



RELIGIOUS COPING, FREE WILL PERCEPTIONS  
AND QUALITY OF LIFE IN CAREGIVERS OF  
PATIENTS WITH DEMENTIA

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# Background Info

- The United States is, “an aging country in an aging world” (Karel, Gatz, & Smyer, 2012).
- One such challenge that comes with this is responding to the increasing prevalence of dementia and related diseases.

# Dementia

- Dementia is an umbrella term used to describe a variety of conditions that develop when nerve cells in the brain no longer function properly or die off (Thies & Bleiler, 2012).
- Worldwide prevalence of dementia is around 35.6 million; this number is estimated to increase fourfold, to 115 million, by 2050 (Van den Dungen et al., 2012).

# Background Info

- ❑ Caring for a person with dementia often results in high levels of depression, anxiety, and a host of other burdens such as financial strain (Thies & Bleiler, 2012).
- ❑ Purpose of this study is to pinpoint specific values and beliefs that may be associated with greater quality of life (QoL) and resiliency to the stresses of caring for a family member with dementia.

# Central premise of this talk



Coping with life's adversities through religious beliefs and practices and a perception that one maintains free will, may help caregivers adapt to their caregiving role more effectively.

# Why examine religious coping?

- There is growing evidence that religion is associated with both mental and physical health.
- Several studies have linked greater religion with better self-esteem, greater personal adjustment, less alcohol and drug abuse, less sexual permissiveness, and less suicide.
- Greater religious involvement was associated with much lower odds of dying prematurely (McCullough et al., 2000).

# Religious coping in later life

- In late adulthood, greater religion and spirituality are positively associated with:
  - ▣ Greater well-being.
  - ▣ More positive relations with others.
  - ▣ Greater involvement in community life tasks.
  - ▣ Greater involvement in creative and knowledge-building life tasks.

# Free will



- The ability of agents to make choices that are free from **constraints** (Baumeister, Crescioni, & Alquist, 2011).



# Viktor Frankl:

*“...Forces beyond your control can take away everything you possess except for one thing, your freedom to choose how you will respond to the situation. You cannot control what happens to you in life, but you can always control what you will feel and do about what happens to you.”*

Kushner, H., 2006. Foreword. Frankl, V., *Man's Search for Meaning*. Beacon Press.

# Hypotheses

Greater perceptions of free will and greater use of religious coping will be associated with better QoL in dementia caregivers.

**Weisman de Mamani, A., Weintraub, M., Tauler, C., Gurak, K., Maura, J., Mejia, M., & Sapp, S. (2014).** Religion and free will perceptions in patients with dementia and their caregivers: A review of the literature. *Journal of Religion, Spirituality & Aging, 26, 201-214.*

# Methods: Sample



- ❑ 96 dementia caregivers
- ❑ Recruited nationwide
- ❑ Participated in telephone-based assessments

# Methods: Sample

- ❑ 77 females; 19 males
- ❑ Age:  $M=50.74$ ;  $SD = 12.96$
- ❑ Ethnicity
  - ❑ 55 Caucasian
  - ❑ 26 African American
  - ❑ 7 Hispanic
  - ❑ 2 Asian American
  - ❑ 6 “Other”

# Measures

- ❑ Free Will and Determinism-Plus Scale (Paulhus & Carey, 2011)
  - ❑ 7-items
  - ❑ E.g., *“People have complete free will.”*
- ❑ Religious Coping and Activities Scale (Pargament et al., 1990)
  - ❑ 29-items assessing the degree to which respondents use differing forms of religious coping when facing a difficult life event
  - ❑ E.g., *“Used my faith to help me decide how to cope with the situation.”*
- ❑ Quality of Life Inventory (Frisch et al., 1992)
  - ❑ 24-items that assess global of life satisfaction
  - ❑ E.g., *“How satisfied are you with your HEALTH?”*

# Results: Zero order correlations

<b>Correlations</b>			
	1. QoL	2. Rel. Coping	3. Free Will
1. QoL	1.00		
2. Rel. Coping	.370**	1.00	
3. Free Will	.362**	.177	1.00

\*\*Correlation significant at 0.01 level (2-tailed).

QoL= Quality of Life Inventory

Rel. Coping= Religious Coping Activities Scale

Free Will= Free Will subscale of the Free Will and Determinism Scale-Plus

# Results: Regression Analysis



- Controlled for gender, ethnicity, caregiver age, and dementia symptom severity (as determined by the Clinical Dementia Rating Scale; Morris, 1993).

# Results: Regression Analysis

- As hypothesized...
  - Greater free will (Beta = .29,  $p < .01$ )
  - Greater religious coping (Beta = .37,  $p < .001$ )
  - Were independently associated with better QoL  
 $F(10,80) = 3.07; p < .01, R^2 = .28.$



## Examples of responses to question: What role does free will play in your relative's illness?

- *“I have the choice. When she becomes too much to handle, I can go outside. I can make her comfortable and relax for a few minutes, or I can take action to keep her entertained and just talk to her.”*
- *“I can choose to find the silver lining in things, find the glass half full in dealing with her, to still find positivity in her life.”*

# Free will and schizophrenia

In a sample of 32 patients with schizophrenia, we also found that greater free will perceptions were associated with less severe psychiatric symptoms.

**Weisman de Mamani, A., Gurak, K., Maura, J., Martinez de Andino, A., Weintraub, M., & Mejia, M. (under review). Free Will Perceptions and Psychiatric Symptoms in Patients with Schizophrenia.**

# Conclusion



Greater religious coping and greater free will perceptions are both independently associated with better quality of life in dementia caregivers.

# Discussion



- ❑ Helping family members recognize areas where they have freedom of choice over their actions and emotional reactions (free will) and helping them draw upon their faith (religious coping) may help improve QoL for those caring for a loved one with dementia.

# Study Limitations and Future Directions

- ❑ Cross sectional nature makes it unclear if targeting free will perceptions or religious coping will impact QoL.
- ❑ Longitudinal studies are needed that assess (and ideally, aim to modify) free will perceptions and religious coping and evaluate whether changes in these constructs are linked to changes in QoL.

Questions?



Thank you!!!!!!