), which is commonly manifest in the patient questioning religious beliefs and feeling like their situation was divine punishment (APA, 2022, Table 1). Similar to varied methodology characteristic of more traditional therapeutic approaches, PRC techniques include surrendering to God, performing religious rituals, accessing congregational support, and seeking direction or religious conversion (Areba et al., 2017; Lehmann & Steele, 2020; Lord & Gramling, 2014; Schindler & Hope, 2013, Table 1). All these techniques have been shown to help reduce anxiety, and patients who utilize PRC also tend to have increased rates of recovery from mental health problems (Harrison et al., 2009). These findings indicate that PRC can be highly effective in treating patients with anxiety, despite not yet being utilized by most therapists. When combined with secular methods in an integrative style, PRC may minimize symptoms of anxiety and thereby expedite recovery from trauma.

Another mental disorder that PRC may be effective in treating is post-traumatic stress disorder (PTSD), which is when a person experiences a traumatic event and finds it difficult to understand and recover from said event (APA, 2022). Ghorbani et al. (2021) found that Muslims who suffered with PTSD from the wars in Afghanistan had better mental health outcomes when using PRC than those who did not. NRC had the inverse effect. Areba et al. (2018) showed similar outcomes in a study on youth who were affected by the war in Somalia. PRC is also thought to help facilitate post-traumatic growth (PTG), which is when people experience trauma and grow mentally from it (Collier, 2016). This evidence suggests that PRC can have a positive
effect on patients who suffer with PTSD, and when combined with secular methods, PRC can facilitate better clinical outcomes.

While PRC appears to be effective in treating patients with PTSD and anxiety, not all patients respond well to RC. Individuals who experience ambivalence over emotional expression (AEE), which is when someone has difficulty expressing their emotions even if they want to, tend to experience more NRC than PRC, as approaching God and expressing emotions and feelings can be anxiety inducing (Bryan et al., 2016; Wang et al., 2018). Additionally, when compared to African Americans, European subjects have experienced more NRC than PRC throughout treatment (Chapman & Steger, 2010). NRC can worsen symptoms of PTSD and lead to worse outcomes (Areba et al., 2018; Ghorbani et al., 2021). PRC should be used as a tool in the clinical toolkit, and like any other method, it may work for certain people and not for others. People who are not religious most likely would not benefit from RC, but patients with strong religious beliefs will likely experience better outcomes.

Increased clinical use of PRC can potentially bring peace and understanding to patients around the world, from all different religious backgrounds. When combined with secular methods, patients exposed to PRC techniques can benefit from better mental health outcomes. Although therapists often experience apprehension associated with incorporating PRC into their methods, clinicians should consider utilizing PRC with consenting patients, because this treatment approach may reduce stress-related anxiety and can assist patients with PTSD by facilitating PTG.

**Reduction of Stress-Related Anxiety**

The purpose of therapy is to improve patients’ quality of life and their ability to be emotionally self-reliant. Reducing anxiety helps improve patients’ quality of life by allowing
them to function normally and manage negative unwanted thoughts that occur commonly. Therapy teaches clients how to recognize and manage anxiety by learning coping skills that allow them to be emotionally independent. Therapists should use a variety of methods, both evidence-based and anecdotal, depending on the patient’s needs. This holistic approach may allow for an individualized treatment and potentially better results. One therapeutic method that is widely overlooked due to stigma and therapists’ apprehension to address religion is PRC.

PRC helps patients to improve their quality of life and reduce anxiety. Although NRC can increase anxiety and predicts worse mental health outcomes, PRC has been shown to reduce anxiety and may lead to better mental health outcomes (Areba et al., 2018; Plante et al., 2000). Decreasing anxiety leads to better quality of life, as less anxious patients can often live more social lives (Wilmer et al., 2021). Religion is an integral part of many patients’ lives, and it may help them to reduce anxiety. In fact, Stanley et al. (2011) found that about 75-85% of patients wanted religion to be used in their treatment. Patients understand that religion can help them to overcome their mental health problems and at the same time grow a closer relationship to God. These studies indicate that positive religious coping may lead to greater mental health outcomes and reduced anxiety and that patients want religion to be used in treatment methods. Mental health professionals should thus carefully consider effective ways to facilitate PRC.

Religious rituals and church attendance are specific PRC methods that may reduce anxiety. Anastasi and Newberg (2008) found in a study on the effects of performing the rosary versus watching it that performing the rosary led to a 27% decrease in anxiety while watching it had no effect on anxiety. This indicates that religious rituals have power to help reduce anxiety in individuals. Therapists can encourage clients to be active in their faith, including performance of rituals, to indirectly cope with anxiety. A different study on Islamic individuals found that
prayer, reading religious texts, and having a mosque nearby to worship were the most crucial factors in helping reduce anxiety related to traumatic events (Areba et al., 2017). This indicates that being able to perform religious rituals in places of worship can help to reduce anxiety post trauma. Harris et al. (2002) found similar effects among conservative Christians. They suggested that clients with strong religious beliefs should become even more active in their faith and church community to help in reducing trait anxiety (Harris et al., 2002). These studies suggest that religious rituals and church attendance significantly reduce anxiety, that PRC can help people of all different backgrounds, and that therapists should consider using PRC in their treatment with consenting patients. When combined with traditional methods patients, PRC may lead to better mental health outcomes.

RC may moderate anxiety associated with stressful, trauma-inducing events, such as war, displacement, or sickness. Joma’a and Thabet (2015) found that RC was the most important coping technique used to reduce anxiety in college students affected by war in the Gaza Strip. The same results were found in studies on Somali students effected by war (Areba et al., 2017). These findings suggest that, across many different religions and demographics, PRC may reduce stress-related anxiety caused by war. This may be because religion often provides perspective and can help to put circumstances into a different light. Also, as discussed prior, religious rituals and social support may play a large role in reducing anxiety (Anastasi & Newberg, 2008; Harris et al., 2002). Religious coping was also shown to be effective in reducing anxiety related to the COVID-19 pandemic (Imran et al., 2022). NRC had the inverse effect and exacerbated symptoms of anxiety associated with COVID-19. The pandemic caused extreme lifestyle change, quarantine, and isolation. Turning to God seems to have helped many people to cope with the increased stress-related anxiety that accompanied the COVID-19 lockdown.
RC can help patients of all backgrounds and has multiple positive effects on patients. Knabb and Grigorian-Routon (2013) found that PRC has a positive correlation with how mature patients are spiritually as well as maladjustment. This means that subjects adapted to stressful situations in healthier ways and were more mature spiritually (Knabb & Grigorian-Routon, 2013). Adjusting quickly to new and stressful situations appears to be crucial in managing anxiety, and PRC facilitates more mature thinking patterns. Additionally, subjects who use PRC in treatment also report quicker and better mental health outcomes (Harrison et al., 2009). These studies suggest that PRC can not only help in reducing stress-related anxiety but can help in adjusting to stressful situations and becoming more spiritually mature. Taking a more holistic approach to therapy by including religion may thus bring better results and can help clients live a more well-rounded life.

**Assistance with PTSD**

PTSD is defined as when someone goes through a traumatic and intense experience and continues to have intense and intrusive thoughts and feelings about said event for a long time after it occurred (APA, 2022). PTSD can manifest in nightmares, violent outbursts, flashbacks to the event, avoiding things that may trigger traumatic memories, and negative thoughts. Approximately 9% of people are likely to be diagnosed with PTSD at some point in their lifetime (APA, 2022). PTSD is common, and the techniques traditionally used to treat it include exposure therapy and reprocessing and desensitization therapy (APA, 2022). PRC can help alleviate the effects of PTSD by helping put the event into perspective, learning how to forgive both themselves and whomever may have done wrong to the patient, and giving the pain over to God (Starnino et al., 2019). Thus, combining religiosity with secular methods may lead to lower dropout rates for PTSD treatment programs and better results.
PRC may help patients with PTSD gain greater perspective, have better worldviews, and facilitate PTG. Lord and Gramling (2012) found that both PRC and NRC were positively associated with grief in college students and that both helped in dealing with loss. Death is difficult, and most religions believe in a life after death; this belief can provide a perspective that is spiritually healing and gives hope. After a traumatic event, a person using PRC to cope with a trial may perceive their lives differently, see themselves in a new light, and understand better their own strengths and weaknesses, which often leads to growth (Yazici et al., 2020). This type of growth, also known as PTG, is thought to be one of the main benefits of PRC, and research suggests that utilizing PRC can facilitate patients’ ability to heal from traumatic events (Mesidor & Sly, 2019). Therapists can guide patients by learning and understanding their religious beliefs and encouraging them to be active in their faith and seek social support and guidance from clergy.

War and natural disasters are common causes of PTSD, and across many different demographics, religion is shown to be one of the most important factors in coping with trauma. Victims of the 2010 earthquake in Haiti indicated that PRC was a key predictor of PTG (Mesidor & Sly, 2019). A similar study on victims of Hurricane Katrina found that PRC predicted PTG and that religion was a major factor in healing from trauma (Arkin et al., 2022). These studies indicate the need to re-establish houses of worship after war and natural disaster and that therapists should use their clients’ religious beliefs to help facilitate PTG. Having the social support of a church, as well as the spiritual support of prayer and religious worship, can facilitate PTG in various situations (Yazici et al., 2021). After natural disasters, religious buildings and institutions should be rebuilt and established quickly to help start the process of PTG for the victims.
Veterans commonly struggle with PTSD post war, and studies have shown that religiosity helps in treating symptoms of PTSD. Starnino et al. (2019) had 24 veterans go through an eight-session therapy program that was religiously focused and compared the results and feedback. The eight sessions focused on different topics, such as how to identify spiritual wounds, forgiveness of self and others, and anger management. The co-therapists also taught the veterans skills such as meditation, how to understand the difference between forgiving and forgetting, and journaling to work through problems (Starnino et al., 2019). These researchers found a statistically significant decrease in PTSD symptoms, a large decrease in the amount of NRC, and an increase in PRC. This study shows a promising new approach to how religion and other methods can help veterans who suffer from PTSD to heal from trauma. More research is needed to determine the effectiveness of this program, but these initial results are promising and show that, for some, religion can be a useful tool to overcome PTSD. Interestingly, a majority of the participants in Starnino et al.’s (2019) study reported that the worst part about the program was that it was too short and that they wanted more, which may further indicate the effectiveness of religion in treating PTSD. Therapists should use all the methods they can to help patients heal, including PRC, and decide which techniques to use based on the patients’ needs.

PRC may help to facilitate PTG by providing a greater perspective on traumatic events. Ghorbani et al. (2021) found that RC encouraged PTG in Muslims who had experienced sexual abuse. Some common PRC strategies that have been used to help facilitate PTG include punishing God reappraisal, benevolent religious reappraisal, surrendering to God, and praying for God to intervene (Lehmann & Steele, 2020; Moussa & Bates, 2010). Zuckerman and Korn (2014) observed that using PRC in these ways led to more positive self- and worldviews, such as self-worthiness and recognition of the goodness of the world. NRC had the opposite effect and
led to more negative outlooks, such as traumatic events being punishments from God or questioning spiritual beliefs (Zuckerman & Korn 2014). These studies suggest that PRC has the power to change people’s views of themselves and the world in a way that facilitates PTG. PRC can change people’s perspective and can reduce stress-related anxiety, which suggests that it can be beneficial in treating patients with PTSD.

**Conclusion**

Those refugees who had been displaced from their ancestral home have finally resettled in a foreign land with food and running water. Though life has resumed, resulting in the semblance of normalcy, the scars of war remain, marked by traumatic memories. The nightmares still come, the outbursts happen often, and their tears flow freely. The scars of war do not heal quickly. They turn to God for understanding, peace, and relief from the persistent anxiety of day-to-day life. Over time, peace settles in their minds, they can move forward in life, and grow from their experiences.

PRC may help relieve stress-related anxiety and symptoms of PTSD by promoting PTG. A large portion of mental health professionals are not religious, and due to stigma around discussing religious beliefs, many do not incorporate religion into therapy (Vieten et al., 2013). This is understandable, but religiosity and PRC have been shown to help in reducing anxiety and the symptoms of PTSD (Areba et al., 2018; Harrison et al., 2009; Plante et al., 2000). RC is a tool that therapists should employ in helping patients, and in general, therapists should take a holistic therapy approach instead of just focusing on a handful of methods or a one-size-fits-all approach. An integrative approach ideally addresses all aspects of the person and tailors the method of treatment to what will best suit the patient.
PRC can also help reduce patients’ anxiety and increase their quality of life. PRC methods include prayer, church attendance, rituals, surrendering to God, and gaining a better perspective (Anastasi & Newberg, 2008; Wilmer et al., 2021) PRC has been shown across many different cultures to be negatively associated with anxiety (Areba et al., 2018; Harris et al., 2002; Plante et al., 2000). PRC has also been identified as a key factor in healing for multiple different groups of people affected by war (Areba et al., 2017; Joma’a & Thabet, 2015). Imran et al. (2022) found that PRC helped to reduce anxiety related to the global pandemic, while NRC contributed to more stress and worsened anxiety. When RC is used correctly, and is positive instead of negative, it has been shown to have increased mental health outcomes, and facilitate quicker recovery (Harrison et al., 2009; Wilmer et al., 2021). In fact, a majority of clients surveyed in one study expressed their desire to have their religion incorporated into therapy (Stanley et al., 2011). However, religiosity can be harmful when it becomes NRC and leads patients to question their beliefs (Lord & Gramling, 2014; Imran et al., 2022). In sum, the foregoing evidence suggests that PRC has been shown to be effective in helping reduce anxiety.

Additionally, PRC has been shown to reduce the symptoms of PTSD. PRC can help patients who are grieving the loss of loved ones and may reduce bereavement (Lord & Gramling, 2012). PRC can also help put loss and trauma in a new light, assist patients to see their strengths, and facilitate PTG (Yazici et al., 2020). In traumatic natural disasters and during times of war, PRC has been a key factor in healing and in facilitating PTG (Arkin et al., 2022; Ghorbani et al., 2021; Mesidor & Sly, 2019; Starnino et al., 2019; Yazici et al., 2021). Unsurprisingly, NRC has a negative effect and typically leads to worse worldviews (Zuckerman & Korn 2014). These findings indicate that PRC is an effective tool to reduce anxiety and can help those who struggle with PTSD to experience more PTG.
Mental health clinicians should observe measurable benefits of PRC on mental health outcomes. NRC is almost always negative and can worsen mental health problems, but if used correctly, religiosity can encourage PRC (Ghorbani et al., 2021; Mesidor & Sly, 2019; Starnino et al., 2019; Yazici et al., 2020). Clinicians should thus seek to understand clients’ religious beliefs and connect with them in order to understand how religious practices and morals can facilitate treatment. After evaluation, clinicians should design a patient-centered treatment plan as part of a collaborative approach based on the person’s needs and therapeutic goals. The therapist can learn about the patient’s religious beliefs and practices and encourage their client to be active in their faith in a way that facilitates PRC. By having an integrative approach and including religion, mental health outcomes will likely improve.
References


## Appendix

### Table 1

*Frequency and Percentages of Religious Coping Strategies*

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RCOPE subscales</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeking spiritual support</td>
<td>29</td>
<td>13.1</td>
</tr>
<tr>
<td>Self-directing religious coping</td>
<td>27</td>
<td>12.2</td>
</tr>
<tr>
<td>Religious forgiving</td>
<td>22</td>
<td>9.9</td>
</tr>
<tr>
<td>Benevolent religious reappraisal</td>
<td>21</td>
<td>9.5</td>
</tr>
<tr>
<td>Active religious surrender</td>
<td>16</td>
<td>7.2</td>
</tr>
<tr>
<td>Spiritual connection</td>
<td>16</td>
<td>7.2</td>
</tr>
<tr>
<td>Religious helping</td>
<td>14</td>
<td>6.3</td>
</tr>
<tr>
<td>Pleading for direct intercession</td>
<td>13</td>
<td>5.9</td>
</tr>
<tr>
<td>Reappraisal of God’s powers</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Religious conversion</td>
<td>10</td>
<td>4.5</td>
</tr>
<tr>
<td>Seeking religious direction</td>
<td>7</td>
<td>3.2</td>
</tr>
<tr>
<td>Collaborative religious coping</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>Religious purification</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>Interpersonal religious discontent</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>Punishing God reappraisal</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>Passive religious deferral</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>Religious focus</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>Marking religious boundaries</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>---------------------------------</td>
<td>---</td>
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</tr>
<tr>
<td>Seeking support from clergy</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>Demonic reappraisal</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Spiritual discontent</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Note.* This table describes the different methods of PRC and NRC used in Lord and Gramling’s (2014) study. Seeking spiritual support, self-directing religious coping, and religious forgiveness were the most used methods of religious coping among a sample of 222 students from a university in the Southeastern United States (Lord & Gramling, 2014). Adapted from “Patterns of Religious Coping Among Bereaved College Students” (Lord & Gramling, 2014).