

Spiritual growth improves life satisfaction, while spiritual decline decreases it: An example of patients coping with melanoma

Marianne Bourdon¹, Angélique Bonnaud-Antignac, Nicolas Roussiau

¹Université Catholique de Louvain, Belgium

Can “positive” spirituality help people to cope with a traumatic event by enhancing subjective well-being? Does “negative” spirituality decrease subjective well-being? To show if positive spirituality can help people to cope with a traumatic event such as a diagnosis of a cancer, we conducted a study at the University Hospital of Nantes with 87 patients suffering from melanoma. Results showed that spiritual growth increased posttraumatic growth, which in turn led to higher life satisfaction, but this was moderated by time since diagnosis. We found that patients need about two years to have some benefits on their life satisfaction. Finally, results also highlighted that spiritual decline increased negative affectivity which in turn predicted a lower life satisfaction. These findings point out the importance of spirituality in oncology support care.

A cross-cultural application of the prototype willingness model

Rebekah Boynton¹, Anne Swinbourne, Daniel Lindsay, Kayla Morris

¹James Cook University Townsville, Australia

Background: The Prototype Willingness Model (PWM) suggests that there are two separate antecedents to behaviour: intention and willingness. Whereas intention is suggested to be rational and deliberative, willingness is more automatic and impulsive. The current study used a cross-cultural sample in order to examine the differing predictive power of the PWM for drinking behaviour. **Methods:** A sample of 193 individuals from Australia (n=108) and Singapore (n=85) completed a questionnaire measuring alcohol consumption and variables on the PWM. **Findings:** Willingness to drink significantly predicted alcohol consumption in Singaporeans. Both willingness and intention to drink significantly predicted frequency of alcohol consumption. **Discussion:** The antecedents of the PWM differentially predict alcohol consumption in culturally different samples. Implications for health interventions aimed to reduce drinking across cultures are discussed.

Is the common sense model of illness representations a valid model to predict adherence?

Kim Brandes¹, Barbara Mullan

¹University of Sydney, Australia

Background: The aim of this meta-analysis was to explore whether the CSM is a valid model to predict adherence in chronically ill patients. **Methods:** Electronic databases were searched for studies that used the CSM and measured adherence behaviour in chronically ill patients. Correlations from the included articles were meta-analysed using a random-size effect model. A moderation analysis was conducted for type of adherence behaviour. **Findings:** The effect sizes for the different mental representations of the CSM and adherence varied between -0.02 and 0.11. Type of adherence behaviour did not moderate the relationships between the different mental representations and adherence. **Discussion:** The low effect sizes indicated that the CSM might not