
Islamic Religious Coping and its Effects on Psychological Distress Implications for Practice in Pakistan

Dr Zainab Sadiq

*Assistant Professor, Department of Humanities,
COMSATS University, Islamabad
Email: zainab.sadiq@comsats.edu.pk*

Attiya Siraj

*Lecturer, Department of Humanities, COMSATS University, Islamabad
Email: attiya.siraj@comsats.edu.pk*

Zara Zeeshan

*BS, Psychology student, Department of Humanities
COMSATS University, Islamabad*

Abstract

The purpose of the study was to understand the influence of Islamic religious coping on psychological distress and identify any implications in the context of Pakistan. The study adopted a narrative literature review in order to cover both quantitative and qualitative perspectives of the research question. The data collection process involved collecting peer-reviewed journal articles written on religious coping and their influence on various mental disorders that cause psychological stress in the last 12 years. The results, discussed under two themes, revealed that Islamic religious coping can be a suitable alternative as well as serve to support conventional psychotherapy used by psychologists and psychiatrists alike. The research also revealed various religious coping techniques and strategies being used by Muslims and discussed their implications by referring to the available literature. Overall, the study can serve as a guideline for psychologists who are looking to incorporate Islamic religious coping into psychotherapy treatments of their clients in order to improve the effectiveness of their treatment in Pakistan.

Keywords: Religious Coping, Islamic Religious Coping, Psychological Distress, Implications for Practice in Pakistan

INTRODUCTION

Religion is an important and fundamental aspect of life for a major population of the world. It is defined as the beliefs, rituals, and practices that are related to the ultimate truth and belief in God. It may involve beliefs about life after death and may entail different explanations and descriptions about how to guide their personal lives and behavior. Religion is an organized way of living life and is shared between a group of people who have similar beliefs (Koenig, King, & Carson, 2012). Similarly, religiosity

is the extent to which the religious beliefs and practices of a person are deemed important in the life of a person, influencing their life significantly. Religiosity is also seen in the same but broader context of spirituality; however, there is little agreement on how spirituality can be defined in an academic context while taking into consideration various socio-cultural backgrounds (Koenig, King, & Carson, 2012).

Religiosity may contribute greatly to the psychological and social life of individuals, primarily by offering a sense of social connectedness, examples of living life, and values to have in one's life (Jokela, 2021).

In the context of this research, psychological distress is defined as "a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of major depressive disorder, anxiety disorder, somatization disorder, or a variety of other clinical conditions. Whenever individuals are faced with stressful and negative life events, they may rely upon religious beliefs and practices to find comfort, nurture hope, and gain social support. Religiosity has been associated with both mental health benefits as well as benefits for the physical health. This is closely linked to how both religious and spirituality have been used to provide coping strategies that help individuals handle uncertainties, losses, and challenges that they might be facing in their lives (Green & Elliot, 2010).

Positive religious coping strategies may include the desire to seek the love and care of God, challenging and difficult situations as opportunities of constant growth and nurturing, and connecting with God in times of difficulty to cultivate strength and a strong sense of relief and serenity.

There are several ways in which academia aims to explain the influence of religion and religiosity on the mental health of individuals. These are social support, cultural embeddedness, and self-regulation through meaning-making. The social support domain of religiosity can be influential in helping individuals with their mental health.

By relying on the cognitive-behavioral framework proposed by James and Well (2003), it is possible for researchers to understand how religion and its everyday application and impact might have an influence on the mental health of an individual in their daily life. The framework suggests that there are two mechanisms through which religion influences mental health: by serving as a generic mental model and by offering opportunities for self-regulation. Taking into consideration the Muslim faith where we believe that every action is to be attributed to the Will of God, it becomes important to understand how religion is shaping our response to mental health issues. Such a belief allows us to maintain a strong sense of predictability and control over the matters of the world, ultimately giving a sense of meaning to every experience including physical and mental illnesses (Blow, et al., 2011). Whereas, the concept of cultural connectedness revolves around the connection one feels with the world around them and with Allah; reflected

by a sense of inner harmony, self-knowledge, and a sense of consciousness. With such beliefs, the individual might find compassion, gratitude and wonder in their life regardless of their circumstances (Chiu, Emblen, Hofwegen, Sawatzky, & Meyerhoff, 2004) . Likewise, utilizing meditative practices and prayers can help in suspending worries or anxieties entirely from the minds of individuals. At the same time, self-regulation through religion can help an individual cultivate a calming effect in their routine life and improve the general quality of their mental health through contemplation, gratitude, religious activities and mindfulness. In a glance, religious coping has been known to help people maintain their self-esteem and provide a sense of general meaning and purpose. At the same time, it also provides people with emotional comfort and illustrates a sense of hope in troubling circumstances that can be difficult for people to navigate on their own without any additional social and personal resources (Thune-Boyle, Stygall, Keshtgar, & Newman, 2006).

There are two different kinds of coping that have been identified in literature: primary coping and secondary coping (Thune-Boyle, Stygall, Keshtgar, & Newman, 2006). Primary coping is when the person is doing something that may directly contribute to a change in his situation such as praying for intervention by Allah. On the other hand, secondary coping includes the efforts committed by an individual to adapt to the situation such as finding the meaning of his suffering as a reflection of Allah's designed destiny for the person. Further examples of this might include committing to religious activities that may influence the level of psychological distress such as prayers and rituals.

However, even though academic studies conducted on the topic, there are several problems that are prevalent within the research on religious coping and its effect on psychological distress and other illnesses. It is due to this reason that the following study is being conducted, ensuring that conclusions could be drawn regarding the possible beneficial or harmful effects of religious coping strategies for psychological success taking into consideration the practice situation in Pakistan.

Rationale of the Study

The existing research does identify that there are certain influences of religious coping on various mental and physical illnesses. However, the studies do not have consistent methodologies and vary dynamically in the conceptualization of religious coping and its measurement in the participants.

Hence, this paper attempts to not only summarize the findings from a multi-faceted research carried out on religious coping but, at the same time, also attempts to draw implications for practitioners in the field of psychology to further enhance their ability to utilize sustainable and effective tools that are already present in the Pakistani society to help individuals cope up with psychological stress resulting from various physical and mental conditions.

Significance

Considering, an increasing trend of mental illnesses in Pakistan, this research can not only fill the gap in literature but serve as an essential tool in understanding how the rituals and culture of Islam can be used to help individuals suffering from psychological distress within empirical domains, giving further authenticity and credibility to the practice of religious coping.

LITERATURE REVIEW

A through research that has been conducted up to 2010, Koeing *et al.* (2012) conducted a systematic review of over 444 studies that included both experimental and observational work concerning the relationship between religion, religious coping and depression. It was observed that in over 61% of the studies that involved individuals who expresses religious tendencies or had religious involvement were less likely to suffer from serious instances of depression and were have a faster and easier recovery from depressive episodes and symptoms. On the other hand, individuals who were not religious were not as likely to recover when compared to individuals who were religious and showed religious involvement. Similarly, in another sample that concerned individuals who were suffering from a depressive disorder, the individuals involved were subjected to magnetic resonance imaging in order to discern the brain structure of both religious and non-religious people (Miller, et al., 2014). The researcher concluded that individuals who had expressed that religion and spirituality was important for them had a reduced cortical thickness as compared to individuals who said that they were not religious or less religious. A similar finding was made in the same experiment for frequent religious attendance, suggesting that religious involvement may be linked with less risk for major depressive disorders and its symptoms (Miller, et al., 2014).

The relationship between religious attendance, as hinted in the previous study, with depression is debated in general by academic as it is observed that depression might also be linked with a less frequent attendance to religious activities and rituals. As individuals suffer from the socially debilitating effects of depression, they are less likely to attend social events even if they are religious, leading to inverse correlations that are reported frequently in research studies carried out. In a diverse and comprehensive study carried out on nearly 50,000 nurses in the United States, it was found that nurses suffering from depression showed a 26% decrease in their religious attendance but over the 12-year follow-up study, attendance to religious rituals and activities resulted in a 29% reduction of depressive symptoms, suggesting a unique bidirectional effect that warrants further study. While this study was conducted in the US, studies conducted to observe the effect of religious attendance and coping on depression carried out in the Europe have shown similar results. It was concluded that participation in religious organizations and activities may contain benefits that are not usually covered by conventional forms of social participation

that people are used to (Croezen, Avendano, Burdorf, & Lenthe, 2015). Interestingly, the direction of the association and the strength of the influence was closely linked to the type of activity being conducted, suggesting a dynamic influence of religious coping on depression.

In other mental disorders, the research starts to dwindle. There are relatively few and limited research conducted on disorders such a bipolar disorder that have a characteristic hyper-religiosity marked as a symptom. Academics have attempted to uncover whether religious involvement and coping during remission periods can help in stabilizing the patient who is suffering from bipolar disorders and have seen that there are no strong associations in preventing further episodes of mania (Koenig, Al-Zaben, & Vanderweele, 2020). However, in a study carried out in Brazil, it was observed that individuals suffering from bipolar disorders and subsequent symptoms that committed to positive religious coping had fewer depressive scores and also showed a significant increase in the quality of their life across physical, social and mental domains.

One of the most severe outcomes of psychological stress is suicidal ideation and suicides, potentially ending the life of the individual while also scarring the emotional and psychological wellbeing of the individuals connected to the victim. Research carried in the last decade has revealed that religious coping and involvement has an inverse relationship with both suicidal ideation and actual attempts at suicide (Koenig, 2012). Recent studies that have been conducted in the subsequent years with large populations have revealed that similar findings and have confirmed the reports of the previous studies, suggesting that people who are involved in religious activities actively and participate physically are less likely to be at a risk for suicide. In a national sample of US adults, it was observed that individuals who were attending religious services were 94% less likely to commit suicide compared to individuals who were attending religious services far less frequently (Kleiman & Liu, 2014). Similarly, in another Nurses' Health Study that concerned nearly 90,000 nurses, it was observed that individuals who had frequently attended religious services showed a lower risk of committing suicide independent of many other risk factors. The authors argued that extrapolation of the data would suggest that the 40% increase in national suicide rates in the United States can be linked to a decrease in religious attendance and coping in the period between 1999 to 2014 (VanderWeele, Li, & Kawachi, 2017). It is likely that religious coping in this situation helps the individuals by removing other suicide risk factors from their life such as consumption of alcohol, substance abuse, depression, sense of isolation, and an increased loss of hope due to troubling circumstances. With religious participation and coping, these activities are significantly removed from one's life and it gives them a chance to recover from suicidal ideation and set their life on a better path than what they are suffering from (Koenig, 2016).

Conceptualization of Terms

Islamic Religious Coping

Islamic Religious coping is the “degree to which an individual depends upon and utilizes his or her Islamic beliefs and practices to cope with and to adapt to stressful circumstances, and to alleviate negative consequences of stress”.

Psychological Distress

Psychological distress is defined as “a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of major depressive disorder, anxiety disorder, schizophrenia, somatization disorder, or a variety of other clinical conditions.

Search Strategy

In order to begin the research process for a narrative literature review, it is important to have a structured search strategy that prevents loss of focus due to presence of irrelevant information (Flick, 2018). It will also help the researcher to justify the adopted methodology by demonstrating parameters that they are using to conduct the research. Due to the fact that there are thousands of different research papers available on the internet, it is important to ensure that only the most relevant ones are selected by the researcher. Only a comprehensive and systematic approach to the research can ensure that the researcher reaches the ideally needed publications (Aveyard & Sharp, 2013, p. 185).

Hence, the first part of conducting the research was to ensure that keywords were selected on the basis of conceptual understanding of the research objectives. Furthermore, using existing literature, the research was able to gather a pool of high-quality and reliable literature comprised of quantitative, qualitative, and theoretical literature (Booth, Sutton, & Papaioannou, 2016). The researcher only considered peer-reviewed papers and any papers that were unpublished or did not have authentic academic value were excluded from the research. Hence, after scrutiny, the researcher utilized PubMed and Google Scholar. Other databases such as CINHALL could not be included as they required access that the researcher did not possess.

The researcher employed the PIO Structure to gather keywords from the research objectives and utilize them in the search strategy.

Table 1

PIO Structure

Population	Individuals suffering from psychological distress
Intervention	Religious Coping
Outcomes	Physical health outcomes, mental health outcomes, effects on well-being

Using the following keywords, the researcher was able to obtain an extensive list of articles on Google Scholar and PubMed. Using the keywords in

different combinations helped the researcher to limit the research only to the topic defined for the study.

Inclusion and Exclusion Criteria

After the search was completed, the researcher was required to identify the literature that accurately addresses the research problem and remove any that do not. A comprehensive inclusion and exclusion criteria were hence defined in order to ensure that the papers selected by the researcher were not irrelevant and included up-to-date information in order to grant credibility and authenticity to the research.

In general, only the studies that were conducted in the last 12 years were included in the research and all others were excluded. Furthermore, studies that were not in English were also removed and any studies that did not discuss a population facing psychological distress were also excluded.

Table 2

Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Individuals suffering from psychological distress due to physical or mental illnesses	Individuals not expressively suffering from psychological distress
All the articles that were published within 2010 to 2022.	All the articles that were published before 2010.
All the articles that were in English and had full-text available.	All the articles not in English and lacking full-text available online.

Ethical Concerns

As the research was conducted entirely using secondary research, there were no immediate ethical concerns related to conducting research with human subjects. However, the researcher made sure to include only published articles to ensure accuracy of the data available as the data is providing implications for practice.

Findings and Discussion

Islamic Religious Coping and its Implications

One of the primary elements of Islam is the belief that it is the Will of Allah that controls everything around us, effectively providing a perceived strong locus of control to the believers. For individuals who are suffering from psychological stress, this perceived locus of control can be beneficial in letting them define out their coping styles in response to the stress they are going through (Perera, Pandey, & Srivastava, 2018). This belief also allows them to understand and give meaning to their stressors, helping them gain a sense of mastery over their lives that might not be present in individuals who are not religious in the same way.

Islam, as a religion, offers a comprehensive set of values, norms, ideals, and morality that has the potential to deeply influence the behavior and the thought process of Muslims. It is a multifaceted reality that is present in the emotions, cognition, and many other behavioral aspects of any individual, giving it fundamental importance in the life of individuals. There are four different avenues of life that are clarified greatly by a positive outlook at the religion of Islam: self-acceptance, purpose of life, personal growth, and mastery of environment (Ahmadi, Vashian, Murtazavi, & Dadkhah-Tehrani, 2015).

Table 3*Different Religious Coping Strategies adopted by people*

Researchers	Country	Research Method	Religious Coping Strategies adopted
Ekedahl & Wengstrom (2010)	Sweden	Interview Method	Different form of prayers
Fathi, Nasea, & Triangchanya (2012)	Indoneisa	Correlational Study	Different form of prayers
Nirmala (2015)	India	Survey Research	Praying and reading of religious books
Jannati, Mohammadi & Sayedfatemi (2011)	Iran	Semi-structured interview	Reading Quran and regular praying
(Aflakseir & Mahdiyar, 2016)	Iran	Survey Research	Prayers, expressing faith in destiny by Almighty
(Maciejewski, et al., 2011)	United States	Interview Method	Acceptance, Belief that God is in control of one's life
(Pargament, Koenig, Tarakeshwar, & Hahn, 2004)	United States	Interview Method	Seeking spiritual support, religious appraisal
(Ramirez, et al., 2012)	Brazil	Survey Research	Looking for stronger connection with God, asking forgiveness for sins
(Areba, Duckett, Robertson, & Savik, 2017)	Somalia	Cross-section Survey	Prayers, religious texts, visiting religious sites of worship.

Unlike what Western literature suggests for other religions, there is no difference between spirituality and religion, with both being synonymous to each other at all times. Islam provides a comprehensive way of life and there can be no spirituality without religious practice. Islamic literature suggests that an individual must employ his intellect and abilities to awaken the experience and awareness of Allah inside them and then proceed to do acts that will help him gain the satisfaction and trust of Allah. As one gets closer to Allah by following all His commandments, life becomes calm, soothing, and peaceful for him and the cycle continues (Heydari, Khorashadizadeh, Nabavi, Mazlom, & Ebrahimi, 2016).

Spiritual health also leads to overall happiness and sensation of hope and comfort in life for Muslims, leading to an improvement in the overall quality of life and well-being for individuals. Popular coping strategies among Muslims include regular reading of the Quran, Praying regularly to exercise trust in God's Will, as well as committing to other religious activities in order to cope up with any stress. Initially, clients seeking Islamic counselling as a means of therapy are subjected to integrating religious cognition in a positive way followed by a cognitive restructuring process that allows them to accept the situations that they are experiencing as a manifestation of Allah's Will and that He has a plan and a destiny for everything that is happening around them. This belief stems from one of the tenants of Islam that are linked with a Muslim's belief in the *qadar* of Allah Almighty, His strength and knowledge (Murtadho, et al., 2022).

It was observed that individuals who are suffering from various ailments are led to believe that Allah is punishing them for their sinful actions, and they have incurred His wrath and anger. This belief in turn leads them to think that His mercy is limited, and they cannot find any peace and comfort. Due to this belief, people start developing a distance between them and Allah, leading to negative religious coping coupled with a significant decline in self-esteem and loss of hope. This is in contrast to what Allah has decreed in the Holy Quran and the presence of a professional can greatly assist individuals in positively coping with proper nudges and guidelines through cognitive restructuring (Murtadho, et al., 2022). The Prophet of Islam (PBUH) has instructed us that "When Allah created the man, He said, "Verify My Mercy overcomes My anger." (Mohammadi, et al., 2020).

Initially, one of the important coping techniques that have been identified in literature is maintaining of *husn-u-zhan*, (good thought) towards Allah Almighty, as positive thoughts and emotions have been linked with happiness in life as well as psychological well-being, both of which are strong potential in mitigating and overturning psychological stress (Pressman & Black, 2012).

This also strongly correlates with avoiding *hasad*, envy. The Quran states that "Do not covet something in which Allah has made some of you superior to others. For men there is a share of what they earned, and for women there

is a share of what they earned. Pray to Allah for his grace. Surely Allah is aware of everything. (Al Quran 4:32)” Individuals who are likely to think positively and in line with the commandments of Allah are more likely to achieve comfort and ease that can help in reducing the negative influence of anxiety disorders that can be disturbing, a trait that is in line with Western literature (Mohammadi, et al., 2020). Readily avoiding *hasad* is also another coping strategy that can be employed by individuals and assisted by professionals through cognitive restructuring process to help in reducing their overall psychological stress.

Another common practice in Muslims that can help them cope up with their stress is *Istighfar*, the act of seeking Allah’s forgiveness, It is another strategy that is employed by Muslim individuals who are suffering from anxiety. It is seen in Islamic history that the Prophet Muhammad (PBUH) would seek Allah’s forgiveness up to 70 times a day. Humans are not free from anxiety and is a natural response to the unpredictability of life. In a verse, Allah Almighty has stated, “O ye who believe! Avoid suspicion as much (as possible): for suspicion in some cases is a sin”. There are natural expectations that an individual cannot achieve in their life, and they lead him to be anxious because of his ambitions and interests. This is in line with the saying of Prophet Muhammad (PBUH) that states that, “If anyone constantly seeks pardon from Allah, Allah will appoint for him a way out of every distress and a relief from every anxiety, and will provide sustenance for him from where he expects not (Karakas & Gecimli, 2017).”

Yet another coping technique that is mentioned repeatedly in the Quran and the sayings of the Prophet (PBUH) is charity. It is a central principle in the life of Muslims as there is a belief that all that belongs to Muslims in terms of wealth belongs to Allah Almighty and hence, they are obligated under His commandments to share their money and wealth with people who are less fortunate. Allah Almighty in the Holy Quran states that, “Who is he that will loan to Allah a beautiful loan which Allah will double unto his credit and multiply it many times? (2:245)” Giving charity can be spiritually rewarding for the individuals and also provide a sense of self-satisfaction that can be helpful in coping up with their psychological stress (Baqutayan, Mohsin, Mahdzir, & Ariffin, 2018). Several others studies that have been conducted to understand the implications of charity as a means of religious coping have revealed similar results.

The Muslim prayer is also an important method for handling psychological stress in everyday life. The Holy Quran states that, “I am indeed near. I respond to the invocations of the supplicant when he calls on Me. (2:186)” It is a powerful coping technique that is utilized by Muslims all over the world and similar religious practices are also commonly seen in major religions as well. It has the potential to change a person’s anxieties into comfort and at the time help in handling sadness and troubles (Murtadho, et al., 2022). The peace of mind that comes with regular offering of prayers for

Muslims paves the way for increasing the natural immunity of patients suffering from psychological distress and also helps them gain better understanding of their suffering. A saying of the Prophet goes, “There is no-one who is afflicted by distress and grief and supplicates to Allah, but Allah will take away his distress and grief, and replace it with joy.”

Therefore, having a close relationship with the Almighty sets in motion a number of physical, mental, and psychosocial conditions that can help in providing care for the individual who is suffering from any type of psychological distress in his life. The utilization of Islamic religious coping strategies and techniques that are present in the life of Muslims suggests that there is an important role that Islam can play in administration of mental health services for patients.

Clinical Applications and Implications for Practice

One of the major themes that this study intended to explore was the implications of religious coping for psychological stress when it came to clinical applications and practice in the field of psychology. Throughout the study of literature, it was evident that there was an increasing argument in academia including many professional psychiatric organizations including American Psychiatric Association and World Psychiatric Association that a patient’s religious beliefs, practices and habits must be taken into consideration when providing any type of clinical care (Koenig, Al-Zaben, & Vanderweele, 2020). This is usually done by using a comprehensive religious history assessment that includes questions such as whether the person has always had a religious inclination, and what types of beliefs provide comfort to him in order to assess the coping strategies that he is utilizing for himself. Such scales have been adopted for Muslim populations in various countries and are deemed to be highly reliable for measuring religiosity in the Muslim context over time (Al-Zaben, Sehlo, Khalifa, & Koenig, 2015).

Furthermore, a country like Pakistan where there is no systematic mental health framework embedded in the healthcare and the net of private practitioners is too wide to address most population groups, utilization of Islamic beliefs in preventing suicidal ideation and suicides can be highly beneficial to curb an epidemic of depression, anxieties, and suicide. Islam, more than a way of life, becomes a resource for people who want to seek comfort and peace in their life despite suffering from various ailments that are causing them psychological distress in their everyday lives. There is an increasing support in academic for religiously integrated form of psychotherapy. If the health professional is willing and provide a form of treatment to a religious patient that is also preferring such treatment, it is recommended that a religiously accommodative treatment be preferred. During the study, it was discovered that there are comprehensive therapist manuals present that instruct therapists regarding Islamic Integrated Cognitive Behavior Therapy for individuals and care providers all over the world (Sabki, Sa'ari, & Muhsin, 2018). The implications of such models are

also being extensively covered in the latest years as over 97 outcome studies have revealed that individuals who underwent a religiously accommodative treatment for their problems showed a substantial and even greater improvement in their overall well-being and reduction in psychological stress when compared with secular psychotherapies (Captari, et al., 2018).

REFERENCES

- Ahmadi, N. H., Vashian, A., Murtazavi, S., & Dadkhah-Tehrani, T. (2015). Investigating the correlation between the life and religious attitudes with psychological wellbeing in nurses working in health centres at Qom universities of medical sciences in 2014. *Mediterranean Journal of Social Sciences*, 6(6), 168-174.
- Ahwal, M. S., Al-Zaben, F., Sehlo, M. G., Khalifa, D. A., & Koenig, H. G. (2015). Religious beliefs, practices, and health in colorectal cancer patients in Saudi Arabia. *Journal of Psychological, Social, and Behavioral Dimensions of Cancer*, 25(3), 292-299.
- Al-Zaben, F., Sehlo, M. G., Khalifa, D. A., & Koenig, H. G. (2015). Test-retest reliability of the Muslim Religiosity Scale: follow-up to "Religious involvement and health among dialysis patients in Saudi Arabia". *Journal of Religion and Health*, 54(3), 1144-1147.
- Aveyard, H., & Sharp, P. (2013). *A Beginners Guide to Evidence - Based Practice in Health and Social Care*. Maidenhead: Open University Press.
- Baqutayan, S. M., Mohsin, M. I., Mahdzir, A. M., & Ariffin, A. S. (2018). The psychology of giving behavior in Islam. *Sociology International Journal*, 2(2).
- Blow, A., Swiecicki, P., Haan, P., Osuch, J., Symonds, R., Smith, L., & al., e. (2011). The emotional journey of women experiencing a breast abnormality. *Qualitative Health Research*, 21, 1316-1334.
- Booth, A., Sutton, A., & Papaioannou, D. (2016). *Systematic approaches to a successful literature review*. New York: Sage.
- Chen, Y., & VanderWeele, T. (2018). Associations of religious upbringing with subsequent health and well-being from adolescence to young adulthood: an outcome-wide analysis. *American Journal of Epidemiology*, 187, 2355-2364.
- Chiu, L., Emblen, J., Hofwegen, L. v., Sawatzky, R., & Meyerhoff, H. (2004). An integrative review of the concept of spirituality in the health sciences. *Western Journal of Nursing Research*, 26, 405-428.
- Croezen, S., Avendano, M., Burdorf, A., & Lenthe, F. J. (2015). Social participation and depression in old age: a fixed-effects analysis in 10 European countries. *Am J. Epidemiol.*, 182(2), 168-176.
- Flick, U. (2018). *Designing qualitative research*. Sage.
- Garsen, B., Umland-Sikkema, N. F., & Visser, A. (2014). How Spirituality Helps Cancer Patients with the Adjustment to their Disease. *Journal of Religion and Health*, 54, 1249-1265.

- Green, M., & Elliot, M. (2010). Religion, health, and psychological well-being. *Journal of Religious Health, 49*(2), 149-163.
- Heydari, A., Khorashadizadeh, F., Nabavi, F., Mazlom, S., & Ebrahimi, M. (2016). Spiritual health in nursing from the viewpoint of Islam. *Iran Red Crescent Medical Journal, 18*(6).
- James, A., & Wells, A. (2003). Religion and mental health: Towards a cognitive-behavioral framework. *British Journal of Health Psychology, 8*, 359-376.
- Jokela, M. (2021). Religiosity, Psychological Distress, and Well-Being: Evaluating Familial Confounding with Multicohort Sibling Data. *American Journal of Epidemiology, 191*(04).
- Kleiman, E., & Liu, R. (2014). Prospective prediction of suicide in nationally representative sample: religious service attendance as a protective factor. *British Journal of Psychiatry, 204*, 262-266.
- Koenig, H. (2016). Association of religious involvement and suicide. *JAMA Psychiatry, 73*, 775-776.
- Koenig, H. G., Al-Zaben, F., & Vanderweele, T. J. (2020). Religion and psychiatry: recent developments in research. *BJPsych Advances, 26*(5).
- Koenig, H., & Larson, D. (2001). Religion and mental health: Evidence for an association. *International Review of Psychiatry, 13*, 67-78.
- Koenig, H., King, D., & Carson, V. (2012). *Handbook of Religion and Health*. Oxford University Press.
- Koenig, H., Pearce, M., Nelson, B., Shaw, S., Clive, J., Doha, N., . . . al, e. (2015). Religious vs. Conventional Cognitive Behavioral Therapy for Major Depression in Persons With Chronic Medical Illness. *The Journal of Nervous and Mental Disease, 203*(4), 243-251.
- Miller, L., Bansal, R., Wickramaratne, P., Xuejun, H., Craig, E., Weissman, M., & Peterson, B. (2014). Neuroanatomical correlates of religiosity and spirituality: a study in adults at high and low familial risk for depression. *JAMA Psychiatry, 71*, 128-135.
- Mohammadi, M. R., Pourdehghan, P., Mostafavi, S.-A., Hooshyari, Z., Ahmadi, N., & Khaleghi, A. (2020). Generalized anxiety disorder: Prevalence, predictors, and comorbidity in children and adolescents. *Journal of Anxiety Disorders, 73*(2), 1-8.
- Murtadho, A., Hidayanti, E., Fakhri, M., Masri, S., Purwanti, K. L., Algifahmy, A. F., & Hakim, L. (2022). Religious Coping for COVID-19 Patients: Islamic Approaches.
- Perera, C. K., Pandey, R., & Srivastava, A. K. (2018). Role of Religion and Spirituality in Stress Management Among Nurses. *Psychological Studies, 63*, 187-199.
- Pressman, S. D., & Black, L. (2012). Positive Emotions and Immunity. In S. Segerstrom, *The Oxford Handbook of Psychoneuroimmunology* (pp. 92-104). Oxford University Press.