

Religious coping strategies among Greek patients with multiple sclerosis

Estrategias de afrontamiento religioso entre pacientes griegos con esclerosis múltiple

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Dear Editor:

Multiple sclerosis (MS) affects more than 2.8 million people worldwide and is an incurable, heterogeneous, chronic, degenerative, demyelinating, immune-mediated neurological disease of the central nervous system. It affects the physical, mental, psychosocial, financial, and spiritual dimensions of patients and their families ^[1]. Koenig ^[2] presented the “classical model” of the relationships among religiousness, spirituality, and health outcomes. In this model, religiousness/spirituality increases positive outcomes including well-being, connectedness, social support, purpose, meaning, hope, and peace and decreases negative psychological states including stress, anxiety, depression, moral injury, loneliness, addiction, and suicide. These, in turn, affect psychoneuroimmunological factors, resulting in lower levels of cancer, cardiovascular and neurological diseases, mortality, etc. (Figure 1) ^[2].

Research has shown that religiosity is an effective coping mechanism for people coping with chronic illnesses such as MS. In particular, studies highlight that people with MS use religious strategies to improve their mental functioning and overall life satisfaction ^[3]. Religious coping is a means of seeking Allah's help, trusting and taking refuge in Allah, finding solace in religious provisions/teachings, and praying/worshiping more than usual during stressful events of life such as illness, calamity, death, or circumstances where a person is helpless ^[4]. Here, we discuss use of religious coping among Greek patients with MS to attract attention to the importance of religion and religious coping.

Nearly two thirds of patients with MS currently use religious services to improve their health or well-being in United States. Individuals whose MS is stable and those who have had the disease longer are significantly more likely to use religious services to improve their health ^[5]. The quality of life in patients with MS is not solely determined by physical disability, but rather by the level of social support, living area, depression, level of education, employment, fatigue, and religiosity ^[6]. Religion is positively correlated to mental health among patients with MS ^[7]. Religion as a meaning system is also positively related to the presence of meaning in life, which in turn positively predicts life satisfaction in patients with MS ^[3]. Büssing *et al.* ^[8] reported that the spiritual/religious self-categorization was the strongest predictor among patients with chronic diseases including MS, while trust in a higher source was also affected by religious affiliation and age. Positive interpretations of disease correlated well with search for meaningful support ^[8].

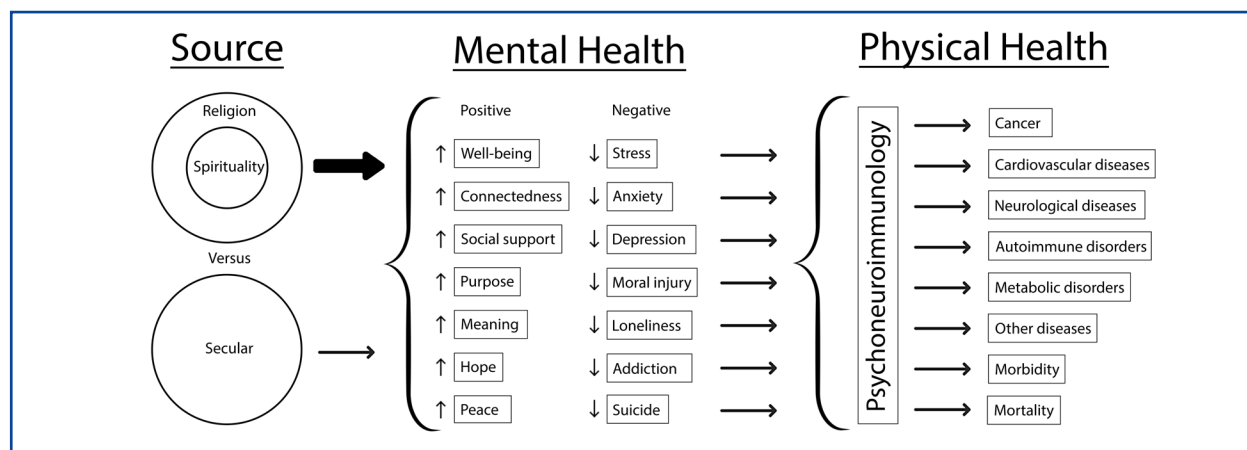


Figure 1. Classic model of religion, spirituality, and health. Adapted and modified from Koenig HG. Concerns about measuring “spirituality” in research. *J Nerv Ment Dis.* 2008;196(5):349-55. DOI: 10.1097/NMD.0b013e31816ff796.

Ebrahimi *et al.*^[9] elicited five main categories about the coping strategies from interviews with family caregivers of patients with MS: “using spirituality,” “living with hope,” “experiencing persistence and stability,” “seeking support,” and “seeking alternative treatments.” Although a study has been reported on religious beliefs and quality of life in Greek caregivers of MS patients in the literature, no study on the religious coping styles of Greek patients with MS to the best of our knowledge. Greek caregivers of MS patients experienced higher degree of anxiety, depression and psychological distress^[10]. Although high levels of religiosity among Greek Christian Orthodox primary caregivers of MS patients were evident, Argyriou *et al.*^[11] demonstrated no any beneficial effect of religious beliefs and practices on their quality of life. There was only a reliable (but with little clinical value) association between the pain/discomfort domain of the beliefs and practices subscale in primary caregivers of MS patients^[11].

In conclusion, we would like to emphasize that currently religion is important in people's daily lives and religious

coping is often used by MS patients in many societies in the world. We think that comprehensive studies should be performed on religious coping styles of Greek MS patients. These studies to be conducted will make a great contribution to the clinical practices and fill the gap in the literature.

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