

Religiousness, Coping, and Social Support Predict Well-Being among Cancer Patients

The purpose of this study was to explore the association between intrinsic religious motivation (IRM), coping styles, social support, and well-being among cancer patients. IRM refers to the internalization of faith as the primary motive in a person's life. Previous research has established a correlation between IRM and well-being; however, little is known about the role of coping styles and social support in this relationship. The sample included 179 predominantly white, Christian, female patients with stage II through IV cancer. We used a cross-sectional, correlational design with self-report measures of the constructs. We hypothesized that higher levels of IRM and, subsequently, social support would predict higher levels of emotional and social well-being. Moreover, we hypothesized that acceptance coping would predict higher levels of well-being, whereas venting of negative emotions would predict lower levels of well-being. Controlling for age and family income, we conducted two sequential multiple regressions to examine the relationship between IRM, coping styles, social support, and well-being. In the first model, at step one, IRM (Beta = .16, $p < .05$) predicted emotional well-being. At step two, acceptance coping (Beta = .31, $p < .001$) predicted higher levels of emotional well-being, whereas venting (Beta = -.22, $p < .01$) predicted lower levels of emotional well-being. Moreover, IRM became non-significant after entering the coping variables. In the second model, at step one, IRM (Beta = .18, $p < .05$) predicted social well-being. At step two, social support (Beta = .30, $p < .001$) predicted social well-being. Moreover, IRM became non-significant after entering social support. Overall, the models explained 20% of the variance in emotional well-being and 21% of the variance in social well-being. Results suggest that IRM may promote both emotional and social well-being among cancer patients. Moreover, higher levels of acceptance coping and lower levels of venting may further promote emotional well-being. In contrast, social support may be a key factor linking IRM to social well-being. Future research should focus on coping styles and social support as potential mechanisms linking intrinsic religious motivation to well-being. Subsequently, intervention research could target these mechanisms to enhance the quality of life for religious cancer patients.