Introduction and Aim

The research has been accomplished as the final thesis for the Master Studies of Religious Education course at Vytautas Magnus University.

Problem of research: Insufficient use of religious coping for the recovery from eating disorders.

Aim of research: Explain religious coping and identify its impact on the recovery from eating disorders.

Methods and Materials

Methods of research: Analysis of academic literature, analysis of relevant Church documents, empirical quantitative research.

101 respondents have participated in the empirical quantitative research, performed in the period November – December 2022.

The questionnaire compiled 17 questions based on internationally acknowledge scales: EAT-26, Brief Ricope, PHQ-9 and GAD-7.

Discussion

Religious coping is defined as the impact of religious beliefs or practices on the adjustment to painful changes (physical, emotional, spiritual) caused by loss or illness.

Analysis of research shows that religion/religiosity is beneficial to health, and more religious people are healthier. Many studies have shown that more religious people have significantly better mental, physical and social/behavioural health.

However, the impact of religiosity on health is not unambiguous: depending on its nature, which is largely determined by the person’s relationship with God, it can be not only positive, but (relatively rarely) also neutral or negative.

Results

The present empirical study found that:

1. Religious coping is as important as other coping methods; religious coping is not inferior to other coping methods in terms of effectiveness.
2. Eating disorder symptoms are less pronounced in those whose religious coping is "positive", i.e., reflects a fundamental trust in God’s goodness.
3. "Positive" religious coping is related to the lower depression level, when compared with those whose religious coping is "negative".

Conclusions

According to the research conducted on people with eating disorders so far, strong religious beliefs are associated with a weaker manifestation of disordered eating and less anxiety about body image.

Clinical pastoral care can (and should) find a place in the practice of treatment of people with eating disorders; it could effectively complement currently available treatment.

Keywords

Religious coping, religiosity, spirituality, eating disorders, coping with eating disorders.