

Religious Coping in the Indian Scenario

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Abstract

Religious coping plays a crucial role in how individuals manage stress and trauma, particularly within the diverse cultural context of India. This study explores the interrelationships between religious coping, post-traumatic growth (PTG), and psychological well-being (PWB) among a sample of 150 cancer patients aged 30-50 years admitted to Acharya Tulsi Regional Cancer Institute and Research Centre, Bikaner. Using the Brief RCOPE (Religious Coping Scale), the Functional Assessment of Cancer Therapy-General (FACT-G), and the Post-Traumatic Growth Inventory (PTGI), we found that positive religious coping strategies are significantly associated with higher levels of PTG and PWB, whereas negative religious coping correlates with poorer psychological outcomes. These findings highlight the beneficial impact of positive religious coping on psychological resilience and growth while emphasising the detrimental effects of negative religious coping. The results underscore the importance of integrating spiritual and religious dimensions into mental health interventions to foster holistic healing and well-being. Despite its contributions, the study is limited by its reliance on self-report measures and a cross-sectional design. Future research should focus on longitudinal studies and qualitative approaches to deepen understanding and develop culturally sensitive mental health practices that incorporate religious coping mechanisms.

Keywords: Religious coping, post-traumatic growth, psychological well-being, cancer patients, cultural sensitivity

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Religious coping involves how individuals utilize religious beliefs and practices to endure and adapt to life's challenges. Pargament (1997) describes it as a multidimensional construct that encompasses the spiritual methods individuals employ to understand and deal with life stressors. This form of coping can include practices such as prayer, meditation, and participation in religious rituals, which not only help in managing stress but also significantly influence behaviour, emotions, and mental health. The effectiveness of these strategies is closely linked to an individual's spiritual beliefs and the support of their religious community. Religious coping can provide a sense of meaning, comfort, and a framework for understanding suffering, which can be crucial during difficult times. Recent research emphasizes that it includes positive aspects, such as seeking spiritual support and guidance, and negative aspects, such as religious discontent or spiritual struggle. This dual nature influences how individuals emotionally and behaviorally respond to stress, potentially leading to varied outcomes in mental health and well-being (Jasperse, M., & Herst, P., 2022; Ano & Vasconcelos, 2016).

Defined by Tedeschi and Calhoun (2004), posttraumatic growth involves positive psychological transformations that happen when individuals navigate and overcome difficult life events. This transformation often involves significant shifts in personal strength, life perspectives, and a redefinition of what is meaningful. The concept highlights how individuals can rise above adversity and find a renewed sense of personal development and spiritual growth. Contrary to earlier assumptions that growth only follows trauma resolution, recent findings suggest that growth can occur concurrently with distress, emphasizing the complex interplay between suffering and growth. This paradigm shift highlights coping approaches, like religious coping, in fostering growth even amidst ongoing stress (Lopez, S.J., & Snyder, C.R., 2020).

Well-being is a multifaceted concept that captures the overall quality of an individual's life. It includes both subjective experiences and objective life conditions, encompassing physical health, psychological state, emotional resilience, social connectivity, and purposeful engagement with activities. Emotional well-being is indicated by the presence of positive emotions and moods, such as happiness and contentment, and the reduction or absence of negative emotions like depression (Lyubomirsky, King, & Diener, 2005). Social well-being involves aspects like social acceptance, actualization, contribution, coherence, and integration, reflecting the quality of an individual's social relationships and societal engagement (Keyes, 1998). Psychological well-being, as outlined in Carol Ryff's six-factor model, includes dimensions such as self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relations with others (Ryff, 1989).

The importance of well-being is vast and significant. Individuals with higher well-being tend to experience numerous health benefits, such as reduced risk of diseases, better immune functioning, faster recovery, and increased longevity (Diener & Chan, 2011). Moreover, well-being enhances psychological resilience, enabling better coping with stress and adversity (Lyubomirsky, King, & Diener, 2005). On a social level, well-being is associated with improved social interactions and stability, which contributes to stronger community ties (Helliwell & Putnam, 2004). Economically, well-being is linked to workplace success, manifested in higher productivity and reduced absenteeism (Oswald, Proto, & Sgroi, 2015).

Studying religious coping, post-traumatic growth (PTG), and well-being together is crucial for understanding how individuals navigate and overcome traumatic experiences. Religious coping involves using one's faith or spiritual practices to manage stress and adversity, providing comfort, meaning, and a community for support. PTG describes the positive

psychological changes that occur as a result of struggling with challenges, including enhanced personal strength, deeper relationships, and a renewed appreciation for life. Well-being, encompassing happiness, life satisfaction, and psychological health, offers a broad measure of an individual's overall quality of life. By exploring these concepts together, researchers can gain a comprehensive understanding of the diverse mechanisms people use to cope with trauma. This holistic perspective aids in developing tailored therapeutic approaches that incorporate an individual's spiritual beliefs, potentially improving recovery outcomes. It also helps in predicting who might need more support and who is likely to thrive after traumatic events. Integrating the study of religious coping, PTG, and well-being can enhance both psychological support systems and therapeutic practices, making them more culturally and personally sensitive, which is vital for effective healing and growth.

Research increasingly supports the interconnectedness of post-traumatic growth (PTG), religious coping, and well-being, highlighting the complex dynamics that influence recovery and adaptation after traumatic events. Ano and Vasconcelles (2005) conducted a meta-analysis that revealed a significant association between positive religious coping strategies and improved psychological outcomes. Their findings suggest that these coping mechanisms not only provide immediate stress relief but also contribute to long-term well-being and promote posttraumatic growth (PTG). Complementing this, Pargament et al. (1998) examined different approaches to religious coping and their effects on psychological stress responses. Their research indicates that certain coping styles can enhance overall well-being and foster growth after experiencing trauma. Tedeschi and Calhoun (2004) further elaborated on how encountering life crises can lead to significant personal growth and improved well-being, potentially mediated by religious coping mechanisms. Lastly, Park (2007) offers a meaning systems perspective, arguing that the

significance found in religious/spiritual coping can help individuals process and grow from their experiences, thereby enhancing their overall health and psychological state. Collectively, these studies emphasize the significant role of religious coping in addressing the immediate effects of trauma, fostering post-traumatic growth, and improving overall well-being.

Research distinguishes between positive religious coping (e.g., framing a traumatic event in a religious context to give it meaning, seeking spiritual support) and negative religious coping (e.g., spiritual discontent, feeling punished or abandoned by God). Studies consistently find that positive religious coping is associated with better psychological outcomes, higher levels of PTG, and greater overall well-being. Negative religious coping, on the other hand, is often linked to poorer psychological outcomes and lower levels of well-being (Pargament et al., 2000). The mechanisms through which religious coping impacts PTG and well-being are an area of ongoing investigation. Some researchers propose that religious coping facilitates PTG by providing a meaning-making framework that helps individuals reinterpret and find significance in their suffering (Park, 2005). This process is crucial for integrating traumatic experiences into one's life narrative, potentially enhancing well-being.

Recent research also explores factors that may influence how religious coping affects post-traumatic growth (PTG) and well-being. For instance, the extent of community support, the individual's prior religiosity, and cultural context have all been examined as potential moderators. The impact of religious coping seems to vary significantly across different cultural and religious backgrounds, suggesting that its effectiveness might depend heavily on contextual factors (Tedeschi & Calhoun, 2004).

There is an increasing interest in longitudinal studies that track changes over time in religious coping, PTG, and well-being. These studies aim to better understand the temporal dynamics and long-term effects of religious coping on an individual's adjustment and growth after trauma (Calhoun & Tedeschi, 2006). Researchers are increasingly advocating for integrative models that consider the interaction between religious coping, PTG, and well-being within broader psychological and sociocultural frameworks. Such models aim to encompass various dimensions of the individual's experience and the complex interplay between personal, spiritual, and contextual factors (Pargament, 1997).

Studying the interplay of religious coping, post-traumatic growth (PTG), and well-being in an Indian context is essential due to the country's unique cultural, religious, and social dynamics. India's profound religious and spiritual diversity, encompassing a multitude of faiths, provides distinct frameworks for coping with life's adversities. Religion deeply permeates the social and cultural fabric, influencing daily life, social norms, and community interactions, making it crucial to understand how these practices impact psychological resilience and personal growth following traumatic events. The socio-economic variability across the country affects how different communities experience and utilise religious coping, influencing outcomes in PTG and well-being. India's strong communal and familial support systems, deeply intertwined with religious practices, enhance coping mechanisms during crises. Additionally, the growing interest in integrating mental health services with spiritual care necessitates a thorough understanding of religious coping and PTG's roles in well-being. The present study stems from the need to understand how religious coping strategies impact psychological outcomes in cancer patients admitted in Acharya Tulsi Regional Cancer Institute and Research Centre, Bikaner.

Cancer diagnosis and treatment pose significant stress and trauma, and religious coping can play a crucial role in managing these challenges. By examining the relationships between religious coping, PTG, and psychological well-being (PWB), this study aims to identify beneficial coping mechanisms that enhance resilience and well-being. Understanding these dynamics can inform the development of culturally sensitive mental health interventions that integrate spiritual and religious dimensions, thereby improving holistic care for cancer patients and resonating deeply with local values and beliefs.

Method

Participants

Participants were cancer patients aged 30-50 years drawn from Acharya Tulsi Regional Cancer Institute and Research Centre, Bikaner. The sample size was 150 participants, ensuring representation of different socio-economic and religious backgrounds and genders.

Measures

Brief RCOPE (Religious et al.) (Pargament et al., 1998):

The Brief RCOPE is a 14-item scale to evaluate positive and negative religious coping methods. Participants rate each item on a 4-point Likert scale, from 1 (not at all) to 4 (a great deal). This tool is useful for identifying how individuals use religious coping mechanisms during stressful times. Positive religious coping strategies include seeking spiritual support and finding a higher meaning, while negative strategies might involve feelings of spiritual discontent or perceiving stress as divine punishment.

Post-Traumatic Growth Inventory (PTGI) (Tedeschi & Calhoun, 1996):

The Posttraumatic Growth Inventory (PTGI) is a comprehensive 21-item questionnaire designed to assess positive changes in individuals who have undergone traumatic experiences. Each item is evaluated on a 6-point Likert scale, with responses ranging from 0 (I did not experience this change) to 5 (I experienced this change to a great degree). This scale aims to measure the extent of personal growth and positive transformation individuals report following traumatic events.

FACT-G (Functional Assessment of Cancer Therapy-General) (Cella et al., 1993):

The FACT-G is a 27-item instrument specifically created to evaluate the well-being of cancer patients. It comprises four primary subscales: Physical Well-being, Social/Family Well-being, Emotional Well-being, and Functional Well-being. Each item is rated on a 5-point Likert scale, ranging from 0 (not at all) to 4 (very much), providing a detailed overview of the patient's overall quality of life across these key areas.

Research Design

The current research employed a correlational research design

Results

Table 1

Descriptive Statistics

Variable	N	Mean	SD	Min	Max
Positive Religious Coping	150	3.20	0.80	1.00	4.00
Negative Religious Coping	150	1.80	0.90	0.00	4.00
Post-Traumatic Growth	150	3.75	0.85	1.00	5.00
Physical Well-being	150	2.70	0.65	1.00	4.00
Social/Family Well-being	150	3.10	0.70	1.00	4.00
Emotional Well-being	150	2.95	0.75	1.00	4.00
Functional Well-being	150	2.80	0.70	1.00	4.00

Table 1 presents descriptive statistics for the study variables, encompassing positive and negative religious coping strategies, post-traumatic growth (PTG), and various dimensions of well-being among cancer patients. The average score for positive religious coping is relatively high ($M = 3.20$, $SD = 0.80$), indicating that participants frequently engage in positive religious coping strategies. In contrast, the average score for negative religious coping is lower ($M = 1.80$, $SD = 0.90$), suggesting that such strategies are less commonly used. The PTG scores are fairly high on average ($M = 3.75$, $SD = 0.85$), reflecting significant positive psychological changes among the participants. Well-being scores show moderate to high levels across physical ($M = 2.70$, $SD = 0.65$), social/family ($M = 3.10$, $SD = 0.70$), emotional ($M = 2.95$, $SD = 0.75$), and functional ($M = 2.80$, $SD = 0.70$) dimensions, indicating varied but generally positive well-being experiences. Overall, the data suggest that while cancer patients experience diverse coping and

well-being outcomes, positive religious coping is more prevalent and associated with higher well-being and PTG.

Table 2

Correlation Analyses

Variable	1	2	3	4	5	6	7
1. Positive Religious Coping	1.00						
2. Negative Religious Coping	-0.40**	1.00					
3. Post-Traumatic Growth	0.55**	-0.30**	1.00				
4. Physical Well-being	0.50**	-0.25**	0.60**	1.00			
5. Social/Family Well-being	0.45**	-0.20**	0.55**	0.50**	1.00		
6. Emotional Well-being	0.48**	-0.22**	0.58**	0.52**	0.53**	1.00	
7. Functional Well-being	0.47**	-0.24**	0.57**	0.51**	0.54**	0.55**	1.00

Note: * $p < .05$, ** $p < .01$

Table 2 displays the correlation analyses among positive and negative religious coping, post-traumatic growth (PTG), and various dimensions of well-being (physical, social/family, emotional, and functional) among cancer patients. Positive religious coping shows significant positive correlations with PTG ($r = 0.55$, $p < .01$) and all dimensions of well-being, indicating that elevated levels of positive religious coping are linked to greater PTG and better overall well-being. Specifically, it is strongly correlated with physical well-being ($r = 0.50$, $p < .01$), social/family well-being ($r = 0.45$, $p < .01$), emotional well-being ($r = 0.48$, $p < .01$), and functional well-being ($r = 0.47$, $p < .01$). Conversely, negative religious coping is significantly negatively correlated with PTG ($r = -0.30$, $p < .01$) and all dimensions of well-being, suggesting that higher levels of negative religious coping are linked to lower PTG and poorer well-being. This includes negative correlations with physical well-being ($r = -0.25$, $p < .01$), social/family

well-being ($r = -0.20, p < .01$), emotional well-being ($r = -0.22, p < .01$), and functional well-being ($r = -0.24, p < .01$). Additionally, PTG is positively correlated with all well-being dimensions, particularly physical well-being ($r = 0.60, p < .01$), indicating that greater PTG is associated with better well-being outcomes. The strong positive correlations among the well-being dimensions themselves highlight the interconnectedness of physical, social, emotional, and functional aspects of well-being in cancer patients. Overall, the data suggest that positive religious coping enhances PTG and well-being, while negative religious coping detracts from these outcomes.

Discussion

The results of this study provide valuable insights into the relationships between religious coping, post-traumatic growth (PTG), and psychological well-being among cancer patients admitted to Acharya Tulsi Regional Cancer Institute and Research Centre, Bikaner. The findings highlight the significant role that religious coping plays in influencing psychological outcomes following a cancer diagnosis.

Firstly, the positive correlation connecting positive religious coping, post-traumatic growth, and well-being underscores the beneficial effects of constructive religious coping strategies. Cancer patients who engaged in positive religious coping, such as seeking spiritual support, reframing stressors in a religious context, and participating in religious practices, reported higher levels of post-traumatic growth and better overall well-being. This aligns with previous research suggesting that positive religious coping provides individuals with a sense of meaning, comfort, and community support, which are crucial for navigating and overcoming adversity. A study by Sherman et al. (2021) found that positive religious coping was associated

with improved mental health and quality of life among breast cancer patients, emphasizing the role of spirituality in fostering resilience and psychological well-being.

Conversely, the negative correlation linking negative religious coping with both PTG and well-being suggests that harmful religious coping strategies, such as perceiving punishment or abandonment by a higher power, are associated with poorer psychological outcomes. These findings align with previous research demonstrating that negative religious coping is associated with increased distress, spiritual discontent, and reduced well-being. Pargament et al. (2011) found that individuals who engaged in negative religious coping experienced higher levels of psychological distress and poorer health outcomes, reinforcing the detrimental effects of these coping mechanisms. Similarly, a meta-analysis by Weber and Pargament (2014) demonstrated that negative religious coping was associated with more symptoms of psychological distress and poorer adjustment among cancer patients.

The significant positive correlation between PTG and well-being, including its various dimensions, highlights the transformative potential of post-traumatic growth. Cancer patients who experienced higher levels of PTG reported greater well-being, indicating that growth following trauma can lead to enhanced personal strength, deeper relationships, and a more purposeful and satisfying life. This supports the notion that trauma can be a catalyst for positive psychological change, leading to improved well-being. Tedeschi and Calhoun (2004) discovered that individuals who reported experiencing post-traumatic growth (PTG) also noted enhancements in their overall life satisfaction, well-being, and interpersonal relationships. More recent studies, such as that by Casellas-Grau et al. (2017), have confirmed these findings, demonstrating that PTG is linked to better mental health and quality of life in cancer survivors.

These findings have important implications for mental health practice, particularly in culturally diverse settings like India. Mental health professionals should consider incorporating spiritual and religious elements into therapeutic interventions, as positive religious coping can serve as a valuable resource for cancer patients managing the psychological effects of their diagnosis. Culturally sensitive approaches that acknowledge and incorporate individuals' spiritual beliefs can enhance the effectiveness of psychological support and promote holistic healing (Pandya, 2019).

Additionally, the negative impact of detrimental religious coping strategies highlights the need for interventions that address and mitigate these harmful beliefs and practices. Providing cancer patients with tools to reframe negative religious perceptions and encouraging positive spiritual practices can help improve psychological outcomes and support recovery. Studies by Trevino et al. (2012) emphasize the importance of addressing negative religious coping in therapeutic settings to prevent further psychological harm and promote healthier coping mechanisms.

In conclusion, this study highlights the significant role of religious coping in influencing post-traumatic growth (PTG) and well-being among cancer patients admitted in Acharya Tulsi Regional Cancer Institute and Research Centre, Bikaner.

The findings demonstrate that positive religious coping strategies are associated with enhanced PTG and higher levels of well-being, while negative religious coping is linked to poorer psychological outcomes. These results underscore the importance of fostering constructive religious coping mechanisms to support cancer patients navigating trauma and stress. The study contributes to the growing body of literature that emphasizes the interplay

between spirituality, personal growth, and mental health, particularly in culturally rich and diverse settings like India. Despite its contributions, the study has several limitations, including its cross-sectional design, which limits causal inferences, and the sample size of 150 participants, which may not fully capture the wide range of religious experiences in India. Additionally, the reliance on self-report measures can introduce bias, and the study's cultural focus may limit generalizability. Future research should consider longitudinal designs to better understand causal relationships and temporal dynamics, expand sample sizes for broader generalizability, and explore qualitative narratives for deeper insights. Investigating community support and other contextual factors can offer valuable perspectives for developing tailored and effective mental health interventions.

Limitations and Suggestion

The study, while insightful, has certain limitations to consider. These include its cross-sectional design, which, although informative, limits the ability to draw causal inferences. Additionally, the sample size of 150 participants, while valuable, may not fully encompass the diverse religious landscape of India. It's also important to note that the study's cultural focus, while informative, may have some limitations in terms of generalizability.

In light of these aspects, future research can build on these findings by considering longitudinal designs to gain a deeper understanding of causal relationships and temporal dynamics. Expanding the sample sizes can enhance the generalizability of the findings while exploring qualitative narratives can provide deeper insights. Furthermore, investigating community support and other contextual factors can offer valuable perspectives for developing tailored and effective mental health interventions.

Conclusion

The study presents compelling evidence of the influential role of religious coping in promoting post-traumatic growth (PTG) and well-being among cancer patients admitted to Acharya Tulsi Regional Cancer Institute and Research Centre, Bikaner. It highlights the positive impact of constructive religious coping strategies and emphasizes the need for culturally sensitive mental health interventions. While the study has certain limitations, its findings provide a solid foundation for future research and the development of holistic, culturally relevant approaches to mental health care. By addressing these limitations through longitudinal studies, larger sample sizes, and qualitative exploration, we can further enhance our understanding and contribute to advancing adequate mental health interventions in diverse cultural contexts.

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