Sanctification of Health Care Interventions as a Coping Method

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Abstract

Sanctification can be understood as a process through which aspects of life are perceived as having divine character and significance. This article examines sanctification of health care interventions as a coping method. The aim is to analyse the mechanisms of this coping method in terms of function and coping outcome. In-depth interviews are analysed from six informants who participated in a qualitative, longitudinal study focusing on religiosity and coping with cancer. Two coping mechanisms are identified: transformation of means for conserving objects of significance, and attribution of control. An analysis of the informants' locus of control suggested two different forms of deferring coping styles: interventions perceived as supported or assisted by God and interventions where God is perceived as using the interventions. The complexity of the coping process with regards to means and ends of objects of significance is illuminated with a case study. The case study also indicates not only a reduction in stress as a coping outcome, but also a changed personal view of God, which illustrates interdependence between religiosity and the coping process.

Keywords

Coping – deferring coping style – health care interventions – psychology of religion – sanctification

Consider the following three persons: Mrs K, who is undergoing chemotherapy, experiences Christ's presence in the cytostatic drug being infused into her veins; Mrs F prays that God will help and guide the hands of the surgeons during the...
operation she must undergo; and Mr R, certain that the medical care he receives is from God, willingly submits to his doctors’ orders in an attitude of thanksgiving. All three persons augment the health care interventions they are receiving by overlaying them with a religious interpretation of one kind or another. In this article I propose to consider these interpretations in the light of coping theory.

All three persons are engaging in what Pargament and Mahoney (2005, p. 183) describe as ‘sanctification’, “a process through which aspects of life are perceived as having divine character and significance”.1 Sanctification is a relatively unexplored phenomenon in relation to coping; such studies as there are have mainly been conducted in the areas of personal striving (Davidson & Cadell, 1994; Novak, 1996; Emmons, 1999; Mahoney, Pargament, Cole, et al., 2005), parenting (Dollahite, 1998), sex (Murray-Swank, Pargament & Mahoney, 2005), work-related inter-role tensions (Hall, Anderson, & Oates, 2005; Hall, Oates, Anderson & Willingham, 2012), and health issues (Mahoney, Carels, Pargament, et al., 2005).2 A common feature of these studies is a focus on the coping outcome, so that sanctification has been identified simply as a means to reduce stress. No studies have yet considered how sanctification as a coping method functions as a means for reducing stress. The research questions addressed for the cases presented here are, first, which coping mechanisms are involved during the sanctification of health care interventions, and second, how do these coping mechanisms work in terms of function and coping outcome?

The Terminology of the Coping Process

The literature on religious coping employs terms such as ‘coping process’, ‘religious coping’, ‘coping method’, ‘coping mechanism’, ‘coping style’, ‘coping outcome’, and ‘coping tool’ (Lundmark, 2015). Given the variety of terms, it is useful first to define them and indicate how they are connected and used.3

1 One could interpret Pargament and Mahoney’s definition in two ways: ‘divine’ could be understood as modifying both ‘character’ and ‘significance’ or just ‘character’, leaving ‘significance’ unqualified. Pargament (personal communication 22 April 2012) said that they intended ‘divine’ to modify both terms. For a discussion of the use in the psychology of religion of the term sanctification, which has clear theological connotations, see Pargament and Mahoney (2005).

2 It should be noted that in the studies where Mahoney has not been involved, sanctification has been defined in wider (but similar) ways than Mahoney and Pargament have done in their definition. Instead of working with the term divine, the focus has been on spirituality or holiness.

3 This section follows, in a condensed form, relevant parts of the description of the coping process laid out in Lundmark (2015).