

Pathway to Posttraumatic Growth: How Religious Strength and Alcohol Consumption Influence Growth

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Introduction

- Posttraumatic Growth (PTG) is defined as the positive psychological change after experiencing a traumatic event (Calhoun & Tedeschi, 1996).
- The Posttraumatic Growth Inventory (PTGI) contains 21 items that assess growth on five domains: Appreciation of Life, New Possibilities, Personal Strength, Relating to Others, and Spiritual Change.

Religion and PTG

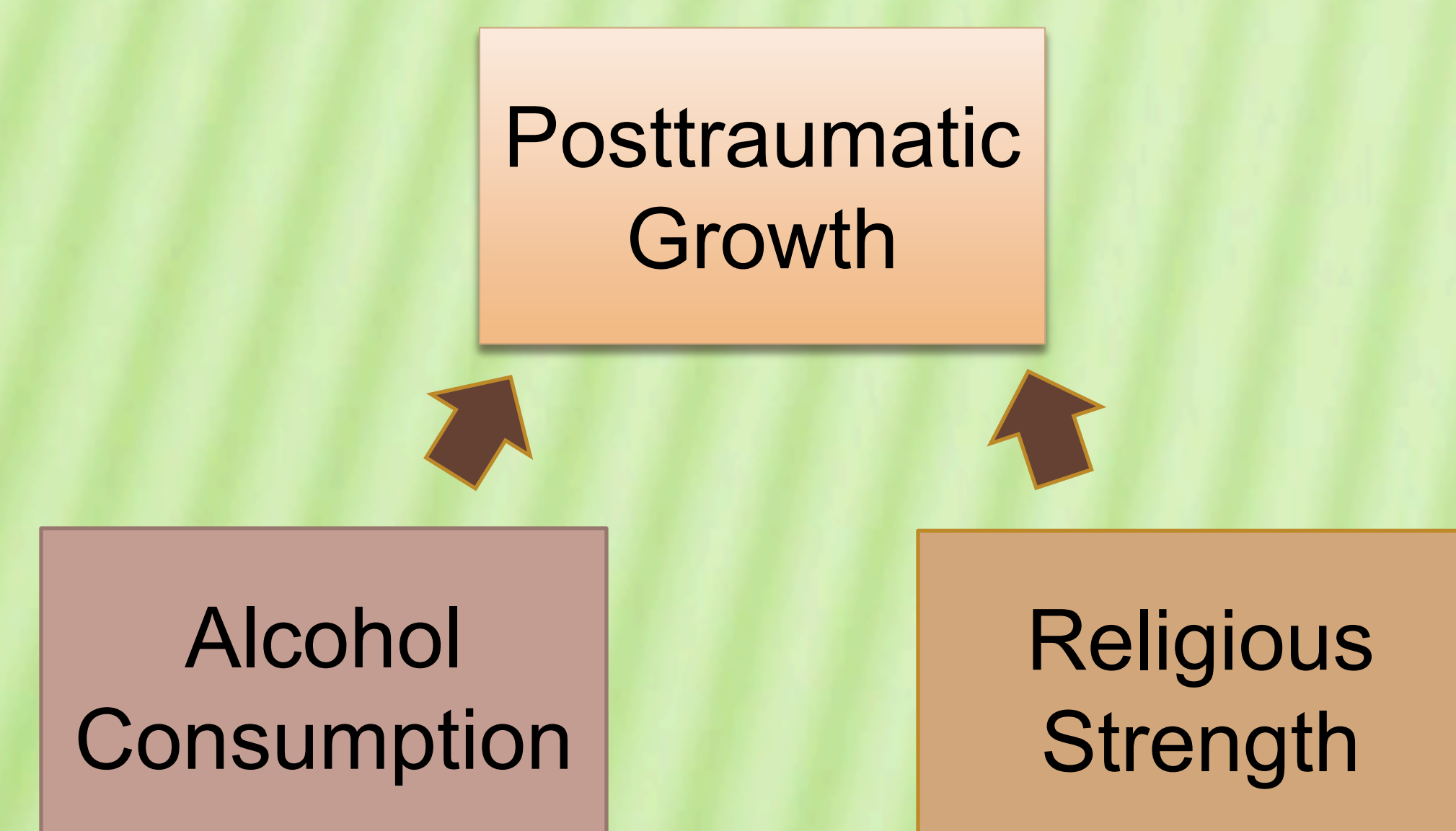
A magnitude of research suggests that religion provides for positive coping mechanisms (i.e. seeking social support) that facilitates PTG (Gerber, Boals, & Schuettler, 1998; Schultz, Tallman, & Altamaier, 2010; & Abu-Raiya, Pargament, Mahoney, 2011).

Alcohol Consumption and PTG

It has been shown that heavy alcohol consumption as a coping mechanism decreases the likelihood of experiencing PTG (Milam, 2006).

Alcohol Consumption and Religion

Individuals that are religious tend to consume alcohol less than those that are not (Drerup, Johnson, Bindl, 2011).



Research Questions

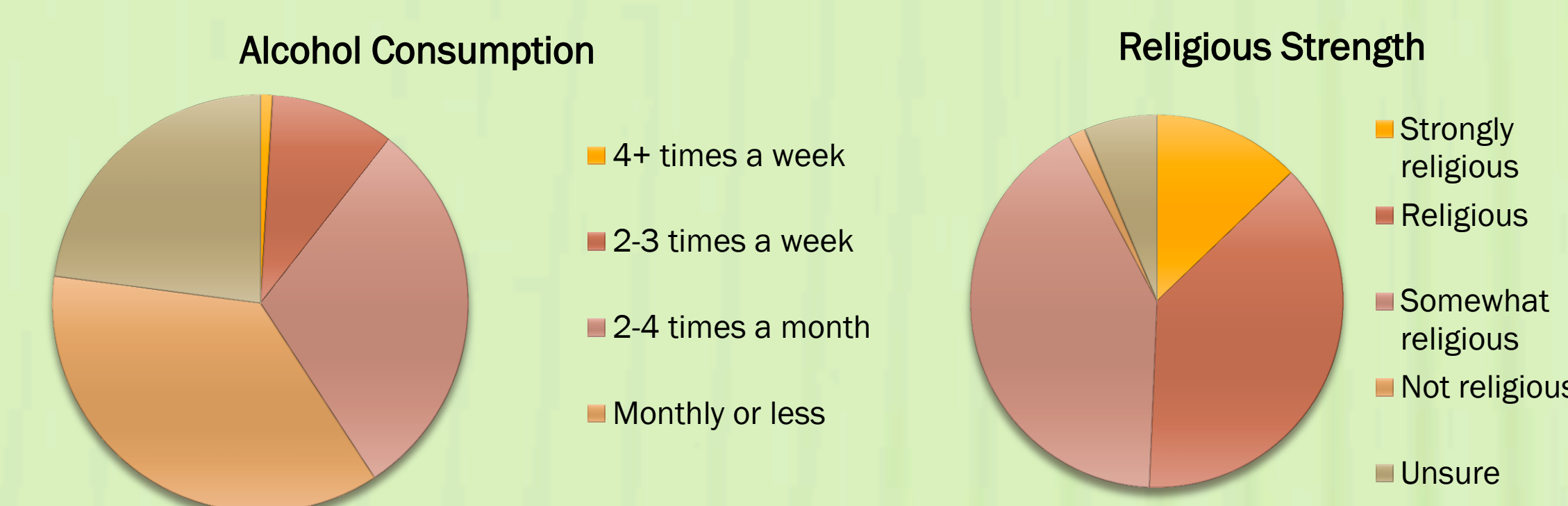
- Do American college students consume alcohol less if they are religious?
- Does religion really influence PTG – or is PTG more common in religious individuals because they consume alcohol less?

Hypotheses

- Alcohol consumption will be less amongst college students that are religious.
- Both alcohol consumption and religious strength will be predictors of PTG on each of the five domains.

Participants

Out of 439 Oakland University students (M age = 19.57, SD = 3.81; female n = 323, male n = 116), alcohol consumption and religious strength were reported as follows:



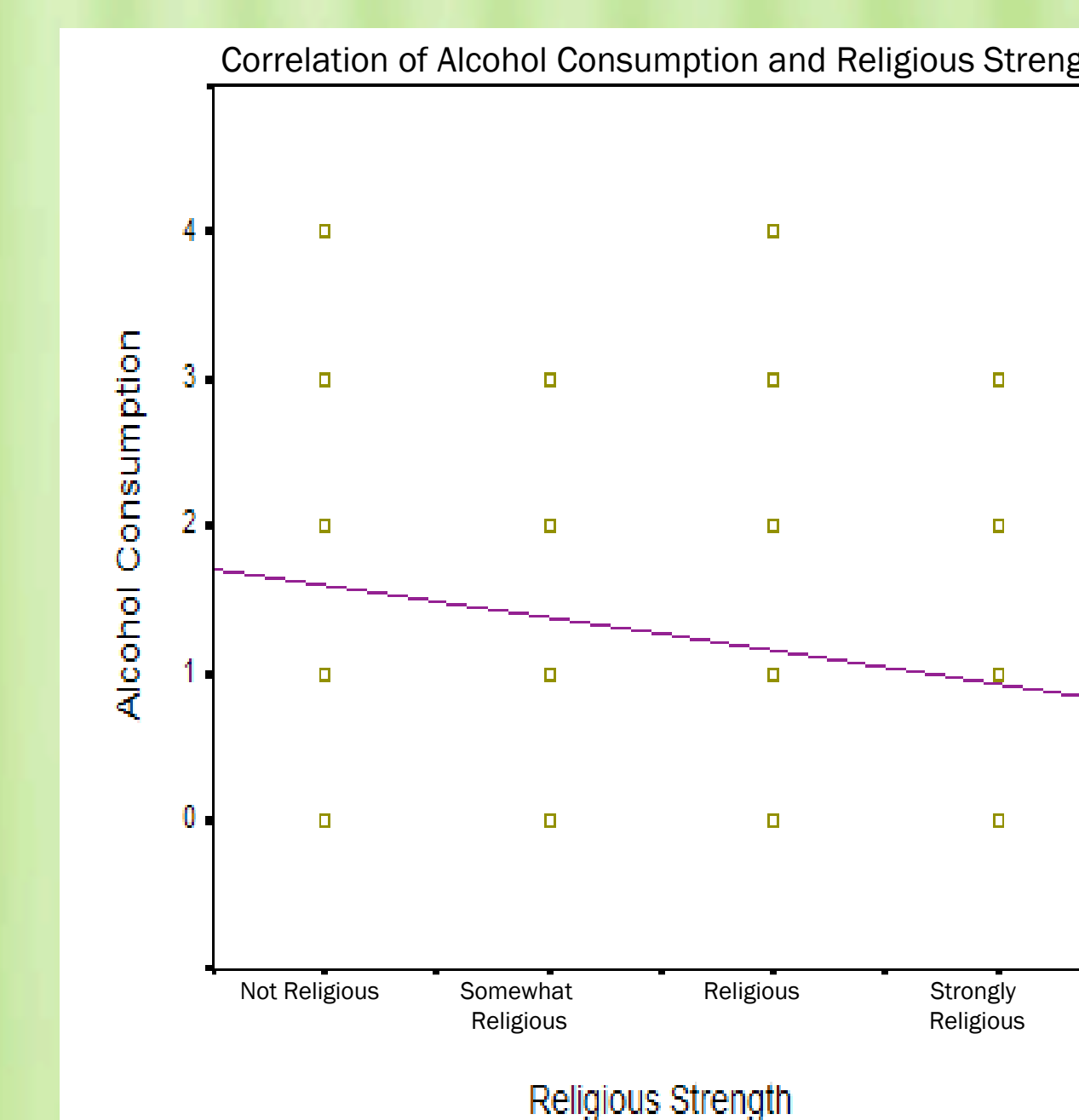
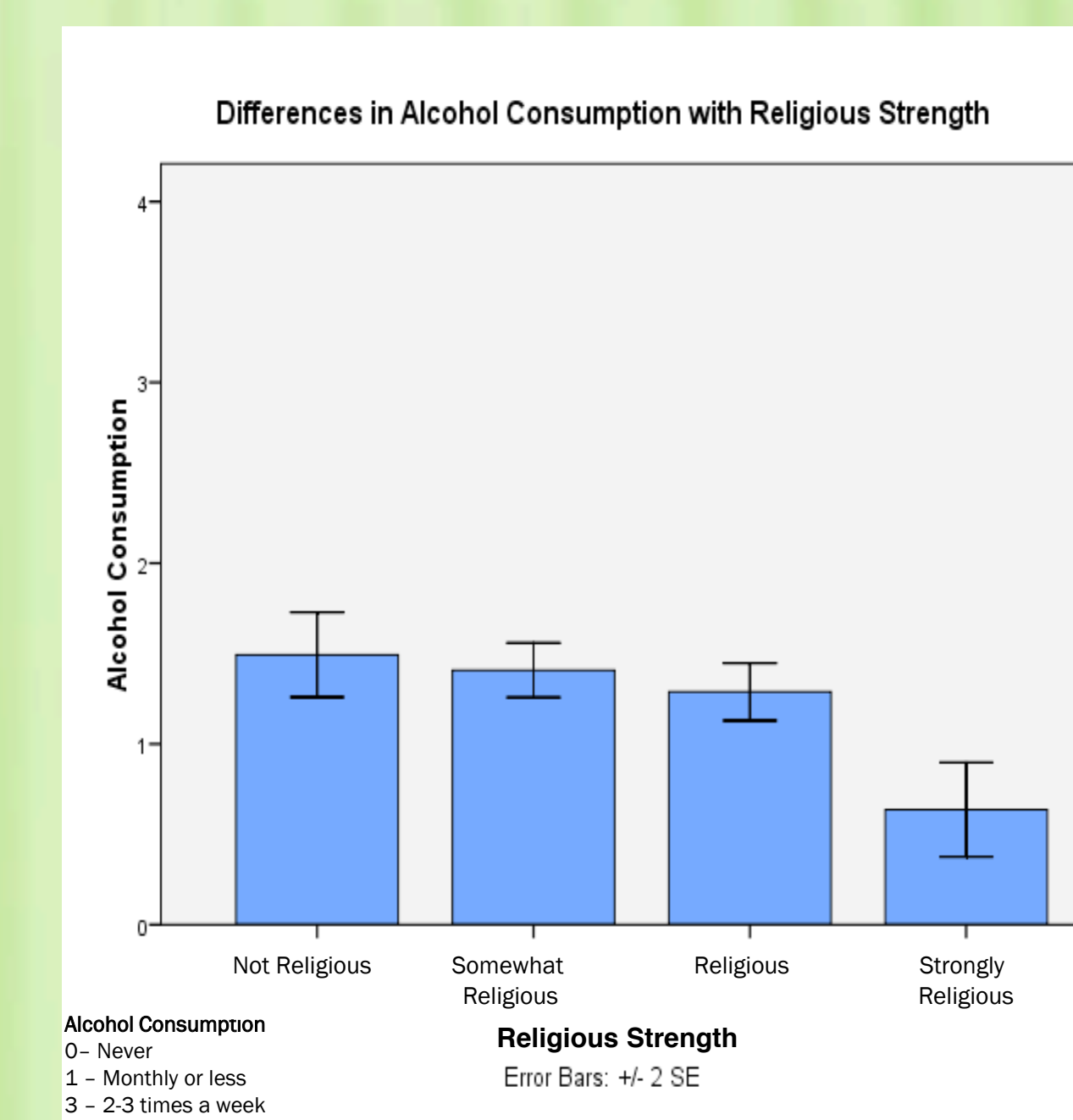
The majority of participants were affiliated with Christianity (34.30%, n = 138); Agnostic (14.25%, n = 65); “Other” (4.10%, n = 20).

Methods

Measurement

- **Posttraumatic Growth:** This was measured with the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996).
- **Religious Strength:** Participants were asked to rate the degree to which they were religious, responses ranged from a scale of “strongly religious” (1) to “not religious at all” (4).
- **Alcohol Consumption:** Participants were asked, “How often do you have a drink containing alcohol?” Responses were on a 0-4 scale developed by Saunders, Aasland, Babor, and de la Fuente (1993) with 0 (never) to 4 (four or more times per week).

Results



• Results of bivariate correlation on religious strength and alcohol consumption are significant: $r(398) = -.215, p < .001$

• One-way ANOVA results on alcohol consumption and religious strength are as follows: $F(3, 394) = 9.25, p < .001$.

• Tukey post-hoc comparisons reveal significant mean differences between alcohol consumption (M = 1.29, SD = .91) and “high religious strength” (M = .61, SD = .87).

Discussion

- There is a significant relationship between alcohol consumption and religious strength – the stronger religious affiliation, the less alcohol will be consumed.
- Individuals that are strongly religious consume the least amount of alcohol. There is a significant mean difference with this particular group.
- Religious strength is a greater predictor of PTG than alcohol consumption.

Future Direction

- Since the majority of the participants in this study are Christian, a cross-cultural viewpoint with different religions/lifestyles may be helpful.

References

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- The Appreciation of Life and Spiritual Change domains were the only ones that had a significant relationship with alcohol consumption and religious strength.
- In these two domains, religious strength remained the only significant predictor to the models, partially supporting hypothesis.

Limitation

- The majority of participants were females, and it has been shown that males consume alcohol with greater frequency in response to stress than females (Engs & Aldo-Benson, 1995).