Effects of Negative Religious Coping on Therapeutic Alliance and Outcomes

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Introduction

Negative religious coping has been linked to greater levels of anxiety, depression, and hopelessness (Pargament et al., 1998; McConnell, 2006). Negative religious coping (NRC) has also been associated with challenges as the result of the death or other distressing events of others. NRC has been associated with feelings of loneliness, hopelessness, anxiety, and depression (McConnell et al., 2006). Negative religious coping tasks are found to be higher in patients who seek help for depression and anxiety (McConnell et al., 2006). The purpose of this study was to examine the effects of negative religious coping on therapeutic alliance and outcomes. The results of this study may provide clinicians with insight into the effects of religious coping and its potential impact on therapeutic outcomes.

Methods

Participants

Three hundred and forty-one patients were enrolled in the study. Participants were drawn from a religiously based counseling center located in the southeastern United States. Of the 341 participants, 237 were male and 104 were female. The participants were all adults (ages 18-65). The mean age of the participants was 35.2 years (SD = 11.9). The participants were composed of a diverse sample, with participants from a variety of religious backgrounds. The sample was primarily White (86%), with a smaller representation of African Americans (14%). The sample consisted of 218 Caucasian clients and 123 African American clients.

Measures

The Brief Religious Coping Scale (BRC-S) was used to assess the participants’ religious coping strategies. The BRC-S is a 20-item measure that assesses the participants’ religious coping strategies. The BRC-S has been found to be a reliable and valid measure of religious coping (Pargament et al., 2011). The Therapeutic Alliance Inventory (TAI) was used to measure the therapeutic alliance. The TAI is a 26-item measure that assesses the participants’ perceptions of the therapeutic alliance. The TAI has been found to be a reliable and valid measure of therapeutic alliance (Lambert et al., 2013).

Procedure

Participants were recruited through a university-based religious counseling center. Potential participants were screened for eligibility and provided with a detailed description of the study. Those who met the criteria for eligibility were asked to complete the BRC-S and TAI. The BRC-S and TAI were administered to the participants in a face-to-face interview format. The participants were asked to complete the BRC-S and TAI during their initial therapy session.

Results

The results of the study are presented below. The descriptive statistics for the variables of religious coping and therapeutic alliance are presented in Table 1. The results of the study are presented in Table 2. The results of the study are presented in Table 3.

Discussion

The results of the study supported one of our predictions that decrease in NRC was highly correlated with decrease in symptoms of anxiety and depression. Therefore, as NRC decreases, symptoms of anxiety and depression lower. The results also show that there are significant correlations between NRC and the variables of daily functioning, social functioning, and severity adjusted effect size. As NRC decreases, daily functioning and social functioning increase. It was surprising to find no relationship between TA and other measures reported here, one might be an ambiguous finding, or reflect that alliances were generally good and thus did not correlate well. The data suggests that effect sizes of religious coping could be related to the gender of the counselor. The reason for this is uncertain. This could be due to clients’ perception that females were more supportive of clients’ faith, or it might be a reflection of the individual therapists since therapists saw multiple clients and we could not tease out this impact. Negative religious coping and other psychosocial stressors could predict for clinicians the possibility of psychopathology and help them to plan treatments that may prevent unhealthy outcomes (McConnell et al., 2006).

The following are some of the limitations of the current study:

• Researchers could not specify individual therapist effects.
• There were different hits for different measures due to gaps in the data.
• Gaps in determining gender issues based on few clients.
• The study was based on research by religiously based counseling centers limiting the generalizability of the findings.

Implications for Future Research

• Study effect size of gender of therapist related to negative religious coping.
• Address gaps in data by implementing procedures that ensure more accurate number of male and female clients as well as client ethnicity. Research conducted at a community/recruiting counseling center thus, might have different results.

References


Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Change in Religious Coping</th>
<th>Therapeutic Alliance</th>
<th>Change in Symptoms</th>
<th>Change in Daily Functioning</th>
<th>Change in Social Functioning</th>
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</thead>
<tbody>
<tr>
<td>Mean</td>
<td>0.10</td>
<td>0.18</td>
<td>0.15</td>
<td>0.12</td>
<td>0.09</td>
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<tr>
<td>Standard Deviation</td>
<td>0.57</td>
<td>0.42</td>
<td>0.48</td>
<td>0.57</td>
<td>0.61</td>
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<tr>
<td>Minimum</td>
<td>-3.50</td>
<td>-3.00</td>
<td>-3.22</td>
<td>-3.67</td>
<td>-3.60</td>
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</table>

Note: For the scales of Therapeutic Alliance, lower scores reflect better alliance. Change scores for other areas are the highest score minus the lowest over the course of counseling. Change score reflects all therapeutic change.

Table 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correlations Among the Variables of Religious Coping Subjects</th>
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Correlations for religious and spiritual clients (n = 983) are presented above. 

*p < .001

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