

Article

The Mediating Effect of Coping Strategies on Religious/Spiritual Struggles and Life Satisfaction

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Received: 11 March 2020; Accepted: 13 April 2020; Published: 16 April 2020



Abstract: A growing number of researchers are testing potential problematic forms of religiousness that denote anxieties regarding sacred matters. However, only a few studies have assessed how religious/spiritual struggle is associated with positive outcomes. Because people’s coping responses to stressors are key determinants of their well-being, we expected that different coping strategies could be potential mediators between religious problems/tensions and life satisfaction. The research was conducted on a group of 744 Roman Catholics. We used the Religious Comfort and Strain Scale, Satisfaction with Life Scale, and Brief Coping Orientation to Problems Experienced (COPE) questionnaire. The outcomes show that religious comfort correlated positively with life satisfaction, while fear/guilt, negative emotions toward God, and negative social interactions surrounding religion correlated negatively with life satisfaction. Our research amplifies the understanding of the religious/spiritual struggles and life satisfaction relationship, mediated by “secular” coping strategies. It confirms that both religious and secular methods of experiencing different strains seem to coexist with multiple other strategies in the context of broadly understood life satisfaction.

Keywords: religious/spiritual struggles; life satisfaction; coping strategies; mediation

1. Introduction

Religion is an integral part of the lives of many people worldwide (Zhang et al. 2018) and has beneficial effects on their personal adaptation (Zarzycka and Zietek 2019). There is considerable literature that associates religion and spirituality with physical (Hill and Pargament 2003), mental (Krause 2003), and relational health (Marks and Dollahite 2011; Marks et al. 2019). Religion helps individuals cope with stressors (Koenig 2009), maintain a sense of control (Sasaki and Kim 2011), regain psychological balance after experiencing stress (Zinnbauer and Pargament 1998), find meaning in life (Pargament 1997), deal with a serious disease (Cassibba et al. 2014), and preserve social interactions (Páez et al. 2018). Research in this regard shows that the efficiency of religion or spirituality is bound to the degree to which it is combined with the person’s existence (Pargament 2002). However, a growing number of findings also test possible problematic types of religiosity (Abu-Raiya et al. 2018), which denote difficulties, tensions, and strains regarding sacred matters (Exline et al. 2000; Wilt et al. 2019a, 2019b) and are often referred to as religious or spiritual (R/S) struggles.

R/S strains may manifest in one’s perceived relationship with God, interpersonal struggles with individuals or institutions with respect to religious issues, and intrapsychic confusion expressed through doubts about one’s beliefs, sense of guilt after committing offenses, lack of ultimate meaning, and negative emotions (Exline et al. 2000; Wilt et al. 2019a). Although R/S struggles often appear to stem from stressful life events (Trevino et al. 2019), which are typically associated with higher levels of depression (Ellison et al. 2013; Vandecreek et al. 2004; Vasegh et al. 2012), anxiety (Abu-Raiya et al. 2015), alcohol problems (Stauner et al. 2019), post-traumatic stress disorder (Evans et al. 2018), suicidal

ideation (2000), and increased risk of dying of a life-threatening illness (Pargament et al. 2001), there is empirical evidence that religious strains can be turning points in life (Wilt et al. 2019b) as well. In fact, recent work suggests that R/S struggles may be a font of well-being (Szcześniak et al. 2019; Zarzycka and Zietek 2019) and comfort (Van Tongeren et al. 2013). They may also be a determinant of spiritual growth (Exline et al. 2017; Park and Cohen 1993) and transformation (Wilt et al. 2019b). People may come out of R/S struggles with a deeper sense of self and individual strength (Wilt et al. 2019a).

While some studies have shown connections between religious comfort/struggle and different dimensions of well-being (Abu-Raiya et al. 2015; Currier et al. 2019; Krause et al. 2018; Park et al. 2011; Wilt et al. 2016, 2017), only a few have investigated what makes satisfaction increase or decrease during a religious strain experience (Zarzycka and Puchalska-Wasył 2019). Although the mechanism linking religiosity with psychological adjustment still remains unclear (Parenteau et al. 2011) because this relationship is very complex (Hebert et al. 2006), some researchers have proven that mediators or moderators play an important role in this association (Zarzycka and Zietek 2019). For example, internal dialogical activity turned out to be a mediator of the association between R/S struggles and psychological well-being (Zarzycka and Puchalska-Wasył 2019). Similarly, Szcześniak et al. (2019) confirmed that gratitude, which demonstrates itself as a willingness to identify the undeserved increase of value in one's experience, is important to life satisfaction from the perspective of religious strains. In other studies (Wilt et al. 2019a), meeting with the "sacred" (God, experience associated with the divine, transcendent reality) was related to an increase of positive outcomes at both the interindividual (social well-being) and intraindividual (personal well-being) levels.

Because people's coping reactions to stressful circumstances are determining factors of their well-being (Lazarus 1966), we expected that different secular coping strategies, also called non-religious (McDougle et al. 2016), could be potential mediators between religious problems/tensions and life satisfaction. Indeed, according to the Transactional Model of Stress and Coping (Lazarus and Folkman 1984), cognitive appraisals and behavioral efforts may change the relationship between a specific stressor and health, contributing to an alleviation or reduction of stress. Besides these theoretical considerations, a large body of cross-sectional and longitudinal studies furnish empirical proof for the mediatory effect of coping on stressful events and quality of life. For example, in their study of parents with autistic children, Dardas and Ahmad (2013) observed that accepting responsibility, conceptualized as the recognition of one's input to the problematic situation, was a mediator strategy in the relation between stress and quality of life. Similarly, in their research among caregiving spouses, Pruchno and Resch (1989) discovered that wishfulness and intrapsychic strategies mediated the association between stress and well-being, operationalized as anxiety and depression. Moreover, the coping process was found to mediate the hardiness–illness association (Williams et al. 1992).

So far, to our knowledge, only a few studies (Parenteau et al. 2011) have addressed whether different forms of secular coping strategies can likely be mediators of the connection between religious comfort/struggling and life satisfaction. As we chose a cross-sectional design to study this mediatory model, providing a substantial rationale, theoretical and/or based on empirical evidence, for the temporal ordering specifications of the examined variables is required (Szcześniak et al. 2019), specifically R/S struggles and life satisfaction, R/S struggles and coping strategies, and coping strategies and life satisfaction. First, a number of studies have shown that religious involvement is believed to promote and foster adolescent and adult well-being (Ferris 2002; Abu-Raiya et al. 2015; Salifu Yendork and Somhlaba 2017), the social dimension of quality of life (Idler et al. 2009), and life satisfaction (Sawatzky et al. 2005). In their meta-analysis of 51 studies, Sawatzky et al. (2005) found a moderate effect size of spirituality on quality of life ($r = -0.34$, 95% CI: 0.28–0.40) among all age groups. On the other hand, persisting religious tensions with God or unresolved conflicts with other people over faith may negatively influence personal well-being (Mahoney and Cano 2014). Abu-Raiya et al. (2015) obtained significant negative correlations between R/S struggle subscales and the indices of well-being in a nationwide sample of adults. Second, some researchers have suggested that secular coping strategies may accompany R/S strains (McDougle et al. 2016).

In turn, other theorists consider the way in which religion is involved in the coping process and contributes to the regulation of emotions (Pargament et al. 1990). Ai et al. (2007) suggested paying more attention to assessing the mediation of faith on health through considering secular mediators. Third, many findings have shown that active styles of coping in contrast to passive forms tend to have a beneficial effect on psychological outcomes (Baitar et al. 2018; Kim et al. 2010). Moreover, meaningful coping that consists of making sense of a stressful event may result in higher levels of life satisfaction (Dezutter et al. 2017). Pakenham (2008) argued that the coping response of recognition was linked to greater life satisfaction in the caretakers of people affected by multiple sclerosis.

Based on the literature, four hypotheses were formulated:

Hypothesis 1 (H1): *Religious comfort resulting from confidence and a relationship with God is positively related to life satisfaction, while fear/guilt, negative emotions toward divinity, and negative social interactions concerning religion are associated negatively with life satisfaction.*

Hypothesis 2 (H2): *Religious comfort is positively connected to religious coping and secular coping strategies—active coping, planning, positive reframing, acceptance, humor, emotional support, and instrumental support—and negatively related to self-distraction, venting, behavioral disengagement, denial, and substance abuse.*

Hypothesis 3 (H3): *Fear/guilt, negative emotions toward God, and negative social interactions related to religion are negatively related to active coping, planning, positive reframing, acceptance, humor, emotional support, instrumental support, and religious coping and positively related to self-distraction, venting, behavioral disengagement, denial, substance abuse, and self-blame.*

Hypothesis 4 (H4): *Coping strategies mediate the effect on life satisfaction of religious comfort, fear/guilt, negative emotions toward God, and negative social interactions related to religion.*

2. Materials and Methods

2.1. Ethics Approval

This research was approved by the Bioethics Committee of the Institute of Psychology at the University of Szczecin (KB N° 10, 20.12.2018) and was conducted in conformity with the Declaration of Helsinki.

2.2. Participants

This research was conducted on a group of 744 Roman Catholics (51% women). The mean age of the respondents was $M = 25.94$ with $SD = 11.322$ (range = 14–79 years). Almost 10% of participants considered themselves to not be religious, 17%—religious to a small extent, 16%—religious to an average degree, 28%—quite religious, and 29%—very religious.

2.3. Data Collection

The participants were enrolled through online forums for Roman Catholics. Facebook group administrators were asked whether our online survey could be posted on their groups' pages, which associate members of this denomination. The reason this group of people was chosen is because Poland has a relatively homogeneous structure with respect to religion (Turska-Kawa and Wojtasik 2017), and there is little research on Roman Catholics with respect to this issue. All of the participants who decided to join the study were given comprehensive instruction about the research objectives and were asked to fill out a web-based informed consent. Adolescents below the age of 18 who were able to understand the purpose and the nature of the research provided a parental consent. Only after providing their consent were the participants allowed to complete the battery of questionnaires.

2.4. Assessment of the Religious Comfort and Strain Scale (RCSS)

RCSS, developed by Exline and contributors (Exline et al. 2000) and adapted into Polish by Zarzycka (2014), is a questionnaire of 28 items that assesses four dimensions of religiosity: comfort, fear/guilt, negative emotions toward God, and negative social interactions surrounding religion. Religious comfort estimates perceiving faith as a source of meaning and strength. God is seen as caring and trustworthy (“You feel supported by God”). The subscale of fear and guilt measures the intensity of concern about one’s own mistakes and transgressions and guilt resulting from one’s sins (“You fear that God will condemn you for your mistakes”). The subscale of negative emotions toward God reflects feelings of abandonment by a God perceived as unjust and punishing (“You feel that God has let you down”). The subscale of negative social interactions indicates the adverse emotions toward fellow congregants or religious institutions (“You have bad memories of past experiences with religion or religious people”). Participants reply to each item on an 11-point Likert scale (from 0 = not at all to 10 = extremely). In the current research, the Cronbach’s alpha value was good for fear/guilt ($\alpha = 0.80$), negative emotions toward God ($\alpha = 0.84$), and negative interactions surrounding religion ($\alpha = 0.79$) and excellent for religious comfort ($\alpha = 0.98$).

2.5. Assessment of the Satisfaction with Life Scale (SWLS)

SWLS, created by Diener et al. (1985) and adapted into Polish by Juczyński (2001), is the most frequently used instrument to measure one’s life satisfaction as a whole. The participants estimate all five affirmations by employing multiple-choice answers on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). The higher the final score, the stronger the general satisfaction with life. The psychometric properties of this scale reported in distinct studies demonstrate a good coefficient Cronbach’s alpha of 0.82 (Diener et al. 1985). In the current group, Cronbach’s alpha was 0.85, thus confirming the good internal consistency of the scale.

2.6. Assessment of the Coping Orientation to Problems Experienced (Brief COPE) Questionnaire

Brief COPE, designed by Carver (1997) and adapted into Polish by Juczyński and Ogińska-Bulik (2009), is a multidimensional measure that serves to identify the nature of fourteen different coping strategies implemented by individuals in stressful situations of daily life: active coping, planning, positive reframing, acceptance, humor, emotional support, instrumental support, self-distraction, venting, behavioral disengagement, denial, substance abuse, self-blame, and religious coping. All subscales, besides religious coping, can be considered to be secular or non-religious strategies of coping. The questionnaire includes 28 items, scored from 0 = “I haven’t been doing this at all” to 3 = “I’ve been doing this a lot”. Higher scores reflect more engagement in a coping behavior. Cronbach’s alpha for the Brief COPE in this sample was measured according to a second-order dimension. Dimensions that are generally qualified as adaptive (active coping, planning, positive reframing, acceptance, emotional support, instrumental support, and religiosity) had $\alpha = 0.824$. Instead, dimensions that are considered to be less adaptive (self-distraction, venting, behavioral disengagement, denial, substance abuse, self-blame, and humor) had $\alpha = 0.761$. Such results confirm that Brief COPE is a valid and psychometrically sound instrument for measuring coping strategies (García et al. 2018).

2.7. Statistical Analysis

All data analyses were carried out using SPSS statistical software (version 20, IBM). Missing data were not an issue in this investigation as each questionnaire of the battery had to be 100% completed prior to passing to the subsequent stage. The data distribution was examined by employing the measures of skewness and kurtosis. Correlations between variables were calculated to test the first three hypotheses.

An a priori G*Power 3.1.9.4 (Heinrich-Heine-Universität, Düsseldorf, Germany; Faul et al. 2007) analysis was conducted to determine the suitable sample size. We implemented the suggested higher

power criteria of 0.95 (Lakens 2013) and a critical significance level of α of 0.05 to identify a small effect size of $f^2 = 0.015$. Because there were no former investigations on the links between religious strains, life satisfaction, and secular coping strategies as potential mediators, we used this f^2 value. In fact, Cohen (1988) suggested that, in novel studies that cannot be compared to relevant previous results in the scientific works, such a benchmark is justified. The G*Power analysis with the abovementioned parameters would demand a sample of at least 723 participants.

We employed a linear regression to check for the existence of potential confounders and to verify whether they were not confusing the association between dependent and independent variables (Johnston et al. 2018). First, because the independent variables included in the model could highly correlate with each other, we conducted an index of tolerance and the measure of variance inflation factors (VIF) to detect collinearity. Second, we assessed the data for the cases of multivariate outliers by applying Mahalanobis' distance and Cook's distance. Third, the participants' sex, age, and subjective opinion about the intensity of their religiosity were added to monitor for their latent impact on the relationship between religious strains and life satisfaction. The probable confounding variables were entered at Step 1. All other variables supposed to be predictors of life satisfaction were introduced at Step 2.

The PROCESS macro in version 3.2 (Hayes 2013) was applied to control whether the fourteen dimensions of Brief COPE would mediate the relationship between religious comfort and three negative forms of strains and life satisfaction. Religious struggle acted as the independent variable and life satisfaction as the dependent variable. Active coping, planning, positive reframing, acceptance, humor, emotional support, instrumental support, self-distraction, venting, behavioral disengagement, denial, substance abuse, self-blame, and religious coping were treated as mediating variables (separately). Consequently, we analyzed fourteen single-level mediation models (Model no. 4), comprising three-variable systems. The bootstrap estimates and 95% confidence intervals (CI) for the indirect effects were gained through the procedure of 5000 bootstrapped samples.

3. Results

Variables concerning religious struggles, coping strategies, and life satisfaction were estimated for the degree of skewness and kurtosis indexes. According to the rule of thumb, we adopted values less than ± 2 as a fairly normal distribution (Bachman 2004). Because only one value of kurtosis went over this limit of ± 2 (Table 1), we considered our data to be normally distributed.

In line with our hypothesis (H1), religious comfort correlated positively with life satisfaction. Instead, fear/guilt, negative emotions toward God, and negative social interactions surrounding religion correlated negatively with life satisfaction (Table 2). Statistics showed that these associations were significant at p -values < 0.01 . In other words, it was demonstrated that respondents who display a greater faith in God experience reduced anxiety or remorse, do not perceive God as forsaking people, and do not have adverse emotions toward fellow congregants or religious institutions, declare higher life satisfaction. With respect to Hypothesis H2, religious comfort was positively connected to active coping, planning, positive reframing, acceptance, emotional support, instrumental support, and religious coping. Moreover, religious comfort negatively correlated with self-distraction, venting, behavioral disengagement, denial, substance abuse, self-blame, and humor. The only result that did not confirm the assumptions of Hypothesis H2 was the negative correlation between religious comfort and humor.

In terms of Hypothesis H3, the results largely confirmed our assumptions. Self-distraction, venting, behavioral disengagement, denial, substance abuse, self-blame, and religious coping correlated positively with negative dimensions of religious struggle. Active coping, positive reframing, and emotional support were negatively linked to three dimensions of religious strain. Planning and acceptance were negatively related to fear and negative emotions toward God. Humor was related negatively to negative emotions toward God and institutions. Instrumental support was associated

negatively only with negative emotions toward God. Religious coping was associated positively with fear and negatively with negative emotions toward God and institutions.

Table 1. Descriptive statistics for the Religious Comfort and Strain Scale (RCSS), the Satisfaction with Life Scale (SWLS), and the Brief Coping Orientation to Problems Experienced (COPE) questionnaire (N = 744).

Scales	M	SD	Skewness	Kurtosis
LS	4.139	1.408	−0.213	−0.631
RC	6.261	3.430	−0.614	−1.078
FG	3.043	2.128	0.464	−0.367
NG	1.556	1.952	1.653	2.587
NI	4.372	2.167	0.356	−0.636
AC	3.998	1.403	−0.466	−0.092
PL	4.309	1.432	−0.620	−0.126
PR	3.623	1.588	−0.344	−0.388
AA	4.165	1.365	−0.562	0.225
HU	2.334	1.471	0.339	−0.276
ES	3.560	1.766	−0.403	−0.676
IS	3.646	1.689	−0.450	−0.508
SD	3.232	1.632	−0.192	−0.674
VE	3.110	1.455	−0.135	−0.369
BD	1.762	1.496	0.624	−0.101
DE	1.776	1.586	0.631	−0.398
SA	1.236	1.813	1.349	0.684
SB	3.420	1.726	−0.205	−0.781
RL	3.142	2.242	−0.179	−1.422

LS—life satisfaction; RC—religious comfort; FG—fear/guilt; NG—negative emotions toward God; NI—negative social interactions surrounding religion; AC—active coping; PL—planning; PR—positive reframing; AA—acceptance; HU—humor; ES—emotional support; IS—instrumental support; SD—self distraction; VE—venting; BD—behavioral disengagement; DE—denial; SA—substance abuse; SB—self-blame; RL—religious coping.

In relation to the issue of multicollinearity and confounding variables, although some authors put the cut-off for VIFs at 10 or greater, we adopted in this research an index of 2.5, following Johnston and colleagues' (2018) suggestion that higher values might indicate considerable collinearity. At the same time, we assumed a tolerance value of less than 0.2 as a problem of a possible multicollinearity (Mehmeoglu and Jakobsen 2017). Considering that the examination of multiple regression produced a VIF of 1.01–2.39 and a tolerance rate of between 0.41 and 0.99, multicollinearity indexes showed minor indication of multicollinearity for the current data. Mahalanobis' distance method was performed, employing the chi-square distribution with a highly robust estimate for a case being an outlier ($p < 0.001$) (Fidell and Tabachnick 2003). Only 21 of 744 cases were detected as suspected multivariate outliers. Despite this, because a reanalysis with the outliers removed showed minimal changes in correlations, regressions, and mediations, we chose to not remove them from the sample. Additionally, because our dataset was large enough, it matched the population from which it was taken, and the probability of outlying values increased (Osborne and Overbay 2004). In addition, Cook's value (between 0.000 and 0.025) was well below the point where the researcher should be concerned (less than 1) (Fidell and Tabachnick 2003), signifying that the cases were not potentially questionable with regard to holding an undue impact on the model. Hierarchical regression computations displayed that sex, age, and subjective opinion about the intensity of one's religiosity did not make a substantial input into the model, accounting for only 6% of the variance ($R^2 = 0.060$): sex ($\beta = 0.018$, $t = 0.601$, $p = 0.548$), age ($\beta = 0.034$, $t = 1.161$, $p = 0.246$), and the subjective opinion about the intensity of one's religiosity ($\beta = 0.041$, $t = 0.929$, $p = 0.353$). The predictor variables explained a further 42.5% of the variance, in spite of monitoring for the effects of sex, age, and subjective opinion about the intensity of one's religiosity.

Table 2. Correlation matrix between dimensions of religious struggle, life satisfaction, and coping strategies (N = 744).

	LS	RC	FG	NG	NI	AC	PL	PR	AA	HU	ES	IS	SD	VE	BD	DE	SA	SB	RL
LS	1																		
RC	0.27 **	1																	
FG	-0.20 **	0.30 **	1																
NG	-0.34 **	-0.47 **	0.21 **	1															
NI	-0.27 **	-0.43 **	0.09 *	-0.50 **	1														
AC	0.36 **	0.11 **	-0.17 **	-0.21 **	-0.09 **	1													
PL	0.34 **	0.08 *	-0.17 **	-0.13 **	-0.03	0.58 **	1												
PR	0.41 **	0.21 **	-0.13 **	-0.19 **	-0.12 **	0.34 **	0.40 **	1											
AA	0.26 **	0.10 **	-0.08 *	-0.16 **	-0.03	0.32 **	0.39 **	0.45 **	1										
HU	0.08 *	-0.10 **	0.04	0.08 *	0.12 **	0.03	0.07	0.22 **	0.23 **	1									
ES	0.43 **	0.14 **	-0.10 **	-0.14 **	-0.16 **	0.28 **	0.21 **	0.29 **	0.23 **	0.12 **	1								
IS	0.30 **	0.12 **	-0.06	-0.08 *	-0.07	0.26 **	0.22 **	0.24 **	0.21 **	0.05	0.73 **	1							
SD	-0.15 **	-0.13 **	0.11 **	0.19 **	0.17 **	-0.02	-0.05	0.04	0.01	0.14 **	0.05	0.08 *	1						
VE	-0.08 *	-0.09 *	0.16 **	0.20 **	0.20 **	-0.05	-0.05	-0.02	-0.03	0.08 *	0.13 **	0.20 **	0.34 **	1					
BD	-0.41 **	-0.10 **	0.28 **	0.26 **	0.17 **	-0.54 **	-0.47 **	-0.31 **	-0.23 **	0.03	-0.25 **	-0.17 **	0.22 **	0.26 **	1				
DE	-0.19 **	-0.12 **	0.14 **	0.20 **	0.17 **	-0.15 **	-0.19 **	-0.05	-0.14 **	0.08 *	-0.01	-0.01	0.36 **	0.38 **	0.32 **	1			
SA	-0.19 **	-0.16 **	0.17 **	0.22 **	0.21 **	-0.17 **	-0.17 **	-0.16 **	-0.12 **	0.14 **	-0.07	-0.09 *	0.18 **	0.17 **	0.23 **	0.22 **	1		
SB	-0.40 **	-0.10 **	0.36 **	0.25 **	0.27 **	-0.21 **	-0.13 **	-0.25 **	-0.12 **	-0.03	-0.22 **	-0.12 **	0.22 **	0.29 **	0.40 **	0.30 **	0.27 **	1	
RL	0.23 **	0.85 **	0.26 **	-0.36 **	-0.35 **	0.14 **	0.13 **	0.23 **	0.11 **	-0.10 **	0.16 **	0.22 **	-0.08 *	-0.02	-0.09 *	-0.11 **	-0.16 **	-0.03	1

* $p < 0.05$; ** $p < 0.01$; LS—life satisfaction; RC—religious comfort; FG—fear/guilt; NG—negative emotions toward God; NI—negative emotions toward people and/or institutions; AC—active coping; PL—planning; PR—positive reframing; AA—acceptance; HU—humor; ES—emotional support; IS—instrumental support; SD—self distraction; VE—venting; BD—behavioral disengagement; DE—denial; SA—substance abuse; SB—self-blame; RL—religious coping. Gray: weak correlations; Yellow: moderate correlations; Green: strong correlations.

With the aim of additional inquiry into the association between the estimation of religious struggle and life satisfaction (H4), coping strategies were submitted as a prospective mediator between the independent variables (dimensions of religious strains) and the dependent variable (satisfaction with life). Tables 3–6 show the statistics concomitant with each mediation path.

Table 3. The role of coping strategies on religious comfort and life satisfaction (N = 744).

	a Path	b Path	c Path	c' Path	Indirect Effect and B (SE)	95% CI LOWER UPPER
RE-AC-LS	0.04 **	0.33 ***	0.11 ***	0.09 ***	0.0152 (0.0053)	0.0052; 0.0260
RE-PL-LS	0.03 *	0.31 ***	0.11 ***	0.10 ***	0.0103 (0.0051)	0.0007; 0.0207
RE-PR-LS	0.09 ***	0.32 ***	0.11 ***	0.08 ***	0.0310 (0.0060)	0.0196; 0.0432
RE-AA-LS	0.04 **	0.23 ***	0.11 ***	0.10 ***	0.0100 (0.0040)	0.0028; 0.0184
RE-HU-LS	-0.04 **	0.10 **	0.11 ***	0.10 **	-0.0044 (0.0023)	-0.0098; -0.0007
RE-ES-LS	0.06 ***	0.32 ***	0.11 ***	0.09 ***	0.0025 (0.0066)	0.0100; 0.0354
RE-IS-LS	0.06 ***	0.22 ***	0.11 ***	0.09 ***	0.0138 (0.0046)	0.0051; 0.0238
RE-SD-LS	-0.06 **	-0.09 **	0.11 ***	0.10 ***	0.0061 (0.0026)	0.0017; 0.0120
RE-VE-LS	-0.03 *	-0.05 (n.s.)	0.11 ***	0.11 ***	0.0022 (0.0017)	-0.0004; 0.0063
RE-BD-LS	-0.04 **	-0.35 ***	0.11 ***	0.09 ***	0.0157 (0.0059)	0.0047; 0.0278
RE-DE-LS	-0.05 **	-0.14 ***	0.11 ***	0.10 ***	0.0079 (0.0031)	0.0028; 0.0147
RE-SA-LS	-0.08 ***	-0.11 ***	0.11 ***	0.10 ***	0.0100 (0.0034)	0.0041; 0.0175
RE-SB-LS	-0.05 **	-0.30 ***	0.11 ***	0.09 ***	0.0157 (0.0059)	0.0047; 0.0278
RE-RL-LS	0.55 ***	-0.00	0.11 ***	0.11 ***	-0.0028 (0.0243)	-0.0492; 0.0458

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; n.s.—non-significant; RE—religious comfort; AC—active coping; LS—life satisfaction; PL—planning; PR—positive reframing; AA—acceptance; HU—humor; ES—emotional support; IS—instrumental support; SD—self distraction; VE—venting; BD—behavioral disengagement; DE—denial; SA—substance abuse; SB—self-blame; RL—religious coping; a path = effect of the independent variable on the mediator; b path = effect of the mediator on the dependent variable; c path = effect of the independent variable on the dependent variable while controlling for the mediator.

Table 4. The role of coping strategies on fear/guilt and life satisfaction (N = 744).

	a Path	b Path	c Path	c' Path	Indirect Effect and B (SE)	95% CI LOWER UPPER
FG-AC-LS	-0.11 ***	0.33 ***	-0.13 ***	-0.09 ***	-0.0378 (0.0089)	-0.0562; -0.0212
FG-PL-LS	-0.11 ***	0.31 ***	-0.13 ***	-0.09 ***	-0.0354 (0.0089)	-0.0533; -0.0183
FG-PR-LS	-0.10 ***	0.32 ***	0.13 ***	-0.09 ***	-0.0345 (0.0101)	-0.0547; -0.0151
FG-AA-LS	-0.05 *	0.23 ***	-0.13 ***	-0.11 ***	-0.0136 (0.0065)	-0.0271; -0.0014
FG-HU-LS	0.02 (n.s.)	0.10 **	-0.13 ***	0.13 **	0.0024 (0.0025)	-0.0021; 0.0080
FG-ES-LS	-0.08 ***	0.32 ***	0.13 ***	-0.10 ***	-0.0285 (0.0109)	-0.0505; -0.0072
FG-IS-LS	-0.04 (n.s.)	0.22 ***	-0.13 ***	-0.12 ***	-0.0116 (0.0075)	-0.0266; 0.0029
FG-SD-LS	0.08 **	-0.09 **	-0.13 ***	0.12 **	-0.0093 (0.0041)	-0.0186; -0.0026
FG-VE-LS	0.10 ***	-0.05 (n.s.)	0.13 ***	-0.12 ***	-0.0057 (0.0044)	-0.0151; 0.0025
FG-BD-LS	0.19 ***	-0.35 ***	-0.13 ***	-0.06 ***	-0.0693 (0.0110)	-0.0928; -0.0494
FG-DE-LS	0.10 ***	-0.14 ***	-0.13 ***	-0.11 ***	-0.0152 (0.0051)	-0.0265; -0.0066
FG-SA-LS	0.14 ***	-0.11 ***	-0.13 ***	-0.11 ***	-0.0185 (0.0060)	-0.0315; -0.0081
FG-SB-LS	-0.28 ***	-0.30 ***	-0.13 ***	-0.04 (n.s.)	-0.0089 (0.0119)	-0.1135; -0.0660
FG-RL-LS	0.27 ***	-0.00	-0.13 ***	-0.18 ***	0.0529 (0.0099)	0.0352; 0.0748

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; n.s.—non-significant; FG—fear-guilt; AC—active coping; LS—life satisfaction; PL—planning; PR—positive reframing; AA—acceptance; HU—humor; ES—emotional support; IS—instrumental support; SD—self distraction; VE—venting; BD—behavioral disengagement; DE—denial; SA—substance use; SB—self-blame; RL—religious coping; a path = effect of the independent variable on the mediator; b path = effect of the mediator on the dependent variable; c path = effect of the independent variable on the dependent variable while controlling for the mediator.

Table 5. The role of coping strategies on negative emotions toward God and life satisfaction (N = 744).

	a Path	b Path	c Path	c' Path	Indirect Effect and B (SE)	95% CI LOWER UPPER
NG-AC-LS	-0.15 ***	0.29 ***	-0.24 ***	-0.20 ***	-0.0460 (0.0093)	-0.0656; -0.0289
NG-PL-LS	-0.09 ***	0.29 ***	-0.24 ***	-0.21 ***	-0.0292 (0.0083)	-0.0464; -0.0134
NG-PR-LS	-0.15 ***	0.31 ***	-0.24 ***	-0.19 ***	-0.0480 (0.0100)	-0.0689; -0.0291
NG-AA-LS	-0.11 ***	0.21 ***	-0.24 ***	-0.22 ***	-0.0244 (0.0073)	-0.0401; -0.0112
NG-HU-LS	0.06 *	0.10 **	-0.24 ***	-0.25 **	0.0067 (0.0044)	-0.0004; 0.0166
NG-ES-LS	-0.12 ***	0.31 ***	-0.24 ***	-0.20 ***	-0.0396 (0.0112)	-0.0623; -0.0182
NG-IS-LS	-0.07 *	0.23 ***	-0.24 ***	-0.23 ***	-0.0164 (0.0074)	-0.0312; -0.0022
NG-SD-LS	0.15 ***	-0.07 *	-0.24 ***	-0.23 ***	-0.0117 (0.0054)	-0.0234; -0.0022
NG-VE-LS	0.14 ***	-0.01 (n.s.)	-0.24 ***	-0.24 ***	-0.0024 (0.0055)	-0.0136; 0.0085
NG-BD-LS	0.19 ***	-0.31 ***	-0.24 ***	-0.18 ***	-0.0630 (0.0107)	-0.0854; -0.0433
NG-DE-LS	0.16 ***	-0.11 ***	-0.24 ***	-0.22 ***	-0.0185 (0.0065)	-0.0323; -0.0072
NG-SA-LS	0.20 ***	-0.09 ***	-0.24 ***	-0.22 ***	-0.0191 (0.0068)	-0.0331; -0.0068
NG-SB-LS	0.21 ***	-0.27 ***	-0.24 ***	-0.18 ***	-0.0600 (0.0109)	-0.0824; -0.0395
NG-RL-LS	-0.41 ***	0.07 ***	-0.24 ***	-0.21 ***	-0.0323 (0.0108)	-0.0537; -0.0118

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; n.s.—non-significant; NG—negative emotions toward God; AC—active coping; LS—life satisfaction; PL—planning; PR—positive reframing; AA—acceptance; HU—humor; ES—emotional support; IS—instrumental support; SD—self distraction; VE—venting; BD—behavioral disengagement; DE—denial; SA—substance abuse; SB—self-blame; RL—religious coping; a path = effect of the independent variable on the mediator; b path = effect of the mediator on the dependent variable; c path = effect of the independent variable on the dependent variable; c' path = direct effect of the independent variable on the dependent variable while controlling for the mediator.

Table 6. The role of coping strategies on negative social interactions surrounding religion and life satisfaction (N = 744).

	a Path	b Path	c Path	c' Path	Indirect Effect and B (SE)	95% CI LOWER UPPER
NI-AC-LS	-0.06 **	0.33 ***	-0.17 ***	-0.15 ***	-0.0207 (0.0088)	-0.0383; -0.0042
NI-PL-LS	-0.02 (n.s.)	0.33 ***	-0.17 ***	-0.16 ***	-0.0072 (0.0083)	-0.0233; 0.0092
NI-PR-LS	-0.08 ***	0.33 ***	-0.17 ***	-0.14 ***	-0.0213 (0.0093)	-0.0479; -0.0118
NI-AA-LS	-0.01 (n.s.)	0.25 ***	-0.17 ***	-0.16 ***	-0.0042 (0.0062)	-0.0172; 0.0078
NI-HU-LS	0.07 **	0.10 **	-0.24 ***	-0.18 **	0.0086 (0.0037)	0.0025; 0.0166
NI-ES-LS	-0.12 ***	0.32 ***	-0.17 ***	-0.13 ***	-0.0409 (0.0105)	-0.0629; -0.0217
NI-IS-LS	-0.05 (n.s.)	0.23 ***	-0.17 ***	-0.16 ***	-0.0130 (0.0072)	-0.0278; 0.0003
NI-SD-LS	0.13 ***	-0.09 **	-0.17 ***	-0.16 ***	-0.0119 (0.0049)	-0.0225; -0.0035
NI-VE-LS	0.13 ***	-0.03 (n.s.)	-0.17 ***	-0.16 ***	-0.0041 (0.0052)	-0.0148; 0.0057
NI-BD-LS	0.11 ***	-0.34 ***	-0.17 ***	-0.13 ***	-0.0411 (0.0103)	-0.0620; -0.0217
NI-DE-LS	0.12 ***	-0.13 ***	-0.17 ***	-0.15 ***	-0.0164 (0.0054)	-0.0282; -0.0071
NI-SA-LS	0.17 ***	-0.10 ***	-0.17 ***	-0.15 ***	-0.0194 (0.0061)	-0.0321; -0.0084
NI-SB-LS	0.21 ***	-0.28 ***	-0.17 ***	-0.11 ***	-0.0617 (0.0098)	-0.0821; -0.0433
NI-RL-LS	-0.36 ***	0.09 ***	-0.17 ***	-0.13 ***	-0.0361 (0.0097)	-0.0561; -0.0177

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; n.s.—non-significant; NI—negative social interactions surrounding religion; AC—active coping; LS—life satisfaction; PL—planning; PR—positive reframing; AA—acceptance; HU—humor; ES—emotional support; IS—instrumental support; SD—self distraction; VE—venting; BD—behavioral disengagement; DE—denial; SA—substance abuse; SB—self-blame; RL—religious coping; a path = effect of the independent variable on the mediator; b path = effect of the mediator on the dependent variable; c path = effect of the independent variable on the dependent variable; c' path = direct effect of the independent variable on the dependent variable while controlling for the mediator.

The findings, gained as a result of bootstrap sampling (5000), with a 95% CI, revealed a significant role of all coping strategies, except for (1) venting and religious coping in the association between religious comfort and life satisfaction (Table 3); (2) humor, instrumental support, and venting in the relationship between fear/guilt and life satisfaction (Table 4); (3) humor and venting in the relationship between negative emotions toward God and life satisfaction (Table 5); and (4) planning, active coping,

instrumental support, and venting in the relationship between negative social interactions surrounding religion and satisfaction (Table 6).

According to the obtained results, it can be cautiously affirmed that all coping strategies were mediators at least once, except venting. In all cases where no mediation occurred, the CI enclosed a zero, indicating that the indirect effect was insignificant. In other cases, the c path fell to c' as a consequence of containing the mediator.

4. Discussion

Only a few studies have assessed how religious/spiritual struggles are connected to positive dimensions of human life (Zarzycka and Puchalska-Wasył 2019). Even less research has dealt with the mediation role of secular coping strategies and their effects on the interrelation between religious/spiritual struggle and life satisfaction. The effects of the current study largely confirm the adopted hypotheses, which are in line with previous studies.

The first finding (H1) that emerged from our study is that religious comfort positively correlated with satisfaction, while fear/guilt, negative emotions toward God, and negative social interactions involving religion were associated negatively with life satisfaction. Our outcomes mirror results obtained in some former studies (Ayele et al. 1999), showing that people who experienced intrinsic religious activity, such as prayer, meditation, or Bible reading, declared higher life satisfaction, even after controlling for age, gender, health, and marital status. They also confirm the widely accepted explanation that positive forms of religious coping, considered a kind of religious struggle, may contribute to psychological adjustment (Pargament et al. 2001) and indicate a secure and confiding relationship with God (Hebert et al. 2009). Moreover, experimental studies (Pirutinsky et al. 2019a) specified that individuals with more positive implicit and explicit attitudes toward God predicted higher life satisfaction. In other analyses (Pirutinsky et al. 2019b), attachment to God was found to be the strongest predictor of mental health among both more traditional and less traditional Jewish believers. It can be concluded that the awareness of being in a close relationship with God, based on trust and not fear or negative emotions, may lead to a sense of satisfaction with one's own life. Therefore, our results seem to be important because there are some outcomes that report null or even opposite associations between positive religiosity and adjustment (Park et al. 2018). In other studies (Hebert et al. 2009), negative religious coping predicted worse satisfaction after controlling for demographic covariates. In fact, the authors showed that people who perceived God as distant and who expressed anger toward God declared lower well-being over time. Thus, a less secure relationship with divinity, which is reflected through negative religious coping, may lead to a drop in life satisfaction.

The second finding (H2) shows that religious comfort was positively related to active and religious coping, planning, positive reframing, acceptance, and emotional and instrumental support. Simultaneously, religious comfort was negatively related to self-distraction, venting, behavioral disengagement, denial, substance abuse, self-blame, and humor. Similar outcomes were obtained by Umezawa et al. (2012), who found that conviction about divine control was positively associated with coping strategies with some specific approaches (positive reframing, planning, and active coping) in Latina, African American, and non-Hispanic White older women. In other studies (Krägeloh et al. 2012), religious coping was positively linked to five approach strategies (active coping, planning, positive reframing, emotional support, and instrumental support) and venting. It should be emphasized that in the current research, as many as seven out of eight coping dimensions, according to the two-dimensional model of Krohne (1993) and Roth and Cohen (1986), were positively correlated with religious comfort.

In terms of Hypothesis H3, the results largely confirmed our assumptions. Self-distraction, venting, behavioral disengagement, denial, substance abuse, self-blame, and religious coping correlated positively with fear/guilt, negative emotions toward God, and negative social interactions related to religion. Similar results were obtained by Ai et al. (2010), who found that spiritual struggle positively

correlated with avoidant coping ($r = 0.30, p = 0.001$). This result is quite understandable if we consider that spiritual strains indicate conflicts of values and beliefs and signal a decline in emotional functioning. In another study (Terreri and Glenwick 2013), negative religious coping was positively and significantly associated with cognitive and behavioral avoidant coping among adolescents. Moreover, both of these variables correlated negatively with their life satisfaction. Howell et al. (2015) found that parentally bereaved children in the adaptive functioning group had lower avoidant coping and higher scores on religiosity.

With respect to Hypothesis H4, the present study confirms to a large degree that different forms of secular coping strategies, except venting, can be potential mediators of the association between religious comfort/struggling and satisfaction. This might be related to the fact that satisfaction during the experience of dealing with substantial difficulties in one's goal-related efforts (Lazarus 1966) requires a process of executing an adequate response to a stressor. For example, Canada et al. (2006) found that the positive association between religiosity/spirituality and functional well-being and religiosity/spirituality and overall quality of life were mediated through the use of active coping in a group of women directly prior to a course of adjuvant chemotherapy for ovarian cancer. Similarly, Pérez et al. (2009) showed through a path model that acceptance coping mediated the relationship between spiritual striving, renamed from spiritual growth, and depressive symptoms. In another study, Parenteau et al. (2011) observed that individuals who retained negative emotions and felt as if they were being punished by God also engaged in negative cognitions, which in turn were related to negative psychological adjustment. Moreover, Nairn and Merluzzi (2003) noticed that non-religious self-efficacy was a mediating factor between religious coping and adjustment. Zwingmann et al. (2006) indicated that only depressive coping, as a non-religious coping style, completely mediated the relationship between religious coping and psychosocial outcomes of anxiety and depression. Another secular coping strategy, called active problem-focused coping, did not have such a mediating effect. In this sense, our study revealed that not only active coping, but also almost all "beneficial" and less adaptive types of coping strategies, mediated the relationship between religious/spiritual struggles and life satisfaction. Therefore, the presence of different secular strategies is not indifferent to the way that the religious and spiritual perception of the relation with God and religious community relates to the personal evaluation of someone's life.

5. Limitations

Given that the research was conducted through online forums, it cannot be assumed that it refers to the general Catholic community. Elderly and less well-educated people may be unlikely to use internet resources. It would be enriching to broaden the sample to a larger group of middle-age and older adults, as these respondents may live with their religious comfort and spiritual strains differently. Last, but not least, our mediatory analysis was performed using a cross-sectional strategy. In the future, it would be noteworthy to apply a longitudinal strategy to assure the cause-and-effect relationship between the variables. Despite some limitations, our research amplifies our understanding of the R/S struggles and life satisfaction relationship, mediated by "secular" coping strategies. It confirms that both religious and secular methods of experiencing different strains seem to coexist with multiple other strategies in the context of broadly understood life satisfaction.

Author Contributions: Conceptualization, M.S., Z.K.; data curation, M.S.; investigation, M.S., Z.K., R.S.; methodology, M.S., Z.K.; resources, M.S., Z.K., R.S.; writing—original draft, M.S., Z.K., R.S. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflicts of interest.

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