

# Review Paper

## Religious Coping in Stress Management: A Systematic Review



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**Citation** S S, Kumar R, Srivastava A, Tamarana R. Religious Coping in Stress Management: A Systematic Review. *Journal of Research & Health*. 2025; 15(5):447-458. <http://dx.doi.org/10.32598/JRH.15.5.2617.1>

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### ABSTRACT

**Background:** Stress is a common experience in daily life, and individuals often rely on various coping strategies to manage its effects. Religious coping, which involves using religious beliefs and practices to navigate stressful situations, has been increasingly recognized for its potential impact on stress reduction and psychological well-being. This paper explored the effectiveness of religious coping in managing stress, with a focus on how different types of religious coping—positive and negative—affect stress levels and overall well-being.

**Methods:** A systematic review was conducted using PRISMA (2020) guidelines. Data were extracted from databases, such as Google Scholar and ScienceDirect, through Zotero software using a combination of keywords, like 'religious coping,' 'stress,' 'positive coping,' and 'negative coping.' Out of 228 articles, 12 articles met the inclusion criteria for final analysis.

**Results:** The review identified religious coping as a significant outcome for stress reduction. Positive religious coping was linked to lower perceived stress, enhanced psychological well-being, and stress-related growth, as it helped individuals reframe stress as an opportunity for personal development. However, negative religious coping was associated with higher perceived stress, reduced well-being, and increased risks of mental health issues, including depression and anxiety. Variations in coping efficacy were influenced by gender, religious commitment, and individual contexts.

**Conclusion:** Positive religious coping emerges as a valuable tool for fostering resilience and psychological growth. While negative religious coping is associated with less favourable outcomes, it may serve as a temporary source of comfort. Therefore, interventions should not outright discourage its use but instead aim to promote awareness and gradual adoption of more adaptive coping strategies in a culturally sensitive manner.

**Keywords:** Coping, Religiosity, Psychological well-being, Stress

#### Article info:

Received: 01 Jan 2025

Accepted: 05 Apr 2025

Publish: 01 Sep 2025

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## Introduction

**S**tress is a common experience that significantly impacts both physical and mental health. Prolonged exposure to stress has been specifically linked to an increased risk of anxiety disorders, major depressive episodes, high blood pressure, and cardiovascular diseases [1]. To counteract these negative outcomes, individuals often turn to various coping strategies that address emotional, cognitive, and behavioral responses. Among these, religious coping plays a particularly prominent role in many cultures where spiritual and religious beliefs are integral to daily life [2].

Religious coping refers to the deliberate use of religious beliefs, rituals, and spiritual practices to manage stress and navigate difficult life situations. Unlike general religious activities carried out out of habit or cultural expectation, religious coping involves a conscious effort to utilize one's faith as a resource for interpreting and managing stressors. This distinguishes it from other coping methods that may rely on secular approaches, such as seeking social support from non-religious peers or using cognitive-behavioral techniques without a spiritual component.

Religious coping is generally classified into two categories: Positive and negative. Positive religious coping includes practices, like prayer, seeking comfort through faith, engaging in religious rituals, and consulting religious leaders for guidance. These practices help individuals find meaning in their struggles, foster emotional resilience, and provide a sense of purpose and community. Studies have consistently shown that individuals who use positive religious coping strategies often report better psychological well-being, lower levels of stress, and improved overall quality of life [3-5]. For instance, during global crises, like the COVID-19 pandemic, many people relied on religious coping mechanisms to find stability and maintain hope amid uncertainty [6].

In contrast, negative religious coping involves struggling with one's faith, feeling punished by a higher power, experiencing spiritual dissatisfaction, or believing that stressors are a sign of divine abandonment. This form of coping has been linked to higher levels of stress, increased anxiety, and depressive symptoms [7]. The distinction between positive and negative religious coping highlights the complex role of religion in stress management. While some people use their faith to find peace and meaning, others may experience spiritual struggles that worsen their stress levels.

Religious authorities often serve as vital sources of support in stress management. They provide spiritual counseling, promote adaptive coping strategies, and offer emotional reassurance to those facing challenges. Their guidance can encourage individuals to reinterpret stressful situations through a compassionate, hopeful perspective, enhancing the effectiveness of positive religious coping. In communities where access to professional mental health services is limited or stigmatized, religious leaders often act as trusted advisors, helping individuals navigate their difficulties through a combination of spiritual and practical advice.

Research indicates that the success of religious coping is closely related to how individuals regulate their thoughts and emotions. Positive reappraisal—a process of reframing stressful events to see them as opportunities for growth—is a key mechanism underlying the benefits of positive religious coping [8]. Some religious coping strategies closely align with cognitive emotion regulation techniques, allowing individuals to reinterpret adversity in ways that promote resilience and reduce emotional distress. For example, engaging in regular religious practices, such as prayer or attending religious services, has been associated with lower stress levels and improved emotional regulation [9].

While interventions, like cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction, are well-established methods for managing stress, religious coping remains a culturally relevant and accessible strategy for many people. In societies where spiritual beliefs are deeply ingrained, integrating religious coping into stress management programs can improve both the acceptance and effectiveness of these interventions [10, 11]. By seeking spiritual support, reinterpreting stressful experiences through religious beliefs, and engaging in community-based religious activities, individuals can enhance their psychological resilience and overall well-being in the face of life's challenges.

## Methods

This systematic review was conducted in adherence to the preferred reporting items for systematic reviews and meta-analyses (PRISMA) 2020 guidelines [12]. The primary aim of the review was to assess the role of religious coping strategies in stress management, considering both positive and negative religious coping practices.

### Eligibility criteria

The inclusion criteria for the studies selected were determined using the population, intervention, comparator, and outcomes (PICO) framework. The population included individuals aged 18 years or older, as adults are generally capable of independent stress management and self-initiated religious coping. Younger individuals were excluded to avoid ethical complexities and account for cognitive differences, as well as potential influences from parental guidance and educational environments. There were no restrictions based on gender, sex, or geographical location, as the goal was to capture studies that examined religious coping across various populations and settings. The intervention involved the use of religious activities, such as prayer, faith, or spiritual rituals, to cope with stress. No comparator group was used in the studies, as the focus was primarily on how religious coping mechanisms influence stress outcomes. The outcome of interest included studies using qualitative, quantitative, or mixed-method approaches that assessed the relationship between religious coping strategies and stress reduction, as well as their impact on mental health and psychological well-being. However, conference papers, review articles, and grey literature were excluded due to concerns about the quality and accessibility of the data, and studies published in languages other than English were excluded due to concerns about interpretation differences.

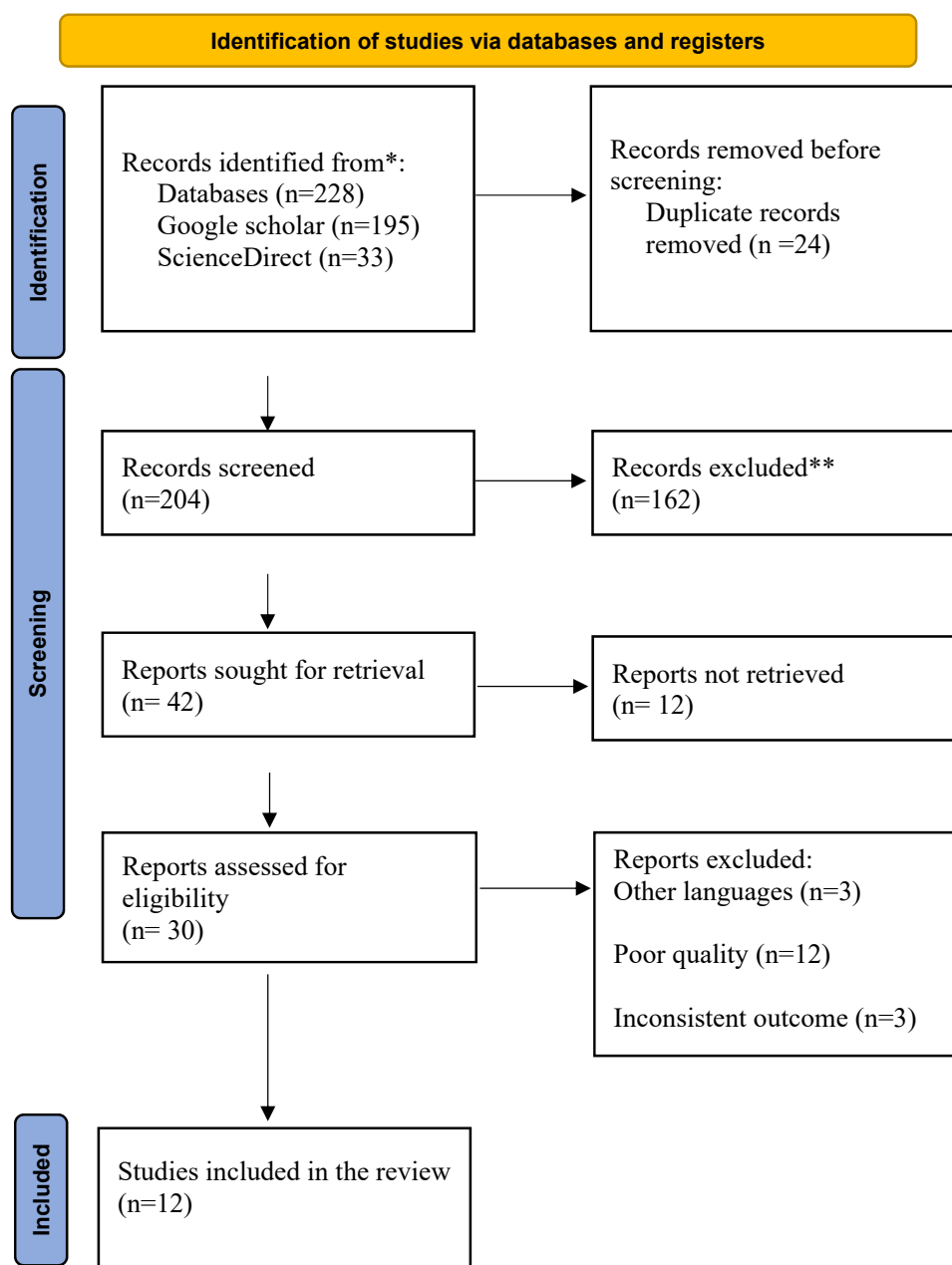
### Search and data extraction

This systematic review explored how religious coping influences stress management by analyzing a diverse range of studies. A detailed search was conducted in October 2024 using two leading electronic databases: [ScienceDirect](#) and [Google Scholar](#). The same search strategies were applied to both platforms, using carefully selected keywords combined with Boolean operators (AND, OR) to identify relevant literature. The primary search terms included “religious coping,” OR “positive religious coping,” OR “negative religious coping,” AND “stress reduction,” OR “stress relief,” OR “stress management,” “religious practice,” and “stress.” These terms were strategically combined, and field limiters, such as restricting the search to titles and abstracts, were employed to refine the results. This methodical approach yielded a comprehensive collection of studies closely aligned with the review’s focus. Zotero software, version 7.0.11 was utilized to manage the references, with each author independently screening and organizing the selected studies. After removing duplicate entries, 204 unique articles remained. The screening process began with a title and abstract review to assess alignment with inclu-

sion criteria. Full-text reviews were conducted for studies where initial eligibility was unclear, ensuring that only relevant research was included. Reasons for exclusion were documented for each study that did not meet the eligibility criteria. In cases where there was any discrepancy or inconsistency in determining whether to include a study, an expert reviewer with six years of research experience in the area of systematic reviews and meta-analysis was consulted to resolve the discrepancies. The reviewer was independent of the included studies, ensuring objectivity and impartiality in the selection process. Data extraction was done using a standardized form, which included the first author’s name, publication year, research design, sample size, location, sample characteristics, key findings, and the variables influencing stress outcomes. This approach helped ensure that the data collected from each study were consistent and comprehensive, covering essential aspects that would contribute to the overall analysis of the role of religious coping in stress management.

During the study selection process, a total of 228 articles were retrieved, with 195 coming from Google Scholar and 33 from ScienceDirect; other databases were not included in the final search after preliminary searches indicated minimal relevant studies, allowing us to focus on sources with higher yields of pertinent literature. After removing 24 duplicates, 204 articles were screened for eligibility. The inclusion criteria were applied rigorously to ensure only the most relevant studies were considered. A significant portion of the studies (162 articles) were excluded during the title and abstract screening phase based on the following criteria: they were review articles, books, conference proceedings, or grey literature; they involved participants under the age of 18; they focused on severe mental health disorders without specific emphasis on stress reduction; they examined non-religious or generalized spiritual coping strategies; or they did not directly address the relationship between religious coping and stress. Additionally, studies that were not published in English or lacked full-text availability were also excluded.

After applying these exclusion criteria, 42 articles remained for full-text review. Of these, 12 articles were excluded due to the unavailability of full-text versions, and three more were excluded because they were published in languages other than English. Furthermore, 12 studies were excluded due to methodological weaknesses or unclear research designs. Another three articles were excluded due to inconsistencies in their outcome measures. In the end, 12 articles met all the inclusion criteria and were included in the final analysis ([Figure 1](#)).



**Figure 1.** PRISMA flow chart of the systematic review



### Quality assessment and risk of bias

The quality assessment was done by two independent reviewers, and discrepancies were resolved with the third expert of the included studies. The assessment was specifically designed to align with the needs of this review, focusing on several key factors: study design, sample size, measurement tools, and the clarity and consistency of the reported results. To assess the research rigor, tailored questions were applied to evaluate the use of different methodologies, including cross-sectional surveys and qualitative approaches,

to ensure they were appropriate for the research question. Tolls were reviewed for their reliability and relevance to the study's objectives. The diversity of the study samples—spanning different cultural, religious, and demographic backgrounds—was also critically examined to identify any biases that might limit the quality of findings. Special attention was paid to the impact of self-reported data, acknowledging potential biases. Moving forward, more robust study designs, such as longitudinal studies, are needed to explore the causal relationships between religious coping and stress reduction across diverse populations.

## Results

### Summary of studies on religious coping and stress reduction

#### Study characteristics

This systematic review examined multiple studies investigating the role of religious coping in stress management across various cultural contexts (Table 1). Gardner et al. [13] conducted a study with 114 Muslim university students in New Zealand, using tools, such as the WHOQOL-BREF, WHOQOL-SRPB, Perceived Stress Scale, and Brief RCOPE. Alemdar et al. [14] explored the religious coping styles of 227 mothers with disabled children in Turkey, utilizing scales, like the maternal spiritual coping, religious coping styles, stress coping styles scales, and general self-efficacy scales. Lee [15] focused on 127 master's students in social work in the U.S. using the graduate stress inventory-revised, center for epidemiological studies depression scale, and religious/spiritual coping scale. Maltby & Day [16] surveyed 360 adults in the UK, employing instruments, like the age-universal I-E scale, quest scale, brief RCOPE, and the Appraisal of Life Events Scale. Pagán-Torres et al. [17] assessed 312 Puerto Rican adults using the brief religious coping scale, perceived stress scale, PHQ-8, GAD-7, PTSD scale, and Ryff psychological well-being brief scale. Winter et al. [18] studied 328 church attendees in Switzerland with the religious coping scale and Huber's centrality scale. Mahamid & Bdier [19] conducted research with 400 Palestinian adults during the COVID-19 pandemic, employing the Psychological Measure of Islamic Religiousness Scale, CES-D, and Perceived Stress Scale. Park [20] surveyed 182 university undergraduates using the religious-related beliefs scale and stress-related growth scale. Osman & Ahmad [21] focused on 321 undergraduate students, using the religious coping questionnaire, academic stress scale, and orientation scale. Ozeto et al. [22] investigated 31 female migrant Muslim women, using the perceived stress scale, COPE inventory, and centrality of religiosity scale. Nafisa et al. [23] assessed 350 teachers in a study using the brief religious coping scale and perceived stress scale. Lastly, Whitehead & Bergeman [24] studied 267 older adults, employing the religious coping scale, negative affect scale, perceived stress scale, and measures of metabolic health. The studies employed various research designs, including cross-sectional, correlational, and survey, with most focusing on quantitative data analysis. These studies were conducted across different cultural contexts, such as New Zealand, Turkey, the U.S., the UK, Puerto Rico, Switzerland, and Palestine, and among migrant Muslim

women, offering a global perspective on how religious coping functions in diverse cultural settings.

The effectiveness of religious coping strategies in stress reduction varies significantly depending on the type of coping utilized, with positive religious coping demonstrating consistently beneficial effects. Positive religious coping was found to be strongly associated with reduced stress levels across several studies. For instance, Mahamid & Bdier [19] found a significant negative correlation ( $r=-0.15$ ,  $P<0.01$ ) between positive religious coping and perceived stress. While this correlation indicates a weak association, it still suggests that engaging in positive religious coping strategies, such as prayer, seeking spiritual support, or finding meaning through faith, can contribute to stress reduction. Similarly, Osman & Ahmad [21] highlighted that positive religious coping, such as daily spiritual practices, was commonly used by individuals as a method of managing stress, further supporting its role as an effective stress relief strategy.

In addition, Osman & Ahmad [21] found a significant relationship between higher levels of religious coping and lower perceived stress, emphasizing the potential for religious coping to act as a buffer against stress. Gardner et al. [13] also supported this, reporting a strong positive correlation between spiritual coping and effective stress management ( $P<0.001$ ). Alemdar et al. [14] corroborated these findings, observing that positive religious coping was significantly associated with lower stress levels in mothers caring for children with disabilities. Furthermore, Lee [15] indicated that positive religious coping is particularly effective in reducing stress and contributing to psychological well-being among graduate students. Park [20] further elaborated on this, suggesting that positive religious coping is linked to stress-related growth, particularly in individuals facing moderate levels of stress.

Nonetheless, not all studies aligned perfectly. Some research, such as Pagán-Torres et al. [17] identified a significant positive correlation ( $\beta=0.32$ ,  $P<0.001$ ) between negative religious coping and perceived stress, indicating that individuals engaging in maladaptive coping mechanisms—such as feeling punished by or abandoned by a higher power—experience increased stress levels. Similarly, Nafisa et al. [23] found a weak but significant positive relationship ( $r=0.139$ ,  $P<0.01$ ) between negative religious coping and perceived stress. Although these findings support the overarching trend, they highlight the complexity and potential contradictions in how individuals use religious coping. While most studies showed that positive religious coping aids in stress



**Table 1.** Study characteristics and key findings of the included studies

Author(s)	Year	Title	Population	Scale/Instruments	Results
Gardner et al. [13]	2014	Religious coping, stress, and quality of life of Muslim university students in New Zealand	A sample of 114 Muslim university students in New Zealand	WHOQOL-BREF, WHOQOL-SRPB, perceived stress scale, brief RCOPE	Positive religious coping was positively related to QOL and reduced stress, whereas negative religious coping was negatively related to QOL and increased stress in domestic students.
Alemdar et al. [14]	2022	The spiritual and religious coping of mothers with disabled children in Turkey: Correlation between stress coping styles and self-efficacy	227 mothers in a private rehabilitation center in Turkey	Maternal spiritual coping, religious coping styles, SCSS, General Self-Efficacy Scales	Positive correlation between spiritual coping and effective coping with stress, and a significant negative correlation between ineffective stress coping and general self-efficacy of mothers.
Lee [15]	2007	Moderating Effects of Religious/Spiritual Coping in the Relation Between Perceived Stress and Psychological Well-Being	127 Master's students in Social Work at a north-eastern university	GSI-R, CES-D, RCOPE	High levels of religiosity were associated with lower levels of psychological distress.
Maltby & Day [16]	2003	Religious orientation, religious coping, and appraisals of stress: Assessing primary appraisal factors in the relationship between religiosity and psychological well-being	360 UK adults (187 men, 173 women)	Age-universal i-e scale—12, a 12-item version of the quest scale, brief RCOPE, the appraisal of life events scale	Positive religious coping helped individuals view stressful events as opportunities for growth, which positively impacted their psychological well-being.
Pagán-Torres et al. [17]	2021	The Mediating Role of Religious Coping in Perceived Stress, Psychological Symptoms, and Psychological Well-Being in a Sample of Puerto Rican Adults	312 participants (224 females, 78 males)	Brief RCOPE, PSS, eight-item PHQ-8, GAD-7, PTSD scale (PCL-5), Ryff psychological well-being brief scale	Negative religious coping was inversely related to psychological well-being, while positive religious coping significantly mediated the relationship between perceived stress and psychological symptoms.
Winter et al. [18]	2009	The psychological outcome of religious coping with stressful life events in a Swiss sample of church attendees	A sample of 328 church attendees	RCOPE, dispositional religiousness (huber's centrality scale)	Positive religious coping was linked to stress-related growth, while negative religious coping was strongly related to psychopathology following stressful life events.
Mahamid & Bdier [19]	2021	The association between positive religious coping, perceived stress, and depressive symptoms during the spread of COVID-19 among a sample of adults in palestine	400 Palestinian adults (172 males, 228 females)	PMIR, CES-D, PSS	Positive religious coping showed a significant negative correlation with perceived stress. Religious/spiritual struggles may help improve resilience and well-being during stressful situations.
Park [20]	2006	Religiousness and religious coping as determinants of stress-related growth	182 university undergraduates	Religious-related beliefs scale (A-UI/E), stress-related growth scale	Both intrinsic and extrinsic religiousness can lead to stress-related growth, depending on the individual and the nature of the stressful experience.
Osman & Ahmad [21]	2021	Religious orientation, academic stress, and religious coping among first-year undergraduate students	321 undergraduate students	Religious coping questionnaire, academic stress scale, orientation scale	A positive association was found between religious coping and academic stress reduction, with no significant gender differences in academic stress or religious coping.

Author(s)	Year	Title	Population	Scale/Instruments	Results
Ozeto et al. [22]	2021	Investigating the relationship between perceived stress, religious coping, and religiosity in migrant muslim women	31 female migrant Muslim women	Perceived stress scale, COPE inventory, centrality of religiosity scale	Higher religiosity was associated with lower perceived stress in migrant Muslim women, emphasizing the link between religious coping and stress reduction.
Nafisa et al. [23]	2022	Effect of positive and negative religious coping styles on perceived stress of teachers	350 teachers (168 males, 182 females)	Brief RCOPE, PSS	Positive religious coping showed a significant negative relationship with perceived stress, whereas negative religious coping was positively associated with perceived stress. Female educators had higher positive religious coping scores than males.
Whitehead & Bergeman [24]	2020	Daily religious coping buffers the stress-affect relationship and benefits overall metabolic health in older adults	267 older adults	Religious Coping, NA, Perceived Stress Scale, Metabolic Health	Religious coping significantly buffered the negative effects of daily stress on negative emotional responses and overall metabolic health.



Abbreviation: SCSS: Stress coping styles scales; GSI-R: Graduate stress inventory-revised; CES-D: Center for epidemiological studies depression scale; RCOPE: Religious/spiritual coping scale; Brief RCOPE: Brief religious coping scale; PSS: Perceived stress scale; PHQ-8: Patient health questionnaire; GAD-7: Generalized anxiety disorder-7; RCOPE: Religious coping; PMIR: Psychological measure of islamic religiousness scale; PSS: Perceived stress scale; QOL: Quality of life; NA: Negative affect

management, some participants using religious coping reported increased stress, possibly due to reliance on negative coping styles. This discrepancy underscores the importance of distinguishing between positive and negative coping mechanisms when interpreting these results

In contrast, negative religious coping was correlated with heightened stress levels and poorer psychological outcomes. Negative religious coping, such as feelings of abandonment by a higher power or a lack of faith, was linked to increased stress across several studies. For instance, Pagán-Torres et al. [17] observed a significant positive correlation ( $\beta=0.32$ ,  $P<0.001$ ) between perceived stress and negative religious coping, indicating that individuals using negative coping mechanisms experienced worse stress outcomes. Similarly, Nafisa et al. [23] found a significant positive correlation between perceived stress and negative religious coping ( $r=0.139$ ,  $P<0.01$ ), reinforcing the detrimental effects of negative coping. Winter et al. [18] further explored this relationship, noting that negative religious coping is strongly associated with negative psychological outcomes, including depression and stress-related mental health issues.

Individual differences in religious orientation and stress appraisal further complicate the relationship between religious coping and stress outcomes. Maltby and Day [16] found that individuals with intrinsic or quest-

oriented religious beliefs were more likely to engage in positive religious coping, which facilitated interpreting stressors as opportunities for growth rather than threats. Conversely, those with extrinsic religious orientations often leaned toward negative coping strategies, resulting in poorer psychological outcomes. Winter et al. [18] similarly observed that although highly religious individuals employed both coping types, there was a stronger inclination toward positive coping ( $U=2,743.5$ ,  $P<0.001$ ).

In summary, the evidence suggests that positive religious coping is consistently associated with better stress outcomes, including lower perceived stress, improved psychological well-being, and stress-related growth. Negative religious coping, however, appears to exacerbate stress and contribute to negative psychological outcomes. These findings highlight the importance of understanding the role of religious coping in stress management and the need to tailor interventions that promote positive religious coping strategies while addressing the potential risks associated with negative coping mechanisms.

## Discussion

This systematic review examined the relationship between religious coping and stress reduction, evaluating both positive and negative religious coping strategies and their impact on stress levels and psychological well-

being. The results underscore the importance of religious coping as a significant factor in managing stress, highlighting distinct differences between positive and negative coping mechanisms. The findings respond to the primary objectives, emphasizing the varying effectiveness of religious coping in diverse cultural, demographic, and socioeconomic contexts.

### The role of positive religious coping in stress reduction

The first objective of this review was to assess the effectiveness of religious coping in reducing stress across different settings. A clear pattern emerged from the results, suggesting that positive religious coping consistently leads to lower levels of perceived stress. Studies [18, 21] demonstrated that individuals who engage in positive religious practices, such as prayer, seeking spiritual guidance, or relying on faith-based rituals, report significantly lower levels of stress. This supports Pargament's [11, 24] conceptualization of positive religious coping, which involves using religious beliefs and practices as a source of comfort and resilience in the face of stress. Specifically, our findings align with Pargament's framework by demonstrating that individuals who view stressors through a benevolent religious lens, seek spiritual support, and reframe situations as part of a divine plan experience improved coping outcomes. While Pargament emphasizes the spiritual dimension of coping, some studies in this review, such as Alemdar et al. [14], extend his model by illustrating that positive coping also strengthens self-efficacy and social support networks.

The benefits of positive religious coping in stress management were particularly evident in studies involving individuals facing chronic stress or acute life challenges. For instance, Alemdar et al. [14] found that mothers caring for children with disabilities in Turkey, who adopted positive religious coping strategies, experienced improved stress management and better self-efficacy. Similarly, studies [12, 19] on university students revealed that regular engagement with religious practices was positively correlated with improved psychological outcomes and reduced stress levels.

Positive religious coping not only serves as an effective stress-relief mechanism but also contributes to stress-related growth. Park [20] highlights that positive coping strategies, particularly intrinsic religiousness, foster personal development and resilience. This growth occurs through several mechanisms: cognitively, positive coping helps individuals reframe stress as manageable;

emotionally, it provides comfort and hope; and behaviourally, it encourages proactive stress management strategies, like community engagement or spiritual rituals. These combined effects help individuals reinterpret stress as an opportunity for growth rather than a threat.

### Negative religious coping and its adverse effects on stress

The second objective was to examine the role of negative religious coping in stress outcomes. In contrast to the benefits of positive religious coping, negative religious coping was associated with heightened stress levels and worsened psychological outcomes. Studies identified feelings of abandonment by God, spiritual discontent, or doubt as key components of negative religious coping linked to increased perceived stress. For example, Pagán-Torres et al. [17] reported a positive correlation between negative religious coping and psychological symptoms, such as anxiety and depression. Negative coping strategies—such as attributing stress to divine punishment or experiencing disconnection from one's faith community—often exacerbate stress rather than alleviate it.

Supporting this, a study [23] demonstrated that negative religious coping intensifies the adverse effects of stress on mental and physical health. These findings are consistent with those of Lee [15], who suggests that negative coping strategies may lead to rumination and feelings of hopelessness, particularly in individuals experiencing high stress levels. Thus, negative religious coping not only fails to provide relief but can also increase vulnerability to serious mental health issues.

### Religious orientation and its impact on stress coping

Religious orientation emerged as a significant factor influencing the effectiveness of religious coping. Gardner et al. [13] found that individuals with stronger religiosity employed both positive and negative coping strategies but leaned toward positive coping during stressful periods. Maltby & Day [16] noted that intrinsic religiousness—characterized by a personal commitment to one's faith—was associated with more adaptive stress appraisals, resulting in better coping outcomes. In contrast, extrinsic religiousness—motivated by external rewards or social benefits—was linked to less effective coping and, at times, greater reliance on negative coping.



The interaction between religious orientation and coping strategies was particularly evident in a study [18], which indicated that while highly religious individuals used both coping styles, those employing positive coping experienced better psychological outcomes. These findings reinforce the idea that intrinsic religiosity encourages individuals to draw meaning from stressors and engage in healthier coping mechanisms.

### Cultural, demographic, and contextual variations in religious coping

An essential objective of this review was to evaluate religious coping across cultural, demographic, and socioeconomic contexts. The review highlighted notable variations in coping strategies across different cultural settings. For example, Alemdar et al. [14] found that Turkish mothers of children with disabilities employed prayer and community-based support as primary coping mechanisms, emphasizing the role of communal faith practices in Muslim contexts. In contrast, Gardner et al. [13] noted that in the United States, Christian communities often relied on individual prayer, church attendance, and pastoral counselling for stress management. These differences stem from how religious traditions emphasize community involvement versus personal spirituality.

In Palestine [19], where religion plays a central role in daily life, individuals frequently use religious coping strategies integrated into their cultural fabric—such as reciting quranic verses or engaging in collective prayer—to manage stress. Conversely, in more secular societies, people may supplement religious coping with secular strategies, like therapy or peer support, reflecting a broader approach to stress management.

### Conclusion

In conclusion, this review underscores the significant role of religious coping in managing stress. Positive religious coping strategies are generally associated with improved psychological well-being, whereas negative coping is linked to heightened stress and poorer mental health outcomes. However, this relationship is complex and influenced by individual religious orientation, cultural background, and the nature of the stressor. Recognizing these nuances is crucial to avoid overgeneralization.

The clinical implications of these findings are noteworthy. This review helps inform the development of culturally sensitive coping interventions, encouraging healthcare providers and therapists to consider clients' spiritual resources in treatment planning. Such interventions can

be particularly beneficial in religious or spiritually oriented populations.

### Limitations and future directions

While this review highlights the positive impact of religious coping on stress reduction, several limitations warrant acknowledgment. The included studies varied widely in sample characteristics, religious affiliations, and geographic regions, limiting the generalizability of the findings. Most relied on self-reported data, which may introduce recall or social desirability bias. Additionally, potential confounding variables—such as levels of social support, socioeconomic status, or pre-existing mental health conditions—were not consistently controlled across studies, potentially influencing the observed relationships. Future research should prioritize longitudinal designs with diverse populations, particularly in non-Western and low-income settings, to better understand the dynamic nature of religious coping. Further research should also explore the mechanisms that make religious coping effective in some contexts but not others. Investigating how cultural norms, religious teachings, and community structures influence coping strategies could provide more nuanced insights. Therapists working with religious clients should consider incorporating discussions of positive religious coping into their practice. Encouraging clients to engage in supportive faith-based practices—such as prayer, meditation, or participation in religious communities—can offer psychological benefits, provided that these suggestions align with the client's values and beliefs. Practitioners should approach such interventions with cultural sensitivity, avoiding assumptions about a client's religiosity or preferred coping methods. Collaborating with spiritual leaders or integrating spiritually-oriented therapeutic techniques, like mindfulness or forgiveness interventions grounded in religious traditions, may further enhance treatment outcomes.

### Ethical Considerations

#### Compliance with ethical guidelines

The systematic review was conducted systematically by following the PRISMA 2020 guidelines. The review presents a balanced view of both the positive and negative aspects of religious coping. Additionally, proper citation practices were followed to respect intellectual property and avoid plagiarism. By adhering to these ethical guidelines, the review can contribute to the academic understanding of religious coping in managing stress.

## Funding

This research did not receive any grant from funding agencies in the public, commercial, or non-profit sectors.

## Authors' contributions

Conceptualization, study design, methodology and writing the original draft: Sanjan S and Ravinder Kumar; Critically revising the manuscript and finalization: Akriti Srivastava and Rameshbabu Tamarana.

## Conflict of interest

The authors declared no conflicts of interest.

## Acknowledgments

The authors would like to express their sincere gratitude to everyone who contributed to the completion of this research. First and foremost, we thank the authors and researchers whose work formed the foundation of this systematic review.

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