

CAN RELIGIOUS COPING PREDICT POSTTRAUMATIC GROWTH?

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Abstract

The aim of this study is to predict religious coping on posttraumatic growth (PTG) in Acehese survivor. The measurements in this research are: Short Form of Posttraumatic Growth Inventory – SF PTGI from Cann, Calhoun, Tedeschi, Taku, et al. (2010), and Brief Religious Coping from Pargament, Feuille, Burdzy (2011). All measurements demonstrate good internal consistency reliability ($\alpha = .62 - .73$). Factor analyses for each measurement were conducted before examining the hypotheses of this study; the new generated factors are used in subsequent analyses. Results showed that positive religious coping can predict PTG: $F(1, 411) = 12.08, p < .01$, but not with negative religious coping in both type predict PTG; first, type wondering about God: $F(2, 410) = 6.89, p > .05$, and feeling punished by God: $F(3, 409) = 4.62, p > .05$. Results and implication are discussed.

Keywords: Posttraumatic Growth, Positive Religious Coping, Negative Religious Coping

1. INTRODUCTION

Researches have been showing that traumatic event not only caused people have negative psychological condition but also it also can caused people can gain psychological growth. Psychological growth or known as posttraumatic growth is positive psychological change after struggle with traumatic event, mainly on: better appreciation of life, a sense of personal strength, and better relationships with others, a deeper spirituality, and recognition of new possibilities (Calhoun and Tedeschi, 2006). Posttraumatic growth is more than positive illusion, it can foster one's bereaved (Taku, Calhoun, Cann, & Tedeschi, 2008), prevent from suicide (Yu et al., 2010), spinal cord injury (Chun & Lee, 2008). PTG not instant and simple process, it involved: meaning making, rumination, shattered world assumption, and coping (Calhoun and Tedeschi, 2006).

In facing the life threatening situation, mostly likely people will turn back to religion as a coping stress mechanism. Pargament (1997) defined religious coping is search for the significant of sacred during stressful time. It has been grouped into positive and negative categories of religious thought, feeling, behavior, and relationship. Positive religious coping (i.e., turning to religion) represents a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connection with others. Meanwhile, negative religious coping (i.e., turning away from religion) is an expression of a less secure relationship with God, a tenuous and pessimistic view of the world.

Aceh has long prided itself on being "Verandah of Mecca" (*Serambi Mekkah*), an exemplary focus of

religious practice and learning and the channel to the heartland of Islam. The Irony of Aceh's reality over the last 130 years, marked by almost continual war, rebellion and repression (Reid, 2006). 26 Desember 2004, Aceh was hit by Tsunami and more than 200.000 died in this natural disaster. When we look overall the history of Aceh, it shows us that Aceh people faced challenging and difficult situation that impact their psychological condition such as: distress, PTSD, anxiety and others. Research reports from International Organization Migration, Universitas Syiah Kuala, Bakti Husada, Canada Embassy, & Harvard Medical School (2006) around 91 % of Acehnese use prayer in times of stress, followed by talking with friends and family (68%), consulting a religious specialist (54%) and trying to forget what happened (56%) are roughly tied for third place ranking. Medical care (33%), sport and exercise (24%) and traditional healing care (17%) are all noteworthy sources of support to overcome bad memories of conflict experiences.

Aims of this research are: *first*, to examine the role of negative and positive religious coping in predicting posttraumatic growth. *Second*, are there any different in posttraumatic growth based on different types of trauma (Tsunami, GAM conflict, and mixed types of trauma).

2. METHOD

2.1. Participants

Four hundred and thirteen students (174 males, 239 females) were survivors of tsunami, war conflict or both. 12 high schools out of 21 sub-districts in Aceh Besar- Aceh, voluntarily participated in this study. The average age of participants ranged from 14-20 years. Range of trauma age starting from 5 years old- 12 years old. 172 had conflict experience, 154 had Tsunami experience and 87 students had both Tsunami and conflict.

2.2. Measures

Posttraumatic Growth. It consists of 10-items measured with six subscales: New Possibility, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life. It has good internal consistency, acceptable test-retest reliability, and among persons reporting a variety of life difficulties, scores on the scale are approximately normally distributed. Items are rated on a 6-point Likert-typed scale, ranging from 0 (I did not experience this change as a result of my crisis) to 5 (I experienced this change to a very great degree as a result of my crisis). The SF-PTGI total score is computed by summing item responses, and thus ranges from 0- 50. The internal reliabilities are high ($\alpha = .89$), the factors of SF-PTGI which emerged also showed substantial internal consistency: New Possibilities ($\alpha = .72$); Relating to others ($\alpha = .81$); Personal Strength ($\alpha = .82$); Spiritual Change ($\alpha = .84$) and Appreciation of Life ($\alpha = .75$).

Religious Coping. The Brief RCOPE is a 14-item scale with seven items for each dimension. Participants rate their use of individual coping strategies when dealing with difficult situations on a four-point scale ranging from "not at all" (1) to "a great deal" (4). Brief RCOPE consist of two sides: *first*, positive religious coping subscale (Cronbach's $\alpha = 0,92$), which includes strategies such as seeking spiritual support and benevolent religious reappraisals. *Second*, negative religious coping subscale (Cronbach's $\alpha = 0,82$), which includes: "questioned God's love for me" and "wondered whether God had abandoned me". Responses are summed to create subscale score, with higher scores indicating more frequent use of the coping strategy.

3. RESULT

3.1. Factor Analysis

3.1.1. Short form of Posttraumatic Growth Inventoy (SF-PTGI)

The present study shows that overall KMO measures of sampling adequacy for the set of variables including the analysis was .844, which exceeds the minimum requirement of .50. One item was excluded from further analysis due to the failure to meet the above criterion. In the current analysis the result showed that the items on the two-factor structure instead of the five-factor structure, the two-factor structure accounted for 44% of the variance and had an eigenvalue of 4.55. The internal consistency of the total SF-PTGI ($\alpha = .757$). However, the Kaiser rule used by Tedeschi and Calhoun in developing the PTGI has been criticized for over extracting too many components, and for not producing consistently accurate results (Merenda, 1997). The examination of the scree plot suggested a single-factor solution for the PTGI. Overall, these results indicate that the SF-PTGI is measuring one construct with the current sample.

3.1.2. Brief Religious Coping(Brief RCOPE)

Result from factor analysis of 14 items Brief RCOPE yield that there are three factors, those are: positive religious coping, wondering about God, Punished by God. The present study shows that overall KMO is .808 with variance 51% and eigenvalue is 7.09. The internal consistency positive religious coping ($\alpha = .769$), wondering about God ($\alpha = .725$), punished by God ($\alpha = .637$).

3.1.3. Test of differences based on trauma exposure types and gender

Based on the ANOVA test, PTG did not differ across different types of exposure to trauma $F(2, 410) = .841, p > .05$. Tsunami and conflict victims ($M = 34.57$, 95% confidence interval 32.81 to 36.33); tsunami ($M = 35.81$, 95% confidence interval 34.67 to 36.95); conflict ($M = 35.69$, 95% confidence interval 34.55 to 36.83). The t-test yielded no statistical gender difference on PTG, male ($M = 35.3$, $SD = 7.39$) and female ($M = 35.5$, $SD = 7.7$), $t(411) = -.271, p = .786$.

3.1.4. Regression Modeling: Religious Coping as Predictor of Posttraumatic Growth

The linear regression models in Table 1 were conducted to see the three types of religious coping in predicting PTG. The results indicated that positive religious coping can predict PTG: $F(1, 411) = 12.08, p < .01$, but not with negative religious coping in both type predict PTG; first, type wondering about God: $F(2, 410) = 6.89, p > .05$, and feeling punished by God: $F(3, 409) = 4.62, p > .05$.

Tabel 1. Regression Analysis of Religious Coping as Predictor of PTG

Variable	Model 1			Model 2			Model 3		
	B	SE B	β	B	SE B	β	B	SE B	β
Positive Coping	.442	.127	.169**	.442	.129	.162	.391	.133	.150
Wondering About God				.089	.109	.040	.036	.120	.017
Feeling punished by God							.175	.166	.059
R^2	.029			.030			.033		
F for change in R^2	12.08**			6.373			4.620		

Note: Age and depression were centered at their means.

* $p < .05$. ** $p < .01$.

4. DISCUSSION

The aims of this study are: *first*, to examine the role of negative and positive religious coping in predicting posttraumatic growth. *Second*, are there any different in posttraumatic growth based on different types of trauma (Tsunami, GAM conflict, and mixed types of trauma). Result from this study showed that positive religious coping predict posttraumatic growth but not with negative religious coping. It can be explain by the Islamic tradition that give nuance of Acehnese culture where everything is surrendering to Allah. This kind of belief system give optimistic perspective in life and in the end increase life satisfaction and reduce psychological distress (Warren, Eck, Townley, & Kloos, 2014). In line with that Maltby & Day (2003), Pargament, Koenig, & Perez (2000) suggests that individuals, who use positive religious coping, adopt a positive view to stress, interpreting stressful events as allowing for personal development and growth. Although both positive and negative religious coping styles have been found to be positively associated with growth, the relationships between positive religious coping and growth are generally much stronger (Pargament et al., 1998).

Furthermore, there are no differences on PTG based type of trauma experienced. In line with the previous research by Milam et al. (2004) there were no differences in PTG scores among different types of stressful event; death of a close family member, move to a new home, loss of a close friend, major illness/injury to a close family member, parents/guardians divorced/separated, $F(5,426) = .80$. In contrary with Tedeschi (1999) that violence not only transformed in individual level but also in social level. It is unclear to determine level of trauma requires for PTG to happened, and it is need to be investigated in future.

Within, this study it was shown that gender differences on PTG was insignificant. In line with result study

from García, Páez-Rovira, Zurtia, Martel, & Reyes (2014), it is found no differences PTG between gender. It is inconsistent with the result study from Vishnevsky, Cann, Calhoun, Tedeschi, & Demakis (2010) where there is mild to moderate different on PTG base on gender. This difference as a result of rumination possibility in women is higher than man. More research needs to explore this area of investigation.

5. IMPLICATION, LIMITATION, AND FUTURE DIRECTION

The limitation of this study need to be considered is the religious coping measurement. It should be translated and it has to be cultural sensitive, some items form measurement is difficult to understand because the respondents from different background of culture and religion do not have the same framework. Thus, the next researcher should consider using measurement that is cultural sensitive. The result has implication to understand the role of religious coping both positive and negative in fostering PTG. Therefore, it is highly expected role of religious leader in fostering positive religious coping in helping people dealing with traumatic events.

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