

Religious Coping and Depression: A Five-Wave Study during the COVID-19 Pandemic in Individuals with Chronic Illness and Disease

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ABSTRACT

The rise of Chronic Illness and Disease (CID) globally and the increase in lifespan/survival rates among those with CID have boosted the interest on how coping, a psychosocial construct, influences rehabilitation. A relationship between coping and psychosocial adjustment has been repeatedly confirmed. Religious coping (RC), a specific emotion-focused coping act, focuses on the roles of religion in crisis, trauma, or transition. RC is part of secondary appraisals and it can take two forms: positive and negative. There is high prevalence of depression among people with CID. Coexisting depression and the COVID-19 pandemic have added significant burden on those individuals' daily lives affecting rehabilitation outcomes. Higher-level macroanalytic models are inadequate in explaining/predicting the variability in coping behavior. **PURPOSE:** To examine the effects of RC on depression in individuals with CID before and during the COVID-19 pandemic. **METHODS:** Five waves of data were collected from a US sample. The analytic sample for this study was comprised of those with all five waves ($n = 283$). Three waves were collected prior to and two waves during the COVID pandemic. Participants completed the Patient Health Questionnaire-9 (depression symptoms) and the positive and negative RC subscales of the Brief RCOPE. The effects of RC on depression were examined using a linear longitudinal mixed model. The model included main of positive and negative coping and time-by-religious coping interaction effects. **RESULTS:** Although depression levels did not change across the five waves, on average, significant relationships were observed: a) Negative RC had a strong relationship with depression ($B = 1.8, p < .001$) and b) there was significant time-by-positive RC interaction ($B = -0.11, p = .03$), suggesting that, over time, the relationship between positive RC and depression became less strong. **CONCLUSION:** CID can create major life stressors. Understanding which coping dispositions and strategies are most effective during the COVID-19 pandemic are central to research and practice right now. Drawing from the microanalytic level of coping (Krohne, 1993), we investigated a specific coping act in a particular context and temporal sequence. Future studies should examine why a) depression stayed stable, b) the relationship between negative RC (spiritual frictions within oneself/others/superior force) and depression remained strong, and c) the relationship between positive RC (connection with the divine, spiritual relationship with others, compassionate world view) with depression weakened during this unique global crisis.