



The Role of Religious/Spiritual Well-Being in Coping with Dermatological Diseases

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Introduction

- Impaired quality of life in disease
 - Dysbalance of organ function
 - Pain
 - Fatigue
 - Stigmatisation in skin disease
- Physical, psychologic-social, socio-economical factors

Background

- Spiritual factors?
 - Positive correlation between religious/spiritual well-being and different aspects of mental health (Unterrainer et al. 2010)
 - Spiritual well-being in patients with malignant tumors improves depression and increases vitality (Yanez et al. 2009)
 - Religious coping improves psychological stress (Baider et al. 1999)

Background

- Pain and depression in patients with chronic diseases (Murken & Reis, 2013)
 - Systemic sclerosis: 81% (Mozzetta et al., 2007)
 - Melanoma: 30% (Kasparian et al., 2009)
 - Lupus erythematosus:
 - 75% anxiety
 - 41% depression (Doria et al., 2004)

Aim of the study

The role of
religiosity/spirituality in the
quality of life and disease
coping in patients with
chronic skin diseases

Study at the Department of Dermatology and Venereology

Patient questioning

150 patients (42 male, 108 female)

- 44 Systemic sclerosis (55y; m=7, f=37)
- 48 Lupus erythematosus (50y; m=7, f=41)
- 58 Melanoma (56 y; m= 28, f=30)

Testing: april - november 2013

Chronic autoimmune – diseases

Systemic sclerosis N=44	Undifferentiated Scleroderma	15
	Limited Scleroderma	21
	Diffuse Scleroderma	7
Lupus erythematosus N=48	Acute cutaneous LE	0
	Subacute cutaneous LE	9 (18,8%)
	Discoid LE	22 (45,8%)
	LE profundus	3 (6,3%)
	Chilblain LE	3 (6,3%)
	LE tumidus	5 (10,4%)
	Systemic LE	11 (22,9%)

Melanoma patients

Inclusion criteria

Malignant melanoma Stage: 0-2 without metastasis

Melanoma N=58		Percent
	Stage 0	1,9
	Stage 1A	38,9
	Stage 1B	22,2
	Stage 2A	20,4
	Stage 2B	14,8
	Stage 2C	3,7
	Sentinel node	34



Patient questioning

1. Self-described questionnaire (37 questions)
 - Social-anamnestic data, burden of disease, consolation, coping
 2. Medical Outcomes Survey Short Form (SF-36)
 3. Brief symptom inventory (BSI-18)
 - Depression, anxiety, somatisation
 4. Freiburger Coping questionnaire (FCQ-LIS)
 5. Multidimensional Inventory of Religious/
Spiritual Well-Being (MIRSB-48)
- **Comparison of data of the 3 different diseases**
 - **Correlations of different questionnaires**

Patient questioning

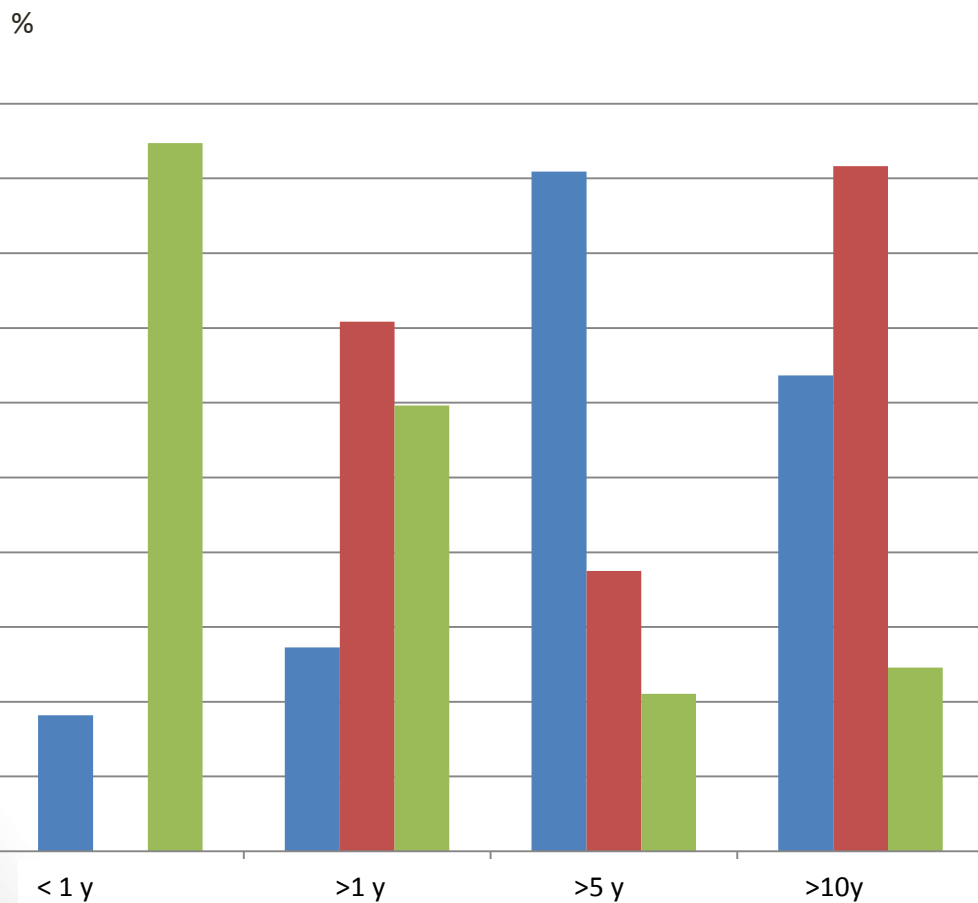
Multidimensional Inventory of Religious/ Spiritual Well-Being (MI-RSWB-48)

- Experience of sense of meaning
- Hope immanent
- Forgiveness
- Hope transcendent
- General religiosity
- Connectedness

Demographics

	Scleroderma N=44		Lupus N=48		Melanoma N=57		χ^2	p
Denomination	Religious community		Religious community		Religious community			
	no	yes	no	yes	no	yes		
	3	40	11	36	11	46	4,61	n.s.
%	6,8	90,9	22,9	75	19,3	80,7		
Marital status	Partner		Partner		Partner			
	yes	no	yes	no	yes	no		
	32	11	31	17	44	13	1,85	n.s.
%	72,7	25	64,4	35,4	75,4	24,6		

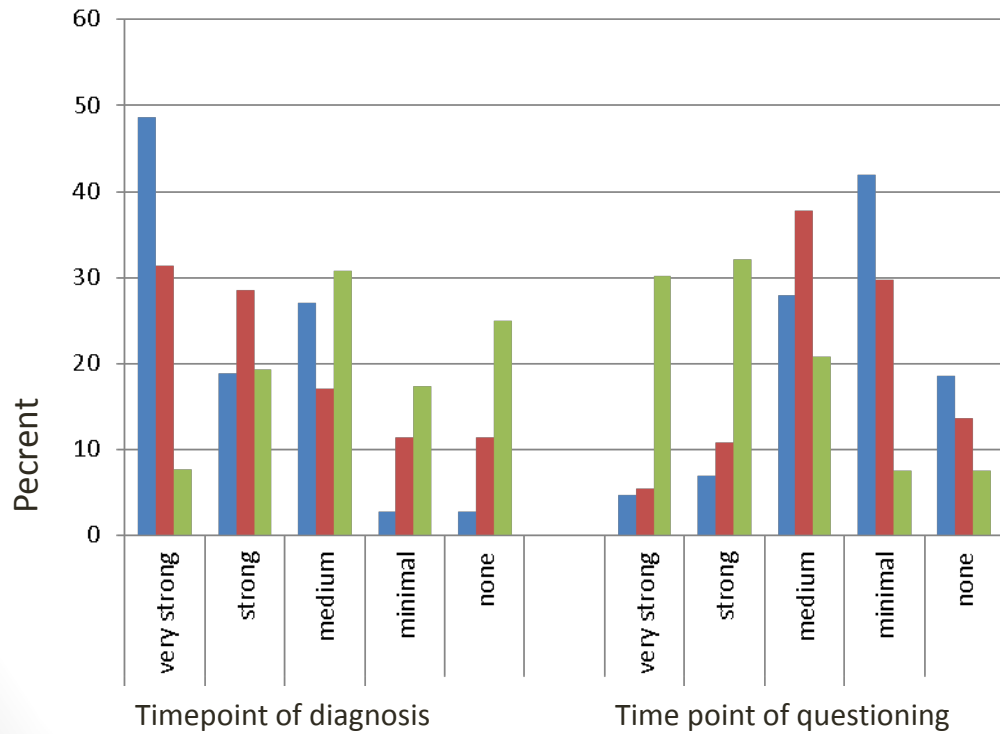
Duration of disease



- Skleroderma
- Lupus
- Melanoma



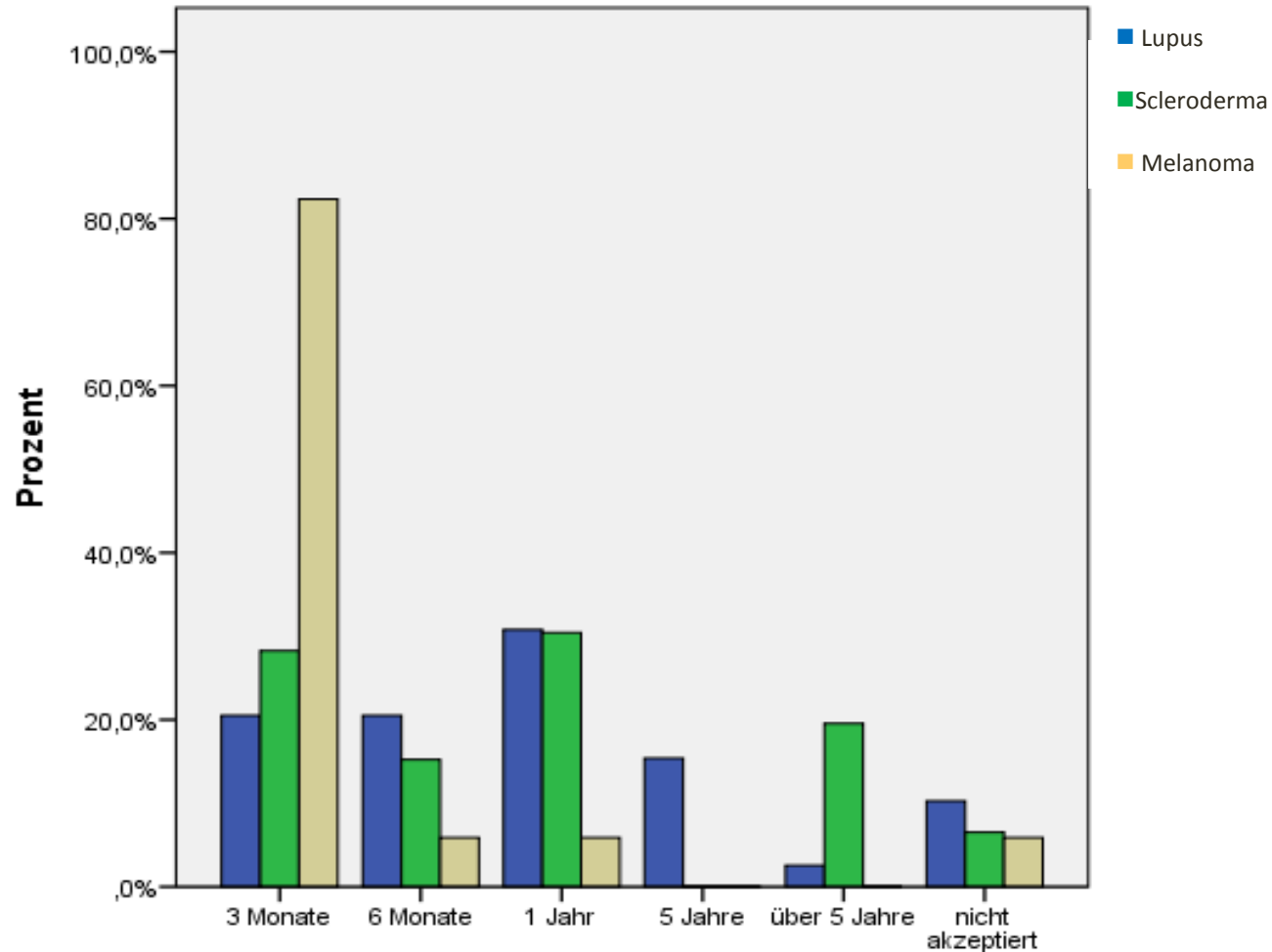
Severity of disease burden



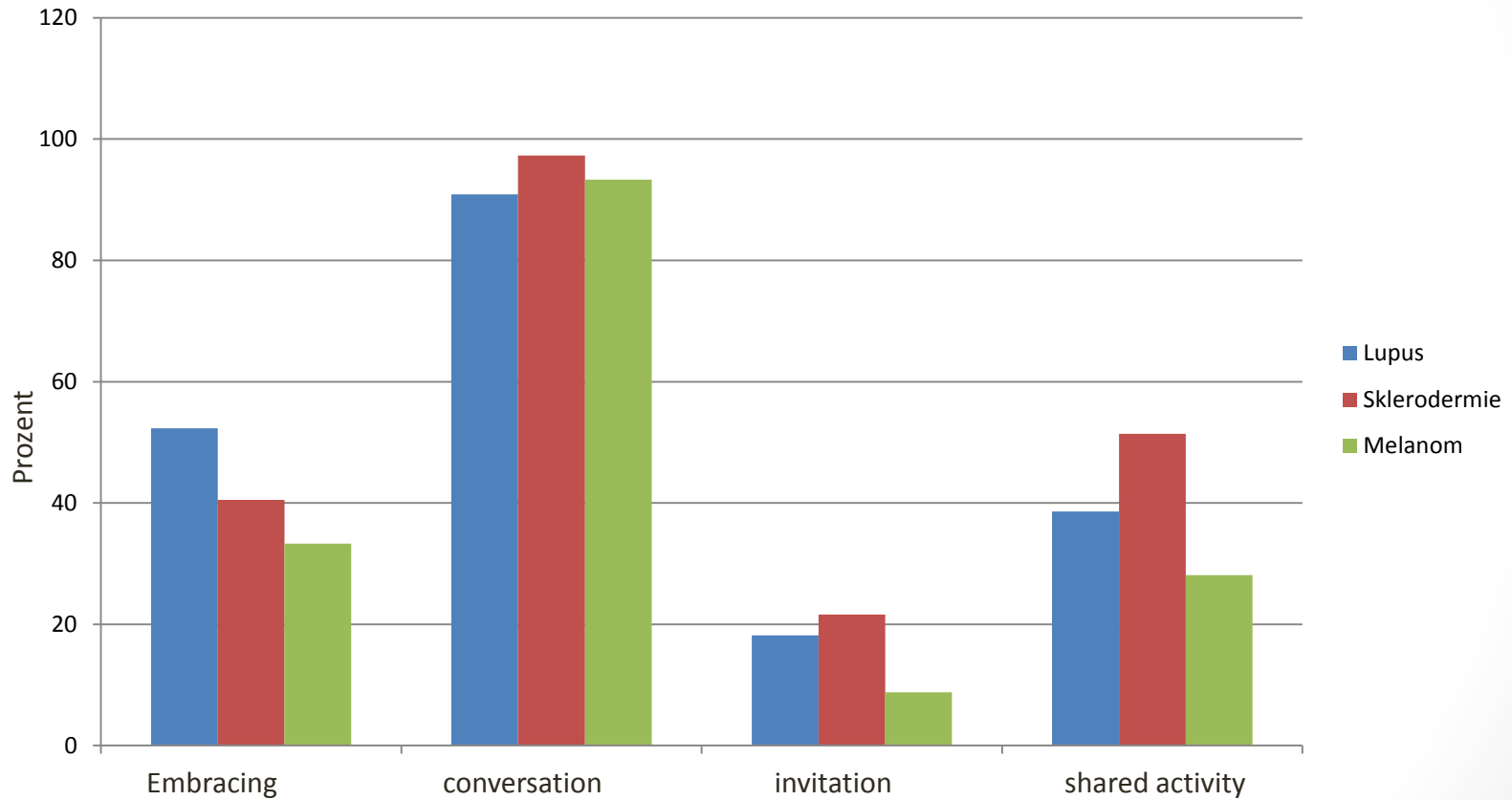
- Lupus
- Scleroderma
- Melanoma



Duration of disease acceptance



What kind of solace are you receiving?



Comparison of quality of life in the patient groups (SF-36)

	Skleroderma		Lupus		Melanoma		F	p	post
	Mean	SD	Mean	SD	Mean	SD			
Physical component score	41,71	9,61	46,15	10,18	47,61	10,11	4,22	<.05	S<L=M
Mental component score	47,52	12,46	48,10	9,06	52,65	9,90	3,50	<.05	S=L<M

- Scleroderma patients have **significantly reduced physical and mental health**
- Lupus patients have **significantly reduced mental health**

Comparison of psychological burden of disease in the different patient groups (BSI-18)

	Skleroderma	Lupus	Melanoma	F	p	post
	Mean (SD)	Mean	Mean			
Global score of severity index	13,43 (11,92)	13,21 (10,89)	8,40 (10,85)	3,44	<.05	S=L>M
Depression	3,68 (5,02)	3,56 (4,09)	2,28 (4,16)	1,66	n.s.	
Anxiety	4,59 (4,57)	4,85 (4,50)	3,40 (4,30)	1,64	n.s.	
Somatisation	5,18 (3,99)	4,81 (4,35)	2,72 (3,63)	5,82	<.05	S=L>M

- Sceroderma and lupus patients have a **significantly higher global score of severity index** and **somatisation** than melanoma patients

Correlations MI-RSWB and scleroderma

		Lesions in the face	Hand	Lung	Esophagus	Joints	Rodnan S
	Spiritual well-being	-,034	,000	,207	-,055	-,125	,162
	Immanent perception						
	Experiences of sense and meaning	-,191	,000	,075	-,115	,007	,033
	Hope immanent	-,290	-,060	,097	-,218	-,168	,088
	Forgiveness	,049	,150	,047	-,004	-,079	,260
	Transcendent perception						
	General religiosity	,335*	,036	,280	,159	,024	,065
	Hope transcendent	-,142	,006	-,013	,013	-,133	,208
	Connectedness	,157	-,060	,153	-,159	-,072	-,058

- Scleroderma patients with lesions in the face have a significantly increased general religiosity

Correlations MI-RSWB and Lupus

	Visible skin lesions	Non visible skin lesions	Photo-sensitivity	Joint pains	CLASI
Spiritual well-being	,137	,095	,135	,215	-,247
Immanent perception					
Experiences of sense and meaning	,073	,175	,173	,214	-,037
Hope immanent	,010	,131	,105	-,090	-,192
Forgiveness	,071	-,066	-,305*	-,288	-,104
Transcendent perception					
General religiosity	,216	-,130	,191	,380*	-,223
Hope transcendent	-,059	,139	,015	-,098	-,015
Connectedness	,170	,072	,152	,243	-,017

- Patients with photosensitivity have **significantly reduced ability to forgive**
- Patients with joint pains have **significantly increased general religiosity**

Religious-spiritual well-being in patients compared to healthy individuals (MI-RSWB-48)

	Patients (SD)	Healthy persons (SD)	F ³
Spiritual well-being	186.89(29.81)	194.44(31.70)	7.82**
Experience of sense and meaning	34.85(8.20)	37.75(6.78)	23.93**
Hope immanent	34.76(9.42)	35.76(7.53)	2.29
Forgiveness	37.71(7.88)	34.66(9.27)	15.04**
Hope transcendent	32.83(7.33)	30.39(8.15)	12.31**
General religiosity	23.72(12.18)	28.73(12.26)	22.66**
Connectedness	22.68(9.48)	27.15(8.95)	33.39**

Significantly reduced: spiritual well-being, experience of sense and meaning, general religiosity, connectness

Significantly increased: Forgiveness, transcendental hope

Correlation of MI-RSWB-48 with BSI-18

Psychiatric symptoms

	Depression	Anxiety	Somatisation	Global severity index
Spiritual well-being	-.22**	-.23**	-.11	-.21**
Experience of sense and meaning	.01	.03	.15	.07
Hope immanent	-.40**	-.33**	-.24**	-.37**
Forgiveness	-.20*	-.21*	-.15	-.21**
Hope transcendent	-.36**	-.31**	-.23**	-.34**
General religiosity	-.04	-.11	-.05	-.08
Connectedness	.19*	.12	.14	.17*

- Patients with spiritual well-being have **significantly less anxiety and depression**

Coping - Style

	Active, problem-oriented C	Depressive C emotional impariment	Religious C search for meaning	Trivialisation / wishful thinking	Deflection/ Self confirmation
Spiritual well-being	.21*	-.13	.43**	-.11	.21*
Experiance of sense and meaning	.35**	.08	.34**	.02	.26**
Hope immanent	.19*	-.24**	.07	-.21*	.14
Forgiveness	.11	-.19*	.08	-.06	-.02
Hope transcendent	-.20*	-.33**	-.31**	-.27**	-.29**
General religiosity	.05	.03	.58**	-.02	.21*
Connectedness	.18*	.12	.44**	.13	.24**

- Patients with spiritual well-being use active, problem based, religious and deflection coping

Summary

Significantly reduced

Significantly increased

Religious / spiritual well-being

- In patients compared to healthy

Religious / spiritual well-being, sense of meaning, and general religiosity

- in scleroderma patients compared to lupus and melanoma

Patients with spiritual well-being

- reduced anxiety and depression.

Forgiveness and transcendent hope

- In patients compared to healthy persons.

General religiosity

- In scleroderma patients with lesions in the face and in lupus-patients with joint pains

Coping styles

- Patients with **spiritual well-being** use active, problem-oriented and religious coping
- Patients who have lower ability to **forgive** use depressive coping
- Patients with increased **transcendental hope** have significantly impaired coping

Intervention – to increase spiritual well-being

Schön, dass es uns gibt!



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