**Image of God: Effect on Coping and Psychospiritual Outcomes in Early Breast Cancer Survivors**

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Breast cancer is the most common type of cancer diagnosed in women in the United States, with a five-year survival rate of 89% (Jemal, Siegel, Xu, & Ward, 2010). As a result, breast cancer survivors represent 23% of the American cancer survivor population (Rowland & Bellizzi, 2008). Cancer can negatively affect a survivor’s life in relation to his or her physical, social, existential or religious, and psychological well-being. Since 1990, a number of studies have focused on breast cancer survivors, with the majority addressing issues related to longer-term survivors (five or more years) (Bower et al., 2005; Carver et al., 2005; Carver, Smith, Petronis, & Antoni, 2006; Deimling, Bowman, Sterns, Wagner, & Kahana, 2006; Ferrell, Dow, Leigh, Ly, & Gulasekaram, 1995; Gall & Cornblat, 2002; Merviglia, 2006; Stanton, Danoff-Burg, & Huggins, 2002). The transition for a survivor from active treatment to post-treatment is a critical time when chosen behaviors and coping mechanisms, including religious coping, predict longer-term adjustment (Jim, Richardson, Golden-Kreutz, & Andersen, 2006; Lauver, Connolly-Nelson, & Vang, 2007; McMillen, 1999; Stanton et al., 2002).

How an individual views the character and behavior of God can be a foundation for one’s world view. An individual’s view of God is believed to influence core strivings and life principles (Emmons, Cheung, & Tehrani, 1998; Maynard, Gorsuch, & Bjorck, 2001; Pargament, Magyar-Russell, & Murray-Swank, 2005). For this reason, one’s view of God may be a key component in understanding how people diagnosed with cancer respond psychologically and specifically to the coping mechanisms they employ. The Baylor Institute for Studies of Religion completed a general population survey on the perceived importance of religion in the lives of Americans (Bader et al., 2006). Belief that denominational affiliation does not significantly contribute to the understanding of an individual’s behavior led to the development of the Image of God Scale (IGS) from questions regarding the character of God included in the general population survey. The IGS has two significant and distinct dimensions of belief in God: God’s level of engagement and God’s level of anger. Based on the two dimensions, four views of God were identified: benevolent, authoritarian, critical, and distant (Bader & Froese, 2005). In the general population survey, images of God were able to predict a variety of factors: moral issues, political opinions, civic engagement, religious consumption, and the paranormal

**Main Research Variables:** Image of God, religious coping strategies, depression, anxiety, stress, concerns about recurrence, and psychological well-being.

**Purpose/Objectives:** To examine the effect of breast cancer survivors’ views of God on religious coping strategies, depression, anxiety, stress, concerns about recurrence, and psychological well-being.

**Design:** Exploratory, cross-sectional, comparative survey.

**Setting:** Outpatients from community and university oncology practices in the southeastern United States.

**Sample:** 130 early breast cancer survivors (6–30 months postdiagnosis).

**Methods:** Self-report written survey packets were mailed to practice-identified survivors.

**Findings:** Women who viewed God as highly engaged used more coping strategies to promote spiritual conservation in proportion to coping strategies that reflect spiritual struggle. Women who viewed God as highly engaged maintained psychological well-being when either spiritual conservation or spiritual struggle coping styles were used. No differences in variables were noted for women who viewed God as more or less angry.

**Conclusions:** The belief in an engaged God is significantly related to increased psychological well-being, decreased psychological distress, and decreased concern about recurrence.

**Implications for Nursing:** Addressing survivors’ issues related to psychological adjustment and concern about recurrence within their world view would allow for more personalized and effective interventions. Future research should be conducted to establish how the view that God is engaged affects coping and psychological adjustment across diverse groups of cancer survivors and groups with monotheistic, polytheistic, and naturalistic world views. This could lead to a practical method for examining the influence of these world views on individuals’ responses to cancer diagnosis, treatment, and survivorship.