

Relationship of Religious Orientation and Sense of Humor with Marital Satisfaction with the Mediation of Quality of Life among Women with Breast Cancer

Received 18 Oct 2017; Accepted 15 May 2018

Jehangir Karami¹, Parisa Heidarisharaf¹, Raheleh Siah Kamari^{1*}, Manzar Abasi¹

¹ Department of Psychology, Razi University of Kermanshah, Kermanshah, Iran.

Abstract

Background and Objectives: Chronic diseases, such as cancer, are among the factors seriously affecting health and marital satisfaction. Regarding this, the present study was conducted with the aim of modeling marital satisfaction among women with breast cancer in Kermanshah province, Iran.

Methods: This descriptive-correlational study was conducted on 250 females with breast cancer referring to the hospitals of Kermanshah in 2017-2018. The study population was selected through convenience sampling technique. The data were collected using the World Health Organization Quality of Life Questionnaire, Religious Orientation Scale by Allport, ENRICH Marital Satisfaction Scale, and Sense of Humor Questionnaire. Data analysis was performed by means of ANOVA and ANCOVA.

Results: According to the results, sense of humor, quality of life, and religious orientation affected marital satisfaction both directly and indirectly (with the mediation of quality of life). These variables could account for 78% of marital satisfaction variance.

Conclusion: As the findings of this study indicated, in addition to physical problems, women suffering from breast cancer deal with psychological issues. Regarding this, the psychologists and therapists working in the field of family affairs are recommended to reduce the stress and anxiety in these patients by the establishment of an environment boosting sense of humor, improving quality of life, and forming a proper religious orientation among the patients with the collaboration of the their family.

Keywords: Personal Satisfaction, Quality of life, Religious Orientation, Sense of Humor, Breast Cancer.

***Correspondence:** Should be addressed to Ms. Raheleh Siah Kamari. **Email:** rahele.kamari67@gmail.com

Please Cite This Article As: Karami J, Heidarisharaf P, Siah Kamari R, Abasi M. Relationship of religious orientation and sense of humor with marital satisfaction with the mediation of quality of life among women with breast cancer. *Health Spiritual Med Ethics*. 2018;5(4):2-8.

Introduction

Cancer is one of the chronic and non-communicable diseases that includes a wide range of problems. This disease, like all other chronic illnesses, can occur in any individual, age group, and race, and is considered as a problem affecting the health of the community (1). Cancer is the second leading cause of mortality in the developed countries behind cardiovascular diseases. In the less developed countries, this disease is the third most common cause of death preceded by cardiovascular diseases and accidents (2).

Breast cancer has a significant impact on the stability of couples' and families' relationships because it directly involves the sexual identity of the women. Accordingly, the diagnosis of breast cancer is followed by turbulence in the

individual's family and personal life, in addition to the physical problems and manifestations. Marital satisfaction is one of the factors that is seriously affected by this disease (3).

Marital satisfaction is referred to a condition in which the husband and wife often feel happy and satisfied with their marriage (4), which can vary from high satisfaction to high dissatisfaction (5). Marital satisfaction is a personal experience that can be subjectively evaluated by each spouse based on the perceived pleasure of their marital relationship. This feeling plays an important role in the normal functioning of the family and is affected by many factors (6). Couples with high perceived marital satisfaction have a great

mutual understanding and are satisfied with the type and quality of their relationship (7).

Marital satisfaction is associated with various factors, including quality of life. According to the World Health Organization, quality of life refers to the individuals' perception of their status in life in terms of culture, value system, goals, expectations, standards, and priorities (8). Studies have shown a relationship between marital satisfaction and quality of life (9-12).

Another factor associated with marital satisfaction is the sense of humor. The Diagnostic and Statistical Manual of Mental Disorders defines the sense of humor as an advanced defense mechanism that helps people deal with emotional conflicts or external stressors with an interest in comic and entertaining aspects (13). Humorous people show good emotional management skills and are able to evaluate, express, and manage their emotions. Moreover, these individuals are more successful in their social interactions (14). The people enjoying high levels of humor tend to enjoy everyday life experiences and events (15). According to various researchers, marital satisfaction and sense of humor are two related categories (3, 16-17).

The third factor associated with marital satisfaction is religious orientation. Resorting to religious beliefs is an effective way to deal with the calamities, painful experiences, and disease symptoms. Moreover, religious beliefs affect the human relationships during difficulties and discomforts (18). The evidence are indicative of a relationship between religious orientation and marital satisfaction (19-22).

Given the importance of marital satisfaction in the lives of couples, especially for women with breast cancer, this study was conducted to model the factors affecting this feeling. Accordingly, the aim of this study was to investigate the role of sense of humor and religious orientation in marital satisfaction through the mediation of quality of life in women with breast cancer in Kermanshah, Iran.

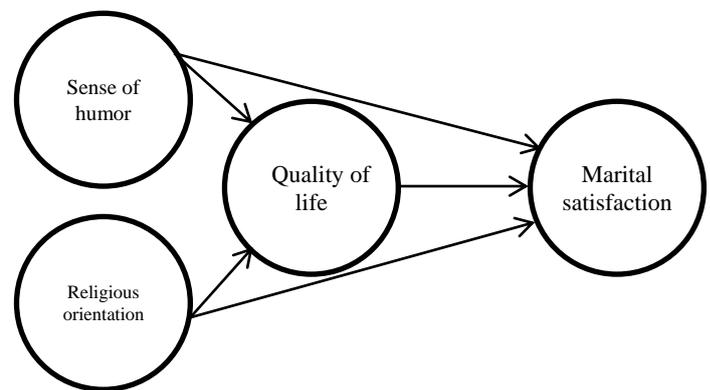


Figure 1. Conceptual model of the research variables

Methods

The present applied research was conducted using a descriptive-correlational design. Data analysis was performed by means of ANOVA and ANCOVA.

The study population corresponded to a group of 250 women with breast cancer referring to the hospitals of Kermanshah, Iran, in 2017-2018. The participants were selected through convenience sampling method. To this end, out of the hospitals under the supervision of the University of Medical Sciences, four hospitals were entered to the study by convenience sampling technique. In the next step, the women with breast cancer treated in these hospitals were selected from the four hospitals using the same sampling technique.

Religious Orientation Questionnaire: This questionnaire, developed by Allport, consists of 21 items measuring two subscales of internal and external religious orientations. The reliability and validity of this questionnaire were estimated as 0.73 and 0.74 by Jun Bozorgi (23) in Iran using Cronbach's alpha coefficient and back translation method, respectively. In the mentioned study, various modifications were made to fit this tool with the Iranian culture and religious context. In the present study, the reliability of this questionnaire was obtained as 0.85.

World Health Organization Quality of Life Questionnaire. This questionnaire entails 26 items in four subscales, namely physical health, mental health, environmental health, and social health. In a study targeted toward the standardization of this questionnaire, the reliability of all domains was more than 0.7

(24). The reliability of this questionnaire was 0.73 in the present study.

Sense of Humor Questionnaire: The Sense of Humor Questionnaire includes 25 items divided into 5 subscales. The reliability of this instrument was reported as 0.86 at the time of construction and standardization of the questionnaire (25). In the current study, the reliability of this questionnaire was calculated as 0.96.

The ENRICH Marital Satisfaction Inventory consists of four subscales, all of which have a reliability of above 0.60 (26). In the present study, the reliability of this instrument was estimated as 0.73.

In the current study, religious orientation and sense of humor were considered as the independent variables. Furthermore, quality of life and marital satisfaction were regarded as intermediary and dependent variables, respectively. The data were analyzed using several statistical methods, including ANOVA, ANCOVA, structural equation modeling, and path analysis in Lisrel software. This study was approved by the Faculty of Social Sciences of Razi University of Kermanshah with the ethics code of 1267 in 2017.

Result

According to the results, the mean age of the patients was 44 ± 6.14 years, and the age group of 41-50 years had the highest frequency. The majority of the participants were diagnosed with breast cancer for one year or less and had a marriage duration of 5-15 years.

Structural equation modeling

A) Measurement model of research variables

The confirmatory factor analysis was used to evaluate the measurement model of the research variables. To this end, the factor load of each indicator on each structure was estimated, and the significance of the analysis was determined based on the value of *t*. In this research, a factor analysis was performed on the latent variables, namely marital satisfaction with its four dimensions (i.e., ideal distortion, marital satisfaction, communication, and conflict resolution), religious orientation and its two subscales (i.e., external and internal religious orientation), quality of life and its

four dimensions (i.e., physical health, mental health, social health, and environmental health), and sense of humor with its five dimensions (i.e., enjoying humor, laughter, verbal joke, joking under stressful conditions, and sense of humor under stressful conditions). Table 1 presents the standardized factor loading of the indicators and their significance levels with respect to the *t* value.

According to Table 1, all indicators had a *t* value of > 1.96 , signifying that the indicators could explain the relevant structures, and that the data were valid enough.

Table 1. Standardized factor loading and significance level of the indicators

Variable	Indicator	Standardized coefficient	Standard error	t
Marital satisfaction	Marital satisfaction	0.70	0.50	18.45
	Communication	0.59	0.65	14.81
	Conflict resolution	0.61	0.63	15.41
	Ideal distortion	0.67	0.55	17.30
Quality of life	Psychological health	0.65	0.57	16.28
	Social health	0.74	0.46	18.74
	Environmental health	0.64	0.59	15.81
Sense of humor	Enjoying humor	0.75	0.43	20.93
	Laughter	0.73	0.60	16.50
	Verbal humor	0.84	0.30	24.35
	Social humor	0.64	0.60	16.70
	Sense of humor under stressful condition	0.58	0.67	14.78
Religious orientation	Internal	0.62	0.61	15.22
	External	0.80	0.36	19.37

To test the main hypotheses of the research regarding the direct and indirect effects of research variables on marital satisfaction among the women with breast cancer, a structural equation model was established. In this study, the structural equation model of the research variables and path analysis method showed an appropriate fit. Therefore, based on the specified model, it can be concluded that the structures used to investigate the relationship between marital satisfaction and other research variables could properly reflect the theoretical basis ($\chi^2=203.44$, $df=71$, $P<0.001$, $RMSEA=0.073$)

The standardized path coefficients and the significance level of the study are tabulated in

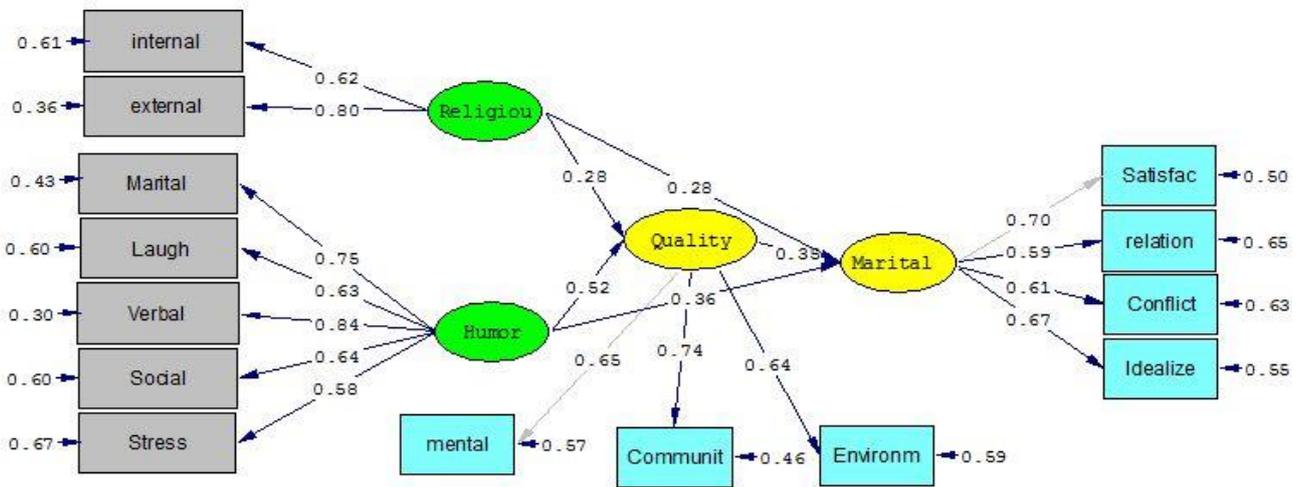


Figure 2. Structural equation modeling of research variables by standardized factor loading

Table 2. The results revealed an acceptable t value and path coefficient between the research variables. Marital satisfaction had an R2 of 0.78, indicating that 78% of marital satisfaction in women with breast cancer was explained by the variables of quality of life, sense of humor, and religious orientation with a confidence level of 99%.

Table 2. Summary of path analysis of the direct effect of independent variables on dependent variables

Effective variable	Affected variable	Path coefficient	Standard error	t
Sense of humor	Marital satisfaction	0.36	0.08	4.22
Quality of life	Marital satisfaction	0.35	0.07	4.46
Religious orientation	Marital satisfaction	0.28	0.08	3.36

In order to confirm the hypotheses proposing the effect of intermediary variable, the significance of the paths should be investigated. If both paths (i.e., direct and indirect paths) are meaningful in the path analysis, the hypothesis of the intermediary variable is also confirmed, and the path coefficient is obtained from the multiplication of both of the former path coefficients.

Based on the relationships illustrated in Figure 1 and the results presented in Table 2, the standardized path coefficients of marital satisfaction with the variables of sense of humor, quality of life, and religious orientation were 36% (t=4.22 and $\gamma=36$), 35% (t=4.46 and $\gamma=35$), and 28.8% (t=3.36, $\gamma=28$), respectively,

which were significant at an alpha level of 1%. The standardized path coefficients indicate the strength of the relationships between the independent and dependent variables.

Based on the results of the research, it can be concluded that sense of humor, religious orientation, and quality of life could affect marital satisfaction. Figure 2 depicts the final model of the variables based on the results of the research. According to the final model, it can be stated that sense of humor and religious orientation with the path coefficients of 0.36 and 0.28 were the strongest and the weakest variables, respectively, which could be used for the evaluation of marital satisfaction.

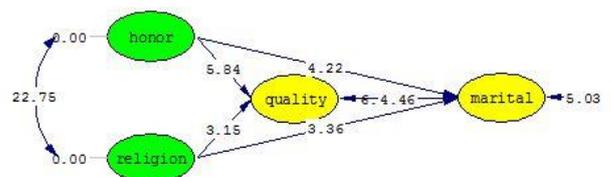


Figure 3. Structural equation model of the research variables

Discussion

The present study investigated the effect of sense of humor, quality of life, and religious orientation on marital satisfaction in women with breast cancer. As the results demonstrated, all mentioned variables exerted positive effects both directly and indirectly on marital satisfaction. In this study, the results and output models confirmed all three research hypotheses.

The first hypothesis referred to the effect of sense of humor on marital satisfaction, which

was accepted with regard to the direct impact of this variable on marital satisfaction. This finding is consistent with the results obtained by Safari and Martin (27-28). Accordingly, studies show that sense of humor can be useful in assisting patients with mental disorders through reducing their stress, increasing their social interactions, and improving their coping skills. (29).

Moreover, Research Moghadam (30) reported a positive association between sense of humor and creativity. Sense of humor facilitates the reduction of tension, enhancement of divergent thinking capability, and improvement of the ability to negotiate and resolve conflicts. Furthermore, humor can help reduce the seriousness of situations in disagreements, and also contributes the couples to look at the problems in a different way and adopt creative strategies to solve their marital problems (31). Therefore, sense of humor can lead to the reduction of marital conflicts through increasing divergent thinking and providing creative solutions for solving marital problems.

The second hypothesis dealt with the impact of quality of life on marital satisfaction. This hypothesis was also confirmed, which is in line with the findings reported by Harju and Rentanin (32), as well as 33. Remmerswaa and Batelaan (33). Quality of life is one of the components of positive psychology, which includes perception, cognition, happiness, interests, expectations, and positive and negative emotions. Given the effectiveness of these components in marital satisfaction, it can be argued that quality of life affects marital satisfaction.

In this respect, if considering quality of life as a subcategory of mental, physical, psychological, social, and economic well-being, then it can be concluded that the people who have a higher quality of life tend to have more marital satisfaction; as a result, they enjoy a higher level of psychological well-being. It can be also stated that marital communication and marital satisfaction are among the important elements of quality of life and are considered as preventive factors against health problems (34).

The third hypothesis examined the effect of religious orientation on marital satisfaction. In congruence with the findings obtained by David and Stafford (35), as well as Polar and Riggs (36), this hypothesis was also confirmed. A majority of the scholars believe that religious beliefs have a profound effect on the solidarity of the family. Belief in God facilitates the individuals to perceive the purposefulness of the creations.

On the other hand, failure to believe in God causes a person not to have solidarity and tranquility, which in turn weaken the relationship and cause many conflicts in family life. According to the literature, adherence to religion is an important factor in the sustainability of marriage and marital satisfaction. Meanwhile, a high contradiction in couples' religious beliefs is associated with greater marital conflicts (37).

One of the limitations of this study was the reluctance of some participants to respond to the items seeking personal information and lengthy questionnaires. To increase the external validity of this study, researchers are suggested to conduct similar studies in different areas and on women with other diseases.

Conclusion

Given the importance of marital satisfaction in couples, especially in woman with breast cancer, the psychologists and therapists are recommended to facilitate the improvement of sense of humor, quality of life, and religious orientation among the families of these patients to increase the degree of satisfaction and reduce the amount of stress and anxiety that they may encounter.

Conflict of interest

The author declares no conflict of interest.

Acknowledgements

Hereby, the researchers of the present study extend their gratitude to all the patients and colleagues contributing to this research. We also appreciate the Research Deputy of the Faculty of Nursing and Midwifery, as well as officials, administrators, and advisers.

References

1. Sigel R, Ward E, Brawley O, Jemal A. Cancer statistics. The impact of eliminating socioeconomic and racial disparities on premature cancer deaths. *CA cancer J Clin.* 2011;61(4):212-36.
2. Sabatino SA, Lawrence B, Elder R, Mercer SL, Wilson KM, Devinney B, et al. Effectiveness of interventions to increase screening for breast cervical, and colorectal cancers: nine update systematic reviews for the guide to community preventive services. *Am J Prev Med.* 2012;43(1):97-118.
3. Abbas Gholizadeh S, Hasanzadeh R. The Relationship between Marital Satisfaction and Subjective Well-Being of Married Students. The First National Conference on Educational Sciences and Psychology, Marvdasht: Andisheh Sazan-e-Javan Co; 2014. [Persian]
4. Karny B, Bradbury TN. Marital satisfaction in intimate relationship. *J Marriage Fam.* 2000;63(2):504-13.
5. Sapington A. Mental health. Shahi baravati H. (Persian translator). Tehran: Ravan Publication; 2001. p.22-3.
6. Jiang H , Wang L , Zhang Q, Liu D X, Ding J, Lei Z, et al. Family functioning, marital satisfaction and social support in hemodialysis patients and their spouses. *Stress Health.* 2015;31(2):166-74.
7. Talaee-Zade F, Bakhtiyar-zadeh S. Relationship between marital satisfaction and sexual satisfaction with mental health of couples. *Thought Behav.* 2016;10:47-37. [Persian]
8. Brown DW, Balluz LS, Heath GW, Moriarty DG, Ford ES, Giles WH, et al. Associations between recommended levels of physical activity and health-related quality of life. Findings from the 2001 Behavioral Risk Factor Surveillance System (BRFSS) survey. *Prev Med.* 2003;37(5):520-8.
9. Sohrabi A, Jahani A, Mehrabian T, Marashian F, Taheri P. Relationship between quality of life and stress with marital satisfaction in women with migraine headache in Ahvaz city. *Milit Career Sci.* 2016;2:115-22. [Persian]
10. Khoda Bakhshi Kolani A, Azad M, Navidian A, Phalsafi Nezhad M, Rahmati-zadeh M. Job satisfaction of male physicians with marital satisfaction and quality of life of their spouses. *Nursing.* 2015;10:89-99. [Persian]
11. Abedni Gh, Dervari S E, Naderi Ghara A, Rostami F. Investigating the relationship between quality of life and satisfaction of infertile couples with path analysis method. *J Mazandaran Univ Med Sci.* 2014;24(117):184-93 [Persian]
12. Movahedi M, Movahedi, Karimi Nejad K. Investigating the relationship between marital satisfaction, intimacy and the quality of marital relationships in married couples. *Fam Couns Psychother.* 2014;4:633-52. [Persian]
13. Reff Rch. Developing the humor styles questionnaire-revised: A review of the therapeutic alliance. [PhD thesis]. Ohio state university; 2006.
14. Bauer RN, Geront M. The use of humor in addressing the sexuality of elderly nursing home residents. *Sex disabil.* 1999;17(2):147-55.
15. Martin RA. Sense of humor and physical health: theoretical issues, recent finding, and future directions. *Humor: Int J Hum Res.* 2004;17(1):1-19.
16. Zayeri Irani M, Poorshahriari M, Beh-pazhooh A. The Effect of Humorous Education on Marital Adjustment and Psychological Well-being of Teachers and Teachers in Ahvaz City. *Q J Psychol Stud.* 2016;12:85-106. [Persian]
17. Hall JA. Humor in romantic relationships: A meta-analysis. *Pers Relatsh.* 2017;24(2):306-22.
18. Kianee Ah. Dimensions of religious orientation and communications frontiers of family a fundamental correlation. *J Psychol Relig.* 2000;3(3):93-106. [Persian]
19. Seddighi A, Masumi A, Shah Siah M. The Relationship between Religious Orientation and Marital Satisfaction in Couples in Qom. *Sabzevar Univ Med Sci.* 2015;22:965-71. [Persian]
20. Asghari F, Ghasemi Chobneh R. Investigating the Relationship between Ethical and Religious Intelligence with Marital Satisfaction in Married Teachers. *Fam Couns Psychother.* 2014;1:65-84. [Persian]
21. Vakili Kh, Siyah Chehreh. The study of the relationship between religious orientation, intimacy and marital satisfaction in married male and female students of Payam Nour ghayem Shahr University. Tehran: The first National Conference on Sustainable Development in Education Sciences and Psychology, Social and Cultural Studies; 2014. [Persian]
22. Stinson MA, Bermúdez JM, Gale J, Lewis D, Meyer AS, Templeton GB. Marital Satisfaction, Conflict Resolution Styles, and Religious Attendance Among Latino Couples: Using the Actor-Partner Interdependence Model. *Fam J Alex Va.* 2017;25(3):215-23.
23. Jan Bozorgi M. Evaluating the effectiveness of short-term psychotherapy, self-control education with and without Islamic religious orientation on anxiety and stress. [PhD dissertation]. Tehran: Tarbiat Modares University; 2008. [Persian]
24. Nejat S, Montazeri A, Halakouei Naeini K, Mohammad K. Standardization of the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF): Translation and Psychometrics of the Iranian Species. *Health Res.* 2006;(4):1-12. [Persian]
25. Aghaei A, Arizi HM, Khoshui MA. Humorous relationship with mental health in people aged 20-60 years in Isfahan. *Behav Sci.* 2005;(6):28-34. [Persian]
26. Asoodeh MH. Successful marriage factors from the perspective of happy couples. [dissertation]. Tehran: University of Tehran; 2010. [Persian]
27. Safari R. Evaluating the Relationship between Humor Styles and Marital Satisfaction among Education Ministry Staffs in Sari. *Soc Sci.* 2016;11(9):2362-6. [Persian]

28. Caird S, Martin RA. Relationship-focused humor styles and relationship satisfaction in dating couples: A repeated-measures design. *Humor*. 2014;27(2):227-47.
29. Erickson SJ, Feldstein SW. Adolescent humor and its relationship to coping, defense strategies, psychological distress and well-being. *Child Psychiatry Hum Dev*. 2007;37(3):255-71.
30. Moghadam SH. The relationship between humor and creativity. Master's thesis of General Psychology. Tehran: Azad University of Roodehen; 2009. [Persian]
31. De Koning E, Weiss RL. The Relational Humor Inventory: Functions of Humor in Close Relationships. *Am J Fam Ther*. 2002;30(1):1-8.
32. Harju E, Rantanen A, Kaunonen M, Helminen M, Isotalo T, Åstedt-Kurki P. Marital relationship and health-related quality of life after prostate cancer diagnosis. *Int J Urol Nurs*. 2017;11(2):73-81.
33. Remmerswaal KC, Batelaan NM, Smit JH, van Oppen P, van Balkom AJ. Quality of life and relationship satisfaction of patients with Obsessive Compulsive Disorder. *J Obsessive Compuls Relat Disord*. 2016;11:56-62.
34. Anderson M, Trudel S, Bounader L, Boyer A, Villeneuve F. Effects of a marital and sexual enhancement intervention for retired couples: The marital life and aging well program. *J sexol*. 2010;17: 265-76.
35. David P, Stafford LA. relational approach to religion and spirituality in marriage: The role of couples' religious communication in marital satisfaction. *J Fam Issues*. 2015;36(2):232-49.
36. Pollard SE, Riggs SA, Hook JN. Mutual influences in adult romantic attachment, religious coping, and marital adjustment. *J Fam Psychol*. 2014;28(5):615.
37. Ghafoori Varnoosfarani M. Attachment styles and religious orientations as predictors of success and failure of marital relationship. *J Behav Sci Res*. 2009;7(2):143-53. [Persian]