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Religious Well-Being, Existential Well-Being, Positive Religious Coping and Family Protective Factors (Family Adaptation): A Causal Model

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The present study tested a conceptual model of the relationships among religious well-being, existential well-being, positive religious coping, and family protective factors. A sample of three hundred and eighty nine voluntary and unpaid Muslim participants (230 females, 159 males), aged between 21 and 47 years old (31.18 ± 4.28 years), were selected through multi-stage cluster sampling in Isfahan, Iran. All participants were asked to complete the Spiritual Well-Being Scale (SWBS; Paloutzian & Ellison, 1982), the Brief Religious Coping Scale (RCOPE; Pargament, Smith, Koenig, & Perez, 1998), and the Inventory of Family Protective Factors (IFPF; Gardner, Huber, Steiner, Vasquez & Savage, 2008). Using structural equation modeling, the results supported the mediating effects for existential well-being and positive religious coping among religious well-being and family protective factors. The analytic model explained 40% of the distribution of family protective factors. These findings suggest that the positive impact of religious well-being is correlated with family protective factors.

Keywords: religious well-being, existential well-being, positive religious coping, family protective factors

Based on previous research findings (Beavers & Hampson, 1990; Otto, 1962; Stinnett, et al., 1982; Stinnett, 1979), strong families are able to cope, adjust, change and deal with problems and crises in a positive way. These features are similar to the term called 'Family Resiliency'. McCubbin and colleagues (McCubbin & McCubbin, 1991; McCubbin,

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McCubbin, Thompson, & Thompson, 1995; McCubbin & Patterson, 1981) initially developed and researched what has become knownas The Resiliency Model of Family Stress, Adjustment, and Adaptation, which has directed the attention of helping professionals toward critical elements of family functioning from a resilience perspective. The Family Adaptation Model (Drummond, Kysela, McDonald, & Query, 2002; McDonald, Kysela, Drummond, Martin, & Wiles, 1997) directly emanates from this work; however, unlike the McCubbin and colleagues' model, there is only one simple iterative process of family adaptation rather than two processes that represent protective processes and vulnerability processes separately (Gardner, Huber, Steiner, Vazquez, & Savage, 2008). Given the potential complexity of family assessment and intervention, this singular, ongoing process eliminates the tendency to dichotomize family strengths and deficits and promotes a systemic orientationthat highlights reciprocity as well as parsimony and practical utility (Drummond, Kysela, McDonald, & Query, 2002).

The Family Adaptation Model asserts that the mediating dynamic between protective and vulnerability family processes is represented within its five dimensions: demands, appraisals, supports, coping, and adaptation (Gardner et al., 2008). Demands represent stressors families encounter; their vulnerability family processes. Appraisals, social supports, and coping strategies represent the protective family processes that interact with demands or stressors to predict family adaptation (Drummond et al., 2000; McDonald et al., 1997). The Inventory of Family Protective Factors (IFPF) was developed as a brief measure to assess the degree of demands or stressors and protective family factors (i.e., family resilience) perceived to be present in an individual's family milieu, thus predicting the

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adaptation process (Gardner et al., 2008). The descriptor "protective" in this context implies family members who experience higher levels of protective factors (and lower levels of stressors) in their family milieu and are less affected. Thus, they are more likely to move toward adaptation when interacting with demands or stressors they encounter (i.e., protected), thereby predicting greater likelihood of "good adaptation" (Masten & Reed, 2005). Supports for the factors that are included in the IFPF are present in separate bodies of literature that represent each of them.

The presence of fewer stressors in a family's current milieu (as compared with recent and/or distant past circumstances) is in a sense "protective'. Families experiencing fewer stressors rather than more stressors or demand factors will have members who are less likely to develop psychological problems (Al-Ansari & Matar, 1993; Holahan & Moos, 1991; Tiet, Bird, Davies, Hoven, Cohen, & Jensen 1998) and more likely to exist at an optimal level of functioning and adaptation (Luthar, 1991; Otto, Fava, Penava, Bless, Muller, & Rosenbaum, 1997). Adaptive appraisal is an asset of families in increasing the likelihood of adaptively addressing problems in life, due to the fact that such appraisals serve as markers of optimal well-being; the overall balance of people's positive and negative appraisals has been shown to predict their judgments of subjective well-being (Diener, Sandvik, & Pavot, 1991; Frederickson, 2001). Researchers (Arnerikaner, Monks, Wolfe, & Thomas, 1994; Holahan & Moos, 1991; Werner, 1993) have addressed the role of social support in mental health and how it relates directly to psychological health. Availability of social support has been linked to emotional well-being and the ability to compensate for negative life conditions (Chase-Lansdale, Wakschalag, &Brooks-Gunn, 1995). Compensating experiences have been

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referred to as rewarding experiences that provide a sense of meaning and control over one's life (Papalia, Olds, & Feldman, 2001). Compensating experiences represent a manner of problem solving which is a cognitive enterprise with a behavioral component: "actions that help" (Lazarus & Folkman, 1984, p. 141). Clarifying issues and redefining a situation is a critical component of family coping (McCubbin, Sussman, & Patterson, 1983). Masten (2001) posited the influence of family mastery resources as compensatory. Conger and Conger (2002) likewise asserted a family's sense of mastery to be a compensating psychological resource and a way to reduce emotional distress.

As discussed by Stinnett (1979) and Schumm (1985), spiritual/religious aspects of lifestyle are important elements in strong families. Research finding suggests that the positive impact of religious and spiritual variables is often correlated with positive outcomes in individuals and families (Varner, 2009). Stinnett and DeFrain (1985) noted that strong families have spiritual lifestyle and these families said that they had an awareness of God or a higher power that gave them a sense of purpose and gave their family support and strength and reported that this awareness helped them to be more forgiving, more patient with each other, and to be more positive and supportive. Wheeler (2008) reported a positive effect of religious/spiritual aspects of one's life on family strength through enhancing person's feeling of worth.

Spirituality has been studied for several decades, and the definition has been debated among researchers. A recent comprehensive measure of one's spirituality is spiritual well-being. An operational definition of spiritual well-being was first proposed by Moberg and Brusck (1978). According to them, spiritual well-being consists of two dimensions which seem to

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be a comprehensive conceptualization of spirituality. The first dimension is associated with one's relationship with a higher power within a particular system of religious beliefs (religious well-being), and the second dimension is one's sense of meaning and purpose in life (existential well-being) (Varner, 2009). Within this definition, meaning and purpose in life are not dependent on a specific religious framework (Varner, 2009). In order to measure spiritual well-being, Paloutzian and Ellison (1982) developed the Spiritual Well-Being Scale (SWBS). The scale itself consists of two scales, the Religious Well-Being (RWB) scale and the Existential Well-Being (EWB) scale. The results of 350 studies have shown that people with spiritual well-being have healthier lifestyle, are more hopeful, enjoy more mental stability, and are more satisfied with their life (Shahidi & Hamdie, 2002). Ghaffari (2013) reported that spiritual well-being has a positive and significant effect on family protective factors in young married couples.

On the other hand, in research studies that manipulated participants' sense of personal control, greater belief in a God who has control over events was reported by those whose sense of personal control was undermined (Kay, Gaucher, McGregor, & Nash, 2010), suggesting that religion serves a compensatory control function. In addition to providing individuals with meaning in life and comfort through a relationship with a higher power, spiritual and religious beliefs often provide a framework for coping with difficult circumstances. In times of stress, a person's religious orientation dictates the beliefs and practices that are translated into coping skills (Varner, 2009).

Various methods of religious coping have been divided into positive religious coping and negative religious coping. Positive religious coping is a reflection of a secure relationship with God and a belief that life has meaning; whereas, negative religious

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coping indicates a less secure relationship with God, an ominous view of the world and a religious struggle for meaning in life (Pargament, Smith, Koenig, & Perez, 1998). For example, factor analysis suggested that strategies for positive religious coping include redefining the stressful situation as an opportunity for spiritual growth and that negative religious coping may be demonstrated through redefining the situation as the work of the Devil or as punishment from God (Pargament, Koenig, & Perez, 2000). Positive religious coping has been found to be significantly tied to increased levels of stress-related growth and positive religious outcomes. Conversely, negative religious coping is related to depression (pargament et al., 1998). Therefore, positive religious coping can be a valuable resource in times of stress (Varner, 2009).

In times of stress, a person's religious orientation dictates the beliefs and practices that are translated into coping skills, and therefore, positive religious coping include redefining the stressful situation as an opportunity for spiritual growth which can be a valuable resource in times of stress (Varner, 2009).

Baumeister (1991) noted that many religions provide the possibility of believing that God may have higher purposes that humans cannot understand. In such cases, one may remain convinced that events that seem highly aversive may, in fact, be serving desirable ends, even if one is unable to guess what these ends might be. Thus, religious explanations permit religious individuals to trust that every event, regardless of its overt appearance and painfulness, is part of God's plan (Park, 2010).

Folkman (2008) states that research supports the distinction of meaning-based coping from other forms of coping and suggested that religious and spiritual coping are important aspects of meaning-based coping. In Calicchia and Graham's (2006) study, spiritual well-being was positively correlated with

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health and had a negative relationship with stress variables. Furthermore, they noted that participants who reported higher levels of spiritual well-being, reported less stress from one's spouse/partner and extended family. They also reported that according to their results, spiritual well-being was positively correlated with receiving social support from extended family, friends and positive events. Given the findings, Calicchia and Graham (2006) concluded that spiritual well-being is an effective buffer of stress and an effective provider of social support. Weber and Cummings (2003) reported a positive effect of spirituality and social support on family resilience. Previous research studies confirmed that spiritual well-being has been positively associated with positive outcome, higher quality of coping and more adaptive appraisal in the midst of various difficult life circumstances through providing a clear sense of meaning and direction in life (Calicchia & Graham, 2006; Davis, Kerr, & Kurpius, 2003; Kamya, 2000, Varner, 2009; Weber & Cummings, 2003). Thus, in this research, religious well-being and existential well-being were assumed as predictors of family protective factors. Moberg and Brusck (1987) noted that existential well-being is not dependent on a specific religious framework, but it is expected that, in a religious person religious beliefs and religious well-being would be main sources for one's sense of meaning and purpose in life (existential well-being). In other words, the present study hypothesized that existential well-being would mediate the relationship between religious well-being and family protective factors. It is also expected that religious well-being and existential well-being would make a context of positive religious coping and increase individual/family resilience. As religion can strongly influence beliefs about control (Young & Morris, 2004) and can be seen as a meaning-making framework in coping with

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stress (Park, 2010), this research hypothesized that positive religious coping would mediate the relationships between (a) religious well-being and (b) existential well-being with the dependent variable of family protective factors (Figure 1).

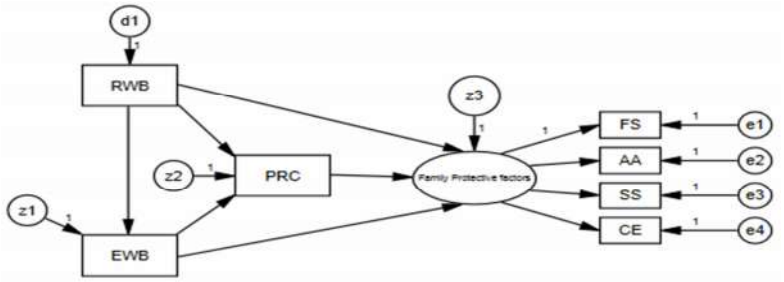


Figure 1

Conceptual Model of the Relationships among Religious Well-Being, Existential Well-Being, Positive Religious Coping, and Family Protective Factors

Note: RWB= Religious Well-Being, EWB= Existential Well-Being, PRC= Positive Religious Coping, FS = Fewer Stressors, AA= Appraisal Adaptation, SS =Social Support, CE= Compensating Experiences

Method

Statistical Population, Sample, and Procedure

The research population consisted of all the married Muslim people of the Isfahan, Iran in the year of 2012 with preschool-aged children and in the first decade of marriage with at least eight grades of education level. On the basis of recommendations about the minimum number of required participants for each observed variable in the structural model (Hooman, 2005), four hundred and five volunteers (235 females, 170 males) were selected through multi-stage cluster sampling from the seven zones of the whole fourteen municipal geographic zones of Isfahan. In the first stage, seven geographic zones, and in the second stage, one main street from each

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zone was selected, randomly. Only the participants who completed the instruments were included in the analysis. Also, in a bid to meet the multivariate normality, outlying values were omitted. The final number of participants, therefore, reached three hundred and eighty nine participants (230 females, 159 males), aged between 21 and 47 years old (31.18 ± 4.28 years). The rules of privacy of the subjects' answers were confirmed in the questionnaire instruction. All participants were volunteers, anonymous and unpaid. Before the administration of the instruments, the participants received a brief introduction about the nature of the research, ethical requirements for confidentiality and voluntary participation. In order not to be influenced by their spouse, the participants were asked to fill out the scales alone.

Instruments

Spiritual Well-Being Scale (SWB). Paloutzian and Ellison (1982) developed a 20-item Spiritual Well-Being scale to serve as a global psychological measure of one's perception of spiritual well-being. The scale itself consists of two scales, the Religious Well-Being (RWB) scale (10 items), and the Existential Well-Being (EWB) scale (10 items). The psychometric properties of the SWBS were confirmed in various researches (Varner, 2009). The concurrent validity of Translated version of the SWBS was obtained by correlating the score of this scale with the Daily Spiritual Experience Scale (Underwood, 2006) which resulted in a satisfactory positive correlation coefficient (r=.63, p<.01). Ghaffari, Fatehizadeh, Ahmadi, Ghasemi, & Baghban (2013) examined the psychometric properties of the Persian translation of the SWBS with an Iranian population and showed that it had reasonable construct validity and internal consistency (Cronbach's α;

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SWBS= .87; RWBS=.84; EWBS =.84). The internal consistency coefficients (Cronbach's α) of the subscales, namely religious well-being and existential well-being, in this study were found to be .82, and .81 respectively.

Brief RCOPE (Pargament et al., 1998). A 14-item Brief RCOPE was used to assess positive and negative religious coping: seven items measure positive religious coping which are associated with a loving and supportive view of God, and other seven items measure negative religious coping associated with a punishing and rejecting view of God (Varner, 2009). The Brief RCOPE items are rated on a four-point Likert scale from 0 (nor at all) to 3 (a great deal).The psychometric properties of the BRCOPE were confirmed in various researches (Varner, 2009). In this study, the concurrent validity of the Persian translation of the BRCOPE was obtained by correlating the score of this measure with the Daily Spiritual Experience Scale (Underwood, 2006) (BRCOPE: r=.38; PRC: r=.55, p<.01; NRC=.07, p>.05). Using the data collected in this study, the reliability coefficients (Cronbach's α; BRCOPE=.88; PRC=.87; NRC=.83), and results from confirmatory factor analysis (CMIN/DF=2.63; GFI=.89; AGFI=.85; CFI=.90; RMSEA=.06) were satisfactory. The positive subscale score was used in this study.

Inventory of Family Protective Factors (IFPF). A 16-item IFPF was developed as a brief measure to assess the degree of demands or stressors and protective family factors (i.e., family resilience) perceived to be present in an individual's family milieu with satisfactory psychometric properties [cronbach alpha reliability coefficient ranged .77 to .81 for all sub-scales] (Gardner et al., 2008). Ghaffari et al., (2013) examined the psychometric properties of the Persian translation of the IFPF with an Iranian population and showed that it had reasonable construct validity and internal consistency (Cronbach's α=.91).

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The internal consistency coefficients (Cronbach's α) of the IFPF and its subscales, namely fewer stressors, adaptive appraisal, social support and compensating experiences, in this study were found to be .60, .81, .88, and .89 respectively.

Results

The hypothesized relationships between variables were tested using structural equation modeling (SEM) in AMOS 20.00. The Hoelter's Index confirmed the adequacy of the sample size (Hoelter's Index=283, *p*=.01, Ghasemi, 2010). The variables did not exhibit problematic univariate skew (i.e., absolute values of the skewness index were<3.00., Kline, 2011), nor did the variables exhibit problematic univariate Kurtosis (i.e., absolute values of the kurtosis index were<10.00., Kline, 2011). The critical ratio of .95 for Mardia's Coefficient (1.09) proved the multivariate normality (Ghasemi, 2010). The model therefore tested using Maximum Likelihood (ML) estimation in AMOS.20. Table 1 contains descriptive statistics and the bivariate correlations for the variables used in the analysis.

As shown in table 1, there were significant internal correlations among all variables of the model. The correlation coefficient between existential well-being and family protective factors (r= .53) was higher than the correlation coefficients between religious well-being and family protective factors (r=.40) and between positive religious coping and family protective factors (r= .37).

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Table 1

Descriptive Statistics and the Correlation Matrix of the Model Variables

Variables	1	2	3	4	5	6	7	8
Religious well-being	1							
Existential well-being	.66**	1						
Positive religious coping	.62**	.55**	1					
Fewer stressors	.28**	.38**	.25**	1				
Adaptive appraisal.	.38**	.53**	.36**	.57**	1			
Social support	.22**	.32**	.21**	.48**	.50**	1		
Compensating experiences	.43**	.51**	.40**	.53**	.77**	.53**	1	
Family protective factors	.40**	.53**	.37**	.77**	.86**	.78**	.86**	1
M	48.62	43.36	20.05	14.77	15.55	16.30	15.55	62.18
SD	8.16	8.65	4.50	3.15	3.37	3.73	3.60	11.35

Note: $N = 389$, ** $p < .001$

The fit indices of the conceptual model were investigated through estimating the relative chi-square statistic (χ^2/DF), Goodness of Fit Index (GFI), Comparative Fit Index (CFI), Normed Fit Index (NFI), and the Root Mean Square Error of Approximation (RMSEA). A model is regarded as acceptable if the NFI exceeds.90, the GFI exceeds 0.90, the CFI exceeds.93 (Byrn, 1994), and the RMSEA is less than .08 (Browne & Cudeck, 1993) and ideally less than .05 (Steiger, 1990). Alternatively, the upper confidence interval of the RMSEA should not exceed .08 (Hu and Bentler, 1995). Also, the relative

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chi-square should be less than 2 or 3 (Ulman, 2001). Table 3 shows the fit indices of the conceptual model.

Table 3
Goodness of Fit Summaries for the Conceptual Model

χ^2	DF	CMIN/DF	P	GFI	AGFI	CFI	NFI	RMSEA
15.78	12	1.31	.20	.99	.97	.99	.97	.04

As shown in table 3, the SEM analyses on the conceptual model of the structural relationships among the model variables resulted in satisfactory indices (RMSEA<.05, GFI>.90, AGFI>.90, CFI>.90, and TLI> .90). That is, the results showed the well-fitness of the conceptualized model for the structural relationships among religious well-being, existential well-being, positive religious coping and family protective factors. Figure 2 shows the standardized direct effect coefficients (standardized regression weights) for the relationships among model variables (p<.001).

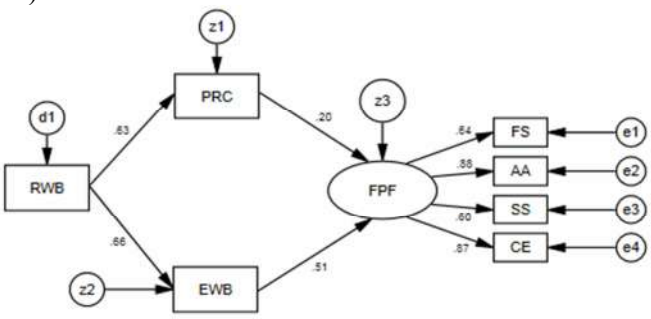


Figure 2
Standardized Coefficients for the Mediating Model of Relationship between Religious Well-Being, Existential Well-Being, Positive Religious Coping, and Family Protective Factors

Note: RWB = Religious Well-Being, EWB = Existential Well-Being, PRC = Positive Religious Coping, FPF = Family Protective Factors

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All the standardized direct effect coefficients (Figure 2) were positive and satisfactory (p< .001) but the direct effects of religious well-being on family protective factors (β=.05, p=.91), and existential well-being on positive religious coping (β= .07, p= .18) were not statistically significant. Therefore, the mediating role for positive religious coping between existential well-being and family protective factors was not supported. The results revealed a significant standardized indirect effect (β=.46, p=.001) between religious well-being and family protective factors, with existential well-being and positive religious coping as mediators. Figure 2 shows that on the family protective factors, the direct effect of existential well-being (β= .51, p<.001), is much stronger than the direct effect of positive religious coping (β= .20, p<.001).

The results showed that, religious well-being predicts 43% of the variance of the existential well-being, and 40% of the variance of the positive religious coping, and the conceptual model explained 40% of the distribution of the family protective factors (40% of fewer stressors; 78% of adaptive appraisal; 34% of social support; 76% of compensating experiences) through indirect effect of religious well-being, and direct effects of existential well-being and positive religious coping.

Discussion

The study tested a model of the relationships between religious well-being, existential well-being, positive religious coping and family protective factors in a Muslim sample. The results showed positive significant direct effects of existential well-being and positive religious coping on family protective factors, and positive significant indirect effect of religious well-being on family protective factors through existential well-being and positive religious coping. The proposed model shows that

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religious well-being leads to development of a high level of existential well-being and positive religious coping. Also existential well-being and positive religious coping lead to increase family protective factors. On the other words, religious well-being leads to development of family protective factors through the development of existential well-being and positive religious coping. Results therefore mostly supported the hypotheses of existential well-being and positive religious coping as mediators of religious well-being and family protective factors. According to the findings, on the family protective factors, the direct effect of existential well-being is stronger than the direct effect of positive religious coping.

Results also showed that, the direct effects of religious well-being on family protective factors, and existential well-being on positive religious coping were not statistically significant. Therefore, the mediating role for positive religious coping between existential well-being and family protective factors was not supported. The findings are mostly consistent with theoretical perspective of spiritual well-being and religious coping, and provide explanations for the positive role of spiritual/religious aspects of lifestyle in family adaptation. Since religion plays an important role in hope for the future (Nadi & Sajjadian, 2012), meaning-making (Park, 2010), sense of control (Kay et al., 2010; Young & Morris, 2004), increasing social support (Calicchia & Graham, 2006), and coping with stress (Pargament et al., 1998; Varner, 2009), religious well-being can help perceiving meaning and purpose in life (existential well-being). As well, someone with religious well-being enjoys the relationship with God, takes refuge in HIM and knows God care him (Paloutzian and Ellison, 1982), therefore less likely uses negative religious coping and more likely redefines problems as God's wisdom or plan (not punishment). On the other hand,

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previous studies have shown that spiritual/religious aspects of lifestyle are important elements in strong families and in such families there are more patience, mutual and social support, forgiveness, justice, and resilience (Ghaffari, 2013; Stinnett & DeFrain, 1985; Varner, 2009; Wheeler, 2008). Thus, according to the proposed model, it can be concluded that the positive impact of religious well-being is correlated with family protective factors or in fact, family adaptation. Based on the findings, the mediating role for positive religious coping between existential well-being and family protective factors was not supported. Therefore, it seems existential well-being has not significant direct effect on positive religious coping.

The cross-sectional nature of this investigation and also the statistical population are limitations of the present study. Some researchers have recently framed religiousness as culture (e.g., Cohen, 2009). This perspective opens many doors to research examining meaning systems as cultural elements. Park (2010) noted that, the need to examine global and situational meaning and the roles of religion in diverse populations across the world is obvious. Of course, more research is needed with different measures (e. g. different measures based on different conceptualizing of spirituality and religiosity) and with different population (e.g. people in stressful conditions, different socio-economic levels, religions, cultures and sub-cultures) to provide a comprehensive theoretical explanation for the interrelationships among spiritual/religious variables and family adaptation.

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